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EDITORIAL

I am truly delighted to bring to you my last JoHILA issue, to see it come to fruition has been very exciting and, while a steep learning curve, I am confident that Daniel will continue to develop and grow it into the publication we all envision for our profession.

It was mid-2017 when I took a leap and submitted an article to then "HLA News" after being fortunate enough to attend the HLA PD days in my hometown, Perth. I remember feeling both excited and nervous, and not just a little out of my depth as a fresh LIS graduate. I didn't know many people at all, so I picked a table and sat next to Gemma Siemensma. I felt so relieved when my newbie questions were kindly received and answered. I knew I'd come to the right place.

As it would happen, HLA News needed an Editor, and I was in the right place at the right time to accept the role. Without this, I have no doubt I wouldn't be where I am now. The role has introduced me to so many people through the Executive Board and enabled me to attend interstate PD Days (in less pandemic-y times!), all in all, a unique opportunity to fast track a health library career and expand my horizons.

In this farewell, I want to thank several people.

- Ann Ritchie for her ongoing mentorship and support, and her confidence in my abilities,
- Jane Orbell-Smith for an excellent handover,
- Rob Smith for his technical advice, especially during the transition to JoHILA,
- the HLA Executive and Editorial Boards for their contributions with advice, suggestions and articles
- Gemma Siemensma for her inspirational leadership,
- Helen Giltrap for her exemplary proof-reading,
- Jojo Fuller produced HLA News for many years and was instrumental in other ways behind the scenes.

I hope to see some of you later in the year at our PD Days, should they be able to go ahead.

Taryn.

CONVENOR'S FOCUS
June 2020

Gemma Siemensma
HLA Convenor
gemma.siemensma@bhs.org.au

As I sit here reflecting on what I wrote about in the February issue of *JoHILA*, I could never begin to imagine the incredible changes that have occurred only a few short months later. As we are all aware COVID-19 hit and many of us have barely had time to stop, think and reflect. Hopefully, as you read through this issue you can contemplate how COVID-19 has affected you and feel connected to others in similar situations in such unprecedented times.

COVID-19 has affected health libraries in many different ways. In March, ALIA HLA released a *Statement of Support to Health Libraries and Health Library Workers.* We joined international colleagues in recognising that:

"health libraries have an important role to play in the unfolding COVID-19 pandemic in Australia, by connecting clinicians and others to vital information services and resources… due to the added value that information professionals can add in the context of a new and rapidly evolving health crisis where the information landscape is constantly changing".

The full statement can be found here.

To support clinicians, health librarians across Australia and internationally collaborated to produce some COVID-19 literature searches (found here: http://www.alia.org.au/groups/HLA/covid-19-live-literature-searches) and a COVID-19 resources website (found here: https://www.alia.org.au/groups/HLA/covid-19-key-resources). These projects highlight the incredible work that health libraries perform through demonstrating expert searching skills and curating of content in what can be an overwhelming information landscape. A huge thanks to Rob Penfold at Barwon Health for leading this project.

This issue of *JoHILA* also brings together examples of the different experiences health libraries have faced in the last few months. We hear from colleagues in Victoria, Queensland and New Zealand in both the hospital and the university environment. We also hear about other library environments such as schools and public libraries. A crisis such as this highlights that even though we might serve different clients, at their heart libraries are still very similar and connected in a myriad of ways.

We also explore COVID-19 through other diverse projects. We hear from ANZCA regarding the digital preservation of tweets via Twitter in a pandemic, as well as learning about under-preparedness and what it means in an organisational context. Taryn Hunt also ran a survey about health librarians response to COVID-19 which you can delve into. Hopefully, the results will help you learn from others, or they may mirror your own experiences. It also helps to reflect on the many different and unique ways that organisations' have handled this unfolding situation.

Many of you would have had our annual Professional Development Days pencilled in your calendar which were to take place in Brisbane in July. This has now been postponed with dates locked in for November 26th & 27th 2020 (subject to travel restrictions).

As we can't physically meet in July we have decided to have a FREE online professional development session instead. This event ***Now, Next, Beyond COVID-19 – Health Librarians' Experiences*** will take place on Thursday July 16th at 2pm AEST for a one-hour Zoom event. You'll hear from:

- Steve McDonald from the National COVID-19 Clinical Evidence Taskforce
- Nikki May around her work for the SA COVID-19 Evidence Taskforce
- Cheryl Hamill will provide information and guidance around the challenges of moving from legacy to new PubMed
- Other health librarians about their roles and the pivoting of library services to meet client needs during the pandemic.

Register here: https://membership.alia.org.au/events/event/Health-Librarians-Experiences

HLA and MedicalDirector are also pleased to announce that the winner for the 2020 HLA/MedicalDirector Innovation Award is Daniel McDonald, Librarian Darling Downs Health, for his submission – *Shoosh: a podcast about health libraries*. This project has one simple objective – to create a podcast about health libraries and health information. Stay tuned for more information on this soon!

This issue of *JoHILA* is also the last for our wonderful editor Taryn Hunt. Taryn took on the role three years ago and has done an incredible job in capturing health librarianship in Australia, and has made strong connections with our colleagues in New Zealand. Taryn was instrumental in spearheading the change from *HLA News* to *JoHILA* and took on the challenge with enthusiasm and continued to smile when all those IT issues "cropped up". Thank you so much, Taryn, for making such a valuable contribution to our profession.

Stay safe, Gemma

VALE JANET HINDSON

Ilana Jackson
Manager,
Western Health Library Service
wh.libraryenquiries@wh.org.au

Dear Colleagues,

It is with a heavy heart that I have to pass on the sad news that Janet Hindson passed away on the weekend after a short illness.

Jan was an integral part of the Western Health Library team for 30 years providing wonderful support to our staff and students with their patient care decision making, education, and professional development.

Jan was also passionate about connecting with and supporting her health library colleagues. Her recent Committee Membership of both Gratis and HLInc reflected her very strong commitment to our profession.

We will miss her humour and fun-loving spirit.

Rest in Peace Jan.

The HLA Executive extends its sympathies to the Western Health Library team and Janet's colleagues, friends and family.

FIT FOR THE CHALLENGE:
THE NEW COCHRANE HANDBOOK

Steve McDonald
Co-Director, Cochrane Australia
Senior Research Fellow, School of Public Health and Preventive Medicine
Monash University
steve.mcdonald@monash.edu
ORCID ID https://orcid.org/0000-0003-2832-5205

Steve is responsible for training in the conduct of systematic reviews and providing information specialist advice on evidence synthesis projects, including commissioned systematic reviews and living guidelines. He is enrolled in a PhD evaluating machine learning and text mining approaches to support evidence synthesis and aid search strategy design.

Shifting sands

The last 25 years in health have been notable for the emergence of evidence synthesis and its role in making sense of exploding global research output. By any measure, systematic reviews are a major feature of the research landscape, helped in part by their versatility and capacity for reinvention. Review labels continue to proliferate, expanding what is both conceivable and feasible to produce. Historically, what was mostly a binary choice between traditional reviews and systematic reviews is now a smorgasbord that encompasses reviews variously described as scoping, mapping, narrative, umbrella, mini, living, rapid and even ultra-rapid. You are not just imagining this burgeoning array of review types - a recent study identified 48 types, categorised into seven families (Sutton et al., 2019). Although fragmentation and specialisation of reviews may create definitional confusion, it is also a sign of a dynamic research area that is continually exploring ways of developing knowledge outputs to meet the diverse needs of decision-makers.

Twenty-five years ago, when Cochrane started, the majority of systematic reviews published globally were probably Cochrane reviews, and Cochrane's methods became *the* methods to follow. Inevitably, as systematic reviews became more accepted as valid research outputs and the methods more widely disseminated, the number being conducted and published grew dramatically. Fast forward to today and the number of reviews is staggering. There are close to 25,000 published annually in PubMed and there has been a three-fold increase in reviews registered in PROSPERO since 2015 - from 5000 to nearly 15 000 annually. At one level this reflects the widespread acceptance of the role of systematic reviews in informing decisions (e.g. in guidelines), however, their

ubiquity is potentially problematic, with criticisms of unnecessary duplication leading to research waste (Ioannidis, 2016).

Many universities encourage involvement in systematic reviews as a practical way to learn valuable research skills, and they are often a more attractive proposition for students than pursuing primary research projects. But as research synthesis has evolved into its own distinctive area of scientific research, so too has its specialisation - we can see this in the methodological and technical advances, and the competencies required by author teams to produce high-quality reviews. So, where does this leave the humble reviewer embarking on their first review? What can Cochrane offer to those involved in writing and supporting systematic reviews?

There is no shortage of guidance

There are many manuals, guidelines, handbooks and all manner of online resources and materials that would-be reviewers can choose from to help navigate the review process. Further, many university library websites have extensive teaching and learning resources dedicated to supporting staff and students undertake systematic reviews. A long-standing and essential resource is the Cochrane Handbook.
The new edition of the *Cochrane Handbook for Systematic Reviews of Interventions* was published in October 2019 and is available free online at training.cochrane.org/handbook or in hard copy (Higgins et al., 2019). This second print edition comes in at just shy of 700 pages, putting it firmly in the super-heavyweight division, and brings together the expertise of over 100 contributing methodologists. As the first major revision in a decade, the new Handbook reflects the technical developments in evidence-based methods that have occurred over that time and represents Cochrane's current consensus, backed by methodological research, on the most appropriate methods for systematic reviews of interventions (Cumpston et al., 2019).

The printed Handbook has three parts. (There is an online-only section, specific to authors working with Cochrane, that includes a useful chapter on reporting the review.) Part 1 covers the core methods for conducting intervention reviews of randomised trials and divides the review process into 15 steps, with a chapter devoted to each. Parts 2 and 3 focus on specific perspectives in reviews (e.g. equity, adverse effects, qualitative evidence) and other topics (e.g. inclusion and assessment of non-randomised evidence).

What's new?

Cochrane has always strived to produce reviews that are both valid as well as useful to decision-makers but has sometimes struggled to achieve the optimal balance. Many of the advances in methods in recent years concern reviews that address complex questions of multi-component interventions, health systems and public health - challenging reviews that Cochrane has increasingly taken on because they respond to the needs of end users. The new areas of guidance in the Handbook speak to the broad scope of Cochrane reviews and may help lay to rest the long-held perception that Cochrane is all about narrowly defined meta-analyses of randomised trials.
Investigating bias is a favourite pastime of methodologists and new or updated **guidance on bias** features in several chapters: version 2 of the Cochrane risk of bias tool for randomised trials; ROBINS-I tool for assessing the risk of bias in non-randomised studies; and risk of bias due to missing results. Another development is the incorporation of **network meta-analysis** as a core method. This is where multiple treatments (e.g. SSRIs for depression) are compared directly (in head-to-head comparisons) and indirectly (within a network of trials), enabling reviewers to generate a league table of treatment effectiveness. Complexity in reviews, and the problems caused by data deluge in some primary studies, has been tackled through new guidance that urges authors to stipulate their planned syntheses upfront. Linked to this is new guidance on **synthesising results** across studies (using different types of plots and graphs) when meta-analysis is not feasible.

Searching for studies

The searching chapter has been extensively revised and expanded to include the step of selecting studies. It is notable that among the technical specialists who are involved in reviews, the role and value of librarians and information specialists remains widely recognised, in part because the validity of systematic reviews depends on objective, thorough and reproducible searches (Metzendorf & Featherstone, 2018).
The days of relying on a single report or publication, retrieved from a bibliographic database, as the sole source of evidence about a study are disappearing. Studies have lifecycles and continually 'shed' data and information that can be critical to the reliability of the evidence synthesis. (We are seeing this play out in the coronavirus pandemic, where studies and their associated reports (register entries, protocols, preprints, etc.) are being forensically scrutinised (Armstrong, 2020).) Thus, in addition to bibliographic databases, the chapter section on **sources to search** includes information about ongoing studies, unpublished data sources, trials results registers, regulatory agency sources and clinical study reports. Empirical studies inform the advice in the Handbook so, for example, there is a discussion of the pros and cons of searching multiple databases and when it might be appropriate to deviate from standard practice.

The section on designing **search strategies** deals with all the routine issues (controlled vocabulary, text words, Boolean, limits, filters, etc.) as they apply to systematic reviews, plus there is a discussion of peer review of search strategies, use of alerts, identifying fraudulent and retracted publications, and when to stop searching. The short section on **documenting and reporting the search** process covers the 'what, when and how' and ties in with requirements of PRISMA.
In addition to the content covered in the chapter, there is a comprehensive **online technical supplement** that gives more detail about each type of information source, including advice on how to access and search them, and consideration of the value they bring. Linked to the technical supplement is a regularly updated spreadsheet that gives the URL for each resource by category.

Selecting studies

Screening records can be enormously resource intensive and is why the time taken to complete a full systematic review can blow out to more than two years (Borah et al., 2017). A lot depends on technology to help ease this and other bottlenecks in the review process, such as bias assessment and data extraction. But while many tools and applications are available (see SR Toolbox) their uptake has been mixed, with concerns expressed about workflow compatibility, user experience and licensing (van Altena et al., 2018). Even when automation tools can be integrated into workflows, it's interesting to quantify the efficiency gains that are attributable to tech and automation as opposed to the organisation of human effort (Clark et al., 2020).
Leaving these debates to one side, the Handbook covers some of the common approaches to facilitate more efficient study selection. These include systematic review management tools (e.g. Covidence) and the use of machine learning algorithms to support screening prioritisation (where the machine continually reorders the sequence of unscreened records based on their relevance). The most significant innovation for Cochrane has been the creation of machine learning classifiers to speed up the process of identifying randomised trials from several sources, including PubMed, Embase, CINAHL and ClinicalTrials.gov. Because of the vast amounts of training data generated by Cochrane Crowd, these classifiers can very accurately determine the likelihood that a record reports a randomised trial. Cochrane is now routinely employing machine classifiers centrally (via its evidence pipeline) to efficiently harvest all randomised trials which are then fed directly into Cochrane's trials register in the Cochrane Library (Marshall et al., 2018) (Thomas et al., 2019).

Training and support

A new feature of the Handbook (both print and online) is the integration with the *Methodological Expectations of Cochrane Intervention Reviews* (known as the MECIR Standards); these are the mandatory or highly desirable methodological standards to which all Cochrane reviews are expected to adhere and cover both conduct and reporting (Higgins et al., 2020). Each standard comprises a concise instruction (e.g. to

search trials registers and repositories of results) pus a rationale. The 75 standards, 21 of which cover searching and selecting studies, are the distillation of the Handbook to its bare essentials.

Those looking to complement the Handbook with other resources should check out Cochrane Training (training.cochrane.org). In addition to the 11 interactive online learning modules, there is an extensive collection of recorded webinars presented by the methodologists responsible for developing the guidance and writing the Handbook chapters.

One other major development in systematic reviews to look out for is the new PRISMA Statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The original PRISMA (Moher et al., 2009) has been extensively updated over the last two years and is expected to be published later in 2020. In the meantime, the recently-completed PRISMA-Search Extension (Rethlefsen et al., 2020) covers all of the essentials for reporting the search.

Finally, a challenge facing readers of systematic reviews is understanding how their conduct might affect their trustworthiness. As a group that is actively involved in supporting many systematic reviews, health librarians and information specialists have a role in promoting best practice, particularly when it comes to searching. Our hope is that the guidance and advice in the new Cochrane Handbook, which has been written by information specialists, will prove an invaluable source of reference.

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PANDEMIC OF UNDER-PREPAREDNESS:
A STATUS REPORT ON DIGITAL WORKPLACES AND THE ORGANISATIONAL RESPONSE TO COVID-19 IN AUSTRALIA

James Dellow
james.dellow@chieftech.com.au
+61 414 233 711
https://chieftech.com.au/ and
https://digitalworkplace.co/

James is an expert on digital workplaces. He is a human-centred designer – applying user-centred design, visual thinking and corporate ethnographic techniques to my work - and a technology strategist.

Matt Moore
matt@innotecture.com.au
+61 423 784 504

Matt is an Industry Fellow in the Faculty of Arts & Social Sciences at University of Technology Sydney. He has held roles in the public and private sector that span knowledge management, learning & development, marketing, sales, sales operations, information technology, and innovation management.

Back in March, James Dellow and Matt Moore produced a report looking into the level of preparedness of Australian organisations for remote working in response to COVID-19, including a helpful roadmap of sorts. We publish this report here with permission, along with an update on how James and Matt feel we did when looking back. Bear in mind that though the early stages have passed, there is much to continue to do now, and in the months to come. Read on for Matt and James' predictions and suggestions on how to manage now and after the crisis is over.

Introduction

Update - 29 May 2020

After two months of social distancing and remote working, Australia has so far avoided the horrific death tolls of some other countries but has suffered a significant economic contraction. We stand by many of the things that we wrote back then. A few things have become clear although as we look into the future, much remains murky.

The Great Remote Work Experiment has highlighted issues that we were aware of before the crisis. Many meetings are poorly run. The design of work and its coordination is often lacking. Working from home can be stressful due to feelings of isolation, the need to overstate presence and availability, the lack of boundaries between work and the rest of life.

For example, everyone can relate to the issue of online meeting fatigue, which is often met with the recommendation to either tweak an environment like Zoom or to run meetings better. Both of these suggestions have some validity - esp. the one on running meetings better - but in doing so, we are missing a bigger picture. The excess of meetings indicates that we are not good at coordinating our work. In terms of either operations or projects, we fall back on meetings because we do not know what to do or we do not know what other people think, or we worry that people might be doing the wrong thing. Until we get better at clarifying what needs to be done, when, and by whom, we will continue to have too many poor meetings that exhaust people.

Regarding stressors, strictly working from home was not necessarily a strategy followed by all. Some workers have been able to keep working in offices. At the same time, there have also been reports of others resorting to using hotel rooms as temporary offices to escape a poor home working environment. The design of many households is not suitable for multiple people (including children) to be working from home at the same time.

While not a comment on the substance of the response by state, territory, and federal governments to the crisis in Australia, some organisations have subsequently described a challenge to keep up with the fast-changing nature of rules and policy and the flow of communicating this information to staff. Because they had digital communication tools already in place, we have heard that leading organisations were better able to respond to change. Managing change will remain a challenge as states and territories open up at different speeds, and even more challenging for international organisations.

We were concerned originally about how lagging and leading organisations were communicating with their staff during the crisis. Another indicator of this gap is evident in a recent survey of Australian workers that found, "25% of employees who were not economically impacted also did not feel supported by their organisation and are now fraught with anxiety." Our recommendation stands that leaders should not only send out communications regularly but listen to the concerns of their staff and respond appropriately. Two-way communication is assisted by having the right digital tools in place.

Purpose of this report

To provide insight to stakeholders how the Covid-19 crisis response and enterprise transformation programs - particularly what we think of as the digital workplace capabilities that support productivity and employee engagement using a range of collaboration technologies - are impacting each other.

The report begins with one-page actionable summaries for each of the following stakeholders:

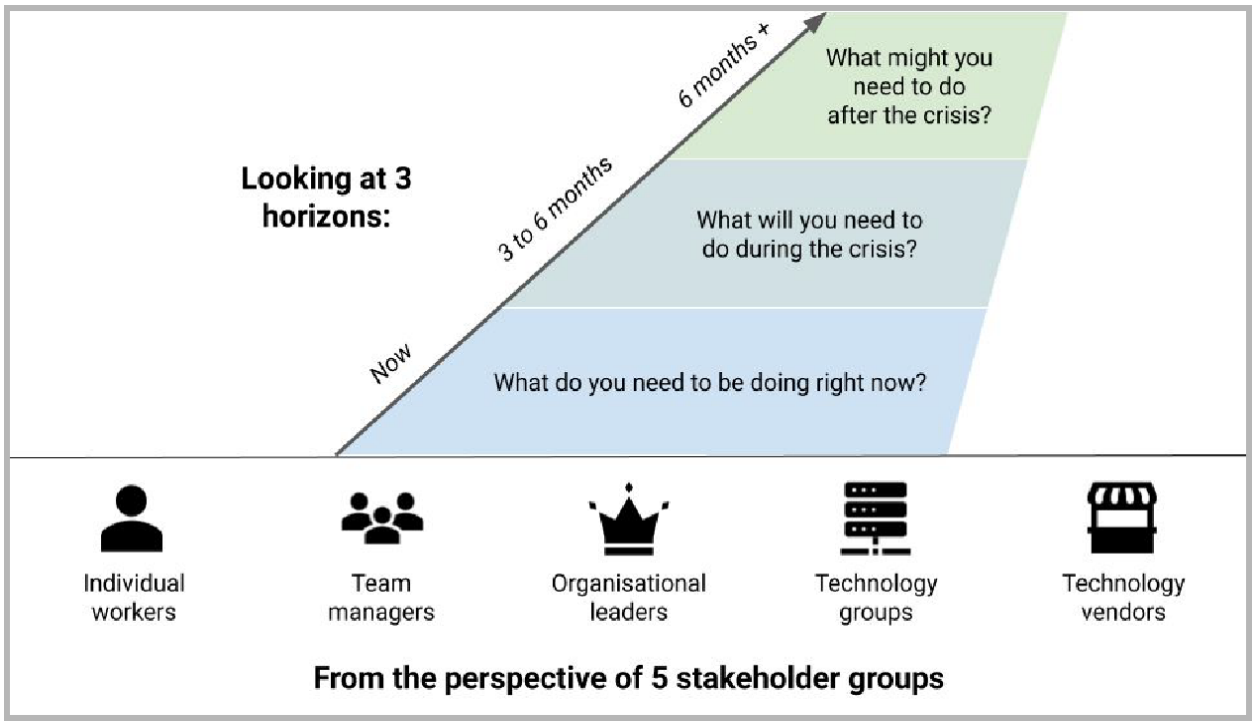
- Individual workers.
- Team managers.
- Organisational leaders.
- Technology groups within organisations.
- Vendors of technology infrastructure, software, and services.

Definitions

- Covid-19 is a viral disease that originated in China in late 2019 that has now spread globally. It is a flu-like illness that is highly contagious, with a higher mortality rate in vulnerable groups.
- The "Digital Workplace" is a concept for understanding how various enterprise technologies used by end-users for communication, collaboration, coordination, and cooperation work together cohesively. The quality of a digital workplace is based on several elements, starting with network infrastructure, devices and hardware than through to access to people, information and expertise.

Key Player Summaries

Our Key Player Summaries cover five stakeholder groups and they address three horizons:



Individual workers

Who are you?

Any individual who now has to work remotely or as part of a distributed team.

Current Diagnostic - What do you need to be doing right now?

- Do you have the right environment? E.g. Lighting, noise, distractions.
- Have you set up a good routine for yourself? (e.g. start/end times, regular breaks, healthy eating, exercise).
- Do you have the equipment you need? E.g. laptop, tablet, phone, keyboard, mouse, monitor, chair, desk.
- Can you get access to the applications you need? E.g. Network, VPN, application accounts and logins.
- Do you know the right ways to engage with your colleagues?
- Do I have access to social support? E.g. Someone to talk to about my fears. If you are feeling lonely or overwhelmed?

What will you need to do during the crisis (next 3 to 6 months)?

- Maintain your health and energy and take care of your family and friends.
- Maintain and build your network through acts of kindness - not every conversation with your colleagues and peers has to be about work.
- Deliver on your work commitments - and be seen to do so.
- Find things to improve and opportunities to learn new, marketable skills.
- Ensure that your CV is up-to-date and ready to go.

What might you need to do after the crisis (6 months plus)?

- If you stay with your current employer, discuss what form of working arrangement works for you.
- If you are no longer with your current employer, decide what kind of work you want to do (e.g. permanent, contracting, self-employed, gig) and pursue it with others in your network.

Team managers

Who are you?

Someone who has to manage a team, who could be either fully distributed or a mixed team of remote and non-remote workers.

Current Diagnostic - What do you need to be doing right now?

- Check that your team members have all the things they need to be successful. (see Individual workers).
- You will likely need to ask your Technology group what resources you have available.
- Are you clear on the messages that you need to be giving them?
- Are you working with them to manage their anxiety and boredom?

What will you need to do during the crisis (next 3 to 6 months)?

- Ensure that your team knows what is going on.
- Find appropriate ways to feedback insights into organisational leadership.
- Share lessons in what works and what does not with other managers in your network.
- Work with your team on experiments in different forms of working.
- Review your team's capabilities (skills, processes, technology, governance) that will allow you to scale down or up at short notice.
- Prepare your team for a range of possible employment outcomes.

What might you need to do after the crisis (6 months plus)?

- Be prepared to scale up your team's delivery with the expectation of a quick recovery.
- Start to reflect on the potential for this new way of working and for business transformation.
- Work with your team on agreeing on sustainable ways of working going forwards

Organisational leaders

Who are you?

Someone who has to manage an organisation (e.g. C-Suite, Divisional Head)

Current Diagnostic - What do you need to be doing right now?

- Are you responding to the crisis with the appropriate balance of speed and consideration?
- Have you consulted with your technology group to ensure you are fully apprised of the known constraints in your IT infrastructure and the implications for business continuity?
- Are your messages clear, short, and sent through multiple channels? This includes addressing "fake news".
- Do you have a strategy for managing an expected short-term productivity drop? You need to manage morale and set the vision for once teams move through the productivity plateau.
- Do you have mechanisms in place to monitor what is going on? (e.g. pulse surveys, feedback channels, monitoring tools, sentiment analysis, asking people who will tell you the truth).

What will you need to do during the crisis (next 3 to 6 months)?

- Establish and maintain robust, two-way communication channels with your staff and managers with the assistance of your corporate communications team.
- Role model good distributed working behaviour to all your managers and staff. Appoint a trusted team member to give you feedback or coach you on this.
- Maintain a learning mindset - in this situation, you are unlikely to have all the answers.
- If revenues are declining, decide how you will keep your business going without crippling its potential to grow in the near future (e.g. taking on more debt, cost cutting, seeking new sources of capital, diversifying revenue).
- Prepare to scale your business when the crisis ends - what capabilities (skills, processes, technology, governance) will you need?

What might you need to do after the crisis (6 months plus)?

- Hopefully, you will need to scale, and you have spent the previous six months building the capabilities to do so.
- Develop a business as usual stance and apply the lessons that you have learned around productivity and employee engagement

Technology groups

Who are you?

Technologists who work in your organisation's information technology group.

Current Diagnostic - What do you need to be doing right now?

If you are yet to undertake any preparation and testing for the crisis, it may be too late as the crisis is already happening. For those that have already started, you should:

- Ensure that everyone in your organisation is aware of the tools that are available and open a two-way dialogue with managers to manage 'shadow IT' - depending on circumstances, you may need to permit the use of unofficial tools so that people can keep working.
- Deal quickly and decisively with the inevitable mini-crises that will emerge. Is your service desk adequately staffed? Can your employees self-service?
- Watch for infrastructure failures in your supply chain (e.g. broadband providers, SAAS providers, etc.).
- Audit your licensing and subscriptions to determine those billed in non-Australian currency, such as US dollars, and evaluate the impact of the exchange rate on these transactions.

What will you need to do during the crisis (next 3 to 6 months)?

- Set up proactive monitoring capabilities to identify failure points in your organisation.
- Continue to work with your vendors to proactively develop contingency plans should critical infrastructure fail.
- Don't put off progressing with digital workplace initiatives. Assess and source the non-technological capabilities that you require to deliver these initiatives.
- Create a plan to deal with the inevitable shadow IT tools that have been bought, used and now embedded in organisational teams.

- Plan how to scale your capabilities up or down.

What might you need to do after the crisis (6 months plus)?

- Reevaluate your digital workplace plans in consultation with organisational leaders and team managers.
- Remediate any sub-optimal short-term solutions that have been implemented during the crisis.
- Review your vendors in the light of their performance during the crisis.

Technology vendors

Who are you?

You provide technology hardware, software and services.

Current Diagnostic - What do you need to be doing right now?

- Have you ensured that your infrastructure can scale with exponential demand?
- Are you providing the support that your customers need - especially if they reach out to your or you proactively identify a critical risk for them?
- Have you recognised that all of your customer's other vendors will be doing the same thing, so do not overwhelm them?
- Are you able to be flexible in adjusting delivery methods or your timeline, especially if you are mid-flight in a project?

If you bill in non-Australian currency, such as US dollars, consider the impact of the exchange rate on these transactions.

Also, be careful when offering free services to not-for-profits to ensure that they will be able to sustain them in the medium to long term.

What will you need to do during the crisis (next 3 to 6 months)?

- Recognise that you should have a better understanding of the use of your tools in an organisation than any in that organisation. How can you connect advocates, if appropriate?
- Invest in your customer success and technical support services as these will be in heavy demand. Do your programs and services work in a distributed environment (e.g. online learning)?

- Ensure that your infrastructure and service monitoring capabilities are excellent.

Focus on fixing bugs rather than rolling out new features.

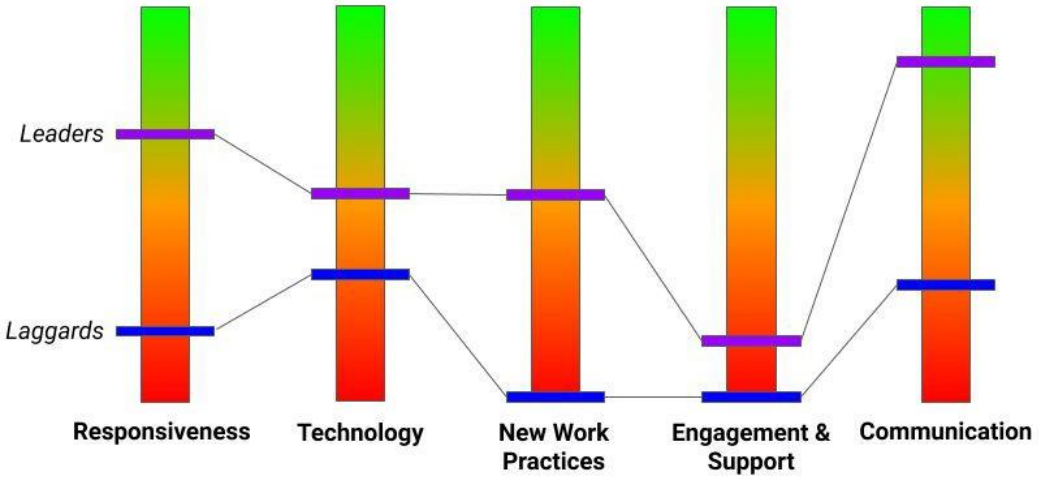
What might you need to do after the crisis (6 months plus)?

- Work with your customers on their longer-term product roadmap, digital workplace initiatives, and capability building.
- Proactively share insights across customers to add additional value.
- Explore innovative approaches to financing adoption and expansion of your products and services with customers who may be temporarily cash poor.

What is happening now?

Overview

Looking across five themes that have emerged from our research on the current state of preparedness, we have attempted to gauge the level of current effectiveness in those areas. Naturally, there are caveats with such qualitative research, but we are confident that people interviewed represented enough of a range of business types to draw some conclusions.



- In most of the thematic areas we identified, there is a sharp distinction between "leaders" and "laggards", though there are exceptions. The gap is narrower than expected around technology. The overall pattern is strongly suggestive that while organisations that have some pre-existing capability to work in a remote or distributed fashion have been able to respond quickly and decisively, this first-mover advantage may be limited.

We noticed that the technology advantage of using cloud or SAAS in the current environment might be more limited than expected. Constraints exist because of either the capacity of vendors and services to support rapid demand or specific points of failure, such as legacy apps that require remote access so act as blockers. For example, while a team might have access to cloud-based collaboration tools, they may also need access to an on-premise only system to take action.

Where they exist, we are confident technology access issues will be fixed. But for the more distant horizon, we are more concerned that access to technology infrastructure does not mean an equivalent level of capability to manage or operate as part of a high performing distributed team. Unfortunately, poor performance could have profound economic and social consequences.

These themes are explored in more depth in the following sections.

Speed up or do the minimum

Organisations seem to be sorting into two categories.

Category 1: Those with elements of a digital workplace program in place are using the crisis to aggressively move forward with their program. This includes:

- Moving any remaining on-premise applications to environments like Azure Application Portal that remove the need for VPN access.
- Bringing forward planned digital workplace projects such as Office365 implementations. Programs that were six months away are happening now.

Leaders will have already sent home their staff in groups last week or earlier to identify any remote working issues.

Category 2: Everyone else. In the sales world, it is a truism that your biggest competitor in any deal is "do nothing". "Do nothing" is now not an option. So many organisations are seeking to do the minimum.

Technology blockers

Whether leaders or everyone else, the major challenges that organisations face right now are legacy elements of the technology infrastructure (Danckert, 2020).

- Legacy on-premise applications and the VPN and virtual desktop solutions needed to access them off-premise remain stubbornly in place.
- Many organisations are either buying enough VPN tokens to support all their staff or rationing access to VPN based applications that staff need.
- Everyone is testing how their networks perform when all their staff login via a VPN. While these tests are sensible on their own, they cannot replicate all the issues that staff will face when everyone in Australia is doing this at once.

Agreeing to new work practices

Research by the Leesman Index (Leesman Index, 2020) indicates that 47% of workers in Australia and New Zealand have no experience of remote working. Those who can work from home (82%) do so for up to one day a week. Nearly half (46%) use dedicated workrooms and 28% use non-work specific home locations"

For those that have not worked remotely before the initial focus will be on hygiene factors:

- Do they have the right environment? E.g. Lighting, noise, distractions. Many family households are not set up to support two people working from home (plus kids off school).
- Do they have the equipment they need? E.g. laptop, tablet, phone, keyboard, mouse, monitor, chair, desk.
- Can they get access to the applications they need? Ideally, the network, VPN, and applications should just work and be invisible. But many organisations are a long way from offering a seamless experience.
- Do they know the right ways of engaging their colleagues? Some people do not answer the phone. Some people do not answer emails. What are the "service level agreements" between team members?
- Do they have access to social support? E.g. Someone to talk to about their fears if they are feeling lonely or overwhelmed.

In this new environment, role modelling is critical. Employees are smart enough not to listen to what their leaders and managers say (because it is often contradictory) but to observe what they do. And, unfortunately, many of our interviewees stated that leaders exhibit the worst collaborative behaviour. Some senior staff members do not turn up to online meetings promptly, are distracted in online meetings and do not pay attention. Smart leaders will appoint someone they trust to give their feedback on their collaboration behaviours. This will ensure that they are operating at the necessary level of performance.

The emotional labour of management

An under-recognised role of the manager is that of sensemaker and emotional regulator. The world is a confusing place and managers help both their subordinates and superiors make sense of it. A good manager recognises that their team is made up of people with values, beliefs and feelings. They seek to encourage their team to manage their feelings productively (which is not the same as repressing them). The uncertainty of Covid-19 has caused a panic reaction across the whole population – manifest in behaviours like public fist-fights over toilet paper. People are scared for their lives, their health, their families, and their livelihoods. Managers will need to reassure their staff members, not only by telling them facts but ensuring their staff both are and feel listened to and that their concerns are addressed.

Communicate like a boss

It should be evident that organisational leaders need to follow the basics of good crisis communications:

- People are overwhelmed so communications should be short and relevant to what they are thinking and feeling now.
- Communications should come from a single source but use multiple channels (email, SMS, a personal call from a manager to their direct report)

as no one channel is standard for everyone. You know that you have communicated enough when people ask you to stop.
- Communication should be two-way. You need to be listening as well as talking.
- Your people's need for information should drive your cadence. You will need to communicate more frequently in times of rapid change.

Some organisations are using their digital workplace platforms to enable both one-way and two-way communication across the organisation. More conservative communications practitioners might fear that two-way platforms open up the opportunity for disgruntled employees to vent. The truth is that such venting is happening anyway and dealing with these issues publicly is a great way of showing that the leadership is listening and acting.

Not just out of the office

In this report, we mostly focus on "knowledge workers", a somewhat patronising term used for people who work in offices or in roles considered "white collar". Workers with "blue collar" roles (whose jobs often require considerable knowledge) will require similar levels of support and care but the specifics of supporting them in their jobs will be different.

During the crisis (3-6 months)

Macroview

It is now apparent that the crisis will hit particular industries hard – e.g. hospitality, travel, cultural and sporting events. Consumer confidence hit a decade low this week (ANZ Roy-Morgan, 2020) (from a low base). The crisis will almost certainly trigger a recession in Australia and other geographies. Following the 2008 Global Financial Crisis, we have exhausted monetary stimulus tools, and many governments are either unable or unwilling to supply fiscal stimulus at this stage. There will be intense pressure on all levels of government to maintain service provision in areas such as health while dealing with declining revenue streams. This will lead to cost-cutting and redundancies in both the public and private sectors.

Technology infrastructure

- If staff cannot get the technology they need from their employer's IT department, then they will buy it themselves online. They will not care about security or integration issues. They just need to get the job done. This is 'shadow IT' but a shadow on the scale of a solar eclipse.
- In the rush to enable their workforces to work remotely, security concerns have been deprioritised. Organisations will need to review their security policies and infrastructure to ensure that they reduce their vulnerability to opportunistic cyberattacks and mistakes made by staff working in unfamiliar situations.
- Australia's broadband network will come under significant strain. Many employers assume that with staff working from home, broadband issues become "someone else's problem". However, the public network has never been tested in this way before. Those homes in areas still using some form of ADSL may not be able to access the network, and therefore people might switch to mobile – which is far more expensive and also may shift congestion issues to that network instead. Organisations will need to enforce broadband rationing through asynchronous replication.

VPN, virtual desktop, web-conferencing and other SAAS vendors will find their infrastructure tested as never before. Many organisations again assume that they have outsourced risk to another entity, but you can never truly make these issues "someone else's problem". Organisations need to work closely with their vendors to ensure continuity of service. For vendors, this is a "moment of truth". Those that come through will have built more trusting relationships with their customers. Those that don't will fail quickly.

As Warren Buffett is fond of saying: "It's only when the tide goes out that you learn who has been swimming naked".

The leading organisations will continue to build out their infrastructure – access to budgets permitting. Vendors may wish to consider their payment plans for organisations that are in cash-strapped positions.

Maintaining and improving work practices - moving from panic to boredom

During World War I, a phrase began circulating to describe the nature of warfare: "Months of boredom punctuated by moments of extreme terror". There will be moments of panic with Covid-19 - especially when either you or someone you know tests positive or is taken seriously ill or if a major piece of infrastructure fails. However, there will also be long periods of boredom. This can be an opportunity to

do some activities that everyone has previously said they are too busy to undertake - such as:

- Cleaning up the intranet or document stores
- Building new personal relationships or repairing existing ones
- Engaging in continuous improvement or innovation programs (e.g. virtual hackathons)
- Building effective monitoring systems
- Digitising hardcopy documentation with appropriate metadata.

Above all, any downtime should be used to plan for what happens next. There is no excuse for coming out of this crisis without such a plan.

Productivity will take a hit with everyone in a household working from home and also having to look after children should schools close. Many organisations have "Employee Assistance Programs". They should ensure that these services cover marriage guidance, parenting, domestic violence and substance abuse.

After the crisis

Macroview

Given the difficulty in predicting what will happen tomorrow, it would be foolish to say what will happen in a year. Nevertheless, we can make some educated guesses.

- The economy will eventually bounce back. And once self-isolation and social distancing are over, people will yearn to go out, to come together collectively, and to travel.
- There will be a large number of unemployed people requiring support services and reskilling opportunities. Some of these people will take roles in the new growth cycle. Some of these people will move into the gig economy. Some of them will become entrepreneurs.
- The months of enforced time together, the stress and the boredom will lead to two outcomes for many families. Firstly, there will be a "baby boom" beginning nine months after the crisis. Secondly, without the pressure valve of escaping to the office, some marriages will not be able to survive.

Technology infrastructure

Corporate IT departments will have three options when dealing with the 'shadow IT' explosion:

1) If they can quickly release centrally-sanctioned alternatives, then they can move their staff off the shadow applications and into the controlled alternative. Smart organisations will treat the shadow applications as proof of concept experiments to inform their own versions and ensure high levels of user take-up.
2) If they cannot do this, then they will likely have to leave the shadow alternatives in place. They will then have to engage in remediation efforts to identify any applications that present unacceptable security risks and work to integrate the others into the organisation's Standard Operating Environment.
3) The last and least favoured option would be for IT to shut down all these applications without quickly providing alternatives. This will simply result in staff reacquiring unsanctioned applications – but doing it in a sneakier (and riskier) manner.

Work practices - the new normal?

One option after the crisis is to return to pretend the whole thing did not happen and to return to the old ways of working. A more productive option would be for managers and staff to review their work practices in light of what they have learned from the crisis. Part of that will be where work gets done. Everyone benefits from a more mindful approach to how to choose between being in the office, working from home, and working elsewhere. In a harsh economic climate, the temptation for employers will be to use this as leverage against their remaining employees to extract terms of work advantageous themselves. This only lasts as long as the economy gives an employer that leverage. A more sustainable approach is to view this as an opportunity to make everyone's lives better. Such negotiation should start work like any other:

- Start by focusing on what each party wants, needs, and values.
- Proceed on to the win-wins.
- Create an agreement that contains concrete provisions (e.g. where people need to be in specific circumstances), but that also allows the flexibility that life inevitably demands.

This is going to be hard. So we need to do our best to make it easier for each other.

Be kind.

How we wrote this report

We would typically conduct extensive interviews and surveys to underpin our point of view but the dynamic nature of the crisis means that a little data now is better than a lot of (out of date) data later. We interviewed individuals in our network who work in or have an appreciation of the digital workplace space in organisations, we reviewed the literature and we monitored social media for insights and stories. Above all, we followed sound distributed, collaborative practices - checking in with each other regularly, tagging relevant content for each other, and making drafts of material available to each other early using a content collaboration tool. Knowing each other for 15 years probably helped as well.

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COLLECTING AND PRESERVING COVID-19 TWEETS

Cassandra Gorton
Business Records Officer
Australian and New Zealand College of Anaesthetists (ANZCA)
cgorton@anzca.edu.au

Introduction – Anaesthesia and COVID-19

The Australian and New Zealand College of Anaesthetists (ANZCA) is the professional organisation responsible for training and accrediting approximately 7000 specialist anaesthetists and 1600 anaesthetists in training (Australian and New Zealand College of Anaesthetists [ANZCA], 2020). ANZCA employs a number of support staff, including a small team of library, records, and museum staff.

Anaesthetists are not simply the doctors that "put you to sleep." Anaesthetists administer a wide range of medical services and are part of multidisciplinary teams that provide healthcare to patients before, during, and after surgery. Anaesthetists are the experts in resuscitation and intubation for ventilation.

On 30 January 2020, the World Health Organization declared the novel coronavirus to be a Public Health Emergency of International Concern (PHEIC), posing an increased threat to healthcare workers internationally (2020). Not only are anaesthetists at risk of contamination by being in the presence of infected patients, but intubation of a patient with COVID-19 is a high-risk procedure. Intubation is necessary for patients with respiratory failure that require a ventilator. In conducting the procedure, however, anaesthetists are in "close proximity to the oropharynx and the exposure to airway secretions, which can carry a high viral load." (Odor et al., 2020). Anaesthetists are the frontline healthcare professionals responding to the COVID-19 pandemic.

Twitter

ANZCA's Geoffrey Kaye Museum chronicles the history of anaesthesia, intensive care and pain medicine, with a focus on the Australian and New Zealand perspective. The COVID-19 pandemic presents a rare opportunity for the museum to collect primary historical sources as the event is unfolding, potentially forming an exhibition in the future.

ANZCA's members are very active on Twitter. ANZCA maintains a popular Twitter account and the experiences of anaesthetists are personally created and shared with it. These Tweets are immediate, publicly available, and relevant. Anaesthetists can share their experience with COVID-19 to a worldwide audience from just outside the operating theatre.

Tweets, however, are ephemeral. Twitter users and their tweets are subject to the terms of service, rules, and design of the social networking site, which may not be conducive to archiving and preservation. As an example, it was recently announced that Twitter would begin testing a new feature called 'fleets' – tweets that would disappear after 24 hours (Pardes, 2020). Additionally, efforts to archive Twitter on a large scale have not been successful. In 2010 it was announced that the Library of Congress would archive all public tweets. In 2017, the project was effectively abandoned due to cost, privacy concerns, and shifting terms of service. The Library of Congress now acquires tweets on a selective basis and access to the collection is embargoed (Osterberg, 2017).

Current Systems

ANZCA does not have a digital preservation system that automates the ingestion, fixity, and migration of digital files. Currently, digital files assessed as having permanent value to the organisation are stored on a secure network drive and have checksums and metadata applied using Bagger. A reference to the file is manually entered in a text database.

This process is not appropriate for a tweet. A tweet is not comprised of a single digital file, but a collection of HTML script, images in various formats, background applications, and databases. Similarly, a tweet is not simply the 280 character content. A tweet is a connected profile, hashtags, images, hyperlinks, and the interoperability between these components. The functionality and design of a tweet should be preserved to provide context for future viewing and reuse.

Appraisal

An early limitation of identifying tweets for capture and preservation is the search function of Twitter. Initial forays into Twitter did not immediately reveal the advanced search function – staff were limited to manually browsing through hashtags or feeds to select tweets to add to the collection. Additionally, the nature of tagging on Twitter proved to be an obstacle. Although folksonomies are easy for end-users to understand and apply, the lack of a controlled vocabulary results in inconsistently applied synonymous tags. At the time of writing, #COVID, #Covid_19australia, #COVID19, #covid2019, #coronavirus, #COVID19au, are interchangeably used hashtags.

In discussions with Australasia Preserves members, ANZCA staff were directed to TAGS. TAGS is a free Google Sheet template which allows for the automated collection of search results from Twitter. A user of TAGS can enter multiple search strings to be conducted and saved every hour. TAGS saves the tweet text in a separate Google Sheet with the following metadata:

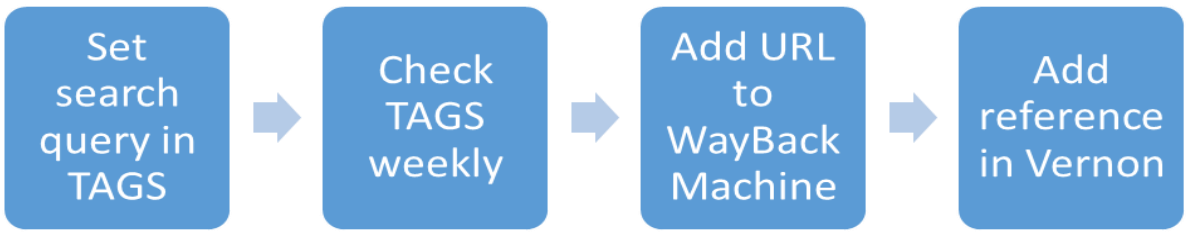
- Username
- Time posted
- User location
- User language
- Tweet URL
- Profile image URL
- Hashtags used
- Tweet and User replied to (if applicable).

Preservation

TAGS is used by ANZCA staff as a selection and appraisal tool, not an archive, as it does not capture or preserve the functionality of a tweet. To retain this information, the URL of the tweet is added to the Internet Archive's Wayback Machine. The Wayback Machine captures the 'front-end' of a webpage as it is seen on that day. Users can view and interact with the preserved webpage as they would have been able to in the past.

The WayBack Machine is simple to use and does not require the installation of software, and with an Internet Archive account, URLs can be saved to a dashboard for later viewing. However, the dashboard does not allow for the meaningful curation or application of metadata to a saved URL. As such, ANZCA staff accession the archived webpage in Vernon, the museum's collection management system.

Process Workflow



Conclusion

Without the convenience of a single system, digital preservation can be a lengthy process of responding to multiple technological limitations. However, through the collaboration of information management professionals, ANZCA has been able to collect and preserve historical tweets with meaning and functionality at no cost. These tweets may form the basis of a future COVID-19 exhibition for its valued members and the public.

Acknowledgements

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AUSTRALASIAN HEALTH LIBRARIES RESPONSES TO THE COVID-19 PANDEMIC:
HLA Survey Results

Taryn Hunt
Librarian,
South Metropolitan Health Service
Taryn.hunt@health.wa.gov.au

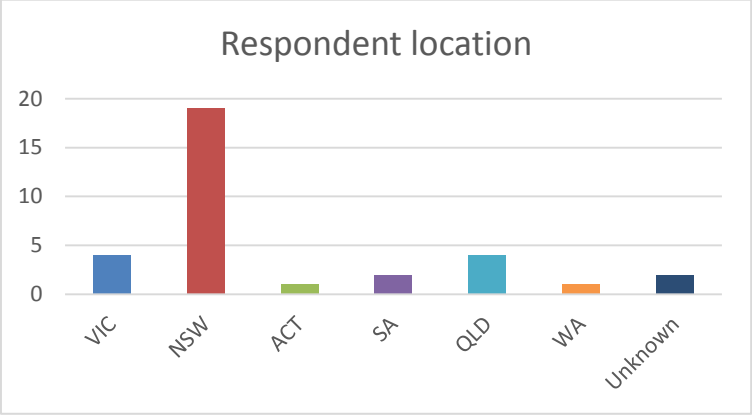
Introduction

In May 2020, the Australasian health library community was invited to participate in a short survey to gather information on the ways that libraries have responded to COVID-19. The following is a summary of those responses. If you haven't participated yet, but would like to, please contact the JoHILA editor at hlanewsed@alia.org.au
The survey had received 33 responses at the time of writing: 16 in May through our first weblink invitation and 17 in early June after the second invitation, with collection dates ranging from 8th May to 3rd June. At this time, COVID-19 restrictions (social distancing) had been in place for approximately 6 to 10 weeks so libraries had some opportunity to make changes, adapt and make early reflections (Ting & Palmer, 2020).

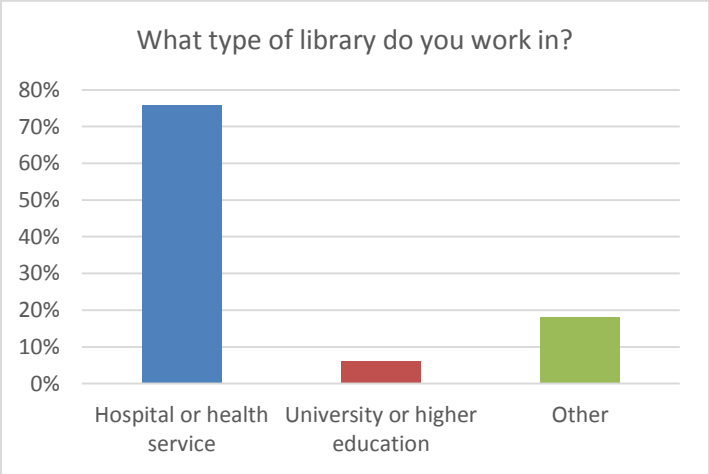
Responses

1. Demographics

We asked respondents for contact information to verify eligibility and to enable follow up conversations if consent was obtained. 31 respondents provided their location; the vast majority were from NSW:

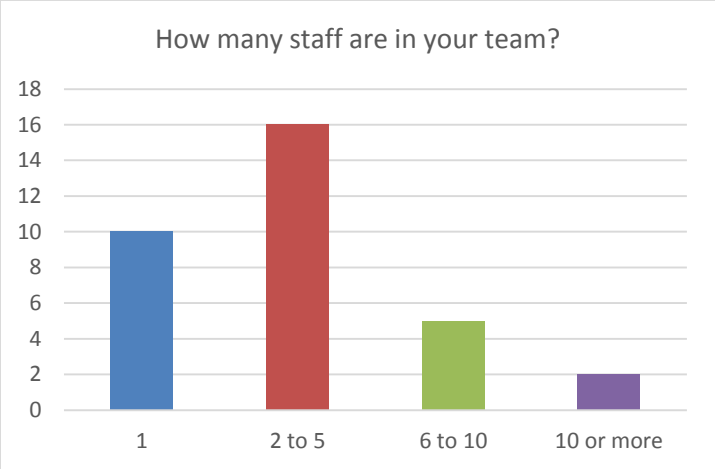


2. Health libraries in the Australasian region are found mainly in either hospital/health service or academic settings, as well as several other affiliated areas. We asked respondents to specify their type of workplace.



Those who selected 'other' represented libraries identifying as a training institute, special (science and medicine), district/community nursing, allied health professional association, and special (government).

3. Respondents were asked to specify the size of their team. One third of respondents indicated that they are solo workers, with a small minority being part of teams with more than 6 staff.



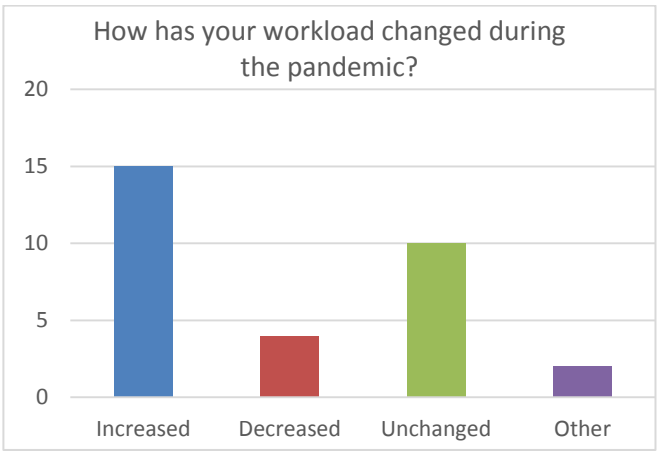
4. Perhaps one of the most concerning issues for librarians, as well as the community at large, was the possibility of job losses, or job changes, especially during the early days of the pandemic (Karp, 2020). Question 4 aimed to ascertain the rate of redeployment, as one of the more likely

changes to affect hospital-based librarians. Four, or 12% of respondents indicated that they had been redeployed into areas including:

- Creating e-learning modules,
- Driving patients (work normally undertaken by a volunteer), and
- Different departments for COVID specific work including document control and safety and compliance audits.

"Library Manager was redeployed to the Emergency Department to set up a PPE safety and compliance audit and audited clinicians working in the ED for a period of 4 weeks. Another librarian has been redeployed to Health Information Services to data entry patient details from the COVID-19 pop up testing clinics into PAS as well as merge patients' EMRs. This redeployment is likely to be for 3-4 months."

5. Respondents were asked to describe, in free text, how their workload had changed as a result of the pandemic. 32 of 33 respondents answered this question. They have been grouped thematically below.



"We have broken up into two teams with each team at work on different days; a few have been working from home."

There was a tendency for workload to increase in the majority of cases, with a smaller but substantial number experiencing little change, beyond perhaps a closure of doors or working from home.

Many libraries reported an increase in literature requests (14) and working from home (6). A relatively smaller number noted an increase in demand for:

- interlibrary loan (3),
- physical space (2), and
- support with technology (7).

Other reported changes include:

- reduced face-to-face contact
- Rescheduled training (or moving it online)
- Establishing new processes for online meetings
- Managing individual staff needs for altered tasks for working offsite
- Temporary restructuring of jobs and teams to facilitate working from home, changes to work hours and responsibilities.

"Workload was very intense during the ramp-up response phase, with plenty of 1-12 hour days worked. Lots of literature searching and article supply, lots of IT support and education for hospital staff adapting to working from home arrangements, lots of support for new taskforces and roles created, lots of support for virtual and hybrid meetings, lots of support for publishing case-studies drawn from the local response, lots of demand for usual services as many staff had ironically reduced clinical workload so were pursuing dormant research and education projects. Highlights from the peak response included conducting some 30 covid-19 specific searches, sourcing an urgent translation for a German journal article on covid-19 in the ICU, and helping coordinate the live visit of the Queensland health minister and chief health officer."

6. We asked respondents to describe any tools, techniques or strategies they employed to support staff working online or offsite, from electronic solutions to stress and emotional support. 29 of 33 respondents answered this question.

   Five respondents declared the question either not applicable in their situation or no changes were made. Broad themes emerged in the remainder of responses:

   - Remote working support through the use of online tools such as MS Teams, Skype, Slack, Zoom, VPN access, laptops, monitors and keyboards for home, Pexip, Padlet, email and phone calls.
   - Flexibility in work arrangements i.e. A mixture of working from home and physical attendance at the workplace to suit staff individual needs.
   - Encouragement to be open with frustrations to facilitate conflict reduction.
   - Management regularly contacting staff by phone.
   - Regular virtual social catchups.
   - Funny daily emails and a dedicated Facebook group.
   - Social and/or physical distancing policies at work.
   - Sharing of private mobile numbers to facilitate better offsite communication.

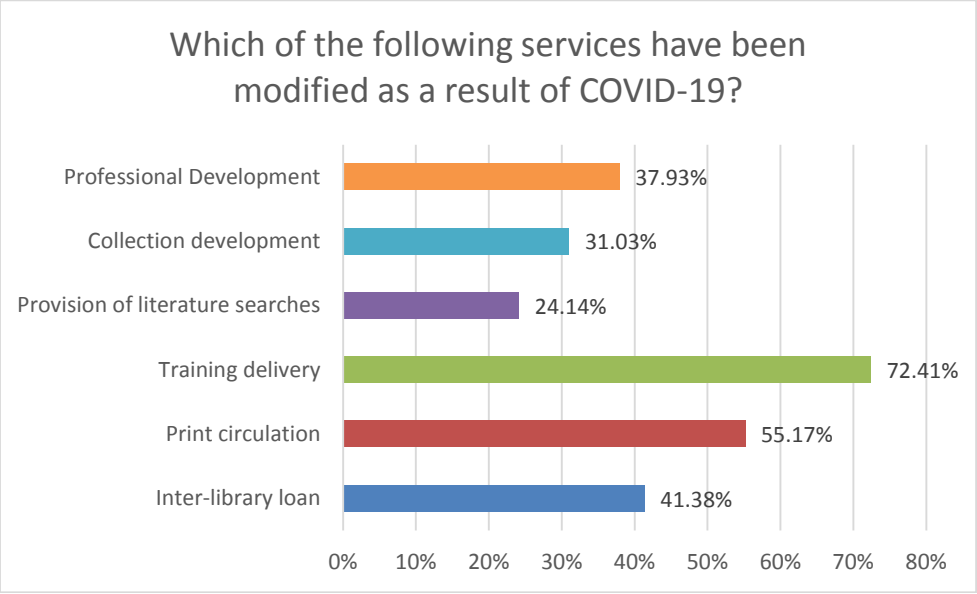
"All of my team are working at home. Staff are using a variety of ***online tools*** to carry out their work including Zoom, Slack and Padlet. Our team have a ***daily catch-up*** on Zoom where we can join each other for a ***cup of tea/coffee and a chat*** and this has been well-received. Slack has been used ***for casual conversation*** and a way to greet each other at the start and end of day. The HABS/MED Faculty Liaison Team was a distributed team when at work and many staff have commented that they feel more connected than ever. As Manager, I have also ***regularly phoned staff*** individually to check in with them."

The range of responses, although varied, suggested a general trend for all workplaces to offer new or continue ways of working online or remotely. Some libraries chose to close their doors to clients to manage infection control while others increased the use of disinfecting procedures at work while remaining open.

A hospital based library was able to access counsellors and support for mental health through online meditation courses. Several others used more informal methods of team support such as hosting of online virtual morning tea or lunch catchups.

One library recorded its highest ever productivity levels, perhaps assisted by already operating in a mostly paperless way.

7. We anticipated some changes to services to occur during this period and asked which of a range of areas had seen a change, with an opportunity to comment on what those changes looked like.



Comments on each theme were as follows:

Print circulation

- Due to uncertainty of lockdown impact on staffing, initially extended all due dates on current and new loans to end May. This has now returned to the normal 4 week period.
- Services already designed to encompass remote users, so only small changes required. Circulation is self-help all the time.

- Initially renewed all physical loans to 22 May (2 months instead of one) simply precautionary, not knowing if total lockdown was imminent. Will be returning to normal loan period from mid-May
- Print items are not for loan (Library closed), therefore only electronic ILL's are possible.
- Returned items were quarantined for 24h before re-shelving.

Delivery of training

- The delivery of small group training was temporarily suspended. Efforts to provide online training was not explored due to technical issues and time constraints. Assistance and support to individual clients still took place.
- Training limited to remote meetings or extensive emails full of screenshots!
- Delivery of face to face training has been significantly reduced. Group sizes have been reduced to a maximum of 4 people. Scheduling has had to be determined by the availability of appropriate room and equipment. We have been unable to change to remote training due to lack of appropriate equipment, although that has recently improved. Training and research support demand has stayed high as non-COVID staff have had more time available due to a reduction in general patient numbers/admissions

Collection development

- With regards to collection development, additional eBook titles and packages were examined and trialled.
- As a result of the freeze on ILLs, we are purchasing almost all book requests we receive.
- More CM achieved at work, as set as a priority for the time spent there.

Inter-library Loan

- I initially suspended us from GratisNet and LADD but reinstated us with a caveat that supply times might be longer than normal.
- Because other libraries are not offering inter-library loans, we have followed suit, but we are quite happy to lend.
- ILLs took longer than usual, as there wasn't always staff to deal with them asap, but we didn't stop them within our network. ILLs from university partners were not available

General service

- Other services to library clients were continued but again, with a warning that turnaround times might be longer than usual.

Literature searching

- Literature searches for hospital clients have continued as usual.
- Lit searches increased but continued as normal.

Professional Development

- No policies changed. More PD achieved from home.
- Several professional development opportunities for ourselves have been cancelled or postponed.
- I have been unable to attend some PD due to COVID-19

8. Our final question prompted respondents to think about and report on any particular challenges they had faced, as well as success stories and lessons learned. These are reported here in full:

My service has remained operational throughout COVID. Only difference is the provision of online training, but **still mostly face-to-face** interactions.

The library building is **closed to staff** - there are staff missing the quiet place to study. We are currently investigating when it will open.

I installed a **fixed hand sanitiser dispenser** on the entry point to the library. I removed the smaller bottles which were sitting on the desk and were close to empty. I bought 2 big tubs of detergent desk wipes so library users could wipe their desks. I moved a desk to the front of the library to space out the computers a bit more for

Many staff prefer in-person training and have requests to wait for restrictions to be relaxed to have training in person over virtual sessions. Sending interbranch requests directly to staff, particularly to those on the front line, has been well received.

Mail redirections have been tricky and a bit cumbersome. We've had to bring some **boxes of work home** to deal with acquisitions, cataloguing, legal deposit and ILL, but with **patience and tolerance** of inconvenience things have been working well.

We have been too busy **maintaining our current service.**

Webchat. Implemented it in our Intranet. **Live chat** which has been great.

Have learnt how to use **Skype and Zoom**

Collaborated with St Vincent's Melbourne to share a **COVID-19 journal alerting service**, a guide that lists selected articles regarding COVID-19 relevant to SVHA clinicians rather than create two separate lists for each public hospital. The Library developed an online reading list of references to support over 100 nurses currently undertaking online ICU and High Dependency Nursing Courses funded by the Commonwealth DoH. One significant challenge we encountered when attempting to fulfill interlibrary loan requests from staff was our **inability to obtain books from other libraries**. This was because many libraries were closed or that libraries were not prepared to lend their books due to possible contamination from COVID-19 either in transit or by other users.

Involved in organisation making online CPD items available to members via their website - standardisation of tags, procedures, locating clinically relevant Open Access CC BY items for inclusion. Redesigning library home page to be used as organisational site search facility with different experiences for logged in users as opposed to not logged in users**. As a result of COVID-19 the library is more firmly embedded in the day-to-day operations of the organisation**, whilst maintaining the normal member information based interactions.

Had to **call out bad behaviour** when **stress** gave rise to personal attacks on individuals sent to all staff via email. Talk to each staff member about **personal situation** and concerns and usually able to address. Managed to keep 4 of the 5 libraries open during the COVID emergency

Challenge: **WFH without NSW Health network access**
Solution: copy all folders and take them home for reference, or save certain tasks to prioritise when at work.

Challenge: only do work during work hours (not more or less!).
Solution: keep a record of where and when work conducted, and be flexible due to the nature of the situation (unlike a regular arrangement to WFH).

Challenge: when at work, **dealing with interruptions to work flows** (but missing the networking and serendipity that goes with having other staff around).
Solution: **WFH was much more productive for some tasks**, e.g. lit searches, article requests, report writing, online training. Deciding whether to WFH or not or which days to stay home, was based on the nature of the work needing to be done - I was **flexible,** while my assistant was at home all the time. Her work was changed to receive article requests from two other network libraries whose staff were either flexible or on extended leave. This ensured that there was no change to our usual response times, and that no-one across the LHD was without service, while keeping our assistant gainfully employed. All our usual **staff meetings were done remotely**, but then many of them are anyway due to the tyranny of distance and the widely distributed nature of our workforce. A major research conference scheduled for later in June will now take place as a monthly online meeting with the program distributed across the next few months, and with the usual awards, etc being presented at the end of the year. This may well result in more audience attendance than the physical 2-day conference would expect to see, as each meeting is 1 1/2 hours, no travel is involved, and attendance can be limited if necessary to sessions of particular interest.

We have managed to provide 90% of our regular services with only access to the physical space not allowed. **"Click and Collect"** has worked well with staff selecting from the catalogue or by phone and then collecting from the library.

We have for many years recorded the Medical Grand Rounds at our hospital and made them available on our website. During COVID the number of requests for recording meetings has increased as has the number of requests to have the presentations and other information made available on our library website. This involves extra time in editing etc. The number of literature searches and **systematic review requests has increased**. Partly directly COVID related and as a result of some clinical groups having extra spare time with far fewer COVID cases than expected.

All training implemented electronically and provided by Zoom. People still prefer one on one tutorials face-to-face so it has been a challenge **to ensure that computers and software work as it should.**

There have been challenges with **access to physical collections**. There has been healthy attendance to online training sessions and in some cases, more than would have attended a face-to-face session. There have been some success stories: A **Librarian contributed to an open access paper on COVID-19** that has been published in the BMJ (British Medical Journal). Librarians, particularly at our RBWH and Mater Hospital locations, have conducted literature searches for staff on various aspects of COVID-19. Hospital clients have requested this information for informing clinical practice, developing protocols or guidelines, to evaluate current services, design/redesign of future services, or for research or publication. Librarians have added COVID-19 / **coronavirus resources to the library guide** for hospital clients. The Clinical Librarian has developed regular COVID-19 current awareness newsletters with evidence based patient information links, and **basic active PubMed search string links for COVID-19** specific to teams. The team has learnt that our clients have been very receptive to online consultations and training. The team have also been using **more online tools to communicate** and this has been a great way to keep us in touch with others.

I feel like the library was regarded by the wider hospital as providing an important role during the peak initial response phase. We were considered a **trusted source of information** for very narrowly specific requests across a range of topics - everything from PPE options to risk/benefit of chest x-rays to infant epidemiology of Covid-19. The library also continued to provide access to computers and resources and space, ensuring staff did not have to crowd other clinical areas where space was a premium.

Challenges aplenty with **budget reductions up to 50%.** Being offsite rather than face to face has been harder to provide justification for maintaining funds to support services and resources

Delivering training remotely has been challenging as we have been **unable to source equipment** promptly. We are now able to do some, but still have problems due to **network glitches.**
Mediated access to the book collection. One training session delivered via Microsoft Teams. Success with using Microsoft Teams for the first time.

The library has had to implement social distancing which has meant some **computer stations have been closed** down. This has meant some staff members have been unable to utilise them when needed.

Good outcome has been the increase of assistance being sought from the library by the organisation itself (not just the members as was previously the case)

The main challenge has been trying to **replace print books with e-versions**, either temporary or permanent. We are about to implement a click and collect service for the print collection. Regarding systematic reviews and endnote support, this has been successfully done via **MS Teams.**

Lots of **IT challenges** which are hard to test from home. Flip-side is it also allows us to test our offsite functionality and fix issues.
In a scientific organisation we keep our clients updated with the latest publications on COVID-19. required changing the search strategy multiple times and creating an **in-house 'clearing house'** for subject material that was frequently requested using our library management system

slow internet

use of **libguides** as an agile and flexible platform to deliver clinical COVID information to our staff. better than our intranet.

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ALIA DARLING DOWNS:
HOW COVID-19 HAS RESHAPED LIBRARY SERVICES

Samanthi Suraweera
Liaison Librarian
Samanthi.Suraweera@usq.edu.au
University of Southern Queensland
ORCID ID: 0000-0002-7849-1597

Jenny Young
Data Quality and Curation Librarian
Jenny.Young@usq.edu.au
University of Southern Queensland
ORCID ID: 0000-0001-6247-3549

Gayle Stone
eLearning Library Co-ordinator
gston1@eq.edu.au
Rangeville State School, Toowoomba
ORCID ID: 0000-0002-9333-6106

James Nicholson
Program and Engagement Leader
James.Nicholson@alia.org.au
Moreton Bay Regional Council Libraries
ORCID ID: 0000-0002-5426-8446

Maria Larkin
Liaison Librarian
m.larkin@library.uq.edu.au
The University of Queensland
ORCID ID: 0000-0002-5825-202X

Mandy Callow
Manager - Data Quality and Curation
Mandy.Callow@usq.edu.au
University of Southern Queensland
ORCID ID: 0000-0001-9012-2519

Shez Morris,
Teacher Librarian
ShezM@highlands.qld.edu.au
Highlands Christian College, Toowoomba
ORCID ID: 0000-0003-1776-7868

Daniel McDonald & Patrick O'Connor
Librarians,
Daniel.McDonald@health.qld.gov.au
ORCID ID: 0000-0001-8385-3671
Patrick.oconnor@health.qld.gov.au
Darling Downs Health.

Sarah Cahill
Digital Experience Librarian
scahill6@une.edu.au
University of New England
ORCID ID: N/A

ALIA Darling Downs is a regional professional community in its infancy. It exists to provide a platform for library practitioners in the regional Darling Downs area to network with other library professionals, stay up-to-date with library practices and attend professional development events. This group has members from a wide geographically dispersed area where the librarians are usually the only information professionals in their local communities. Our focus is to facilitate discussions and build our community. We aim to ensure the continuing involvement of Darling Downs library staff in matters pertaining to the profession. One of the biggest issues impacting the industry at the moment is COVID-19.

COVID-19 was characterized as a pandemic by the World Health Organisation on March 11 2020 (World Health Organisation - Regional Office for Europe, 2020). Even though it has a low mortality rate at 3.8%, its high infection rates, (Ahn et al., 2020) the lack of vaccines and herd immunity (Randolph & Barreiro, 2020) has caused alarm in many countries. Transmission between humans occurs through airborne droplets that linger after an infected person coughs or sneezes or by droplets that land on surfaces (Department of Health, 2020). Its ability to target people with compromised immune systems, for example, the elderly, people with heart conditions, diabetes (Guo et al., 2020), and its novel status caused the Australian federal and state governments implementing social distancing measures to reduce the risk of transmission (Department of Education Skills and Employment, 2020). These measures resulted in both study and work from home solutions. For libraries, the prospect of live viruses on surfaces such as tables and books resulted in new problems which required interesting solutions.

Three months into the COVID-19 crisis, we hosted an online meeting to discuss how different libraries had adapted. Members of our ALIA Darling Downs group shared their own experiences from a variety of different library contexts, including university, school, public and health libraries. Here are their stories.

University Libraries:

In the first of the university examples, Mandy Callow describes how a regional university, the University of Southern Queensland, catered to student requirements of study material. The second example by Jenny Young, also from the same university, talks about the challenges of working from home and lessons learned.

Providing essential resources during service shutdown

Mandy Callow
Manager - Data Quality and Curation
University of Southern Queensland

At the University of Southern Queensland, the Government enforced Library shut-

down due to the COVID19 pandemic, resulted in the inability to provide access to essential hard copy only resources, particularly course textbooks. Normal lending and patron digitisation services were suspended in late March 2020 Even though many students purchase their own copies of course texts, there is still a significant number who rely on the Library to access their course textbooks.

Initial work was to identify where etext copies of course texts were available for purchase. Due to budget limitations, the Library was not able to buy a copy of all available etexts. Usage of the physical copies was determined to prioritise etext purchase. With the available funds, a total of 56 etexts were purchased. When the Library was not able to purchase etexts (due to budget constraints or non-availability), digitisation of texts or sections of texts was carried out. Under section 200AB of the Copyright Act we were able to copy more than the usual 10%/1 chapter as long as specific guidelines were met (we had no alternate access to the text, the sections of text digitised were required in order to complete the course, the digitised copies would only be available during the COVID 19 crisis).

A total of 5,564 pages from 47 titles was digitised. Students also lost access to physical resources for research and to support assessment. To boost available ebooks, the Library took advantage of publisher/vendor offers for free temporary packages. A total of 5 packages were activated which provided an additional 18,359 ebooks.

Vendor Loads and Different Systems during COVID work from home procedures

Jenny Young
Data Quality and Curation Librarian
University of Southern Queensland

As part of my cataloguing duties, I am also responsible for Vendor loads into Ex Libris Alma. The procedure is relatively simple. The files are obtained from the various vendors, downloaded into Microsoft teams, uploaded to Ex Libris Alma Sandbox, tested, and if all is well we do the same in Alma Production.

Challenges were initially encountered with learning to work within Microsoft Teams, downloading software such as Marc Edit onto my home computer and getting all the systems to work harmoniously together. I experienced both drop-out problems with broadband speed and data quota issues until my provider came to the party and adjusted both the above. The biggest problems occurred with excel spreadsheets not working properly between systems, with some functionality just not there. I had to download frequently and adjust with using whatever editable version would work at the time.

At-home work practices were challenged. Downsizing from three PC monitors to one initially made working painfully slow with a lot of flicking between screens on just 1 monitor. Concentration levels were heightened to remain on task and deal with system crossovers. Problems also existed with documents left on my work PC and having to remote in to get these.

Communication issues also slowed tasks, as a result of having to wait for email responses or trying to explain a detailed issue to a colleague as opposed to having someone there to simply ask and get an immediate answer.

However most issues were overcome, but with others it meant coming up with some clever workarounds.

School libraries

According to Guo et al. (2020) transmission of COVID-19 occurs mainly between family members and between people who've had sustained contact with an infected person. Children are noted to display mild symptoms of CoV-SARS2 (National Centre for Immunisation Research and Surveillance, 2020), however, concerns remained over their ability to transmit the illness to other children, and hence their families, (A Current Affair, 2020) as well as teachers (Baxendale & Peel, 2020), significant numbers of who were over 50 and therefore more likely to be immunocompromised. In NSW for example, 31.7% of teachers are between 50-64 years of age (Australian Bureau of Statistics, 2019). Schools, as a result, started teaching students from home. The challenge for school librarians was for them to support the school curriculum, minimise the disruption to education (National Centre for Immunisation Research and Surveillance, 2020) and maintain a continued interest in reading.

Two school librarians in the Darling Downs region, Sheryl Morris and Gayle Stone recount their experiences

Reading for Wellbeing: Supporting Kids through Unprecedented Times

Shez Morris,
Teacher Librarian
Highlands Christian College, Toowoomba

In March 2020, schools began facing the prospect of implementing arguably the most radical flip in Australian education since digitalisation: national remote learning. This seismic shift in teaching and learning was only one of the weighty challenges students have faced during the Covid-19 pandemic, which for many is the first significant community ordeal they have endured. Consequently, when Highlands Christian College (Toowoomba) eyeballed remote learning, we chose to focus not only on the academic requirements but however possible, to ensure the mental, emotional, physical and spiritual wellbeing of our students.

Naturally, the school library was eager to support this vision, particularly focusing on new methods of encouraging reading for enjoyment, which has proven to aid in manifold

wellbeing. Examples of new activities and processes included increasing borrowing limits and renewing all loans indefinitely; permitting students learning remotely to visit the library to borrow; continuing student book club meetings via Zoom; providing and promoting online reading engagement activities with teachers and students, and organizing our own "Highlands Readers Cup" when the official CBCA regional competition was cancelled. Throughout the uncertainly and upheaval of 2020, Highlands Library and its books continue to remain a refuge and escape for our students.

The Garden Library – Making our library bloom during COVID 19

Gayle Stone
eLearning Library Co-ordinator
Rangeville State School, Toowoomba

A decision was made at the beginning of Term two for the library to remain closed. To keep student reading and the library as a core focus for the school and to foster a sense of normality in student routines, I created the Garden Library.

I 'planted' tubs of books in a central location in the grounds for students to browse and borrowing times were set. In doing so I made a deliberate decision to extend and broaden reading selections through the chosen titles.

This service was also available for students learning at home but with a twist. They were able to browse through our online catalogue and send through requests that would then be packaged for collection. Students at home also had access to our Story Box subscription, where titles and associated activities were available via our One Note communication. To nourish the relationship between students at home and those attending school, library displays of work from students at home were displayed in the library with assistance from attending students were possible.

To ensure social distancing regulations were met at school a limited number of students were allowed to be in the Garden Library at a time and the tubs were 'planted' a metre and a half apart. When books were returned the covers were cleaned with a 90% alcohol solution and were placed in quarantine for 48 hours. During this time only nominated staff entered the library and hand sanitiser was available on entry to the library.

With support from our administration team and staff, the garden library was well received. The constant challenge was supplying enough books as demand grew strongly. This change in the way students borrowed allowed reading to remain a focus and provided them with an opportunity to experience reading outside in the comfort of our school grounds.

It was with a saddened heart that we closed the Garden Library and reopened conventional borrowing. To ensure that this remained fresh we had a Grand Re-opening with decorations, prizes, and small gifts for borrowers. Keeping books and reading in focus was critical at a time of uncertainty for our students.

By working around the Covid-19 impositions, I was able to keep reading and the library in focus for our school and continued to make our library bloom. To continue upholding the hygiene standards required we have opened 3 days a week allowing for 24 hours isolation in between each day. Students and staff are required to use hand sanitizer on entering the library and books are no longer cleaned on return but are quarantined for 72 hours.

Public Libraries

In times of crises, for example, Australia's 2011 floods (Australian Library and Information Association [ALIA] & Queensland Public Libraries Association [QPLA], 2011), and Hurricanes Katrina and Harvey in the US, public libraries become epicentres for disaster recover, knowledge access and out-going communication by the public (ALIA & QPLA, 2011; Braquet, 2010; Yelvington, 2020). This is due to the good ICT infrastructure generally found within (ALIA & QPLA, 2011; Yelvington, 2020). However, in this instance, the crisis meant infrastructure was not damaged, but the need for business as usual when delivering services was required. James Nicholson explains what the Moreton Regional Libraries did.

Yes, you can ask that: Bringing programming online - tips and tricks
James Nicholson
Program and Engagement Leader
Moreton Bay Regional Council Libraries

I wanted to give an insight into how we developed and produced our most popular online program – an "Author Talk" - for the public library service I work for. Author talks are defined as a situation where an author comes into a library to discuss their book or latest project.

When COVID-19 first struck and our days were hijacked with scenario planning workshops and pandemic response meetings we were fortunate to identify the need for new and quality audio/visual equipment and managed to secure this before the most severe restrictions came in.

At the same time, we had spoken to a well-known author, whose live event we were forced to cancel. He agreed to an online offering instead. We emailed a set of ten questions, asked him to create recorded answers and we later stitched these together. This solution meant we could concentrate on other programs and issues while waiting for the responses to be returned. It allowed flexibility whilst offering a slightly different take on the Author Talk.

After evaluating our efforts to bring programming online, there are recommendations I offer. These include knowing what specific software and hardware skills your staff have and closely involving the marketing and

communication teams to help ensure that you communicate new concepts to the public gradually and clearly, the aim being to get strong 'buy-in' from your community.

Health Libraries

Health Librarians provide both a traditional array of library services while conducting literature searches to support doctors' clinical and research questions. In pandemic situations, this expands and includes information dissemination to health officials responsible for decision making (Featherstone, Boldt, Torabi, & Konrad, 2012). With COVID-19, the sheer volume of articles created also resulted in the curation of 2200 articles to support the dissemination of material to key stakeholders (Dar, 2020). Daniel McDonald's and Patrick O'Connor's traditional work roles were both curtailed and expanded on in unusual ways. They narrate their experiences.

Darling Downs Health Library Response to Covid-19

Daniel McDonald & Patrick O'Connor
Librarians,
Darling Downs Health.

In addition to their core library duties, Darling Downs Health (DDH) Library staff look after the principal lecture theatre at the Toowoomba Hospital, and also coordinate a monthly series of lectures known as "Grand Rounds". In the lecture theatre support role, library staff in early March attended a meeting of senior clinical leaders planning the initial, uncertain, phases of the local Covid-19 response. At the beginning of that meeting, an emergency physician stated: "This may well be the defining disease of our careers". A little later on in the meeting library staff asked what to do with Grand Rounds and the medical lead turned and bluntly said: "Cancel it". From that moment on the gravity of the pandemic threat to our local community was clear, as was the burden that would be placed on the health service and its workers. A surreal two months followed, full of intense work in an ever-shifting environment, and the DDH library was a key contributor to this response.

The library has completed at least 30 COVID-19-specific literature searches, and subsequently retrieved several hundred full-text articles drawn from these searches. Topics have ranged from false-negative swab testing, to risk with chest imaging, to cloth gowns for personal protective equipment, to burden of illness in neonates and children. Translation of articles from German ICU physicians have been sought, and direct correspondence has been entered in to with ministry of health staff in Iceland regarding their population-wide testing. The library has also co-authored several articles through to journal submission phase concerning aspects of the local response to Covid-19. As well, Library staff helped coordinate a visit to the Toowoomba hospital from the Queensland health minister and chief health officer. In

addition, the DDH library has been a source of guidance for many staff suddenly thrust into the unfamiliar role of navigating IT requirements and permissions for working remotely.

While all of this COVID-19-specific work was tumbling in and ramping up, the library remained open and fully operational so our typical activity levels did not diminish in any significant way. If anything, this workload also probably increased as, ironically (and thankfully) the expected escalation of sick patients did not occur, so many staff were able to turn their attention to research and education projects that they had been postponing. The library decided to keep its physical space open as it is a key source of computer access for hospital staff, so closing this area off would simply have required further concentration of hospital staff in other areas of the hospital. The odour of hand sanitiser and alcohol wipes has never been more prevalent in the library. Likewise, though, in our own small way, the sense of a meaningful contribution to the work of Darling Downs Health has never been more prevalent in the library.

Conclusion

The event discussion made it clear that all of these libraries had to rapidly respond to a novel crisis with little guidance or preparation. These libraries performed under unprecedented time pressures in a constantly changing environment. They kept their focus firmly on their clients' needs and adapted current services and developed new services to fulfil those needs. Sharing individual experiences through this event created a greater sense of community within our ALIA Darling Downs group with the realisation that though we were all from different libraries and different locations we were all dealing with the same overarching challenges. This crisis has demonstrated that librarians are well able to respond in innovative ways that turn a crisis into opportunities.

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REFLECTIONS FROM NEW ZEALAND:
COUNTIES MANUKAU'S COVID-19 JOURNEY

Peter Murgatroyd
Library & Knowledge Services Manager
Peter.Murgatroyd@middlemore.co.nz
Counties Manukau Health
New Zealand

In the words of the NZ Prime Minister, Jacinda Ardern, we made an early decision to "Go hard and go early" and close the physical library to the public and suspend circulation and borrowing of print materials. We allowed library staff who were themselves vulnerable, or who had vulnerable family members, to work remotely *before* the country moved to level 1. In line with government directives, all staff that were able to work from home were encouraged to do so as soon as NZ moved into lockdown. We ensured there was still physical access to the print collection 24/7 for hospital staff and a simple process put in place for self-issue of materials. Library furnishings were rearranged and signage put in place to ensure social distancing and hand sanitisers and cleaning materials were readily available.

Even though the library team was not physically present in the library space, library services did not cease nor was there any barrier to staff accessing any parts of our print or digital collection. Arguably the library team was busier than we had ever been and our value to the organisation more critical.

Whilst prioritising the safety and wellbeing of our staff and users and aligning with government and organisational health directives we were also very confident that we already had the technology infrastructure and communication channels in place to transition seamlessly to a completely virtual and remote environment. All of our knowledge resources are digital and cloud-hosted. We have full remote 24/7 access to resources and services and our library team can provide evidence support and research services remotely to all users. Moreover, we had already adopted centralised repositories for research output across the team and adopted shared processes utilising Google forms to update and manage workflow across the team in real-time. Like all the teams across the District Health Board, we quickly adopted Zoom technology as our virtual meeting space and were able to make a full transition to an exclusively virtual library service within 24 hours.

We curated and disseminated the latest evidence to support the COVID-19 response to clinical leads and service managers and responded to a wide range of research questions to contribute to our organisational response to both clinical and service level decisions. As an organisation, there was a requirement to move fast, be agile in our thinking, and to embrace new ways of working to provide care across our community. We were all in uncharted territory and there was a very high demand from across the District Health Board to have the latest evidence to inform our decisions. The library team rose to the challenge and was an integral part of our organisational response to the COVID-19 pandemic. We were highly visible and highly valued. One of the most senior clinical leads at the District Health Board summed it up in a briefing to other managers as follows:

"One thing that we did was use our library services to provide rapid literature reviews on the latest information on COVID that was used by key decision-makers at CMH to guide responses. This was very appreciated and Peter and his team were thus virtually on the front line"

On 8 June, a little over three months since our first recorded case of COVID-19 in New Zealand, we officially were able to move back to a normal level of movement and interaction at work and in the community. Our lives could return to normal except for our border controls. Today we have no cases of community transmission of COVID-19 in our community across New Zealand. The nation collectively breathes a sigh of relief.

So do we all simply go back to the way things were or have we learned lessons that will define a new 'normal' going forward? In the health sector, the rapid shift towards telehealth made necessary by COVID-19 has been and will continue to be game-changing for health service delivery in New Zealand.

But what of health library services locally, nationally and internationally. It is timely to now pause and reflect.

Some questions to stimulate our thinking and our discussions:

1. How has your work changed as a result of COVID-19?

a. What services/activities have you stopped doing?
b. What new services/activities have you started doing?
c. Have you fast-tracked something you have been working towards for some time?
d. Have services been provided in a new way (virtual, community-based, etc.)?

2. What have you noticed about the ways you and your teamwork during this time?

a) Did your leader do anything differently?
b) Did you do anything differently as a leader?
c) How did you manage your team's wellbeing?
d) Did you feel equipped to lead your team?

3. Is there anything that has been particularly positive (whether this is a change or a normal business process) which makes you think "we should keep doing that"?

4. Is there anything that you have stopped doing, which makes you think "we shouldn't go back to that"?

5 What has helped make things possible?

a) What additional support did you receive from the organisation over this time?

6 What has gotten in the way?

a) What else would have helped you in your role?

7. What has been your greatest learning from COVID-19?

At Counties Manukau Health we learned that there were many advantages to staff incorporating an element of remote work in their routines. Work-life balance improved and less time was spent in traffic or competing for the limited parking spots at the hospital. Following COVID-19 we are supporting our library team members to continue to include one 'remote' day in their week. We will ensure that all team meetings are Zoom enabled so that all staff can participate regardless of their location. We will require all team members to work remotely if they are sick in any way (sore throat etcetera) and get used to the notion that there may be extended periods when there may be no one available in the physical library and that physical presence in the library was not as critical as virtual responsiveness to the wider organisation.

If we embrace a digital-first and virtual by default approach to our core service offer, that decouples our work from a defined physical space, then it opens up a conversation about what services could be offered collaboratively as part of a shared network of expertise across organisational boundaries regionally, nationally and

internationally. This is particularly relevant to the curation and dissemination of targeted evidence to support clinical outcomes and/or organisation level decision making and to the research that addresses common problems and challenges as has been the case in the COVID-19 pandemic.

Of enormous value in our support of our organisation was the opportunity to share the weekly literature review prepared by the NZ Ministry of Health and the reviews, meta-analysis, evidence synthesis and guidance openly shared by agencies such as the Center for Disease Control and Prevention, Cochrane, ECRI, the Oxford Centre for Evidence-Based Medicine and others.

Are our physical spaces still important? Is there still value in being visibly present and available to our staff teams and colleagues?

In my view, absolutely. Alignment with our organisation's values, objectives and needs are critical to the value we add. Deep knowledge and understanding come from being immersed in our environment, not removed from it. It comes from the relationships and corridor conversations we have with colleagues across the organisation. It comes from full participation in the life of the organisation – the formal and informal meetings, events, workshops and activities that make up the total experience of being part of our District Health Board.

The question of remote vs on site should never be an either/or. It must be an AND. We must continue to embrace a flexible design of both physical and digital workspaces, encourage a collaborative culture *that* is as effective in a remote, distributed manner as in a co-located environment.

Health libraries must free themselves from being bound by a single "right way" and explore a mix of evolving possibilities that include greater levels of regional, national, and international collaboration.

COVID-19 has opened a door for change. We need to boldly proceed forward and look at our roles and our libraries and the ways that we work with fresh eyes. Let go of the chains of traditional approaches to libraries and librarianship that may be holding us back and refocus our attention on where we can add the most value to our organisations and communities in the post-COVID landscape.

MY COVID-19 LIBRARY EXPERIENCE

Hannah-Lee Obst
Librarian
South West Healthcare
hobst@swh.net.au

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.

MEMBER SPOTLIGHT
- PETER MURGATROYD -

Peter Murgatroyd is our first Editorial Board member from New Zealand. Find out more about him below.

Name:	Peter Murgatroyd
HLA Member Since:	2020
First Professional Position:	Research Librarian [Bell Gully (law) –1991]
Current Position:	Library & Knowledge Services Manager [Counties Manukau Health. Auckland, New Zealand]
Education:	Bachelor in Social Work and Social Policy; Masters in Library and Information Studies
Favourite Website or Blog:	Not so much one site but I am an avid explorer of interesting content shared professionally across both the library and health sectors via Twitter. I am also addicted to Spotify! Follow me on twitter! - https://twitter.com/PeterMurgatroyd

What is your current role?

Library & Knowledge Services Manager, Counties Manukau Health (NZ)

What do you find most interesting about your current position?

The opportunity to be innovative in the way that we manage and develop both our resources and our services to support better care and enhanced well-being for the communities of South Auckland. We have the opportunity to engage with our clinicians, managers and service development leads across all of our teams to contribute to exciting improvement projects and initiatives. Each day brings new challenges!

What has been your biggest professional challenge?

Repositioning my career for a return to New Zealand after 15 years working in a range of exciting and challenging but arguably niche / bespoke roles in the Pacific Islands. I upgraded my Postgraduate Diploma in Librarianship to a Master's Degree studying via distance while living and working in Samoa, then returned to New Zealand with a young

family in tow with no position to go to and without a logical next step for my career. I needed to be patient for the right opportunity to come along and then grab it with both hands. Everything has worked out just fine.

How did you join Health Librarianship?

Having been born with a congenital disability I spent many years of my childhood as a patient at Middlemore Hospital (part of Counties Manukau Health) and feel in some ways that I have come full circle returning to the health and disability sector and being based at Middlemore after many interesting years in a range of roles and sectors that took me away from New Zealand for more than 15 years.

What was your previous employment background?

I originally trained as a social worker and spent two years working in the health and disability sector. Since graduating in librarianship (in 1991) I have been a corporate high flying yuppie managing legal libraries in two of the top law firms in New Zealand (Bell Gully; Phillips Fox), a 'barefoot' library volunteer in the Solomon Islands, a University Law Librarian and Campus Librarian in Vanuatu (University of the South Pacific), an environment sector knowledge manager working for a Pacific regional organisation in Samoa (Secretariat for the Pacific Regional Environment Programme), an Advisor to Schools with the NZ National Library, and now a Library Manager in the health sector promoting and supporting evidence-based care at Counties Manukau Health, one of the largest District Health Boards in New Zealand.

What would you do if you weren't a health librarian?

As I am heading towards the tail end of my career, my next move - if I were to move away from health libraries - would probably be towards either a regional or international organisation role, consultancy or possibly just drinking kava, relaxing, and enjoying the slow lane in my wife's native Vanuatu.

What do you consider the main issues affecting health librarianship today?

In New Zealand, we are challenged by a fragmented health and disability sector that acts as a barrier to providing equitable access to knowledge resources across the health sector. Libraries tend to be under-resourced and librarians oftentimes underpaid and undervalued within their organisations, struggling for profile and a voice during the decision-making process. The challenge across the sector is to move beyond the structural barriers and create a culture of collaboration that will lead to better access to information and ultimately better care across the whole of the sector.

What is your greatest achievement?

I have been fortunate to have been in a position in my roles in the pacific to contribute to many significant regional projects in law, environment, climate change, and marine/fisheries that have leveraged new technologies (at that time!) to provide free and open access to critical knowledge across the island nations of the Pacific in these sectors. These projects

include:

- Pacific Islands Legal Information Institute (PacLII) - http://www.paclii.org/ ;
- Pacific Islands Marine Portal (PIMRIS) - http://www.pimrisportal.org/
- Pacific Climate Change Portal (PCCP) - https://www.pacificclimatechange.net/
- Pacific Environment Information Network (PEIN) – https://www.sprep.org/pacific-environment-information-network-pein

What is your favourite non-work activity?

Exploring new places – bushwalks, hidden beaches, nature's hidden treasures – particularly if I can encourage my teenage daughters to join me!

What advice would you give to a new member of Health Libraries Australia or a new graduate information professional?

In my current role I regularly have the opportunity to recruit for new staff to join our team and in as much as there will always be a core requirement for educational excellence and intellectual rigour I strongly believe that it is the soft skills that are increasingly essential to ensure that our profession thrives and not just survives.

I look to recruit team members who are curious, emotionally intelligent, collaborative, and agile. Excellent communicators. With the potential and desire to grow their confidence in both management and leadership.

For a recent graduate embarking on a career in librarianship, I would encourage them to explore sectors they are truly passionate about and to think about how they can grow and develop their 'soft' skills in addition to their technical expertise.

We live in a rapidly changing, disruptive world and as a profession it has never been more critical that we demonstrate both agility and courage to embrace new ways of thinking and new ways of doing.

Anything else you would like to share about yourself?

I am currently National Convenor of the New Zealand Library Association Health Special Interest Group and over the years have had roles in the Vanuatu Library Association and Samoa Library Association. One of my most rewarding recent activities was being part of the Programme Committee for the LIANZA 2019 Conference in Auckland. I would encourage all librarians in the sector to think about getting involved in professional association activities. It is a great way of growing your capability and experience as well as making life-long friendships across the profession.


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