


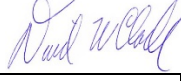
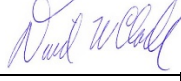


Nalcor Energy
Lower Churchill Project



COVID-19 Screening Questionnaire Standard
LCP-PT-MD-

Comments:	Total # of Pages: (Including Cover): 11
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5	April 20, 2020	Amendments				
			David Clark	Chris Browne / Glen O'Neill		Scott O'Brien
4	March 21, 2020	Amendments				
			David Clark	Chris Browne / Glen O'Neill		Scott O'Brien
3	March 18, 2020	Amendments				
			David Clark	Chris Browne / Glen O'Neill		Scott O'Brien
2	March 17, 2020	Amendments				
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			David Clark	Chris Browne / Glen O'Neill		Scott O'Brien
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Inter-Departmental / Discipline Approval (where required)

Department	Department Manager Approval	Date
Project Manager Muskrat Falls		
	Scott O'Brien	
VP and Project Director Transmission		
	Gerard Dunphy	
Manager, Health & Safety, Security and Emergency Response – Muskrat Falls		
	Chris Browne	
Manager, Health & Safety, Security and Emergency Response – Transmission		
	Glen O'Neill	
Site Manager – Muskrat Falls Generation		
	Dave Healey	
Construction Manager – Muskrat Falls Generation		
	Jeff Reid	

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Amendments to COVID-19 Screening Questionnaire Standard

REVISION 5 AMENDMENTS – Issued April 21, 2020

1. Page 8, paragraph 7.0(i), amended with the amendment underlined below:

“i. All Contractors must require all Personnel scheduled to attend at Site to complete the COVID-19 Screening Questionnaire, a copy of which is attached as **Appendix “A”**, or the on-line screening questionnaire at <http://siteaccess.lcpbenefits.com> a minimum of 48 hours prior to scheduled travel to Site.”

2. Page 8, paragraph 7.0(ii), amended with the amendment underlined below:

“ii. All LCMC Employees or other persons scheduled to attend at Site must completed the COVID-19 Screening Questionnaire, a copy of which is attached a **Appendix “A”**, or the on-line screening questionnaire at <http://siteaccess.lcpbenefits.com> a minimum of 48 hours prior to scheduled travel to Site.”

3. Page 8, paragraph 7.0(iv), amended with the amendment underlined below:

“iv. ~~LCMC Health and Safety Department employees~~ employees must utilize the Decision Tree for Questionnaire COVID-19, a copy of which is attached as **Appendix “B”**.”

4. Page 8, paragraph 7.0(v), amended with the amendment underlined below:

“v. All Contractors must notify, in writing, the LCP Site Access Coordinator the names of Personnel who have been approved and who have not been approved by the Contractor’s Health and Safety Department (or designate) for Site Access in accordance with this Standard. Failure to provide 24 hours’ notice may result in Site Access being denied or delayed.”

5. Page 9, paragraph 7.0(vi), amended with the amendment underlined below:

“~~LCMC Health and Safety Department designated representative~~ designated representative must notify, in writing, the LCMC Site Access Coordinator the names of the LCMC Employees or other persons who have been approved and who have not been approved ~~by the LCMC Health and Safety department~~ for Site Access in accordance with this Standard. Failure to provide 24 hours’ notice may result in Site Access being denied or delayed by LCMC.”

6. Page 9, paragraph 7.0(ix), amended with the amendment underlined below:

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“ix. Should any Contractor Personnel, LCMC Employee, or other persons display any symptoms of, or signs of, a fever such as chills, sweats, muscle aches and lightheadedness), cough, headache, sore throat, runny nose ~~fever, cough, or shortness of breath~~ at the Muskrat Falls Site, this must be reported immediately to the Site Medics, or at all other locations, the LCP Designated Site HSSER Manager or their designate. The affected person must comply with the direction of the Site Medic or, LCP HSSER Manager or their designate as per the Covid-19 incident response specific for that site.”

7. Page 10, Appendix A first paragraph, amended with the amendment underlined below:

“It is important that you read, understand, complete this questionnaire, and submit this questionnaire to your Health and Safety Department or complete the LCP On-Line Screening Questionnaire at <http://siteaccess.lcpbenefits.com>. In addition, by signing/completing this questionnaire, you will agree to the disclosure of the content of this questionnaire to the Lower Churchill Management Corporation (“LCMC”) for the purpose of ensuring compliance with LCMC’s COVID-19 Screening Questionnaire Standard.”

8. Page 10, Appendix A third paragraph, amended with the amendment underlined below:

“For all Site Personnel, other persons approved to be on Site, and approved visitors: PRIOR to commencing travel to Site, and/or attending on Site, this questionnaire, or the LCP On-Line Screening Questionnaire must be completed and the completed questionnaire must be submitted to your Health and Safety ~~Department~~ Manager (or designate) at least 48 hours prior to travel for Site Access approval.”

9. Page 10, Appendix A fourth paragraph, amended with the amendment underlined below:

“For all non-site Personnel (employees, suppliers, consultants, customers) and visitors: PRIOR to your visit to Site, please complete ~~this~~ the questionnaire and submit to your Health and Safety Manager (or designate) for Site access approval, provided travel to Site for non-site workers is permitted.”

10. Page 10, Appendix A sixth paragraph, amended with the amendment underlined below:

“Should you experience any symptoms listed below or have had close contact* with any person experiencing symptoms after completing this questionnaire, you must advise your Health and Safety Manager (or designate) immediately for re-assessment and will not be permitted to attend on Site until the necessary approvals are granted.”

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11. Page 10, Appendix A question 1, amended with the amendment underlined below:

“1. Do you have CURRENT symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and lightheadedness), cough, headache, sore throat, runny nose?”

12. Page 11, Appendix A question 5, amended with the amendment underlined below:

“Have you had close contact* with a person with symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and lightheadedness), cough, headache, sore throat, runny nose or shortness of breath in the past 14 days?”

13. Page 11, Appendix A, question 6 added and reads as follows:

“6. Have you tested positive for COVID-19 or are you awaiting results from COVID-19 testing?***”

14. Page 11, Appendix A, footnote added and reads as follows:

“***Site Access for positive COVID-19 results require a Certificate of Medical Clearance in a form satisfactory to LCMC’s Health and Safety department representative.”

15. Page 11, Appendix A paragraph 1, amended with the amendment underlined below:

“1. That should I experience any symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose ~~fever, cough, or shortness of breath~~ or have been in contact with anyone who have been suspected or confirmed to have COVID-19, or have been in contact with anyone who has symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose ~~fever, cough, or shortness of breath~~ after signing or submitting this Questionnaire, I will advise my employer or my Contractor for which I am attending on Site and will not attend on Site;”

16. Page 11, Appendix A paragraph 3, amended with amendment underlined below:

“3. That should I experience any symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose ~~fever, cough, or shortness of breath~~ while on the Muskrat Falls Hydroelectric Generation Site, I will report these symptoms immediately to the Site Medical Staff and follow the direction of the Site Medical Staff for isolation, to obtain screening and/or treatment;”

17. Page 11, Appendix A paragraph 4, amended with amendment underlined below:

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“4. That should I experience any symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light headedness), cough, headache, sore throat, runny nose ~~fever, cough, or shortness of breath~~ while on any other Site, I will report these symptoms immediately to my Employer’s Health and Safety Manager or Representative and follow the direction of the LCMC Health and Safety Manager or their designate for isolation, to obtain screening and/or treatment;

18. Page 12, Appendix A paragraph 6, amended with amendment underlined below:

“6. Consent ~~To~~ the disclosure of the confidential information contained in this COVID-19 Screening Questionnaire to a this Questionnaire to an LCMC Health and Safety Representative of my employer or designate for the purpose of assessing whether or not I have COVID-19 symptoms, and disclosure to an LCMC Health and Safety Representative for the purposes of confirming if there has been compliance with this COVID-19 Screening Questionnaire Standard.”

19. Page 13, Appendix B, removal of “This guidance document may be updated periodically as the situation evolves” at the top of the page.

20. Page 13, Appendix B first paragraph, amended with amendment underlined below:

“This Decision Tree tool is to be used by ~~Safety Department~~ LCP Site Access Coordinator (or designate) when granting access to any returning employee to Site.”

21. Page 13, Appendix B second triangle from the top on the right, amended with amendment underlined below:

“Have you had any symptoms of fever, (or signs of fever), cough, headache, sore throat, runny nose ~~cough, shortness of breath~~ within the past 14 days?

22. Page 13, Appendix B second paragraph from the bottom, amended with amendment underlined below:

“Have you been in contact with anyone who have been suspected or confirmed with COVID-19 or anyone who has symptoms of fever, (or signs of fever), cough, headache, sore throat, runny nose within ~~cough, or shortness of breath~~ the past 14 days?

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1.0 PURPOSE

Lower Churchill Management Corporation’s (“LCMC”) top priority is health and safety. We take collective pride in our commitment to ensuring employees, contactors, and visitors go home safely each and every day. LCMC is committed to providing a safe and healthy work environment in the event of a pandemic through proper planning and preparedness measures for the prevention and control of exposure to pathogens including COVID-19.

2.0 SCOPE

LCMC has the right to control access to all LCP sites. As such, LCMC may, at its absolute discretion grant or deny access to any LCP site in accordance with the Worker Site Access Standard. This Standard applies to all LCMC consultants, employees, contractors and subcontractors including their respective employees, suppliers, customers, or visitors.

3.0 DEFINITIONS

Contractor – Any Contractor engaged by LCMC, or its affiliates, including Subcontractors and suppliers to carry out work at the Site.

LCMC Employees – All Employees employed by LCMC and consultants engaged by LCMC to work at any of the Site, either through third-party agencies or consultants hired or contracted by LCMC directly. This includes, but is not limited to, full time, part time, casual, term, intermittent, or occasional employees and seconded employees who are either directly employed by or under assignment to LCMC.

LCP Site Access Coordinator – A person designated by LCMC, responsible for issuing, denying, or revoking Site Access.

Personnel – LCMC Employees, Contractors and Subcontractors including their respective employees, suppliers, customers, consultants and visitors at Site.

Site – LCP Generation Construction Site at Muskrat Falls and any other Site designated by LCMC as restricted and requiring proper authorization to access.

Site Access – Obtaining Site access as per the Worker Site Access document authorizing Site Access to various sites.

Standard – A document capturing an acknowledged measure of comparison for qualitative value; a criterion.

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4.0 ABBREVIATIONS AND ACRONYMS

HSSER Health, Safety, Security and Emergency Response

LCP Lower Churchill Project

LCMC Lower Churchill Management Corporation

5.0 SITE RESPONSIBILITIES

LCP Site Manager – is responsible for the operation of this Standard for Site.

LCP Site HSSER Manager – is responsible for providing assistance to the Site Manager for management of this Standard for Site.

LCP Site Access Coordinator – is responsible for issuing or revoking of Site Access, working under the direction of the Site Manager and/or HSSER Site Manager.

6.0 REFERENCES

LCP-PT-MD-0000-HS-SD-0003-1 – Worker Site Access Standard

7.0 SITE ACCESS APPROVAL AND REVOCATION

LCMC requires the following:

- i. All Contractors must require all Personnel scheduled to attend at Site to complete the COVID-19 Screening Questionnaire, a copy of which is attached as **Appendix “A”**, or the on-line screening questionnaire at <http://siteaccess.lcpbenefits.com> a minimum of 48 hours prior to scheduled travel to Site.
- ii. All LCMC Employees or other persons scheduled to attend at Site must complete the COVID-19 Screening Questionnaire, a copy of which is attached as **Appendix “A”**, or the on-line screening questionnaire at <http://siteaccess.lcpbenefits.com> a minimum of 48 hours prior to scheduled travel to Site.
- iii. All Contractors must utilize the Decision Tree for Questionnaire COVID-19, a copy of which is attached as **Appendix “B”**.
- iv. LCMC employees must utilize the Decision Tree for Questionnaire COVID-19, a copy of which is attached as **Appendix “B”**.
- v. All Contractors must notify, in writing, the LCP Site Access Coordinator the names of Personnel who have been approved and who have not been approved by the Contractor’s Health and Safety Department (or designate) for Site Access

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in accordance with this Standard. Failure to provide 24 hours' notice may result in Site Access being denied or delayed.

- vi. LCMC designated representative must notify, in writing, the LCMC Site Access Coordinator the names of the LCMC Employees or other persons who have been approved and who have not been approved for Site Access in accordance with this Standard. Failure to provide 24 hours' notice may result in Site Access being denied or delayed by LCMC.
- vii. All Contractors must inform Personnel scheduled to attend on Site that LCP may be conducting additional reasonable screening for COVID-19 which may include, but is not limited to, taking an employee's temperature, which additional screening may result in Site Access being denied, delayed, or revoked by LCMC.
- viii. All LCMC Employees or other persons attending on Site may be required to submit to additional reasonable screening for COVID-19 which may include, but is not limited to, taking a person's temperature which additional screening may result in Site Access being denied, delayed, or revoked by LCMC.
- ix. Should any Contractor Personnel, LCMC Employee, or other persons display any symptoms of, or signs of a fever such as chills, sweats, muscle aches and lightheadedness),cough, headache, sore throat, runny nose at the Muskrat Falls Site, this must be reported immediately to the Site Medics, or at all other locations, the LCP Designated Site HSSER Manager or their designate. The affected person must comply with the direction of the Site Medic or, LCP HSSER Manager or their designate as per the Covid-19 incident response specific for that site.

8.0 COMPLIANCE AUDIT

Contactors agree that if requested, in writing by an LCMC Health and Safety Representative, to provide copies of any or all COVID-19 Screening Questionnaires completed by Contractor Personnel for the purposes of ensuring compliance with this Standard, and for the health and safety of all Personnel on Site.

9.0 AMEND OR REVOCATION OF STANDARD

LCMC reserves the right to amend or revoke this Standard, a portion of this Standard, or Appendix to this Standard at any time.

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APPENDIX A
COVID-19 Screening Questionnaire

Name: _____
Contractor's Name: _____
LCMC Employee's Department and Manager's Name: _____
Date Questionnaire Completed: _____

It is important that you read, understand, complete this questionnaire, and submit this questionnaire to your Health and Safety Department or complete the LCP On-Line Screening Questionnaire at <http://siteaccess.lcpbenefits.com>. In addition, by signing/completing this questionnaire, you will agree to the disclosure of the content of this questionnaire to the Lower Churchill Management Corporation ("LCMC") for the purpose of ensuring compliance with LCMC's COVID-19 Screening Questionnaire Standard.

With the growing concern of COVID-19, Lower Churchill Project ("LCP") is taking the necessary precautions to prevent, or limit exposure to COVID-19 and to ensure appropriate health and safety measures are taken at Muskrat Falls Hydroelectric Generating Site, Soldiers Pond Site, or any other designated LCP site (collectively referred to as "Site").

For all Site Personnel, other persons approved to be on Site, and approved visitors: **PRIOR** to commencing travel to Site, and/or attending on Site, this questionnaire, or the LCP On-Line Screening Questionnaire must be completed and the completed questionnaire must be submitted to your Health and Safety Manager (or designate) at least 48 hours prior to travel for Site Access approval.

For all non-site Personnel (employees, suppliers, consultants, customers) and visitors: **PRIOR** to your visit to Site, please complete the questionnaire and submit to your Health and Safety Manager (or designate) for Site access approval, provided travel to Site for non-site workers is permitted.

Completion of this questionnaire is voluntary. However, if not completed, you WILL NOT be permitted access to the Site. Additionally, LCP reserves the right to refuse access to Site.

Should you experience any symptoms listed below or have had close contact* with any person experiencing symptoms after completing this questionnaire, you must advise your Health and Safety Manager (or designate) immediately for re-assessment and will not be permitted to attend on Site until the necessary approvals are granted.

All responses to this questionnaire shall be treated confidential and shall only be disclosed to individuals as permitted by law.

We thank you for your cooperation in responding to the questions below.

QUESTION	Yes	No
1. Do you have CURRENT symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose?		
2. Have you traveled anywhere outside of Newfoundland and Labrador in the past 14 days?		

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3. Have you had close contact* with a person who has confirmed or probable case of COVID-19 in the past 14 days?		
4. Have you had close contact* with a person who has recently traveled outside of Newfoundland and Labrador AND has been sick or ill in the past 14 days?		
5. Have you had close contact* with a person with symptoms of fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose?		
6. Have you tested positive for COVID-19 or are you awaiting results from COVID-19 testing?*		

Note: If you have answered “yes” to any of the 6 questions above, you are not permitted to enter any LCP worksites.

**Close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment OR who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious OR had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.*

***Site Access for positive COVID-19 results require a Certificate of Medical Clearance in a form satisfactory to LCMC’s Health and Safety department representative.*

By signing this Questionnaire, or by completing and submitting this Questionnaire electronically, I agree to the following:

1. That should I experience any symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness),cough, headache, sore throat, runny nose, or have been in contact with anyone who have been suspected or confirmed to have COVID-19, or have been in contact with anyone who has symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness),cough, headache, sore throat, runny nose after signing or submitting this Questionnaire, I will advise my employer or my Contractor for which I am attending on Site and will not attend on Site;
2. To submit to any reasonable, additional screening for COVID-19 required by LCMC which may include, but not be limited to, taking my temperature, which additional screening may result in my Site Access being denied, delayed, or revoked by LCMC;
3. That should I experience any symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose while on the Muskrat Falls Hydroelectric Generation Site, I will report these symptoms immediately to the Site Medical Staff and follow the direction of the Site Medical Staff for isolation, to obtain screening and/or treatment;
4. That should I experience any symptoms of Fever (or signs of a fever such as chills, sweats, muscle aches and light-headedness), cough, headache, sore throat, runny nose while on any other Site, I will report these symptoms immediately to my Employer’s Health and Safety Manager or Representative and follow the direction of the LCMC Health and Safety Manager or their designate for isolation, to obtain screening and/or treatment;
5. That the answers to the six (6) questions above are true; and

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6. **Consent to the disclosure of the confidential information contained in this COVID-19 Screening Questionnaire to a Health and Safety Representative of my employer for the purpose of assessing whether or not I have COVID-19 symptoms, and disclosure to an LCMC Health and Safety Representative for the purposes of confirming if there has been compliance with this COVID-19 Screening Questionnaire Standard.**

Employee's Signature or Electronic Acknowledgment and Agreement

Health and Safety Manager Approval

Approval Date

APPENDIX B

Decision Tree for Questionnaire COVID-19

This Decision Tree tool is to be used by LCP Site Access Coordinator (or designate) when granting access to any returning employee to Site.

