

AGA COVID-19 Plan

This memorandum sets forth the AGA plan to address conditions and policy changes necessitated by the COVID-19 pandemic. It covers the following areas:

- Safety
- Facility Management
- Changes in Procedures and Policies
- Message to the Public regarding the AGA's Response to COVID-19
- Ongoing Actions
- What we know — Basic Assumptions for Policies/Procedures

I. Safety

Infection prevention and control policies must minimally address personal conduct, personnel management and facility management.

Personal Conduct

It is management's responsibility to ensure that the conduct of each staff member minimizes the risk of transmittal of the virus. Management is defined as any agency or agent (i.e., director, faculty, clinician, etc.) that has contact with cadaveric materials and/or supervises others (i.e., staff, students, etc.) who may have contact with cadaveric materials. Identified are three areas of focus: workplace hygiene, hand hygiene and personal protective equipment (PPE). In addition, it is management's responsibility to ensure that each staff member has an action plan if he/she becomes ill.

We will provide written instruction to staff and review the same from time to time with staff regarding the safety issues discussed below:

Workspace Hygiene

Each staff member shall observe the following practices:

- On commencement of work each day, each staff member will wipe down his/her work area, chair, computer keyboard and telephone with a disposable disinfecting wipe;
- During the workday, each staff member will to the extent possible:
 - minimize the number of papers and other implements on his/her desk and in his/her work area;
 - remain at his/her workstation. If it is necessary to go to another workstation, the staff member shall maintain a distance of at least six feet and shall not touch anything on the other workstation.
- At the end of the workday, each staff member shall:
 - remove all papers and other implements from his/her desk and work area;
 - wash in hot water for at least 20 seconds any coffee cups or similar implements and dry the same with a disposable paper towel;
 - place any materials that may contain saliva or mucus of an employee, like tissues, in a separate plastic bag or container and dispose of the same in a medical waste container;
 - wipe down his/her work area, chair, computer keyboard and telephone with a disposable disinfecting wipe.

Hand Hygiene

At least every two hours and after removal of PPE, each staff member shall:

- wash hands with soap and hot water for at least 20 seconds; or
- apply an alcohol-based hand sanitizer;

If a staff member deposits saliva or mucus on tissues or other materials into a safe receptacle, such employee shall wash and apply sanitizer as described above.

PPE

Staff members working exclusively in the office area will not use any PPE.

Employees working in the receiving room, cooler, prep room and/or rack room, shall use the following PPE:

- Full fitted masks with replaceable filter cartridges or NIOSH certified disposable respirators N-95, N-99 and N-100 or ear loop disposable face masks;
- face shield or goggles;
- full-length polypropylene gown;
- polypropylene apron;
- heavy duty gloves over nitrile gloves or long cuff latex examination gloves;
- nonsterile, nitrile gloves;
- surgical shoe covers and caps.

Reusable PPE will be cleaned and disinfected in accordance with manufacturer's instruction and will be stored in a clear plastic bin by staff member. Such staff member will be responsible to record each use.

Action Plan If Individual Shows Signs of COVID-19:

Any employee who shows symptoms of respiratory infection while on the job should:

- immediately stop work;
- inform the Executive Vice President;
- go home and self-isolate; or
- if it is necessary to go directly to an emergency room, follow the employee's Health Emergency Plan (Attachment A).

Personnel Management

Essential Personnel

Illinois Executive Order 2020-10 directs all persons living in the State of Illinois to remain at home during the COVID-19 pandemic unless such persons are engaged in, among other things, "Essential Business Functions and Operations." Included within the definition of such functions and operations is "Funeral, mortuary, cremation, burial, cemetery, and related services." Paragraph 12(w) See also [Guidance on the Essential Critical Infrastructure Workers During Covid-19 Response, US Department of Homeland Security, Cybersecurity and Infrastructure Security Agency \(CISA\)](#). Since the AGA performs funeral-related services, the executive order would appear to permit all AGA employees, as workers in an Essential Business Function, to travel to and from and work at the AGA.

OSHA has identified death care workers (coroners, Medical Examiners and funeral directors) as having increased risk of exposure to COVID-19. [OSHA GUIDANCE](#) See also [Funeral Workers Provide Critical Service But Are At High Risk of Exposure to the Coronavirus.](#)

The AGA must therefore take all appropriate steps to minimize the exposure of each employee to the disease by:

- ensuring that employees maintain social distance of at least six feet;
- creating a work schedule for its employees to minimize risk of their contracting the disease by limiting their work time at, as well as their travel to and from, the AGA;
- determining a response plan if essential personnel fail to report to work;
- also maintain appropriate and visible “distance markers” on the floor in lobby or guest areas for visitors to the AGA.

II. Facility Management

As noted below, the virus is transmitted from a living person in close contact with another living person “via respiratory droplets produced when an infected person coughs or sneezes.” Although the AGA has limited visits from the public, practices should be adopted that make it more difficult for infected persons to expose AGA employees by direct transmission or by transmitting the virus to surfaces to which an employee can be in contact. It is therefore prudent to take the following steps with respect to the use of the facility.

Visitor Access and Movement Within Facility

Commencing immediately, no visitors will be allowed in the office area. Funeral directors will be allowed only in the receiving area (adjacent to cooler). A log of visitors in office area/receiving prep area will be maintained.

Signage

Commencing immediately, a sign notifying that the AGA will not accept cadavers diagnosed or suspected of suffering from COVID-19 will be posted at the business entrance and the funeral directors’ entrance.

Environmental Cleaning

Commencing immediately, the AGA will adapt the following practices with respect to cleaning of its facility:

- identify surfaces and equipment to be cleaned and disinfected on a scheduled basis;
- identify persons responsible for such cleaning and disinfection;
- maintain a written schedule reflecting last cleaning;
- use EPA registered hospital grade disinfectant;
- PPE
 - Full-fitted respirators with replaceable filter cartridges or NIOSH certified disposable respirators N-95, N-99 and N-100 or ear loop disposable face masks;
 - disposable gloves while cleaning;
 - eye protection if risk of splashing of water, cleaner/disinfectant or other fluids;
 - clean, long-sleeved fluid-resistant gown;
- dispose of all PPE (i.e., gloves, gowns, respiratory and eye protections) in hazardous/medical waste;

- keep ventilation systems active during cleaning;
- dispose of any human tissue by placing it in medical waste bin;
- materials to be laundered removed from receiving or prep area in leakproof plastic bag;
- wash reusable items with detergent solution and decontamination solution;
- treat all instruments in receiving room, prep room or rack room as if they were contaminated and handle with gloves. Wipe items with appropriate disinfectant after use;
- on completion of cleaning and when PPE has been removed, wash hands immediately with soap and water for at least 20 seconds or apply alcohol-based hand sanitizer.

III. Policies/Procedures

In response to the threat of COVID-19 infection, we propose to alter certain policies and procedures.

Acceptance of Donors

The AGA will not accept any cadaver with indications of Covid-19.

If there is any indication that the donor suffered from acute respiratory failure or pneumonia, the AGA will not accept the donation. The AGA will accept all other cadavers as it has in the past but will treat all with the additional safeguards set forth below in the section on *Embalming Procedures*.

Embalming Procedures

All embalming and other work with cadavers will be done with the CDC statement in mind that:

“Most often, spread [of COVID-19] from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. This route of transmission is not a concern when handling human remains or performing postmortem procedures. Postmortem activities should be conducted with a focus on avoiding aerosol generating procedures, and ensuring that if aerosol generation is likely (e.g., when using an oscillating saw) that appropriate engineering controls and personal protective equipment (PPE) be used.” [Guidance on the Essential Critical Infrastructure Workers During Covid-19 Response](#), US Department of Homeland Security, Cybersecurity and Infrastructure Security Agency (CISA)

The following practices will be followed regarding cadavers:

- When testing becomes available, all unembalmed cadavers received after January 1, 2020 shall be tested for COVID-19. The AGA shall provide any recipient of the cadavers with the results of such tests.
- Only employees with a specific need shall have access to the receiving area, cooler and prep room.
- Cadavers shall be touched or handled as little as possible, even after embalming.

On removal from cooler and commencement of embalming, the embalmer shall:

- remove cadaver from the body bag or other material in which cadaver was delivered, spray the same with Dis Spray (Dodge Chemical) or bleach (5%)/water (95%) solution and place it in the medical waste bin;

- cover the face with gauze soaked in Dis Spray while transferring decedent from cooler to table
- spray the entire cadaver, including the nasal and oral cavities, with either Dis Spray or bleach (5%)/water (95%) solution;
- clean eyes, nostrils, ears and mouth area with a Dis Spray-soaked Webril padding;
- proceed with normal embalming procedure
- hypodermically inject Dis Spray into lungs and pharynx;
- pack Dis Spray-soaked Webril padding into throat;
- record in the QR system the embalmer who removed the cadaver from the cooler, recorded the donor information and performed the embalming.

After embalming,

- for any cadaver received after March 1, 2020, the brain will not be removed;
- there will be no cutting or sawing of any cadaver.

IV. Message to the Public

The AGA will inform the public that donations will be refused if:

- the donor been diagnosed or infected with COVID-19 in the or received advice to self-isolate;
- the donor had been in close contact with someone who has or who is suspected to have COVID-19 in the past 28 days;
- if the donor travelled to China, Iran, Europe or South Korea in the past 28 days.

The above information will be placed on the AGA website.

V. Ongoing Actions

The AGA will monitor on a daily basis the websites of the following governmental entities:

- Centers for Disease Control and Prevention
- OSHA
- Office of the Governor of Illinois
- Office of the Mayor of Chicago, Illinois
- Illinois Department of Public Health
- Office of the Cook County Medical Examiner
- Lake County Coroner
- American Association for Anatomy
- Illinois Funeral Directors Association
- Washington Department of Health
- American Health Lawyers Association
- National Funeral Directors Association

In addition to guidance regarding the policies and procedures at the AGA, we will also be looking for answers regarding how this virus survives postmortem under different storage conditions — freezing, coolers, embalming.

VI. What we know — Basic Assumptions for Policies/Procedures

The above recommendations are based on the following.

Transmission based precautions: based on the CDC statement “Spread [of COVID-19] from a living person happens with close contact (i.e., within about 6 feet) via respiratory droplets produced when an infected person coughs or sneezes. This route of transmission is not a concern when handling human remains or performing postmortem procedures.” [Guidance on the Essential Critical Infrastructure Workers During Covid-19 Response](#), CDC, February 2020

Based upon CDC statement that “postmortem activity should be conducted with a focus on avoiding aerosol generating procedures and ensuring that its aerosol generation is likely (i.e., when using an oscillating saw) that appropriate engineering controls and personal protective equipment be used.” Id.

Priority testing at IDPH laboratory is for hospitalized individuals with pneumonia not attributable to another etiology. <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers>

IDPH recommends against testing persons with mild illness who can be safely managed at home.

According to IDPH, symptoms (that cannot be attributed to an underlying or previously recognized condition) are:

- fever ($\geq 100.4^{\circ}$ F or 38.0° C)
- cough
- shortness of breath
- sore throat

A confirmed case of COVID-19 is defined as a person with COVID-19-like illness and a positive laboratory test.

See also <https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf>

A possible case of COVID-19 is defined as a person with COVID-19-like illness for whom testing was not performed.

No test now exists to determine the presence of COVID-19 without a complete autopsy and analysis in a CDC laboratory.

See also the following sources:

[OSHA GUIDANCE](#)

Office of the Governor: <https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-10.pdf>

American Health Lawyers (Nixon Peabody): <https://www.nixonpeabody.com/-/media/Files/Alerts/2020-February/coronavirus-prep-for-hospitals.ashx?la=en>

Cook County Department of Public Health (Medical Examiner):
<https://www.cookcountypublichealth.org/>

Attachment A
Health Emergency Plan

Hospital

Your Hospital: _____

Address: _____

Location of Emergency Room: _____

In Network? _____

Transportation Plan

If by ambulance:

Telephone Number: _____

Is there insurance coverage? _____

If by other means, what? _____

Your Family/Home while you are away

Care for children: _____

Care for other family members: _____

Care for pets: _____

Important Contacts/Who Needs to Know You are at the Hospital?

List of Names, Emails and Telephone Numbers

Special Messages for any of them?

Person(s) who will contact them: Name(s), Email(s) and Telephone Number(s)

Plan for Trip to Emergency Room without Prior Notice—Have Package of Following Available

Container of four days' supply of prescriptions

Insurance Card

Power of Attorney for Health Care

Other Documents

Phone Charger

For the Emergency Room

Water (at least two bottles)

Dry Snacks

Phone Charger

