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**Protocol for Increased Coordination  
Between the Alberta Energy and Utilities Board  
and Health Agencies in Alberta**

**Final Report**

**Recommendation 34 Steering Committee**

**An initiative of  
the Provincial Advisory Committee on Public Safety and Sour Gas**

**May 2007**

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## Executive Summary

The Protocol for Increased Coordination between the Alberta Energy and Utilities Board (EUB) and Health Agencies in Alberta has its origins in the Public Safety and Sour Gas (PSSG) initiative that began in 2000. Many participants in the PSSG initiative expressed concerns about a lack of coordination among the various agencies involved with sour gas development. In response, the PSSG Advisory Committee put forward the following recommendation:

34. *The EUB increase and improve coordination between itself and Alberta Environment, other involved government departments, and municipality and regional health officials. It should develop a system that provides for their involvement in relevant EUB policy making, and, where applicable, for their early, efficient and effective involvement in the review of applications dealing with sour gas and public health and safety.*

A steering committee to address this recommendation identified a number of processes that were incorporated into a draft protocol intended to achieve three objectives:

1. Implementation of a process to include Alberta Health & Wellness (AHW) regional health authorities (RHAs) and First Nations Inuit Health Branch-Health Canada (FNIHB) in the development of EUB policy and requirements on public safety and health matters relating to the oil and gas industry.
2. Early and effective consultation with appropriate RHAs and FNIHB, as the case may be, by an applicant regarding the development of an emergency response plan (ERP).
3. Establishment of an ongoing dialogue process between RHAs, FNIHB, and the EUB to facilitate communication, understanding and collaboration on local/regional public safety and health issues.

A two-year trial implementation of the protocol was undertaken by a steering committee that included representatives from Alberta Health & Wellness, the David Thompson and Calgary health regions, FNIHB and the EUB.

The steering committee evaluated the protocol after the two-year trial. Overall the two-year trial period concluded that the protocol was successful in achieving the recommendation of the PSSG Advisory Committee.

During the trial implementation, a number of activities were undertaken to achieve two of the three objectives of the protocol. For the first objective, the process to include AHW, RHA's and FNIHB was not evaluated - this process will have AHW serve as a one window contact for consultation with the RHA's and FNIHB. During the trial period there was a shortage of new policy reviews initiated. The EUB remains committed to utilizing AHW to lead the one window approach for involving health officials in future policy reviews.

For the second objective, industry was encouraged to provide ERPs to the health agencies for their input early in the application process. The health agencies also requested notification when

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either the public or the media is going to be informed about an incident. Industry representatives also supported this principle.

As part of the second objective, health officials were invited to participate in ongoing EUB policy initiatives such as:

- a review of the EUB's Directive 71 *Emergency Preparedness and Response Requirements for the Upstream Petroleum Industry*
- an EUB initiative that included a stakeholder workshop on toxic load end-points and EUB H<sub>2</sub>S models

Health officials were also provided with information about the EUB's well spacing initiative and its new compliance assurance initiative.

For the third objective, a number of regional dialogue sessions took place, sometimes including other stakeholders. As well, two workshops were held for public health inspectors on the health effects, standards and regulatory requirements related to H<sub>2</sub>S/SO<sub>2</sub> exposure.

The steering committee recommends that the protocol should be implemented with some clarification. Also the regional dialogue process should be extended to other interested RHAs as well as the continued inclusion of AHW and FNIHB.

Other steering committee recommendations include:

- 1-a) The first objective of the protocol needs to be clarified regarding the use of the formal one-window approach: including:
  - Clarification of the roles of all the participants, e.g., when AHW is responsible for coordination and submission of the health perspective and when regional authorities will be involved directly in local issues with the EUB's Public Safety Group. It is important that there be clarity and understanding around the differences between "policy change" and "local issues management."
  - Early notification from the EUB on proposed policy change that may have health related implications
  - Acknowledgement that gray areas will continue to exist and will need to be addressed on a case by case basis.
- 1-b) Maintain the EUB's Public Safety Group as the central resource and identified contact point within the EUB to liaise with AHW, and the RHAs on local/regional operational issues, and the FNIHB. The EUB Public Safety Group will:
  - advise other EUB groups on processes to be followed with health agencies
  - facilitate RHAs and FNIHB communications with EUB groups on local issues
  - include resourcing for ongoing support of the protocol and related processes
  - be responsible for monitoring and reporting protocol activity across the EUB
- 1-c) All parties, including AHW and the RHAs, need to consider the need for additional resources to meet the objectives of the protocol (resources are defined as whatever is necessary to support the protocol depending on the need)

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- 2-a) Continue to use both the EUB's Public Safety Group, and its Community and Aboriginal Relations (CAR) Section plus other appropriate EUB Branches and initiatives (such as Appropriate Dispute Resolution) to facilitate dialogue processes as a valuable tool for the EUB to engage stakeholders in the development of solutions for a broad range of energy issues.
  
  - 3-a) All parties endorse and develop/document processes described in the health protocol as standard business practices

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## Introduction

The Protocol for Increased Coordination between the Alberta Energy and Utilities Board (EUB) and Health Agencies in Alberta has its origins in the Public Safety and Sour Gas (PSSG) initiative that began in 2000. At that time, the EUB formed an Advisory Committee on Public Safety and Sour Gas to review the regulatory system as it relates to public health and safety. After an extensive outreach program, the PSSG Advisory Committee produced a final report with 87 recommendations. The Committee was of the view that while Alberta already has an extensive and comprehensive oil and gas regulatory and enforcement system, some improvements must be made.

The jurisdiction related to sour gas and public health and public safety in Alberta is complex. The EUB is the principal regulator of oil and gas development; all sour gas facilities must have the approval of the EUB. The EUB also regulates ongoing operations and can revoke approvals or suspend operations to correct deficiencies. The EUB is the lead government agency to ensure that industry responds appropriately to sour gas incidents.

Alberta Health and Wellness (AHW) and the regional health authorities (RHAs) have responsibility for the health of Albertans, including any potential health issues related to sour gas. The Public Health Act requires the Chief Medical Officer of Health, on behalf of the Minister, to monitor the health of Albertans and make recommendations to the Minister and regional health authorities on measures to protect and promote the health of the public and to prevent disease and injury, and shall act as a liaison between Government and regional health authorities. The Regional Health Authorities Act requires RHAs to protect and promote the health of residents in the region. AHW and the RHAs are part of the response team in the event of a sour gas release. Jurisdiction related to sour gas development and public health and safety is even more complex for First Nations. In these situations, several federal departments are involved along with the First Nations, AHW and regional health authorities.

Many participants in the PSSG initiative expressed concerns about the lack of coordination among the various agencies involved with sour gas development. In response, the PSSG Advisory Committee put forward the following recommendation:

34. *The EUB increase and improve coordination between itself and Alberta Environment, other involved government departments, and municipality and regional health officials. It should develop a system that provides for their involvement in relevant EUB policy making, and, where applicable, for their early, efficient and effective involvement in the review of applications dealing with sour gas and public health and safety.*

A steering committee was formed to address this recommendation. The steering committee included representatives from: the EUB, AHW, some of the RHAs that have sour gas development, and First Nations Inuit Health Branch-Health Canada (FNIHB). Following a series of discussions and review of options, the committee identified a number of processes that would meet the intent of PSSG Recommendation 34. These processes were incorporated into a draft protocol.

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The protocol is based on three objectives that were identified by the committee to improve coordination between the EUB and the health agencies in the province. The three objectives are:

1. Implementation of a process for the EUB to include AHW in the development of EUB policy and requirements on public safety and health matters relating to the oil and gas industry. Where appropriate, AHW may include the RHAs and FNIHB.
2. Early and effective consultation with appropriate RHAs and FNIHB, as the case may be, by an applicant regarding the development of an emergency response plan (ERP). Applicants use a provincial template (EUB Directive 71) in conducting this consultation and in developing an appropriate ERP.
3. Establishment of an ongoing dialogue process between RHAs, FNIHB, and the EUB to facilitate communication, understanding and collaboration on local/regional public safety and health issues.

The committee then guided the trial implementation of two of the three objectives within the protocol over a two-year period from 2004-2006. Two health regions were selected to participate in the pilot of the third objective -- the Calgary Health Region (CHR) and the David Thompson Health Region (DTHR). These regions were selected because of the presence of significant sour gas activity and local health and safety concerns.

At the end of the trial implementation, the participants (mainly RHA and EUB staff) were surveyed to determine the effectiveness of the objectives in meeting the intent of the protocol and the two objectives specifically tested. Survey results were positive. Respondents noted that the relationships between their organization and the other parties improved significantly as a result of the trial implementation of the two tested objectives. Before the objective was tested, only 36% rated their relationships as good or very good, while 89% rated their relationships as good or very good since their participation in the trial.

The survey respondents provided positive feedback on involving the RHAs in the test of the two objectives, supporting an overall conclusion that the two-year trial period was successful. A summary of the key anecdotal findings of the survey are as follows:

- Having the protocol is positive and encourages the parties to work better together.
- During the trial period, there was clear support for health agency involvement in local issues.
- The trial period and the resulting dialogue sessions proved to be a major benefit to coordination efforts between the RHAs and the EUB; some positive changes occurred.

This report describes the outcomes of the trial implementation. In addition, the report puts forward recommendations to assist with the implementation of the full protocol on an ongoing basis. (See Executive Summary for the Recommendations.)

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## **Objective 1 - Process for Involving AHW in Policy Development**

### **PROTOCOL**

AHW will serve as the one-window contact for consultation with the RHAs, FNIHB and other government health stakeholders on the development of EUB policy with regard to public health and safety requirements for oil and gas development.

The EUB commits to seek leadership from AHW, who, where appropriate will seek input from RHAs, FNIHB and other government health stakeholders, on the development of EUB policy and public health and safety requirements for oil and gas development. AHW commits to notify and invite the EUB to participate in the development of health policy related to matters that fall under the EUB's jurisdiction.

AHW will report on the range of activities undertaken by the other health stakeholders.

### **ACTIVITIES UNDER OBJECTIVE 1**

During the trial implementation, the one-window approach was not piloted. (However some RHA's were invited to participate in EUB policy initiatives as part of the second objective.)

The following EUB policy initiative is an example of where RHA's and AHW were invited to participate:

- Directive 71 Review – *Emergency Preparedness and Response Requirements for the Upstream Petroleum Industry*

### **PROJECTED OUTCOMES**

While the one-window approach agreed to in the protocol was not tested, the EUB continues to believe the one-window approach will likely improve its efficiency on some issues. The value of this to health agencies has not been tested or evaluated.

Service delivery is the responsibility of the RHAs, thus issues with an operational impact locally are of greater interest to health regions and less to AHW. There may be times when the EUB will directly discuss certain initiatives with the RHAs and AHW. Some issues may fall in a grey area and may need to be looked at case by case.

Over the course of development of the protocol, the EUB, AHW and the RHAs gained a greater appreciation of the EUB's mandate to develop regulations that are supported by the broadest number of Albertans.

Finally, providing opportunities for the AHW-led health sector to be involved in policy-making has resulted in closer working relationships and increased collaboration on public health issues, with growing respect for each other's interests.

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## RECOMMENDATIONS

For ongoing effectiveness, communication will be key and a strategy should be developed to ensure that continuing, appropriate involvement continues. The steering committee puts forward the following recommendations:

- 1-a) The protocol be clarified regarding the use of the formal one-window approach:  
including:
  - Clarification of the roles of all the participants, e.g., when AHW is responsible for coordination and submission of the health perspective and when regional authorities will be involved directly in local issues with the EUB's Public Safety Group. It is important that there be clarity and understanding around the differences between "policy change" and "local issues management."
  - Early notification from the EUB on proposed policy change that may have health related implications
  - Acknowledgement that gray areas will continue to exist and will need to be addressed on a case by case basis
  
- 1-b) Maintain the EUB's Public Safety Group as the central resource and identified contact point within the EUB to liaise with AHW, and the RHAs on local/regional operational issues, and the FNIHB. The EUB Public Safety Group will:
  - advise other EUB groups on processes to be followed with health agencies
  - facilitate RHAs and FNIHB communications with EUB groups on local issues
  - include resourcing for ongoing support of the protocol and related processes
  - be responsible for monitoring and reporting protocol activity across the EUB
  
- 1-c) All parties, including AHW and the RHAs, need to consider the need for additional resources to meet the objectives of the protocol (resources are defined as whatever is necessary to support the protocol depending on the need)

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## **Objective 2 - Involving RHAs in Early and Effective Consultation in the Application Process**

### **PROTOCOL**

Under this objective, the parties committed to ensure that EUB requirements related to the application process, especially the development of emergency response plans, continue to address the interests and needs of the RHAs and FNIHB. The following two EUB directives each contain requirements to notify and consult with health agencies.

*EUB Directive 71: Emergency Preparedness and Response Requirements for the Upstream Petroleum Industry* requires applicants for sour gas wells to prepare and submit for approval a site-specific emergency response plan (ERP). In developing an ERP, an applicant must consult appropriate stakeholders, including local health agencies. In this way, health agencies have the opportunity to identify potential health impacts and work with an applicant to address those impacts. Health authorities also have an important role in helping applicants understand community issues and special needs.

*EUB Directive 56: Energy Development Applications Guide* requires applicants for well, pipeline or facility approval to notify and consult with directly and adversely affected parties, including, in some cases, local health authorities. An applicant is expected to respond to questions and reasonable requests for information before filing an application with the EUB.

### **ACTIVITIES UNDER OBJECTIVE 2**

Through discussion with stakeholders, it was determined that *EUB Directive 56* was satisfactory. However, there was a shared concern among health agencies regarding some inconsistencies with industry's application of *EUB Directive 71*. For example:

- The FNIHB was not always notified by sour gas applicants of ERPs on reserve lands
- In some instances, companies are not consulting with health officials on the development of ERPs
- In some instances, health agencies first learned about a sour gas incident when they heard about it in the media

Industry was invited to participate in discussions with health agencies, AHW and the EUB staff responsible for *Directive 71* with the objective of resolving the concerns. During the discussion facilitated by the protocol team, health officials indicated they wanted to be notified of all Level 1 incidents that involve public or media notification. (Level 1 incidents are classified as 'low' risk; however, immediate control of the hazard can become more complex because of deteriorating conditions.) There is no requirement for multi-agency notification for a Level 1 incident. Based on the discussions there was agreement that it would be appropriate for an RHA to receive a "heads up" of level 1 cases involving the media, or when the public was notified. This would assist the RHA with anticipated phone calls and would augment a collaborative view for the public that involved agencies work together.

### **PROJECTED OUTCOMES**

CAPP's representatives requested a list of emergency phone numbers from the RHAs and FNIHB. With the help of the RHAs and FNIHB, CAPP plans to communicate this information to

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industry. CAPP will also encourage industry operators to call the RHAs and FNIHB for more information.

CAPP wrote a letter to sour gas developers to stress the importance of notifying and consulting with health officials in developing ERPs. As a result of this communication, one group, FNIHB, has been regularly receiving ERPs from industry, where that was not the case prior to the letter.

In addition, the EUB Emergency Planning and Assessment Section has been following up with companies who are not involving RHAs in their ERP development.

## **RECOMMENDATIONS**

The ERP has been identified as the major area of interest for health agencies in EUB applications. A number of ways to enhance health agency involvement have already taken place through the regional dialogue process (see following section). One tangible outcome has been the development of a field manual for public health inspectors to use when dealing with industry, the EUB and the public on oil and gas issues. This manual is expected to be completed by early 2007.

The following recommendation is being put forward to further improve participation:

- 2-a) Continue to use both the EUB's Public Safety Group, and its Community and Aboriginal Relations (CAR) Section plus other appropriate EUB Branches and initiatives (such as Appropriate Dispute Resolution) to facilitate dialogue processes as a valuable tool for the EUB to engage stakeholders in the development of solutions for a broad range of energy issues.

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## Objective 3 - The Establishment of Ongoing and Local/Regional Dialogue

### PROTOCOL – This objective formed the main basis of the two year trial process...

The EUB will implement a local/regional dialogue process as follows:

- The EUB will initiate a series of meetings with representatives from individual RHAs, FNIHB, and AHW.
  - The objective of these meetings is to facilitate the exchange of information on topics related to local oil and gas development and to address regional issues of interest to the parties. The dialogue could cover topics such as communication and contact on day-to-day issues, clarification of roles and responsibilities, and prioritization of issues that need further work. Specific sour gas developments may be a priority topic in some regions, whereas other areas may need information of a more general nature. Examples of the types of information that may be provided by the EUB through the dialogue process are:
    - Statistics on oil and gas activity in a region
    - Notice of upcoming events, such as emergency response planning exercises, industry and EUB open houses
    - Information about specific energy developments

Under the EUB's Public Safety Group, the Community and Aboriginal Relations (CAR) Section is also willing and available to facilitate ongoing communications with health providers. Depending on the issues that arise, the EUB is willing to facilitate meetings between local health authorities and other local stakeholders, such as oil and gas operators and other government agencies. EUB publications could also be used to enhance the effectiveness of the local/regional dialogue process.

### ACTIVITIES UNDER OBJECTIVE 3

During the trial process, dialogue sessions were held throughout 2004-2006 with the David Thompson and Calgary Health Regions. There were nine regional dialogue sessions held over the two-year period. With some exceptions, such as the ongoing discussion regarding changes to *Directive 71*, the dialogue sessions focused on regional issues, as opposed to provincial or 'broad' policy initiatives, individual applications or specific incidents. The following sessions took place:

- David Thompson Health Region – sessions included: introductory, pipelines regulation and sour gas
- Calgary Health Region – sessions included: introductory, emergency response planning/incident response, coalbed methane and associated spacing requirements
- Joint sessions with both the DTHR and CHR to discuss areas of shared interest, such as emergency response planning and incident response, groundwater protection and coalbed methane

Other stakeholders were invited to participate in the trial process, depending on the location or issue. CAPP and SEPAC participated in several sessions with both the DTHR and CHR. The City of Calgary participated in some regional dialogue sessions.

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## PROJECTED OUTCOMES

Significant sharing of information was achieved amongst the participants. For example, DTHR provided regular reports on its community health surveillance studies. The study's objective is to establish indicators that could serve as a health baseline over time.

Although the dialogue process was designed to provide a forum for RHAs and the EUB to improve understanding and share information on regional issues, a finding of the pilot project is that there may be a need to involve other stakeholders, as required.

The following are examples of issues that were identified, discussed, and in some cases, resolved through the regional dialogue discussions:

*Issue:* Inconsistent understanding of EUB requirements and processes, leading to inconsistent opinions/perceptions among health officials about their role and responsibility in responding to incidents and reviewing emergency response plans.

*Response:* A series of presentations on *Directive 71* requirements, addressing the roles and responsibilities of the EUB, health officials and industry for ERP development and review.

*Issue:* The need for further information on: the health effects of sour gas; the sour gas exposure guidelines and factors taken into account in the development of H<sub>2</sub>S guidelines; and the comprehensive regulatory regime that is in place to protect against exposure to sour gas.

*Response:* Presentations on EUB requirements were conducted for health officials. Presentations on health sector roles and responsibilities were shared by the health officials.

Two workshops on the health effects, standards and regulatory requirements related to H<sub>2</sub>S/SO<sub>2</sub> exposure were held in the fall of 2004 -- one in Calgary for health regions Red Deer and south, and one in Edmonton for health regions north of Red Deer. Each workshop was very well attended by a variety of health officials, including public health inspectors. All the presentations received positive evaluations.

*Issue:* DTHR identified the need for a field manual for public health inspectors to use when responding to incidents and complaints from the public about oil and gas development in general (i.e., gas in water wells).

*Response:* Initially this was conceived as a small brochure but it was expanded as additional needs were identified. There is a collaborative effort to develop this manual between EUB, AHW and the health regions. The manual will have sections on the role of health regions in developing and reviewing ERPs as well as background information on the industry, and on community consultation and complaint and incident response, and has been completed.

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*Issue:* Increased calls from the public to health authority staff about coalbed methane (CBM) and its impact on aquifers, or to complain about gas in water wells. This situation created a demand by public health inspectors for more information about CBM development and groundwater protection.

*Response:* EUB staff held two information sessions for staff from the Calgary Health Region to explain the regulatory process for CBM and the Board's role in groundwater protection. As a result, the Calgary Health Region developed an information pamphlet to address public concerns about CBM and water. The pamphlet was reviewed by EUB staff. COMOSH will review the pamphlet with a view to using it in all health regions experiencing CBM development.

*Issue:* Inconsistent understanding among EUB staff on the roles and responsibilities of the RHAs and FNIHB in responding to oil and gas incidents and their overall responsibility for public health.

*Response:* The health agencies made presentations and provided additional information on their roles and responsibilities.

*Issue:* Other communication needs were identified through the regional dialogue process.

*Response:* DTHR helped inform its community partners, including municipalities, school boards and other community agencies, through presentations and dialogue. EUB Field Centre staff presented with DTHR.

Thus, the dialogue sessions resulted in solutions that the stakeholder themselves developed and implemented.

## **EVALUATION**

There were a number of relationships that were created as a result of the dialogue sessions:

- Sour gas developers are now inviting RHA staff to attend and participate in more ERP exercises
- There is increased interaction between EUB Field Centre staff and public health inspectors
- A pattern has evolved whereby members of CAPP's ERP committee and representatives of COMOSH are consulting each other directly and collaborating on local emergency response issues. EUB staff is kept aware of this work, although not directly involved.
- All parties now have a better understanding and appreciation of each others' interests and priorities
- Furthermore, through the dialogue, participants were able to identify contacts in the other organizations, helping smooth communication and enhance efficiency

This aspect of the protocol was also the focus of an evaluation survey that focused on RHA and EUB staff participants in the trial process.

Overall:

- 68% of survey respondents indicated the format of the dialogue sessions was effective
- 75 % indicated that the appropriate stakeholders were invited.

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- 82% believed the sessions were well-planned and facilitated, the materials timely and useful
  - 71% agreed that action items were followed up
  - 68% believed that communication between their organization and other participants improved as a result of the trial dialogue process

### **RECOMMENDATIONS**

The dialogue process was effective and can be used for other regions, as well as other energy development issues, such as the potential impact of CBM on water quality. However, it is important to note that each health region has its own interests and concern about the impact of energy development. In Alberta, oil and gas development has differing regional issues. For example, one health region may be dealing with significant sour gas development, while another may be addressing coalbed methane or oil sands development. That is why the regional dialogue process is so critical. A ‘one size fits all’ approach will not work for every issue.

The following recommendation is being put forward.

- 3-a) All parties endorse and develop/document processes described in the health protocol as standard business practices

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## **Appendix A      Steering Committee Members**

### **Recommendation 34 Steering Committee Members**

Bob Willard, EUB

Christine Macken, EUB

Maggie Carroll, EUB

Jim Benum, EUB

Ken Hunt, EUB

Dr. Wadieh Yacoub, Health Canada – FNIHB

Simon Sihota, Health Canada – FNIHB

Kevin McLeod, AHW

Alex MacKenzie, AHW

Dr. Laura McLeod, DTHR

Dr. Brent Friesen, CHR

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## **Appendix B**

# **Protocol for Increased Coordination Between the EUB, Alberta Health and Wellness, Regional Health Authorities and Health Canada's First Nations and Inuit Health Branch on Public Safety and Health Issues**

## **INTRODUCTION**

Recommendation 34 of the Provincial Advisory Committee on Public Safety & Sour Gas recommended that *the EUB increase and improve coordination between itself and Alberta Environment, other involved government departments, and municipality and regional health officials. It should develop a system that provides for their involvement in relevant EUB policy making, and, where applicable, for their early, efficient, and effective involvement in the review of applications dealing with sour gas and public health and safety.*

A project team composed of representatives from the EUB, Alberta Health and Wellness (AHW), regional health authorities (RHAs) and Health Canada's First Nations and Inuit Health Branch (FNIHB) was established to develop a process to improve coordination on EUB policy and requirements related to public safety and health issues. This protocol is the result of the Project Team's work.

## **OBJECTIVES**

The Protocol has the following three objectives:

1. Implementation of a process to include AHW as the lead, and RHAs, and FNIHB-HC where appropriate, in the development of EUB policy and requirements on public safety and health matters relating to the oil and gas industry.
2. Early and effective consultation of appropriate RHAs and FNIHB-HC, as the case may be, by an applicant regarding the development of an emergency response plan.
3. Establishment of an ongoing dialogue process between RHAs, FNIHB-HC, and EUB Field Centres to facilitate communication, understanding, and collaboration on regional/local public safety and health issues.

## **SCOPE**

### **1 INVOLVEMENT IN DEVELOPMENT OF EUB POLICY AND REQUIREMENTS**

The EUB commits to seek input from AHW who will collaborate with the RHAs, FNIHB-HC, and other government health stakeholders as appropriate in the development of EUB policy and requirements on public safety and health matters related to oil and gas developments. AHW commits to notify and invite the EUB to participate in the development of health policy related to matters within the jurisdiction of the EUB.

AHW will serve as the one-window contact to facilitate consultation with the RHAs and FNIHB-HC, and other government health stakeholders on the development of EUB policy and

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requirements on public health and safety matters relating to the oil and gas industry. AHW will report on the range of views expressed by the other health stakeholders.

## **2 INVOLVEMENT IN THE EUB PROCESSES**

*EUB Directive 71: Emergency Preparedness and Response Requirements for the Upstream Petroleum Industry* requires applicants for sour gas wells to prepare and submit for approval a site-specific emergency response plan (ERP). In developing an ERP, an applicant must consult appropriate stakeholders including local health agencies. Health agencies have the opportunity to identify potential health impacts and work with an applicant to address those impacts. Health authorities also assist the applicant in understanding community issues and special needs.

*EUB Directive 56: Energy Development Applications Directive* requires applicants for well, pipeline or facility approvals to notify and consult with directly and adversely affected parties, including local health authorities as described in the Directive. An applicant is expected to respond to questions and reasonable requests for information before filing an application with the EUB.

The parties commit to ensuring that EUB requirements related to the application process continue to address the interests and needs of RHAs and FNIHB-HC and are continuously improved.

## **3 LOCAL/REGIONAL DIALOGUE PROCESS**

The EUB will implement a regional/local dialogue process as follows:

- The EUB will initiate a series of meetings with representatives from individual RHAs, FNIHB-HC, EUB field centers, and if needed, AHW.
- The objective of these meetings is to facilitate the exchange of information on topics related to local oil and gas development and to address regional issues of interest to the parties. The dialogue could cover topics such as communication and contact on day-to-day issues, clarification of roles and responsibilities, and prioritization of issues that need further work. Specific sour gas developments may be a priority topic in some regions, whereas other areas may need information of a more general nature. Examples of the types of information that may be provided by the EUB through the dialogue processes are:
  - Statistics on oil and gas activity in a region
  - Notice of upcoming events, such as emergency response planning exercises, industry and EUB open houses
  - Information about specific developments

Through the dialogue process the parties may identify issues that warrant a broader policy review. The parties would assist the EUB in understanding the scope of the issue, setting priorities and identifying any alternatives that might be pursued. AHW will be kept informed of, and take the lead in the need for broader policy reviews and will be the lead organization to facilitate gathering of input from the RHAs and other health stakeholders.

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Depending on the issues that arise, the EUB is willing to facilitate meetings between local health authorities and other local stakeholders, such as the oil and gas operators and other government agencies. EUB publications could also be used to enhance the effectiveness of the local/regional dialogue process.

#### **4 PUBLIC HEALTH COMPLAINTS**

The parties agree to develop a coordinated and collaborative process to respond to public complaints about safety and health issues. The parties also believe that such a process would clarify roles and responsibilities for responding to public complaints.

The EUB refers any person who has a health complaint related to oil and gas activity to the appropriate health authority, and cooperates with an RHA in responding to such health complaints by providing information about oil and gas activity, including inspections and incident reports.

#### **5 EVALUATION AND REVIEW PROCESS**

A committee composed of representatives from EUB, AHW, RHAs, and FNIHB-HC will be established and will meet at least annually. However, should changes to the process be identified and agreed to by the parties, such changes could be implemented without waiting for the next annual review.

END