IMPLEMENTING RULES AND REGULATIONS (IRR) FOR ORDINANCE NO. 09-080

MANDATING THE CITY WIDE IMPLEMENTATION OF THE NEWBORN SCREENING PROGRAM IN THE DIFFERENT BARANGAYS IN MUNTIINLUPA, APPROPRIATING FUNDS THEREFORE AND CREATING THE LOCAL NEWBORN SCREENING COMMITTEE.

The following Rules and Regulations are hereby promulgated to implement the Ordinance No. 09-080, “An ordinance promulgating the implementation of the Newborn Screening Program in the City of Muntinlupa;

RULE I
APPLICATION

SECTION 1. Purpose. These Implementing Rules and Regulations (IRR) shall provide all concerned offices and facilities with guidelines for the implementation of a comprehensive Newborn Screening system to ensure that every baby born in the City of Muntinlupa is given the opportunity to undergo Newborn Screening and ensure continuous provision of Newborn Screening in designated local facilities.

SECTION 2. Definition of Terms – for the purposes of this Ordinance:

a) DOH – refers to the Department of Health.

b) Follow-up – refers to the monitoring of a newborn with a heritable condition for the purpose of ensuring that the newborn patient receives the appropriate medicine or dietary prescriptions.

c) Health Institution – refer to hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetric and pediatric services, whether public or private.

d) Health Care Practitioner – refers to Physicians, nurses, midwives, nursing aides and traditional birth attendants.

e) Heritable Condition – any condition that can result in mental retardation, physical deformity or death if left undetected and untreated and which is usually inherited from the genes of either or both biological parents of the newborn.

f) IRR – refers to Implementing Rules and Regulations.

g) LGU – refers to Local Government Code

h) National Comprehensive Newborn Screening System – Treatment Network – refers to the tertiary hospitals equipped to diagnose and manage confirmed cases.
i) NIHP – refers to the National Institutes of Health, Philippines.

j) Newborn – a child from the time of delivery to thirty (30) days old.

k) Newborn Screening (NBS) – the process of collecting a few drops of blood from the newborn onto an appropriate collection card and performing biochemical testing for determining if the newborn has a heritable condition.

l) Newborn Screening Center – a facility equipped with a newborn screening laboratory that complies with the standards established by the NIHP and provides all required laboratory tests and recall/follow-up programs for newborns with heritable conditions.

m) Newborn Screening Reference Center – central facility at the NIHP that defines testing and follow up protocols, maintains an external laboratory proficiency testing program, oversees the national testing database and case registries, assists in training activities in all aspects of the NBS program and oversees the content of educational materials.

n) Newborn Screening Collection Kit – materials needed in collecting NBS samples namely, filter collection card, lancet, NBS information materials etc. that can be procured at the NSC.

o) Parent Education – the various means of providing parents or legal guardians information about NBS.

p) PHIC – refers to the Philippine Health Insurance Corporation.

q) Recall – a procedure for allocating a newborn with a positive screening results from a possible heritable condition, for purposes of providing that newborn that appropriate laboratory testing to confirm the diagnosis and as appropriate, to provide treatment.

r) Treatment – provision of prompt, appropriate and adequate medicine, medical and surgical management or dietary prescription to a newborn for purposes of treating or mitigating the adverse health consequences of a heritable condition.

s) UP – refers to the University of the Philippines.

RULE II

NEWBORN SCREENING SYSTEM

SECTION 3. Newborn Screening shall include but not limited to the following:

a) Education of relevant stakeholders;
b) Collection, transport, biochemical screening, and reporting on result of blood samples taken from the Newborns;

c) Tracking and confirmatory testing to ensure the accuracy of the results;

d) Clinical evaluation and biochemical/medical confirmation of follow-up test results;

e) Administration of drugs and/or medical/surgical management and/or dietary supplementation to counter adverse effects of the heritable conditions; and

f) Monitoring and evaluation of the NBS System.

SECTION 4. Obligation to inform. Any health practitioner who delivers, or assists in the delivery, of a newborn in Muntinlupa shall, prior to delivery, inform parents or when unavailable of the legal guardian of the newborn of the availability, nature and benefits of NBS. Appropriate information materials shall be made available and shall have a system of distribution. The health practitioner shall maintain documentation in the patient’s records that NBS information has been provided.

SECTION 5. Performance of NBS – NBS shall be performed after twenty-four (24) hours of life ideally on the forty-eight (48) to the seventy (70) seconds hour of life. A newborn placed in intensive care to ensure survival may be exempted from this but should be tested by seven (7) days of age.

a) Compliance to NBS shall be the joint responsibility of the parents/legal guardians and health practitioner or other person delivering the newborn to ensure that NBS is performed;

b) Health practitioner shall fully inform their patient’s parents or legal guardians about the availability, nature and benefits of NBS;

c) Collection of Newborn Screening blood samples may be performed by any trained health worker such as physicians, medical technologists, nurses and midwives;

d) NBS specimen shall be properly transported to the accredited NSC by courier or any other fast and timely mode of transport within twenty-four (24) hours following the collection of the sample;

e) NBS laboratory testing shall be performed by DOH-accredited NSCs’

SECTION 6. Recall. A newborn with a positive result shall be located and recalled for the confirmatory testing as soon as possible.
a) A newborn identified as high risk (positive, screening result) for a heritable disorder shall be recalled immediately to confirm the diagnosis. The City Health Office shall be involved in the recall process;

b) Every LGU health facility shall designate a person or office responsible for the recall of the newborn;

c) The attending health practitioner shall assist the participating health facility in locating and recalling the patient;

d) Once located, the newborn with confirmed diagnosis shall be referred for treatment and management to a physician or a medical specialist such as but not limited to: neonatologist, pediatric endocrinologist. Prompt management of newborn with positive screen is essential to prevent the debilitating consequences or death of the newborn;

e) Once contracted, the parents with the assistance of the city, shall have the primary responsibility to ensure that the newborn receive appropriate confirmatory testing as soon as possible.

SECTION 7. Referral Management of Positive Cases. a) Management of patient with confirmed diagnosis shall be referred to the National Comprehensive Newborn Screening System Treatment Network.

SECTION 8. Monitoring of patients. Monitoring and follow up of patients confirmed to have the disorder shall be done regularly by the attending physician or appropriate sub-specialist from their respective health centers.

Report forms about the status of the patients shall be accomplished by the attending physicians to be submitted to the NSCs.

SECTION 9. Refusal to be tested. A patient or legal guardian may refuse testing on the grounds of religious beliefs, but shall acknowledge in writing their understanding that refusal for testing places their newborn at risk for mental retardation or death of diagnosed heritable conditions. A copy of this refusal documentation shall be made part of the newborn’s medical record.

SECTION 10. Continuing Education, Re-education and Training of Health Personnel. To ensure awareness of all health personnel, the City Health Office shall:

a) Conduct continuing information, education, re-education and training programs for health personnel on the rationale, benefits and procedures of NBS;
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b) Disseminate available information materials on NBS to all health personnel involved in maternal and pediatric care;

c) Integrate information in existing programs for the city medical professionals.

RULE III
IMPLEMENTATION

SECTION 11. Lead Agency. The Muntinlupa City Health Office shall be the lead agency for implementing the Newborn Screening System at the local level, with the following responsibilities:

a) Ensure that NBS is integrated in the current health care delivery system;

b) Develop capabilities of health workers;

c) Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall and follow-up are provided in its facilities;

d) Establish coordination and networking among concerned agencies in NBS implementation, particularly in the prompt recall of positive cases;

e) Monitor and evaluate the Newborn Screening implementation in the City;

f) Explore/encourage creative financial packages to make NBS accessible particularly among the economically deprived populace;

g) Perform other roles and responsibilities as deemed necessary for the implementation of this Resolution.

SECTION 12. Health Facilities, i.e. Lying-in Center and Health Centers, shall:

a) Integrate NBS in its delivery of health services;

b) Serve as collecting health facility for NBS;

c) Coordinate with the Newborn Screening Center;

d) Ensure that adequate and sustained NBS services such as information, education, communication, screening, recall and management of identified cases are being provide in the hospital;
e) Establish an NBS Team that will be responsible for the following: collection of samples, sending of samples to the accredited NSC, prompt recall of positive patients, referral and management of patients;

f) Establish an appropriate financial system that will ensure effective and efficient collection of the Newborn Screening fee for program sustainability;

g) Conduct orientation and/or training of hospital staff on NBS;

h) Monitor and evaluate the implementation of NBS within the institution:

i) Define creative financial packages to make NBS accessible particularly among the economically deprived populace.

SECTION 13. City Treasury shall:

a) Ensure the payment for ordered Newborn Screening kits are paid within forty-five (45) days from the time of order to prevent holding of succeeding purchase orders;

b) Ensure that the local health facility has a continuous supply of Newborn Screening kits by facilitating timely procurement and payment to the Newborn Screening Center;

c) Allow processing of purchase order and payment before previous order has been consumed in order to prevent gaps in the provision of Newborn Screening services;

d) Monitor the use of the funds appropriated for the Newborn Screening Program.

LOCAL NEWBORN SCREENING COMMITTEE

SECTION 14. Functions. The Local Newborn Screening Committee, composed of the City Mayor, the Chairman Committee on Health and Sanitation, the City Health Officer, the Newborn Screening Medical Coordinator and Two Newborn Screening Midwives, shall have the following functions:

a) Develop and review policies, standards, and guidelines on Newborn Screening implementation at the local level;

b) Develop and review strategies and tools that will ensure effective and efficient implementation of the program;
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c) Ensure continuous and sustainable city-wide implementation of the program through the full utilization of efforts and resources of involved offices and personnel;

d) To provide advice on the city-wide implementation of Newborn Screening services;

e) Monitor and evaluate the implementation of the program;

f) Recommend corrective measures as deemed necessary.

SECTION 15. Newborn Screening Fees.

a) Expenses for the NBS tests shall be the responsibility of the parents/legal guardian of the newborn;

b) The health facilities may collect a reasonable fee for the collection of samples, which shall not be greater than the maximum allowable fee service fee prescribed by the DOH and the Newborn Screening Center;

c) The funds to be collected for NBS shall be properly receipted and shall go to the General Funds of the city to ensure sustainability and continuity of program implementation.

d) Parents/guardians who desire to avail of the service shall observe the following guidelines:

1) Register with the health facility the baby to be newborn screened.

2) Pay the Newborn Screening fee to the staff designated to collect the NBS fee.

3) Present the Newborn Screening fee receipt to the staff on duty.

4) The staff conducts Newborn Screening on the baby.

SECTION 16. NBS Specimen Collection kits.

a) All accredited local Newborn Screening Facilities shall have NBS Collection kits at all times.

b) The Newborn Screening kit to be used for the implementation of the Newborn Screening Program shall be procured at the designated Newborn Screening Center.
RULE VI
FINAL PROVISIONS

SECTION 17. All other ordinances, resolutions and pertinent rules and regulations which are inconsistent with the provisions of this ordinance and IRR are hereby repealed, amended or modified accordingly.

SECTION 18. Effectivity – This Implementing Rules and Regulations (IRR) shall take effect upon its approval.

ADOPTED by the 6th Sangguni ng Panglungsod this 12th day of November 2012 on its 98th Regular Session.

CONCURRED:

DISTRICT I
COUN. ATTY. RAUL R. CORRO
Member

COUN. MARGARITAAMYTHYSTPATDU-LABIOS, MD
Member

COUN. BAL NIETE
Member

COUN. RINGS A. TEVES
Member

DISTRICT II
COUN. ALLEN F. AMPAYA
Member

COUN. DAN HUBERT A. SARLIS
Member

COUN. ROBERT A. ABAS
Member

COUN. ENGR. NEPTALI S. SANTIAGO
Member

COUN. JOSELITO V. AREVALO
Member
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COUN. ROBERT P. BAES
Member

COUN. ELMER S. ESPELETA
Member

COUN. RAFAEL T. SEVILLA
Member

COUN. VERGEL C. ULANDAY
Member

COUN. ADORADO P. SAN PEDRO
Sectoral Representative
President, Association of Barangay Captain

ABSENT:

COUN. ATTY. PATRICIO L. BONGAYAO, JR.
Member

COUN. ALEXANDER B. DIAZ
Member

COUN. EULOGIO DS DIOKO, II
Sectoral Representative
President, Federation of Sangguniang Kabataan

I HEREBY CERTIFY, as to the correctness of the Implementing Rules and Regulations.

CECILIA C. LAZARTE
Sanggunian Secretary

Attested:

COUN. LUYI P. CONSTANTINO
Acting Presiding Officer

Approved:

ALDRING P. SAN PEDRO
Date: NOV 15 2015

M.C.