

Maryland Fire Service Health and Safety Consensus Standard  
January 1, 2002

.01 Purpose.

The purpose of this Consensus Standard is to provide a policy for the development of a health and safety standard by local fire and rescue departments within the State of Maryland to protect members during emergency operations.

.02 Scope.

This Consensus Standard is applicable to all members of public safety departments that provide rescue, fire suppression, emergency medical services, hazardous materials mitigation, special operations and other emergency services in the State of Maryland.

.03 Definitions.

A. In this Consensus Standard, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Accountability System" means a system of firefighter accountability that provides for the tracking of all members at emergency operations and training activities.
- (2) "Authority Having Jurisdiction (AHJ)" means the fire and/or rescue department legally authorized to provide emergency services for a given geographical area.
- (3) "Command Level Officer" means a member of the AHJ who has command authority and responsibility at the scene of an emergency incident.
- (4) "Emergency Medical Services" means individuals licensed or certified by the Maryland Emergency Medical Services Board, such as: First Responder, Emergency Medical Technician Basic (EMTB), Emergency Medical Technician Paramedic (EMTP) and Cardiac Rescue Technician (CRT).
- (5) "Emergency Responder" means an individual involved in performing the duties and responsibilities of a fire and rescue department under the auspices of that organization.
- (6) "Immediately Dangerous to Life and Health (IDLH)" means an atmosphere that :

- (a) Poses an immediate threat to life;
  - (b) Would cause irreversible adverse health effects; or
  - (c) Would impair an individual's ability to escape from a dangerous atmosphere.
- (7) "Incident Commander" means the person in overall command of an emergency incident, including the responsibility for the direction and coordination of the response effort.
- (8) "Incident Critique" means a formal review of an incident with participants attending to discuss their respective actions.
- (9) "MAYDAY" means an emergency distress signal indicating that one, or more, fire and rescue personnel is in need of emergency assistance.
- (10) "National Fire Protection Association (NFPA)" means a member organization that develops consensus standards on firefighter and officer training, fire protection systems, and firefighter safety.
- (11) "Personal Alert Safety System (PASS)" means a device to warn others that its user may be incapacitated; designed to meet NFPA 1982, Standard for Personal Alert Safety Systems for Firefighters.
- (12) "Personal Protective Equipment (PPE)" means equipment designed to protect a user from injury or illness.
- (13) "Personnel Accountability Report (PAR)" means a reporting of the location, status and welfare of personnel assigned to a given unit.
- (14) "Post Incident Analysis (PIA)" means a written document, compiled by the Incident Commander that reviews the various aspects of an incident. Based on the findings of a PIA an Incident Critique may be warranted.
- (15) "Qualified Personnel" means a person qualified or trained in any of the following ways:
- (a) Pre-Emergency Responders who have completed pre-response training, as determined by the AHJ, based on the level of anticipated response;
  - (b) Emergency responders at the firefighter or fire officer level, trained and certified by the AHJ;

- (c) First Responder, Emergency Medical Technician Basic (EMTB), Emergency Medical Technician Paramedic (EMTP) and Cardiac Rescue Technician (CRT) licensed or certified by Maryland Emergency Medical Services Board; or
  - (d) Wildland Firefighter meeting the requirements of the Maryland Forestry Service.
- (16) "Rapid Intervention Crew (RIC)" means a minimum of two emergency responders qualified as firefighters in accordance with the Maryland Fire Service Personnel Qualifications Board and available for rescue of a member or a team if the need arises.
- (17) "Senior Command Level Officer" A Fire Officer identified by the AHJ as routinely having the authority and responsibility administratively or operationally over multiple fire suppression companies.
- (18) "Standard Principles of Risk" The standardized operational risk management principles for emergency operations in Maryland.

.04 Organizational Statement and Operational Procedures.

- A. Each fire and rescue department within the State of Maryland shall prepare and maintain a statement or written policy, which defines its purpose. (Appendix I)
- B. Each AHJ shall prepare and maintain operational procedures which define authority, roles, responsibilities, training requirements, resources, services to be performed and basic organizational structure for the fire and rescue department.
- C. The AHJ shall ensure that the organizational statement and operational procedures are routinely reviewed and, as required, updated.
- D. Organizational statement and operational procedures shall be available for review by the Commissioner of Labor and Industry or his/her designee.

.05 Implementation Period.

- A. Each affected fire service organization shall develop a written implementation plan within six months of adoption of this Consensus Standard. (Appendix II)
- B. This plan shall identify compliance dates with each element of this Consensus Standard.
- C. Compliance with all elements of this Consensus Standard shall be achieved in accordance with the implementation schedule herein.

.06 Medical Standards

A. Periodic Medical Evaluation of Emergency Responders.

(1) Medical Evaluation Program.

- (a) Each AHJ shall establish a medical evaluation program for emergency responders under the supervision of a physician having board certification in occupational medicine, internal medicine, emergency medicine, or family practice, with training in occupational medicine desired.
- (b) The supervising physician must have familiarity with the roles and occupational requirements of firefighters and EMS personnel and must have access to and knowledge of the appropriate occupational health and safety standards for firefighters and EMS personnel.
- (c) Prior to beginning service as a volunteer or career member, active responders shall receive a baseline medical evaluation and shall be evaluated annually thereafter.
- (d) Each annual medical evaluation shall consist of:
  - (i) vital signs and
  - (ii) a written and oral screening for medical history, health risk factors and occupational exposures.
- (e) Physical examinations shall be conducted:
  - (i) initially,
  - (ii) every 3 years until age 30,
  - (iii) every 2 years between age 31 and 40, and
  - (iv) every year after the age of 40.
- (f) The physical exam shall include diagnostic testing appropriate for the responder's medical history, health risk factors and occupational exposure.
- (g) This standard reflects the minimal medical evaluation for emergency responders. Nothing in this standard shall preclude the AHJ from providing a more comprehensive evaluation.

- (2) Physical Examination: Each physical examination shall include:
  - (a) vital signs, and
  - (b) an evaluation of the head, eyes (including fundus), ears, nose, and throat, lungs, heart, abdomen (including a digital rectal exam), external genitals, spine, extremities, and nervous system.
  
- (3) Diagnostic Testing. Specific diagnostic tests shall be conducted as provided in this Consensus Standard.
  - (a) For every physical examination:
    - (i) Visual acuity,
    - (ii) Audiometry,
    - (iii) Stool for occult hemoglobin,
    - (iv) Lipid profile, including total cholesterol, LDL, HDL, and triglycerides. (baseline and every five years thereafter or as otherwise clinically indicated),
    - (v) Urinalysis, including a dip stick screen and full urinalysis if indicated, and
    - (vi) EKG.
  - (b) For an individual actively engaged in firefighting or required to use SCBA, at each physical:
    - (i) Spirometry,
    - (ii) Blood work to include CBC with differential and platelets and a chemical profile that includes electrolytes (sodium, potassium, chloride and CO<sub>2</sub>), glucose, BUN, creatinine, AST (SGOT), alkaline phosphatase, totals bilirubin, total protein, albumin and calcium, and
    - (iii) Chest X-ray (baseline and every 7 years thereafter)
  - (c) For an individual actively in contact with patient care or exposed to bloodborne pathogens (as clinically appropriate):
    - (i) Annual PPD, and

- (ii) Annual hepatitis C titer.
  - (d) For an individual whose job requires strenuous exertion, such as firefighting, rescue, or EMS operations:
    - (i) If there are CVD risk factors, an exercise stress test beginning at age 35 and repeated every other year; or
    - (ii) If there are not CVD risk factors, an exercise stress test beginning at age 40 and repeated every three years.
  - (e) All emergency responders are encouraged to receive other appropriate health screening from their private physicians including clinically appropriate screening for cervical, breast, colon, and prostate cancer.
- B. Immunizations. Consistent with CDC guidelines, the AHJ shall provide the following immunizations to emergency responders:
  - (1) diphtheria/tetanus;
  - (2) If the responder is in contact with patients:
    - (a) measles/mumps/rubella,
    - (b) hepatitis B,
    - (c) varicella, and
    - (d) influenza.
  - (3) The AHJ shall also provide other such immunizations as appropriate when recommended by the CDC for emergency responders.
- C. Wellness/Fitness Program. The AHJ shall provide a wellness / fitness program to emergency responders. Components of such a program shall include:
  - (1) Access to fitness equipment and facilities
    - (a) Access to exercise specialists
    - (b) Injury/fitness/medical rehabilitation
    - (c) Behavioral health services (e.g., smoking cessation, nutrition, critical incident stress management)

- (2) The AHJ shall annually evaluate the fitness level of all emergency responders. Such an evaluation includes:
  - (a) Aerobic capacity (maximal or sub-maximal),
  - (b) Muscular strength,
  - (c) Muscular endurance, and
  - (d) Flexibility
- D. Medical Data. The AHJ shall collect health and wellness data annually and maintain a database of such information
- E. Medical Record Confidentiality.
  - (1) All medical, fitness and health records shall be confidential and are to be handled in accordance with 29 C.F.R. 1910.1020 - Access to Employee Exposure and Medical Records.
  - (2) The AHJ may maintain a record of physical examination, but may release such information to a third party only with the written consent of the responder.
- F. Fitness for duty.
  - (1) The physician conducting the medical evaluation on behalf of the AHJ shall:
    - (a) Provide the results of the evaluation to the emergency responder; and
    - (b) Upon the request of the AHJ, and with the written request of the responder, provide a copy of the results of the evaluation to the AHJ
    - (c) Report to the AHJ whether the emergency responder is:
      - (i) Fit for duty,
      - (ii) Fit for duty with restrictions, with functional restrictions listed,
      - (iii) Temporarily unfit for duty, pending remediation or further evaluation), or

(iv) Permanently unfit for duty.

(2) Emergency responders that are deemed to be "fit for duty with restrictions" or "temporarily unfit for duty" shall be referred to the wellness/fitness program for rehabilitation. (Appendix III)

G. Exposure monitoring. The AHJ shall establish a system to record an emergency responder's:

- (1) Exposure to hazardous materials or toxic substances,
- (2) Exposures to potentially infectious or contagious blood or body fluids,
- (3) Significant injury or illness, or
- (4) Medication that might impair ability to work

H. Exposure Management. The AHJ shall have in place a system for monitoring and managing the evaluation and treatment of occupationally-related injuries and exposures, including to Blood borne Pathogens, hazardous materials and smoke inhalation.

.07 Substance Abuse Program. The AHJ shall establish a substance abuse policy, which includes entry and subsequent screenings.

.08 Personal Protective Equipment (PPE) Standards.

A. General.

- (1) Each AHJ shall:
  - (a) Provide PPE to its members commensurate with the level of hazard and response expected;
  - (b) Train members in the care and use of issued PPE; and
  - (c) Provide for the inspection and maintenance of PPE, as required, on at least an annual basis and possibly more often in busy units. (Appendix IV)
- (2) Where a standard relating to PPE is identified, the current standard is referenced.

B. Respirators:

- (1) Self-Contained breathing apparatus (SCBA) shall:



- (a) Be positive pressure,
  - (b) Be NIOSH certified,
  - (c) Comply with NFPA 1981, Standard on Open-Circuit Self-Contained Breathing Apparatus for Fire Fighters, and
  - (d) Have a minimum rated service time of at least 30 minutes.
- (2) Negative pressure respirators shall be NIOSH certified.
- (3) Members assigned to wear respirators shall be fit tested in accordance with 29 CFR 1910.134. (Appendix V)
- (4) SCBA steel or composite cylinders (steel, fiberglass or Kevlar over aluminum or carbon) shall:
  - (a) Be refilled using blast protection chambers or fragmentation shielding; and
  - (b) Have hydrostatic tests performed in accordance with U.S. Department of Transportation Regulations.
- (5) Breathing air for SCBA shall:
  - (a) Be third party tested and certified quarterly;
  - (b) Meet American National Standards Institute/Compressed Gas Association G7.1, Commodity Specification for Air, Grade D; and
  - (c) Have a maximum particulate level of 5 mg/m<sup>3</sup> air.
- C. Structural Firefighting. Members assigned to structural firefighting operations shall be issued protective clothing such as helmets, hoods, coats, gloves, pants and footwear that meets the applicable requirements of NFPA 1971, Standard on Protective Ensemble for Structural Fire Fighting.
- D. Emergency Medical Services. Members assigned to emergency medical services calls shall wear PPE appropriate to the nature of the call.
- E. Hazardous Material Incidents.
  - (1) Members specifically assigned to mitigate hazardous materials incidents shall be provided and wear PPE appropriate to the nature of the call.

- (2) Vapor Protective garments shall meet the requirements of NFPA 1991, Standard on Vapor Protective Suits for Hazardous Chemical Emergencies.
- (3) Liquid Splash Protective garments shall meet the applicable requirements of NFPA 1992, Standard on Liquid Splash Protective Suits for Hazardous Chemical Emergencies.

F. High Angle Rescue. Members assigned to high angle rescue shall:

- (1) Be provided and wear PPE appropriate to the nature of the call.
- (2) Under fire conditions, wear an NFPA 1971 ensemble (D.1.) and be assigned and use an NFPA 1983 compliant Class III harness and auto-closing carabiner and 1 or 2 person rope that has been rigged for fall protection.
- (3) For non-fire conditions, be provided and wear, in addition to the harness and carabiner, a brimless, UIAA compliant helmet and a pair of supple gloves with reinforced palms that are designed for rope work.

G. Members assigned to under-water and swiftwater rescue/recovery teams shall wear PPE appropriate to the nature of the call. (Appendix VI)

H. Members assigned to full-time wildland firefighting operations shall be issued and wear clothing that meets the applicable requirements of NFPA 1977, Standard on Protective Clothing and Equipment for Wildland Fire Fighting.

I. Members assigned to full-time marine firefighting operations shall be issued and wear equipment appropriate to the nature of the call and the anticipated hazards.

J. Members shall be issued and, when appropriate for the hazard, wear:

- (1) Eye protection meeting the requirements of ANSI Z87.1, Practice for Occupational and Educational Eye and Face Protection.
- (2) Ear protection under conditions meeting the applicable sections of OSHA 1910.95. (Appendix VII)

.09 Emergency Operations Standards.

A. General.

- (1) At emergency fire and rescue incidents, operations shall be conducted in a manner that, taking into account the nature of the incident, the risks to life and property and all other relevant issues, will minimize the risk of injury to or the death of responding and operating members.

- (2) Each AHJ shall ensure that an adequate number of members have been gathered before undertaking an emergency operation.
- (3) Members shall not undertake emergency operations that they are not trained and qualified to perform.
- (4) (a) When an inexperienced member is working at an emergency incident, direct supervision shall be provided by more experienced individuals.
  - (b) This requirement does not reduce the training standards for emergency responders covered by this Consensus Standard.

B. Incident Management System.

- (1) Emergency scene operations shall be conducted pursuant to a written incident management system, designed to meet the general concepts found in the various model systems. (Appendix VIII)
- (2) All members involved in emergency operations shall be trained in the incident management system adopted by the AHJ.
- (3) The incident management system adopted by the AHJ shall be used in drills and simulations that involve hazards similar to those encountered in emergency incidents.
- (4) The incident management system adopted by the AHJ must provide for an incident management plan that begins with the initial size up and concludes with demobilization.

C. Incident Commander

- (1) At every emergency scene one person, the incident commander, shall be in charge of all operations.
- (2) It is the responsibility of the incident commander to establish an organization, consistent with the one adopted by the AHJ, which will manage the mitigation of the incident, with the health and safety of the members as its primary focus.
- (3) During incidents where multiple agencies may have significant responsibilities a unified command may be required.
- (4) Risk Management.

- (a) The incident commander and ancillary commanders shall manage emergency incidents with risk management concepts that ensure the health and safety of all participants.
  - (b) Each AHJ shall create within their established IMS system the following "Standard Principles of Risk" to emergency responders:
    - (i) Emergency operations that present a significant risk to the safety of emergency responders shall be limited to situations where there is a potential to save endangered lives.
    - (ii) Emergency operations that are routinely employed to protect property and the environment shall be recognized as inherent risks to the safety of emergency responders and actions shall be taken to reduce or avoid these risks.
    - (iii) Risk to the safety of emergency responders shall be unacceptable when there is no possibility to save lives, property, or the environment.
- (5) At an emergency scene, the incident commander shall:
- (a) Assume and confirm command, take an effective command position, and be properly identified (vest, flag, etc.);
  - (b) Assume responsibility for personnel accountability;
  - (c) Perform a size up that includes risk assessment;
  - (d) Initiate, maintain and control incident communications;
  - (e) Develop an overall strategic and tactical plan and assign units to operations consistent with the AHJ's incident management system;
  - (f) Review, evaluate and revise the strategical and tactical plan as required; and
  - (g) Continue, transfer and terminate command.
- (6) All command level officers shall have incident command system training augmented with specifics of the AHJ's incident management system. Initial training shall include a minimum of three (3) hours of simulation activities based on potential emergencies within the community.

- (7) Senior command level officers shall have advanced incident management training covering such topics as:
  - (a) Multiple alarm operations,
  - (b) Natural and man-made disasters,
  - (c) High rise firefighting,
  - (d) Confined space,
  - (e) Hazardous materials, and
  - (f) Other target hazards that the AHJ is expected to mitigate.  
(Appendix IX)
- (8) On an annual basis all senior command level officers shall complete incident management system continuing education that shall include simulation activities as prescribed by the AHJ.

D. Personnel Accountability.

- (1) All AHJs shall develop a resource and personnel accountability system that meets the general concepts of NFPA 1500, and NFPA 1561.  
(Appendix X)
- (2) The resource and personnel accountability system design must include:
  - (a) Activation of the system upon arrival at all emergency incidents;
  - (b) A provision for requirements for a Personnel Accountability Report (PAR) at specified times during an incident, as identified by the AHJ, including each of the following:
    - (i) The time of a change from offensive to defensive operations;
    - (ii) The occurrence of a significant event, such as a building collapse;
    - (iii) The time when a known life hazard is eliminated under .08F(4)(b); and
    - (iv) MAYDAY situations. (See Section E(6) which follows)

- (c) All emergency responders operating at an emergency operation shall participate in the AHJ's personnel accountability system.

E. Health and Safety Officer

- (1) Each AHJ shall appoint a department health and safety officer and assign him or her the responsibility to:
  - (a) Be knowledgeable and ensure compliance with local, state and federal regulations that impact the safety of its members; and
  - (b) Develop safety programs for the prevention of vehicle collisions and personnel injuries and illnesses.
- (2) Each AHJ's incident management system shall include provisions for the designation of a scene safety officer, who is experienced and knowledgeable, at all incidents. (Appendix XI)

F. Emergency Scene Operations

- (1) Emergency operations will require various strategies and tactics based on the specific incident encountered.
  - (a) Local public safety agencies, with a duty to respond to emergency incidents, must provide training and resources to responders commensurate with the duties required at those incidents.
  - (b) A member's training must be based on recognized training standards.
- (2) Personal Protective Equipment (PPE).
  - (a) All emergency responders shall wear and use PPE and respiratory protection suited for the incident.
  - (b) All emergency responders entering an IDLH atmosphere shall be equipped with an activated Personal Alert Safety System (PASS).
- (3) Emergency Rescue - Rapid Intervention Crew (RIC).
  - (a) All AHJs shall:
    - (i) Develop policies and procedures to ensure that a RIC is deployed at all incidents where IDLH atmospheres exist.

- (ii) Ensure that the policies and procedures meet the concepts found within 29 CFR 1910.134, paragraph (g), Use of Respirators.
  - (b) Prior to entering an exterior IDLH atmosphere fire at least one other properly equipped qualified emergency service responder shall be a standby person, ready to rescue the entry firefighter(s) should a Mayday signal be sounded.
  - (c) Prior to entering an interior IDLH atmosphere fire at least two other properly equipped qualified emergency responders shall form a standby team, ready to rescue the entry firefighters should a Mayday signal be sounded.
  - (d) An entry team shall consist of at least two properly equipped qualified emergency responders operating in a buddy system maintaining visual, voice or signal rope communications with each other at all times.
  - (e) The incident commander shall ensure that the standby team personnel are not assigned to other activities that would prevent them from rapidly responding to an emergency or endanger others if they abandon their previous assignment. At least one standby team member shall maintain contact with the entry team by voice, visual, signal rope or radio.
  - (f) Should a standby team deploy itself to rescue or assist the entry team it shall notify other responding units and/or its dispatch center of this action, including the nature of the response.
  - (g) When additional resources have arrived on the scene the incident commander shall assign a RIC.
  - (h) The RIC shall be located to allow rapid deployment as needed with the appropriate resources required for the hazard.
  - (i) In large structures such as warehouses and shopping malls multiple RICs may be required.
- (4) Exception.
- (a) If upon arrival at the scene, personnel find a known life hazard, where immediate action may prevent the loss of life or serious injury, appropriate interior operations will be permitted without a Standby Team or a Rapid Intervention Crew (RIC) in place when

conducted in accordance with the “Standard Principles of Risk” as provided in .08C.4.

- (b) Once the known life hazard has been eliminated personnel must withdraw until either a standby or RIC has been assembled.
  - (c) Any action taken pursuant to subsection (a) shall be thoroughly investigated by a standard mechanism of the AHJ and a written report submitted to the head of the AHJ.
- (5) Apparatus and Personnel Deployment. Each AHJ shall develop policies and procedures that determine the type, number and staffing of units that are dispatched to specific call types.
- (6) MAYDAY Sounded
- (a) All AHJs shall develop a policy for the rescue of members who may become disabled or trapped at an emergency scene. (Appendix XII)
  - (b) The policy shall include the use of a MAYDAY signal to indicate an emergency condition.
  - (c) The policy must include a sequence of events that will ensure:
    - (i) Notification of all emergency personnel of the Mayday in progress,
    - (ii) Methodology for radio communications and personnel accountability during a Mayday, and
    - (iii) A plan for use of the RIC or other rescue methods.
- (7) Rehabilitation.
- (a) Each AHJ shall adopt policies and procedures that provide for personnel rehabilitation at emergency scene operations.
  - (b) Rehabilitation shall include medical monitoring, provision of suitable refreshments and a rest area (Appendix XIII).
- (8) Critical Incident Stress Management (Appendix XIV). Each AHJ’s members shall have access to:
- (a) A local Peer Support driven Critical Incident Stress Management Team with professional mental health clinical oversight,



- (b) A certified or licensed mental health professional trained or educated in the causation and effects of traumatic stress, or
  - (c) The Maryland Critical Incident Stress Management Team.
- (9) Communications. Each AHJ shall:
- (a) Include, in their IMS standard operating guidelines and/or procedures for radio communications that provide for the use of standard protocols and terminology at all types of incidents in “Plain English”;
  - (b) Ensure that standard operating guidelines and/or procedures are established to support, without difficulty, all incidents, from small, routine incidents to large, unusual incidents, including mutual aid resources;
  - (c) Establish standard terminology to transmit emergency and non-emergency information;
  - (d) Establish a standard method of prioritizing emergency and non-emergency messages to all levels of command within a given emergency incident; and
  - (e) Use their established IMS as standard operating guidelines and or procedures to support emergency operations.

.10 Investigation of Vehicle Collisions and Personnel Injuries.

- A. Each AHJ shall adopt policies and procedures to investigate Departmental vehicle collisions and personnel injuries. (See Appendix XV)
- B. These policies must provide a methodology to determine cause and provide recommendations for prevention of such incidents in the future.

.11 Vehicles.

The AHJ, when purchasing or procuring vehicles, shall consider safety and health in the specification, design, construction, acquisition, operation, maintenance, inspection and repair of vehicles.

.12 Tools and Equipment.

The AHJ, when purchasing or procuring tools and equipment, shall consider safety and health in the specification, design, construction, acquisition, operation, maintenance, inspection and repair of all tools and equipment.

.13 Facility Safety.

The AHJ, when renovating or constructing new facilities, shall ensure that work complies with applicable local, county, state and federal health, safety, building and fire code requirements.

.14 Workplace Violence.

The AHJ shall ensure that procedures are in place to evaluate the potential for workplace violence. If workplace violence is anticipated, action should be taken to minimize its consequences. (Appendix XVI)

.15 Post Incident Analysis and Critiques.

- A. All AHJs shall adopt policies and procedures for the conduct of a post incident analysis and/or critique of significant incidents or those where serious injuries or fatalities have occurred. (Appendix XVII)
- B. Minor incidents may only require a post-incident analysis by the incident commander.
- C. Major incidents may require both a post-incident analysis and a formal critique.

.16 Revisions to the Consensus Standard.

- A. Revisions to this Consensus Standard may be proposed by members of the Maryland Fire Service Safety and Health Work Group, in writing, to the Commissioner of Labor and Industry.
- B. Upon receipt and review of a written proposal to revise the Consensus Standard, the Commissioner of Labor and Industry or his/her designee, shall distribute the proposed changes to members of the Fire Service Safety and Health Work Group.
- C. The Maryland Fire Service Safety and Health Work Group shall meet at least annually to review firefighter health and safety in the State.
- D. The fire safety and health work group shall be made up of 13 sitting members each representing one vote:
  - (1) The Chairman shall be an active member of the Maryland Fire Service selected and appointed by the Secretary of Labor, Licensing and Regulation;
  - (2) Four sitting members shall be appointed by the Metro Chiefs Council;

- (3) Four sitting members shall be appointed by the Maryland State Firemen's Association; and
  - (4) Four sitting members shall be appointed by the Maryland State and District of Columbia Professional Fire Fighters.
- E. As necessary, the Chairman may seek the ex-officio participation of Organizations involved in fire safety issues.