

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

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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 a 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 (38C) and might have “a dry cough, shortness of breath, or breathing difficulties.” (see <http://www.cnn.com/2003/HEALTH/03/27/illness.qa/index.html> for more details.)

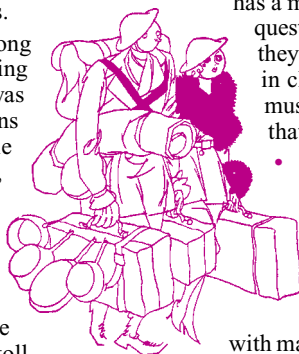
Now this information sounds harmless enough, another Asian flu or something, right? Wrong, this one kills and dealing with it now pervades all aspects of our library’s program. For this reason I thought I would share our experience with it, although I hope for your sake that a vaccine is developed so 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 1,190 and the death toll had increased to 47. Today, the 24<sup>th</sup> 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 are 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 momentum of fear that produce their own cavalcade 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 a silver 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.
- Regular church services where I attend have now been cancelled for four weeks running.
- When my wife and I went to the movies the other night we got free face masks with our expensive popcorn.
- A 14 year old computer hacker put up a fake newspaper page saying that because truckers were infected there wouldn’t be any more food deliveries — the shelves were cleared fairly quickly in some areas.
- Air travel, irrespective of the industry’s assurances that the filtered air on a plane is cleaner than on a city street, is way down. Moreover, in addition to careful body and baggage searches, airport staff now check each person’s temperature before they can be cleared to board a flight. There are jokes about people resorting to carrying frozen chickens in their brief cases to make sure they can cool down and make their flights. (if you do this, please precook your chicken)
- However, a good cough or sneeze (perish the thought) both clears a crowded room and gets you a seat on the subway/bus.

So, what are the epidemic questions/issues with which you should be wrestling? Here are some that occur to me:

1. How will you continue to get your administrative work done when meetings become more of a danger to good health than usual? Battling an epidemic, in addition to all the regular work of a library, needs leadership. Meetings will have to be held, but how?
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?

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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 taping 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/have 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. 