## **AGENT-SPECIFIC DATA & SAFETY PLAN**

## **BIOLOGICAL AGENT(S):** PHYSICAL PROPERTIES: MORPHOLOGY (PARTICLE/GENOME) STRAINS/VARIANTS (DESCRIBE) **CATEGORY** ☐ Bacteria ☐ Virus ☐ Fungi ☐ Others AGENT RISK FACTORS: RISK GROUP LEVEL ☐ RG-1 ☐ RG-2 ☐ RG-3 **HOST RANGE** ☐ Humans ☐ Animals ☐ Plants ☐ Others **INFECTIOUS DOSE INCUBATION PERIOD** ☐ Mucosal ☐ Inhalation ☐ Ingestion ☐ Parenteral membranes (droplet/aerosol) inoculation or **NATURAL MODES OF** animal bite **TRANSMISSION ENVIRONMENTAL** ☐ Hours ☐ Weeks ☐ Months ☐ Days STABILITY **REGIONAL PREVALENCE** ☐ Indigenous ☐ Emerging ☐ Exotic **SYMPTOMS** UNTREATED ☐ Mild ☐ Moderate ☐ Severe ☐ Lethal **DISEASE SEVERITY TREATED** ☐ Mild ☐ Moderate ☐ Severe ☐ Lethal Surveillance **Prophylaxis** Vaccines Treatments **TREATMENT OPTIONS**

☐ Commercial

☐ Collaborator

Developed by: Justin Roth Drafted Date: 05/03/2016 Revised Date: 04/18/2024

**OBTAINED FROM** 

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☐ Others

Procedural Risk Factors:					
ANIMAL MODELS -METHOD OF EXPOSURE	AEROSOL- PRODUCING	SHAF	RPS USED	AGENT	
-PRODUCTIVE INFECTION?	PROCEDURES			VOLUME/CONCENTRATION	
<ul> <li>Aerosol generation proced</li> </ul>	ures (Centrifugation, Sonication,	Vortexing, H	iah pressure syste	ems. etc): All the manipulations	
	dures (Centrifugation, Sonication, Vortexing, High pressure systems, etc.,): All the manipulations biosafety cabinet at designated biosafety level. Wear Appropriate PPE when handling infectious				
Handling sharps (Needles, S	Scalpels, Blades, Broken glass et	c.,): <i>Use safet</i>	y syringes, gloves	, sharp discard and No recapping	
of syringes ➤ Handling centrifuge: Use sa		-rings. While h	nandling infectious	agents, always load and unload	
samples in centrifuge rotors in  Potential for animal bite: Us		b coat/gown a	and sleeves.		
Transporting the microbial		host, within l	JAB or Outside l		
transport garacter	aptor reanoport and employed	Diologica		oodioty manual o	
CULTURE/PROPAGATION					
METHODS					
DESCRIBE OTHER					
PROCEDURES THAT MAY POSE A RISK					
FOSE A MON					
GENETIC MODIFICATIONS					
(DOES THE MODIFICATION (S)					
ALTER ANY RISK FACTORS?)					
CONTAINMENT REQUIRE	EMENTS:				
LAB BIOSAFETY LEVEL	☐ BSL-1		BSL-2	☐ BSL-3	
ANIMAL FACILITIES	☐ ABSL-1		ABSL-2	☐ ABSL-3	
ABSL1-3 ADDITIONAL	LI ADOL-1	— —	ABSL-Z	LI ADOL-3	
ADDITIONAL CONSIDERATIONS					
(SPECIAL PRACTICES, SAFETY EQUIPMENT, AND FACILITY					
SAFEGUARDS NEEDED					
PPE REQUIRED					
POSTED SIGNAGE					
	NAME:				
	* List of Disinfectants registered with EPA. Refer: <u>EPA Disinfectants</u>				
District Auto	* Disinfectants not registered with EPA must have a validated disinfection				
DISINFECTANTS &	protocol.  DISINFECTANTS				
INACTIVATION	(Working Concentration; She Contact Time)	elf Life and	METHO	D OF INACTIVATION	

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SAFETY PLANS AND TRAINING:				
Required OH&S Safety Courses:				
Investigator or Lab Provided Training:				

- > Laboratory Safety Plan: Laboratory Safety Plan should describe procedures, equipment, personal protective equipment and work practices that protect laboratory personnel from the health hazards caused by microbial agent used in the laboratory.
- > Agent-Specific Safety and Data Plan: Investigators should incorporate agent specific safety and data plan for each microbial agent into their overall Laboratory Safety Plans.

Laboratory safety plan and Agent specific safety plan must be made available and reviewed by all people working with microbial agents. Lab personnel must read and understand all the characteristics, laboratory associated risk with microbial agent and containment requirements.

**Training:** Investigators must take required training courses to fulfill regulatory requirements prior to handling of microbial agent in the laboratory. Courses are available at <u>UAB Campus Learning System</u>.

Refer EH&S training matrix: <u>Training Matrix.</u>

Hands-on agent specific training is the responsibility of PI/Lab manager

EXPOSURE AND INCIDENT RESPONSE PROCEDURES:					
MUCOSAL MEMBRANES	Flush eyes, mouth or nose at eyewash station for 15 minutes				
DERMAL	wash area with soap and water for 15 minutes				
SYMPTOMS					
INCUBATION PERIOD					
MEDICAL RESPONSE	Treatment for Exposures: SEE CURRENT FLOWCHART	LIFE THREATENING INJURIES  • Campus phone : dial 911  • Outside line: 934-3535  TO SEEK MEDICAL ATTENTION AFTER HOURS  • Report to the UAB Emergency Department			
SPILL RESPONSE	Small Spills: Notify others working in the lab (post sign at entrance). Allow aerosols to settle. Don appropriate PPE. Cover area of the spill with paper towels and apply an EPA approved disinfectant, working from the perimeter towards the center. Allow appropriate contact time before disposal and cleanup of spill materials. Report incident to Biosafety representative at biosafety@uab.edu				
REPORTING	Large Spills: For assistance, contact Biosafety via EH&S On-Call (205) 917-4766.  1. Whether or not you're seeking medical attention, ALL incidents are reported to the lab supervisor.  Supervisor Name:  Emergency contact number:  2. Supervisors report ALL incidents to UAB BSO at biosafety@uab.edu  3. Supervisors should also report all injuries/exposures requiring medical treatment to HR  PLEASE SEE INSTRUCTIONS AND FORMS FOR ON-THE-JOB-INJURY  FOR MEDICAL CLAIM COVERAGE, YOU MUST FILL OUT:  An OJI Application for Benefits form, 2) A RELEASE OF INFORMATION FORM, 3.) The Trend tracker Incident Report  ***An incident/accident must be reported verbally by the employee to the employee's supervisor as soon as possible but no later than two calendar days following the incident/accident or following the onset of the illness or disease. Your failure to report an incident within two working days may jeopardize your OntheJob Injury Program benefits.				

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Additional References:	
BMBL 6 <sup>™</sup> EDITION	Biosafety in Microbiological and Biomedical Laboratories (BMBL) 6th Edition
CANADIAN MSDS	Pathogen Safety Data Sheets
CDC	https://www.cdc.gov
ABSA	https://my.absa.org/Riskgroups

SAFETY TRAINING DOCUMENTATION:					
BY SIGNING BELOW, I VERIFY THAT I HAVE COMPLETED AND UNDERSTAND ALL OF THE SAFETY TRAINING REQUIRED FOR THE PROCEDURES AND WORK WITH THE AGENT LISTED ABOVE					
NAME	SIGNATURE	DATE			

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