

AGENT-SPECIFIC DATA & SAFETY PLAN

BIOLOGICAL AGENT(S): _____

PHYSICAL PROPERTIES:

MORPHOLOGY (PARTICLE/GENOME)	
STRAINS/VARIANTS (DESCRIBE)	

AGENT RISK FACTORS:

RISK GROUP LEVEL	<input type="checkbox"/> RG-1	<input type="checkbox"/> RG-2	<input type="checkbox"/> RG-3
HOST/VECTOR RANGE			
INFECTIOUS DOSE			
MEDICAL OPTIONS	<u>Prophylaxis</u>	<u>Vaccines</u>	<u>Treatments</u>
SEVERITY OF DISEASE	UNTREATED:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate
	TREATED:	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate
NATURAL MODES OF TRANSMISSION			
POTENTIAL LABORATORY EXPOSURE ROUTES:	<input type="checkbox"/> Mucosal membranes	<input type="checkbox"/> Parenteral inoculation or animal bite	<input type="checkbox"/> Inhalation (droplet/aerosol)
SOURCE OF EXPOSURE:			
ENVIRONMENTAL STABILITY	<input type="checkbox"/> Hours	<input type="checkbox"/> Days	<input type="checkbox"/> Weeks
GENETIC MODIFICATIONS (DOES THE MODIFICATION (S) ALTER ANY RISK FACTORS?)			
REGIONAL PREVALENCE	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Emerging	<input type="checkbox"/> Exotic

PROCEDURAL RISK FACTORS:

ANIMAL MODELS -METHOD OF EXPOSURE -PRODUCTIVE INFECTION?	AEROSOL-PRODUCING PROCEDURES	SHARPS USED	AGENT VOLUME/CONCENTRATION
CULTURE/PROPAGATION METHODS			

DESCRIBE OTHER PROCEDURES THAT MAY POSE A RISK			
CONTAINMENT REQUIREMENTS:			
	BIOSAFETY LEVEL	ADDITIONAL CONSIDERATIONS (SPECIAL PRACTICES, SAFETY EQUIPMENT, AND FACILITY SAFEGUARDS NEEDED)	
LAB BSL1-3			
ANIMAL FACILITIES ABSL1-3			
POSTED SIGNAGE			
PPE REQUIRED			
DISINFECTANTS & INACTIVATION	DISINFECTANTS (CONTACT TIME):	METHOD OF INACTIVATION	
REQUIRED SAFETY TRAINING	Required OH&S Safety Courses: * Training Matrix and Decision Tree: http://www.uab.edu/ohs/training *Classes are on The UAB Learning System: http://www.uab.edu/learningsystem	Investigator or Lab Provided Training:	

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: <u>SEE CURRENT FLOWCHART</u>	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 Large Spills: For assistance, contact Biosafety via EH&S On-Call (205) 917-4766.	
REPORTING	1. Whether or not you're seeking medical attention, ALL incidents are reported to the lab supervisor. Supervisor Name: Emergency contact number:	

	<p>2. Supervisors report ALL incidents to UAB BSO at biosafety@uab.edu</p> <p>3. Supervisors should also report all injuries/exposures requiring medical treatment to HR</p> <p style="text-align: center;">PLEASE SEE INSTRUCTIONS AND FORMS FOR ON-THE-JOB-INJURY</p> <p>FOR MEDICAL CLAIM COVERAGE, YOU MUST FILL OUT:</p> <p>1) An OJI Application for Benefits form, 2) A RELEASE OF INFORMATION FORM, 3.) The Trend tracker Incident Report</p> <p>***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 On--the--Job Injury Program benefits.</p>
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ADDITIONAL REFERENCES:

BMBL 6 TH 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