

## AGENT-SPECIFIC DATA & SAFETY PLAN

**BIOLOGICAL AGENT(S):** \_\_\_\_\_

PHYSICAL PROPERTIES:	
<b>MORPHOLOGY (PARTICLE/GENOME)</b>	
<b>STRAINS/VARIANTS (DESCRIBE)</b>	

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

PROCEDURAL RISK FACTORS:			
<b>ANIMAL MODELS</b> -METHOD OF EXPOSURE -PRODUCTIVE INFECTION?	<b>AEROSOL-PRODUCING PROCEDURES</b>	<b>SHARPS USED</b>	<b>AGENT VOLUME/CONCENTRATION</b>
<b>CULTURE/PROPAGATION METHODS</b>			

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

<b>EXPOSURE AND INCIDENT RESPONSE PROCEDURES:</b>		
<b>MUCOSAL MEMBRANES</b>	Flush eyes, mouth or nose at eyewash station for 15 minutes	
<b>DERMAL</b>	wash area with soap and water for 15 minutes	
<b>SYMPTOMS</b>		
<b>INCUBATION PERIOD</b>		
<b>MEDICAL RESPONSE</b>	<b>Treatment for Exposures:</b> <a href="#">SEE CURRENT FLOWCHART</a>	<b>LIFE THREATENING INJURIES</b> • Campus phone : dial 911 • Outside line: 934-3535 <b>TO SEEK MEDICAL ATTENTION AFTER HOURS</b> • Report to the UAB Emergency Department
<b>SPILL RESPONSE</b>	<b>Small Spills:</b> 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 <a href="mailto:biosafety@uab.edu">biosafety@uab.edu</a> <b>Large Spills:</b> For assistance, contact Biosafety via EH&S On-Call (205) 917-4766.	
<b>REPORTING</b>	1. Whether or not you're seeking medical attention, ALL incidents are reported to the lab supervisor. <b>Supervisor Name:</b> <b>Emergency contact number:</b>	

