

## Continuity of Operations Plan (COOP) Questionnaire

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Form Approved

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Many public health laboratories (PHL) have recently experienced situations with the potential to disrupt testing services including the COVID-19 pandemic, natural disasters, or laboratory interruption of service events. A continuity of operations plan (COOP) allows for the development of approaches and processes if and when such an event occurs. The Laboratory Capacity Team within CDC's Division of Tuberculosis Elimination Laboratory Branch would like to gain information on disruptions to PHL tuberculosis (TB) testing services over the past three years and the availability of COOPs with the inclusion of TB/mycobacteriology.

Please complete the survey below. Thank you!

CDC estimates the average public reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Select **all** events that **your state/local public health laboratory (PHL)** has been impacted by in the past 3 years (events specific to interruptions in TB testing will be listed later in the questionnaire).

\* must provide value

COVID-19 Pandemic

Natural disaster (floods, hurricanes, earthquakes, tornadoes, etc.)

Interruption of service event (facility/equipment malfunction or economic issues including sequestration)

Other

Please describe this event.

\* must provide value

Power Failure

Did your PHL have a continuity of operations plan (COOP) in place **before the natural disaster** that established policy and guidance to continue essential functions of the PHL?

\* must provide value

Yes

No

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Did the COOP specifically include TB/mycobacteria testing services in case of a **natural disaster**?

\* must provide value

Yes

No

reset

Did your PHL **revise** their COOP **after the natural disaster**?

\* must provide value

Yes

No

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Did your PHL have a continuity of operations plan (COOP) in place **before this other event** that established policy and guidance to continue essential functions of the PHL?

\* must provide value

Yes

No

reset

Did your PHL **develop** a COOP **after this other event**?

\* must provide value

Yes

No

reset

Does the COOP now specifically include TB/mycobacteria services in case of this **other event**?

\* must provide value

Yes

No

reset

Does your PHL COOP identify **responsible persons** to oversee essential functions of each laboratory section/department in case of an emergency event?

\* must provide value

Yes

No

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Please select the **type of event(s) that interrupted in-house**

**TB/mycobacteriology testing** for greater than 48 hours in the last 3 years. Select all that apply.

\* must provide value

- COVID-19 Pandemic
- Flooding
- Tornadoes/Windstorms
- Hurricanes
- Winter/Ice Storms
- Fires
- Earthquakes
- Facility issues (e.g., flooding due to frozen pipes or pipe breaks, shutdown)
- Equipment failure/maintenance (e.g., biological safety cabinet, MGIT, Xpert, negative pressure, BSL-3 cleaning/maintenance)
- Other
- No interruptions occurred

Please describe this **other** event.

\* must provide value

Power Failure

For how long were your TB testing services impacted by **flooding**?

\* must provide value

Less than 72 hours

More than one week

More than two weeks

More than one month

More than six months

More than one year

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Was the PHL COOP activated for the TB/mycobacteriology laboratory due to the **flooding**?

\* must provide value

Yes

No

There was no COOP in place for this event

reset

For how long were your TB testing services impacted by **other events**?

\* must provide value

Less than 72 hours

More than one week

More than two weeks

More than one month

More than six months

More than one year

reset

Was the PHL COOP activated for the TB/mycobacteriology laboratory due to this **other event**?

\* must provide value

Yes

No

There was no COOP in place for this event

reset

Does the PHL COOP identify an organization that has the facilities to perform TB services (referral testing) in case of emergency events?

\* must provide value

Yes

No

reset

What type of laboratory is the referral organization?

\* must provide value

PHL

Academic

Commercial

reset

Is there a formal Memo of Understanding (MOU) or Memo of Agreement (MOA) in place as part of the COOP or is the agreement informal?

\* must provide value

There is a formal agreement

There is an informal agreement

reset

How often is the PHL COOP TB/mycobacteriology section of the COOP reviewed?

\* must provide value

Every six months

Once a year

Not certain

Not routinely reviewed

reset

Please provide the name of the state/local  
PHL you are affiliated with.

\* must provide value

**Thank you for completing the survey. Upon submission, you will receive  
an email confirmation with a copy of your responses.**

**Submit**