

Manufacturing Advisory Group Terms of Reference

1. PURPOSE

British Columbia (BC) Forestry Manufacturing Advisory Group's (MAG) purpose is to establish a process of continual safety improvement (Appendix B) 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 close call 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 Chairperson, and approve the annual budget (see member list in Appendix A)
- 2.2 **MAG Facilitator:** The MAG Steering Committee will appoint a MAG Facilitator whom will have a standing position on the Manufacturing Advisory Group Steering Committee. The MAG facilitator is responsible for coordinating bi-annual meetings between MAG CEO committee, BCFSC CEO and MAG Organizing Support Group. The MAG Facilitator works with BCFSC CEO to coordinate annual MAG CEO Committee meeting with WorkSafeBC Senior Leadership. The MAG Facilitator communicates MAG Workplan priorities and solicits CEO feedback for MAG Committee
- 2.3 **MAG Committee Chairperson:** The MAG Steering Committee will appoint a MAG Committee Chairperson whom will have a standing position on the Manufacturing Advisory Group Steering Committee. The MAG Chairperson will chair MAG meetings and will be the conduit for MAG members to ask for any MAG interactions required to be organized to address emerging issues. The MAG will be nominated/voted in for a term of 3 years. The term will run annually from January to December and the nominations will run through the last month of the ending term period.
- 2.4 **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 BCFSC facilitator (see 2.10). MAG Committee Members will attend the quarterly MAG meetings or will send delegates on their behalf. Minimum criteria for admission to MAG is that each member company:
- (i) Maintains SAFE Certification with the MAG-SAFE Audit (including Combustible Dust Module)
 - (ii) Shares agreed upon Benchmarking incident statistics, and
 - (iii) Shares learnings from Serious Incident Failure Potential (SIFp) incidents and Best Practices.
- 2.5 **MAG Organizing Support Group:** A sub-group of MAG Committee members will provide guidance and seeks alignment on key recommendations for the MAG committee including:
- (i) Provides recommendations and helps coordinate the MAG committee activities
 - (ii) Oversees and coordinates the communication and roll-out plan for resources and key messages from MAG Committee meetings
 - (iii) Ensures MAG TOR is adhered to
Responsible for providing suggestions on what areas of focus for Projects/Best Practice Share Working Groups will be stood up for
 - (iv) Works with BCFSC to design and coordinate the MAG quarterly information packs

- (v) Responsible for reviewing recommendations from various sub-committees and including as decision points at MAG committee level
 - (vi) Responsible for working with BCFSC to build yearly workplans to support resources for industryWorks with BCFSC Rep to develop budget to ensure MAG initiatives are adequately funded and provides recommendation to MAG Committee and MAG CEO Committee to align with BCFSC budget cycle (Note: BCFSC needs to submit a budget forecast to WorkSafeBC in March of the preceding budgeted year)
- 2.6 **MAG-SAFE Audit Oversight Committee-** Volunteers from the MAG Committee will provide direction to BCFSC on the administration of the MAG-SAFE Audit Program. Responsibilities include:
- (i) Receives feedback/information from MAG Committee on MAG-SAFE Audit program
 - (ii) Reviews MAG SAFE audit data with industry incident data to recommend changes/updates to MAG Organizing Support Group on MAG-SAFE Audit tool
 - (iii) Provides updates to MAG Organizing Support Group
 - (iv) Reports out at quarterly MAG Committee
- 2.7 **Manufacturing Technical Working Group-**The MAG committee will select interested Manufacturing Technical Working Group (MTWG) members to represent MAG's interests at the quarterly MTWG meetings annually so that there is representation at the MTWG for the calendar year meetings. Each MAG Committee meeting will have time set aside to identify topics for the MTWG, for e.g. emerging Issues, risk reduction and compliance. The MTWG members will be supported by the MAG Committee to effectively address issues, build a stronger working relationship with regulators, & provide efficiencies for resolutions & communications. Additional MAG members/ employees may be called on to represent MAG members depending on topics and areas of expertise.
- 2.8 **Projects/Best Practice Share Ad-hoc Working Groups-** As needed, smaller project focused groups will be organized to facilitate the implementation of initiatives arising from the MAG Committee. A MAG committee member will be assigned as a Project Champion to work with BCFSC and provide updates to MAG Organizing Support Group and progress at quarterly MAG Committee meetings. These Projects/Best Practice Working Groups will be responsible for coordinating Projects/Best Practice Shares with BCFSC and will work with BCFSC to develop resources for Industry.
- 2.9 **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.
- 2.10 **The BC Forest Safety Council (BCFSC)** CEO will designate a BCFSC employee to support the logistics and planning required for the MAG committee and sub-committees. The designated BCFSC employee will:
- (i) attend all meetings;
 - (ii) ensure that all required activities are completed
 - (iii) AG committee work is supported, and
 - (iv) inform the BCFSC CEO of concerns, projects/initiatives, and updates from the MAG Committee.

3. STANDARDS OF CONDUCT

All MAG members, the Chairperson, 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 work with the MAG Committee Chairperson to build the agenda. 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 **Attendees/Delegates:** Must be prepared to communicate take away information and key learnings as needed.
- 4.5 **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.
- 4.6 **Record Keeping:** The BCFSC designated facilitator will record, track and distribute action items arising from the meeting. Action items 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:
- Action Item Review
 - Share Best Practices/Incident trend review and discussion
 - MAG Committee updates-
 - Manufacturing Technical Working Group
 - MAG SAFE Audit
 - Applicable Projects
 - 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.

5.3 **Best Practice Spotlight**

5.4 A portion of each meeting will be used to share a best practice within the group. The MAG Committee will be asked for a volunteer for the next meeting. Once the Best Practice volunteer has been identified, BCFSC will coordinate required activities.

5.5 **Incident Share, Best Practice Share 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. The discussion will be utilized to course correct throughout the year on noted trends, incidents, 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.

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

5.6 **Committee updates**

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

6. **COMMUNICATION**

6.1 **Key messages** for industry distribution will be developed as needed based on the review of incidents and KPI's for the quarter.

6.2 The BCFSC facilitator will work with the BCFSC Communications Director to build the messaging, and the BCFSC facilitator will be responsible for distributing to the MAG **Committee for circulation** within their own areas.

Associated Information

<i>Document</i>	<i>Location</i>
Appendix A: MAG Committee List	TBD
Appendix B: MAG Benchmarking Guidelines and Definitions.	TBD
Appendix C: MAG Continuous Safety Improvement Process	TBD
Appendix C: MAG Meeting Agenda Template	TBD
Appendix D: MAG Committee Organization Chart	TBD

Appendix A: MAG Committee List

MAG Committee	
John Rowe	Canfor
Daniel Gunton	Carrier Lumber
Marla Nicol	Conifex
Tristan Anderson	Coastland
Tony Mogus	Dunkley
David Murray	Gorman Group
Ian Gray	Hampton Affiliates
Daniel Ruzic	Interfor
Ben Cram	Kalesnikoff Lumber
Tim Boyes	Sinclar Group
Grant Fast	Sinclar Group
Scott Wynn	Tolko - Committee Chair
Troy Withey	West Fraser
Lori Saretsky	West Fraser
Mike Dufour	Western Forest Products
Theresa Klein	Western Forest Products
Jay Pillappan	Weyerhaeuser
MTWG Committee	
Marla Nicole	Conifex
David Murray	Gorman Group
Grant Fast	Sinclar Group
Lori Saretsky	West Fraser
Scott Wynn	Tolko
Mike Dufour	Western Forest Products
MAG CEO Committee	
David Graham	Canadian President, Weyerhaeuser
Susan Yurkovich	Canfor
William Kordyban	Carrier Lumber, President
Ken Shield	Conifex
Rob Novak	Dunkley Lumber Ltd
Nick Arkle	Gorman Bros
Randy Schillinger	Hampton Affiliates
Ian Fillinger	Interfor
Ken Kalesnikoff	Kalesnikoff Lumer
Gerg Stewart	Sinclar Group
Pino Pucci	Tolko
Sean McLaren	West Fraser
Steven Hofer	Western Forest Products
Jeff Bromley	United Steelworkers – Wood Council Chair

Appendix B: Forest Industry Manufacturing Advisory Group Benchmarking Guidelines and Definitions.

OBJECTIVE

The following definitions offer a framework for reporting recordable injuries within the British Columbia manufacturing sector. MAG companies may utilize these statistics to benchmark safety performance and undertake trend analyses aimed at guiding initiatives to reduce injuries, illnesses, and occupational diseases. MAG companies retain the discretion to interpret these guidelines in the context of legitimate work related incidents. As such, these definitions are intended to closely reflect OSHA standards while allowing for necessary adaptations to meet the specific needs of 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 Total Recordable Incident Rate (TRIR), Medical Treatment cases (MT), Work Restrictions/Job Transfers cases (RWJT), and Lost Time accident cases (LT) as well as Incidents with Days Away or Work Restrictions/Job Transfers (DART) and Injury Severity Rate (ISR).

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 the treatment is defined below in the Medical Aid section. See attached description.

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.

Medical treatment also includes confirmation of any work-related diagnosed case of cancer, chronic irreversible disease, fractured or crack bones or teeth, and punctured eardrums.

Note: Medical treatment does not include first aid treatments listed under the Medical Aid section and visits to a physician solely for observation or counseling, or diagnostic procedures such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes. These cases should be recorded as Medical Aid. Medical Treatment does not include preventative procedures

RESTRICTED WORK OR JOB TRANSFERS Cases (RWJT)

Restricted Work occurs when, as the result of a work-related injury or illness,

- an employer keeps the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
- a physician or other licensed health-care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.
- For recordkeeping purposes, an employee's 'routine functions' are those work activities the employee regularly performs at least once per week.
- Restricted Work does not apply if the employer, or the physician or other licensed health care professional, impose the restriction or transfer only for the day on which the injury occurred, or the illness began.

A job transfer is a result of an injury or illness is considered a RWJT.

Distinguishing Between Pain and Injury:

- Injury involves actual physical harm to the body's tissues, such as muscles, bones, or ligaments. Injuries generally require medical evaluation and can result in lost work time, restricted duties, or the need for treatment.
- Pain is typically a temporary discomfort that may result from physical exertion, minor strains, or overuse. It often resolves on its own with rest and does not necessarily indicate damage to tissues.

Pain Management:

- If an employee has work-related discomfort or pain which has not been diagnosed as a distinct injury, the Operation may work with the employee to manage their pain symptoms with modified or other duties for a period of seven days as a First Aid. If the employee is still experiencing pain after the seventh day the employee will be referred to their medical provider.
- Job Rotation is not classified as a Work Restriction/Job Transfer if there was no injury and the employer and an employee agree to proactively modify an employee's duties to prevent the onset or development of a repetitive strain injury.

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.

Lost Time cases where fatal injuries occur will be counted as a single lost time event. Days lost will be calculated to the end of the calendar year.

INJURY CLAIMS IN APPEAL

Accepted injury claims that are in appeal will be included in the TRIR calculation until such time as the appeal is successful.

Claims that are generated (due to employer submitted Form 7 or Medical Aid) and then suspended due to insufficient information provided by the employee (e.g. employee does not to submit wage loss application) shall not be counted against MIR. Claims may be held in suspension up to 12 months, should the status change to accepted, the statistic must be added to the TRIR calculation.

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

TRIR	Total Recordable Incident Rate	<u>$(MT+RWJT+LT \text{ Cases}) \times 200,000$</u> Exposure Hours
DART	Incidents with Days Away or Restricted Work or Transfers	<u>$(LT+RWJT) \times 200,000$</u> Exposure Hours
WIR	Weighted Incident Rate	<u>$(MT + 10LT + 5RWJT) \times 200,000$</u> Exposure Hours

FIRST AID TREATMENTS

MEDICAL AID versus MEDICAL TREATMENT Based on OSHA 1904

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. 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>.

If a treatment is administered as a purely precautionary measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not recordable. For a case to be recordable, an injury or illness must exist. Please review the OSHA Letters of Interpretation for advice: <https://www.osha.gov/recordkeeping/interpretations>

MEDICAL AID

The following procedures, based on the OSHA section 1904.7(b)(5)(ii)(A) to 1904.7(b)(5)(ii)(N), are 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. Treatments outside of this list must be recorded as a medical treatment.

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;

Manufacturing Advisory Group

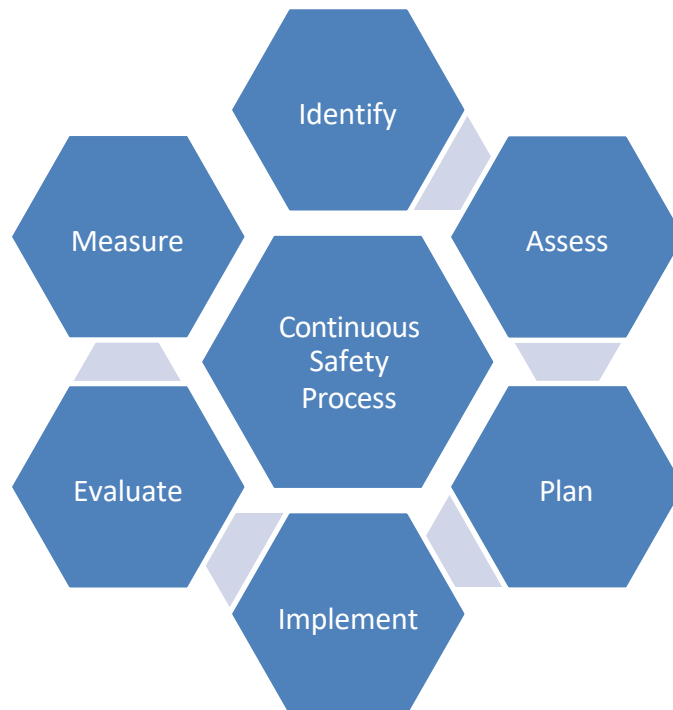
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of 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 administers the treatment.

MEDICAL TREATMENT

Procedures completed by a physician or other licensed health care professional not listed under Medical Aid are considered medical treatment.

Appendix C: Continuous Safety Improvement Process



Identify

Establish and recognize the gap that is needing attention.

Assess

Evaluate or estimate the value, nature, quality or need of issue. Requesting and receiving suggestion and feedback from committee.

Plan

Developing a proposal for implementing objective. Receiving alignment and support for plan from committee.

Implement

Applying the plan and setting S.M.A.R.T. goals to complete objective.

Evaluate

Source feedback on implementation of objective.

Measure:

Develop and review quantifiable data on outcome of objective.

Appendix D: MAG Agenda Template

Manufacturing Advisory Group Agenda

Month XX, 202X 8:00 am - 11:00 am

Location Address

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

##Update TEAMS meeting info

Join the conference call:

1 888 XXX XXX

Participant Code XXXXXX

8:00 Welcome and Introductions

8:05 Best Practice spotlight

8:30 Incidents share- Roundtable

9:00 MAG Committee updates-

- Manufacturing Technical Working Group
 - Emerging Issues
 - Risk Reduction
 - Compliance
- MAG SAFE Audit
- XX Project
- XX Project

9:30 TBD

10:00 TBD

10:45 Wrap-Up- Review action items 11:00 Meeting end

Appendix E: MAG Committee Organization Chart

