

SKEENA GOLD + SILVER

Eskay Creek Revitalization Project

Health and Medical Services Plan

3 September 2026

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Health and Medical Services Plan

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Appendix A Table of Concordance

ACRONYMS AND ABBREVIATIONS

24/7	24 hours a day, 7 days a week
2SLGBTQQIA+	two-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex and asexual, and all other sexual orientations and genders
ACP	Advanced Care Paramedic
BC	British Columbia
BCEHS	British Columbia Emergency Health Services
CCI	Critical Care International
CDMP	Communicable Disease Management Plan
CDMT	Communicable Disease Management Team
Declaration Act	*Declaration on the Rights of Indigenous Peoples Act*
EAC	Environmental Assessment Certificate
EAC Application	Application for an Environmental Assessment Certificate / Impact Statement
EAO	British Columbia's Environmental Assessment Office
ECG	electrocardiogram
EMLI	Ministry of Energy, Mines and Low Carbon Innovation (now Ministry of Mining and Critical Minerals [MCM] and Ministry of Energy and Climate Solutions)
ENV	Ministry of Environment and Climate Change Strategy (2017 to 2024), or Ministry of Environment and Parks (2024 to present)
Eskay Creek MAR	Eskay Creek Mine Access Road
FNHA	First Nations Health Authority
HMSP (the Plan)	Health and Medical Services Plan
MCM	Ministry of Mining and Critical Minerals (formerly Ministry of Energy, Mines and Low Carbon Innovation [EMLI])
N/A	not applicable
NH	Northern Health
NLG	Nisga'a Lisims Government
PPE	personal protective equipment
Project, the	Eskay Creek Revitalization Project
PST	Pacific Standard Time
Revised EAC Application	Revised Application for an Environmental Assessment Certificate / Impact Statement
RN	registered nurse

Skeena Resources	Skeena Resources Limited
STI	sexually transmitted infection
TCG	Tahltan Central Government
TMSF	Tom MacKay Storage Facility
TSKLH	Tsetsaut Skii km Lax Ha
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

SYMBOLS AND UNITS OF MEASUREMENT

%	percent
dmt	dry metric tonne
KM	kilometre marker
km	kilometre
m^3/day	cubic metres per day
Mt/year	million tonnes per year

1.0 INTRODUCTION

This Health and Medical Services Plan (HMSP; the Plan) for the Eskay Creek Revitalization Project (the Project) has been developed to meet the requirements of Condition 21 of the Project Environmental Assessment Certificate (EAC #M26-01). On June 26, 2026, the EAO issued Amendment #1 to EAC #M26-01, to change the location and size of the Project's permanent camp. The HMSP describes how Skeena Resources Limited (Skeena Resources or Skeena Gold + Silver)[1] will manage risks associated with the health and well-being of the workforce, and potential increased demand on local health services from out-of-region workers. The HMSP and any updates made according to Section 4, Plan Revisions, will be implemented throughout the Construction, Operations, Reclamation and Closure, and Post-Closure phases of the Project under the direction of a Qualified Person or Qualified Persons.

The HMSP is applicable to all workers, including Skeena Resources and contractor employees. The HMSP outlines the onsite health and medical services provided to support a healthy and safe working environment, describes measures to reduce pressure on local health services, and supports coordination of health service delivery with local health authorities. Appendix A, Table of Concordance, provides the table of concordance between the content of this Plan and the requirements of Condition 21 of the EAC #M26-01. (Amendment #1 did not result in any changes to Condition 21.)

The HMSP is structured as follows:

- Section 1, Introduction, introduces the Project, outlines the purpose and objectives of the HMSP, and describes the regulatory framework, company policies, and engagement efforts that informed its development;
- Section 2, Health and Medical Services Plan, describes onsite health programs and services and related infrastructure and services, protocols for disease prevention and outbreaks, and communication pathways;
- Section 3, Plan Implementation, outlines implementation, including roles and responsibilities, monitoring and reporting procedures, and adaptive management strategies;
- Section 4, Plan Revisions, sets out the process for revising and updating the HMSP throughout the Project lifecycle; and
- Section 5, Authorship / Submission Record, identifies the Qualified Persons involved in developing and overseeing the HMSP.

1.1 Project Overview

1.1.1 Eskay Creek Mine Overview

The Project is an open pit gold and silver mine located at the historical underground Eskay Creek Mine in northwestern British Columbia (BC), 83 kilometres (km) northwest of the town of Stewart within the District of Stewart, BC. The historical underground Eskay Creek Mine previously operated from 1994 to 2008 and

[1] Eskay Creek Mining Limited (Ltd.) is a wholly owned subsidiary of Skeena Resources Limited, and will be the holder of all permits and authorizations. References to Skeena Resources Limited as the project proponent in this management plan should be understood to be the same as Eskay Creek Mining Ltd.

was subsequently closed. The Project is within the Regional District of Kitimat-Stikine on Provincial Crown land mineral tenures held by Skeena Resources. The Project is approximately 170 km south via road of the community of Iskut, and 451 km north via road from Terrace, BC. The Project is accessed via the existing Eskay Creek Mine Access Road (Eskay Creek MAR), a 59 km all-season gravel road that connects to Highway 37 (Stewart-Cassiar Highway). The Project is within Tahltan Territory and Tsetsaut Skii km Lax Ha (TSKLH) Territory.[2]

The Project will develop two open pits (North and South pits). Ore will be milled onsite in a crushing, comminution, and flotation circuit Process Plant to generate a gold-silver concentrate. Processing capacity will initially be 3.0 million tonnes per year (Mt/year) and will be expanded to 3.6 Mt/year in approximately the sixth year of mining. The 3.6 Mt/year Process Plant capacity will be maintained through to the end of Operations. A new non-potentially acid generating Mine Rock Storage Area will be developed adjacent to the pits, while tailings and potentially acid generating mine rock will be stored within the existing Tom MacKay Storage Facility (TMSF). The TMSF will be expanded with north and south embankments in phases. The approximately 130,000 dry metric tonnes (dmt) of gold-silver concentrate produced by the Project will be hauled from the mine site to existing offsite ports in the District of Stewart and then shipped by marine vessels to an overseas smelter.

Construction of the Project will take 2 years to complete. There will be a 13-year Operations phase that consists of 10 years of mining and milling and 3 years of ore stockpile milling (no mining). The Project will require the construction and use of new infrastructure such as a Process Plant near the open pits, haul roads and secondary roads, additional waste rock disposal capacity, surface water management structures, and a water treatment facility. The Project will be progressively reclaimed, so that the Reclamation and Closure phase takes three years, with Post-Closure water treatment and monitoring occurring until permit requirements are met.

1.1.2 Location and Access to the Project

The Project is approximately 83 km northwest of the town of Stewart (261 km by road), 265 km northwest of Terrace (451 km by road), and 295 km northwest of Smithers (467 km by road).

Approximate coordinates of the Project are at the North Pit geometric centre, which is located at NAD83 UTM Zone 9N, E 411572, N 6279203; these coordinates correspond to a latitude of 56° 38′ 55.05″ N and a longitude of 130° 26′ 31.73″ W.

The Project is located within Northern Health's (NH's) service area. Health services in nearby communities are delivered through NH, the First Nations Health Authority (FNHA), the Nisga'a Lisims Government (NLG), the Nisga'a Valley Health Authority, and the North West Regional Hospital District.

BC Emergency Health Services (BCEHS) provides pre-hospital emergency response and inter-facility patient transfer services across BC (BCEHS n.d.). Communities closest to the Project fall within the Northwest and Nechako BCEHS districts.

Healthcare facilities located close to the Project are operated by either the FNHA or NH. The FNHA collaborates with NH to coordinate programs that integrate Indigenous cultural knowledge, values, and

[2] For the purposes of this document, "territory" is defined as the established or asserted traditional territories of Indigenous Nations.

healing practices into service design and delivery (NH 2022b). Facilities near the Project site are shown on Figure 1.1-1 and include:

- Iskut Valley Health Services in Iskut (135 km north of the Project; 170 km by road): operated by FNHA in collaboration with the Iskut Band, and provides holistic health services daily by registered nurses (RNs), and once a week by a doctor;
- Stikine Health Centre in Dease Lake (190 km northeast of the Project, 253 km by road) (Level 1[3]): Operated by NH and provides 24 hours a day, 7 days a week (24/7) emergency care and ambulance services;
- Telegraph Creek Health Centre in Telegraph Creek (142 km north of the Project, 362 km by road): operated by the FNHA and provides community nursing services on weekdays, a 24/7 emergency on-call service, and once-a-week physician and laboratory services;
- Ksyen Regional Hospital in Terrace (265 km southeast of the Project, 451 km by road) (Level 4): operated by NH and provides 24/7 care covering critical care to stabilize and recover trauma patients, it is a centre for trauma services, orthopedic surgeries, pathology, radiology, clinical support and pharmacy services;
- Bulkley Valley District Hospital in Smithers (295 km southeast of the Project, 467 km by road) (Level 3): operated by NH and provides 24/7 care, including emergency care, and 24-hour observation of acutely ill patients; visiting specialists; and ambulance services;
- Stewart Health Centre in the town of Stewart (83 km southeast of the Project) (Level 1): operated by NH and provides 24/7 on-call care, emergency services, and ambulance services; and
- Wrinch Memorial Hospital in the Village of Hazelton (233 km southeast of the Project, 396 km by road) (Level 3): operated by NH and provides acute, complex and community care; assisted living; and staff short- and longer-term accommodation.

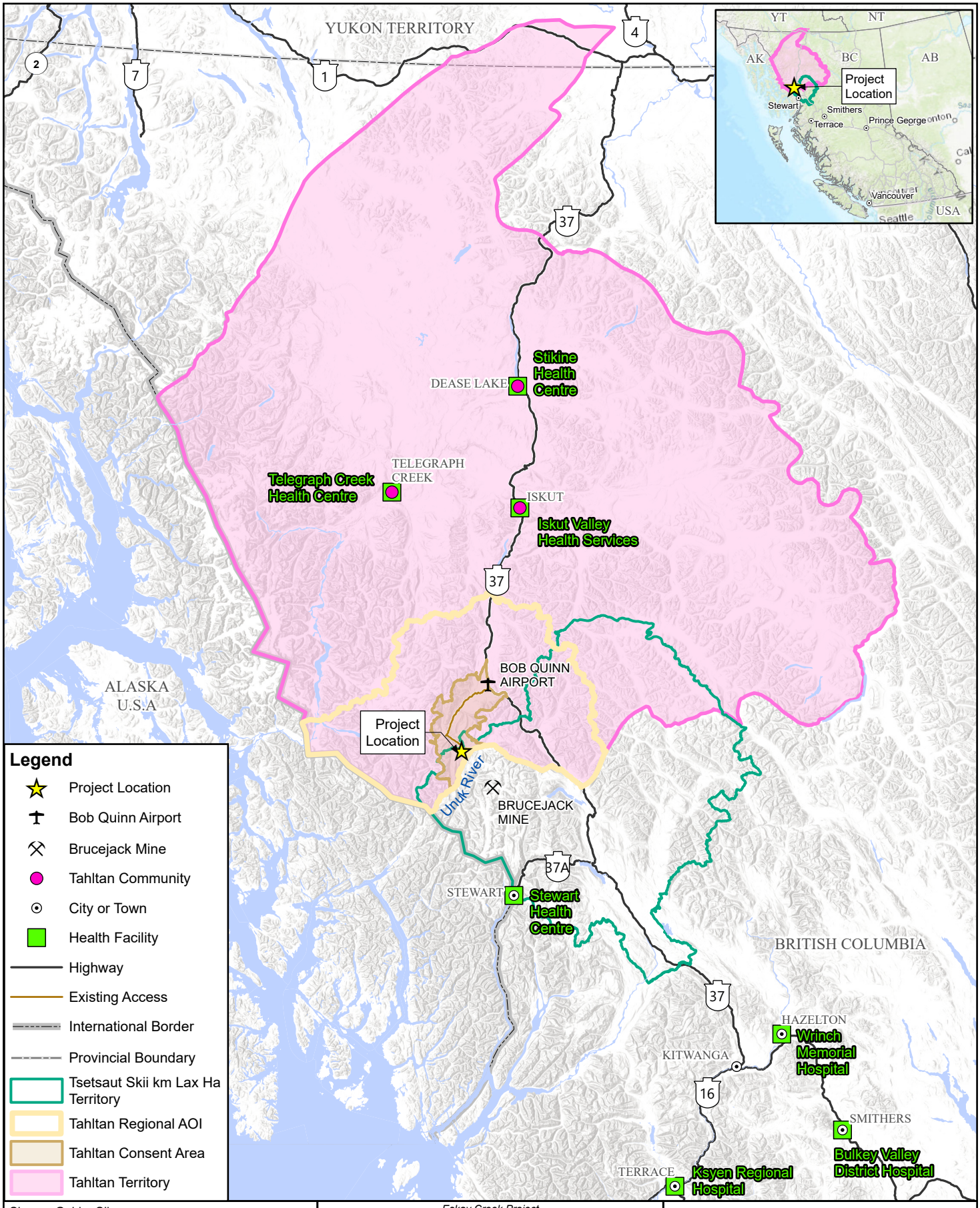
1.1.3 Employment at the Site

The Construction workforce is estimated to average 759 workers in full-time positions and is expected to peak at up to 949 workers in Year -2. The Operations workforce is estimated to include up to 771 workers in full-time positions.

During Construction and Operations, the Project will operate 24/7, 365 days per year. Positions will operate on a 12-hour shift basis and primarily use a rotation schedule of 2 weeks on / 2 weeks off. Additional worker rotation schedules will be considered through the development of the Project and discussions with Indigenous Nations.

Workers will access the Project site by flying to Terrace (YXT) on commercial airlines, followed by bus or van transport to the onsite camp. Employees living in Telegraph Creek, Iskut, Dease Lake, or Smithers may be transported directly to the site by van or truck. While on rotation, employees will be accommodated at the onsite camp.

[3] According to the NH Service Distribution Framework, NH categorizes health services into five levels (Levels 1 to 5), ranging from community health centres (Level 1) to regional hospitals (Level 5) (NH 2017).



Skeena Gold + Silver

Date: 20-Jul-2026

Figure: 1.1-1

Author: TEEM GIS

SKEENA GOLD + SILVER

Eskay Creek Project

Project Location and Health Facilities Near the Project Site

Skeena Mining Division - NTS 104B09
British Columbia, Canada

Scale: 1:2,750,000

Coord. System: NAD 1983 UTM Zone 9N

0 30 60 90 120

Kilometers

N

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1.1.4 Service Providers

- Company name: Skeena Resources Limited
- Contractor responsible for delivering health care services: Critical Care International
- Contractors responsible for delivering camp services: Compass Group Canada Ltd.

1.2 Purpose and Objectives

This Plan has been prepared to meet Condition 21 of BC's EAO EAC #M26-01.

The purpose of the HMSP is to:

- Define the onsite health and medical services that support a safe and healthy working environment; and
- Identify measures to minimize pressure on local health services from out-of-region workers.

Objectives of this HMSP are the following:

- Satisfy EAC Condition 21;
- Describe provisions for onsite medical staff, facilities, and emergency management;
- Support development of the Communicable Disease Management Plan (CDMP);
- Coordinate health service delivery with local health authorities by establishing communication pathways; and
- Identify thresholds to support adaptive management if health effects are greater than anticipated.

This HMSP is consistent with, and supplemental to, other management plans prepared for Skeena Resources as part of the Revised Application for an Environmental Assessment Certificate / Impact Statement (Revised EAC Application; Skeena Resources 2025) and the BC Ministry of Mining and Critical Minerals (MCM; formerly Ministry of Energy, Mines and Low Carbon Innovation []EMLI]) permit approval process. Related plans include the:

- Socio-Economic Monitoring Plan;
- Human Health Management and Monitoring Plan; and
- Emergency Response Plan.

Activities outlined in the HMSP, including onsite health programs and services, health promotion, disease prevention and onsite wellness programs, disease and infection prevention and outbreak protocols and activities associated with collaboration, communication and problem solving will be implemented throughout the Construction, Operations, Reclamation and Closure, and Post-Closure phases of the Project. In relation to disease and infection prevention and outbreak protocols, Skeena Resources will develop a detailed CDMP when the onsite workforce exceeds 80 people (see Section 2.4). The extent of available programs may change as the workforce reduces during Reclamation and Closure and Post-Closure. Any changes in the HMSP will be implemented through the Plan Revisions process outlines in Section 4.0.

1.2.1 Tahltan Interest

The Eskay Creek Mine is located within the Province of BC and within Tahltan Territory. The Tahltan Nation have Title and Rights, including self-governing rights, throughout Tahltan Territory and have a unique relationship to and connection with the land, water, and resources throughout Tahltan Territory. The Tahltan Central Government (TCG) is the administrative governing body of the Tahltan Nation.

In 1910, the Tahltan Tribe signed a Declaration to guide all land, water, and resource decisions on Tahltan Territory, and sets out fundamental Tahltan Values that remain central to Tahltan governance of the land, water, and resources in Tahltan Territory. The Tahltan reaffirmed the *1910 Declaration of the Tahltan Tribe* (Tahltan Tribe 1910) on its 100th anniversary on 18 October 2010.

In 1987, the Tahltan Tribal Council released the Resource Development Policy Statement that indicates that "[b]efore a resource development project can commence within Tahltan tribal territory, it will be necessary for the developer and the Tahltan Tribal Council to enter into a project participation agreement" (Tahltan Tribal Council 1987).

In March 2013, the Tahltan Nation (TCG, Tahltan Band, and Iskut First Nation) and BC entered into a Shared Decision-Making Agreement, the purpose of which is as follows:

> 2.1. This agreement is intended to foster an effective, respectful and enduring government-to-government relationship that will:
>
> > 2.1.1. allow the Parties to collaborate on land and resource issues as a tangible step towards longer term reconciliation of their interests; and
> >
> > 2.1.2. enable the implementation of the structures and processes outlined in this agreement.

In 2019, the provincial government passed the *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act; 2019), which establishes the United Nations' *Declaration on the Rights of Indigenous Peoples* (UNDRIP; United Nations 2007) as BC's framework for reconciliation, as called for by the Truth and Reconciliation Commission's Calls to Action.

The Declaration Act (2019) aims to create a path forward that respects the human rights of Indigenous Peoples, while introducing better transparency and to cooperate in good faith with Indigenous Peoples through their own representative institutions, in order to obtain their free and informed consent prior to the approval of any project affecting their lands or territories and other resources.

In 2022, following the Declaration Act (2019), Her Majesty the Queen in Right of the Province of BC, as represented by the Premier, the Minister of Environment and Climate Change Strategy, and the Minister of Indigenous Relations and Reconciliation, made an agreement with the Tahltan Nation that BC will undertake a consent-based decision-making process for the approval for the Project. Under this agreement, the Tahltan Nation and BC will engage in a cohesive and comprehensive processes to support informed decision-making. Within the area of the *Declaration Act Consent Decision-Making Agreement for Eskay Creek Project* (Declaration Act Agreement; 2022), within which the Project lies, the consent of the TCG is required prior to a project being undertaken.

The Tahltan Nation are the rights holders and stewards of the lands, waters, and resources directly affected by the Eskay Creek Project and the associated Eskay Creek MAR and Transportation Corridor. The TCG represents the collective interests of the Tahltan people, including the Iskut Band and Tahltan Band, and is a primary governance partner in the development and implementation of this HMSP.

The following information was presented in Chapter 4, Tahltan Application Information, of the Revised EAC Application (Skeena Resources 2025, 4-2) for the Project:

> The word Tahltans use to describe their relationship to the land is Keyeh. Keyeh refers to their home, and can encompass all the country now called Tahltan Territory, it can refer to Tahltan village on the Tūdeẕe chō (Stikine) River, which is the spiritual centre of the Tahltan homeland, or it can simply refer to a village. Keyeh includes the specific geographic and environmental characteristics of our country, just as it includes all of its residents, human and non-human (Higgins 1982). It is an interconnected whole made up of the relationships between humans, animals, spirits, mountains, waters and weather systems. This whole has a cultural and spiritual meaning—the place that is home for us. As such, Tahltan Territory must be understood in its entirety, that is, as Tahltan's home.
>
> The Tahltan view of stewardship arises from understanding the relationship Tahltan have to Keyeh. Belonging to the land means there is a reciprocal relationship between us and the land. A Tahltan Elder, says, "If we take care of the land, the land will take care of us." From Tahltan's perspective, stewardship is not only about looking after certain features of the land (for example, dēk'āne (salmon) habitat, hodzih (caribou) migratory routes, soil quality, heritage sites, and so forth), but requires attention to the relationships between these features. Keyeh, is an interconnected whole made up of reciprocal relationships. The human community is part of a larger community.
>
> This means that adverse impacts to the land change the relationships that Tahltan have with the land. Tahltan identity, cultural integrity, community cohesion and individual well-being are connected to the health of the land. Tahltan stewardship means maintaining good relationships to the land (and by "land" we always mean the entirety of land, including all living things, spirits, waters, and mountains, and the relationships between them), across space and through time. It means honouring our ancestors that came before us and caring for the generations still to come. We call this the Tahltan Continuum (Klappan Strategic Initiative, 2015).[4]

Further, from Chapter 4, Tahltan Application Information, of the Revised EAC Application (Skeena Resources 2025, 4-3):

> Humans are part of the ecosystems and human actions have to be done in a way where the health of the ecosystems are not impaired. Tahltan oral histories, laws, and principles all indicate where these actions are not followed, significant impacts occur, and relationships with the land and water are damaged to the detriment of all Tahltan.

[4] Source: Tahltan Central Council and Government of BC (2015).

Tahltan stewardship practices are guiding principles in the implementation of the Tahltan Risk Assessment for this Project. The Tahltan Risk Assessment was considered in the development of mitigation for this HMSP. These include the principles and criteria identified as the Tahltan Core Priorities (Chapter 4, Tahltan Application Information, Revised EAC Application [Skeena Resources 2025, 4-4]):

> **Priority 1.** Maintaining the long-term health of the land (including all of its terrestrial and aquatic ecosystems) is a mandatory condition for any kind of land use in all areas within Keyeh.
>
> **Priority 2.** The land must be able to continue supporting our Tahltan way of life while meeting the "health of the land" condition established under priority 1. Tahltan way of life includes maintaining our personal connection with Keyeh, being able to live off the land, sustaining our harvesting and hunting patterns, engaging in our cultural and spiritual practices, most of which are tied to the land, and earning a reliable living.
>
> **Priority 3.** Tahltan rights and title must be protected, upheld and continue to be exercisable for current and future generations.
>
> **Priority 4.** Land that has been impacted or degraded through industrial use must be healed, through reclamation, restoration, and ritual ceremony to support priorities 1, 2, and 3.

Alignment with the Tahltan Stewardship Plan as a core objective of the HMSP. The measures presented in the HMSP are intended to mitigate potential social effects, and the ways in which those impacts can affect Tahltan people and their way of life. The Tahltan Area of Consent is presented on Figure 1.1-1.

1.3 Regulatory Framework and Other Applicable Requirements

1.3.1 Legislation and Relevant Guidelines

The development of this HMSP is informed by applicable legislation and industry guidelines. It draws from First Nations plans and reports that reflect the principles of the UNDRIP and BC's *Declaration on the Rights of Indigenous Peoples Act* (2019). Table 1.3-1 provides an overview of the applicable legislation, and how the applicable guidelines have been incorporated into the HMSP.

Table 1.3-1: Relevant Legislation and Guidelines

Guidance Document	Year	Type	Level of Government	How it has been Incorporated into the HMSP and a Rationale for any Guidance Not Incorporated
NH Guidelines				
Communicable Disease Management Guide: Best Practices for Industrial Work Settings (NH 2023)	2023	Guideline	N/A	This guideline was used to inform Section 2.4, Disease and Infection Prevention and Outbreak Protocols, of this HMSP, and related implementation sections of the HMSP by informing the Communicable Disease Management Plan framework, including roles and responsibilities, risk assessment and controls, preparedness, response and recovery measures, training, notification to Northern Health, and monitoring and continuous improvement.

Guidance Document	Year	Type	Level of Government	How it has been Incorporated into the HMSP and a Rationale for any Guidance Not Incorporated
NH Guidelines *(cont'd)*				
Emergency Roles and Responsibilities (NH 2022a)	2022	Guideline	N/A	This guideline was used to inform Section 3, Plan Implementation, of this HMSP, specifically Section 3.1, Roles and Responsibilities. This guidance is incorporated in Sections 2.5 and 3.1 by informing emergency communication and activation pathways, contact protocols with Northern Health and HEMBC, coordination of patient transfer and ambulance services, and the delineation of onsite emergency response roles and responsibilities.
Health and Medical Services Plan Best Management Guide for Industrial Camps (NH 2015)	2015	Guideline	N/A	This guideline informed this HMSP's overall format and content. This guide informed the HMSP's structure and the inclusion of key components for industrial camps, including health-related camp infrastructure, onsite health services for urgent and non-urgent needs, mental health and addictions supports, sexual health services, privacy and confidentiality measures, disease prevention and outbreak protocols, wellness programming, and collaboration and communication with Northern Health.
Health and Safety During the Opioid Overdose Emergency: NH's Recommendations for Industrial Camps (NH 2018)	2018	Guideline	N/A	This guideline was used to inform sections of this HMSP related to mental health and addictions (e.g., Section 2.2.1, Overview of the Onsite Health Programs and Services). This guide is incorporated in Section 2.2.3 and related plan provisions by informing measures for mental wellness promotion, overdose awareness and response, naloxone availability and training, confidential access to harm reduction resources, support for workers experiencing addictions, and impairment management in safety-sensitive settings.
Northern Health Office of Health and Resource Development: Expectations of Industrial Medical Service Providers (NH n.d.)	No Date	Guideline	N/A	This guideline was used to inform Section 2.2.1, Overview of the Onsite Health Programs and Services, and Section 3.1, Roles and Responsibilities. This guidance is incorporated in Sections 2.2.1, 2.5, and 3.1 by informing expectations for the scope and quality of onsite medical services, privacy and health records management, physician oversight, capacity to provide non-urgent and urgent care, coordination with workers' home providers and health authorities, and the ability to respond to changing health service demands.

Guidance Document	Year	Type	Level of Government	How it has been Incorporated into the HMSP and a Rationale for any Guidance Not Incorporated
Other Relevant Legislation and Guidelines				
The Canadian Quality & Patient Safety Framework for Health Services (Health Service Organization n.d.d)	No Date	Framework	N/A	Goals 1 and 2 of this framework emphasized cultural safety and anti-racism in health services. Guidance from these goals informed the HMSP general approach to non-discriminatory services, including in Section 2.1.8, Other Facilities that support Positive Health Outcomes.
Declaration on the Rights of Indigenous Peoples Act (2019)	2019	Legislation	Provincial	This Act was used to inform the HMSP's overall approach to integrating Indigenous rights, emphasizing culturally appropriate health services onsite. This approach was incorporated in Sections 2.2 to 2.5.
United Nations Declaration on the Rights of Indigenous Peoples Act (2021)	2021	Legislation	Federal	This Act was used to inform the HMSP's overall approach to integrating Indigenous rights, emphasizing culturally appropriate health services onsite. This approach was incorporated in Sections 2.2 to 2.5.
Comprehensive Community Plan (Tahltan Band Council 2020)	2020	Plan	First Nations	This plan guided the HMSP's alignment with community-identified health and wellness priorities. Its guidance especially informed Section 2.2, Onsite Health Programs and Services, and Section 2.3, Health Promotion, Disease Prevention, and Onsite Wellness Programs. Guidance related to health and wellness, culture and language, and safety and resilience was applied in the HMSP through culturally safe health services, wellness programming, and emergency preparedness measures intended to support Tahltan workers and reduce pressure on community services.
Declaration on the Rights of Indigenous Peoples Act Action Plan 2022–2027 (Government of BC n.d.)	No Date	Plan	Provincial	This plan was used to inform the HMSP's overall approach to integrating Indigenous rights, emphasizing culturally appropriate health services onsite. The plan's guidance was incorporated in Sections 2.2 to 2.5.
TSWG Strategic Plan (Tahltan Socio-Cultural Working Group n.d.)	No Date	Plan	First Nations	Goal 9 of this plan informed the HMSP's overall approach to maximizing health resources and promoting healthy lifestyles onsite. Goal 9 and related health-sector initiatives were applied in the HMSP by supporting a culturally grounded approach to health service delivery, coordination with regional health partners, and measures that promote physical, cultural, and mental well-being through onsite services, wellness supports, and communication pathways.

Guidance Document	Year	Type	Level of Government	How it has been Incorporated into the HMSP and a Rationale for any Guidance Not Incorporated
Other Relevant Legislation and Guidelines *(cont'd)*				
EAO Management Plan Development and Review (EAO 2025)	2025	Guidance	Provincial	This guidance informed the HMSP structure, outlined its main components, and supported the development of the consultation process.
Impact Assessment & MMIWG Calls for Justice (Narratives Inc. n.d.)	No Date	Report	N/A	This report explored the potential adverse effects to Indigenous women and girls and recommended mitigation measures for resource extraction projects. Guidance informed Section 2.2, Onsite Health Programs and Services, of the HMSP.
In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care (Turpel-Lafond 2020)	2020	Report	N/A	This report informed the HMSP's general approach to cultural safety and anti-racism in programs as described in Section 1.3.2, Company Policy Requirements.
Indigenous Health in Federal Provincial, and Territorial Health Policies and Systems (Webb 2022); National Collaborating Centre for Indigenous Health	2022	Report	N/A	This report provided insight into gaps in Indigenous health systems and informed Section 2.5, Collaboration, Communication, and Problem Solving, of the HMSP.
2023-24 Reporting on the Calls for Justice 13.1 to 13.5: Calls for Extractive and Development Industries (Government of Canada 2024)	2024	Report	Federal	This report was used to align the HMSP with national expectations regarding Indigenous health and safety considerations in industrial settings. Its guidance informed Sections 2.1 to 2.5, especially Section 2.1.2 Sanitary Facilities, and 2.2.4 Sexual Health.
Truth and Reconciliation Commission of Canada: Calls for Action (Truth and Reconciliation Commission of Canada 2015)	2015	Report	First Nations	Calls 18 to 24, and 92 of this Report identified key health-related priorities and informed the HMSP's overall approach to collaborative planning and implementation.

Notes:

BC = British Columbia; EAO = British Columbia's Environmental Assessment Office; HMSP = Health and Medical Services Plan; N/A = not applicable; NH = Northern Health

1.3.2 Environmental Assessment Certificate Conditions

The EAO issued EAC #M26-01 to authorize Skeena Resources to construct and operate the Project. The EAC contains a number of Conditions, of which Condition 21 requires the development of this HMSP. In addition, Condition 3 contains requirements that pertain to all management plans developed for the Revised EAC Application. Appendix A provides a table of concordance with the EAC requirements for this HMSP.

1.3.3 Company Policy Requirements

Skeena Resources operates in accordance with all applicable industry standards and complies with all applicable regulations of WorkSafeBC. Skeena Resources also prioritizes cultural safety and anti-racism in its health services and programs. Skeena Resources' policies in Table 1.3-2 support the provision of health and medical services at Skeena Resources and help maintain a healthy working environment for workers.

Table 1.3-2: Relevant Skeena Resources Policies

Policy	Description
Drug and Alcohol Policy	The policy establishes Skeena Resources' zero tolerance for drugs and alcohol onsite while promoting a safe, healthy workplace and providing support for employees who need medical accommodations or addiction assistance.
Occupational Health and Safety Policy	The policy promotes a values-driven health and safety culture by demonstrating leadership, complying with industry and legal standards, and providing resources to maintain safe and healthy workplaces.
Workplace Violence Policy	The policy establishes Skeena Resources' zero tolerance for workplace violence by prohibiting violent behaviour in all company settings.
Workplace Bullying and Harassment Policy	The policy establishes Skeena Resources' zero tolerance for bullying, harassment, and discrimination by promoting respect in the workplace.
Workplace Hazardous Material Information System Policy	The policy articulates Skeena Resources' commitment to the Workplace Hazardous Material Information System and the Globally Harmonized System by requiring training, labelling, and safe work procedures to minimize exposure and harm from hazardous materials.
Personal Information Protection Policy	The policy outlines how Skeena Resources protects personal information by complying with BC's *Personal Information Protection Act* (2003) and safeguarding privacy, confidentiality, and security in all collection, use, and disclosure practices.
Contractor Health and Safety Management Plan	The policy requires contractors to demonstrate strong health and safety performance through effective management, leadership, and systems.
Mine Emergency Response Plan	The plan is the mine operations' guide to courses of action that should be followed in the event of a mine emergency and addresses advanced preparation and preventive measures for potential emergencies.

Notes:
BC = British Columbia; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

1.3.3.1 Onsite Management of Company Policy Requirements

Skeena Resources will manage company policy requirements for forms such as "sick notes," "back to work notes," and other forms that require completion on behalf of workers and WorkSafeBC onsite.

1.3.3.2 Focus on Discretion, Privacy, and Confidentiality

Skeena Resources will respect personal privacy and protect personal information in accordance with the BC *Personal Information Protection Act* (2003). Privacy measures will follow Skeena Resources' *Personal Information Protection Policy*, the Doctors of BC's (2017) *Legislative Framework for Privacy*, and the BC College of Nurses and Midwives "Privacy and Confidentiality" standard (British Columbia College of Nurses and Midwives 2020).

The following measures will be implemented:

- Onsite health care services will maintain discretion, privacy, and confidentiality in line with applicable legislation, including for sensitive health matters such as sexually transmitted infections (STIs), mental health, and substance use;
- Workers will be informed about why and how their data are collected, and consent will be obtained when required; and
- Personal information principles will be communicated to workers throughout their work term to foster trust in onsite health services.

1.4 Consultation and Collaboration

In accordance with EAC Condition 4, Consultation, Skeena Resources provided written notice to NH on December 11, 2025. The written notice included the draft HMSP and an invitation for NH to provide their views on the content of the HMSP. Skeena Resources requested comments by January 16, 2026.

Skeena Resources recognizes that collaboration with the TCG is essential and must be approached in a respectful and meaningful way, with the shared goal of achieving consensus. To support the construction schedule, Skeena Resources received TCG approval to distribute the HMSP for consultation prior to collaborating. A copy of the HMSP was shared with TCG for their information at the same time as the plan was shared with the consulted parties. TCG reviewed the plan in parallel with the EAO, and comments were addressed in v2.0. Collaboration with TCG will continue throughout the lifetime of the Plan.

2.0 HEALTH AND MEDICAL SERVICES PLAN

2.1 Eskay Creek Revitalization Project Workforce Accommodation and Facilities

At the start of the Construction phase, the Project will use the existing kilometre marker 58 (KM58) Camp and the KM59 Camp (including the adjacent Temporary Rig KM58.5 Camp) for worker accommodations (Figure 2.1-1).[5] The existing offsite Forrest Kerr Camp, located near KM37 of the Eskay Creek MAR, can also be used for peaks in construction workforce, this camp is owned and operated by Coast Mountain Hydro Services.

On June 26, 2026, the EAO issued Amendment #1, approving the relocation of the permanent camp from the authorized location adjacent to the TMSF Area (which had not yet been constructed) to the existing Advanced Exploration Camp located at KM46 along the Eskay Creek MAR (subsequently referred to as the “Permanent Camp”). For the final configuration of the Permanent Camp, the capacity of the KM46 Advanced Exploration Camp will be up to 500 beds.

During Construction, the Permanent Camp will be utilized together with KM58 Camp, KM59 Camp, and the existing offsite Forrest Kerr Camp to accommodate construction peaks. In Year 1, KM58 Camp and KM59 Camp will be decommissioned and demobilized from the Project mine site, and the camp areas will be available for reclamation. For the remainder of the mine life, all personnel will be accommodated in the Permanent Camp.

2.1.1 Accommodations Overview

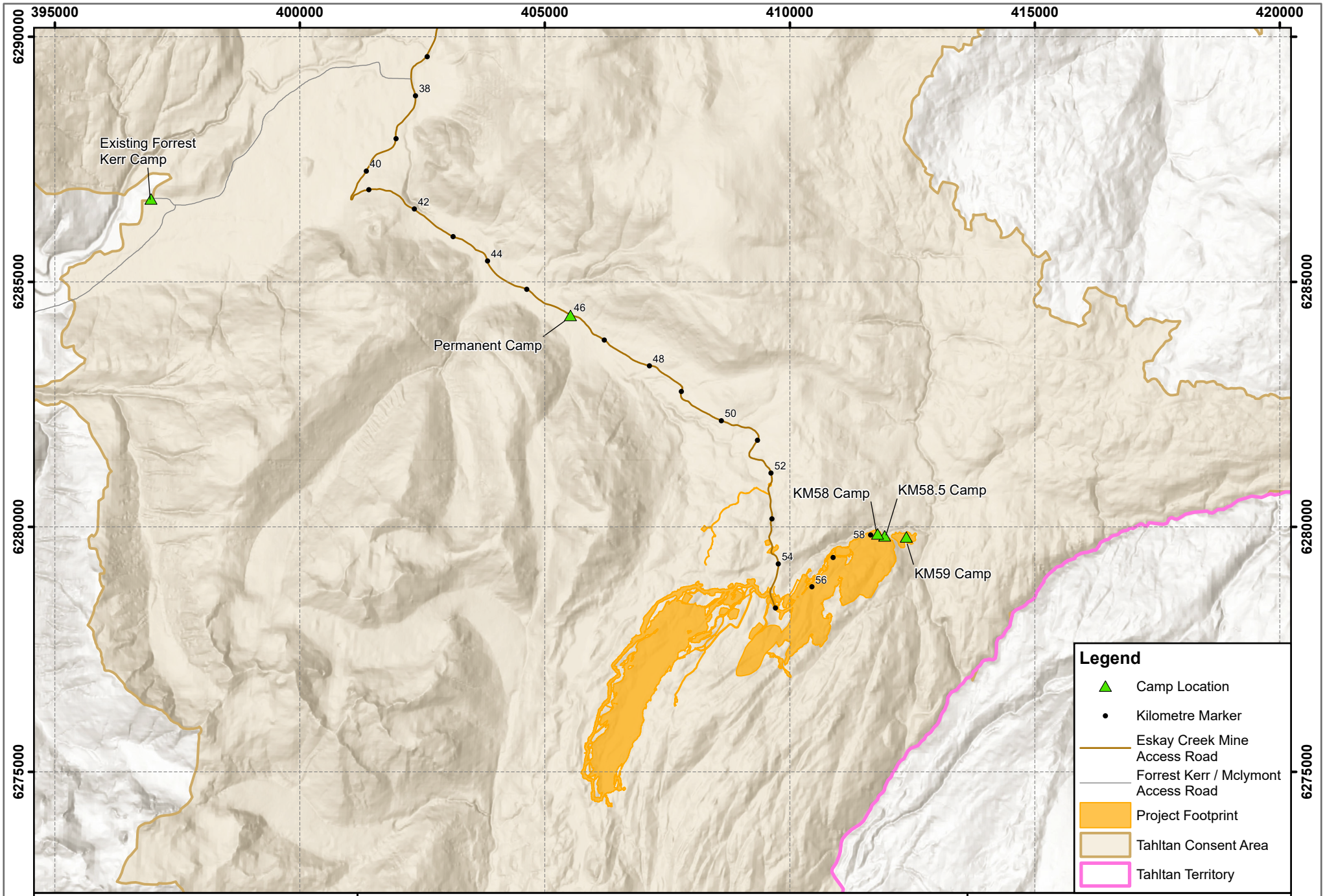
The existing KM58 Camp and KM59 Camp (including the adjacent Temporary Rig KM58.5 Camp) have a combined capacity of approximately 200 beds, and the existing offsite Forrest Kerr Camp has a capacity of 160 beds. The Permanent Camp will have a maximum capacity of 500 beds.

All accommodation rooms in the Permanent Camp will be single occupancy and workers on opposite rotations will share rooms (i.e., accommodation rooms will be shared with a cross-shift worker, with only one worker occupying the room at a time). A summary of the camp accommodations and associated capacities by Project year during Construction, Operations, and Reclamation and Closure is provided in Table 2.1-1. Camp accommodations during Post-Closure are anticipated to remain at the Permanent Camp.

2.1.2 KM58 Camp

The KM58 Camp is a 70-bed satellite camp, with dry storage facilities. All rooms are heated and include televisions; some rooms also have desks. There are no onsite medical services, as the camp is supported by the KM59 Camp, where the First Aid room is located in the Administration Building. Additional information about KM58 Camp is provided in Table 2.1-2.

[5] KM = kilometre marker



Skeena Gold + Silver

Date: 20-Jul-2026

Figure: 2.1-1

Author: TEEM GIS

SKEENA GOLD + SILVER

Eskay Creek Project

Project Camp Accommodations

Skeena Mining Division - NTS 104B09
British Columbia, Canada

Scale: 1:100,000

Coord. System: NAD 1983 UTM Zone 9N

0 1 2 3 4
Kilometers

N

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Table 2.1-1: Camp Accommodations by Eskay Creek Revitalization Project Phase

Project Phase	Timing	Accommodations	Capacity
Construction	Year -2	**Total Maximum Capacity** • KM58 Camp (existing) • KM58.5 Camp (existing) • KM59 Camp (existing) • Forrest Kerr Camp (existing offsite)	**393 beds** • 70 beds • 43 beds • 120 beds • 160 beds
	Year -2 to Year -1	**Total Maximum Capacity** • Permanent Camp • KM58 Camp (existing) • KM58.5 Camp (existing) • KM59 Camp (existing) • Forrest Kerr Camp (existing offsite)	**893 beds** • 500 beds • 70 beds • 43 beds • 120 beds • 160 beds
Operations	Year 1 to Year 13	Permanent Camp	500 beds
Reclamation and Closure	Year 14 to Year 16	Permanent Camp	500 beds
Post-Closure	Post Year 16	None	None

Notes:
KM = kilometre marker; Project = Eskay Creek Revitalization Project

Table 2.1-2: KM58 Camp Facilities

Facilities	Description
Sanitary Facilities	• There are a total of 74 bathrooms.
Laundry Services	• There are five washer/dryer rooms with multiple units, one commercial grade laundry unit, and a heated dry room.
Drinking Water Systems	• A potable water treatment plant is permitted through Northern Health for drinking water use to support daily operations, employee needs, and fire protection throughout the Camp. • The water source is Argillite Creek, which is approved under water licence number 505261 and has an approved diversion of 75 m^3/day for camp use.
Food Services	• Food services are provided by Compass Group Canada Ltd. • There is a Food Services Plan and a Food Sanitation Plan.
Liquid Waste (Sewage) Disposal System	• The sewage disposal system consists of permitted holding tanks operating under Permit 5360-09-02-03.
Solid Waste (Garbage) Disposal System	• Skeena Resources will follow the Waste Management Plan to limit the generation of non-hazardous waste through the reduction and reuse of materials as much as possible. • Refuse Discharge Permit PR-12977 authorizes refuse to ground for landfill waste from demolition and construction, and a sludge pit receiving sewage sludge from a sewage treatment plant at the KM59 camp authorized under Effluent Discharge Permit PE-10818. Both discharge permits are authorized under the *Environmental Assessment Management Act* (2003). • Air Discharge Permit PA-112023 permitted under the *Environmental Assessment Management Act* (2003) authorizes the incineration of food waste, and open burning of wood and non-recyclable cardboard in a burn pit. Resulting ash is disposed of in the existing landfill or disposed of offsite at an authorized facility.
Other Facilities that Support Positive Health Outcomes	• There is a small fitness area.

Notes:
m^3/day = cubic metres per day; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

2.1.3 KM58.5 Camp

The KM58.5 Camp is a temporary rig camp with Rig Camp A and B. Rig Camp A has a total of 13 beds, along with 2 additional sleeper trailers providing 12 rooms. Rig Camp B has 13 rooms and 3 sleeper trailers, for a total of 18 rooms. All rooms are heated. There are no onsite medical services, as both camps operate as satellite facilities to the KM59 Camp, where the First Aid room is located. No dry storage facilities are available. Additional information related to KM58.5 Camp is provided in Table 2.1-3.

Table 2.1-3: KM58.5 Camp Facilities

Facilities	Description
Sanitary Facilities	• Rig Camp A: There is a private women's bathroom and shared men's bathroom. In sleeper trailers, there are six Jack and Jill bathrooms. • Rig Camp B: There are nine bathrooms.
Laundry Services	• There are laundry services at KM58.5 Camp, but this camp shares KM58 and KM59 Camp dry rooms.
Drinking Water Systems	• Water construction and operating permits have been obtained through Northern Health for a holding tank. • Licence 505261 authorizes the diversion and use of 75 m^3/day from Argillite Creek.
Food Services	• There is no food services provided. • The kitchen space in the rig camp will not be functional, and the dining room will be used as seating/recreational space only.
Liquid Waste (Sewage) Disposal System	• The sewage disposal system consists of a permitted holding tank. Effluent is pumped from the tank and taken to the KM59 sewage treatment plant authorized under Permit PE-10818 for treatment.
Solid Waste (Garbage) Disposal System	• Skeena Resources will follow the Waste Management Plan to limit the generation of non-hazardous waste through the reduction and reuse of materials as much as possible. • Refuse Discharge Permit PR-12977 authorizes refuse to ground for landfill waste from demolition and construction, and a sludge pit receiving sewage sludge from a sewage treatment plant at the KM59 camp authorized under Effluent Discharge Permit PE-10818. Both discharge permits are authorized under the *Environmental Assessment Management Act* (2003). • Air Discharge Permit PA-112023 permitted under the *Environmental Assessment Management Act* (2003) authorizes the incineration of food waste, and open burning of wood and non-recyclable cardboard in a burn pit. Resulting ash is disposed of in the existing landfill or disposed of offsite at an authorized facility.
Other Facilities that Support Positive Health Outcomes	• The dining room will be used as seating/recreational space.

Note:
m^3/day = cubic metres per day

2.1.4 KM59 Camp

The KM59 Camp is accessed via the Eskay Creek MAR and is operated by Skeena Resources. The camp has a capacity of 120 beds. All rooms are heated and equipped with televisions some rooms also have desks. Medical services are available onsite, with a Level 3 First Aid room located in the Administration Building. Dry storage facilities are also available. Additional information related to KM59 Camp is provided in Table 2.1-4.

Table 2.1-4: KM59 Camp Facilities

Facilities	Description
Sanitary Facilities	• There are 122 bathrooms.
Laundry Services	• There are nine washer/dryer rooms with multiple units, one commercial grade laundry room unit, and a heated dry room.
Drinking Water Systems	• There are water construction and operating permits obtained through Northern Health. • Licence 505261 authorizes the diversion and use of 75 m^3/day from Argillite Creek.
Food Services	• Food services will be provided by Compass Group Canada Ltd. • There is a Food Safety Plan and a Food Sanitation Plan.
Liquid Waste (Sewage) Disposal System	• Sewage treatment plants are permitted by *Environmental Management Act* (2003) Permit PE-10818. • The discharge is authorized from Authorized Works, which includes, but is not restricted to, a pump and haul receiving tank, a two-compartment settling tank, a pump tank with effluent pump(s), effluent filters, Membrane Bioreactor treatment plants, and a discharge line.
Solid Waste (Garbage) Disposal System	• Skeena Resources will follow the Waste Management Plan to limit the generation of non-hazardous waste through the reduction and reuse of materials as much as possible. • Refuse Discharge Permit PR-12977 authorizes refuse to ground for landfill waste from demolition and construction, and a sludge pit receiving sewage sludge from a sewage treatment plant at the KM59 camp authorized under Effluent Discharge Permit PE-10818. Both discharge permits are authorized under the *Environmental Assessment Management Act* (2003). • Air Discharge Permit PA-112023 permitted under the *Environmental Assessment Management Act* (2003) authorizes the incineration of food waste, and open burning of wood and non-recyclable cardboard in a burn pit. Resulting ash is disposed of in the existing landfill or disposed of offsite at an authorized facility.
Other Facilities that Support Positive Health Outcomes	• There is a Level 3 First Aid room. • There is a fitness facility.

Notes:
Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver
m^3/day = cubic metres per day

2.1.5 Permanent Camp

The Permanent Camp will be located at KM46 along the southern side of the Eskay Creek MAR. It will have up to 500 beds. All rooms will be single occupancy. Workers on opposite rotations or cross-shifts will share rooms, as only one will be onsite at any given time. Additional information related to the Permanent Camp is provided in Table 2.1-5.

Table 2.1-5: Permanent Camp Facilities

Facilities	Description
Sanitary Facilities	• There will be bathroom facilities to meet the needs of 500 people, according to BC Industrial Camps Regulation and Guideline.
Laundry Services	• Washers and dryers will be provided.
Drinking Water Systems	• Potable (drinking) water will be used throughout the Camp for daily operations, employee needs, and fire protection. • Freshwater will be drawn from KM46 Groundwater well and treated at the Camp's water treatment plant.
Food Services	• There will be a kitchen and dining area for meal preparation and eating. • Food services will be provided by an authorized contractor. • There is a Food Safety and Sanitation Plan.
Liquid Waste (Sewage) Disposal System	• The Sewage Treatment Plant will handle wastewater from the Camp. It is an approved facility under the Municipal Wastewater Regulation, specifically, under the *Environmental Management Act.*
Solid Waste (Garbage) Disposal System	• Skeena Resources will follow the Waste Management Plan to limit the generation of non-hazardous waste through the reduction and reuse of materials as much as possible. • Refuse Discharge Permit PR-12977 authorizes a sludge pit receiving sewage sludge from a sewage treatment plant at the camp facilities. • Air Discharge Permit PA-112023 permitted under the *Environmental Management Act* (2003) authorizes the incineration of organic waste, and open burning of wood and non-recyclable cardboard in a burn pit. Resulting ash is disposed of in the existing landfill or disposed of offsite at an authorized facility. Both discharge permits are authorized under the *Environmental Management Act* (2003).
Other Facilities that Support Positive Health Outcomes	• There will be a full medical clinic staffed by an ACP and RN. • Facilities that promote Cultural Safety will include a sacred/prayer space on level 2, which will also be used to support women, Indigenous, and 2SLGBTQQIA+ people. • There will be a recreational area made up of 15 units for socialization and recreation, with amenities including a gym, café, movie room, games room, and yoga studio. • There will be three mudroom/entry units for workers to clean up and store gear before entering the main buildings.

Notes:
2SLGBTQQIA+ = two-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex and asexual, and all other sexual orientations and genders; ACP = Advanced Care Paramedic; RN = registered nurse; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

2.1.6 Forrest Kerr and Other Independent Camp(s)

Skeena Resources may occasionally use camps owned and operated by other entities, such as Forrest Kerr Camp located near KM37 of the Eskay Creek MAR. It is operated by Coast Mountain Hydro Services and has a capacity of 160 beds. Coast Mountain Hydro maintains a site medical clinic with an Advanced Care Paramedic (ACP). Skeena Resources will use this resource for emergencies only, as all non-emergency medical needs for the Eskay Creek Project must be directed to the Eskay Creek site clinic. Skeena Resources may use the Forrest Kerr Camp or others during peak workforce periods in the Construction phase. Since these camp(s) are not operated by Skeena Resources, detailed information has not been provided.

2.2 Onsite Health Programs and Services

2.2.1 Overview of the Onsite Health Programs and Services

Skeena Resources' goal is to continually improve the onsite health service delivery model that provides not only high-quality occupational illness prevention and initial injury care but also addresses the general health and primary care needs of the site workforce to the greatest extent possible. Skeena Resources aims to be self-sufficient to a reasonable extent, but should a patient's condition warrant care beyond the scope of practice or expertise of the onsite team, Skeena Resources looks to be a collaborative partner with NH and BCEHS to facilitate an efficient and effective transfer of care. During Project Construction and Operations, the onsite medical team will include:

- One ACP with an ACP licence;
- An on-call physician, available 24/7 via telemedicine;
- One RN with Remote Certification;
- First Aid attendants with Occupational First Aid Certificates;
- An Emergency Response Team; and
- A Communicable Disease Management Team (CDMT).

Onsite medical team is located in the KM59 Camp. They will move to the Permanent camp once it has been constructed.

These trained medical practitioners will provide medical assessment and treatment, including administration of prescription and non-prescription medications. Detailed roles and responsibilities are described in Section 3.1, Roles and Responsibilities.

The onsite medical team will have access to:

- **Diagnostic equipment:** rapid strep, urinalysis, and pregnancy tests; 12 lead electrocardiogram (ECG) cardiac monitors; a portable blood analyzer; and peak-flow meters;
- **Emergency equipment:** one fully stocked site medical clinic located at the KM59 Camp available 24 hours a day, one 4×4 ambulance,[6] one emergency transport vehicle,[7] five automated external defibrillators, Level 3 first aid kits located throughout the Project site, basket stretchers, spine boards / clam shells, and an air evacuation body splint; and
- **Medications:** a supply of prescription antibiotics and medications that can be used for gastro-intestinal, advanced cardiac life support, respiratory, and dermatologic conditions is located in the KM59 Camp medical clinic.

Medical cases requiring advanced diagnostics or treatment beyond onsite capabilities will be referred offsite, with follow-up care expected to be managed through the worker's home health services. Communication

[6] A 4×4 ambulance is a specialized emergency vehicle equipped with medical devices such as stretchers and oxygen supplies. It is built to treat and stabilize patients during transport.

[7] An emergency transport vehicle is used for rapid transport during emergencies. It may or may not have medical supplies and equipment.

and collaboration protocols with workers' home health services and local authorities for these cases are described in the Section 2.5, Collaboration, Communication, and Problem Solving, of this Plan.

External Northern Health and FNHA programs referenced in the sections below are intended to supplement, not replace, onsite service delivery. Onsite medical staff will provide the primary point of care and will support workers by identifying relevant external programs, sharing information during onboarding and routine health promotion, facilitating referrals or virtual access where appropriate, and incorporating applicable Northern Health and FNHA guidance and educational materials into onsite mental health, sexual health, wellness, and communicable disease programming.

2.2.2 Non-Urgent Care Demands

Non-urgent care refers to health concerns that do not require immediate attention but can affect an individual's quality of life and ability to work. NH expects companies to provide appropriate services and facilities at camp sites to address these needs, recognizing that unmet non-urgent demands can impact workforce stability and well-being. Skeena Resources is committed to developing services that directly address these demands.

Onsite medical staff and facilities will be equipped to manage non-urgent health needs, including diagnostic and emergency equipment and medications (see Section 2.2.1, Overview of the Onsite Health Programs and Services). Medications will be dispensed by an RN or ACP under physician's orders and will cover common ailments typically managed by a family physician or local emergency department. If a worker experiences an acute issue related to an existing chronic condition while onsite, support for chronic conditions will be provided onsite in collaboration with each worker's home primary care provider (see Section 2.5.1.3, Bridging Protocol).

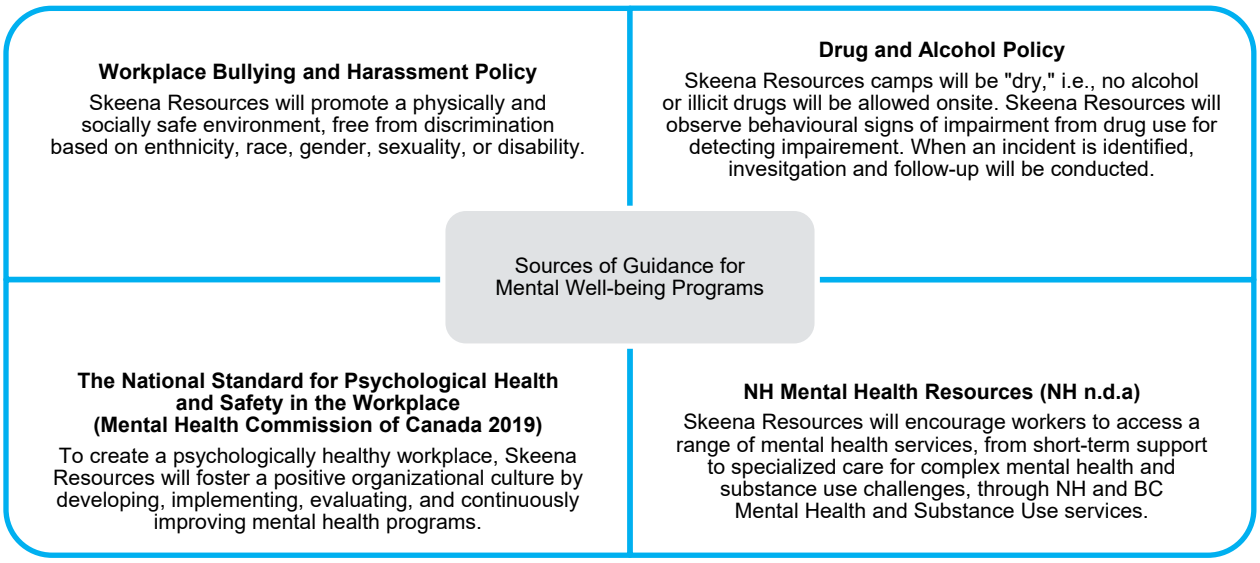
Workers can also access FNHA virtual programs, including Doctor of the Day program, which offers health care services to all First Nations people, utilizes Traditional Knowledge with Western medicine, and follows principles of cultural safety and humility. Appointments with this program can be made by phone at +1 855 344 3800 or by e-mail at fndod@fnha.ca (FNHA n.d.a).

If non-urgent or non-occupational injuries or illnesses cannot be managed onsite, the worker will consult with medical personnel to determine the most appropriate course of treatment. In non-emergency situations, workers are encouraged to call 811 or contact a virtual clinic (see details in Section 2.5.1.3, Bridging Protocol). If a worker's health needs cannot be addressed virtually, Skeena Resources or its contractor(s) will arrange transportation to offsite health facilities (see Section 2.5.2.1, Emergency Response).

Skeena Resources will maintain a comprehensive insurance and health care benefits package for full-time salaried and full-time permanent hourly employees and their dependents. Full-time salaried or permanent hourly Project employees are required to participate.

2.2.3 Mental Health and Addictions

Skeena Resources is committed to supporting mental well-being among its workforce by following recommendations from NH and internal policies. Key guidelines that inform the development of Skeena Resources' mental health programs are summarized on Figure 2.2-1.



Notes:
BC = British Columbia; NH = Northern Health; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

Figure 2.2-1: Sources of Guidance for Developing Mental Well-Being Programs for Workers

Skeena Resources will offer social and recreational opportunities as described in Section 2.3, Health Promotion, Disease Prevention, and Onsite Wellness Programs, to encourage opportunities for a healthy lifestyle. In addition to this, Skeena Resources will provide access to the Telus Health Employee Assistance Program. This program is a 100% employer-paid program providing employees with short-term confidential and bilingual mental health and work/life support with relationships, family and parenting, career, and addiction. Skeena Resources will also encourage contractors to, similarly, offer an employee assistance program to their employees.

Skeena Resources will provide employees with access to professionals and community members who offer culturally grounded mental health support. This includes Tahltan Elders and other Indigenous practitioners with expertise in trauma-informed care. Support will be delivered through traditional and holistic approaches that promote healing and well-being. FNHA has 24/7 crisis lines to access these services. These include Hope for Wellness Helpline and KUU-US Crisis Line Society (FNHA n.d.b).

Naloxone kits are currently available onsite in the medical clinic and various first aid kits around site. Skeena's site Emergency Response Team has been trained in overdose awareness and naloxone administration.

If long-term, specialized mental health support is needed, counsellors can refer employees to a local community resource. Onsite resources will include access to the site RN. Access to these services will not be limited to on-shift workers but also to workers during their days off, to facilitate continuity of care.

Skeena Resources will inform workers about FNHA mental health and substance use programs and services, including the Harm Reduction Program, Mental Health and Wellness Fund, Culturally Safe and Trauma-Informed Mental Health and Wellness Supports, Non-Medical Cannabis resources, Opioid Agonist Therapy, Indian Residential Schools Resolution Health Program, and Suicide Prevention programs (FNHA n.d.c).

Skeena Resources will also inform workers about resources and activities (e.g., training and informational materials) that encourage workers to support their well-being through physical, spiritual, and intellectual practices, and promote a healthy lifestyle at site. Specifically, workers will be made aware of the following resources aimed to support mental health and recommended by NH:

- Bounce back Program: a free, evidence-based mental health program designed to help individuals manage symptoms of low mood, mild to moderate depression, anxiety, stress, and worry;
- Here to Help BC: a comprehensive online hub offering trusted information and tools related to mental health, mental illness, and substance use;
- HealthLink BC – Mental health and substance use (NH n.d.a): a centralized resource offering information, support services, and tools for individuals dealing with mental health challenges or substance use concerns; and
- Mental health literacy: a free, self-paced, online program designed to build foundational mental health literacy.

The promotion of the mental health and addictions programs will be undertaken in a manner that protects the privacy of workers.

Skeena Resources will implement these measures through worker onboarding, site orientation, and annual refresher communications. During these activities, workers will be informed of Skeena Resources' zero-tolerance policies on substance use, violence, bullying, and harassment; the availability and location of naloxone kits; how to access onsite and external mental health, addictions, and cultural supports; and the process for raising concerns or requesting assistance confidentially. The onsite medical team and Emergency Response Team will maintain training in overdose recognition, naloxone administration, and emergency response procedures, and will use Northern Health and FNHA materials to support awareness and education.

2.2.4 Sexual Health

Skeena Resources will offer confidential and non-judgemental services that promote safe sex and the protection of sexual health. These services will include access to condoms, emergency contraception, and safe sex counselling.

NH's sexual health resources (including pamphlets, videos, and posters) will be used to deliver programming and education. These will include materials on consent, safe sex practices, STI prevention, testing, and treatment, as well as guidance for maintaining overall sexual well-being (NH n.d.b). Key resources that workers will be referred to include:

- Smart Sex Resource—This site offers accessible information on bodies, sexuality, sexual health, relationships, and STIs, including testing and treatment. The site also features comprehensive posters and pamphlets for education and awareness.
- Sexual Health On-Demand STI Testing Patient Information sheet—This site provides clear guidance on what infections can be tested, when and how to get tested, and what to do based on symptoms or exposure.

- Options for Sexual Health—This site provides sexual and reproductive health services, education, and resources across BC, including clinics, expert and confidential advice through the Sex Sense line, and training programs to support informed and healthy choices.

2.2.5 Other Onsite Health Programs and Services

2.2.5.1 Programs and Services for Indigenous Women and 2SLGBTQQIA+ People

Skeena Resources is committed to providing safety, security and well-being of Indigenous women and two-spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex and asexual, and all other sexual orientations and genders (2SLGBTQQIA+) people onsite in alignment with Calls for Justice 13.1 to 13.5 (Government of Canada 2024). Skeena Resources will provide cultural learning opportunities and training for all workers to deepen understanding of colonization, its ongoing impacts on Indigenous Women and 2SLGBTQQIA+ people, strengthen self awareness, reflect on principles of relationality, analyze power imbalances, and examine systemic and institutional racism and discrimination. Inclusive spaces will be established onsite where Indigenous women and 2SLGBTQQIA+ people can gather, share experiences, and voice their concerns. These initiatives will be supported through both traditional and Western psychological supports, and delivered through trauma-informed approach, particularly for individuals who have experienced harassment or assault.

2.2.5.2 Culturally Safe Space to Promote Health and Well-Being

Skeena Resources will establish and maintain culturally safe spaces at the Project site where Tahltan employees can gather, reflect, and access the traditional supports consistent with Tahltan values. These spaces may also be used for spiritual and ceremonial practices, in ways that are inclusive of diverse cultural traditions and accessible to all individuals onsite.

2.3 Health Promotion, Disease Prevention, and Onsite Wellness Programs

Beyond Skeena Resources' onsite services for non-urgent medical demands outline in Section 2.2, Onsite Health Programs and Services, Skeena Resources' wellness programs will promote healthy living and contribute to workers' health and well-being. They will align with NH guidance for wellness programs at industrial camps (NH 2015). Skeena Resources will offer the following services:

- Environment as a context for health: Skeena Resources will maintain a clean, safe, and inclusive living and working environment that supports overall well-being, including access to quiet spaces, natural light, and communal gathering areas (see Section 2.1, Accommodations Overview).
- Sedentary behaviour and physical inactivity: Skeena Resources will encourage daily movement by providing opportunities for physical activity onsite, such as a recreational program that includes hiking and other outdoor activities, as well as fitness centres at all camps.
- Healthy eating and combatting obesity: Skeena Resources will provide nutritious food options in dining facilities, offer education on healthy food choices, and promote hydration by providing multiple water sources around accommodation facilities.
- Reducing the use of tobacco: Skeena Resources will support tobacco reduction among employees by sharing information on cessation support programs, and launching education campaigns to discourage tobacco use.

- Preventing injury: Skeena Resources will provide ergonomics training; promote safe work practices such as proper lifting techniques, equipment handling, and maintaining clean and hazard-free workspaces; and offer education on managing fatigue. These measures are described in Skeena Resources' *Occupational Health and Safety Policy*.
- Substance use awareness: As described in Section 2.2.3, Mental Health and Addictions, Skeena Resources will provide access to mental health and addiction resources, promote healthy coping strategies, and implement its *Drug and Alcohol Policy*.

Skeena Resources will use both FNHA resources and NH resources, including available pamphlets, posters, videos, and digital toolkits, to guide health education on the above topics, and all messaging will align with FNHA and NH public health campaigns (FNHA n.d.d; NH n.d.c). Onsite health promotion activities will reflect FNHA and NH's priorities where appropriate.

2.4 Disease and Infection Prevention and Outbreak Protocols

2.4.1 Introduction

Skeena Resources recognizes that the camp environment can increase the risk of communicable disease transmission due to close living quarters, including shared spaces for hygiene and dining/access to food. Skeena Resources is committed to managing communicable diseases effectively, guided by the NH's *Communicable Disease Management Guide* (NH 2023).

The management of communicable diseases will require collaboration with workers and health authorities, including NH. Skeena Resources will have a Communicable Diseases Control Lead (CDCL) onsite, who will oversee disease prevention and coordinate with NH during outbreaks. The CDCL will have expertise in disease control and outbreak management. CDCL will be supported by a CDMT, and the purpose of CDMT is to coordinate and lead the response efforts in the event of an outbreak. The CDMT will be comprised of key Skeena Resources medical, human resources, and health and safety personnel—each responsible for overseeing specific aspects of communicable disease management. CDCL and CDMT roles are described in Section 3.1, Roles and Responsibilities.

Skeena Resources will develop a detailed CDMP, when the onsite workforce exceeds 80 people, to guide prevention, mitigation, preparedness, response, and recovery from disease outbreaks.

The sections below provide an overview of the sections that will further be developed in the CDMP. Unlike the HMSP, which addresses a broad spectrum of health and medical services matters, the CDMP will focus exclusively on communicable disease management, offering more granular guidance on outbreak scenarios, isolation protocols, and coordination with NH.

2.4.2 Disease and Infection Prevention and Outbreak Protocols Through the Communicable Disease Management Plan

2.4.2.1 Overview

To support effective disease and infection prevention—including the development of outbreak protocols—Skeena Resources will prepare a CDMP that includes the following key sections:

- Project information;
- Roles and Responsibilities;
- Risk Management;
- Promotion and Training;
- Notification and Reporting; and
- Program Monitoring and Continuous Improvement.

Risk management is described in detail below.

2.4.2.2 Risk Management

Effective risk management in communicable disease control follows a four-phase cycle—Prevention and Mitigation, Preparedness, Outbreak Response, and Recovery—based on the Plan-Do-Check-Act framework, guiding hazard identification, risk assessment, and implementation of controls (NH 2023). These phases are described below.

Phase 1: Prevention and Mitigation

Effective implementation of communicable disease management control measures requires planning for both proactive and reactive responses. This section of the CDMP will describe:

- Hierarchy of controls, including elimination, substitution, engineering controls, administrative controls, and personal protective equipment (PPE);
- Hazard identification, including a range of communicable diseases, inclusive of all worker exposure environments, administrative considerations, special considerations for foreign workers;
- Risk assessment, using a risk assessment matrix, or other risk assessment methodology to consider both the potential severity and likelihood of occurrence;
- Communicable disease control practices and procedures for response to cases, clusters, and outbreaks of communicable disease, in accordance with the risk analysis; and
- Resources and supplies that are needed to implement risk mitigations.

Phase 2: Preparedness

This section of the CDMP will describe:

- Surveillance and monitoring, including protocols for the communicable disease symptoms, as well as a list of reportable communicable diseases, which, if observed or suspected, must be reported promptly;
- A response flow chart, which provides information about the response process; and
- Exercises and drills, including the schedule of drills and exercises to be completed and the process for capturing learnings from evaluation.

Phase 3: Response

This section of the CDMP will describe:

- The definitions of the Alert and Outbreak phases, based on the suggested NH criteria;
- The Alert Phase response, which should be implemented when suspected cases have been identified but the criteria for declaring an "outbreak" for an infectious agent has not been met; and
- The Outbreak Phase response, including the proposed Outbreak Phase control strategies that the camp plans to implement.

Phase 4: Recovery

This section of the CDMP will describe the post-outbreak response, including steps to be implemented after an outbreak has ended.

2.5 Collaboration, Communication, and Problem Solving

Skeena Resources is committed to clear and transparent communication with local health authorities to support health and safety at the Project and has established a coordination framework outlining communication triggers and procedures for delivering medical services.

2.5.1 Identification of Communication Pathways

Skeena Resources will collaborate and communicate with NH, the BC Ambulance Service, and, as-needed, workers' home care providers. This collaboration will facilitate information sharing and problem solving, when needed.

2.5.1.1 Communication Pathways and Avenues

Skeena Resources will establish communication pathways between the onsite medical team, NH, and the BC Ambulance Service following NH guidance (NH 2015). These will include:

- The Skeena Resources onsite medical team acting as the primary point of contact for NH personnel, local hospitals, BC Ambulance Service, workers' home care providers, and other emergency response agencies, facilitating communication and coordination of medical-related matters. Specifically, the Critical Care International (CCI) ACP will be the primary point of contact for health authorities and other medical-related matters.
- The onsite medical team will be reachable by phone or e-mail, and their contact information will be provided to the relevant health authorities prior to the start of the Construction phase. Contact information for Skeena Resources' onsite medical team is provided in Table 2.5-1.
- The onsite medical team will encourage workers to use primary care physicians to support the management of chronic health conditions (details are provided in Section 2.5.1.3, Bridging Protocol). The team will also encourage workers to access medical care in their home communities during off-shift periods when they are home.
- The onsite medical team will notify NH and TCG within 24 hours regarding any awareness of any actual or potential cases, clusters, and outbreaks.

- The onsite medical team has developed the *Patient Transfer Procedure*, which outlines protocols for emergencies (see Section 2.5.2.1, Emergency Response), non-emergencies (see Sections 2.5.1.3, Bridging Protocol, and 2.5.2.2, Non-Urgent Transportation) and WorkSafeBC incidents, and will arrange communications schedule between the onsite medical team and other teams following initial engagement on the Project.
- The onsite medical team will review and consider feedback received from the nearby communities and health facilities regarding potential Project-related effects on local health facilities.
- Skeena Resources currently has a mutual aid agreement with nearby Golden Triangle operations which include, Red Chris Mine, Seabridge, KMS Mining and CMH (Coast Mountain Hydro). The Skeena Resources onsite emergency response and medical team participates in monthly meetings with this group, and discusses various health issues, potential outbreaks, and emergency response scenarios.

Table 2.5-1: Contact Information for Health Services

Organization	Contact Details
Skeena Resources Camp Medical Services	Office: (604) 639-0673 E-mail: eskaymedical@skeenagold.com
NH: Regional Communicable Disease Hub	(855) 565-2990
NH: Medical Health Officer on-call	(250) 565-2000 (press 7 for switchboard)
NH: Environmental Health team	E-mail: php@northernhealth.ca
NH: Office of Health and Resource Development	E-mail: resource.development@northernhealth.ca
NH: HEMBC 24/7 line	(855) 554-3622
FNHA	(250) 645-3045
Tahltan Health Department	(250) 235-3805
Iskut Valley Health Services	(250) 234-3511
Ksyen Regional Hospital (Terrace)	Switchboard: (250) 635-2211
Stewart Health Centre	(250) 636-2221
Bulkley Valley District Hospital (Smithers)	(250) 847-2611
BC Ambulance Service	(800) 461-9911 Satellite Phone: (250) 374-5937
Poison Control	(800) 567-8911
Coast Mountain Hydro Medic	(250) 645-7620
Silver King Helicopters	Smithers Base: (250) 877-1989 Cell: (250) 847-1989
Yellowhead Helicopters	Terrace Base: (250) 638-1414 Cell: (250) 631-7999
Mustang Helicopters	Smithers Base: (250) 877-7544 Terrace Base: (250) 636–2275

Notes:

BC = British Columbia; FNHA = First Nations Health Authority; NH = Northern Health; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

2.5.1.2 Communication Schedule

Skeena Resources will maintain scheduled communication with health authorities, including NH, Tahltan Health Department, Iskut Valley Health Services, and FNHA, as well as the BC Ambulance Service. Meetings will be scheduled in accordance with health authorities and BC Ambulance Service guidance to review health-related issues, share information, and coordinate responses.

Responsible for organizing meetings: CCI ACP.

Attendees from Skeena Resources' team: CCI ACP, Skeena Resources Health and Safety Manager.

Engagement will begin prior to the start of Construction. This initial engagement will serve as an introduction and will take the form of an email or a virtual call. The purpose is to: introduce key contacts on both sides, review Skeena Resources' latest construction plan, particularly the workforce ramp-up plan, provide NH with an opportunity to share updates on the health system situation and expectations.

After that, Skeena Resources and the relevant health authorities will meet regularly when reports are issued (external reporting is described in Section 3.3, Reporting), specifically, quarterly during the Construction phase and annually for the first 5 years of Operations. Ad hoc meetings may be scheduled, for example, during an outbreak or when specific topics need to be addressed outside the regular schedule.

Skeena Resources' onsite medical team will work with other teams, including health and safety teams, to hold regular, at least quarterly, meetings for workers focussed on education, prevention, incident analysis, and other topics that support continuous improvement in worker health and safety.

The contact information for relevant health authorities is provided in Table 2.5-1.

2.5.1.3 Bridging Protocol

Out-of-region workers will be encouraged to access healthcare services through their primary residence for non-occupational health concerns. This includes consulting their family physician, filling prescriptions, obtaining laboratory requisitions and referrals, and accessing diagnostic imaging services.

To support this approach and reduce pressure on local healthcare resources, Skeena Resources will communicate the following expectations during worker onboarding:

- Workers are expected to seek non-occupational healthcare through providers in their home communities; and
- Prescriptions should be filled prior to the start of each shift, with sufficient medication brought to cover the full duration of the shift.

If requested by workers, continuity notes will be shared with workers' home care providers after on-site encounters, in adherence to privacy policies.

In case of non-urgent or non-occupational injuries or illnesses that cannot be managed onsite, the worker will consult with onsite medical personnel to determine the most appropriate course of treatment. This may include the following:

- **Call 811**—This is a free provincial health information and advice line in BC. HealthCare Navigators at HealthLink BC help locate services and connect workers with off-camp professionals, including nurses, dietitians, exercise specialists, and pharmacists (HealthLink BC 2025).
- **Contact a virtual clinic**—Workers may also access virtual health services for consultation and treatment (see Table 2.5-2 for details).

Contact details for health service providers that are available for workers can be found in Table 2.5-2.

Table 2.5-2: Contact Information for Health Service Providers

Health Service Provider	Details About the Health Service Provider	Contact Information
811 Hotline	A health service navigator and a HealthLink BC RN are available for consultation. RNs provide non-emergency health advice, assess symptoms, offer health education, and guide callers on whether in-person care is needed.	Phone Number: 811 Nursing services are available 24/7.
FNHA Virtual Doctor of the Day	This is a service open to all First Nations people and their families living in BC.	Phone Number: +1 (855) 344-3800 Appointments can be booked 7 days per week from 8:30 to 4:30 pm. (PST). Clinics are closed for lunch from 12:00 pm to 1:00 pm (PST).
NH Virtual Clinic	The Virtual Clinic focusses on providing timely care for patients in the NH region who do not have a primary care provider, particularly those in rural and remote areas with chronic or complex care needs.	Phone Number: +1 (844) 645-7811 Services are available 10:00 am to 10:00 pm (PST), 7 days a week.
Telus Health Employee Assistance Program	TELUS Health Employee Assistance Program is a 100% employer-paid program providing people with short-term confidential and bilingual mental health and work/life support with relationships, family and parenting, career, and addiction. If long-term, specialized support is needed, counsellors can refer someone to a community resource. Telus Health Virtual Care provides employees and their families on-demand access to 24/7 personalized primary physical and mental health care through encrypted text and video.	Phone Number: 1-866-289-6749

Notes:

24/7 = 24 hours a day, 7 days a week; BC = British Columbia; FNHA = First Nations Health Authority; NH = Northern Health; PST = Pacific Standard Time; RN = registered nurse

% = percent

2.5.2 Patient Information Flow, Trauma Care, and Emergency Response

2.5.2.1 Emergency Response

Skeena Resources has a *Patient Transfer Procedure* for medical cases that cannot be handled onsite. When a patient requires advanced medical care beyond what can be provided onsite, the patient will be transferred to Ksyen Regional Hospital in Terrace, which has been designated as the primary referral

facility for the critically ill, or for trauma patients requiring a higher level of care that exceed the capabilities of onsite medical services.

The BC Ambulance Service facilitates patient transfers within the province, including moving individuals to hospitals or healthcare facilities that offer a higher level of care. The Patient Transfer Network coordinates with both sending and receiving healthcare facilities to assess patient needs and arrange appropriate transfers, while the Patient Transport Coordination Centre manages the logistics, dispatch, and transport—by ground or air—once the transfer is confirmed (BCEHS 2025).

Skeena Resources will coordinate with BC Ambulance Service during medical emergencies that cannot be handled onsite, as outlined in Skeena Resources' *Mine Emergency Response Plan*. Such referrals will be made by the physician. For medical evacuation, in addition to the ambulance vehicle onsite, Skeena Resources will maintain a standing agreement with a helicopter service provider to enable rapid medical evacuation to Ksyen Regional Hospital when needed. The Patient Transfer Protocol, i.e., the process to be followed in case of a medical emergency, is described below and in more detail in MERP and SKE H&S SOP-001 *Patient Transport Procedure*.

Onsite Response

- The onsite medical team and Incident Commander will be notified, and the Crisis Management Leader may also be informed, depending on the nature and severity of the incident.
- The affected worker(s) will stop work immediately, and their work area will be assessed for hazards.
- Other workers in the area who witness the incident will use the appropriate radio frequency and announce, "EMERGENCY, EMERGENCY, EMERGENCY."
- The ACP and the Emergency Response Team will be dispatched, and will respond to the worker(s) based on their conditions.
- In case of emergency, the Emergency Response Team will follow proper procedure to access Provincial emergency response resources, including calling 911 or calling helicopter services companies, depending on emergency.

Patient Transfer

- The onsite medical team will implement a patient transfer protocol outlined in SKE-H&S-SOP-001 *Patient Transfer Procedure*. This will include selecting the appropriate mode of transportation, notifying the receiving hospital and BC Ambulance Service, when required, securing the patient's personal belongings, preparing and transferring medical documentation (including care and first aid records), and arranging accommodations and travel for patients once discharged.
- A patient requiring care will be transported by air (using a helicopter services company) or road (using the BC Ambulance Service or Skeena Resources' ambulance, depending on the patient's condition) to the Ksyen Regional Hospital in Terrace.
- In coordination with the BC Ambulance Service and NH, patients may also be transferred to Stewart Health Centre or Bulkley Valley District Hospital in Smithers.

2.5.2.2 Non-Urgent Transportation

If Skeena Resources' onsite medical team determines that a non-urgent health issue requires further evaluation in the offsite medical facilities, Skeena Resources will provide transportation for the individual to and from a local healthcare facility for follow-up care.

Skeena Resources will arrange transportation for stable non-urgent patients to and from healthcare facilities. When needed, such patients will be accompanied by a first aid attendant.

2.5.3 Hiring Considerations

Skeena Resources prioritizes hiring locally, where feasible. At the same time, Skeena Resources will consider the impact of recruiting medical and health-related roles where hiring could affect the delivery of health services in local communities. Skeena Resources will approach medical staff hiring by taking into account the TCG and NH's expectations and values related to health service delivery and workforce participation, which includes drawing on lessons learned from other industries and projects regarding the hiring process for the medical team onsite.

During the hiring process, Skeena Resources will consider NH's (n.d.d) recommendations regarding industrial medical service providers.

3.0 PLAN IMPLEMENTATION

3.1 Roles and Responsibilities

Skeena Resources has the obligation of meeting commitments and verifying that relevant obligations are made known to mine personnel and site contractors.

This section provides an overview of general management responsibilities to support Project activities for key positions that are involved in the delivery of medical services onsite. Other positions not specifically listed in this section may provide supporting roles, including, for example, Qualified Persons.

All Skeena Resources employees and contractors involved in delivering health medical services will be aware of the requirements of the HMSP.

Table 3.1-1 provides an overview of roles and responsibilities relevant to this Plan.

Table 3.1-1: Eskay Creek Mine Environmental Management Roles and Responsibilities for Key Positions

Position[a]	Roles and Responsibilities
Mine Manager	• Ultimately responsible for the Project as per the *Mines Act* (1996), *Health, Safety, and Reclamation Code for Mines in British Columbia* (EMLI 2024), including oversight of medical services planning and implementation. • Allocates adequate resources and personnel to support the delivery of health and medical services, including emergency preparedness. • Oversees the review and continuous improvement of the HMSP, delegating roles and responsibilities.
Department Managers, e.g., Safety and Construction Managers	• Support implementation of HMSP measures within their area of responsibility to facilitate medical services, first aid, and emergency response activities in alignment with site standards and regulatory requirements. • Integrate HMSP procedures into departmental work plans and coordinate with other departments to deliver health and medical services. • Lead and evaluate medical and emergency drills as-needed and submit audit findings with improvement recommendations to the Mine Manager.
Health and Safety Manager	• Oversees the implementation of the HMSP for alignment with site design, safe access requirements, and timely medical response procedures. • Maintains health-related training records and facilitates delivery of medical orientation and training following guidance of the HMSP. • Coordinates across departments to support site-wide participation in medical services planning and delivery. • Manages internal and external reporting for the HMSP and identifies whether corrective measures are required based on Health and Medical Services Plan Effectiveness Monitoring Framework provided in Section 3.4.

Position[a]	Roles and Responsibilities
CCI—ACP and Skeena Resources Health and Safety Manager	• Provide medical care to workers within their scope of practice; maintain confidentiality of all medical visits and records (except in cases of workplace incidents); and document all visits, referrals, and consents for record transfer to primary care providers. • Follow communication and emergency protocols as outlined in Section 2.5, Collaboration, Communication and Problem Solving, including calling 911 and providing patient information to BC Ambulance Service, and accompany workers to offsite appointments when medically necessary. • Serve as the primary liaison with offsite services. • Plan and attend meetings identified in Section 2.5.1.2. • Support the CDCL and assist in outbreak response. • Support the HMSP reporting by collecting required health indicators.
CCI ACP	• Provides emergency medical care and responds rapidly to health and injury-related incidents. • Supports site health and safety initiatives through medical readiness, health education, and collaboration with occupational health and safety teams.
CCI RN	• Delivers comprehensive nursing care, including assessments, treatments, and health education to support worker wellness. • Collaborates with medical and safety teams to manage health-related incidents, promote preventive care, and maintain clinical documentation.
Occupational First Aid Attendants	• Provide immediate first aid treatment for workplace injuries and illnesses. • Maintain first aid facilities, document incidents, and support health and safety programs and initiatives onsite.
On-Call BC-Licensed Physician	• Provides medical oversight, consultation, and guidance for complex cases, supporting onsite healthcare staff in delivering appropriate care. • Reviews treatment plans, authorizes medical referrals, and facilitates compliance with provincial healthcare guidelines and workplace health protocols.
CDCL	• Oversees the day-to-day community diseases prevention and management practices. • Acts as the single point of contact for routine communication with NH. • Directs the communicable disease management program for the camp, and is responsible for implementing, monitoring, and assessing activities related to the CDMP. Further details on this role will be provided in the CDMP.
CDMT	• Comprised of key Skeena Resources' medical, human resources, and health and safety personnel, each responsible for overseeing specific aspects of communicable disease management. • In case of an outbreak, leads the development and implementation of communicable disease response strategies. • In case of an outbreak, coordinates with NH, monitors outbreaks, and facilitates timely reporting to NH following the outbreak. Further details on this role will be provided in the CDMP.

Position[a]	Roles and Responsibilities
Emergency Response Team, Including an Incident Commander and Crisis Management Leader	• Comprises key Skeena Resources' health and safety, medical, and site overseeing personnel, each responsible for managing specific aspects of emergency response. • Responds promptly to medical emergencies, such as fires, hazardous material incidents, and other site-specific threats, providing initial containment and support until specialized help arrives. • Conducts annual drills, maintains emergency equipment, and collaborates with workers to facilitate preparedness and effective incident management. Further details on this role are provided in the *Mine Emergency Response Plan*.
Senior Regulatory Affairs Manager	• Establishes and oversees processes to monitor compliance with regulatory, permitting, and other organizational commitments.

Notes:

ACP = Advanced Care Paramedic; CCI = Critical Care International; CDCL = Communicable Diseases Control Lead; CDMP = Communicable Disease Management Plan; CDMT = Communicable Disease Management Team; EMLI = Ministry of Energy, Mines and Low Carbon Innovation; HMSP = Health and Medical Services Plan; Project = Eskay Creek Revitalization Project; RN = registered nurse; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

An individual may occupy more than one role depending on the skills, training, and time requirements of the role.

[a] Topics relevant to community health are discussed in the Socio-economic Management Plan, including description of relevant roles and responsibilities.

3.2 Monitoring

The purpose of the HMSP is to outline the onsite health and medical services provided to support a healthy and safe working environment, and to identify measures that would help reduce pressure on local health services from out-of-region workers. Indicators in Table 3.2-1 are identified to facilitate the monitoring of the effectiveness of the HMSP. A consistent approach to monitoring, reporting, and effectiveness review will allow for adaptive management of the of medical services and health-related procedures outlined in this HMSP.

Monitoring will be conducted by the Health and Safety Manager with the support from the onsite medical team. All health-related data will be collected in accordance with privacy and confidentiality protocols as stated in Skeena Resources' *Personal Information Protection Policy* and discussed in Section 1.3.2, Company Policy Requirements, of this HSMP.

Table 3.2-1: Health and Medical Services Plan Effectiveness Monitoring Framework

HMSP Objectives	Skeena Resources Activities	Indicators for the HMSP Effectiveness Monitoring*
Facilitate Well-Being for the Project Workers	• Onsite health programs and services, including non-urgent care, as well as mental and sexual health support (Sections 2.1.8, 2.2, 2.3, and 2.4)	• Number of workers accessing mental, sexual, or non-urgent health care services reported quarterly during construction and annually during operations.
Outline Measures for Addressing Communicable Disease, Disease, and Infection Prevention	• Disease and infection Prevention and Outbreak Protocols, including planned measures for prevention, preparedness, response, and recovery (Section 2.4, Disease and Infection Prevention and Outbreak Protocols)	• Number of communicable disease incidents/outbreaks reported quarterly during construction and annually during operations

HMSP Objectives	Skeena Resources Activities	Indicators for the HMSP Effectiveness Monitoring*
Minimize Strain on Local Healthcare Services	• Onsite management of company policy requirements so that forms such as "sick notes" are handled onsite (Section 1.3.2, Company Policy Requirements) • Adequate medical service team and resources so that minor illnesses and injuries are addressed onsite (Sections 2.2, Onsite Health Programs and Services, and 2.3. Health Promotion, Disease Prevention, and Onsite Wellness Programs)	• Observational information, where provided from NH, on the management of health and medical services pressures • Number of worker presentations to onsite medical facilities, including disaggregated data • Workplace referrals to a doctor or nurse practitioner, including disaggregated data • Number of on-duty Worker visits to hospital, including disaggregated data • Medical consultations handled onsite versus referred externally, including disaggregated data • The mode of transportation to off-site facilities (e.g., Skeena Resources' own ambulance, worker's personal vehicle, Skeena Resources' contracted helicopter, BC EHS ground and air ambulance) Observations will be reported quarterly during construction and annually during operations. Disaggregated data collection will consider the following factors when reporting the indicators: • Urgent vs. non-urgent • Occupational vs. non-occupational • Regional vs. non-regional • Reasons for hospital visits (e.g., laboratory, imaging, emergency room) • Hospitals to which patients are sent

Notes:

HMSP = Health and Medical Services Plan; NH = Northern Health; Project = Eskay Creek Revitalization Project; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

** These observations will be documented. Skeena Resources will review observations and compare them with relevant baseline health information for the indicator, if this data is available (e.g., typical numbers of communicable disease incidence in the local area from BC Centre for Disease Control (BC CDC) data and local public health contacts) to assess whether observations indicate a concerning trend.. Data uncertainty and trend significance will be confirmed based on the feedback from public health officials during external reporting described in Section 3.2.2 of the HMSP.*

3.3 Reporting

Project reports will describe the application and effectiveness of the proposed measures in the HMSP. The goal is to evaluate the effectiveness of these measures on minimizing negative health care service impacts within the designated assessment areas.

3.3.1 Internal Reporting

The Health and Safety Manager, with the support from the onsite medical team, will track indicators outlined in the Table 3.2-1 and prepare summary reports for internal Skeena Resources' analysis—quarterly during the Construction phase and annually during the Operations phase.

These reports will include:

- An analysis of indicators presented in the Table 3.2-1 to identify trends in the HMSP implementation;
- An evaluation of how effective the mitigation measures have been in reducing potential health-related impacts in the assessment areas; and
- Considerations for adaptive management (detailed in Section 3.4, Evaluation and Adaptive Management).

These internal reports and data tracking will also support:

- Identification of recurring health issues or service gaps;
- Evaluation of compliance with health-related procedures;
- Documentation of emergency responses and follow-up; and
- Communication with external authorities such as NH and the BC Ambulance Service.

Onsite medical staff will document and report on the indicators in Table 3.2-1. These reports will include aggregated, anonymized health data and highlight any incidents or trends for review. All records will be stored onsite and at the corporate office for regulator access.

3.3.2 External Reporting

The Health and Safety Manager, with support from the onsite medical team, will produce external health reports quarterly during the Construction phase and annually for the first 5 years of the Operations phase, and supply them to the TCG, NH, and EAO. After the initial 5-year period, reports will be produced if requested by the TCG, or EAO. These reports will include:

- An analysis of key indicators using disaggregated data, specifically:
    - Observational information, where provided from NH, on the management of health and medical services pressures in the region;
    - The number of worker presentations to onsite medical facilities; and
    - Workplace referrals to a doctor or nurse practitioner not provided by Skeena Resources.
- The number of on-duty worker visits to hospital with disaggregated data; and
- Considerations for adaptive management (detailed in Section 3.4, Evaluation and Adaptive Management).

3.4 Evaluation and Adaptive Management

A process of adaptive management evaluates the effectiveness of the HMSP. Adaptive management described in this section will be implemented if monitoring indicates that Project effects are different than those predicted in the EAC Application or that effects are not being mitigated to the extent contemplated in the EAC Application. Per guidance from BC's EAO (Ministry of Environment and Climate Change Strategy [ENV] 2022), adaptive management occurs through six stages: assess, design, implement, monitor, evaluate, and adjust, as described in Table 3.4-1.

Table 3.4-1: Adaptive Management Process for the Health and Medical Services Plan

Adaptive Management Stage	Description of the Stage	Skeena Resources' Actions to Support the Adaptive Management Process
Assess	Define management problem, and identify measurable objectives and key uncertainties.*	Skeena Resources has assessed management problems, specifically the potential increase in demand for healthcare services in nearby communities, and health risks for workers, including outbreaks. Skeena Resources describes aspects of health and medical services for workers in Chapter 1, Project Overview, under Section 1.4, Project Components. Chapter 21, Infrastructure and Services Effects Assessment, has identified that the presence of workers from outside the region may increase the demand on healthcare services in nearby communities. Chapter 20, Human Health Effects Assessment, has identified that disease transmission within the workforce could be enhanced in the close confines of camps.
Design	Design plan(s) to achieve objectives, evaluate outcomes, reduce key uncertainties, and assess results compared to predicted outcomes.	Skeena Resources has developed this HMSP to mitigate potential effects identified in Chapter 21, Infrastructure and Services Effects Assessment, and Chapter 20, Human Health Effects Assessment. This HMSP helps to manage identified adverse effects, evaluate outcomes, reduce key uncertainties, and assess results compared to predicted outcomes.
Implement	Implement management actions, document implementation, and identify deviations from plans.	Sections 2.2 to 2.5, and 3.1, Roles and Responsibilities, of this HMSP describe the resources and procedures in place to deliver health and medical services onsite.
Monitor	Undertake monitoring to verify that implementation followed the plans and to evaluate effectiveness of plans. Assess changes and improvements to outcomes.	Section 3.2, Monitoring, of this HMSP describes the monitoring process, including monitored indicators and targets, and thresholds.
Evaluate	Assess monitoring results against predictions, investigate unexpected outcomes, and identify learnings that will reduce uncertainty in management practices.	Sections 3.3 and 3.4 of this HMSP outline how Skeena Resources assesses monitoring results against predicted outcomes to evaluate the effectiveness of health and medical services.
Adjust	Modify established management practices / the Plan to better achieve objectives based on learnings. Refine monitoring to improve future evaluations.	Skeena Resources will use monitoring data and evaluation findings to update the HMSP during scheduled reviews or in response to health events. Adjustments may include revising protocols, retraining staff, or refining health indicators to support better decision-making.

Source: ENV (2022)

Notes:

ENV = Ministry of Environment and Climate Change Strategy; HMSP / the Plan = Health and Medical Services Plan; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

** Data uncertainty and trend significance will be confirmed based on the feedback public health officials during external reporting described in Section 3.2.2 of the HMSP.*

HMSP monitoring results will be evaluated on an annual basis to assess the effectiveness of health and medical services onsite, and to identify opportunities for improvement. Indicators will be collected and reviewed quarterly during the Construction phase, and annually during the Operations phase. Indicators

will be collected and reviewed as part of the internal monitoring and reporting process (see Section 3.3.1, Internal Reporting).

If a potential adverse effect is identified related to health and medical services capacity (including pressures on local healthcare services or referrals to health authorities), and that effect is directly attributable to Project activities and within the care and control of Skeena Resources, Skeena Resources may identify corrective measures on a case-by-case basis. Corrective measures will depend on the nature of the health-related concern and site-specific circumstances. Table 3.4-2 outlines the process used to identify the need for corrective measures and to evaluate potential options.

Table 3.4-2: Health and Medical Services Plan Effectiveness Monitoring Framework

HMSP Objectives	Indicators for the HMSP Effectiveness Monitoring*	Trigger for Action	Process to Evaluate Potential Corrective Measure
Facilitate Well-Being for the Project Workers	Number of workers accessing mental, sexual, or non-urgent health care services	These observations will be documented and reviewed by Skeena for concerning trends.	These observations will be documented and reviewed by Skeena for concerning trends.
Outline Measures for Addressing Communicable Disease, and Infection Prevention	Number of communicable disease incidents/outbreaks reported	All incidents are subject to review, regardless of severity, in line with Occupational Health and Safety requirements.	Corrective measures will be determined through the investigation process.
Minimize Strain on Local Healthcare Services	Observational information, where provided from NH, on the management of health and medical services pressures	Qualitative comments provided by the local health authority to Skeena Resources noting project-related capacity constraints associated with Eskay Creek.	Skeena Resources will review incidents resulting in referrals to health authorities, identify contributing factors, and determine appropriate corrective actions to reduce the need for medical assistance beyond Project-provided medical services.
	Number of worker presentations to onsite medical facilities, including disaggregated data	These observations will be documented and reviewed by Skeena for concerning trends.	These observations will be documented and reviewed by Skeena for concerning trends.
	Workplace referrals to a doctor or nurse practitioner, including disaggregated data	Qualitative comments provided by the local health authority to Skeena Resources noting project-related capacity constraints associated with Eskay Creek.	Skeena Resources will review incidents resulting in referrals to health authorities, identify contributing factors, and determine appropriate corrective actions to reduce the need for medical assistance beyond Project-provided medical services.

HMSP Objectives	Indicators for the HMSP Effectiveness Monitoring*	Trigger for Action	Process to Evaluate Potential Corrective Measure
	Number of on-duty Worker visits to hospital, including disaggregated data	Qualitative comments provided by the local health authority to Skeena Resources noting project-related capacity constraints associated with Eskay Creek.	Skeena Resources will review incidents resulting in referrals to health authorities, identify contributing factors, and determine appropriate corrective actions to reduce the need for medical assistance beyond Project-provided medical services.
	Medical consultations handled onsite versus referred externally, including disaggregated data	Qualitative comments provided by the local health authority to Skeena Resources noting project-related capacity constraints associated with Eskay Creek.	Skeena Resources will review incidents resulting in referrals to health authorities, identify contributing factors, and determine appropriate corrective actions to reduce the need for medical assistance beyond Project-provided medical services.
	The mode of transportation to off-site facilities (e.g., Skeena Resources' own ambulance, worker's personal vehicle, Skeena Resources' contracted helicopter, BC EHS ground and air ambulance)	Qualitative comments provided by the local health authority to Skeena Resources noting project-related capacity constraints associated with Eskay Creek.	Skeena Resources will review incidents resulting in referrals to health authorities, identify contributing factors, and determine appropriate corrective actions to reduce the need for medical assistance beyond Project-provided medical services.

Notes:

BC EHS = British Columbia Emergency Health Services, HMSP = Health and Medical Services Plan; NH = Northern Health; Project = Eskay Creek Revitalization Project; Skeena Resources = Skeena Resources Limited or Skeena Gold + Silver

The Health and Safety Manager will lead internal and external HMSP reporting and will be responsible for determining whether corrective measures are required, based on the HMSP Effectiveness Monitoring Framework (Table 3.4-2). This process will be documented in internal reports, including identifying and selecting corrective measures, assigning responsibilities and implementation timelines, and tracking actions through to close-out.

Findings from these evaluations will inform changes to health and medical services protocols, staff training, and resource allocation. Health events or trends will be documented and investigated by qualified personnel in collaboration with the site leadership.

4.0 PLAN REVISIONS

Skeena Resources will review this Plan annually during the Construction phase and for the first 5 years of the Operations phase, as well as on an as-needed basis in response to:

- Engagement with relevant health authorities, the TCG, or other stakeholders; and
- Monitoring and effectiveness review results that indicate that revisions are needed to the HMSP.

Completed and revised versions of the HMSP will be submitted to regulators and consulted parties in accordance with EAC Conditions 1 to 4 pertaining to document review, updates, development, and consultation on Plan development and updates.

Per Condition 2.3 of EAC #M26-01, the EAO may require changes if they determine the HMSP is not:

1. Meeting one or more objectives set out in Condition 21 or the purpose and objectives set out in Section 1, Introduction, of the HMSP;
2. Having the effects that have been contemplated or intended as set out in the HMSP; or
3. Consistent with changes in industry best practices or technology.

Plan revisions on material changes will be made in collaboration with the TCG and in consultation with NH. Material changes are defined as those that may impact which mitigation is being implemented for the Project, or how that mitigation would be implemented effectively.

Skeena Resources will provide a written notice to TCG regarding any material changes to the HMSP, as well as a revised version of the HMSP for collaboration. Skeena Resources will collaborate with the TCG to update the Plan with the consideration of the proposed material changes.

When updates are confirmed by the TCG, Skeena Resources will provide a written notice to NH regarding revisions to the HMSP. The written notice will include the draft revised HMSP and an invitation for NH to provide their views on the content of the HMSP. Skeena Resources will provide a month for NH to review the revisions to the HMSP. Comments received from NH will be reviewed by Skeena Resources and response will be provided to NH.

After collaboration and consultation, the new version of the HMSP will be provided to the EAO, TCG, and NH.

Nonmaterial changes will not require consultation or collaboration to be conducted but will be distributed to NH when the HMSP is resubmitted to the TCG and EAO. Nonmaterial changes include spelling and grammatical revisions and clarifications to reduce uncertainty or remove ambiguity.

5.0 AUTHORSHIP / SUBMISSION RECORD

The HMSP was prepared by Qualified Persons. Any revisions or amendments are also required to be prepared by a Qualified Person. Information on the Qualified Persons is provided in this section. The submission of Version 0.1 and major changes to Version 0.1 and subsequent versions of the HMSP will be documented in Table 5-1 below.

Table 5-1: Health and Medical Services Plan Submission and Revisions Record

Date	Revision #	Reason for Revision	Change Summary	Qualified Persons	Regulatory Agencies Submitted To
December 2025	Version 0.1	Submitted for collaboration with the TCG and consultation with NH	N/A	Elena Bokovikova, PhD Sharon Quiring, BASc Nathan Braun, BA, MA	N/A
January 2026	Version 1.0	Submitted to EAO in fulfillment of Condition 21 of EAC #M26-01	N/A	Elena Bokovikova, PhD Sharon Quiring, BASc Nathan Braun, BA, MA	EAO
June 2026	Version 2.0	Revised version submitted to EAO in response to EAO and TCG comments	Revisions include clarification of project-phase implementation, adaptive management and plan revision processes, integration of relevant guidance, CDMP requirements, and health service delivery.	Elena Bokovikova, PhD Sharon Quiring, BASc	EAO
July 2026	Version 3.0	Submitted for collaboration with the TCG and consultation with NH	The HMSP was updated to include the description of the Permanent Camp in line with the Amendment Application approved in on June 26, 2026.	Elena Bokovikova, PhD Sharon Quiring, BASc	N/A
September 2026	Version 4.0	Revised version submitted to EAO in response to EAO review findings, consultation with NH, and collaboration with TCG.	Revisions include updates to align with EAC Amendment, address EAO review findings, and address feedback from TCG and NH	Elena Bokovikova, PhD Sharon Quiring, BASc	N/A

Notes:
N/A = not applicable; NH = Northern Health; TCG = Tahltan Central Government

This HMSP has been prepared and reviewed by the following qualified persons.

Prepared by:



Elena Bokovikova, PhD
Tahltan ERM

Reviewed by:



Sharon Quiring, BASc
Independent consultant

6.0 REFERENCES

Legislation and Regulations

Declaration on the Rights of Indigenous Peoples Act, SBC 2019, c 44.

Environmental Assessment Act, SBC 2018, c 51.

Environmental Management Act, SBC 2003, c 53.

Impact Assessment Act, SC 2019, c 28, s 1.

Mines Act, RSBC 1996, c 293.

Personal Information Protection Act, SBC 2003, c 63.

United Nations Declaration on the Rights of Indigenous Peoples Act, SC 2021, c 14.

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APPENDIX A TABLE OF CONCORDANCE

Appendix A: Table of Concordance

Environmental Assessment Certificate #M26-01

The EAO issued EAC #M26-01to authorize Skeena Resources to construct and operate the Project. The EAC contains a number of Conditions, of which Condition 21 requires the development of this HMSP. In addition, Condition 3 contains requirements that pertain to all management plans developed for the EAC. Table A-1 provides a table of concordance to the EAC requirements for this HMSP.

Table A-1: Environmental Assessment Certificate Concordance Table

Requirement	Location
EAC Conditions	
Condition 3	
3.1 The requirements within this condition apply to all plans or programs (including any updates) required in this Certificate.	Applies to this document under Condition 21
The Holder must ensure that each document includes the following information: a. Purpose and objectives of the document;	Section 1.2
b. Roles and responsibilities of the Holder, Project personnel and any contractors employed for the purposes of implementing the document;	Section 3.1
c. Names and, if applicable, professional certifications and professional stamps, of those responsible for the preparation of the document;	Section 5
d. Schedule for implementing the actions in the document throughout the relevant project phases;	Section 1 (Introduction)
e. How the effectiveness of any mitigation measures will be evaluated including the schedule for evaluating effectiveness;	Section 3.4
f. How the Holder will implement adaptive management to address effects of the Project if the monitoring conducted under subsection 3.3 shows that those effects: i. Are not being mitigated to the extent contemplated in the Application; or ii. Are different than those predicted in the Application.	Section 3.4
g. Schedules and methods for the submission of reporting required under the applicable condition, and the form and content of those reports;	Section 3.3
h. Process and timing for updating the document, including any consultation with parties listed in the condition that would occur in connection with such updates; and	Section 4 Section 1.4
i. Process and timing for updating the document, including a description of any Collaboration undertaken with TCG, as described under Condition 5.	Section 4 Section 1.4
3.3 The Holder must ensure that if a document includes monitoring requirements, the document includes: a. A description of baseline information that will be used to support monitoring of the effectiveness of mitigation; b. The methods, location, frequency, timing, duration and, where required, the calibration and/or auditing requirements of monitoring; and c. The scope, content and frequency of reporting of the monitoring results.	Monitoring not required in Condition 21
3.4 If a party is succeeded by another entity or if the responsibilities of a government agency change, the Holder must consult with the new entity or new responsible government agency.	Acknowledged

Requirement	Location
Condition 21	
21.1 The Holder must retain one or more Qualified Person(s) with a minimum of five years' experience in the planning of health care services for natural resource development projects in rural or remote areas, unless otherwise authorized by the EAO, to develop a plan for health and medical services for the Project workforce. The plan must be developed in Collaboration with TCG and in consultation with Northern Health.	Document has been developed by Elena Bokovikova, PhD, and Sharon Quiring, BASc Section 1.4
21.2 Following development of the plan, the Holder must provide the plan to the EAO for review a minimum of 30 days prior to the planned commencement of Construction, unless otherwise authorized by the EAO.	Submitted in Version 1.0
21.3 The plan must include at least the following: a. Identification of how the guidance from "Health and Medical Services Plan Best Management Guide for Industrial Camps" (Northern Health, March 2015, or as updated or replaced from time to time), "Communicable Disease Management Guide: Best Practices for Industrial Work Settings" (Northern Health, January 2023, or as updated or replaced from time to time), and "Health and Safety During the Opioid Overdose Emergency: Northern Health's Recommendations for Industrial Camps" (Northern Health, August 2018, or as updated or replaced from time to time), "Northern Health Authority Emergency Roles and Responsibilities" (Northern Health September 2022, or as updated or replaced from time to time), and "Expectations of Industrial Medical Services Providers" (Northern Health, as updated or replaced from time to time) has been incorporated into the Health and Medical Services Plan and a rationale for any guidance from these documents not incorporated;	Section 1.3
b. Identification of how guidance and relevant reports from TCG's health department have been considered;	Section 1.3
c. A description of the following: i. A plan for addressing communicable disease, including risk assessment and management, preparedness, disease and infection prevention, and outbreak protocols;	Section 2.4
ii. Provision of on-site health and medical services to meet the workforce's urgent and non-urgent health care needs, including first aid, primary care, mental health support, medical rooms, emergency management at the worksite and on-site medical staff;	Section 2.2 Section 2.3 Section 3.1
iii. The means by which the Holder will minimize impacts to local non-urgent care services including: A. A communication strategy and coordination mechanisms between the Holder and local health care service and emergency service providers on matters including patient care and transfer, data collection and reporting; B. Encouraging workers to seek medical care in their home communities or through Holder-provided medical services; and C. Zero-tolerance policies on substance use, violence and harassment, provision of naloxone kits, medical staff education in overdose recognition and response, and working training and available resources.	 Section 2.5 Section 2.2 Section 1.3 Section 2.2

Requirement	Location
Condition 21 *(cont'd)*	
iv. How health reporting will be produced quarterly during Construction and annually for the first five years of Operations, including: A. Observational information, where provided by Northern Health, on the management of health and medical services pressures in the region with disaggregated data; B. Number of worker visits to site-based or camp-based clinic or aid stations with disaggregated data; C. Project site referrals to a doctor or nurse practitioner not provided by the Holder with disaggregated data; and D. Number of on-duty worker visits to hospitals with disaggregated data.	Section 3.3
21.4 The Holder must implement the plan, and any updates made pursuant to subsection 2.2 or paragraph 3.2(h), throughout all Project phases, under the direction of a Qualified Person retained by the Holder, to the satisfaction of the EAO and TCG.	Acknowledged