

SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT

TITLE: Pregnancy

REVISED: 2/7/2008

APPLIES TO: All Personnel

POLICY: # 1100.1

PAGE: Page 1 of 2

LIABILITY

Personnel are required to notify the Fire Chief of their pregnancy. Personnel shall not hold the District liable for any injuries that may occur during the routine performance of duties as a result of continuing to perform such duties. Personnel will obtain consent for maintaining full duty status. (see Informed Consent form).

PREGNANCY LEAVE

The employee's personal OB-GYN, the District Physician, and the employee document that the employee has a high-risk pregnancy and should not work in any capacity for the duration of the pregnancy due to health complications or risk to mother or fetus. In this situation, the employee will be placed on Pregnancy Leave from the time her pregnancy is termed high-risk. During this leave, the employee may request a leave of absence.

SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT

TITLE: Pregnancy

REVISED: 2/7/2008

POLICY: # 1100.1

APPLIES TO: All Personnel

PAGE: Page 2 of 2

INFORMED CONSENT

SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT

I certify that I am _____ weeks pregnant and Dr. _____ is my physician of choice to provide care throughout the pregnancy.

I understand that Firefighters/First Responders are subject to certain stresses while functioning in the full capacity of their job description. I also understand that Firefighters/First Responders cannot modify their practice and responsibilities. I have discussed these stresses and implications with my physician. The stresses may include, but are not limited to:

- a. heavy lifting, greater than fifty (50) pounds.
- b. exposure to heavy terrain, climbing.
- c. exposure to weather extremes.
- d. exposure to hazardous materials.
- e. exposure to high temperatures.
- f. exposure to blood and blood products.
- g. exposure to patients with unknown infectious disease in close quarters. These may include, but are not limited to:
 - meningitis
 - hepatitis
 - measles
- h. wearing an SCBA (self contained breathing apparatus) for extended periods of time (approximately 30 pounds).
- i. working in confined spaces.
- j. working in hazardous atmospheres.

After discussing with my physician, I consent to continue full duty status with Southern Stone County Fire Protection District.

Firefighter/First Responder Signature Date

Physician Signature Date