

AGENT-SPECIFIC DATA & SAFETY PLAN

BIOLOGICAL AGENT(S): _____

PHYSICAL PROPERTIES:

MORPHOLOGY (PARTICLE/GENOME)				
STRAINS/VARIANTS (DESCRIBE)				
CATEGORY	<input type="checkbox"/> Bacteria	<input type="checkbox"/> Virus	<input type="checkbox"/> Fungi	<input type="checkbox"/> Others

AGENT RISK FACTORS:

RISK GROUP LEVEL		<input type="checkbox"/> RG-1	<input type="checkbox"/> RG-2	<input type="checkbox"/> RG-3	
HOST RANGE		<input type="checkbox"/> Humans	<input type="checkbox"/> Animals	<input type="checkbox"/> Plants	<input type="checkbox"/> Others
INFECTIOUS DOSE					
INCUBATION PERIOD					
NATURAL MODES OF TRANSMISSION		<input type="checkbox"/> Mucosal membranes	<input type="checkbox"/> Inhalation (droplet/aerosol)	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Parenteral inoculation or animal bite
ENVIRONMENTAL STABILITY		<input type="checkbox"/> Hours	<input type="checkbox"/> Days	<input type="checkbox"/> Weeks	<input type="checkbox"/> Months
REGIONAL PREVALENCE		<input type="checkbox"/> Indigenous	<input type="checkbox"/> Emerging	<input type="checkbox"/> Exotic	
SYMPTOMS					
DISEASE SEVERITY	UNTREATED	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Lethal
	TREATED	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Lethal
TREATMENT OPTIONS		<u>Prophylaxis</u>	<u>Vaccines</u>	<u>Treatments</u>	<u>Surveillance</u>
OBTAINED FROM		<input type="checkbox"/> Commercial	<input type="checkbox"/> Collaborator	<input type="checkbox"/> Others	

PROCEDURAL RISK FACTORS:			
ANIMAL MODELS -METHOD OF EXPOSURE -PRODUCTIVE INFECTION?	AEROSOL- PRODUCING PROCEDURES	SHARPS USED	AGENT VOLUME/CONCENTRATION
<p>➤ Aerosol generation procedures (Centrifugation, Sonication, Vortexing, High pressure systems, etc.): <i>All the manipulations should be performed inside biosafety cabinet at designated biosafety level. Wear Appropriate PPE when handling infectious aerosol generating samples.</i></p> <p>➤ Handling sharps (Needles, Scalpels, Blades, Broken glass etc.): <i>Use safety syringes, gloves, sharp discard and No recapping of syringes</i></p> <p>➤ Handling centrifuge: <i>Use safety centrifuge cup rotors with O-rings. While handling infectious agents, always load and unload samples in centrifuge rotors inside biosafety cabinet.</i></p> <p>➤ Potential for animal bite: <i>Use cut resistant double gloves, lab coat/gown and sleeves.</i></p> <p>➤ Transporting the microbial agent in culture or in infected host, within UAB or Outside UAB: <i>Follow UAB sample transport guidance. Refer Chapter "Transport and Shipping of Biological Materials" in UAB Biosafety Manual 3rd Edition.</i></p>			
CULTURE/PROPAGATION METHODS			
DESCRIBE OTHER PROCEDURES THAT MAY POSE A RISK			
GENETIC MODIFICATIONS (DOES THE MODIFICATION (S) ALTER ANY RISK FACTORS?)			

CONTAINMENT REQUIREMENTS:			
LAB BIOSAFETY LEVEL	<input type="checkbox"/> BSL-1	<input type="checkbox"/> BSL-2	<input type="checkbox"/> BSL-3
ANIMAL FACILITIES ABSL1-3	<input type="checkbox"/> ABSL-1	<input type="checkbox"/> ABSL-2	<input type="checkbox"/> ABSL-3
ADDITIONAL CONSIDERATIONS (SPECIAL PRACTICES, SAFETY EQUIPMENT, AND FACILITY SAFEGUARDS NEEDED)			
PPE REQUIRED			
POSTED SIGNAGE			
DISINFECTANTS & INACTIVATION	NAME: * List of Disinfectants registered with EPA. Refer: EPA Disinfectants * Disinfectants not registered with EPA must have a validated disinfection protocol.		
	DISINFECTANTS (Working Concentration; Shelf Life and Contact Time)	METHOD OF INACTIVATION	

SAFETY PLANS AND TRAINING:	
Required OH&S Safety Courses:	
Investigator or Lab Provided Training:	
<p>➤ 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.</p> <p>➤ 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.</p> <p>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.</p> <p>Training: Investigators must take required training courses to fulfill regulatory requirements prior to handling of microbial agent in the laboratory. Courses are available at UAB Campus Learning System. Refer EH&S training matrix: Training Matrix.</p> <p>Hands-on agent specific training is the responsibility of PI/Lab manager</p>	

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	<div> Treatment for Exposures: SEE CURRENT FLOWCHART </div> <div> LIFE THREATENING INJURIES • Campus phone : dial 911 • Outside line: 934-3535 TO SEEK MEDICAL ATTENTION AFTER HOURS • Report to the UAB Emergency Department </div>
SPILL RESPONSE	<p>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</p> <p>Large Spills: For assistance, contact Biosafety via EH&S On-Call (205) 917-4766.</p>
REPORTING	<p>1. Whether or not you're seeking medical attention, ALL incidents are reported to the lab supervisor. Supervisor Name: Emergency contact number:</p> <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 PLEASE SEE INSTRUCTIONS AND FORMS FOR ON-THE-JOB-INJURY</p> <p>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 On-the-Job Injury Program benefits.</p>

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**

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