Health and Medical Services Plan

PC21258-SA-PLN-00004

Prepared by:
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Project: 123222394
Revision: 1
Date: June 2024

Prepared for:
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CEDAR LNG

REVISION HISTORY

Revision	Issued For	Date
A	Cedar Review	2023-10-03
B	Indigenous Nation and Regulatory Review	2023-11-22
C	EAO Review	2024-02-29
0	EAO Review	2024-05-13
1	EAO Review	2024-06-04

List of Abbreviations

AMCP	Accidents, Malfunctions and Communications Plan
BC	British Columbia
BCCDC	British Columbia Communicable Disease Control
BCEHS	British Columbia Emergency Health Services
Cedar	Cedar LNG Partners LP
CDCL	Communicable Disease Control Lead
CDMP	Communicable Disease Management Plan
EAC	Environmental Assessment Certificate
EAO	Environmental Assessment Office
EFAP	Employee and Family Assistance Program
FLNG	Floating liquefied natural gas
FNHA	First Nation Health Authority
GI	Gastrointestinal
HEMBC	Health Emergency Management BC
HMSP	Health and Medical Services Plan
IAA	*Impact Assessment Act*
LAA	Local Assessment Area
LNG	Liquefied Natural Gas
NP	Nurse Practitioner
MHO	Medical Health Officer
MMH	Mills Memorial Hospital
PPE	Personal Protective Equipment
RAA	Regional Assessment Area
SEMP	Socioeconomic Management Plan
SPCC	Sherwood Park Control Centre
WCB	Worker Compensation Board

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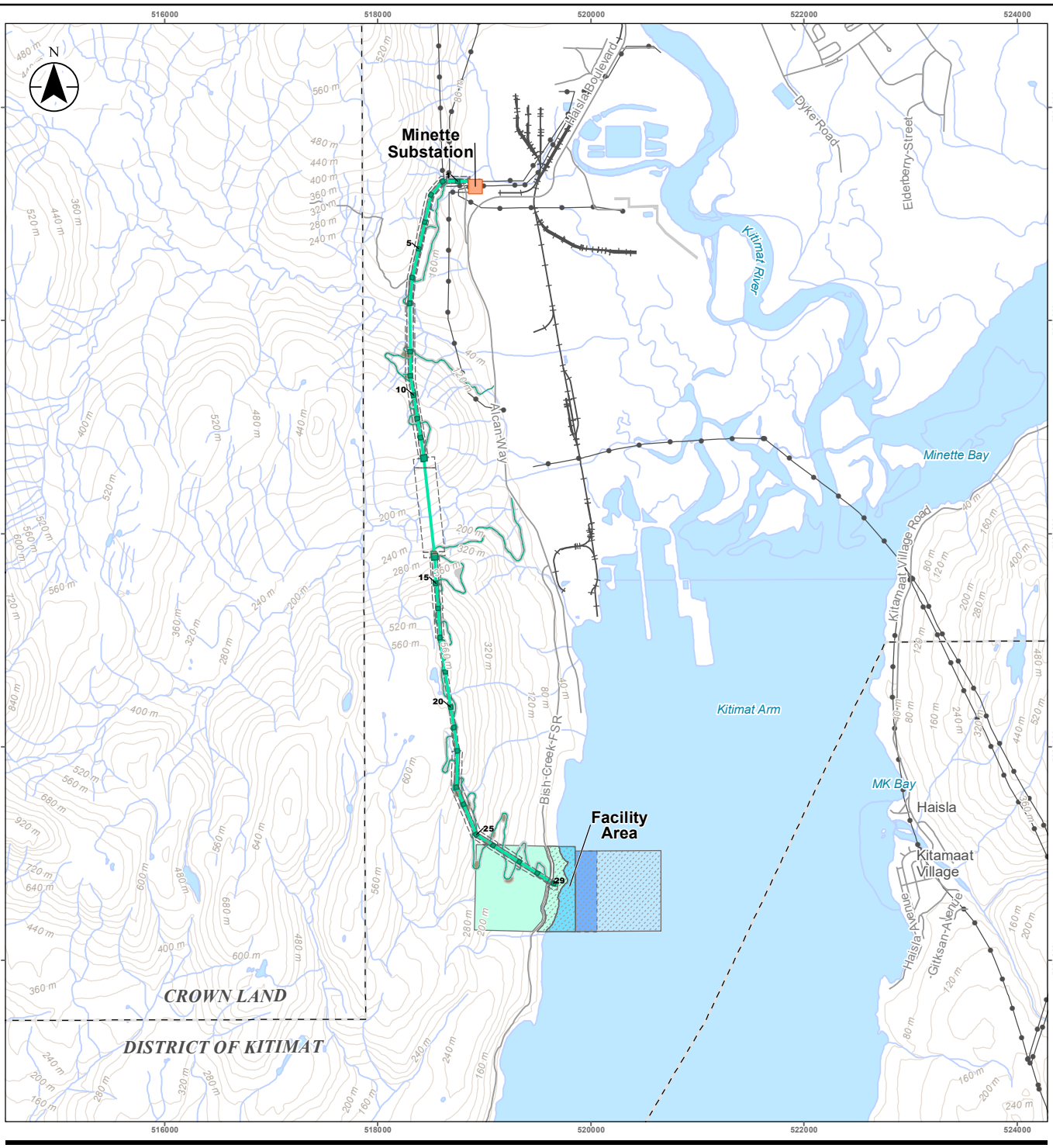
1.0 Introduction

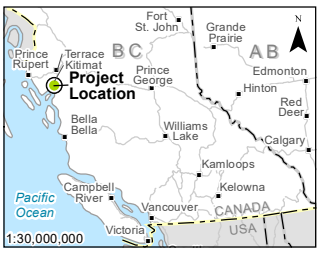
Cedar LNG Partners LP, by its general partner Cedar LNG Partners Ltd. (Cedar), a Haisla Nation-led partnership with Pembina Pipeline Corporation (Pembina), is planning to construct a liquefied natural gas (LNG) export facility within the District of Kitimat, British Columbia (BC) (the Project). The LNG facility will have the capacity to liquify up to and including 400 million standard cubic feet per day (11.33 million cubic meters per day) natural gas to produce LNG for export (Cedar 2022a).

The Project will be located approximately 10 km southwest of the Kitimat town center. The Project components are shown on Figure 1 and consist of (EAC #E23-01 2023):

- The Facility Area and Marine Terminal Area that contain the floating liquefied natural gas (FLNG) facility, the marine terminal and supporting infrastructure. On-site components will be located within District Lot 99, a portion of the adjacent water lot (Lot A District Lot 5469), and an area of submerged Crown land. District Lot 99 and Lot A District Lot 5469 are owned in fee simple by Haisla Nation. Coordinates for the approximate center of the Facility Area are:
    - Latitude and longitude: 53.976063° -128.700246°
    - Degrees, minutes, and seconds: 53°58’33.83” N 128°42’0.88” W
    - UTM (NAD83) Zone 9U: Easting 519660.0 Northing 5980900.0
- An up to 8.5 km long transmission line within the Transmission Line Corridor. The Transmission Line Corridor extends from British Columbia Hydro’s Minette Substation to the Marine Terminal Area. The transmission line route is predominantly located on un-surveyed Crown land within the District of Kitimat, but also crosses two parcels of private property that are not owned by Haisla Nation.
- Shipping of LNG along the Marine Shipping Route from the FLNG facility to the Triple Island Pilot Boarding Station

Cedar received an Environmental Assessment Certificate (EAC #E23-01) under British Columbia’s *Environmental Assessment Ac*t on March 13, 2023 and a positive Decision Statement under Canada’s *Impact Assessment Act* (IAA) on March 15, 2023. These include several conditions of approval related to documentation review, notifications, consultation and the development of supporting plans, processes, and reports. As per Condition 13 in Schedule B to EAC #E23-01 and Conditions 8.14 and 8.15 in the IAA Decision Statement, Cedar is required to develop this Health and Medical Services Plan (HMSP) and a follow-up program for its implementation in consultation with Northern Health and Indigenous Nations.





Notes
1. Coordinate System: NAD 1983 UTM Zone 9N
2. Data Sources: DataBC, Government of British Columbia; Natural Resources Canada; Canadian Hydrographic Service

- Road
- Railway
- Transmission Line
- Topographic Contour (40 m)
- Waterbody
- District of Kitimat Municipal Boundary
- Minette Substation
- Transmission Line Alignment
- Access Road
- Tower Pad (Tower Number is labelled)
- Spoil Pile
- Clearing Extent
- Transmission Line Right-of-Way
- Terminal Area

Parcel Owned by Haisla Enterprise Ltd.

- District Lot 99, Plan 14740, PID 013-061-267
- Water Lot A, Plan EPP 14217, PID 029-462-142 (Portion)

Proposed Crown Lease

- Conceptual Water Lot

0 0.5 1 1.5 2 km

1:55,000 (at original document size of 8.5x11)

Stantec

CEDAR LNG

Project Location: Kitimat, British Columbia

Project Number 123222394
Prepared by LTRUDELL on 20230911
Discipline Review by LMCMILLAN on 20230911

Client/Project/Report
Cedar LNG Partners LP
Cedar LNG Project

Figure No.
1

Title
Project Components

1.1 Purpose and Compliance

Out-of-region workers will be employed by Cedar for construction and operation of the Project and this has the potential to contribute to pressures on health and medical service that are currently experienced by Northern Health residents. These pressures were assessed in the environmental assessment process and mitigation and enhancement measures were identified. This included Cedar's commitment to providing "onsite first-aid stations, medical room(s) with beds and certified first-aid staff, and dedicated communications devices for requesting outside emergency aid, during construction in accordance with WorkSafeBC requirements. Project workers will use first aid services at lodges where available. Cedar will also provide an employee and family assistance program." Other mitigation measures to reduce effects on local infrastructure and services are addressed in other plans including the Socioeconomic Management Plan (SEMP) (SEMP - PC21258-RG-PLN-00002) and the Construction Environmental Management Plan (PC21258-EV-PLN-0001).

The purpose of the HMSP is to outline the on-site services and initiatives that Cedar will provide to reduce the out-of-region workers usage of local health services and to create a healthy and safe environment for its employees and contractors. A healthy and safe environment includes establishing a workplace that protects workers and responds to occupational and non-occupational illnesses, injuries and conditions through non-judgmental, private and timely care. Cedar's approach to evaluating these measures is also outlined. The objectives of the HMSP are to:

- Satisfy Condition 13 of EAC #E23-01
- Satisfy Conditions 8.14 and 8.15 of the IAA Decision Statement
- Outline the provisions of on-site medical staff, facilities and emergency management
- Describe communication pathways such as patient care and transfer (in alignment with Cedar's Accidents, Malfunctions and Communications Plan [AMCP]) and provide contact information for Northern Health and emergency services
- Identify and describe Cedar's health and safety policies and procedures
- Develop measures for addressing communicable disease, disease and infection prevention and outbreak protocols
- Develop a framework and indicators for monitoring the effectiveness of the HMSP
- Use an adaptive management approach if monitoring indicates that the mitigation is not achieving the predicted outcome

Appendix A provides the table of concordance between the content of this HMSP and the requirements of Condition 13 of EAC #E23-01 and Conditions 8.14 and 8.15 of the IAA Decision Statement. An overview of the Qualified Professionals retained to develop the HMSP is provided in **Appendix B**.

The HMSP has been developed in consideration of guidance from Northern Health and Indigenous Nations. Error! Reference source not found. describes how guidance from Northern Health and Indigenous Nations have been used to inform the content of the HMSP. Many of these guidance documents are specific to industrial camps, which is not part of the Project, and therefore not applicable to this plan. Where guidance is relevant to the Project, it has been considered in development of the HMSP.

TABLE 1 GUIDANCE DOCUMENTS THAT HAVE INFORMED THE HMSP

Guidance Document	How it has informed the HMSP
Health and Medical Services Plan Best Management Guide for Industrial Camps (Northern Health 2015)	This guidance has been used to structure the format of the HMSP and guide the type of information used to inform the HMSP.
Communicable Disease Control Plan Best Management Guide for Industrial Camps (Northern Health 2017) Best Practices for Industrial Work Settings No. 2: Communicable Disease Management Guide (Northern Health 2023a)	This guidance has been used to structure and inform the communicable diseases, disease and infection prevention and outbreak protocols identified in Section 8.0 of the HMSP.
Health and Safety During the Opioid Overdose Emergency: Northern Health's Recommendations for Industrial Camps	This guidance has been used to inform medical and health provisions including the consideration of mental health provisions. Medical staff will have access to naloxone kits and first aid stations will include naloxone kits.
Northern Health Office of Health and Resource Development: Expectations of Industrial Medical Service Providers	This guidance has informed the roles the roles and responsibilities of the on-site medical staff (Section 3.3) and the Communicable Disease Control Lead (Section 3.4).
The following reports from Indigenous Nations have been considered: - Gitga'at First Nation: Community Well-being Risk Report for the Cedar LNG Project (2021) - Gitxaala Nation Community Health & Socio-Economic Risk Report for the Cedar LNG Project (2022)	These two reports provided a consistent series of recommendations for the Project to address health and socio-economic conditions. The relevant recommendations from these reports and a description of how they have influenced the content in the HMSP are indicated below: - The reports recommended improving community resiliency regarding the opioid epidemic which included making naloxone accessible for workers. Medical staff will have access to naloxone kits, first aid stations will have naloxone kits and workers will be allowed to carry their own naloxone kits. - The reports emphasize measures to safeguard workers and communities from emerging infectious disease. Communicable disease prevention and outbreak response have been included in the HMSP and are outlined in Section 8.0. - The reports recommended the implementation of internal health services. Cedar will be providing on-site medical staff and the medical provisions are described in Section 7.2. - The reports recommend disclosure of management plans that measure project-related health impacts and the effectiveness of mitigation measures. Health services monitoring, reporting and adaptive management have been included in the HMSP and are outlined in Section 11.0 and Section 12.0, respectively.

1.2 Updates to the HMSP

Cedar may, or the EAO may require Cedar to, revise the HMSP in response to:

- Feedback provided by HMSP reviewers[1]
- One or more requirements of Condition 13 of EAC #E23-01 or Conditions 8.14 and 8.15 of the IAA Decision Statement not being fully addressed
- Changes in industry best practices or technology
- New conditions of regulatory permits and authorization
- New (unforeseen) issues that may arise during construction

As per Condition 2 of EAC #E23-01, any revisions to the HMSP will be submitted to the EAO. In addition, Cedar will inform HMSP reviewers when minor revisions (e.g., grammatical edits, wording changes, brief clarification descriptions) are made to the HMSP that would not affect the scope and objectives of the HMSP.

If material revisions that affect the scope and objectives of the HMSP are required (e.g., changes to the medical services provided), Cedar will provide HMSP reviewers with the opportunity to comment as follows:

- If Cedar determines the edits are time-sensitive, Cedar will implement updated HMSP concurrently with providing the HMSP reviewers with a 30-day period to provide feedback regarding the updates. In the email to HSMP reviewers, Cedar will advise that the edits were considered time-sensitive and are being implemented. In response to any comments received, Cedar will incorporate the feedback or provide the rationale for why it wasn't incorporated within a 21-day period.
- If Cedar determines the edits are not time-sensitive, reviewers will be provided with a 30-day review period prior to the updated HMSP being implemented. In response to any comments received, Cedar will incorporate the feedback or provide the rationale for why it wasn't incorporated within a 21-day period.

Following incorporation of feedback, Cedar will provide the EAO and HMSP reviewers with the updated version of the document. A document history table listing the version and date will be included in the updated document.

[1] HMSP reviewers are Northen Health, Haisla Nation, Kitselas First Nation, Kitsumkalum First Nation, Gitga'at First Nation, Gitxaała Nation, Metlakatla First Nation and Lax Kw'alaams Band.

1.3 Boundaries

HMSP Spatial Boundaries

The spatial boundaries are inclusive of the physical footprint of on-site and offsite components where workers will be present, including the FLNG facility, the marine terminal, and the transmission line. Spatial boundaries also include worker accommodations.

Temporal Boundaries

Temporal boundaries describe the timing and duration of which the HMSP remains in effect. Based on the current Project schedule, the temporal boundaries for the HMSP are:

- Construction: 2024 to 2028
- Operation: Up to 40 years following the completion of construction
- Decommissioning: Approximately 12 months following the end of operation

Local Assessment Area (LAA)

The LAA is defined in Section 7.11 of the EAC Application (Cedar 2022b) and applies to communities and Indigenous Nations where infrastructure and services (including health and medical services) have the potential to be affected by an influx of out-of-region workers. The LAA include the following Statistics Canada census subdivisions and census agglomerations:

- Kitamaat Village (Kitamaat 2)
- District of Kitimat
- Terrace Census Agglomeration (this includes the City of Terrace, Kitimat-Stikine E regional district electoral area and Kulpsai 6)
- Kitselas 1
- Kitsumkalum 1

The LAA communities will be included in monitoring project-related impacts on health and medical services.

Regional Assessment Area (RAA)

The RAA includes the LAA, as well as Kitimat Stikine Electoral Areas C and E and North Coast Regional District Electoral Areas A and C and communities and populations within those boundaries.

2.0 HMSP Engagement

Cedar's engagement for the development of the HMSP included consulting with the following entities:

- Northern Health
- British Columbia Emergency Health Services (BCEHS)
- Haisla Nation
- Kitselas First Nation
- Kitsumkalum First Nation
- Gitga'at First Nation
- Gitxaala Nation
- Lax Kw'alaams Band
- Metlakatla First Nation
- Haida Nation
- Métis Nation British Columbia

Engagement with Northern Health and BCEHS was initiated in support of HMSP development (**Appendix C**). Feedback offered by Indigenous Nations throughout the environmental assessment process was also considered as part of the HMSP development. Each of these parties were invited to review the draft HMSP and provide feedback. All comments were considered by Cedar and revisions were made throughout the HMSP.

3.0 HMSP Roles and Responsibilities

3.1 Cedar

The responsibilities of Cedar in the development of the HMSP include:

- Engage with Northern Health and Indigenous Nations on the HMSP and provide opportunities for review and input
- Liaise with Northern Health and the First Nation Health Authority (FNHA) throughout the duration of the Project to keep up-to-date information on health services in the region
- Engage with Indigenous Nations for the life of the Project, including regarding any concerns related to Project-related effects to health and medical services
- Submit the HMSP to the Environmental Assessment Office (EAO) for approval at least 60 days before the planned commencement of construction
- Designate a Communicable Disease Control Lead (CDCL) (See Sections 3.4 and 8.0 for more information on this role)
- Require contractors to develop communicable disease prevention and outbreak protocols that aligns with Cedar's policies, procedures and protocols.
- Track communication and decisions with Northern Health, Indigenous Nations, and stakeholders.
- Produce reports outlined in Section 11.0 of the HMSP
- Arrange transportation for workers to attend medical appointments in the event of non-emergency medical situations
- Describe and implement a process for adaptive management (Section 12.0)
- Provide an on-site staff member who will be responsible for coordinating WCB claims as per the communication protocol in Section 10.0

3.2 Contractors

As part of Cedar's focus on hiring Indigenous and local contractors, separate contractors may be retained for each of the major activities and project components (e.g., clearing and grubbing, grading, roads, transmission line, substation, meter station, marine terminal). The roles and responsibilities of each contractor in the implementation of the HMSP are:

- Implement and adhere to policies outlined in the HMSP
- Provide workers with on-boarding and training
- Require workers to comply with policies and procedures described in the HMSP
- Report and document all accidents, illnesses and injuries

- Report all reportable disease cases (numbers) and symptoms as well as all unknown or emerging illnesses to the CDCL
- Support reporting and monitoring efforts by collecting indicators outlined in Section 11.0

There are two industrial worker camps in Kitimat that may be used during construction: Sitka Lodge and Crossroads Lodge. For any camp used, the operator is responsible for compliance with the Industrial Camp Regulation under the *Public Health Act*. This includes food safety practices, sanitary cleaning, and maintaining compliance with applicable water and sewage standards.

3.3 On-Site Medical Staff

The roles and responsibilities of on-site medical staff include:

- Assess and treat injured or ill workers to their recognized scope of practice
- Document all worker visits and referrals
- Follow communication and emergency procedures and protocols outlined in Section 10.0
- Upon each worker medical visit, ask the worker consent to transfer medical records to primary care physician or location of medical care follow-up
- Transfer medical records to the workers' primary care physician or location of medical care follow-up, upon consent of the worker seeking medical care and if the worker has a primary care physician in their home location
- Maintain worker medical visits and records private and confidential, including to Cedar leadership and human resources (exceptions may be made for workplace injuries or accidents)
- Call 911 for emergency patient transfer and provide BCEHS with available patient information for the transfer
- Support reporting and monitoring efforts by collecting indicators outlined in Section 11.0
- Communicate in a timely manner with the CDCL any signs and/or symptoms of potential communicable diseases and support the CDCL manage outbreak responses as directed
- Accompany workers to medical appointments if determined to be necessary by the medical provider based on the worker's medical condition

3.4 Communicable Disease Control Lead

Cedar will designate an on-site CDCL who will be the main point of contact for communicable disease practices for the Project. This person will:

- Have experience in public health, health and medical services, administrative skills, and capacity to oversee complex and fluid situations (Northern Health 2023a).
- Adhere to company policies and plans (Section 7.1) and to the health service bridging protocol (Section 7.3) and implement Prevention and Outbreak response protocols outlined in Section 8.0.

- Collaborate with the selected accommodation provider(s) to discuss how their communicable disease prevention and outbreak protocols comply with Cedar's policies and commitments and align with relevant regulations.
- Support contractors in communicable disease prevention training opportunities.
- Develop and implement a communicable disease plan minimum of 60 days prior to an anticipated camp workforce of 50 or more people. Details of what will be included in the communicable disease plan are described in Section 8.0 which includes prevention and outbreak response protocols.
- Lead response to Alert Phases and Outbreak Phases (described in Section 8.0).
- Report and document response efforts for all communicable disease alerts and outbreaks.
- Provide health promotion initiatives, including communicable disease prevention outlined in Section 9.0.
- Support communicable diseases monitoring and adaptive management efforts outlined in Section 11.0 and Section 12.0 respectively.
- Liaise with Northern Health throughout the duration of the Project to keep up-to-date information on health services in the region.
- Follow communication procedures and protocols outlined in Section 10.0.

3.5 Workers

The roles and responsibilities of workers include:

- Adhere to policies and procedures outlined in the HMSP
- Report communicable disease symptoms and seeking appropriate care from the on-site medical staff
- Maintain a level of personal hygiene and wear appropriate PPE
- Use medical services in their home location for non-urgent[2], non-occupational injuries as described in Section 7.3 under the discretion and comfort level of the worker.
- Bring enough prescribed medications for the duration of their shift as described in Section 7.3

3.6 Northern Health

The roles and responsibilities of Northern Health include:

- Review the HMSP and provide feedback

[2] Non-urgent refers to routine medical or health issue (e.g., prescription renewals).

- Provide observational information to support decision-making regarding indicators outlined in Table 7 and support review and interpretation of indicators to support adaptive management
- Northern Health's MHO will be responsible for declaring an outbreak and provide direction on outbreak response protocols (described in Section 8.0)
- Provide Cedar with updates on guidelines or protocols that have changed since the development of the HMSP

3.7 Indigenous Nations

The roles and responsibilities of the Indigenous Nations include:

- Review the HMSP and provide feedback
- Provide feedback for adaptive management

3.8 First Nations Health Authority

As per the communication protocols outlined in Section 10.0, Cedar will contact the FNHA with any potential health risks to Indigenous communities such as communicable disease outbreaks. Cedar will also promote the First Nations Virtual Doctor the Day Program and medical staff may refer Indigenous employees to the First Nations Virtual Substance Use and Psychiatry Service (details provided in Section 4.0). Cedar will document and monitor referrals and communications with FNHA. Cedar welcomes feedback from FNHA for HMSP adaptive management.

3.9 BC Emergency Health Services

The roles and responsibilities of BC Emergency Health Services (BCEHS) include:

- Respond to 911 emergencies
- Transfer medical emergencies to hospital
- Communicate with Cedar's medical staff regarding patient information, mechanism of injury and other details pertaining to the emergency
- Being aware of Cedar's emergency and communication protocols, plans and procedures which are outlined in Section 10.0
- Provide feedback for adaptive management

3.10 Health Emergency Management BC

Health Emergency Management BC (North) (HEMBC), notifies or activates appropriate Northern Health programs in the event of an incident or emergency. They maintain a 24-hour emergency/on call contact number (Northern Health 2022). HEMBC will be notified as per the communication protocol outlined in Section 10.0.

4.0 Description of Health Services Applicable to the HMSP

The Kitimat General Hospital and Health Centre is categorized as a rural center-smaller referral base which provides level 3 care which means that smaller community hospitals offer “24/7 care, including emergency care, physician call, 24-hour observation of acutely ill patients, visiting specialist and rural deployment of ambulance services” (Northern Health 2017). At steady state conditions, Kitimat General Hospital provides (Northern Health n.d.a):

- 20-bed acute-care unit, including two maternity beds
- Regional orthopedic centre
- Emergency department
- Physiotherapy
- Radiology
- Laboratory
- Diabetes and chronic disease management
- Outpatient chemotherapy clinic
- Public Health team
- Palliative Care nurse consultant
- Regular rotation of visiting specialists in internal medicine, urology, otorhinolaryngology (ENT), dermatology, neurology, ophthalmology, and radiology.

There are four primary care medical clinics in Kitimat (Fetch n.d.); however, there are no walk-in clinics (Medimap 2023).

The funding model for health services in BC is based on permanent residents and therefore physical assets of health care services may not represent the availability of health care services (Powell-Hellyer, S, pers comms 2024). Staffing shortages have led to several temporary emergency service closures due to the need to transfer their emergency department physician from the Kitimat hospital to the Mills Memorial Hospital (MMH) in Terrace (CBC 2023; Powell-Hellyer, S pers comms 2024).

Mills Memorial Hospital is approximately 70 km north of the Facility Area. It is categorized as a “rural center-large referral base” which provides level 4 care which includes 24/7 care including critical care to trauma level 5, physician call with on-site or response commitment, some specialty surgery, some specialized registered nurses, general surgical call coverage and urban deployment of ambulance services (Northern Health 2017). Additionally, MMH includes (Northern Health n.d.b):

- 51 acute care beds
- 10-bed psychiatric unit (the only inpatient unit in the Northwest)
- Three surgical suites

- A four-bed intensive care unit
- Maternity services
- Emergency department (average of 24,700 visits per year)
- Diagnostic and specialist centre (includes CT and nuclear medicine)
- Visiting specialists (obstetrics/gynecology, psychiatry, general surgery, urology, ophthalmology, otolaryngology, anesthetics, radiology, nuclear medicine, pathology, otorhinolaryngology [ENT], podiatry, pediatrics and internal medicine)
- Community cancer clinic
- Chronic disease management clinics

Construction of the new MMH began in June 2021 and is anticipated to be completed in 2026 (Northern Health 2023b). Once operational, the hospital will be more than double the size of the existing facilities and offer trauma services, orthopedic surgeries, pathology, radiology, and pharmacy services (Artis 2022). However, staffing shortages are still a barrier and an expansion in physical assets does not increase availability or accessibility of services (Powell-Hellyer, S pers comms 2024).

Family physician shortages are a barrier for Terrace residents, which has contributed to patients seeking care in emergency departments (Link 2023). Although Terrace is fortunate to have more than 20 specialists, physician and staff shortages in Terrace and surrounding region have led to increased emergency wait times and increased patient transfers (Link 2023).

Northern Health provides several digital health programs to complement health care that are funded and intended for permanent residents in Northern BC (Powell-Hellyer, S pers comms 2024). The digital health programs include:

- Northern Health Check-In: an app that controls the number of people in health care facilities, reduces the number of people in waiting rooms, reduces the amount of time spent in waiting rooms, and notifies staff once a patient has arrived at their appointment (Northern Health 2023c)
- Telehealth: connects patients to an out-of-town health care provider using their smartphone, computer or tablet and offers care such as: appointments with family doctor, speech-language pathology, occupational therapy, mental health and addictions, nutrition, audiology, orthopedics, cancer care and specialists (Northern Health 2023d).
- Virtual Clinic: available for people who are physically located in the Northern Health region and who don’t have access to a family doctor or need care on evenings and weekends. The virtual clinic can assist patients with non-occupational injuries and illness such as: asthma, headaches, mild breath difficulties, minor burns, urinary tract infections, vomiting, diarrhea or dehydration, coughs, sprains etc. (Northern Health 2023e).

First Nations Health Authority

The FNHA provides a variety of programs and services to over 200 diverse First Nations communities and citizens across BC (FNHA 2023). Programs and services include health benefits, nursing and clinic services, health promotion and disease prevention, communicable disease population and public health, environmental public health services, health infrastructure support and additional services such as First

Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Service (FNHA 2023).

The First Nations Virtual Doctors of the Day Program provides virtual access to culturally safe, primary health care available to all First Nations people who live in BC (FNHA 2024a).

The Virtual Substance Use and Psychiatry Service is a free referral-based service to all First Nations people and their family members living in BC that provides access to specialists in addictions medicine, psychiatry and mental health services (FHNA 2024b). Addiction medicine provides harm reduction support, relapse prevention planning, education and treatment care (FNHA 2024b). Psychiatry services include diagnosis support, medication review and treatment care planning (FNHA 2024b). The Care Coordinator provides counselling and therapy connections in their community, scheduled check-ins and mental health and wellness support (FNHA 2024b).

5.0 Workforce Description and Project Schedule

For the purposes of the HMSP, understanding the peak workforce and the anticipated quantity of workers that will be sourced out-of-region assists in the formulation of workforce assumptions. Workforce estimates are used to anticipate the potential demand that workers may have on local health services, and to inform health and medical provisions provided by Cedar. A schedule of construction activities is attached in **Appendix D**. This schedule is subject to change as construction advances.

Table Table 2 describes anticipated schedule and peak workforce of the construction, operation, and decommissioning (Manpower Loading Chart PC21258-PC-SCH-00003) activities. The Project is anticipated to begin construction in May of 2024. Construction will take approximately four years. As defined in the temporal boundaries in Section 1.2, the operations phase is considered for a 40-year project span commencing after construction. A schedule of construction activities is attached in **Appendix D**. This schedule is subject to change as construction advances.

TABLE 2 PROJECT ACTIVITIES, SCHEDULE AND PEAK WORKFORCE

Year	Estimated Peak Workforce (FTE)	Project Component
Construction		
2024	33	Marine Terminal
2025	228	Marine Terminal
		Mooring System
		Transmission Line
2026	177	Marine Terminal
		Transmission Line
2027	125	Marine Terminal
		Transmission Line
2028	131	Mooring System
Operations		
2028 to 2068	100	
Decommissioning		
2068 to 2069	Up to 150	

Note:

The estimated peak workforce is inclusive of the number of workers who will be on-site at one time and includes total direct employees, contractors, and workers associated with each construction component (marine terminal, mooring system, and transmission line).

Assumptions:

- It is expected that the majority of the operation workforce will be local and will utilize existing housing within Kitimat (Cedar 2022a).
- Given the relatively small workforce size, it is assumed that pressures that an out of region workforce may have on local health services is anticipated to be low to moderate in magnitude during construction, and low in magnitude during operations and decommissioning (Cedar 2022b).
- It is anticipated that for operations and maintenance, the international workforce will work on a twenty-eight days on, and twenty-eight days off schedule. For the local workforce, the rotational schedule is anticipated to be fourteen days on and fourteen days off. For day staff support such as catering, the local workforce is anticipated to work a maximum of seven days on and seven days off. Work schedules will be determined by each contractor working with the Cedar Construction Manager.

6.0 Accommodations and Infrastructure

The SEMP (SEMP – PC21258-RG-PLN-00002) for the Project includes an Accommodation Strategy. The objective of the Accommodation Strategy is to reduce the use of local housing by out-of-town workers and, in turn, reduce potential related effects on local housing availability and cost. For the construction phase, Contractors will have the option to use one or more of the existing open lodges in Kitimat (i.e., Sitka Lodge or Crossroads Lodge) or use local temporary accommodations to provide accommodations for out-of-town workers.

Prior to construction, Cedar will request information regarding meal options and catering, fitness and recreation facilities, cleaning services and health and wellness programs provided by the camp. This information will be considered as part of the recommendations provided by Cedar to Contractors. Workers will have access to the facilities and services made available by the camp accommodations where they are staying, and all workers, regardless of accommodation, will have access to the medical services provided by Cedar.

All of these established accommodations are in compliance with the legislation applicable to its operations (e.g., *Public Health Act*, Industrial Camps Regulation applies to the operation of Sitka Lodge and Crossroads Lodge). As they are currently providing accommodation services to projects in the area, it is understood that each has all requisite permits and operational plans in place. A summary of the publicly available information on the infrastructure provided by the accommodation supplier is described in the following sections.

6.1 Civeo Sitka Lodge

Location: 100 Loganberry Street in Kitimat, British Columbia

Room capacity: 959 rooms (CIVEO 2023)

Rooms are 126 square foot (ft^2) private and semi-private craft rooms. Private rooms have a private washroom and shared room have shared toilets and showers. Rooms have a pillow top mattress, blackout curtains, telephone, reduced noise transferred walls, internet and satellite TV, desk and chair, lockable storage and dresser and individual heating and cooling systems (CIVEO 2023).

Services include catered dining rooms, meeting rooms, fitness room, hospitality services, licensed lounge, laundry facilities and a recreation room (CIVEO 2023)

Medical Services:

There is a medical clinic at the lodge that operates 24/7. The lodge has a nurse practitioner (NP) available from 0600 to 1800 and can be on call during evening hours if needed. An advanced care paramedic (ACP) is available from 1800 to 0600 (Pers. comms. Taylor 2022).

Health Promotion and Wellness Services:

Sitka lodge has a fitness room and a recreation room. Health and wellness information is displayed on bulletin boards and TV screens and Sitka Lodge provides weekly Alcoholic Anonymous meetings (Pugh 2023).

6.2 Horizon North Crossroads Lodge

Location: Highway 37 (GPS: 54.05449, -128.613147)

Room capacity: 700 rooms

Infrastructure description:

Rooms are equipped with a bed with premium mattress, private bathroom with shower, internet and satellite TV, desk, dresser and night tables, keyless room entry (Dexterra group 2023)

Services include catered and all-inclusive dining, fitness centre, laundry facilities, recreation room, and housekeeping services (Dexterra Group 2023)

Medical Services:

Horizon North Crossroad Lodge does not currently provide medical services at camp.

Health Promotion and Wellness Services:

Horizon North Crossroads Lodge does not offer on-site wellness programming; however, they have recreational facilities that promote health and wellness including a fitness and recreation room.

6.3 Local Temporary Accommodations (Hotels)

As described in Cedar's EAC Application (Cedar 2022b), as of May 2021, there were 61 hotels, motels, bed and breakfast, lodges, cabins, RV parks, and 15 campsites in Kitimat and Terrace with approximately 1,600 rooms. Of these, 42 temporary accommodations with nearly 1,200 rooms are in Terrace. Table 3 describes the temporary accommodations available in Kitimat in 2021 (Cedar LNG 2022b).

TABLE 3 DESCRIPTION OF THE TEMPORARY ACCOMMODATION CHARACTERISTICS IN KITIMAT IN 2021

Accommodation Type	Number of Businesses	Name (Room Capacity)	Number of Rooms
Hotels and Motels	6	Chalet Motel & Restaurant (48); City Centre Suites (24); Kitimat Hotel (30); Microtel Inn and Suites by Wyndham Kitimat (87); MStar Hotel (42); North Star Suites (16)	247
Lodges and Cabins	6	Kitimat Cosy Cottage (2); Kitimat Estuary Lodge (6); Kitimat Lodge (24); Kingfish Westcoast Adventures (10); Tookus Inn (6); Minette Bay Lodge (10)	58
Bed and Breakfasts	2	Kitimat Guesthouse (6); Natures Edge Bed and Breakfast (2); Sleep Inn B&B; Terri's B&B	8
RV and Camp Sites	5	Hirsch Creek Park (10); Jed Stump's Estates (18); Kitimat Lodge Campsite; Radley Park Campground (50); MK Bay Marina	78
Total	**19**		**391**

7.0 Work-Site Health Services and Programs

7.1 Health Service Company Policies and Plans

Cedar has adopted existing health-related policies of its managing partner, Pembina Pipeline Corporation. Cedar will require that contractors adhere to these policies or have similar policies (i.e., same standards or higher) in place except the Leave of Absence Standard, which is only applicable to Cedar staff. The following policies, standards, and training apply to the Project:

- Drug and Alcohol Policy
- Health, Safety & Environment Policy
- Code of Ethics Policy
- Respectful Workplace Policy
- Cultural Awareness Training
- Leave of Absence Standard

Further details pertaining to the company policies, including the Code of Ethics Policy and the Respectful Workplace Policy, and cultural awareness training are described in the SEMP. In addition, Cedar has developed an Accidents, Malfunctions and Communication Plan (AMCP) that provides guidance and direction to Cedar personnel and contractors to guide effective response actions during emergencies, aid in the prevention of injury to employees, emergency responders, and members of the public, promote effective communication with relevant stakeholders, and reduce impacts to the environment, property, and infrastructure.

Leave of Absence Standard

Cedar has adopted Pembina Leave of Absence Standard to reduce the impact to the local health services. If a leave of absence is required, the worker must make every effort to contact their supervisor a minimum of one hour prior to their shift and provide information including: phone number at which worker can be reached, expected days of absence, whether absence is work related or non-work related. If the illness is work-related, an Employee Incident Report and Worker Compensation Board (WCB) documentation must be completed and submitted in accordance with that contractor's health and safety procedures. In case of illness, Cedar will not require the worker to obtain a sick note from a local physician. This policy is intended to reduce the need for workers to seek medical services in the community to obtain a sick note which can result in workers using limited services or even emergency room services. A physician assessment and note may be required by Cedar or their insurance providers for short-term and long-term disability leaves, and workers will be required to obtain the physician assessment and note from their home community or a virtual provider. Cedar will require contractors to have similar standards.

7.2 Description of Health Services Provided On-Site

Cedar acknowledges that health and medical services have exceeded capacity in the region and that out-of-region workers are not included in the consideration of funding for health services. To reduce potential strain on health services and infrastructure by out-of-region workers employed by Cedar or through its contractors, Cedar will provide on-site first aid stations, medical clinic with beds and certified first-aid staff, and dedicated communications devices for requesting outside emergency aid, during construction in accordance with WorkSafe BC requirements. All services will also be available to local workers while on-site.

During construction, Cedar will provide:

- Medical services with a transport unit at the site for all work with six or more workers
- Access to virtual primary care staff to support on-site medical service providers
- Access to Employee and Family Assistance Program (EFAP) or analogous program

During site preparation and early construction, a medical transport unit will provide temporary, on-site medical clinic services until the Construction Manager determines there is suitable space to establish a clinic location.

During operations, Cedar will provide:

- On-site medical staff
- On-shore Occupational Health Nurse
- Access to EFAP or analogous program

Cedar will be equipped to provide on-site care of non-urgent medical conditions which include:

- Emergency response and pre-hospital care
- Primary care such as routine care, mental health, psychosocial services, health promotion and disease prevention, nutrition counselling, chronic disease prevention and management, urgent but minor or common health problems (e.g., illness requiring antibiotics) (CIHI 2023)
- The EFAP provides 24/7 psychological health and safety concern support, including counselling services (EFAP n.d). Workers and their families can access this service to support mental health issues such as substance use and addictions, healthy coping mechanisms, family-related stress, thoughts of suicide, financial stress, and anxiety or depression

Medical conditions or treatments in which care will need to be sought off-site include:

- Occupational and non-occupational life-threatening emergencies, which will need to be sent to an emergency room at the nearest hospital
- A primary care physician may refer the worker for medical imaging, specimen collection (lab work) or write a prescription for pharmaceuticals

For non-urgent conditions, medical staff will recommend that out-of-region workers seek local services in their home communities as described in Section 7.3 Health Service Bridging Protocol.

All medical service providers are to maintain a standard of professionalism which includes:

- Adhere to provisions in the *Personal Information Protection Act*
- Thorough documentation of all medical visits or incidents
- Provide non-judgmental treatment and referrals to other services or resources
- Maintain privacy and confidentiality of all worker visits.

Cedar will require medical workers to sign a confidentiality agreement. Medical records shall remain separate from human resources records and worker identification and specific details of the medical visit shall not be shared with any personnel outside the medical services team, including to Cedar leadership. Workplace injuries or accidents resulting in a WCB claim are an exception, and information will be shared with Cedar and Contractor leadership as well as the Cedar Site Safety Representative as required to complete the necessary investigations and WCB documentation.

Medical staff will use an electronic medical record system to collect and maintain patient records for the duration of the project and for the legislated timeframe beyond project completion.

7.3 Health Service Bridging Protocol

Medical staff will advise out-of-region workers to use their healthcare providers and services in their primary residence to diagnose and treat non-occupational health conditions. This includes seeking medical advice from their family physician, filling prescriptions, lab requisitions, referrals and receiving diagnostic imaging.

To encourage out-of-town workers to use healthcare services in their primary residents, Cedar will inform them of the pressures on local healthcare services and outline the following expectations upon onboarding:

- That all out-of-town workers are expected to seek health care in their primary residence.
- That all out-of-town workers are expected to fill all prescriptions prior to their shift and bring enough medication for the duration of their shift.
- That all out-of-town workers are expected to seek care provided by the camp or Cedar's medical staff. If care cannot be provided by the services available, Cedar's medical staff will provide the worker with alternative care options such as the options described below.
- That all out-of-town workers are expected to arrange to have virtual consultations with their healthcare providers while they are on rotation.

Cedar understands that these expectations may not be possible in every circumstance. For instance, workers may not have a primary care physician in their primary residence, or their primary care team does not offer virtual consultations.

In the event that non-urgent and/or non-occupational injuries or illnesses cannot be treated on-site, or that urgent care cannot wait until the out-of-region worker returns home, workers will discuss options for appropriate level of care with the on-site medical staff. Workers will be advised to seek care in the following steps prior to going to the emergency room in non-emergency scenarios:

1. Call 811: a free of charge provincial health information and advice phone line in British Columbia. Health Care Navigators at 811 can help find health information and services, connect workers to a registered nurse, dietician, exercise professional or a pharmacist (British Columbia n.da.).
2. Visit a pharmacist: As of June 1, 2023, British Columbia residents can seek treatment for 21 minor illnesses and contraception directly from a pharmacist. Illnesses include: acne, allergic rhinitis, conjunctivitis, dermatitis, dysmenorrhea, dyspepsia, fungal infections, gastroesophageal reflux disease, headaches, hemorrhoids, herpes labialis, impetigo, musculoskeletal pain, nicotine dependence, oral ulcers, oropharyngeal candidiasis, shingles, threadworms and pinworms, urinary tract infection, urticaria, vaginal candidiasis, and contraception and emergency contraception (British Columbia 2023).
3. Call a virtual clinic, such as:
    a. 121Clinicians, British Columbia: online consultation with physician in British Columbia that can accommodate a wide range of health concerns such as upper respiratory tract infections, sinus infections, migraines, thyroid diseases, asthma, chronic obstructive pulmonary disease (COPD), anxiety, depression, chronic diseases (e.g., high blood pressure, diabetes), musculoskeletal injuries, prescription refills and more (Medimap 2023a)
    b. Carvolth Medical: Virtual prescription refill for British Columbia residents (Medimap 2023b)
    c. For Indigenous peoples in BC, use Virtual Doctor of the Day Service
    d. Northern Health Virtual Primary and Community Care Clinic: available for people who are physically located in the Northern Health region and who don’t have access to a family doctor or need care on evenings and weekends. The virtual clinic can assist patients with non-occupational injuries and illness such as: asthma, headaches, mild breath difficulties, minor burns, urinary tract infections, vomit, diarrhea or dehydration, coughs, sprains, etc. (Northern Health 2023).

In the event that a worker’s health needs cannot be met virtually, transportation will be arranged by Cedar or its contractor(s), which may include use of a personal vehicle, bus, or transport vehicle. If necessary, on-site medics may accompany the worker to their destination. Table 4 summarizes health care options and contact information.

TABLE 4 HEALTH CARE OPTIONS AND CONTACT INFORMATION

Healthcare Option	Illness/Injuries that can be assessed	Location and Hours
811	All general health inquiries, service provider information, immunization information	Phone #: 8-1-1 Open 24/7
Pharmacist	Acne, allergic rhinitis, conjunctivitis, dermatitis, dysmenorrhea, dyspepsia, fungal infections, gastroesophageal reflux disease, headaches, hemorrhoids, herpes labialis, impetigo, musculoskeletal pain, nicotine dependence, oral ulcers, oropharyngeal candidiasis, shingles, threadworms and pinworms, urinary tract infection, urticaria, vaginal candidiasis and contraception and emergency contraception	Kitimat: Shoppers Drug Mart (120 City Centre, Kitimat British Columbia; 250-632-6177) Rainforest Wellness Pharmacy (327 City Centre, Kitimat BC; 250-632-2914) Save-on-Foods Pharmacy (535 Mountainview Square Kitimat, Pharmacy Manager: 250-632-7262)
121Clinicians	Upper respiratory tract infections, sinus infections, migraines, thyroid diseases, asthma, COPD, anxiety, depression, chronic diseases (e.g., high blood pressure, diabetes), musculoskeletal injuries, prescription refills and more	Phone number: (604) 220-2034 Hours of operation: seven days a week from 8:00 am- 8:00 pm PST.
Carvolth Medical	Prescription refill only for British Columbia residents	Phone number: (778) 298-9623 Hours of operation: 24/7
Virtual Care Clinic	Asthma ,ear aches, eye irritation/injuries, feelings of anxiety, sadness, or depression, headache, mild back pain, mild breathing difficulties, mild shortness of breath, minor burns, skin rashes and infections, sore throat or cough, sprains caused by minor accidents and falls, urinary tract infections, vomiting, diarrhea or dehydration, worsening cough, a need for support around substance use treatment such as Opioid Agonist Therapy, or safer pharmaceutical alternatives to street drugs.	Phone number: 1-844-645-7811 Hours of operation: seven days a week 10 am to 10 pm
First Nation Health Authority Virtual Doctor of the Day	Access to virtual primary health care to Indigenous peoples and their family members in BC.	Phone number: 1-855-344-3800 Hours of operation: seven days a week 8:30 am to 4:30 pm
Emergency Department	Emergency care	Kitimat General Hospital & Health Centre Mills Memorial Hospital (Terrace)

7.3.1 Medical Record Transfer

Cedar and its medical staff understand and will follow obligations under the *Personal Information Protection Act*. As described in the roles and responsibilities of medical staff in Section 3.3 and further described in Section 7.2, all medical service providers are to maintain a standard of professionalism which includes thorough documentation of all medical visits or incidents, providing non-judgemental treatment and referrals to other services or resources (if applicable) and to maintain privacy and confidentiality of all worker visits.

Upon developing contracts for medical staff, Cedar will include a statement in the contract outlining that medical staff will have an expectation to transfer medical records to the workers primary care physician, if applicable and possible. To do this, upon each medical visit, medical staff will ask the worker seeking care consent to transfer medical records to primary care physician or location of medical care follow-up. Upon consent of the worker seeking medical care, the medical workers will transfer medical records to the appropriate location. Depending on the method of documentation (Electronic Medical Records or paper documentation), records will be transferred or faxed to the appropriate location in a secure mechanism.

As per the requirements of the *Personal Information Protection Act*, patients have a right to access records that contain their personal information and request correction (Office of the Information & Privacy Commissioner for British Columbia 2015).

Community-based physicians, physician residents, nurse practitioners, registered nurses and licensed practical nurses have access to CareConnect which is British Columbia's secure, view-only Electronic Health Record that provides authorized care providers access to encounters, lab results, diagnostic imaging and clinic documents (Provincial Health Services Authority 2024). Cedar's virtual medical providers will be able to access CareConnect and view worker records which could enhance treatment provided to the workers seeking care by having a better understanding of worker medical history.

8.0 Communicable Disease, Disease and Infection Prevention and Outbreak Protocols

Living and working conditions pose a communicable disease risk for out-of-region workers and the communities with whom they interact (Northern Health 2023a). Influenza-like illness and gastrointestinal (GI) illness are the most common types of outbreaks seen in camp settings (Northern Health 2023a). This section discusses how communicable diseases at worksites will be prevented and managed.

To prevent and respond to communicable disease infection, Cedar will designate an on-site, CDCL. Responsibilities for this role are described in Section 3.4.

Northern Health has advised Cedar that a threshold of 80 on-site workers poses an increased risk to medical services due to potential for outbreaks (Zirul, C, pers comms 2024). To allow time for the development of appropriate measures to prevent and manage potential communicable disease outbreak, sixty days prior to the construction workforce expected to exceed 50 workers, the CDCL will be responsible for developing and implementing a communicable disease control plan. To develop the communicable disease control plan, the CDCL will follow guidance from Northern Health's Best Practices for Industrial Work Setting No. 2: Communicable Disease Management Guide (2023) and Industrial Camps and Communicable Diseases Guidelines: Guidance for Workers, Contractors, and Employers in the Agricultural, Forestry, and Natural Resource Sectors on Implementing the Provincial Health Officer *Industrial Camps Order* (2022).

The communicable disease control plan will be inclusive of information gathering and processes outlined in the following Sections (Sections 8.1, 8.2, and 8.3).

8.1 Prevention

Prevention is important to reduce the spread of infectious diseases to reduce the likelihood of potential outbreaks. Prevention also includes preparation for when/if an outbreak does occur. Upon development of the communicable disease control plan, the CDCL will:

- Identify hazards/communicable disease pathways and develop a risk assessment matrix that identifies infectious agents and considers the severity and likelihood of occurrence.
- Support contractors with communicable disease prevention training opportunities.
- Develop an inventory of communicable disease supplies and materials including British Columbia Communicable Disease Centre (BCCDC) GI outbreak kits, personal protective equipment (PPE; gloves, gowns, masks, respirators), outbreak signage, cleaning supplies/disinfectants, and condom dispensers.
- Develop a list of important contacts (e.g., Northern Health Medical Health Officer) and communication protocol (Section 10.0) place in an accessible location.
- Prepare and deliver education materials regarding communicable disease prevention, supplies and materials and infectious disease transmission for workers and on-site medical staff.
- Prepare roles and responsibilities for staff in the event that an outbreak does occur.

- Prepare specific communicable disease communication protocols with Northern Health and FNHA.
- Prepare a contact list of interested parties to potentially notify if an outbreak has occurred. This list should include workers, contractors, Indigenous Nations and Public. Notification will be guided by the MHO in the event of an outbreak and notification will follow protocols outlined in Section 10.0.

During on-boarding, the CDCL will:

- Inform on-site medical staff and contractors of the procedures and the location of supplies.
- Provide educational materials to workers and encourage hand hygiene.
- Inform workers when to seek care/notify the on-site medical staff of any signs or symptoms of infectious diseases.

8.2 Alert Phase Response

On-site medical staff and the CDCL are required to understand when to activate an Alert Phase and an Outbreak Phase. Cedar will follow Northern Health's criteria which includes a three-in-three criteria for influenza-like illness and GI illness. This means that an Alert Phase is activated when three or more cases of influenza-like illness or GI illness occur within a three-day period. Outbreaks will be declared by the MHO at Northern Health and will be situation dependent. Signs and symptoms of these illnesses are:

- Influenza-like illness: A new respiratory illness with a fever of greater than 38 degrees Celsius and cough and one or more of the following: sore throat, joint pain, muscle pain or fatigue.
- GI illness: A new illness characterized by vomiting and/or diarrhea and one or more of the following: three or more episodes of diarrhea in a 24-hour period, three or more episodes of vomiting in a 24-hour period, one episode of vomit and diarrhea in a 24-hour period, one episode of bloody diarrhea or one episode of vomiting or diarrhea with laboratory conformation of an infectious agent.

If medical staff observe signs or symptoms outlined in the above criteria, they will be required to notify the CDCL. The CDCL will be responsible for notifying Northern Health and leading activities described in the outbreak response protocols in the following sections.

If the Alert Phase criteria are met, the CDCL will notify the designated Northern Health contact of the suspected outbreak and implement Alert Phase procedures. Contact information is provided in **Appendix E**.

In the event that the Alert Phase is triggered, the CDCL will:

- Contact the Regional Communicable Disease Hub at RegionalCD.HubTeam@northernhealth.ca or 1-855-565-2990 [Outside business hours, Medical Health Officer (MHO) On-call (1-250-565-2000, press 7 for switchboard)]
- Communicate that an Alert Outbreak Response Protocol has been activated with supervisors, camp accommodation contractors and medical staff
- Coordinate cleaning and disinfecting measures

- Promote employee hygiene (e.g. through toolbox talks, announcements, posters) and use of relevant PPE (e.g., masks)
- Instruct symptomatic workers to not come into work duties until 48 hours after symptoms have ended (or further directed by the MHO)
- Discuss with the MHO the option to isolate/cohort workers experiencing symptoms and coordinate with camp operator isolation instructions
- Consult with the MHO to determine if on-site medical staff will complete testing to confirm the infectious agent and diagnosis such as using BCCDC GI Disease Outbreak Kits or testing for other infectious diseases
- Consult with the MHO and camp operators to determine if shared facilities (e.g., gym) are required to be temporarily closed
- Monitor and document all activities, communications and timeline of events throughout the alert phase

8.3 Outbreak Phase Response

In the event that the MHO declares an outbreak, the CDCL will:

- Consult with Northern Health about the appropriate action required including the extent to which notifications about the outbreak to the Indigenous Nations and public is required.
- Hold an internal meeting with medical staff and supervisors to designate roles and responsibilities which have been previously assigned and communicated in Section 8.1
- Contact contractors, such as the camp accommodations, to inform of the scenario and to activate outbreak procedures
- Notify staff that an outbreak has occurred and emphasize hand hygiene, PPE requirements and any isolation requirements
- Post outbreak signage through the camp facilities
- Increase frequency of cleaning and disinfection procedures for common areas and frequently touched surfaces (e.g., staff rooms, washrooms, door handles, sinks)
- Follow communication protocol outlined in Section 10.0.

9.0 Health Promotion, Chronic Disease Prevention and On-Site Wellness Programs

Health promotion, chronic disease prevention and on-site wellness programs are intended to contribute to worker health and wellness by providing holistic care that addresses physical, emotional, and mental well-being. Investing in workplace preventive measures can contribute to reduced health care costs, absenteeism, productivity, recruitment/retention, culture, and employee morale (World Health Organization 2016).

Cedar and its contractors will provide access to EFAP or analogous programs that provides 24/7 psychological health and safety concern support, including counselling services (EFAP n.d). Workers and their families can access this service to support mental health issues such as substance use and addictions, healthy coping mechanisms, family-related stress, thoughts of suicide, financial stress, and anxiety or depression. Described in Pembina's Leave of Absence Standard, Cedar will provide paid leaves for a variety of reasons including sick leave and domestic or sexual violence leave. Contractors will have their own policies and procedures related to paid leaves.

Additionally, Cedar will promote a culture of well-being by:

- Supporting and encouraging mental, emotional and physical health among the workers and families
- Incorporating wellness topics as part of toolbox talks and safety talks
- Reminding workers of access to EFAP and provide supporting resources (e.g., nutrition tips, physical activity, smoking cessation, mental health, substance use and addictions, sexual health, family well-being, ergonomics, financial health, stress, and fatigue etc.)
- Providing confidential and non-judgmental access to:
    - free, self-serve condoms at the medical clinic
    - allowing workers to carry their own naloxone kit
    - transportation to and from pharmacies
    - private space (e.g., behind closed doors in the clinic) for medical consultations
- Providing respectful, discreet, confidential and non-judgmental access to medical services to enable workers to feel comfortable seeking care for addictions, mental health or physical health concerns

Out-of-region workers who use a lodge as their temporary accommodations will have access to the fitness facilities and nutrient dense food choices provided by the camp catering services. As indicated in Section 6.0, Cedar will request information regarding meal options and catering, fitness and recreation facilities, cleaning services and health and wellness programs provided by the camp which will be considered as part of the information Cedar provides to Contractors.

10.0 Communication for Patient Flow, Trauma Care and Emergency Response

This section describes how Cedar plans to communicate with community emergency and medical services, to provide for the management of patient flow and trauma care, and to response to emergencies, and problem solving. It is informed by the AMCP and describes how traumas and medical escalations will be managed on-site, and the process through which patient transfer to Northern Health facilities will occur. These processes were developed through consultation with British Columbia Emergency Health Services (BCEHS) personnel.

Additional information regarding Cedar's response to accidents and malfunctions is available in the AMCP.

Emergency/9-1-1 Scenarios

Prior to construction, the Cedar Site Safety Representative will inform Northern Health and BCEHS of their AMCP, medical clinic location, site -access information, and contact information for the medical clinic.

As outlined in the AMCP, in the event of a medical emergency,

Workers will be required to:

- Ensure personal safety
- Evacuate the immediate danger area
    - If an oxygen deficient or toxic atmosphere is suspected, wear a Self-Contained Breathing Apparatus or Supplied Air Breathing Apparatus
        - Call for on-site medic via radio
        - Complete a visual hazard assessment of the incident scene
        - If safe to do so, approach the injured person and check for life signs
- Remove injured person from the area
- Conduct first aid within qualification limits until a medical professional takes over
        - Contact Construction Manager for notification and assistance
        - Ensure the incident site is not disturbed for any required investigations
- Once on-site medical staff arrive:
        - On-site medical staff will assess the situation and stabilize the patient, either at the location of the emergency or in the medical clinic, depending on where the medical staff determine is best for the injured worker. The injured worker will be treated based on their condition, the scope of practice of the medical responder, and the available medical equipment
        - If the injured worker can be moved, they will be relocated to the on-site medical clinic and marshals will be provided to guide paramedics to the medical clinic

- If the worker(s) need emergency care, the on-site medical staff will call 9-1-1 and provide explicit directions to where to pick up the injured worker(s)

In the event that the workers need emergency care, the on-site medical responders will call 9-1-1 and provide explicit directions to where to pick up the injured worker(s). In consultation with BCEHS, given that the Marine Terminal Area is approximately 14 km from the Kitimat Hospital, a scenario like this will not strain the emergency response services beyond capacity (Soames, T, pers. comms 2023).

British Columbia Patient Transfer Network

BCEHS is responsible for the transfer of a patient to a hospital or transferring from one hospital to another. The British Columbia Patient Transfer Network assists physicians and other health care providers with patient transfers for acute and critical care services (Government of British Columbia n.db.) and is responsible for the planning and coordination of all inter-facility patient transfer which includes (Providence Health Care 2021):

- 24/7 clinical oversight
- Coordination for inter-facility transfers
- Communication between sending/receiving sites which ensures that patients through British Columbia receive appropriate care in a timely manner

Cedar's medical staff may be instructed to contact British Columbia Patient Transfer Network in the event that a patient needs immediate lifesaving care and admission to an acute care hospital (Government of British Columbia n.db.).

Non-Urgent Transportation or Emergency Follow-up

Not all medical issues can be safely managed by on-site medical staff. As a result, Cedar's medical staff may recommend further assessment or follow-up by local healthcare providers for some non-urgent health conditions. If this occurs, Cedar will arrange transportation to and from visits to a health care facility.

Emergency Debrief

In the event that an emergency process has been implemented, Cedar's Emergency Management Lead will contact Northern Health, and BCEHS to debrief the situation and to discuss how procedures can potentially be improved to enhance future response.

10.1 Communication and Notification Protocol

Emergency response communication protocols and activation are described in the ACMP and this Section summarizes emergency communication protocols relevant to the HMSP and integrates additional communication pathways for non-emergencies.

The HMSP communication and notification protocol is depicted in Figure 2. The communication protocol describes procedures for emergencies, non-emergencies and WorkSafeBC incidents below:

A. Emergency Communication Protocol

   In a medical emergency situation that requires emergency services medical staff will:

   1. Immediately call 911. ,

2. Determine if notification to the Sherwood Park Control Centre (SPCC) is required.

Notification to SPCC is required if one or more of the following applies:

- Single or multiple losses of life and/or long-term occupational health implications as a result of the company's actions.
- Confirmed communicable disease outbreak at site.
- Potential long-term negative focus and/or sustained concerns raised by multiple key stakeholders. Prolonged area attention/difficult to resolve.

3. Contact SPCC if criteria is met and provide details of the event

Sherwood Park Control Centre: 1-800-360-4706

4. SPCC will take over and decide if the event requires if the incident management team will be activated. Section 4.1 of the ACMP states that the Liaison Officer within the Incident Command Post is responsible for ensuring that the appropriate government agencies are notified as appropriate, including regional health authority, HEMBC, affected Indigenous Nations and FNHA.

B. Non-Emergency Communication Protocol

In a non-emergency situation, the type of communication will depend on the scenario. In each scenario, the medical staff will treat the worker to the best of their ability and follow policies and procedures outlined in the HMSP. The follow scenarios are below:

1. Infectious Disease

   If the worker presents with signs and symptoms of an infectious disease, the medical staff will report to the CDCL and if three or more cases are observed within three days, then the medical staff will activate communicable disease protocols identified in Section 8.0. In a confirmed outbreak, by the MHO, the CDCL will follow the emergency scenario protocol and notify the SPCC.

2. Referral to local services

   If the worker seeking care requires additional services or resources beyond the scope of the medical staff and cannot wait to be seen by services provided in home location, the medical staff will refer and contact the appropriate service to prevent the worker from going to the emergency room to seek care. If the workers medical needs can wait, the medical staff will provide a requestion/referral (if necessary) and advise the worker to seek services in their home location and follow the Medical Record Transfer protocol outlined in Section 7.3.1.

Medical staff will contact the appropriate local resources presented in Table 5 if the worker is unable to make an appointment or wait to make an appointment in their home location.

TABLE 5 CONTACT INFORMATION FOR LOCAL SERVICES

Referral/Medical Need	Contact
Lab Services	To book an appointment: Phone: 1-888-223-1530 Use the Northen Health Check-in App Book online using HealthELife
X-Ray	To book an X-ray, call: 250-632-8333
Ultrasound/bone Density	Medical staff will send a requisition of an ultrasound or bone density, and medical imaging will contact the worker to book an appointment
Pharmaceuticals	Pharmaceuticals can be picked up at a local pharmacy
Physician	Contact a virtual doctor (Section 7.3) If First Nations, FNHA Virtual Doctor of the Day
Immunizations	Contact a pharmacist: most pharmacists can provide vaccines or Contact Kitimat General Hospital and Health Centre Public Health Unit at 250-632-3181 (ImmunizeBC. 2024)
Other non-specialist, non-emergency inquiries	Call 811

C. Work-related injury or illness

1. In all work-related illnesses or injuries, WorkSafeBC must be notified within 72 hours. Incidents include (Government of British Columbia 2024):
    - A first aid attendant recommends an employee seek medical treatment
    - The injury requires medical treatment
    - The worker receives medical treatment for the injury
    - The worker is unable to return to work beyond the day of the injury
    - The injury or accident results, of is claimed to result, in the damage of an artificial member, eyeglasses, dentures or a hearing aid
    - The employee or WorkSafeBC has requested that an employer report be sent

2. Immediate notification to WorkSafeBC includes:
    - A major failure or collapse of a structure, equipment, construction support system or excavation
    - A major release of hazardous material
    - Other serious mishap, such as multiple employees requiring first aid treatment

In the event of a work-related emergency or non-emergency scenario, the medical staff will immediately contact the Cedar Site Safety Representative, who will then follow through with the appropriate steps and notifications necessary to make a WCB claim. WCB claims for Contractor staff must be made by the Contractor.

A summary of health and medical resources and contact information is presented in **Appendix E**.

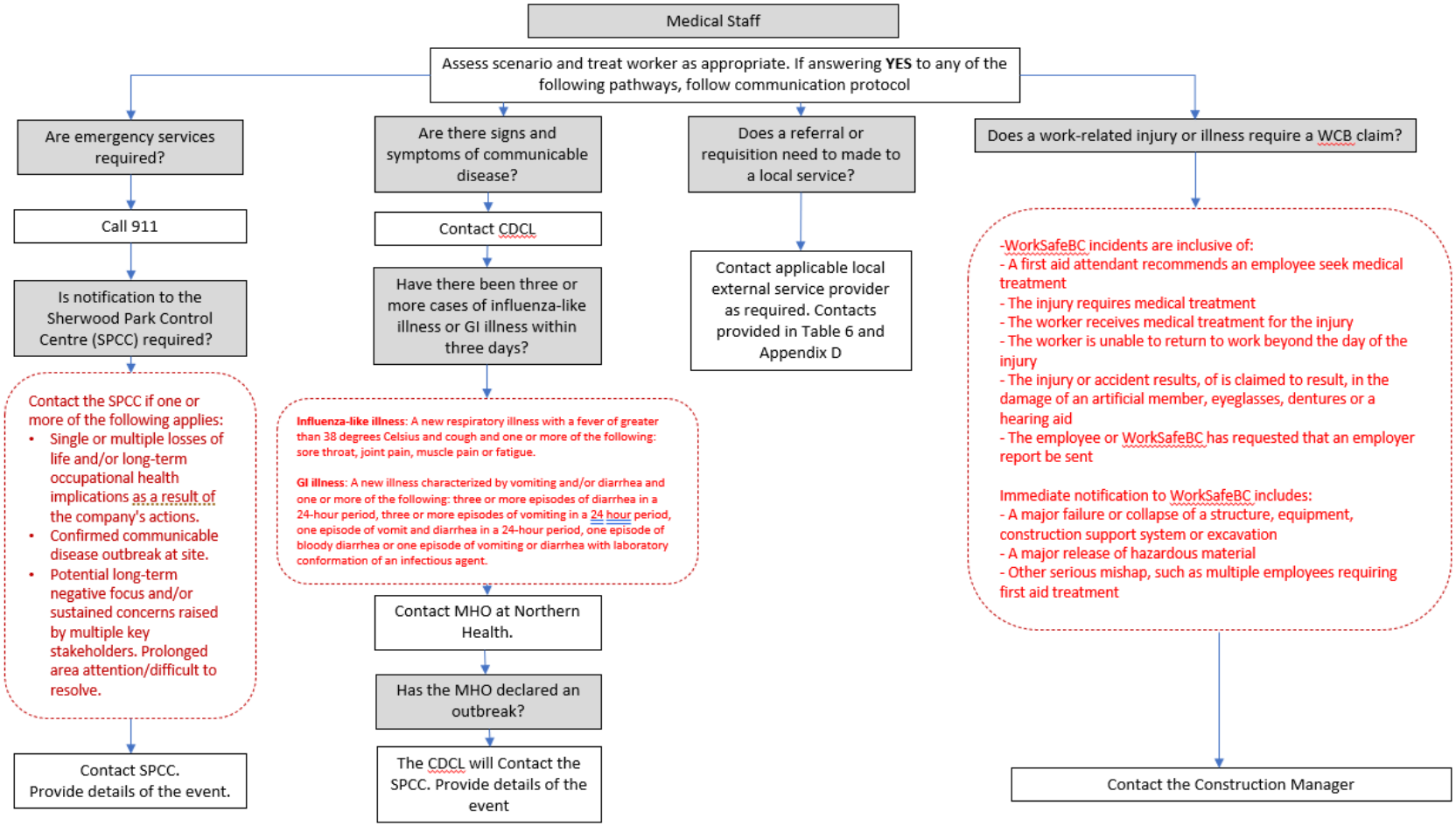


FIGURE 2 HMSP COMMUNICATION AND NOTIFICATION PROTOCOL

11.0 Health Services Monitoring and Reporting

Health reporting is required quarterly during construction and annually for the first five years of operations. Health services monitoring allows Cedar to understand the extent to which its workforce is utilizing services in the local communities, and to understand the number and type of injuries and illness that are observed in order to adaptively manage health service provisions and health promotion initiatives.

11.1 Monitoring Framework and Indicators

The purpose of the HMSP is to reduce impacts to local health services and to provide a healthy and safe environment for Cedar employees and contractors. Through the HMSP, Cedar has identified the following measures to achieve its purpose:

- Accommodation Strategy (Section 6.0)
- Health and Medical Service Provisions (Section 4.0)
- Development of company policies and plans (Section 7.1)
- Communicable Disease, disease and infection prevention and outbreak protocols (Section 8.0)
- Health Promotion initiatives (Section 9.0)

A monitoring framework is presented in Table 6 which demonstrates how concepts throughout the HMSP work together to inform HMSP indicators.

TABLE 6 MONITORING FRAMEWORK

Purpose	Outcomes/Targets	Mitigation Measures	Indicators
Reduce impacts to local health services and to provide a healthy and safe environment for Cedar's employees and contractors	• Cedar and its contractors do not contribute to regional health and medical service pressures. • Cedar and its contractors manage all non-emergency, non-occupational illnesses or worker needs (e.g. primary care). • Cedar takes measures to prevent communicable disease outbreaks. In the event an outbreak does occur, Cedar contacts Northern Health promptly (within 24 hours) and react by adhering to procedures outlined in Section 8.0 to reduce the magnitude of transmission.	• Accommodation Strategy (Section 6.0) • Health and medical service provisions (Section 4.0) • Development of company policies and procedures (Section 7.1) • Communicable disease, disease infection prevention and outbreak protocols (Section 8.0) • Health promotion initiatives (Section 9.0)	• Qualitative feedback of health and medical services pressures • Number and type of worker presentations to site-based or camp-based clinic or first aid station • Number of workplace referrals to doctor or NP • Number of worker hospital visits ○ Occupational ○ Non-occupational • Number and type of disease outbreaks declared by the MHO at Northern Health

The selection of monitoring indicators is rationalized in the HMSP Monitoring Indicators in Table 7. Information will be collected through a variety of sources including:

- Observational information provided by Northern Health and emergency response personnel
- Information from the Community Feedback Process (identified in the SEMP and explained in detail in Cedar Document PC21258-RG-PRO-0000)
- Medical and first aid documentation and reports including number of WCB claims
- Worker absenteeism from human resources and contractors
- Disease outbreaks declared by the MHO at Northern Health

Cedar will be responsible for coordinating data collection, reporting on indicators, analyzing data and producing quarterly and annual reports.

TABLE 7 HMSP MONITORING INDICATORS

Indicators	Description and alignment with measures in the HMSP	Targets/Thresholds	Information Sources
Qualitative feedback of Health and Medical Services Pressures	This indicator describes how the Project has contributed to the current regional health and medical pressures.	**Threshold**: Any adverse qualitative feedback will be investigated further **Target:** Cedar and its contractors do not contribute to regional health and medical service pressures.	• Observational information provided by Northern Health and emergency response personnel. This will be collected through meetings or alternate means preferred by Northern Health and emergency response personnel. Cedar will offer meetings quarterly during construction and annually during operations • Information from the Community Feedback Process related to health and medical services
Number and type of worker presentations to site-based or camp-based clinic or first-aid station	This indicator describes how many Project workers seek medical attention and the type of injury will also be noted (non-occupational vs occupational). This information will be used to gauge the type of care that the workforce requires while on rotation.	**Threshold:** Given that accidents, injuries and illnesses may not be predicted, no specific thresholds are required. Every incident will be documented **Target:** no targets are identified.	• Medical and first-aid documentation reports

Indicators	Description and alignment with measures in the HMSP	Targets/Thresholds	Information Sources
Number of workplace referrals to doctor or NP	This indicator describes the need for workforce medical attention beyond first aid services. This indicator will be used to gauge what medical services are required on Site and to understand the extent services in the local communities are being utilized.	**Threshold:** Given that accidents, injuries and illnesses may not be predicted, no specific thresholds have been identified. However, every incident will be investigated and documented. If a worker has a primary care physician in their home location, Cedar will refer non-urgent medical requests to the worker's home physician. However, if immediate assistance is necessary, workers will need to seek care in the local communities. If the care required is a non-emergency, any referrals to a NP or physician in the local community will be considered to exceed the threshold. **Target:** no targets are identified.	• Medical and first-aid documentation reports
Number of worker hospital visits • Occupational • Non-occupational	While occupation and non-occupational injuries or illness may not be able to predict when they are going to occur, these indicators describe how the workforce contributes to hospital usage in the region.	**Threshold:** Every incident will be investigated and documented. Cedar has measures in place to reduce the amount of non-urgent, non-occupational hospital visits. Any non- occupational, non-emergency (e.g., Primary Care) visit that requires a hospital visit, will exceed the threshold. **Target:** Cedar and its contractors will manage all non-emergency, non-occupational illnesses or worker needs (e.g., Primary Care).	• Medical and first-aid documentation reports • Northern Health observational data • Northern Health hospital documentation (e.g., Workers Compensation Board Claims)

Indicators	Description and alignment with measures in the HMSP	Targets/Thresholds	Information Sources
Number and type of disease outbreaks declared by the MHO at Northern Health	Cedar will report on the number of disease outbreaks declared by the MHO at Northern Health which can be used to inform effectiveness of measures outlined in the CDMP including outbreak response and promotion and training. Disease outbreaks may inform the on-going risk assessment matrix.	**Threshold:** All disease outbreaks declared by the MHO at Northern Health will be investigated and documented. Cedar will react accordingly to suspected outbreaks and outbreaks as outlined in Section 8.0. No thresholds have been identified. **Target:** Cedar will take measures to prevent all disease outbreaks. In the event an outbreak does occur, Cedar will contact Northern Health promptly (within 24 hours)	• Number of disease outbreaks declared by the MHO at Northern Health • Worker absenteeism from Cedar Human Resources and Contractors • First-aid documentation reports

11.2 Reporting

Reports are intended to describe how mitigation measures have been implemented and to discuss the effectiveness of the measure in reducing anticipated adverse effects on health and medical services in the LAA and RAA. In accordance with Condition 13 of EAC #E23-01, reporting frequency will be quarterly during construction and annual during the first five years of operation.

Reporting will include:

- A summary of adverse effects on health and medical services in the LAA and RAA
- Descriptive, and year over year, analysis on indicators described in Table 7 which will identify medical utilization trends
- Identification of exceeded thresholds
- A description of effectiveness of mitigation measures on reducing potential adverse effects on health and medical services in the LAA and RAA
- Adaptive management considerations (process described in Section 12.0)

Cedar will be responsible for submitting these reports to the British Columbia EAO and will also share reports with HMSP reviewers and BCEHS. The HMSP and reports will be posted on the Cedar webpage.

12.0 Quality Improvement

Adaptive management is defined as “a systematic process for continually improving management policies and practices by learning from the outcomes of operational programs” (Government of British Columbia n.d.). Adaptative management includes assessing whether the measures outlined throughout the HMSP are effective at achieving the desired outcomes and purposes of the HMSP.

An adaptive management process will be used evaluate the effectiveness of the suite of measures and to determine what strategies, provisions or policies are required to be adapted or included into the HMSP.

Cedar will undergo the adaptive management process in alignment with reporting requirements described in Section 11.2 (i.e., quarterly during construction and annually for the first five years of operations). The on-site medical provider and Site Safety Representative will be responsible for tracking the indicators in Table 7, and the Emergency Management Lead and Environmental Assessment Lead will be responsible for the adaptive management process. Cedar’s approach to adaptive management is detailed in Table 8.

The adaptive management cycle has six stages:

- Assess
- Design
- Implement
- Monitor
- Evaluate
- Adjust

TABLE 8 ADAPTIVE MANAGEMENT PROCESS

Adaptative Management Stage	Description*	Cedar’s Activities
Assess	• Define management problem • Identify measurable objectives and key uncertainties	The problem has been identified and assessed in EAC Application. In Section 7.11 of the Application (Cedar 2022b), effects on infrastructure and services (including health and medical services) have been assessed as low to moderate in magnitude. The presence of out-of-region workers may place additional demand on medical services in the local communities.
Design	• Design plan(s) to achieve objectives, evaluate outcomes and reduce key uncertainties and assess results compared to predicted outcomes	Cedar has established a HMSP and a SEMP that outline social, economic and health objectives and has established communication strategies (e.g., Community Feedback Process).

Adaptative Management Stage	Description*	Cedar's Activities
Implement	• Implement management action(s) (e.g., measures) • Document implementation • Identify deviations from plans	Cedar has designed and established measures indicated in Appendix A of the EAC Application and the HMSP further described the following measures: • Accommodation Strategy (Section 6.0) • Health and Medical Service Provisions (Section 4.0) • Development of company policies and procedures (Section 7.1) • Development of a communicable disease, disease infection and prevention and outbreak protocols (Section 8.0) • Health Promotion initiatives (Section 9.0) Cedar has outlined roles and responsibilities for its contractors to implement, adhere to and enforce the policies and procedures outlined in the HMSP. Any deviations to the HMSP will need to be documented, and the HMSP will need to be revised and updated.
Monitor	• Undertake monitoring to evaluate effectiveness of plans	Cedar has outlined a monitoring and reporting process in Section 11.0 of the HMSP and in the SEMP. The Cedar on-site medical provider and Site Safety Representative will track agreed upon reporting indicators described in Table 7, analyze data and conduct a year-over-year analysis to determine trends in medical service utilization and worker injuries/illnesses.
Evaluate	• Assess monitoring results against predictions • Investigate unexpected outcomes • Identify learnings that will reduce uncertainty in management practices	The Cedar Emergency Management and Environmental Assessment leads will evaluate indicators and compare results to thresholds identified in Table 7. For any indicator that exceeds thresholds and targets, Cedar will seek to determine the cause of these outcomes, which includes identifying learnings in data collection techniques and or implementation of mitigation measures. The HMSP monitoring framework includes collecting information from various sources, including qualitative feedback from Northern Health and feedback collected through the Community Feedback Process (identified in the SEMP).

Adaptative Management Stage	Description*	Cedar's Activities
Adjust	• Modify established management practices (e.g., mitigation measures) to better achieve objectives • Refine monitoring to improve future evaluations	If a threshold is exceeded, the Cedar Emergency Management and Environmental Assessment leads will make adjustments to measures, including proactive (midstream) policies and procedures and changes to service provisions. Information collected through the Community Feedback Process will inform suggested changes/added measures to be considered. Cedar will review and assess feedback received and consider adopting proposed changes to the HMSP. Cedar will consider measures by analyzing feasibility, cost, acceptability and effectiveness of the measure to be implemented. Through lessons learned that were identified in the evaluation stage regarding data collection techniques and implementation of mitigation measures, Cedar will adjust techniques to improve future evaluations. The Cedar Indigenous Relations and Environmental Assessment leads will engage HMSP reviewers in accordance with the procedure for updated to the HMSP described in Section 1.2.
*Source: Government of British Columbia n.dc		

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Appendices

Appendix A: Table of Concordance

TABLE A1 TABLE OF CONCORDANCE

Condition Requirement	Document Location Reference
EAC Table of Conditions in Schedule B	
Retain a Qualified Person to develop a plan for health and medical services for the Project workforce	Section 1.1; Appendix B
The plan must be developed in consultation with Northern Health and Indigenous Nations.	Section 2.0
The Holder must provide no less than 30 days for parties to provide views on the plan, as per clause 4.1(a)iii. A) of this Certificate. Following development, the Holder must provide the plan to the EAO for approval a minimum of 60 days prior to the planned commencement of Construction.	Described in Section 3.1
Identification of how the guidance from "Health and Medical Services Plan Best Management Guide for Industrial Camps" (Northern Health Authority, March 2015, or as updated or replaced), "Communicable Disease Control Plan Best Management Guide for Industrial Camps" (Northern Health Authority, July 2017), and "Health and Safety During the Opioid Overdose Emergency: Northern Health's Recommendations for Industrial Camps" (Northern Health Authority, August 2018) has been incorporated into the Health and Medical Services Plan and a rationale for any guidance from these documents not incorporated;	Section 1.1
Identification of how guidance and relevant reports from Indigenous Nations' health departments has been considered	Section 1.1
A plan for addressing communicable disease, disease and infection prevention, and outbreak protocols	Section 8.0
Provision of on-site first aid, medical rooms, emergency management at the worksite and on-site medical staff	Section 7.2
The means by which the Holder will minimize impacts to Local non-urgent care services including by encouraging workers to seek medical care in their home communities or in camps, where medical services are provided in camps;	Medical Services provided in camps: Section 4.0 Encouraging workers to seek medical care in home communities: Section 7.3 Company policies and procedures: Section 7.1
A communication strategy between the Holder and health service providers on matters including patient care and transfer, data collection and reporting;	Communication for patient flow and emergencies: Section 10.0 Data collection and reporting: Section 11.0

Condition Requirement	Document Location Reference
Health reporting quarterly during Construction and annually for the first five years of Operations, including information pertaining to the following for Project personnel: i. Observational information, where provided from Northern Health, on the management of health and medical services pressures; ii. Number of worker presentations to site-based or camp-based clinic or aid station; iii. Workplace referrals to a doctor or Nurse Practitioner; iv. Number of worker visits to hospital;	Section 11.0
A process through which impacts to the health care system will be adaptively managed;	Section 12.0
Measures for monitoring Project impacts on health and medical services in the LAA and RAA as defined in Section 7.11.4 of the Application	Section 11.0
IAA Decision Statement	
8.14. The Proponent shall develop, prior to construction and in consultation with Indigenous groups and relevant authorities (including Northern Health Authority), and implement, during construction, a Health and Medical Services Plan to mitigate the impacts of the Designated Project on local health and medical services that may be used by Indigenous peoples. The Plan shall describe the means by which the Proponent will:	This HMSP applies to all sections
8.14.1. Determine which health and medical conditions will be considered non-urgent and can be treated onsite, and which health and medical conditions will be considered urgent and must be treated offsite by local medical and health care service providers	Section 7.2
8.14.2. Provide onsite first-aid station(s) and medical room(s) and certified medical staff to treat health and medical conditions that can be treated onsite, as determined in accordance with condition 8.14.1;	Section 7.2
8.13.3. Establish and maintain, at all times, communication procedures for requesting outside emergency aid for urgent health and medical conditions, as determined in accordance with condition 8.14.1, and a process for coordinating the management of urgent care and medical escalations with local medical and health care service providers.	Section 10.0
8.15. The Proponent shall develop, prior to construction and in consultation with Indigenous groups and relevant authorities (including Northern Health Authority), and implement, during construction, a follow-up program with respect to the implementation of the Health and Medical Services Plan referred to in condition 8.14.	Section 11.0

Appendix B: Qualified Contributors

Company: Stantec Consulting Ltd.

Author: Lauren Stahl

Qualifications: Lauren Stahl has a Masters in Public Health from the University of Saskatchewan and a Bachelor of Science in Human Kinetics from the University of British Columbia, Okanagan. Lauren has been with Stantec since 2022 and has contributed health and well-being authorship to environmental assessments required under British Columbia's *Environmental Assessment Act* and Canada's *Impact Assessment Act*. Prior to joining Stantec, Lauren was employed by Alberta Health Services as a Healthy Public Policy Analyst.

Reviewer: Vilma Gayoso-Haro

Qualifications: Vilma Gayoso-Haro has a Master of Science in Economics from University College London, UK. Vilma is a Principal with Stantec with over 20 years of experience in socioeconomic analysis, business advisory and environmental assessments in Canada and internationally. Vilma has led and participated in numerous environmental assessments for major mines, LNG pipelines and terminals, hydroelectric development and transmission lines under the British Columbia's *Environmental Assessment Act* and Canada's *Impact Assessment Act*. She has led economic, social, land use, and Indigenous interest components of baseline studies, impact assessments, and socioeconomic management plans and monitoring programs. She has also conducted third-party reviews, due diligence and social risk assessments for major projects. Vilma has thorough knowledge of the federal, British Columbia, and Yukon environmental impact assessment processes and associated regulations and works according to best international practices including the World Bank Equator Principles, the International Finance Corporation Performance Standards, and the United Nations Development Program Social and Environmental Standards.

Appendix C: Record of HMSP Engagement

Table C1 provides a description of engagement activities used to inform the development of the HMSP.

TABLE C1 RECORD OF HMSP ENGAGEMENT

Organization	Date	Regarding	Engagement Approach
Northern Health	July 26, 2023	Development of HMSP. Lara Taylor (Cedar), Lauren Stahl (Stantec), Chelan Zirul (Northern Health) and Xu (Anna) Huang (Northern Health) in attendance	Phone Call
BCEHS	August 17, 2023	Ambulance Service Considerations. Joel Block (Pembina), Tom Soames (BCEHS) and Lauren Stahl (Stantec) in attendance	Phone Call
Northern Health	February 13, 2024	HMSP feedback. Lara Taylor (Cedar), Lauren Stahl (Stantec), Ward Prystay (Stantec), Sarah Smith (Stantec), Chelan Zirul (Northern Health) and Stephanie Powell-Hellyer (Northern Health) in attendance	Teams Meeting

Appendix D: Monthly Construction Schedule

A monthly construction schedule is displayed in Figure 3. This construction schedule is subject to change as construction advances.

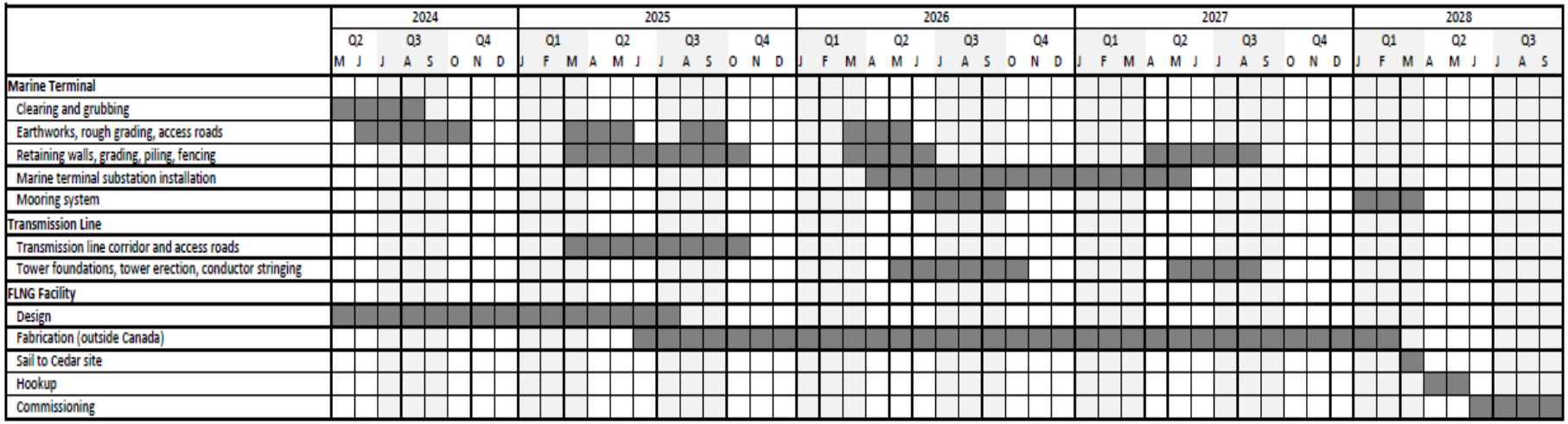

FIGURE 3 MONTHLY CONSTRUCTION SCHEDULE

Appendix E: Health and Medical Contact List

Table C1 provides health and medical contact information to be used by medical staff and the CDCL.

TABLE C1 HEALTH AND MEDICAL CONTACT LIST

Scenario	Description/Protocol	Contact
Communicable Disease Cases, Clusters and Outbreaks	An operator must notify a medical health officer within 24 hours after it comes to the attention of the operator that there is an outbreak or occurrence of illness, above the incident level that is normally expected, at an industrial camp	**Business hours:** Regional Communicable Disease Hub RegionalCD.HubTeam@NorthernHealth.ca or 1-855- 565-2990. **Outside business hours:** Medical Health Officer (MHO) On-Call at 1-250-565-2000, press 7 for switchboard.
Sherwood Park Control Centre	Call in the event of an emergency as per protocol outlined in Section 10.0	**1-800-360-4706**
Environmental Health	Non-urgent, general inquires	Environmental Health team at php@northernhealth.ca or 250-565-7322
Information about communicable disease	n/a	publichealth.protection@northernhealth.ca
General inquiries related to HMSP's and Environmental Assessments	n/a	Office of Health and Resource Development at resource.development@northernhealth.ca
Emergency Care	Urgent, life-threatening scenarios that include police, fire or ambulance	911
Provincial Health Information and Advice Phone Line	Speak to a health service navigator, who can help you find health information and services; or connect you directly with a registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist (Government of British Columbia 2017)	HealthLinkBC 8-1-1
Non-emergency police services	Non-urgent, police inquires	Kitimat RCMP 250-632-7111 Address: 888 Lakakas Boulevard, Kitimat, British Columbia, V8C 2Hp

Scenario	Description/Protocol	Contact
Suicide Crisis and Mental Health support	Call 1-800-SUICIDE if you or someone you know: • Is thinking about ending their own life, or • Needs someone to talk to about suicidal thoughts or ideas Call 310-Mental Health in need of: • Emotional support to deal with a concern or feeling, or • are looking for information on mental health resources or services. (Government of British Columbia n.da)	Emergency: 9-1-1 In a crisis: 1-800-SUICIDE at 1-800-784-2433 In need of support: 310-Mental Health at 310-6789
British Columbia Patient Transfer Network	If a patient needs immediate life saving care and admission to an acute care hospital	Vancouver (604) 215-2911 Elsewhere in British Columbia: 1-866-2337 Http://www.bcptn.ca/
HEMBC	In the event on an emergency, HEMBC will be notified by the SPCC to activate and notify health system in Northern BC	For emergency events that require immediate connection with Northern health, call: HEMBC on call number (24/7) 855-554-3622 (or 855-55-HEMBC) For non-urgent requests related to Emergency Response Plans or emergency exercise planning/information, contact HEMBC North Direction Mary Charters at: 250-617-5288 or email at HEMBC@northernhealth.ca
FNHA Virtual Substance Use and Psychiatry Service	The Virtual Substance Use and Psychiatry Service is a free referral-based service to all First Nations people and their family members living in BC that provides access to specialists in addictions medicine, psychiatry and mental health services (FHNA 2024b). Referring providers include general practitioners, nurse practitioners, registered nurses, licensed practical nurses and registered psychiatric nurses, addictions workers and wellness workers.	For assistance or to make a referral: 1-833-456-7655 Email: fnvsups@fnha.ca Fax: 1-833-222-8131 Service hours: Substance use and addictions medicine: Monday to Friday 9:00 am to 5:00 p.m Psychiatry: Monday to Friday 9:30 a.m to 3:00 p.m

Scenario	Description/Protocol	Contact
FNHA First Nations Virtual Doctor of the Day	The First Nations Virtual Doctors of the Day Program provides virtual access to culturally safe, primary health care available to all First Nations people who live in BC (FNHA 2024a).	For questions or appointments: 1-855-344-3800 Fac: 1-855-943-3354 Providers can email: fndod@fnha.ca Service Hours: Seven days a week from 8:30 a.m to 4:30 pm
WorkSafe BC	All workplace injuries and illnesses must be reported to WorkSafeBC within	Toll-free: 1-888-621-7233
Lab requestions/appointment	To book a lab appointment in Northern Health	Phone: 1-888-223-1530
X-ray booking	To book an x-ray in Northern Health	Phone: 250-632-8333