

MY COVID-19 LIBRARY EXPERIENCE

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The first real indication that something was different was when our normally full library was suddenly empty. The medical school and nursing education teams had dismissed all students from our health service, the day before there had not even been rumours of it so it took us by surprise. Suddenly self-isolation in the library was very easy. We spaced out the desks, removed half the chairs to limit people working in groups. We began to regularly wipe down all computers and workspaces and provided more hand sanitiser around the library. As the students had moved out more hospital staff started moving in. Staff started using the library space as their office if there was not enough room to meet social distancing requirements in their own. We lost a few computers, and desks to new ICU departments being quickly set up.

Our library already has OpenAthens available, so if needed working from home would have been possible. We also have Inter-Docs document delivery service integrated into our catalogue, PubMed and discovery service for easy requesting. However, at our organization staff were not permitted to work from home, unless in mandatory 14 days of self-isolation. We were to continue to show up and do our job in a show of support for the clinical teams. If we found ourselves without enough work, we would be redistributed onsite. Our Dental team for example initially found themselves working in the laundry, in health promotion, or roles that would normally be fulfilled by our volunteers. Redistribution was a real possibility for all non-clinical and allied health teams, however, this did not end up happening to the library.

Throughout March literature search requests continued to flow in, nearly all COVID-19 related. The self-care advice circulating was not to spend too much time reading the news or COVID related content, but my role had me reading it non-stop.

As quickly as I could, like many other libraries, I put together a COVID-19 library guide. This was made as a webpage on our KOHA system and linked on our catalogue homepage. I was updating this daily with new content and guidelines. By mid-April everyone was over reading about COVID-19, literature requests dropped, and we attempted to get back to normal. By the start of May with no new cases, a large drop in our regular patient numbers and lots of time on their hands, hospital staff started asking for more literature support. This time there was an influx of requests to help support updating policies, for background information for new research activities and to apply for grants.

One way my role began to change was on the social media and communications front.

The library helped coordinate Zoom meetings and offer advice about possible communication services for closed groups. Our hospital has an internal private Facebook group to circulate memos and other information. I was made an admin and given the task to put up a daily positive self-care tip, share a positive article, and load COVID update videos produced by our infection control team. I don't really like spamming people with information on social media so this was a personally challenging role to take on. I think most people assume the library is quiet since all the students are gone, so we must have nothing to do, but I have never been busier.