

The University of Alabama at Birmingham

AGENT-SPECIFIC DATA & SAFETY PLAN

TOLKI GIZGIIO BAIA G GAIZIII ZAK							
Biologic	CAL A GEN	r(s):					
PHYSICAL	PROPERTIES	S:					
MORPHOL		- 1					
(PARTICLE/G							
,	<i>,</i>						
STRAINS/VA	RIANTS						
(DESCRI	BE)						
AGENT RIS	K FACTORS	:					
	OUP LEVEL	1		2	2		3
Host/Vec	TOR RANGE						
INFECTION	ous Dose		_				
MEDICAL	OPTIONS	<u>Prophylaxis</u>	7	/accines	<u>Treatmer</u>	<u>nts</u>	<u>Surveillance</u>
SEVERITY	UNTREATED	Mild	N	/loderate	Severe	;	Lethal
OF Disease	TREATED:	Mild	N	/loderate	Severe)	Lethal
	••		1	l			
	MODES OF MISSION						
IRANS	MISSION						
	LABORATORY	Mucosal		teral inoculation	Ingestio	n	Inhalation
Exposur	E ROUTES:	membranes	or	animal bite			(droplet/aerosol)
Source of	OF EXPOSURE:						
0001102							
_	NMENTAL	hours		days	weeks		months
STAI	BILITY			, .	n conc		
	DDIFICATIONS						
	ODIFICATION(S) SK FACTORS?)						
	PREVALENCE	indigenous		emer	raina		exotic
REGIONALT REVALENCE		maigenede		oo.	99		CACHE
PROCEDUE	AL RISK FA	CTORS'					
PROCEDURAL RISK FACT			ING	CHARRO	Llorp		AGENT
- METHOD OF EXPOSURE		AEROSOL-PRODUCING PROCEDURES		SHARPS USED		VOLUME/CONCENTRATION	
- PRODUCTIVE INFECTION?		THOOLDONLO	FROCEDURES			1020	WE, CONCENTION
	ROPAGATION						
MET	HODS						

Developed by:	Justin Roth	Last revised by:	Justin Roth
Date:	5/3/2016	Date:	10/18/2016

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/ METHODS OF INACTIVATION	DISINFECTANTS (CONTACT TIME):		METHODS OF INACTIVATION:		
REQUIRED SAFETY TRAINING	* 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	NON-LIFE THREATENING INJURIES: Use Blazer Express for transportation to and from The Workplace for the initial visit. Location: UAB Highlands, Suite 100. Telephone: 205-933-5300 Hours: injuries 7:30 am—11 am, 1—4 pm; all other 7:30 am—4:30 pm	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 at 934-2487 Large Spills: For assistance, contact Biosafety at 934-2487. Report incident to Biosafety at 934-2487.			
REPORTING	Whether or not you're seeking medical attention, ALL incidents are reported to the lab supervisor (Supervisor's Emergency contact number: Supervisors report ALL incidents to UAB EH&S at 934-2487			

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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:

1) 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.

Additional References:	
BMBL 5 [™] EDITION	http://www.cdc.gov/biosafety/publications/bmbl5/bmbl.pdf
CANADIAN MSDS	http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/msds50e-eng.php
CDC	http://www.cdc.gov
ABSA	https://my.absa.org/tiki-index.php?page=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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