This document contains editable versions of the tables, checklists and other resources from the Association of Public Health Laboratories’ (APHL’s) [2025 guide on Newborn Screening (NBS) Hospital Continuity of Operations Planning (COOP)](https://www.newsteps.org/sites/default/files/resources/download/NBS-Hospital-COOP-Guide.pdf). Please refer to that document for information on how to correctly utilize these resources.

Newborn Screening Continuity of Operations Planning Hospital Resources

August 2025

**www.aphl.org**


# COOP Development

Table 1: COOP Change Log

Document any modifications to the COOP document with the changes made, when the change was made, specific section(s) that were changed, and any relevant notes as to why the changes were made so that the most updated version is available, and the version history is documented.

|  |  |  |  |
| --- | --- | --- | --- |
| Changes Made By | Date | Section(s) Changed | Notes |
| *John Smith* | *January 1, 2025* | *Communications Procedures* | *New technology/process (Platform Name) added at facility.* |
| *Jane Baker* | *February 1, 2025* | *Sample Intake* | *New courier service.* |
|  |  |  |  |

Table 2: NBS Program Contacts List

|  |  |  |  |
| --- | --- | --- | --- |
| NBS Program Contact (Hospital) | Phone | Email | Notes |
| NBS Laboratory | Name | XXX.XXX.XXXX | name@lab.gov |  |
| NBS Follow-up Program | Name | XXX.XXX.XXXX | name@lab.gov |  |
|  |  |  |  |  |

Table 3. Essential Emergency Functions

|  |  |  |  |
| --- | --- | --- | --- |
| Time Frame | Essential Function | Key Position | Alternate |
| 1 day | DBS Collection:* Infants 24–48 hours of age.[[1]](#footnote-1)
* Infants < 24 hours of age if going to be transfused, transferred or discharged.
 | Charge nurse | Designated trained staff |
| 1 day | CCHD Screening:* Infants > 24 hours of age.
* Infants < 24 hours of age if going to be transferred or discharged.
 | Charge nurse | Designated trained staff |
| 1 day | Hearing Screening:* Infants > 12 hours of age.
* Infants < 12 hours of age if going to be transferred or discharged.

Confirm contact information of parents and primary care provider (PCP) to get screening before 30 days of life. | Charge nurse | Designated trained staff |
| 1 day | Patient Tracking (physical documentation in case of network failure/IT breach): Documentation in medical record to be transferred with infant or communicated on discharge paperwork given to parents. | Charge nurse | Designated trained staff |
| 1 day | Specimen Packaging and Shipping: Communicate and coordinate with designated NBS lab for transport of specimens and confirmation of receipt of each NBS screening sample. |   | Designated trained staff |
| 1 day | Result Reporting: Communicate results or need for screening for CCHD and hearing screening to laboratory and follow-up staff. |  |  |
| 1 day – 1 week | Follow-up:* Ensure all infants are screened and reported; if missed, communicate with parents, PCP and NBS laboratory and follow-up staff.
* Obtain results from NBS laboratory.
* Ensure the family is notified of any results requiring follow-up.
 | Charge nurse | Designated trained staff |
| Ongoing | Communication with staff, hospital administration, families, providers and NBS personnel. | Nurse manager/ director | Charge nurse or designated trained staff |

# COOP Activation: Phases of COOP Activation and Maintenance

Table 4: Initial Alert Notification List of Primary Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Phone | Email | Time of Notification |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Table 5: Communication Inventory

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Brand/Model # | Location | Frequency |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Table 6: Example Vital Systems and Equipment List

*Edit to match hospital specific information:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Systems and Equipment | Description | Location | Responsible Staff Member / Vendor | Recovery Point Objective | Unique Risk | Maintenance | Recommendations for Additional Protection (if necessary) |
| *Computers* | *Desktop computers (quantity)* | *Hospital departments, workstations* | *Director of nursing, nurse manager, equipment vendor* | *1 day* | *Unavailable during power outage.* | *As needed* | *Utilize generator power for computers that must be up and running in medical departments 24/7* |
| *Paper documentation forms, parent education materials* | *Paper forms for all necessary charting* | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *1 day* | *Outdated, omitted sections.* | *As needed* | *Consistently update forms for latest version* |
| *DBS collection cards* | *State provided* | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *1 day* | *Expire, supply depleted* | *Monthly* | * *Consistently check stock supply for expiration dates and count available*
* *Maintain adequate supply for three months of births*
 |
| *DBS collection materials* | *Disinfectant swabs, cotton balls/gauze, band aids/coban lancets, heel warmers* | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *1 day* | *Expire, supply depleted* | *Monthly* | * *Consistently check stock supply for expiration dates and count available*
* *Maintain adequate supply for three months of births*
 |
| *Pulse oximetry device*  |  | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *1 day* | *Batteries expire* | *As needed* | *Maintain battery supply.* |
| *Pulse oximetry sensor (reusable or disposable* |  | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *1 day* | *Supply depleted* | *As needed* | * *Consistently check stock supply for expiration dates and count available*
* *Maintain adequate supply for one week of births.*
 |
| *Hearing screening equipment* |  | *Hospital departments, workstations* | *Nurse manager, charge nurse* | *30 days* | *Unavailable during power outage* | *As needed* | *Utilize generator power if available.* |
| *Transport materials for DBS cards* | *Envelopes, boxes, Courier labels, Lab labels* | *Hospital departments, workstations* | *Nurse manager, charge Nurse* | *1 day* | *Outdated, stock depleted* | *Monthly* | * *Consistently check designated stock for updated versions and count*
* *Maintain adequate supply for three months of births.*
 |

Table 7: Example List of Essential Functions to be Maintained

|  |
| --- |
| Essential Functions |
| * *DBS Collection*
* *CCHD Screening*
* *Hearing Screening*
* *Patient Tracking*
* *Specimen Packaging and Shipping*
* *Results Reporting*
* *Parent Education*
 |

Table 8: Example Resource Requirements List

|  |  |  |  |
| --- | --- | --- | --- |
| Vital File, Record, or Database | Form of Record (electronic or hardcopy) | Date of Last Vital Record Update | Storage Location(s) |
| Patient records | Electronic and hardcopy | Documented | Online system, unit, medical records department |
|  |  |  |  |
|  |  |  |  |

Table 9: Communications Requirements List

|  |  |  |  |
| --- | --- | --- | --- |
| Voice | Radio | Data | Video |
| * Telephone
* Cell phone
 | 800 MHz Radio | WebEOC (if available) | Television broadcast |
|  |  |  |  |
|  |  |  |  |

Table 10: Example Activation and Termination Chart

|  |  |  |
| --- | --- | --- |
| Triggering Conditions | Notification Method | Termination |
| **Hospital is destroyed** |  Phone, email, memorandum | Hospital is rebuilt |
| **Hospital loses 40% or more staff in one or more critical areas** |  Phone, email, memorandum | Hospital staff numbers are restored |
| **Hospital is deemed inoperable except for emergencies** |  Phone, email, memorandum | Hospital is back to full working capacity |

Table 11: Checklist for Supplies to Keep on Hand for COOP

All necessary supplies need to be verified *[monthly*]. Verify quantity and expiration date. Replenish if necessary.

Month: Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supply | Expiration Date | Date Checked | Replaced Y/N | Checked by |
| **Lancets** |  |  |  |  |
| **Disinfectant Swabs** |  |  |  |  |
| **Cotton balls/gauze** |  |  |  |  |
| **Band-Aids/Coban** |  |  |  |  |
| **NBS Dried Bloodspot Cards**  |  |  |  |  |
| **Heel Warmers** |  |  |  |  |
| **SpO2 Sensor** |  |  |  |  |
| **Documentation Forms and Parent Education Materials** |  |  |  |  |
| **Batteries** |  |  |  |  |
| **Pulse oximetry Device** |  |  |  |  |
| **Hearing Screening Equipment** |  |  |  |  |
| **Transport Materials (e.g., *Envelopes, box, lab labels, courier labels)*** |  |  |  |  |

Table 12: NBS Activities Performed Documentation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name | DBSCompleted, documented and prepared for transport; document when shipped and received by the state lab. | CCHD Screening Completed, documented and reported to NBS Program. | Hearing ScreeningCompleted, documented and reported to NBS Program. | Parent Education Completed. | Follow-upInformation obtained and documented (demographics, primary care physician after discharge, contact information for family). | Date Results Received | Date Results Reported |
| Name |[ ] [ ] [ ] [ ] [ ]  MM/DD/YY | MM/DD/YY |
| Name |[ ] [ ] [ ] [ ] [ ]  MM/DD/YY | MM/DD/YY |
| Name |[ ] [ ] [ ] [ ] [ ]  MM/DD/YY | MM/DD/YY |

1. CLSI. Dried Blood Spot Specimen Collection for Newborn Screening. 7th ed. CLSI standard NBS01. Clinical and Laboratory Standards Institute; 2021. [↑](#footnote-ref-1)