

# Continuity of Health Information: Integrating the Medical Library into Hospital Emergency Planning

Washington University was awarded \$15,000.00 under contract No. NO1-LM-6-3504 with the University of Utah and awarded by the DHHS, NIH, National Library of Medicine.

Becker Medical Library  
Campus Box 8132  
66 S Euclid Ave  
and  
St. Louis Children's Hospital  
One Children's Place  
3N34  
St. Louis, MO 63110

Betsy Kelly, MLS MBA  
Associate Director for Health Information Resources  
Becker Medical Library  
Washington University School of Medicine  
Box 8132  
660 S. Euclid Avenue  
St. Louis MO 63110  
314-362-2783  
Fax: 314-454-6606  
Email: [kellyb@wusm.wustl.edu](mailto:kellyb@wusm.wustl.edu)

Lauren Yaeger, MA, MLIS  
Medical Librarian  
SLCH Medical Library  
St. Louis Children's Hospital  
Phone: 314-454-2768  
Fax: 314-454-2340  
Email: [yaegerl@wustl.edu](mailto:yaegerl@wustl.edu)

Inclusive dates of final report: January 1, 2011 through May 26, 2011

Date submitted: May 27, 2011

## 1. Executive Summary:

Emergency planning is a complex and ongoing effort in hospitals today. Significant resources are devoted to planning, practicing, educating and promoting awareness of staff roles in the event of an emergency. There is awareness at St. Louis Children's Hospital (SLCH) of the need for planning for access to health information during an emergency and for formally incorporating information access into the SLCH Emergency Operations Plan.

Documenting the process of integrating the library into the SLCH Emergency Operations Plan, providing materials and programs to inform clinical staff and requesting feedback from the targeted audience will enable the investigators to clearly describe the process for identifying need, developing documents and programs to address that need and understanding the effectiveness of the process so that other hospitals and health sciences libraries have a model for how to approach this issue and ensure access to health information for their populations.

As they began this project, the investigators believed it was important to understand the current role of libraries in emergency planning in hospitals in the St. Louis region. Therefore, one of the first activities was to work with the SLCH Emergency Preparedness Director to send a link to an online survey to members of BERRT (Bi-State Emergency Resource/Response Tool), now Esponder. This instrument solicited opinions and feedback from respondents about the role of the library in supporting information needs in their institutions during an emergency. Thirty-five respondents provided answers.

In response to the first question, *Where do you/would you go for medical information during an emergency at your hospital* (q1), 24 of 33 of respondents said "the internet" or online or mentioned a resource, such as PubMed, that is available online. Four specifically mentioned the library. Thirty of thirty-five respondents didn't know or were unsure if their *library or librarian was involved in emergency preparedness* (q2) at their hospital. Several added comments, including three that reported they had no library, one that the library provided literature searches to support the basis for the emergency plan, one that the librarian is an integral part of our process; excellent resource and lit search capability", one that the Director of Health Information Management also oversees physician library services and one related to research from FEMA course material. One said "I don't think they need to be. I sure hope they're not. There are already too many incompetents and/or unnecessary folks involved."

Only two respondents indicated that the library and librarian had a designated role in emergency preparedness (q3) as follows:

- Assists in the configuration of HCC (*sic*) standup; documentation and lit search
- Our system is a little different than others....since I have done Emergency Mgmt for over 20 years in the community I help with ICS and overall planning, direct the HIM department and am involved in community emergency planning...

Question 5 asked *how might a medical library and/or librarian be used in the instance of an emergency or disaster*. Five respondents each suggested searching the literature and identifying resources. One expanded to describe resources “to identify agents, course of treatment, diseases, etc.”

When asked *what benefits the institution might realize from librarian involvement* (q5) fifteen mentioned access to information or resources and two the skills the librarian has to find information.

Of the sixteen respondents who indicated that their institution *has a designated location in or near [the] hospital where employees can go to contact family/friends in the event of an emergency* (q6) only one said that location was the medical library.

The goal of this project was to understand the process and possibilities of involving the medical library and librarian in the institutional emergency planning process and plan. It is clear from the responses to our survey that many involved in emergency planning are aware of the value of access to information but that few actively involve the library and librarian in their planning.

Because she asked to be involved, the medical librarian became a formal member of the emergency planning workforce at SLCH. Her presence at meetings raised awareness of her skills and services and the resources available from the library. The hospital agreed to pay the ongoing costs of providing uninterruptable power and telephone in the library as a gathering spot for staff in the event of emergency. St. Louis Children’s Hospital Medical Library is located on the 3rd floor next to the auditorium which serves as a gathering place in the event of an emergency for available volunteers. The medical library is also across the hall from where command center is set up in the event of an emergency and will provide easily accessible communications capability, computers and respite space.

The library has been wired for emergency power and lighting and has a power fail red phone. There are eight existing desktop computers, four on the Washington University network and four on the SLCH network. If needed, there are two new laptop computers on rolling carts fully powered with extra batteries. Hardcopy texts of basic pediatric medical information have been purchased such as Redbook and The Pediatric Dosage Handbook. All changes have been completed to the library space and the medical librarian will maintain her position on the Emergency Preparedness Workgroup and continue providing both the medical library space and her skills in the event of an emergency.

## **2. Geographic region:**

SLCH services the St. Louis, Missouri metro area and the Metro East region of Illinois.

## **3. Collaborations/Partnerships**

The medical librarian is fully embedded in the Emergency Preparedness Workgroup and acts as the liaison between the Ethics Committee and Emergency Preparedness Workgroup

as needed. The medical librarian also participates in all emergency drills and is present at command center as needed. By being part of command center she is part of the Barnes Jewish Hospital and Washington University School of Medicine collaboration. While her first loyalty is to SLCH, through BERRT local hospitals can request support and information if needed.

#### **4. Training:**

The medical librarian attended a Critical Employee Emergency Planning (CEEP) daylong seminar put on by FEMA, the Missouri Office of Homeland Security, and the Gulf States Regional Center for Public Safety Innovations (GSRCPPI).

“GSPCPI was created in 1997 by the COPS Office to provide federally funded training and technical assistance to Public Safety professionals and their communities in our region. Since then we have grown to include DHS, BJA, State Contracts, national projects and more. Our areas of specialty include:

- Increasing partnerships and networking to improve Public Safety
- Leadership, ethics and other training which enhances Public Safety Professionalism
- Quality of life issues which affect first responders and their families”

CEEP training made the librarian aware that the most important resources during an emergency are the first responders. If they are more concerned with their own loved ones and family they are likely, as happened in Katrina, to abandon post leaving those requiring rescue and help in need. Part of the reason the medical library is such a good emergency resource is that it provides a non-clinical space for the hospital clinicians to gather, contact family members and access information. The SLCH medical librarian was the only librarian in attendance and when introducing herself was greeted by the other participants with murmurs of interest and approval. One of the police officers in attendance worked part time evenings at SLCH as part of the transport team and thanked the librarian for supporting first responders and the hospital.

#### **5. Resource Materials:**

A 30x24” poster was created by WU MedPic and one is on a stand outside the medical library in front of the auditorium and the other is outside the staff and visitors’ cafeteria, both highly traveled areas in the hospital, to make staff aware the medical library provides support in the event of an emergency as well as for continuing information. The librarian attended nine different Unit Joint Practice Team (UJPT) meetings using one of the new lap top computers rolling cart units, She presented a brief power point presentation and handed out bookmarks also created for this project. She supplied the units with laminated miniature versions of the poster to be posted in the nursing stations.

#### **6. Exhibits**

Not applicable

## **7. Resource materials:**

A poster and bookmark were developed and distributed. Two posters are displayed, one outside the library and the other outside the cafeteria. Letter size copies of the poster have been laminated and distributed to each of the ten Unit Based Joint Practice Team areas in the hospital. 1000 bookmarks were printed and handed out by the librarian at meetings and are available in the library.

## **8. Web sites**

Not applicable

## **9. Document delivery and reference services**

None provided relating to this project. While it was anticipated that reference services would be available during emergency drills none were requested. Information requests have resulted from presentations to various Unit Based Joint Practice Teams.

## **10. Approaches and interventions used:**

In order to best reach the most diverse teams of clinicians at SLCH the medical librarian identified, using the hospital's intranet webpage, the Unit Based Joint Practice Team leaders and sent each an email requesting a five minute slot in their next meeting. This was mostly met with invitations to present, although a few have yet to respond. Some allowed the librarian to stay and participate and others, like the Operating Room and Same Day Surgery units, politely thanked her for her time and information. At these meetings both book marks and laminated small posters are disseminated.

## **11. Evaluation**

This project had three desired outcomes:

1. Information services and resources of the Medical Library are available to clinical team members and first responders during periods that the SLCH Emergency Operations Plan is activated
2. Staff have access to internet resources for personal support during a hospital emergency
3. Best practices entry provides information for hospitals and medical libraries about integration of libraries in emergency plans

We articulated four indicators as measures of successfully achieving the outcomes:

Outcome 1:

- Measurable Indicator: Requests for clinical information are filled by the Medical Librarian during emergency drills

- Target: 2 requests for clinical information are filled within 2 hours of request being submitted

Outcome 2:

- Measurable Indicator: Hospital designated emergency personnel are able to contact family members using Library based communications resources during an emergency drill
  - a. Target: 80% of 10 staff members successfully make contact with family members

Outcome 3:

- Measurable Indicator 3a: Best Practices entry provides useful information
  - a. Target: 40% of 10 medical libraries reporting, of 30 queried, report that the Best Practices entry was useful to their institution
- Measurable Indicator 3b: Hospitals on BERRT - Bi-State Emergency Resource/Response Tool - report information posted by SLCH on library integration in emergency planning is useful or very useful to their institution
  - a. Target: 40% of 10 medical libraries reporting, of 30 queried, report that the information posted by SLCH on library integration in emergency planning is useful or very useful to their institution

*Outcomes 1 and 2* were met, although the articulated indicators and their specific targets were not. We found that, although the librarian participated in emergency drills, the drills do not lend themselves to information seeing. Other activities, including creating and displaying posters, distributing bookmarks and giving presentations at each of the Unit Based Joint Practice Team meetings increased awareness of the librarian and the resources available to staff, both during normal work periods and during emergencies. *Outcome 2* ensured that staff have access to internet resources for personal support. This outcome was met. Eight computers are available in the medical library where uninterruptable power was installed. The eight computers plus two notebook computers with battery backup were available during drills and will be available during a real emergency situation. *Outcome 3* has not yet been met. An entry in the Library Success Wiki is planned but has not been completed. In addition, a poster is being developed for presentation at library meetings in the region and nationally. The investigators will also prepare a message to be sent by the Emergency Preparedness Director to the Esponder listserv announcing the Library Success Wiki entry.

The project's evaluation plan indicated that data would be collected from a number of sources over the length of the project.

- Preliminary data will be sought through a survey of peer hospitals and health sciences libraries asking whether and how the library is incorporated into emergency planning. The results will provide SLCH with an idea of how the medical library's usefulness in the event of a disaster is perceived throughout the region and will highlight needs SLCH's program should address.

The survey of peer pediatric hospitals in the St. Louis and Illinois metropolitan region was completed and results were analyzed. We concluded that staff dealing with emergency

preparedness at peer institutions value access to information, expect to find it online, and to some extent are aware of the librarian as a resource. For the most part information access was not part of any emergency preparedness plan.

- Once the library has been outfitted with backup power, lights and phones, the resources will be tested and the process documented.

Backup power and phone were installed. The process took much longer than anticipated. The hospital is supporting any ongoing costs of these emergency resources

- The librarian will be trained and included in the Emergency Operations Plan and when drills are run the success or failure of the integration will be documented.

The librarian is integrated in the Emergency Operations Plan and is included in drills and has noted that information resources were not sought during the drill process. However, during an emergency quake drill the librarian delivered an elevator speech about the library to the float pool of workers during the earthquake drill. The staff member who heard it mentioned having the library as an employee space to contact family should be mentioned as a benefit to employment.

- Key people trained in emergency planning and awareness will be interviewed at the beginning of the process and after each drill. These individuals will be identified by the safety manager, collaborating organizations within the Medical Center, and by members of the Workgroup.

The Emergency Preparedness Director was interviewed before and after drills and at the conclusion of the project. She values the inclusion of the librarian and information resource access will be included in emergency card manuals that will hang next to the fire extinguishers throughout the hospital

- Feedback about the usefulness of content made available and the effectiveness with which it is provided will be solicited from the Emergency Preparedness Workgroup, from participants in information orientation sessions and after drills.

Participants in orientation sessions among the Unit Based Joint Practice Teams were pleased to learn about resources available from the library and the librarian, both during normal and emergency operations.

- Formal classes that include a section on health information during emergencies will be evaluated to measure the level of increased awareness of and knowledge about resources and processes gained by class participants.

No formal classes were taught. Informal presentations were made to UBJPTs.

- At the conclusion of the project a survey will be conducted to solicit feedback from those who were involved or affected by the changes in the Emergency Operations Plan. All data collected during the project will be analyzed and included in the final report.

A final survey was not done. Final steps are in the hands of the Emergency Preparedness Workgroup, including creation of emergency card manuals that will hang next to the fire

extinguishers throughout the hospital. In these 'go to' manuals the library will be highlighted as an emergency resource. The medical library as an emergency resource and non-clinical location with power, light and red phone will be added to the hospital's emergency manual at the next update. The response from hospital staff has been overwhelmingly positive.

- Documents developed, and on approval by the Emergency Preparedness Workgroup, will be formally integrated into the Emergency Operations Plan.

This is being done in conjunction with the Emergency Preparedness Workgroup.

## **12. Problems or barriers encountered:**

SLCH is a very open community to staff support and welcomed the integration of the medical library into the Emergency Operations Plan. The biggest obstacle was getting the facilities department to install the emergency power and lightening in a timely manner. Despite delays, the team that did the physical work on the library made sure intrusive work was done during evening and weekend hours as to not disrupt the use of the library.

## **13. Continuation:**

The librarian will continue to be involved with emergency planning at St. Louis Children's Hospital as well as continue to educate staff about the library as a resource in the event of an emergency. Plans are in the works to create emergency card manuals that will hang next to the fire extinguishers throughout the hospital. In these 'go to' manuals the library will be highlighted as an emergency resource. The medical library as an emergency resource and non-clinical location with power, light and red phone will be added to the hospital's emergency manual at the next update. The response from hospital staff has been overwhelmingly positive.

Once the Library Success Wiki entry is completed a link will be sent to the emergency preparedness groups in Esponder.

Wrapping up this project and reporting on emergency services in the hospital is particularly timely as so many weather disasters have recently struck the Midwest and close to home in Joplin, Missouri. The media images of Joplin's hospital are an all too real reminder that hospitals are not infallible and are, in fact, vulnerable to disaster. Due to location, resources, and the nationwide movement to use libraries as resources in the event of a disaster St. Louis Children's Hospital medical library is now fully integrated into the hospital's emergency plan.

## **14. Impact**

The medical library at St. Louis Children's Hospital has become an integral part of the Emergency Preparedness Plan. Her work with the Workgroup, presentations to Unit Based Joint Practice Teams, display of posters and distribution of bookmarks and smaller

versions of the poster have increased awareness of her role in access to information, of her skills in assisting information seekers in finding what they need, and of the breadth of resources available to the SLCH community during both routine and emergency events.

# Follow-up Questions

1. *Were your original project goals and objectives met? If not, why not?*

The objective of this project is to integrate the Medical Library into the Emergency Operations Plan of the St. Louis Children's Hospital. Yes, this has been accomplished.

The library is wired for emergency power, lights and has a power fail red phone available. The librarian is integrated into the SLCH Emergency Preparedness Workgroup and is an active member of Command Center when needed. She has also created, presented and disseminated marketing materials to educate the clinical staff at SLCH that the library is now part of the Emergency Operations Plan.

Attending a conference and presenting the poster did not happen because of timing. The wiring of the library took much longer than anticipated slowing the completion of the project and therefore creation of the poster. We are planning on submitting a poster for the St. Louis MCMLA meeting in September, 2011 and for MLA, May 2012.

2. *What significant lessons were learned which would be of interest or use to others conducting outreach projects? Which strategies were the most effective in implementing the project?*

By being part of the Emergency Preparedness Workgroup I was privy to the frustrations of trying to inform and educate the hospital staff about emergency planning. Every area of the hospital has an Emergency Manual and it is online and accessible to every employee, yet most of them don't know how to access it nor have ever looked at their own emergency plan. Drills are conducted and half the hospital doesn't know they are happening, how to participate, or are just too busy to take a moment and be aware of what drill is being run and why. It seems no one has time to prepare for an emergency until it is too late. The lesson here is that everyone struggles to adequately disseminate information to the large and extremely busy population that makes up St. Louis Children's Hospital.

I've found integrating mention of the library being part of the emergency plan into my elevator speech is a good way to inform a lot of people about this project. I have the brightly colored bookmarks out in the library and I have gotten a surprising amount of inquiries just from people picking them up and asking me what they are about. Thus far, I have not had one person mention either poster even though they are displayed in two highly trafficked areas in the hospital.

My advice is to keep repeating yourself at every meeting, whenever talking about the library and its services and to have something to hand out as a reminder of ways to inform as many people as possible.

3. *If you were to start all over again, what, if anything, would you change about your goals, project plans, etc.?*

I wouldn't have made such a stringent timeline. There are things I can control, such as going to meetings and participating in drills, and things I can't, such as when facilities starts a project, how long equipment takes to order and arrive. Just because I had a timeline in my head didn't mean it was going to magically make other departments adhere to it.

4. *What advice or recommendations would you give to anyone considering a similar outreach effort?*

Contacting and connecting with the head of SLCH's emergency planning was the best move I made. She was welcoming, supportive and my inroad to becoming embedded in the hospital inner emergency workings. My advice is to identify and befriend key people immediately and do everything you can to work with them. If not for Jennifer (head of SLCH's emergency planning), facilities might still be installing the emergency power in the library. She was the one to introduce me at command center and validate my presence. She was also my connection to the emergency planning community outside the hospital and integral in collecting data.

5. *Please describe plans for disseminating lessons learned and other information about the project, such as through a conference presentation or publication. In accordance with the NIH Public Access Policy project directors are asked to submit voluntarily to the NIH manuscript submission system at PubMed Central final manuscripts upon acceptance for publication.*

We plan to present a poster at the MCMLA chapter meeting in St. Louis in September, 2011 and will submit the poster for presentation at MLA, May 2012. We also plan to make an entry in the Library Success Wiki. As we continue this work, we will look for an opportunity to publish a brief study in an appropriate library or hospital administration journal.

## **Addendum 1**

### NN/LM 10-Step Approach to Service continuity Planning

#### *1. Assess Risks*

Stories about emergencies/disasters at SLCH:

- Fire in the atrium resulted in a building evacuation. Sprinkler system in that area went off, killed the fish in the fish tank. In that instance I'd be used as manual labor to move and transport patients.
- A volunteer fainted in the hallway outside the library and a code had to be called. In that case if I was the first to see her I'd call the code.
- A pipe broke in the volunteer office and flooded the office. It had to be gutted and rebuilt. At the time all they could do was call maintenance.
- There was a salmonella outbreak in the hospital. It took weeks of taking health histories, culturing feces, and dietary history to find the source was the cafeteria. FRC handed out specific patient care information to this outbreak, answered phones in the command center. The cafeteria was shut down for a few days.
- When there are severe weather warnings they announce it throughout the hospital over the loud speaker. Patients are moved away from windows depending on the type of weather threat.
- Once there was a huge blizzard and everyone was snowed in the hospital so anyone in the building had to help others complete whatever task is needed. There was limited food and sleeping areas.
- Water and phone outages happen occasionally then the hospital goes to water limitations and using foam to sanitize.
- Once a man with a gun ran off of Kingshighway and into the hospital. Everyone takes a position and keeps watch until the threat is neutralized.
- Occasionally (usually) due to construction phones and pagers go down. Announcements are made over the loud speaker.
- There was an oxygen fire in an operating room where a child died. Being in the library I have nothing to do with this kind of emergency.

#### *2. Protect yourself, your staff, and your patrons*

The emergency manual covers our emergency procedures, meeting places and we run drills from time to time.

- #### *3. My major services* would center on gathering pediatric specific information and then disseminating it to the proper people. Also, manning the library and maintaining our emergency services. Keeping working computers open to staff to communicate with home if needed or keep abreast of the unfolding event. If man power is needed I'm also available as needed.

#### *4. Create procedures for remote access to core services*

- As an example, a school bus of grade school aged children crashes on its way to school at 7am with multiple injuries to the kids. I'm not in the library and because it was such a large accident outside help is being brought into the EU to admit the injured children. Some of the first responders aren't comfortable writing up pediatric pain medication dosages and setting pediatric bone injuries. In this instance I am available by phone and I can either

walk someone through getting the needed information online (Redbook) or come in to the hospital. At this point I will have educated enough staff in the hospital someone will be able go to the library, pull up the needed information and distribute. Or I can do the search myself at home and email links to command center where someone can then send the needed information to the correct people. The most important element to getting the information to those that need it is someone identifying the need and asking for help.

- A “Tips and Tricks” card with database information and searching tips has been created and distributed with extra copies available in the library. When the librarian is not available this is basic information made available to any hospital library user.

5. *Determine your core electronic resources.*

- The Becker Medical Library homepage is a gateway to library resources [www.becker.wustl.edu](http://www.becker.wustl.edu). From there, the user can access all the online resources available. Because Becker provides so many resources for students, physicians and faculty a ‘clinical portal’ is available to guide the user to the best resource for his or her need. I teach PubMed, CINAHL, SCOPUS, Stat!Ref, Nursing Reference Center, how to use the catalogue and UpToDate to my community. These are general skills and databases from which one can easily search and obtain literature. I would probably recommend UpToDate or First Consult in the event of an emergency because it has direct medical information about conditions and etiology that is more point of care clinically applicable than PubMed or SCOPUS. Stat!Ref or Access Medicine are good point of care resources because they house resources such as text books and MedCalc 3000 as well as a medical dictionary. Most likely in the event of an emergency frontline staff aren’t looking for an excess of information, just what they need to know to get the job done.
- In the event that the internet is compromised the library is now wired for emergency power so there is enough light to use the hard copy texts. The first place information seekers should go is the reference shelf. Housed there are drug dosage handbook, pediatric resuscitation handbooks, information on poisoning and medical dictionaries. It is not likely my patrons even use the catalog in the best of circumstances, and if then they use the online version. My library has labeled sections to help one find what they are looking for as well as the SLM classification chart on the wall.
- Develop a continuity of access plan for your essential electronic resources.
- The library is equipped with emergency power, it is also equipped with a red power fail phone and two lap top computers with back up batteries and satellite cards. If a situation arises where a floor needs/ patient care area needs power and it’s a limited resource the library will be one of the first areas shut down. There is ongoing education throughout the hospital teaching resources, use and access of databases and library resources.
- The library door automatically locks after 5pm until 8:30am with a magnetized lock. In the event of a power failure this lock is disabled and the library is accessible to everyone.

6. *Identify your core print collection.*

- Since St. Louis Children’s Hospital is a pediatric hospital our print collection is pediatric focused which makes it an invaluable resource in the event of an emergency because

children are the most vulnerable population to harm.

- The print collection at SLCH is mostly made up of back issues of journals. The text book collection is a wonderful resource if the internet is down. Some of the most important texts would be the pediatric dosage handbooks, drug interaction information, general medicine and the rest would be determined by the nature of the disaster.

### **Core Print Collection**

Nursing 2009 Drug Handbook  
Poisoning & Drug Overdose *edited by Kent R. Olson*  
Pediatric Dosage Handbook  
Redbook  
Nelson's Pediatrics

#### *7. Identify your unique or highly valued resources.*

- All of our resources specifically for pediatrics are the most highly valued and unique. SLCH's library also carries more nursing focused materials than Washington University's Becker Medical Library making those resources are unique and valuable.
- Our computers are much needed and used on a daily basis. Depending on the nature of emergency or disaster, the computers may become our more highly valued resource. Access and communication hold a very high value.
- The SLCH library is more functional than anything and devoid of costly artwork, historical treasures or other unique and valuable items.

#### *8. Proactively plan for the recovery of your unique and highly valued resources.*

- Due to the location of the physical library the most likely destruction of property would come from fire or flood damage. Because the hardcopy collection is elevated from the floor by shelf design, it would have to be a significant amount of water to damage more than the lower level of books. If the sprinkler system is activated the damage will be more widespread. In that case we will recover what we can and probably only purchase core pediatric medical texts and slowly assess what's needed and rebuild the collection as needed. In the event of having the library's print collection completely destroyed key library stakeholders would meet and discuss print vs. online collections.
- The loss of computers would be a resource we would immediately find the money to replace. We might not be able to replace all nine computers at once, but there will most likely 2-4 up and running within a week of the loss. Our computers are gateways to our online resources. Much of what is in print in the library can be found online. The computers also provide access to real time information that in the event of an emergency or disaster is necessary. Getting our computer network back up and running would be first priority after cleaning up.
- If something were to happen to our texts the reference section would be the first to be replaced. Some of the core texts are online hence the importance of the computers.
- One of the most valued resources is the librarian. No one knows the collection better than

the librarian nor can many rival her ability to find and disseminate information swiftly. In the event something happens while she is not in the hospital and she is needed efforts will be made to contact and bring her in. If she is at the hospital and is injured she will be attended to, then hopefully can return to her post. It is important that the medical research librarian focus on teaching the hospital staff HOW to get to the information and where to find it because if she isn't there someone else needs to be able to use the library resources knowledgably.

9. *Know how to obtain outside assistance*

- Becker Medical Library and librarians are available to give advice and the library houses a much larger collection and is within walking distance of SLCH.
- Emergency paper clean up service in the area
- **NN/LM (National Network of Libraries of Medicine):** (800) DEV-ROKS or 1-800-338-7657 (business hours): DOCLINE, coordination of emergency response among members, resource sharing in emergency, possible funding for replacement equipment.
- **Lyrasis:** (800) 999-8558 (24/7): Territory: southeastern/northeastern/mid-Atlantic states—advice about saving collections, health and safety measures in an emergency, referrals to commercial salvage companies, etc. Onsite assistance available through volunteer network

10. *Be Prepared at Home*

As the medical librarian the best I can to prepare myself at home is to have a Go Kit and a charged laptop so I can communicate with the hospital and proxy into the Washington University network if my search services are needed.

**ADDENDUM 2:**  
Survey

The St. Louis Children's Hospital Medical Library and the Washington University School of Medicine Becker Medical Library are investigating the integration of medical libraries into emergency planning in hospitals. We would appreciate your responding to a few questions about integration of the medical library into emergency planning efforts in your hospital.

All responses will be kept strictly confidential and no identifying information will be included in any reports that arise from this work.

**Where do you/would you go for medical information during an emergency at your hospital?**

**Are the library and/or librarian involved in your emergency planning process?**

Yes

No/Don't Know/Unsure

Comment

**In what ways are the library and/or librarian involved in your emergency planning?**

**Do the library and/or librarian have a designated role in your emergency plan?**

Yes

No

**Please describe the role of your library and/or librarian in your emergency plan.**

**Whether or not your library is part of your emergency planning, how might a medical library and/or librarian be used in the instance of an emergency or disaster?**

**What benefits might arise from integrating a library space and librarian into the existing emergency plan for your hospital?**

**Do you have a designated location in or near your hospital where employees can go to contact family/friends in the event of an emergency?**

Yes

No

## Emergency Planning Integration

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All responses will be kept strictly confidential and no identifying information will be included in any reports that arise from this work.

**Where do you/would you go for medical information during an emergency at your hospital?**

**Are the library and/or librarian involved in your emergency planning process?**

- Yes
- No/Don't Know/Unsure

Comment

**In what ways are the library and/or librarian involved in your emergency planning?**

**Do the library and/or librarian have a designated role in your emergency plan?**

- Yes
- No

**Please describe the role of your library and/or librarian in your emergency plan.**

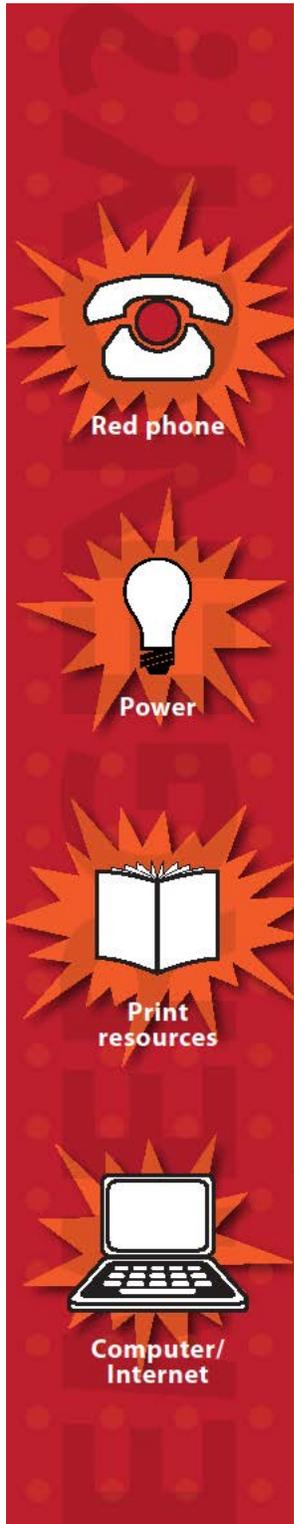
**Whether or not your library is part of your emergency planning, how might a medical library and/or librarian be used in the instance of an emergency or disaster?**

**What benefits might arise from integrating a library space and librarian into the existing emergency plan for your hospital?**

**Do you have a designated location in or near your hospital where employees can go to contact family/friends in the event of an emergency?**

- Yes
- No

**ADDENDUM 3:**  
Poster



**EMERGENCY?**

St. Louis Children's Hospital Medical Library can support your information needs in any circumstance.

**SLCH MEDICAL LIBRARY:  
SUPPORTING  
INFORMED  
DECISION MAKING.  
ALWAYS!**

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