



Pandemic Interim Service Plan

Gladwin County District Public Library

Abstract

This interim service plan outlines tiered service levels, to be implemented in nonlinear phases, in response to the changing health conditions that may present during a pandemic, such as COVID-19.

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I. Executive Summary

This service plan seeks to explore multiple tiers of service, each responsive to varied health and safety conditions, recommendations from local, state and national health officials/agencies, social distancing protocols, and critical community needs during a pandemic, such as COVID-19.

Implementation of this plan is likely to be in a non-linear phased approach, consistent with the policy directions outlined in the Gladwin County District Library Pandemic Policy.

Determination of appropriate Tiers of Service is an operational decision, determined by the Library Director or designee, as per the Pandemic Policy. Such decisions must be data-driven and supported by facts.

II. Plan Priorities

A. Staff Safety

Securing staff safety is the top priority of this Interim Service Plan and the determination of tiers of service. Staff interactions and in-person services may pose a high risk of virus transmission to staff who may be exposed to infected individuals or infected materials and surfaces.

B. Public Safety

This plan strives to position the library within the context of community safety and a responsibility to reduce community transmissions. In-person services must be staged and responsive to wider health implications. Service decisions require coordination with law enforcement, first responders, and local health officials for guidance regarding their impact.

C. Defining and Evaluating Essential Services in a Pandemic

This plan recognizes that services considered as core during normal library operations do not necessarily hold the same priority during a pandemic. It is therefore vital to define which services are critical and assess whether it is possible to provide these services in a way that does not put staff and community safety at risk. It is also imperative to evaluate whether services traditionally provided in person may be transferred online to provide staff and the community with a safer method of access during a pandemic.

III. Staff & Public Safety Considerations

A. Current levels of community health

This plan will follow the requirements of the Gladwin County District Library Pandemic Policy. If the Stay at Home Order is lifted before public and staff safety can be assured, other factors will be used in determining tiers of services. This includes the local healthcare system's capacity to withstand a moderate outbreak and community access to efficient testing and contact tracing.

B. Vulnerable Staff members

Due to risk factors, some staff or their family members may be at higher risk of complications if exposed to the virus by an infected individual, material or surface.

C. Teleworking from an Operational Standpoint

When appropriate, to the extent possible, teleworking is encouraged as an operational priority in providing services.

D. Healthy Work Environment

Operational decisions rely on the ability of staff to meet the safety requirements of a healthy work environment, e.g., availability of PPE, staff health, personal health risks, mental health.

E. Social Distancing & Security

The following considerations regarding social distancing and security will play a significant role in determining tiers of service:

- Ability to restructure physical spaces for social distancing of both staff and the public
- Required safety measures for the public, e.g., no-touch services, requiring face masks for all visitors, etc.
- Risk factors to staff if there is a need for staff to regulate visitors
- The degree to which current policies (i.e., code of conduct) and security measures sufficiently address potential patron confrontation associated with social distancing regulations
- Liability as an employer
- Liability as a public institution

F. Sanitation of Circulating Materials

This plan will defer to the most current scientific recommendations regarding safe handling of circulating materials.

G. Availability of Hygiene Materials and PPE

In acquiring supplies to support a safe work environment and reduce community transmission, this plan must consider the appropriate availability of PPE for library staff/patrons versus the needs of health care workers and first responders.

H. Frequency of Professional Cleaning Services

In-person services and staff interactions may be limited by the frequency and thoroughness of cleaning services, recognizing that browsing collections and the countless surface areas in a public building may become vectors of virus transmission.

IV. Tiers of Service

A. Virtual Services

Virtual Services may include but are not limited to the digital collection of eBooks, audiobooks and magazines, on-demand 24/7 learning and research databases, on-demand 24/7 virtual programming, live video-conference programming, chat/email/phone reference services.

1. Sole access point for library services
2. Primary access point for library services with minimal in-person access
3. Supplemental access point for library services

B. Circulation of Physical Items

Circulation of Physical Items may include but is not limited to providing in-person access to the physical collection, including books, audios and DVDs, as well as educational kits, bundles, and devices.

1. No circulation of physical materials
2. No-touch curbside, by appointment (Trunk or table protocols for strict social distancing requirements)
3. Curbside service with moderate social distancing
4. In-building appointments to limit number of persons in the building and maintain moderate social distancing, requiring face masks for all patrons and staff.
5. In-building access during designated hours (no appointments or number restrictions) with moderate social distancing, requiring face masks for all patrons and staff.
6. "Normal" open hours

C. Programming

Programming includes both staff-directed programs, such as storytimes, self-directed programs, such as Make & Take crafts and Summer Reading programs.

1. 100% virtual programming - All programs offered online, either live via platforms such as Zoom or on-demand via download or streaming
2. No-touch programming, with registration (circulating kits and take-home activities) - Self-directed programs such as Take & Make crafts available upon registration
3. Limited access programming (attendance by registration, strict social distancing required) with a continued component of virtual attendance - Programs offered live and in-person to small groups with strict social distancing protocol enforced, while virtual programming offered online to larger number of participants
4. No-limits programming - Virtual or in-person programming without the need for social distancing

D. Technology Services

Technology Services may include both access to technology assistance and guidance, as well as access itself to internet access or device usage.

1. 100% virtual - Online tutorials, Email/chat reference, Zoom Tech Help, phone
2. All virtual services, plus physical circulation of devices, hotspots, etc.
3. All of the above, plus in-person use of public computers
4. All of the above, plus in-person technology assistance

E. In-person/ In-building Services

In-person Services refers to services in or outside the library building that require person-to-person interaction between staff and members of the public, with and without social distancing.

1. No in-person services
2. Curbside services - See tiers of service on Circulation of Physical Items and social distancing requirements
3. In-building services by appointment - May include technology services, access to physical collection, access to other services, with varying levels of social distancing requirements
4. In-building services during designated open hours, without appointment - May include technology services, access to physical collection, access to other services, with varying levels of social distancing requirements
5. Normal open hours access

F. Community Outreach

1. No outreach programs, including organizational/school visits, home delivery, and no meeting room reservations
2. No outreach except limited home delivery
3. Allowance of limited gatherings for organizational visits and home delivery, according to social distancing requirements
4. All of the above and restricted meeting room usage
5. Return to normal service

V. Communication

Individuals absorb information differently during a crisis [See Appendix [CDC](#)]. Furthermore, crises may result in an infodemic, an overabundance of information, much of which may be inaccurate [See Appendix [WHO](#)]. Clear, open, and informed communication during a pandemic is therefore of the utmost importance. This portion of the Interim Service Plan seeks to define key talking points for communicating with the library's stakeholders: Trustees, Staff, and Public.

A. Trustees

1. Trustee-approved policies provide critical support to the Director so that sound operational decisions may be made in response to changing needs/conditions, without the need to wait for trustee meetings.
2. Decisions must be conscious of liability for both staff and public and should be created in conjunction with input from state and local officials, as well as legal counsel.
3. Trustees are key representatives of the Library in the community and as such play crucial roles in disseminating crisis information.

B. Staff

1. Staff require reassurance that reopening plans will be data-driven and responsive to safety concerns.
2. Provide an "open door" policy of communication with regular, consistent updates, to reduce staff anxiety and make them partners in accurate communication with stakeholders.
3. Provide clear guidance and training on new pandemic procedures.
4. Be sensitive to the needs of employees -- health concerns, families first, etc.— and appreciative of their efforts.

C. Public

1. Communicate that reopening will be PHASED and in direct response to health and safety conditions, at both the state and local level.
2. Request patience as the library strives to balance service and safety.
3. Market the 24/7 on-demand services that the library provides.
4. Educate on how to access those available online resources, demonstrating that only the building is closed, not the services.
5. Advocate about the value of libraries during the crisis and the essential roles they will play in recovery.
6. Provide regularly updated FAQ to address changing needs/concerns.

VI. Appendix – Communication References

CDC – Centers for Disease Control and Prevention

From: https://emergency.cdc.gov/cerc/resources/pdf/leaders_cerc_zcard.pdf

COMMUNICATING DURING A CRISIS IS DIFFERENT:

Communicating in a crisis is different. In a serious crisis, all affected people take in information differently, process information differently, and act on information differently. As a leader, you need to know that the way you normally communicate with your community may not be effective during and after it suffers a crisis.

Empathy and caring. Empathy and caring should be expressed within the first 30 seconds. Acknowledge fear, pain, suffering, and uncertainty.

Competence and expertise. Education, position title, or organizational roles and missions are quick ways to indicate expertise. Another useful means is to have established a relationship with your audiences in advance of the emergency. If that is not possible, have a third party, who has the confidence of the audience, express his or her confidence in you or your organization.

Honesty and openness. This does not mean releasing information prematurely, but it does mean facing the realities of the situation and responding accordingly. It means not being paternalistic in your communication but, instead, participatory—giving people choices and enough information to make appropriate decisions.

Commitment. State up front what your organization’s objective is in this emergency response, and commit to reaching that objective. Show dedication by sharing in the sacrifices and discomforts of the emergency. Don’t fake hardship for the cameras.

Accountability. Be as transparent as possible. If government or non-profit money is being spent in the response to a disaster, sooner or later the public and media will demand to know to whom that money or resources are being distributed.

WHO - World Health Organization, Novel Coronavirus(2019-nCoV)Situation Report-13

From: <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200202-sitrep-13-ncov-v3.pdf>

TECHNICAL FOCUS: Risk communication and community engagement

Managing the 2019-nCoV ‘infodemic’ The 2019-nCoV outbreak and response has been accompanied by a massive ‘infodemic’ -an over-abundance of information –some accurate and some not –that makes it hard for people to find trustworthy sources and reliable guidance when they need it.

Due to the high demand for timely and trustworthy information about 2019-nCoV, WHO technical risk communication and social media teams have been working closely to track and respond to myths and

rumours. Through its headquarters in Geneva, its six regional offices and its partners, the Organization is working 24 hours a day to identify the most prevalent rumours that can potentially harm the public's health, such as false prevention measures or cures. These myths are then refuted with evidence-based information. WHO is making public health information and advice on the 2019-nCoV, including mythbusters, available on its social media channels (including Weibo, Twitter, Facebook, Instagram, LinkedIn, Pinterest) and website.