Back Talk -- Does Your Library Disaster Preparedness Plan Have a Section on Epidemics?

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Recommended Citation
DOI: http://dx.doi.org/10.7771/2380-176X.4112

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The answer to this question at the University of Hong Kong is “no, but will soon have one” because we are currently in the throes of battling SARS or Severe Acute Respiratory Syndrome. To begin this discussion let’s start off with some basic information about this “mystery illness.” Actually, we now “know” that it is caused by a virus that is close relative of the one that causes the common cold. Within two to seven days after having been exposed to someone with SARS, the sick person usually gets a fever of 100.4 (38°C) and might have “a dry cough, shortness of breath, or breathing difficulties.” (see http://www.cnn.com/2003/HEALTH/03/27/illness.go/index.html for more details.)

Now this information sounds harmless enough, another Asian flu or something, right? Wrong, this one kills and dealing with it now pervades all aspects of our library’s program. For this reason I thought I would share our experience with it, although I hope for your sake that a vaccine is developed so you can avoid SARS and its consequences. Unless this happens, some medical researchers believe, we in Hong Kong will have to learn to live with SARS until about 80 percent of the population gets it and we all get our own natural antibodies.

On March 14, when the Hong Kong government began tracking the spread of the disease, it was reported that a total of 29 persons had SARS and that two people had died from it. On April 15, a little over a month later, the total number of SARS cases had climbed to 1,192 and the death toll had increased to 47. Today, the 24th of the April, a total of 1,488 cases have been reported and the death toll has reached 109. In the beginning it seemed that most of the people in the latter category had a pre-existing serious health problem, yet recently people previously thought to be strong and healthy have died from it.

Given that Hong Kong is a city of seven plus million, you might be thinking, while 61 deaths is a human tragedy why panic over such a low number of fatalities? Many of us think or say this daily to ourselves, however, because it is not yet clear exactly how SARS spreads and there is no complete cure, people are grasping at straws of all sizes and shapes to combat it. In China where the medicinal values of vinegar have always been believed, new meaning is being given to Chinese-American favorite “hot and sour” soup. While SARS was supposed to be spread like a cold, large proportions of whole housing complexes have contracted the disease in short periods of time leading some to believe it is not so simple. Epidemics like this, moreover, produce a moment of fear that produce their own cascade of activities, not all rational. Here are some of the things now taking place at my university and in Hong Kong:

- When a hint of the disease first hit the television news, the word quickly spread that wearing face masks was a good idea. However, when we went in search of face masks we found that the pharmacy shelves were already bare. With a staff of nearly 250 to care for, we quickly placed an order for a total of 10,000 masks since, we were told, masks to be effective needed to be changed every two hours.
- All students now have to wear face masks in class. Many admit it probably isn’t necessary but because people don’t want to risk dying, the University mandated it.
- Students must don masks to use computer labs and some students are demanding that we patrol the library to force compliance as well.
- Some libraries in the city are refusing to give reference help unless the patron has a mask. We have decided to request that patrons use masks when they speak with library staff or sit in close range of others — so we must now sell masks to patrons so that they can comply.
- All surfaces in the library have to be wiped down three times a day with a Clorox and water solution. Our library has its own cleaners and so are able to keep up (I am not familiar with many libraries in North America with such a crew at their disposal.)
- Even though we no longer shake hands, it seems we wash our hands hourly — it takes lots of extra liquid soap and hand towels so be prepared.
- While we assumed that the disease spreads through direct physical contact with droplets generated by a cough or sneeze, because the disease seems to be moving faster than what could be explained by that theory, we are doing all sorts of extra things just in case, e.g., I just noticed that toilets now have pictures of the correct way to flush a toilet (seat down) to avoid the splashing of fluids. We are also now regularly pouring Clorox solutions down sinks and toilets as well.
- Meetings are being cancelled right and left or they are being held electronically (do all clouds have camera lining?). For example, I recently convened a conference call meeting of the Hong Kong Library Association’s Executive Committee meeting because of fears of giving or receiving the disease.
- A library director from another part of China who was supposed to go to an international meeting was politely invited to not attend for fears that his presence would panic other attendees, or worse, might spread the disease itself.
- Employees started staying home as soon as they felt the least bit sick until the University said that a doctor’s note would be required.

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at the University of New South Wales, set up the site to gather latest information for researchers who work with Archaea and other extremophiles. Browse the latest publications and articles, search one Coldbase or the protein or enzyme database, read about the application of extremophile research to exobiology (is there life on the Jovian moon Europa?), or learn about Lake Vostok which is completely sealed off from the surface and a potential source of many new discoveries. — http://www.archaea.unsw.edu.au/.

Pollution
Animals produce almost two TRILLION pounds of waste every year, much of it from "factory farms." Although Environmental Defense clearly has a green agenda, their Scorecard Website provides a wealth of information on the presence, health effects and uses of more than 6900 chemicals of varying toxicity found in our bodies. Learn if your county is among those that have the highest release of Dioxin and find out who is releasing what pollutants in your community. — http://www.scorecard.org/.

Science
"E-government in action," Science.gov, a collaborative effort by 14 separate government agencies hosted by the Department of Energy, offers a "unique ability to search across the content within databases as well as across Websites." The site brings together all science related content on ten government science agency Websites for everyone from children to professional scientists. Content is selective rather than automatically cumulative, and considered authoritative.— http://www.science.gov/.

Rumors
software Reality helmets and V-mail, and utilizing diagnostic tools to customize resources to individual profiles, 'cybrarians' will provide effective support for problem solving and discovery groups." http://www.dlib.org/dlib/ may03/narcum/05narcum.html.

And, one last thing. As we go to press, have received word that Rosann Bazirjian's issue of ATG (April, Retention of Print) got prominent mention in the University of California, Berkeley's Current Cites (volume 14, no. 5, May 2003) edited by Roy Tennant. Mentioned specifically was John McDonald's, "No One Uses Them So Why Should We Keep Them?" —Scenarios for Print Issue Retention" (ATG v.15/2, p. 22, 24). Says Charles W. Bailey, Jr. — "Print retention is one of the most significant long term decisions that any library can make. It is especially critical for academic and research libraries. McDonald's article and the other articles in this special issue help initiate what I hope will be a long, careful, and thoughtful debate on a topic of considerable social significance." I couldn't agree more. http://sunsite.berkeley.edu/CurrentCites/2003/ce03.14.5.html.

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2. Will face masks be required, recommended? For staff, for patrons?
3. If face masks are required, how many should be purchase now and where can you buy more?
4. What are the liability issues for libraries if a patron claims they contracted the disease while using a public terminal?
5. Does your library have a travel policy that gives guidance about what kinds of trips should or should not be taken after the epidemic hits? You will find that just because your library is experiencing the epidemic, others won't see it necessary to cancel meetings — although they may quietly un-invite you.
6. Are there sufficient hand towel and liquid hand soap supplies on hand once hundreds of patrons want to wash and dry their hands multiple times a day?
7. Do you have sufficient staff to wipe down all surfaces touched by patrons with a disinfectant every 3 or so hours daily? Do you have sufficient supplies of disposable wiping cloths and disinfectant on hand?
8. Are your staff policies concerning what constitutes an approved illness/reason clear and known?
9. Does your university have an emergency response team with medical staff on it? Does the team have access to a Web master who can provide easy to find and understand information about what the university is doing to combat the disease?
10. Does your library, computer center, IT and learning group all have a Web page that details the resources available to teachers who will find that they need alternative ways of contacting their students, conducting discussions, administering tests/exams, etc., linked to the emergency response team's Web page? Is there a link from this page to the library's electronic resources? Does your university have a rigorous video taping program to handle all the requests for taped lectures? Can your library terminals handle streaming video?
11. Does every teacher have a current list of student email addresses? Is your campus using WebCT or some other learning platform that will become a critical element in continuing to teach and learn?
12. Do students realize that teachers will use a right to use email to contact them in an emergency? Some students here have seen it as an intrusion.

I am sure once this is over — if ever — that lots of other ideas will occur to me. But for now, stay healthy and hope that better diagnosis and treatment options will be discovered before SARS visits your campus.