



APHL Position Statement

Newborn Screening Contingency Planning

A. Statement of Position

The Association of Public Health Laboratories (APHL) recommends that all state newborn screening (NBS) systems maintain and update a Continuity of Operations Plan (COOP) that ensures minimal or no interruption of services.

B. Implementation

1. APHL will provide assistance in the development of continuity plans and encourage these plans are operational and included in the overall state emergency plan.
2. APHL will coordinate with other agencies such as the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), Office of the Assistant Secretary for Preparedness and Response (ASPR), as well as the state Emergency Management Assistance Compact (EMAC) coordinators and other state-specific stakeholders to assure awareness and understanding of the importance of Newborn Screening COOPs.
3. APHL will serve as a coordinator/facilitator during a disaster or other event that threatens to interrupt operations of NBS systems.
4. APHL will provide resources (such as filter paper cards) to state NBS programs in the event of a public health emergency in order to assure continuity of newborn screening.
5. APHL will collect and share program COOP materials from all member state NBS programs.

C. Background/Data Supporting Position

Screening newborns for the detection of certain congenital or heritable disorders is a public health responsibility. Effective laboratory testing of

newborns using dried blood spot specimens collected at birth as well as point-of-care screening, combined with follow-up diagnostic studies and treatment, helps prevent intellectual disability, other serious health consequences and premature death. The continuity of NBS services is critical for public health and a comprehensive plan is necessary to ensure continuity of services during a natural or man-made disaster as well as during any event that interrupts services.²

The Newborn Screening Saves Lives Act of 2008 and Reauthorization Act of 2014 directed the development and revision of a national newborn screening contingency plan. This plan defines nine strategic objectives that should be achieved to support comprehensive newborn screening at all times.

Each state program should have a written COOP¹ that addresses how each aspect of the newborn screening system should respond and continue after a disruption. A COOP for a newborn screening system should include two broad components: 1) a comprehensive, pre-identified list of all core testing, support activities (including reporting), and supplies that must be maintained if the program or other stakeholders experience a partial or complete operational disruption; 2) a prearranged plan of action to ensure that all core activities are continued without delay.

Each newborn screening program should develop and maintain specific Standard Operating Procedures (SOPs) that detail how each strategic objective is to be met, inclusive of roles and responsibilities and timelines. The SOPs and COOP should be reviewed and exercised or updated on a regular basis to ensure they reflect the current

environment of the state newborn screening system.

Critical components that a NBS COOP should address include:

- Pre-analytic issues such as education of families and providers, provision of blood collection supplies, collection of blood specimens from newborns delivered during the event or scenario, and transport of specimens to the screening laboratory.
- Analytic issues including conducting point-of-care testing (i.e., hearing and critical congenital heart disease screening), loss of an entire testing facility and interruptions in delivery of testing materials, basic system supports (e.g., water and electricity), and communications.
- Post-analytic issues including reporting screening results to displaced health care providers, locating displaced patients who did not receive screening or need follow-up diagnostic studies and treatment, as well as appropriate medical management including access to diagnostic test facilities and necessary treatments (e.g., pharmaceuticals, formulas, etc.).
- The length of time (consecutive days) that the program may remain non-operational prior to seeking assistance for continuity of operations from another NBS program. A back-up plan/ action steps should be in place and ready for implementation if or when the pre-determined length of time is exceeded.
- Assessment of the ability of personnel to report to work (e.g., access to transportation, distance from work facilities) and the determination of the minimum number of and key personnel that are needed to maintain pre-analytic, analytic and post-analytic activities.

The Department of Health and Human Services' CONPLAN, as well as the 13 Articles of EMAC² are available as guides to aid State programs in formulating their individualized COOP³.

Establishment of a memorandum of understanding with another state NBS program may also be helpful for states to consider when developing their individual COOP.

D. References

1. Newborn Screening Preparedness/Contingency Planning Framework, APHL, 2004
2. Public Law 104-321, October 1996. "Granting the consent of Congress to the Emergency Management Assistance Compact." <https://www.congress.gov/104/plaws/publ321/PLAW-104publ321.pdf>
3. Newborn Screening Contingency Plan (CONPLAN), Department of Health and Human Services, August 2010. "National Environmental Public Health Tracking Program" Centers for Disease Control and Prevention. <http://www.cdc.gov/nceh/tracking/>

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