

Manufacturing Advisory Group Terms of Reference

1. Purpose:

British Columbia (BC) Forestry Manufacturing Advisory Group (MAG) purpose is to establish a process of continual safety improvement across the BC Forestry Manufacturing Industry. These efforts will strive to provide direction and oversight to the BC Forestry Manufacturing Industry to produce an environment free of injuries, incidents, and near miss events.

2. Manufacturing Advisory Group Governance

- 2.1 **MAG CEO Steering Committee** will oversee and direct the work of the Manufacturing Advisory Group, provide guidance to the MAG Committee Chair, and approve the annual budget (see member list in Appendix A).
- 2.2 **MAG Committee Chair:** The MAG Steering Committee will appoint a MAG Committee Chair whom will have a standing position on the Manufacturing Advisory Group Steering Committee.
- 2.3 **Manufacturing Advisory Group (MAG) Committee** will consist of Safety Leaders from the Forestry Manufacturing Industry and British Columbia Forest Safety Council (BCFSC) staff (1 or 2 persons). Each committee member must be able to speak and make decisions on behalf of their respective company. The committee will review requests for additions to the committee at regular meetings and the updated committee list (Appendix A) will be maintained by the designated BSFSC facilitator (see 2.6). Minimum criteria for admission to MAG is that each member company:
 - (i) completes a Combustible Dust Audit,
 - (ii) Completes MAG-SAFE Audit
 - (iii) Shares Benchmarking incident statistics in EHS Analytics platform, and
 - (iv) Shares Best Practices.
- 2.4 Additional guests and/or stakeholders may be invited to attend a meeting to provide additional information or engage in discussion for specific MAG agenda items.
- 2.5 MAG Committee Members will attend the quarterly MAG meetings, or will send delegates on their behalf.
- 2.6 The BC Forest Safety Council (BCFSC) CEO will designate a BSFSC employee to support the logistics and planning required for the MAG committee. The designated BCFSC employee will attend all meetings; ensure that all required activities are completed and that MAG committee work is supported, and that the BCFSC CEO is adequately informed of concerns, projects/initiatives, and updates from the MAG Committee.
- 2.7 A strategic planning session will be held in the second quarter of each year to set direction and priorities for the subsequent year.
- 2.8 Three Industry Forum Working groups (Emerging Issues, Risk Reduction & Compliance) will be supported by the MAG Committee to effectively address issues, build a stronger working relationship with regulators, & provide efficiencies for resolutions & communications. MAG Committee members will be assigned to each Industry Working Group to ensure alignment of structure in HSAs, WSBC, and Industry Associations and/or groups, to streamline processes.

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2.9 As needed, smaller project focused groups may be organized to facilitate the implementation of initiatives arising from the MAG Committee.

3. Standards of Conduct

All MAG members, the Chair, and Observers agree to operate consistent with the following guidelines:

- Conduct themselves in a courteous, respectful manner.
- Act in good faith.
- Listen actively to the range of perspectives.
- Be given opportunities to speak.
- Provide others with fair opportunities to express their views.
- Ask for clarification if unclear.
- Accept the concerns, views and objectives of others at face value, and acknowledge them as valid for consideration.
- Maintain the confidentiality of company and employee information obtained during the MAG meetings or other shared data.

4. Logistics / Meeting Times / Dates:

4.1 **Schedule:** Manufacturing Advisory Group meetings will occur at least quarterly and accommodate attendance from all representative companies.

4.2 **Preparation:** The BCFSC will coordinate the scheduling and preparation activities for the Manufacturing Advisory Group meeting and will send out a request for agenda items three weeks prior to each meeting. The BCFSC will distribute the agenda, action items and reports a minimum of 10 working days prior to the meeting. BCFSC will maintain a secure MAG website that will host all meeting materials.

4.3 **Format:** Face to face (tbd) and on-line meeting to enable sharing of information.

4.4 **Co-Chair:** A rotating meeting co-chair must be identified during the meeting. If unable to attend BCFSC designated facilitator will assume the co-chair role for the meetings.

4.5 **Attendees/Delegates:** Must be prepared to communicate take away information and key learnings as needed.

4.6 **Timing:** Meetings will be held at a consistent day and time of each quarter to allow for maximum participation by the MAG Committee. It is expected that each member of the team shows up to the meeting on time and adequately prepared.

4.7 **Record Keeping:** The BCFSC designated facilitator will take minutes of the meeting and track action items. Minutes will be distributed within 4 weeks of the meeting date.

5. Meeting Structure

5.1. **Agenda:** Each meeting will follow an established agenda. This agenda will be set prior to each meeting and will, at a minimum, consist of the following items:

- Share Best Practices/Incident trend review and discussion
- Regulatory Update
 - Industry Forum Working Group updates:

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- Emerging Issues
- Risk Reduction
- Compliance



Project/ financial updates
Items for potential Advocacy
Action Item Review
Ad Hoc/Roundtable

5.2. **Action Items:**

- Action items generated from the MAG Committee meetings will be captured, assigned, tracked and status relayed as part of each MAG Committee Meeting.
- Dates, actions and status will be relayed to the BCFSC so the actions can be tracked and relayed to the MAG Committee. This process is important as it helps solidify responsibilities and ensures that needed actions are completed.
- The BCFSC will request updates from the action item owners one week prior to the MAG Committee meetings, and an updated action item list will be made available to all MAG participants prior to each MAG Committee Meeting. This “updated” list will be the basis for the discussion as noted in the agenda.

5.4. **Incident Trend Review and Discussion**

Incidents for the previous month will be reviewed at a high level to discuss incident trends. Industry benchmarking information will be made available to the group with the agenda.

Safety Alerts for the prior period will be made available prior to the meeting on the Manufacturing Advisory Group Site.

5.5 **Working Group Updates**

Each Industry Forum Working Group will provide an update at the MAG Quarterly meeting. The MAG Committee will provide the Industry Forum Working Group with feedback for consideration at the Industry Forums to ensure that concerns and issues raised at MAG are raised at the Industry Forum.

5.6 **Project updates**

Each ad hoc project lead will provide an update at the MAG Quarterly meeting advising on progress of the project.

6. **Safety Improvement Ideas:**

A portion of each meeting will be utilized to determine any safety improvement ideas. These ideas will be utilized to help change behaviors, course correct throughout the year on noted trends, industry best practices, etc. The intent of this discussion is to establish action items and or potential projects that will help establish an improving safety effort across BC Forestry Manufacturing Industry.

7. **Communication**

7.1 Key messages for industry distribution will be developed as needed based on the review of KPIs for the month, incident review, and safety improvement discussion from the meeting.

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7.2 The BCFSC facilitator will work with the BCFSC Communications Specialist to build the messaging, and the BCFSC facilitator will be responsible for distributing to the MAG Committee for distribution within their own areas.

Associated Information

<i>Document</i>	<i>Location</i>
Appendix A: MAG Committee List	
Appendix B: MAG Reporting Metrics	
Appendix C: MAG Meeting Agenda Template	

Version5 June 30, 2019

Appendix A: Participant list

MAG CEO Committee

Member Company	CEO Representatives
Canfor Corporation	Don Kayne, CEO
Carrier Lumber	William Kordyban
Conifex Timber, Inc.	Ken Shields, CEO
Dunkley Lumber Ltd.	Rob Novak, CEO
Hampton Affiliates	Steve Zika, CEO
Interfor Corporation	Duncan Davies, CEO
Kalesnikoff Lumber Co. Ltd.	Ken Kalesnikoff
Sinclar Group	Greg Stewart, CEO
Tolko	Brad Thorlakson, CEO
West Fraser Timber Co. Ltd.	Ted Seraphim, CEO
Western Forest Products	Don Demens, CEO
Weyerhaeuser Company	Fred Dzida, Canadian President

MAG Committee List

Member Company	Representatives
Canfor	Grace Cox
Carrier Lumber	Randi Zurowski
Conifex	Darren Beattie
Coastland Wood	Tristan Anderson
Dunkley Lumber	Tony Mogus
Gorman Group	David Murray
Hampton Affiliates	Ruben Gaytan, Ian Gray, Joe Angyus
Interfor	Daniel Ruzic, Lana Kurz
Louisiana Pacific	tbd
Kalesnikoff Lumber	Chelsea Meyer
Nechako Group	James Snow
Norbord	Peter Quosai
Pacific Bioenergy	John Stirling
Pinnacle Pellet	Steven Mueller
Sinclar Group	Joel Fournier, Trudy Langthorne,
Tolko	Scott Wynn, Ryan Johnson
West Fraser	Troy Withey
Western Forest Products	Mary Forster, Craig Hiebert

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Weyerhaeuser

Carrie Harilstad/ Jeff Larsen

Updated July 07, 2019

Appendix B: Forest Industry Manufacturing Advisory Group Benchmarking definitions

OBJECTIVE

These definitions are to provide guidance concerning injury and illness reporting practices within the forest industry. Uniform and consistent data is the basis for the quarterly safety statistics benchmarking. These statistics are used by participating companies to benchmark their safety performance and to conduct trend analyses used to guide targeted injury and illness reduction activities within the industry.

REPORTING/BENCHMARKING MAG member companies participate in the provision of benchmarking statistics utilizing an online incident database and dashboard system in partnership with “EHS Analytics”. MAG members have the ability to pull benchmarking data in real time by segment and operation (month/quarter and year to date) for all Canadian Operations. All injury statistics and reporting will be by calendar year; January 1st through December 31st each year with month/quarter and year to date statistics. Reporting will include Medical Incident Rate (MIR) (without exposure hours), medical treatment cases, medical treatment with work restrictions cases, and lost time accident cases as well as lost time frequency and severity.

DETERMINING RECORDABILITY

Participating companies must report each work-related incident in accordance with the MAG reporting requirements outlined in this document. The company has the ultimate responsibility for making a good faith determination concerning case reportability. MAG assumes the statistical reporting process is **NOT** progressive. Count each recordable case once, in the most serious category that it concludes. Do not double count. A single incident should never be recorded in two categories.

EXPOSURE HOURS

The total hours worked by ALL hourly and salaried employees in the identified segment by operation (including Production, Maintenance, and staff including administrative staff). Includes hours the employee is working for the company, both on and off site. Includes straight time, overtime and miscellaneous hours. Note that overtime hours are recorded as actual hours worked (not at time and one-half). For salaried workers, the hours should be based on the standard work week, not actual hours worked.

NON-RECORDABLE INCIDENTS

FIRST AID Cases (FA)

Involves any treatment or assessment by a first aid attendant at the workplace. Should be accompanied by a first aid treatment record.

MEDICAL AID Cases (MA)

A visit to a qualified practitioner where the care was primarily diagnostic or preventative and not treatment as defined below in the Medical Treatment section. See attached description.

MODIFIED DUTIES Cases (MD)

Modified duties occur when, as a result of a work-related injury or illness, the employer, physician, or other licensed health care professional keeps the employee from performing one or more of the routine function of his or her job, or you assign an employee to a job other than his or her regular job. Modified duties also include cases where the injured employee is assigned to another job on a temporary basis, works at a permanent assigned job, but cannot perform all of the duties normally connected with it, participates in job rotation or participates in other meaningful work activity consistent with their restrictions and skill set. This is a medical aid with suggestions of modified duties, there is no other medical treatment provided.

In support of sound Injury and Disability Management practices:

- Modified Duties provided at the operation with no medical consult: Maximum one (1) week and if not returning to regular position should seek medical attention.
- Modified Duties provided with Medical consult (with no treatment): Maximum four (4) weeks and if not resolved, further medical intervention / assessment required.
 - If not resolved within four (4) weeks: The incident classification will be required to change with further medical assessment / intervention (i.e. Medical Treatment; or Medical Treatment with Work Restriction or Lost Time).

RECORDABLE INCIDENTS

MEDICAL TREATMENT Cases (MT)

Medical treatment includes treatment (other than first aid and medical aid) administered by a physician or by a registered medical professional under the standing orders of a physician. It is any management and care of a patient to treat work-related disease or disorder. All cases that involve medical treatment must be reported. Medical Treatment is generally beyond the scope of the first aid attendant. *Note: Medical treatment does not include first aid treatment, visit to a physician solely for observation or counseling, or diagnostic procedures such as x-rays, blood tests, and prescription medication used solely for diagnostic purposes. These cases should be recorded as Medical Aid. Medical Treatment does not include preventative procedures.*

MEDICAL TREATMENT WITH WORK RESTRICTION Cases (MTWR)

Work-related injuries and illnesses involving medical treatment with work restrictions are considered reportable. An incident fits the definition of a MTWR if an employee has received medical treatment as defined above and also has restrictions that hinder their ability to perform all of their routine functions during all of their normal workday. MTWR incidents are considered to be of a higher severity than

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Medical Treatment incidents alone, because they impact an individual's ability to perform their normal job duties. Work restrictions are prescribed by a licensed health care professional.

LOST TIME Cases (LT)

Any recordable case in which an employee loses one or more days from work due to an occupational injury or illness or when wage loss compensation is paid by the Workers' Compensation Board. LT cases are not counted if the only time missed was the day of injury. For example, if a worker goes home early as a result of injury, but returns on their next scheduled day. Note: that all LT cases are recorded whether or not the claim may be under appeal or awaiting decision from the Workers' Compensation Board. Lost Time incidents are also defined as incidents where a physician or other licensed health care professional prevents an employee from working a full workday that they would have otherwise been scheduled to work. For example, the employee is only allowed to work four hours per day instead of the standard shift length

Time loss for the purpose of diagnosis which might include medical travel, specialist access etc would not be classified as a LTA; however, time loss for the purpose of treatment or recovery would be defined as a LTA.

Note: this time may vary based on the geographical location of the operation and access to medical facilities for the purpose of diagnosis.

DAYS LOST DUE TO LOST TIME CASES

Total days lost from LT cases occurring in the current month/calendar year only. Days lost from LT cases in previous years are not included for the calculation of Severity.

CALCULATIONS

LT Frequency

$$\frac{\text{Number LT cases} \times 200,000}{\text{Exposure Hours}}$$

LT Severity

$$\frac{\text{Days Lost due to LT cases} \times 200,000}{\text{Exposure Hours}}$$

Medical Incident Rate (MIR)

$$\frac{(\text{MT} + \text{MTWR} + \text{LT cases}) \times 200,000}{\text{Exposure Hours}}$$

MEDICAL AID versus MEDICAL TREATMENT

The following examples from the Occupational Safety & Health Administration (OSHA) are a guide to help determine the difference between the terms Medical Aid and Medical Treatment. They do not cover all procedures that are performed by medical personnel. Remember that the distinction between the two terms is the level of treatment performed and not who provides the treatment. If an employee visits a registered medical practitioner when they could have received the same treatment from the company's first aid attendant, it should be recorded as a medical aid. Further clarification can be found on the OSHA website <http://www.osha.gov/recordkeeping/index.html>.

MEDICAL AID

The following procedures are generally considered first aid or medical aid (e.g., one-time treatment and subsequent observation of minor injuries) and should not be recorded as Medical Treatment regardless if a registered medical practitioner performed the task. Most of these procedures can be performed by a first aid attendant.

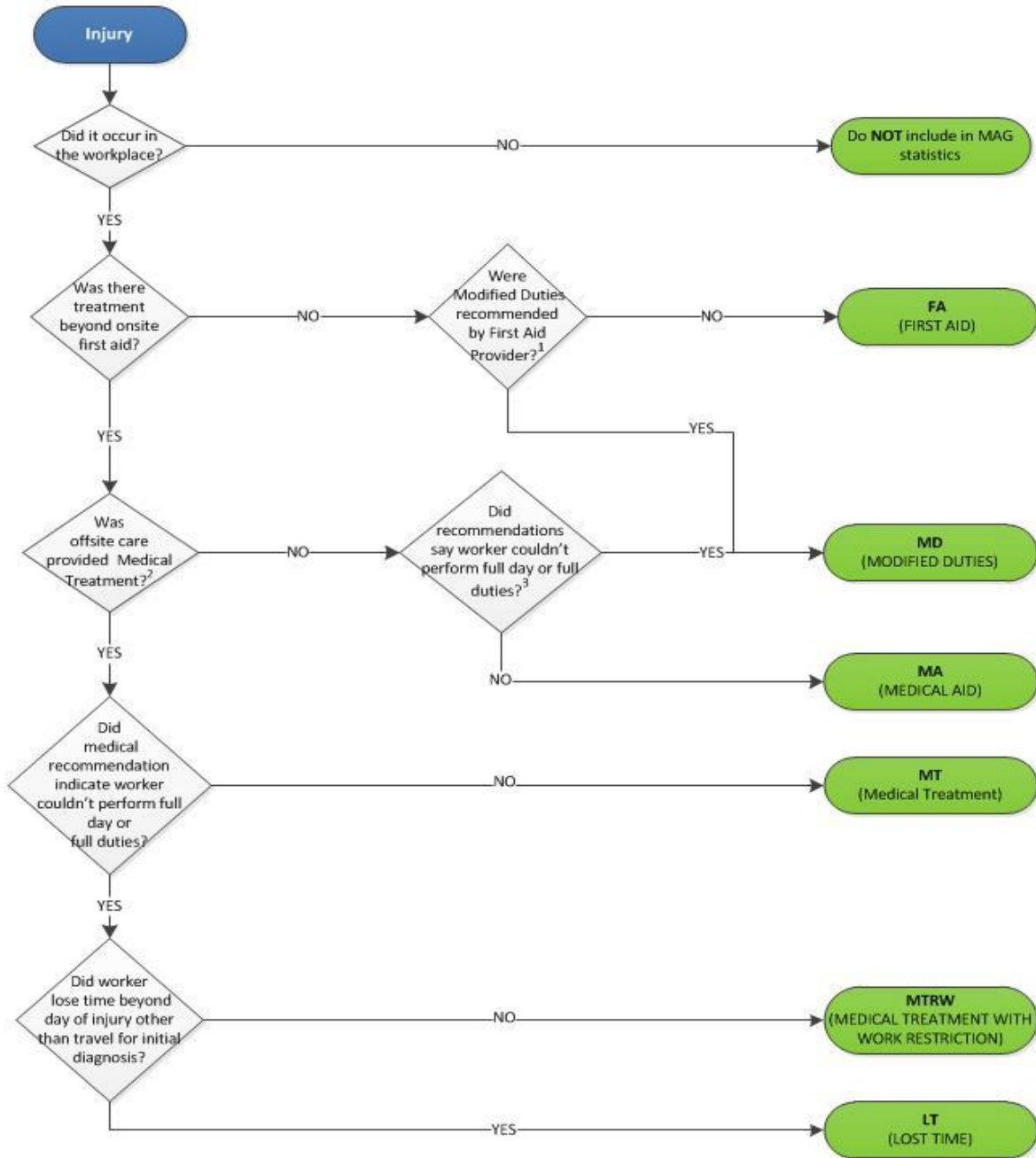
- Application of ANTISEPTICS during first visit to medical personnel
- Treatment of FIRST DEGREE BURN (S)
- Cleaning, flushing, or soaking surface wounds
- Application of BANDAGE (S) during a visit to medical personnel
- Use of ELASTIC BANDAGE (S) during first visit to medical personnel
- Application of BUTTERFLY ADHESIVE DRESSING (S) or STERI STRIP (S) or GLUE in lieu of sutures
- Removal of foreign bodies from the eye if only irrigation or cotton swab is required
- Removal of foreign bodies from areas other than they eye, if procedure is UNCOMPLICATED, for example, by irrigation, tweezers, cotton swabs or other simple technique
- Use of NONPRESCRIPTION MEDICATIONS or the administration of single dose of PRESCRIPTION MEDICATION on first visit for minor injury or discomfort
- PRESCRIPTION of antibiotic medication for the prevention of infection
- PRESCRIPTION of non-steroidal anti-inflammatories for the purpose of pain management (Note: prescription serves the same purpose as an over the counter equivalent medication)
- SOAKING THERAPY on initial visit to medical personnel or removal of bandages by soaking
- Application of hot or cold COMPRESS (ES) during first visit to medical personnel
- Application of OINTMENTS to abrasions to prevent drying or cracking
- Application of HEAT THERAPY during first visit to medical personnel
- Use of WHIRLPOOL BATH THERAPY during first visit to medical personnel
- NEGATIVE X-RAY DIAGNOSIS
- OBSERVATION of injury during visit to medical personnel
- Tetanus immunizations
- Use of a non-rigid means of support such as an ace bandage
- Use of temporary immobilization devices used to transport accident victims
- Drilling toe/finger nails
- Draining fluid from a blister
- Use of an eye patch
- Use of finger guards without a positive x-ray
- Non-referred visits to PARAMEDICAL PRACTITIONERS (registered massage therapist, physiotherapist, chiropractor, etc.) for the purpose of prevention or abilities assessment
- Drinking fluids to relieve heat stress

The professional status of the person providing the treatment does not have any effect on what is considered first aid or medical treatment. For example, the first aid treatments listed above are all considered first aid even if a physician or other licensed health care professional administer the treatment.

MEDICAL TREATMENT

The following procedures are generally considered medical treatment and are usually beyond the capabilities of a first aid attendant.

- Treatment of INFECTION using PRESCRIBED ANTIBIOTICS or other treatment of infection
- Application of ANTISEPTICS during second or subsequent visit to medical personnel
- Treatment of SECOND OR THIRD DEGREE BURN (S)
- Application of SUTURES (stitches)
- Removal of FOREIGN BODIES EMBEDDED IN EYE where ANESTHESIA is required, and/or ANTISEPTIC or ANTIBIOTIC drops are prescribed for treatment
- Removal of FOREIGN BODIES FROM WOUND, if procedure is COMPLICATED because of depth of embedment, size, or location and/or the use of ANESTHESIA is required
- Use of PRESCRIPTION antibiotic medication for the purpose of treatment
- Use of PRESCRIPTION steroidal anti-inflammatories for the purpose of treatment
- Use of all other PRESCRIPTION medication (including pain relief, relaxants, sleep aids etc.) for the purpose of treatment
- Use of hot or cold SOAKING THERAPY during second or subsequent visit to medical personnel
- Application of hot or cold COMPRESS (ES) during second or subsequent visit to medical personnel
- CUTTING AWAY DEAD SKIN (surgical debridement)
- Application of HEAT THERAPY during second or subsequent visit to medical personnel
- Use of WHIRLPOOL BATH THERAPY during second or subsequent visit to medical personnel
- POSITIVE X-RAY DIAGNOSIS (fractures, broken bones, etc.)
- ADMISSION TO A HOSPITAL or equivalent medical facility FOR TREATMENT
- Doctor prescribed referral to a PARAMEDICAL PRACTITIONERS for the purpose of TREATMENT as prescribed for a diagnosed workplace injury.



NOTES:

1. Maximum one (1) week Modified Duties if recommended by site First Aid. If injured worker is not able to return to regular within one week, the worker should seek additional medical attention. This injury will then need to be reclassified depending on the assessment/treatment and/or recommendation given.
2. If care was primarily diagnostic and preventative, this does not count as Medical Treatment. For additional information see the definitions in the MAG Reporting Guidelines.
3. Maximum four (4) weeks and if not resolved, further medical intervention / assessment required. This injury will then need to be reclassified depending on the assessment/treatment and/or recommendation given.

MAG Agenda Template

Manufacturing Advisory Group Agenda

Month XX, 201X
9:00 am - 3:00 pm

Location
Address

Please join the meeting from your computer, tablet or smartphone.

##Update GOTO meeting info

Join the conference call:

1 888 XXX XXX

Participant Code XXXXXX

- | | |
|--------------|---|
| 9:00 | Welcome and Introductions |
| 9:05 | Share Best Practices/Incidents- Roundtable |
| 9:30 | Project/ financial updates- <ul style="list-style-type: none">• XX Project• XX Project• XX Project• XX Project |
| 10:00 | TBD |
| XX:XX | TBD |
| 12:00 | Lunch |
| 12:30 | TBD |
| XX:XX | Potential Advocacy items |
| 2:45 | Wrap-Up- Review action items |