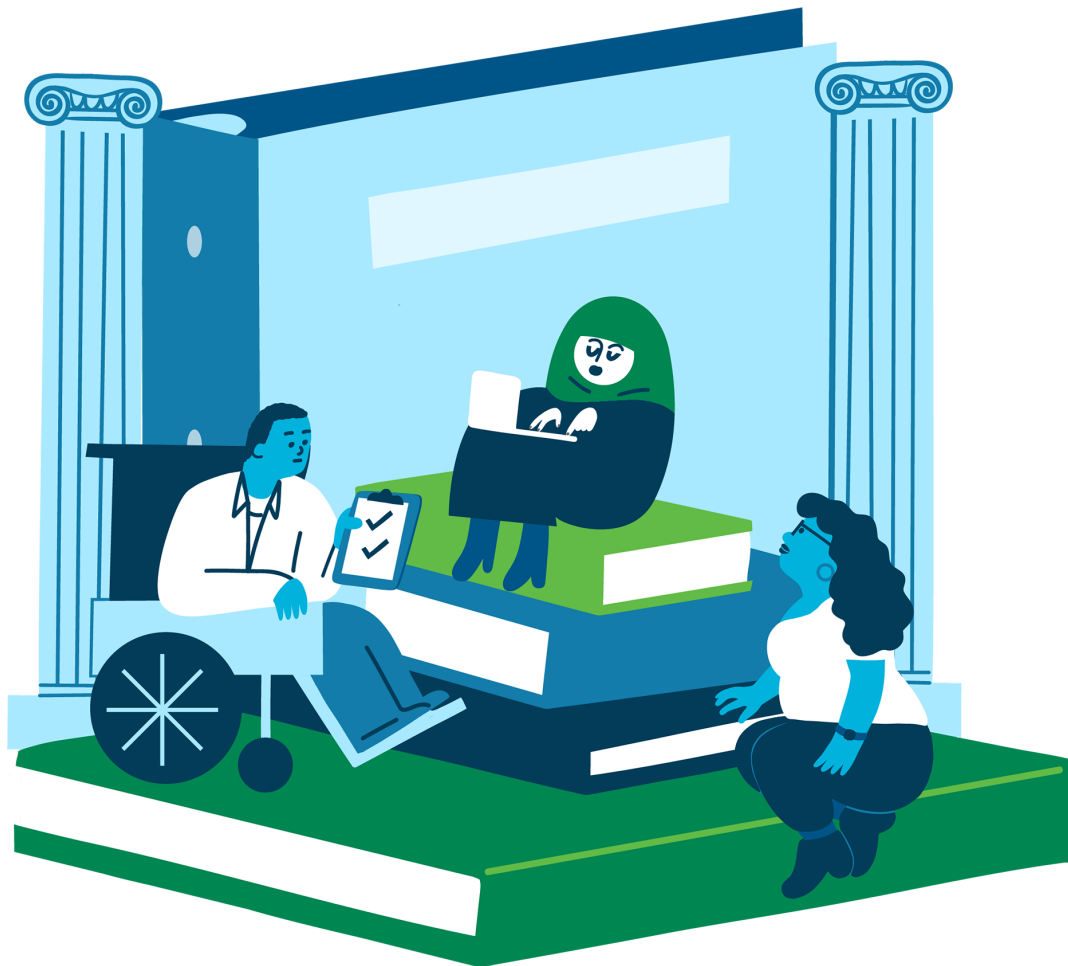




Public Health Crisis Management Playbook

for Archives, Libraries, and Museums



Public Health Crisis Management Playbook

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Table of Contents

Introduction	1
1. Crisis leadership	3
1.1 Building a crisis management team	4
1.2 Developing a crisis communications plan	7
1.2.1 Communications guidelines	7
1.2.2 Communications functions	8
1.2.3 Disseminating information	10
1.3 Preparing for human resource needs	12
1.3.1 Self-care and morale	12
1.3.2 Trauma-informed management practices	15
1.3.3 Staff safety and returning to the workplace	16
1.4 Managing conflict	23
1.4.1 Approaches to conflict resolution	24
1.5 Centering diversity, equity, and inclusion	26
1.5.1 Diversity, equity, and inclusion goals and strategies	27
1.5.2 Components of a DEI action plan	28
2. Facilities and operations	29
2.1 Establishing a business continuity plan	29
2.2 Collections management issues	31
2.3 Mechanical systems in buildings	32

2.4 Adaptable spaces and workflows	35
2.4.1 Creating flexible spaces	35
2.4.2 Developing crisis work plans	36
2.5 Producing crisis-responsive programs and services	37
2.5.1 Strategies for crisis-responsive programs and services	38
3. Crisis decision-making and risk management	40
3.1 Decision-making during a crisis	40
3.2 Addressing and combating misinformation and disinformation	42
3.2.1 Misinformation versus disinformation	42
3.2.2 Health misinformation and your community	43
3.3 Assessing and prioritizing public health practices	44
3.3.1 Promoting health literacy	45
3.4 Risk assessment and management	46
3.4.1 Assessing risk	46
3.4.2 Legal and financial planning	48
4. Resource networks	50
4.1 Identifying new partner networks	51
4.1.1 Considering potential new partners and partner networks	52
4.1.2 Visualizing potential partnerships with actor mapping	54
4.1.3 Creating an actor map	55
4.2 Building and maintaining mutual support networks	57
4.2.1 Developing new collaborative networks	57
4.2.2 Maintaining partner networks	61

Appendix: Resources for more information	66
Chapter 1: Crisis leadership	66
1.1 Building a crisis management team	66
1.2 Developing a crisis communications plan	68
1.3 Preparing for human resource needs	69
1.4 Managing conflict	69
1.5 Centering diversity, equity, and inclusion	70
Chapter 2: Facilities and operations	70
2.1 Establishing a business continuity plan	70
2.2 Collections management issues	71
2.3 Mechanical systems in buildings	72
2.4 Adaptable spaces and workflows	73
2.5 Producing crisis-responsive programs and services	74
Chapter 3: Crisis decision-making and risk management	74
3.1 Decision-making during a crisis	74
3.2 Addressing and combating misinformation and disinformation	75
3.3 Assessing and prioritizing public health practices	75
3.4 Risk assessment and management	76
Chapter 4: Resource networks	77
4.1 Identifying new partner networks	77
4.2 Building and maintaining mutual support networks	77

Introduction

The *Public Health Crisis Management Playbook for Archives, Libraries, and Museums* presents a set of guiding processes, resources, and tools to aid cultural heritage institutions when planning for, navigating through, and recovering from a significant public health emergency. This playbook contains information for any library, archive, or museum staff who will take part in a crisis management planning or communications team. It will especially be of use for those in leadership, management, and other similar decision-making roles.

To produce this playbook, the REopening Archives, Libraries, and Museums (REALM) project team gathered input from representatives of archives, libraries, museums, and allied organizations during a series of online forums in early 2022, and the REALM team also consulted information resources developed by subject area experts and in response to the COVID-19 pandemic.

How to use

This playbook is available for use in two formats: as a web page and as a PDF document. Both versions of the document have interactive elements, such as tables where users can type notes. The web version will temporarily retain notes locally in the playbook **online only**. Downloading a PDF version of the playbook will **not** include any annotations made to the web version.

This playbook is not a detailed step-by-step guide or a comprehensive, one-size-fits-all approach to crisis management. Your organization will need to develop a plan that is appropriate for your local community and your institution's mission, facility, and staff.

The publication includes four chapters and an appendix covering the following topics:

- **Crisis leadership**—Provides starting points for crisis management and communications planning with internal audiences (staff), external audiences (public), and your partners
- **Facilities and operations**—Offers considerations for determining processes for decision-making about collections management, space configuration, building systems, and safety protocols
- **Crisis decision-making and risk management**—Overviews risk assessment, information gathering, and decision-making during uncertain times

- **Resource networks**—Presents tools for identifying possible partners and maintaining collaborative relationships, including an actor mapping tool for visualizing an institution’s potential partners during a crisis
- **Resources for more information**—Provides all resources used to develop this document, as well as additional materials that may prove helpful in developing a public health crisis management plan

1. Crisis leadership



During a public health care crisis, archives, libraries, and museums will deal with many unforeseeable circumstances. Amid this uncertainty, leaders will need to continue ensuring their organizational missions and longer-term survival while simultaneously focusing on the immediate safety and welfare of staff and visitors. Perhaps the most essential element of crisis leadership is clear and trustworthy communication while also creating and fostering healthy and supportive work environments.

The following guidance offers an outline for building a crisis management team and for planning, managing, and maintaining internal and external communications. The chapter outlines approaches to crisis leadership that are trauma-informed, supports conflict management, and centers diversity, equity, and inclusion.

1.1 Building a crisis management team

Invaluable during an emergency, a crisis management team is most effective when it is in place before it is needed. To prepare for a future crisis, the team can meet regularly to discuss potential scenarios, create policies and procedures that provide decision-making clarity and action steps, and practice cross-departmental or cross-role communication. Below are considerations for building and maintaining a crisis management team.

- Identify key roles within the crisis management team (for smaller organizations, one person might play multiple roles). These might include:
 - Decision maker (someone who can make sure actions are being taken)
 - Spokesperson
 - Communicators to key groups of stakeholders (donors, volunteers, board members, etc.)
 - Record keeper
 - On-site point person (to check conditions at the physical site if other staff members are working remotely)
- Identify representatives (or ask for volunteers) from a variety of departments, roles, and responsibilities within the organization to serve on the crisis management team. Diverse perspectives and skills will help the team make better decisions.
- Establish the decision-making power for the crisis management team. Decide:
 - Is the team making recommendations? To whom?
 - Does this team have the power to set policy?
 - How will the team make decisions? By vote? Is consensus required?
 - How will the team's decisions be reviewed and approved, and by whom?
 - What is the team's scope: public health crises only or general crisis preparedness?
 - How will the team's decisions and authority be communicated to staff and other stakeholders?
 - How will the team interface with the board of directors or other governing authorities?

- Set regular meetings to keep the team active and prepared even when there is not a current crisis.
- Define what crises, crisis-related issues, or crisis policies the team is responsible to plan for. This toolkit, or other resources provided in *Appendix: Resources for more information*, can provide a starting point for identifying these. Build a list that the team will systematically tackle at their regular meetings. Create meeting agendas around this list.
- Plan to address new crisis issues and test established assumptions and processes through drills, scenario-specific tabletop training, and other regular exercises. [Ready.gov offers definitions of and resources for different types of crisis-preparedness exercises.](#)
- Clearly communicate about crisis management team activities and decisions to the rest of the staff.

Below is a crisis management team roster outline of key roles, which you can use to document your primary and back-up people to fill those roles. Consider how you might shape this roster to best suit the needs of your institution, and select people who offer the experience and skills to meet those needs. Clearly communicate the roles and responsibilities to each member of the team.

Crisis Management Team Roster

Role	Primary	Back-up	Key Skills & Experience
Decision maker			
Spokesperson			
Volunteer liaison			
Board liaison			
Donor liaison			
Record keeper			
Communications liaison			
On-site point person			

1.2 Developing a crisis communications plan

Organizations that issue messages and information that convey empathy, openness, dedication, and competence are more likely to maintain and build trust with their employees and communities during a crisis. With these factors in mind, the following considerations and checklists are intended to serve as a starting point when building a crisis communications plan.

1.2.1 Communications guidelines

The World Health Organization (WHO) identifies key communication principles in the [Outbreak Communication Guidelines](#) that can be useful when creating a crisis communications plan. They have been adapted for your use below.

Build and maintain trust

The key principle of disease outbreak messaging is to communicate in ways that build and maintain trust—such as frequency, transparency, and citing reliable sources of information—between your organization, the people you serve, and your staff. Without trust, people will be less likely to believe, or act on, the information being conveyed.

Announce changes early

Be proactive with communications alerting those affected by policy changes, both internally and externally. Announcing changes early—even with incomplete information—can prevent rumors and misinformation. For more guidance regarding managing risk assessment, information gathering, and planning during uncertain times, see *3. Crisis decision-making and risk management*.

Maintain transparency

Maintaining the trust of staff and the public throughout a crisis requires ongoing transparency, including timely and accurate information (even if information is not fully complete) on a real or potential risk and its management. As new developments occur over the course of a crisis, they should be communicated proactively. Transparency between your organization's communicators, the public, and partners promotes improved information gathering, risk assessment, and decision-making during a crisis.

Listen to concerns

Understanding risk perceptions, views, and concerns of both staff and your institution's community is critical to effective communication. People's existing beliefs and practices will shape how they understand and perceive a given risk, impacting their openness to behavior changes necessary to protect health.

Plan, plan, plan

Public communications during emergencies represent an enormous challenge and demand sound planning to adhere to the principles described above. Use the tools and recommendations in this chapter to identify roles, decision-making processes, priorities, and more *before* a crisis arrives.

1.2.2 Communications functions

A communications plan should define key communications goals and describe the various actions required to achieve these objectives. Depending on the nature of the emergency and the resources available, one person could perform several of these tasks, or many people could be assigned a single task. Below is a high-level description of roles based on the WHO's recommended communications functions:

Communications lead

This role is responsible for the development of crisis communications objectives, strategies, and tactics. Consider including this person as the **communications liaison** in a crisis management team roster.

Communications liaison

A member of the crisis management team, this role helps to align and coordinates key objectives, activities, and results of that team with the crisis communications planning team. This role also helps to establish and coordinate communications with partner organizations that are providing information or other resources during the crisis.

Message development and material production

This role transforms crisis information into messages, Q and A documents, and other communications tools that help staff and the public assess risks, take protective actions, and know where to go for additional information and help.

Management of approvals

This role coordinates clearance and approval for the release of crisis-related information, communications materials, and other similar documents.

Media relations and messaging

This role provides information to staff and the public, including interacting with media and field inquiries from news organizations.

Web and social media management

This role ensures that the latest information regarding the crisis is up to date on websites and social media accounts, that web traffic and trends are noted, and that any online questions receive a response.

Listening

This role gathers and analyzes risk perceptions, knowledge gaps, and potential nonmedical barriers to recommended public health measures and reflects findings back into the communications decision-making process.

Communications evaluation

Working closely with the **listening** role, this role assesses and measures the communications processes and their outcomes. The institution can use the assessment data to improve communications response efforts for current and future crises.

Below is a crisis communications team roster outline of key roles, which you can use to document your primary and back-up people to fill those roles. Consider how you might shape this roster to best suit the needs of your institution and select people who offer the experience and skills to meet those needs. Clearly communicate the roles and responsibilities to each member of the team.

Crisis Communications Team Roster

Role	Primary	Back-up	Key Skills & Experience
Communications lead			
Communications liaison			
Message development and material production			
Management of approvals			
Media relations and messaging			
Web and social media management			
Listening			
Communications evaluation			

1.2.3 Disseminating information

A communications plan should address communicating with three audiences: staff, the public, and external partners. Below are suggested first steps in creating a communications plan that addresses these three audiences.

Internal communications—staff:

Prior to a crisis:

- Review existing internal communications plans prior to a crisis to determine what will need to be updated during a crisis.
- Broaden awareness of crisis communications plans with staff. This can include testing the organization's communications systems.
- Ensure an efficient information gathering system is in place (see 3. *Crisis decision-making and risk management*).
- Secure senior management endorsement of internal communications plans.
- Determine **who** will be disseminating communications internally, **how**, and **when**.
- Determine how to handle communicating the inevitable unknowns and uncertainties of a crisis (see 3. *Crisis decision-making and risk management*). Sometimes saying “I don't know” can be better than silence.

During a crisis:

- Schedule regular staff meetings as opportunities for employees to raise concerns and ask questions.
- Set up a system to evaluate internal communications during the crisis.

External communications—partners:

- Create a list of existing partners who could be included in external communications, such as a mailing list or press releases. Regularly review this list to keep contact names and information current.
- Create a list of partners, such as city government departments, to collaborate with on external communications (see 4. *Resource networks*).
- Develop partnerships with local health authorities so that communications include up-to-date public health safety measures, policies, and guidelines.

External communications—public:

- Establish a media monitoring system, such as setting Google media alerts, and plan to integrate new and relevant findings into crisis communications.

- Establish a public communications policy or create guidelines for crisis communications.
- Determine which channels and platforms (such as social media, websites, and email) will be used to communicate updates with the public. Do additional channels need to be created?
- Determine who on staff will keep these channels regularly updated and monitored.
- Create a list of signage that will need to be updated.
- Communicate updates regularly and clearly.
- Inventory information on existing digital platforms (such as social media accounts and websites) to determine what will need to be updated during a crisis and establish a system for ensuring regular monitoring and updating.
- Determine which partners and community liaisons to coordinate with on the rollout of public messaging (see 4. *Resource networks*). Consider including your external partners.
- Set up a system to evaluate external communications during the crisis.
- Secure senior management endorsement of plans and other activities.

1.3 Preparing for human resource needs

1.3.1 Self-care and morale

Although the topic of self-care has become more visible as an impact of the COVID-19 pandemic, times of crisis can accelerate staff burnout unless organizations place staff well-being and mental health at the forefront of every decision.

Common recommendations for avoiding burnout include setting boundaries, practicing mindful work habits, and learning to advocate for yourself. This puts the burden on the individual. For real change to occur, institutional leadership must make intentional shifts in the workplace so that employees have the space and support to practice these wellness principles.

The following guidance includes frameworks from the [Washington State Department of Health's tips on building resilience](#), the [CDC's guidance on coping with stress](#), and the [National Center for PTSD](#).

Learn to recognize behavioral impacts

The following describes behavioral health impacts on staff and community members.

Burnout

Includes tiredness of body and mind and lower motivation because of sustained work stress or frustration. Burnout often occurs when there is an unequal balance between the demands of the job and the coping resources that a person has.

Compassion fatigue

Emotional and physical tiredness that can lead to a decreased ability to empathize or feel compassion for others. Also described as secondary traumatic stress.

Moral injury

Experiencing strong feelings of guilt, shame, and anger about the frustration that comes from not giving the kind of care or service that an employee or visitor wants and expects.

Create systems of support

The best way to address these common concerns in a workplace is to create support systems and resources that develop resilience and resilience factors.

Resilience

The process of adapting during hard times, trauma, tragedy, threats, or major sources of stress. Resilience involves changing behaviors, thoughts, and actions to meet the needs of a given situation.

Resilience factors

Conditions that help a person survive and recover from a crisis or trauma. These can include flexibility and adaptability, connection to others, purpose, and hope.

Increase resilience to support your team

To build resilience in your workplace, identify and implement these four resilience factors on both the organizational and individual levels:

- Develop the ability to adapt and be mentally flexible
- Focus on developing social connections, both big and small
- Develop a shared sense of purpose
- Focus on hope

Establish order, predictability, and direction

As national and organizational responses to a crisis unfold, a sense of calm, focus, and self-assurance from leadership plays a significant role in easing the stress of their team. Because a public health crisis can be an extended, infrequent event, it may be helpful to remember that organizational strategies will need to change. This means establishing both order and reassurance early on.

It is also important to remember that in the intermediate and long-term phases of a public health crisis, increased communication and willingness to put new organizational strategies and policies in place—based on leader vision and regular input from employees—is essential for organizational and employee health.

Plan your approach before you respond

- Gather and prepare accurate and up-to-date information (see 3. *Crisis decision-making and risk management*).
- Determine the impacts of the crisis on your staff.
- Organize your thoughts and prepare clear internal communications in advance.
- Convey that the organization will prioritize the safety of all staff and ensure accountability toward this goal.

Inform staff how you will communicate and operate to ensure their care

- Establish a formalized process and regular cadence to communicate internally with staff.
- Let staff know that even when policies and plans change in response to the evolving crisis, the changes will be communicated as efficiently as possible.
- Provide resources, such as the Employee Assistance Program (EAP), options for work relief, and information on how to access peer support, if available.

- Check in regularly with your team to see how they're doing.

Practice self-care as a manager

Leadership during a crisis is vital to libraries, archives, and museums, and a leader's own well-being is a paramount consideration to a job done safely and well. A leader's example as a role model can also have a profound effect on how staff value their own self-care.

- Use the core principles of [Stress First Aid](#) (cover, calm, connect, competence, and confidence) to care for yourself.
- Be clear with family and friends about how they can support you at this time.
- Should you need additional assistance, reach out to a peer or mentor who may have had experience with similar situations. Consider finding or creating a peer support network of colleagues in other organizations where you can talk candidly about your experiences and listen to others.
- Use an Employee Assistance Program (EAP) or other available support as needed.

1.3.2 Trauma-informed management practices

Originating in the fields of health and social services, trauma-informed care frameworks can hold great value for libraries, archives, and museums. Empathetic service, positive visitor encounters, and a more trusting and equitable workplace for employees are only a few benefits that trauma-informed practices can offer.

The following sections include information and guidance from the [US Department of Health and Human Services](#) and the [Institute on Trauma and Trauma-Informed Care](#).

About trauma-informed care

Trauma-informed care shifts the focus from “What’s wrong with you?” to “What happened to you?” A trauma-informed approach to care acknowledges that there needs to be a complete picture of a person’s life situation—past and present—to provide effective care services. Individual trauma can result from an event, a series of events, or a set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning mental, physical, social, emotional, or spiritual well-being.

Trauma-informed care includes:

- **Safety:** create areas that are calm and comfortable
- **Trustworthiness and transparency:** provide clear and consistent information
- **Peer support:** build networks
- **Collaboration and mutuality:** make decisions together
- **Empowerment:** notice and acknowledge the capabilities of an individual
- **Choice:** provide individuals with options
- **Awareness of cultural, historical, and gender issues:** see *1.5 Centering diversity, equity, and inclusion*

Key components of trauma-informed care:

- Incorporate trauma-informed care into every aspect of the organization, creating a genuine culture change.
- Demonstrate greater awareness of the impact of trauma on all individuals served by an organization, including its workforce.
- Accept that trauma influences the effectiveness of all human services.
- Implement a solution-based service approach.
- Recognize the pervasiveness of trauma.
- Change thinking from “What is wrong with this individual?” to “What happened to this individual?”
- Anticipate and avoid institutional processes and individual practices that are likely to retraumatize individuals who already have a trauma history.
- Train staff at all levels to change their behaviors, actions, and policies in keeping with a trauma-informed approach.

1.3.3 Staff safety and returning to the workplace

The details of each employer's plan to return, or re-return, to the workplace during a crisis will look different, but there are key issues that most will need to prepare for:

- Facilities management

- Staff safety
- Procedures for returning to the workplace
- Employee benefits and compensation
- Remote work opportunities
- Communications
- Policy changes

A health crisis will likely impact your workplace both in the short and long term. This section will help your institution plan accordingly. The following checklists and information includes guidance from the [Society for Human Resource Management](#) (SHRM) and the [Occupational Safety and Health Administration](#) (OSHA).

Re-entry and facilities management

Use data to decide how and when to safely return to work, and prepare facilities by addressing the “who, how, and when”: *who* returns, *how* they will return, and *when* they return.

- Use health data and community risk insights, along with (when applicable) employee-provided health information.
- Ensure that your facilities are ready for re-entry. This means evaluating buildings and implementing and tracking needed initiatives (see 2. *Facilities and operations*).
- Capture and monitor occupancy: know who is using workspaces and when.
- Use time during workplace closures to reimagine and repurpose your facilities (see 2. *Facilities and operations*).

Prioritize staff safety

Employers should ensure that their workplaces are as safe as possible. Employees and visitors may have fears of returning to “business as usual”; preparing for returning to workplaces and communicating that safety is a top priority will help to allay fears and increase trust internally and in your community. Begin with the following steps:

- Identify workplace hazards.
- Provide extra support to vulnerable and vital employees. Ensure their confidentiality.

- Budget for staff safety needs in advance. Investigate external funding support when institutional funds are insufficient or not available.
- Identify key stakeholders and their needs.

Depending on the crisis, safety measures may include:

- Implementing employee health screening procedures
- Developing an exposure-response plan that addresses:
 - Isolation, containment, and contact tracing procedures
 - Stay-at-home requirements
- Providing personal protective equipment (PPE)
- Detailing cleaning procedures and procuring supplies to sustain these protocols
- Establishing physical distancing measures within the workplace (see 2. *Facilities and operations*)
- Restricting business travel:
 - Define what "essential travel only" is
 - Follow government guidance to alter restrictions as warranted
- Defining visitor protocols, such as:
 - Direct visitor traffic through the workplace
 - Limit the number of visitors in any area at one time
 - Use video or telephone conferencing instead of in-person meetings
 - Provide contactless pickup and delivery of products
- Understanding and complying with [Occupational Safety and Health Administration](#) (OSHA) record-keeping and reporting obligations:
 - Identify positions with the potential for occupational exposure to the health concern
 - Review [OSHA regulation 29 CFR 1904](#) to determine work-relatedness of illnesses
 - Follow OSHA's [emergency temporary standard for healthcare](#) or [general guidance for employers](#) to keep workers safe

Procedures for returning to the workplace

Plan for how and when employees can return to the workplace to create an organized and controlled approach. For instance, all employees returning on the same day at the same time could be overwhelming and possibly unsafe. Additional aspects to consider include:

- Phase-in employees returning to the workplace.
 - Make selections using seniority or other nondiscriminatory factors.
 - Determine schedule changes to provide the greatest protection to employees.
- Create a plan for employees in [high-risk categories](#) for infection to return to the workplace.
 - Consider allowing employees to work from home or to remain on leave until they feel comfortable returning.
 - Determine increased measures to protect employees who are working on-site, including isolated workstations, additional PPE as requested, fewer days in the office, and other similar measures.
- If employees are returning from furlough or other forms of unemployment, notify your state unemployment agency of employees recalled to work.
 - This is a state requirement and will help save on unemployment taxes for those who choose not to return to work.
- Determine how to handle employees who are unable to return to the workplace.

Employee benefits

Layoffs or furloughs may impact employee benefits. Whether employees remained on the employer's benefits plans or not, certain notices or actions may be required to stay compliant. Communicate these changes to employees as soon as possible. Consider reviewing the following issues:

Group health insurance

- Eligibility—redetermine waiting-period issues due to leave or reinstatement; review any revised eligibility requirements during the layoff or furlough and determine if those changes will be revoked and when.
- Ensure coverage changes—such as adding telehealth benefits and services no longer subject to deductibles—have been incorporated into the plan.
- If employee premiums were paid during leave, determine how or if the employer will recover those costs from employees.

Flexible spending accounts

- Review Dependent Care Assistance Program election changes with employees to ensure their new or revised elections are correct.
- Address new flexible spending account elections and allowable changes with employees.

401(k) or other pension plans

- Review eligibility issues due to layoff or furlough.
- Address any break in service issues or counting years of service concerns.
- Review any in-service loans employees may have or will want to take, including eligibility and payback procedures.
- Understand IRS guidance on hardship withdrawals for employees affected by the crisis.

Paid leave

- Review required leave under state or local laws and ensure employees understand the eligibility requirements.
- Determine if there will be company personal time off policy changes, including increasing or decreasing paid leave benefits, or additional restrictions in using paid leave.
- Understand the coordination of leave benefits and communicate these to employees as needed.
- Explore a paid sick leave pool, where employees can elect to donate their unused sick time into a collective pool for a colleague to use once they've exhausted their sick leave time.

Compensation

Consider addressing the following:

- Determine how you will handle any missed annual pay increases and if those will be applied retroactively.
- Determine if employee status changes—exempt to nonexempt or full- to part-time status—are needed to reopen or if those already made will continue.
- Determine how bonuses are affected, including eligibility or continuation of previous policies.
- Determine if hazard pay will be offered or revoked.
- Conduct a pay equity audit as employees return, as pay may have been reduced or frozen and may have impacted employees differently.

Remote work

Actions to consider include:

- Allowing remote work, when possible, to keep employees safe.
- Staggering weeks in office and at home among teams, or part-time remote work on alternate weekdays.
- Responding to employee requests to continue to work from home, including long-term arrangements.
- Updating virtual communication technology, both for employees working from home and those remaining or returning to office environments.

Communications

Establishing a clear communications plan will allow employees to understand how the organization plans to reopen. More guidance on communications can be found in *1.2 Developing a crisis communications plan*. Topics to cover in communications may include:

- Procedures and policies for staying home when sick
- How physical distancing policies are being used to protect employees and visitors
- Detailed training on new workplace safety and disinfection protocols

- Prepared exposure-response communications to distribute to any affected employees
- Communications ready to release on topics, such as return-to-work timetables, safety protections in place, and how else your institution is supporting employees

Policy changes

Institutions will likely need to update or create new policies to reflect the changes that occur during a crisis. Some examples include:

- Paid-leave policies adjusted to reflect regulatory requirements and actual business needs
- Attendance policies relaxed to encourage sick employees to stay home
- Time-off request procedures clarified to indicate when time off can be required by the employer should sick employees need to be sent home
- Flexible scheduling options implemented to allow for compressed work weeks and flexible start and stop times
- Meal and rest break policies adjusted to stagger times and other processes implemented to encourage physical distancing
- Travel policies updated to reflect essential versus nonessential travel and the impact of domestic or global travel restrictions
- Telecommuting policies detailed to specify the type of work that can be done remotely and the procedures for requesting telework
- Information technology policies revised to reflect remote work hardware, software, and support

Unions

Institutions with unionized workforces may have additional considerations, including:

- Determining obligations to bargain when implementing changes to mandatory bargaining subjects, such as wages and benefits
- Identifying the need to add a [force majeure](#) clause into a collective bargaining agreement to protect the employer from contractual obligations during an event that is beyond the employer's control

- Reviewing existing no-strike clauses to ensure continued work during future infectious disease outbreaks
- Determining obligations for hazard pay under Section 502 of the [National Labor Relations Act \(NLRA\)](#) during "abnormally dangerous conditions"

1.4 Managing conflict

A public health crisis includes an abundance of unknowns, changes in work patterns, and external stressors, all of which can lead to an increase in discord among staff. Be prepared for new workplace conflict issues that may arise during a crisis.

The following guidance is adapted from a [Forbes article](#) about the impact that the COVID-19 pandemic had on workplace conflict. Understanding some of the bigger themes in workplace conflict during a crisis can help leaders better support staff. Those issues may include the following:

Conflict and the organization

Crisis-driven changes to people's lives can profoundly affect their attitudes and priorities. These changes can sometimes result in employees coming into conflict with the organization that employs them.

Conflict in teams

During times of crisis, you can expect an increase in team mediation or multiparty disputes. Some will be driven by specific crisis-related issues, such as colleagues not respecting safety protocols; others may be indirectly related, such as a teammate's behavior on video calls. You can also expect more team conflict related to diversity, as employees may feel that they are not heard fairly or equally. In addition, managers may feel they are under more pressure, from supervising remote teams to dealing with hybrid working or a return to the workplace. For more guidance on conflicts relating to diversity, see *1.5 Centering diversity, equity, and inclusion*. For more guidance on returning to work, see *1.3.3 Staff safety and returning to the workplace*.

Conflict and the individual

On an interpersonal level, conflict may arise from feeling overworked and overwhelmed, especially for those facing additional at-home caring responsibilities. There may also be more disputes related to mental health during a crisis as existing mental health issues are exacerbated. For more guidance on addressing self-care and trauma-informed management practices, see [1.3 Preparing for human resource needs](#).

1.4.1 Approaches to conflict resolution

Conflict is best managed within an open communication environment, where employees are encouraged to talk about the issues they are facing and feel their concerns are heard. Aim to understand what employees are saying by asking questions and focusing on their perception of the problem. Always have at least two management personnel in the room when speaking with an employee. When a workplace is unionized, a union representative may also request to be present.

The following steps for resolving conflict situations are drawn from [UC Berkeley's tips](#) for resolving conflict situations.

Acknowledge that a difficult situation exists

Honest and clear communication play an important role in the resolution process. Acquaint yourself with what's happening and be open about the problem.

Let individuals express their feelings

Some feelings of anger and/or hurt usually accompany conflict situations. Before any kind of problem-solving can take place, these emotions should be expressed and acknowledged.

Define the problem

What is the stated problem? What is the negative impact on work or relationships? Are differing personality styles part of the problem? Meet with employees separately first to learn about the situation.

Determine underlying need

The goal of conflict resolution is to reach a solution that everyone can live with rather than to decide which person is right or wrong. Looking first for needs, rather than solutions, is a powerful tool for generating win/win options. To discover needs, begin by finding out why people want the solutions they initially proposed. Understanding the advantages that their solutions have for them helps to discover their needs.

Find common areas of agreement, no matter how small

- Agree on the problem
- Agree on the procedure to follow
- Agree on worst-case scenarios
- Agree on some small change or first steps to give a shared experience of success

Find solutions to satisfy needs

- Generate multiple alternative solutions
- Determine which actions will be taken
- Make sure involved parties buy into actions (total silence may be a sign of passive resistance)
- Be sure you get real agreement from everyone

Schedule follow-up meetings to monitor success of agreed-upon solutions

Determine next steps if the conflict goes unresolved

If the conflict is causing a disruption and remains unresolved, you may need to explore other avenues. An outside facilitator may be able to offer insights into solving the problem. In some cases, the conflict becomes a performance issue and may become a topic for coaching sessions, performance appraisals, or disciplinary action.

A note about conflict

Too often, conflict is viewed as negative. But it is through the process of speaking up that individuals, teams, and organizations inspire, innovate, and grow. A silver lining of dealing with a crisis is that it offers leaders an opportunity to support those in conflict to speak up in a more informal way and find solutions to seemingly intractable situations.

1.5 Centering diversity, equity, and inclusion

An equitable and inclusive workplace led by staff who bring a diverse range of lived experiences will be in a position of strength during a crisis, as these factors make an organization more resilient, more innovative, and more connected to the communities they serve. Organizations can promote diversity, equity, and inclusion (DEI) by creating an action plan and remaining committed to the plan even when crisis hits. The following information and guidance serve only as a starting point in addressing DEI in libraries, archives, and museums. This work will require further research, continuous planning, and active implementation.

DEI awareness includes being mindful of:

- Geographic location
- Race
- Ethnicity
- Language
- Culture
- Gender identity
- Gender awareness
- Developmental and acquired disabilities
- Faith-based beliefs (religions or spirituality)
- Sexual orientation
- Socioeconomic status
- Variability in language skills and/or reading level
- Program implementation: braille, large print, sound/audio, and translations
- ADA compliance

1.5.1 Diversity, equity, and inclusion goals and strategies

The following goals and strategies have been adapted from the American Library Association's Strategic Direction on Equity, Diversity, and Inclusion, but they can be applied to any institution type. For additional guidance, we recommend visiting ala.org/advocacy/diversity and racialequitytools.org to access tools, research, tips, curricula, and more.

DEI goals to consider:

- Commit to addressing marginalization and underrepresentation within your institution.
- Provide context and understanding of the concepts of diversity, equity, and inclusion and recognize their intersectional and complex nature.
- Provide resources and support to your employees so your institution can be effective advocates for the inclusion of all individuals in your community.
- Establish safe, respectful spaces for diverse voices and perspectives.

DEI strategies to consider:

- Conduct or provide professional development opportunities that address DEI issues.
- Empower employees to advocate within their workplace, their community, and beyond.
- Gather, develop, and disseminate research documenting the value of DEI.
- Review work policies and strategies and revise as needed to clearly articulate DEI values.
- Enhance recruitment, mentoring, and networking activities to build diverse and inclusive leadership for your institution.
- Ensure that DEI values are embedded in all aspects of your institution (such as continued learning, training, conferences, and hiring practices).
- Develop training specifically focused on understanding and addressing unconscious bias, power dynamics, microaggressions, privilege, and other topics related to DEI.
- Critically examine the way that DEI values are addressed and coordinated throughout the organization.

1.5.2 Components of a DEI action plan

The beginnings of a DEI action plan for libraries, archives, and museums can include:

Create an organizational statement

Show your commitment to employing and supporting individuals from broadly diverse racial, ethnic, gender, cultural, and other backgrounds by publishing an official, public-facing DEI statement.

Formalize implicit procedures

Use structured processes for meetings, interviews, or performance evaluations to avoid biased outcomes.

Encourage promotion of differences

Spotlight new people and reward unique skills and ideas to remain inclusive in leadership practices.

Diversify exposure and training

When hiring, seek out employees who have diverse experiences and will be an asset to your inclusivity goals. Conduct DEI training with existing staff.

Nurture identity and interpersonal empathy

Encourage employees to interact with each other on a personal, human level. Cohesive, inclusive workforces thrive when employees feel accepted and valued.

On racial equity

[Racial Equity Tools](#) is an online platform designed to support individuals and groups working to achieve racial equity. The site describes core concepts, such as structural racism, intersectionality, racial identity development, and anti-racism. Racial Equity Tools stresses that groups interested in racial equity must invest in shared language and values so that staff and leaders will work together to move their organizations forward.

2. Facilities and operations



Most libraries, archives, and museums operate in some kind of physical space that is open to visitors. Those physical sites present distinct challenges during a public health crisis. A plan for how to manage your facilities and operations during a crisis helps the organization be more resilient and better able to continue fulfilling its missions. In this chapter, you'll find considerations for assessing and prioritizing collections management, physical public and staff configurations, building mechanical systems, and safety protocols.

2.1 Establishing a business continuity plan

Certain aspects of institutional operations are predictable regardless of the details of a particular crisis. Having a business continuity plan for these standard operations reduces the number of decisions that need to be made during a crisis. Developing the plan might be a good project for a crisis management team (see *1.1 Building a crisis management team*).

Assess the following when creating a business continuity plan.

Which operational needs will exist regardless of the nature of a crisis?

These might include:

- IT support to allow staff to work remotely
- Human resources support to respond to changing safety regulations and staff mental health needs
- Collection monitoring and maintenance needs, if applicable (see 2.2 *Collections management issues*)
- Facilities staff to maintain necessary building functions during times of physical closure.

Which operational functions are critical to continue during a crisis?

Although details of each crisis will vary, it may be helpful to review your organization's COVID-19 response to better understand which operational functions are possible during a public health crisis.

- What can be learned from that experience?
- What could be done differently next time?

Which operations can stop during crisis?

Pausing some operations may be necessary to create bandwidth for crisis response.

Who can be cross trained?

Cross training staff can allow staff to be flexible and step into other roles as needed. This can minimize the interruptions to the institution's activities.

What is your organization's capacity for moving to a work-from-home model?

- Resources: What resources do individual team members have (internet, technology at home, phone access)? What does the organization need to provide now or plan to provide in a moment of crisis?
- Activities: What activities can be continued when working from home? What will need to stop? Are there activities that could be started during a work-from-home period that otherwise aren't prioritized (such as completing trainings or inventories)?

For more on this topic, see 1.3.3 *Staff safety and returning to the workplace*.

How will your plan be communicated?

Identify who will be responsible for communicating the plan (see *1.2 Developing a crisis communications plan*)

How will your plan be maintained?

Identify who will be responsible for maintaining the plan (see *1.1 Building a crisis management team*).

2.2 Collections management issues

The collections management needs of libraries, archives, and museums vary widely. That said, every institution with collections should consider the following when creating a crisis management plan:

Monitoring

Is remote monitoring of temperature, relative humidity, and other conditions an option? If so, do the appropriate staff members have the necessary technology, both on-site and at home, to conduct remote monitoring? Which staff members will visit the collection and when? How should they document the collection's condition?

Maintenance

What collections work can be continued remotely? During the COVID-19 pandemic, many institutions performed database maintenance as a way to continue collections work remotely. This may not always be possible, however, depending on institutional policies. Develop your collections maintenance plan in accordance with your parent institution's remote work policies.

Returning to work

When staff return to the facility, how will work time and space be allocated? Although each crisis will have its own health guidelines and parameters, planning how to maintain physical distance ahead of time is prudent. Many collections storage spaces and work areas are tight, so assess whether the space allows staff to be sufficiently distant or whether other controls should be used, like rotating shifts (see *2.4 Adaptable spaces and workflows*).

Impact of crisis-mitigation efforts on the collection

If changes to heating, ventilation, and air conditioning (HVAC) systems or practices are on the table, consider the impact of changes in temperature and relative humidity, the introduction of outside air, post-exposure sanitation, and possible contaminants or pests (see *2.3 Mechanical systems in buildings*).

Public access (if applicable)

Review your organization's COVID-19 approach to public access to the collection. Which changes were successful? What can be learned from that experience and established as future crisis-response practices?

Collecting in response to crisis (if applicable)

If your institution's mission includes collecting objects that document contemporary life and issues, you may have the added challenge of documenting the crisis as you live through it. Does the necessary physical and digital storage to receive these objects already exist? Can it be added?

2.3 Mechanical systems in buildings

Building mechanical systems in libraries, archives, and museums may have specialized applications, such as in conservation or collections storage spaces. However, the basic function is always to provide a safe and comfortable environment for occupants, equipment, and the building itself. For people without a facilities background, it can be helpful to compare building mechanical systems to body systems to better understand their roles (the following analogy is inspired by the [University of Oregon building systems course](#)).

Building System	Body System	Role
Building structure (framing, steelwork, etc.)	Skeleton	Support
Exterior surface (doors, windows, roof)	Skin	Protection
Heating, ventilation, and air conditioning (HVAC)	Respiratory system	Temperature and oxygen regulation
Electricity and data	Nervous system	Energy and message delivery
Plumbing	Circulatory system	Supply of fuel and removal of waste

During the COVID-19 pandemic, HVAC systems came to the forefront of cultural heritage organizations' concerns because SARS-CoV-2 is an airborne virus. Many staff found themselves needing to learn about HVAC systems to understand the health implications of their institution's existing systems and the possible interventions to improve indoor air exchange and reduce potential for virus transmission inside the facility. For those organizations without dedicated facilities staff, establishing a working understanding of the building's mechanical systems can help with resiliency and faster decision-making during a public health crisis. Ask the following questions to gain familiarity with your building's key systems:

HVAC

- How is the whole system controlled? Are there automated functions that should be turned off during a crisis, like demand-controlled ventilation that reduces air supply under certain conditions?
- How is the system zoned? What level of control exists over different zones?
- When was the system last serviced?
- Check the filter. If the filter can be changed or cleaned, when did that last occur? What options exist for improving filtration with the current system?
- Can additional filtration be added outside of the HVAC system, such as portable HEPA filters?
- Depending on the conditions of the current public health crisis, it may be prudent to pay particular attention to the ventilation in bathrooms. Are all of the ventilation fans working at full capacity?
- What simple changes could improve ventilation? [The CDC has suggested](#) introducing more outdoor air by opening air dampers, opening windows and doors, and using strategically placed portable fans. The temperature and humidity changes this may cause could have implications for sensitive collections materials, so decisions about these practices should be made with collections staff (see 2.2 *Collections management issues*).

Electricity and data

- Which external service providers currently supply electricity, internet, and phone services to the building? Is their contact information readily available in case of a system failure?
- How are these systems backed up in case of failure? Can back-up generators be added to help disaster-proof the system?
- What is the plan for accessing your building and data should these systems fail?
- What is the communications plan should these systems fail?

Plumbing

- Who is the building's water service provider? Is their contact information readily available in case of a system failure or a health-related interruption of service?
- Who oversees managing emergency power and data issues and is available to go on site if they go down/need to be managed?
- If a building must be closed for an extended period due to a crisis, how will the water system be flushed to reduce the risk of Legionella? [The EPA provides detailed guidance on this topic.](#)

2.4 Adaptable spaces and workflows

Spaces or services that are identified as necessary to a library, archive, or museum's critical operational functions (see 2.1 *Establishing a business continuity plan*) will likely need to be adapted to meet changing health guidelines and standards. The adaptations needed will depend on the specific conditions of the crisis, but the following considerations can aid assessment of how resilient current spaces and workflows are and how they might be modified to be more adaptable during a crisis.

2.4.1 Creating flexible spaces

Identify existing bottlenecks

Where do visitors and staff gather? What are the options to either permanently eliminate those bottlenecks or temporarily modify the space during a crisis? Options might include relocating fixtures and furnishings, introducing barriers like stanchions, or directing traffic with staff members.

Control the flow of people

Can entrances and exits be strategically opened and closed to create one-way or other traffic patterns that reduce contact between people? Can barriers or visual cues be introduced to encourage this behavior? Documenting these options ahead of time will minimize the problem-solving that must happen during moments of crisis.

Identify easily modifiable spaces

Are there simple changes that can be addressed to make spaces more adaptable before the next crisis?

When creating new spaces, introduce flexibility into the design

Can certain elements be modular so that they can be adjusted easily and quickly should there be a need for more spacing or better flow?

Identify what can be cleaned or disinfected

Are surfaces that staff or visitors touch able to be cleaned, or disinfected when contaminated? What are the cleaning protocols for fixtures and furnishings? Where are high-touch areas? Can changes be made to make it simpler or easier to clean or disinfect surfaces?

Move outside when possible

If your institution has access to outdoor space, what kind of furniture or equipment would be needed to support outdoor programs or gathering space for visitors or staff?

2.4.2 Developing crisis work plans

Identify roles needed for in-person work

Who needs to be in the building to achieve critical operational functions (see 2.1 *Establishing a business continuity plan*)? Are there some functions that are not space-dependent? Clarify who needs to be in the building and who does not to help shape crisis work plans.

Provide resources necessary for remote work

If some work can be accomplished outside of the building, ensure that the staff working at home are provided with the resources necessary to do their work. Be mindful that inequity can be exacerbated by depending on staff to provide their own office equipment, such as a computer or highspeed internet to work from home, especially in times of crisis.

Stagger shifts

Minimizing physical proximity of staff can reduce risk of transmitting disease. Having this conversation ahead of time can reduce the number of logistical decisions the team must make during a public health crisis.

2.5 Producing crisis-responsive programs and services

As a field, libraries, archives, and museums have extensive experience with program and service development, but serving the local community in times of crisis can require creative adaptations to an institution's standard service model. In her thesis [*Museums & Community Resilience: Improving Post-Crisis Outreach in Latinx Communities by Combining Library and Museum Practices*](#), Sua Lorena Mendez identifies common practices in case studies of successful library crisis responses that may provide a useful framework for thinking about crisis-responsive program and service development.

Below, we list Mendez's observed practice, define the relevant term, and provide self-reflection questions that can help your institution implement this framework.

Community acknowledgement — A library or museum's capacity to acknowledge its community's immediate needs during and after a crisis or emergency, both in general and in specific communities.

- In this crisis, how is the institution's community defined? What are the different communities impacted by the crisis?
- How can the institution communicate with those communities to understand their needs and to acknowledge the impact of the crisis?

Information communication — A library or museum's capacity to offer information- or reference-related services for educational purposes or to connect community members with emergency contacts.

- What information needs exist during this crisis? How can the institution meet those needs?
- Are there different informational needs in different communities the institution serves?

Supply distribution — A library or museum's capacity to go beyond traditional practices to provide emergency supplies or resources (food, water, coats, and hot meals).

- What material needs exist during this crisis? How can the institution meet those needs?
- Are there different material needs in different communities the institution serves?
- Are there organizations that typically meet these needs with which the institution could partner?

Memorialization and documentation — A library or museum’s capacity to memorialize victims and survivors of tragedy through a shared narrative, object collection, or exhibition development to aid in communal grief healing.

- Who are the victims and survivors of this crisis?
- How can the institution be a sanctuary?
- How can the institution create temporary and lasting memories of this moment?

Safe-space facilitation — A library or museum’s capacity to provide community members with secure space to foster feelings of normalcy, comfort, and safety after a traumatic event.

- What mental health needs exist during this crisis? How can the institution meet those needs?
- Are there different mental health needs in different communities the institution serves?
- Are there organizations that typically meet these needs with which the institution could partner?
- Library, archive, and museum staff are also members of the community. What are their mental health needs that must be addressed so they can do their work? For guidance on addressing staff mental health, see *1.3 Preparing for human resource needs*.

Using partnerships — A common use of collaborative community partnerships across categories.

- What organizations can the institution partner with to build a stronger crisis response? This includes other libraries, archives, and museums, both locally and nationally. For resources on this topic, see *4. Resource networks*.

2.5.1 Strategies for crisis-responsive programs and services

When developing crisis-responsive programs and services, consider:

Past successes and adapt them

During the COVID-19 pandemic, the [International Council of Museums](#) recommended building on past successful programs and services and adapting these to the new conditions of the crisis. Building on existing strengths can maintain staff confidence during times of uncertainty and provide a sense of stability.

The opportunity to innovate

If we must do things differently anyway because of crisis, try something new. Do this deliberately with [what EmcArts calls SERIs](#) — Small Experiments with Radical Intent. The small scale allows for low overall risk, giving staff permission to try things outside of their usual practice. Innovate and see what will work best in the current context.

Additional settings or contexts

If being indoors is no longer possible, what are the options for moving outdoors? For more on physical changes to workspaces, see *2.4 Adaptable spaces and workflows*.

The intended audience and their needs

Is your institution in dialogue with the communities it is seeking to serve with these programs and services? How is your institution determining those communities' needs? Consider [cultivating a public servant mindset](#) as part of public health crisis planning.

3. Crisis decision-making and risk management



A public health crisis creates challenging decision-making environments that can upend an organization’s day-to-day processes. The uncertainties caused by knowledge gaps place additional pressures on staff, and living in an era of information overload makes it harder to navigate the overwhelming amount of information encountered every day. The following sections address combating misinformation, prioritizing public health practices, and conducting risk assessments to help support libraries, archives, and museums in decision-making during a public health crisis.

3.1 Decision-making during a crisis

Decision-making is the process of selecting one course of action from alternative options. At its core, crisis response involves making decisions based on the best information available at the time and turning those decisions into direct action that controls responses and minimizes the impacts of the crisis on an organization.

As a public health crisis unfolds, decision-making must often be made amid fast-changing circumstances and with information that is flawed and incomplete.

The article “[Managing Uncertainty in the COVID-19 Era](#)” by Rutter, Wolpert, and Greenhalgh offers the following guidance for decision-making during a crisis:

1. Most data will be flawed or incomplete. Be honest and transparent about this.
2. We may never have a “final answer” for many questions. Consider when to act: Wait for certainty or act on the evidence in hand?
3. Acknowledge complexity, admit ignorance, and be open to exploring paradoxes.
4. Different people interpret data differently. Seek outside perspectives for solutions.
5. Identify real-world interventions that can complement the findings of controlled trials and other forms of evidence.

The following areas of consideration can help establish processes and aid in strategic decision-making during a crisis.

Adopt situational awareness

Situational awareness is the perception and understanding of environmental elements and events with respect to time or space, and the potential threat they may have to a person’s health and safety. Determine the impacts of the crisis on your organization, including the issues, the risks, what may happen, and what is currently happening.

Establish direction

Clarify the aim and objectives of your organization’s crisis response and the organizational values and priorities that inform it.

Identify the decision makers

Who will participate in the decision-making process? See *1.1 Building a crisis management team* for more guidance.

Communicate with resource network partners and agencies

Maintain close coordination with other agencies and partners during the crisis. Identify key partners and agencies that can provide important information regarding a public health crisis as the situation evolves. See *4. Resource networks* for more guidance.

3.2 Addressing and combating misinformation and disinformation

Whether as a librarian working at a reference desk, a museum director overseeing a team of employees, or an archivist charged with maintaining a collection, staff responsibilities often include helping people to provide reliable, accurate information. This role becomes increasingly important during a public health crisis, a flourishing environment for health misinformation and disinformation.

The following guidance includes edited excerpts from the Office of the U.S. Surgeon General's [Toolkit for Addressing Health Misinformation](#).

3.2.1 Misinformation versus disinformation

Misinformation is information that is false, inaccurate, or misleading according to the best available evidence at the time. It's important to keep in mind that many people who share misinformation aren't trying to misinform. Instead, they may be raising a concern, making sense of conflicting information, or seeking answers to honest questions. However, misinformation can sometimes be spread intentionally to serve a malicious purpose, such as to trick people into believing in something for financial gain or political advantage. This is usually called "disinformation."

Why are people so commonly susceptible to being influenced by misinformation and why is it so tempting to share? Common motivations for sharing misinformation include:

- Experiencing the feeling that they have new information that others don't know
- Wanting to protect the people they care about
- Seeking explanations or wanting to share information that helps others make sense of events
- Wanting to feel connected to others

Common types of health misinformation

A lot of misinformation isn't completely false or "fake." It can be information or imagery that lacks context; something that has a "kernel of truth" to it becomes much more believable. Look out for:

- Websites that look professional but contain stories that are false or misleading; they often include sensational headlines designed as clickbait
- Quotations where the beginning or end have been deleted to change the meaning
- Cherry-picked statistics
- Misleading graphs or diagrams that look official but don't tell the whole story
- Old images that recirculate as if they are very recent
- Videos that have been edited to change the meaning

3.2.2 Health misinformation and your community

Consider the following response strategies when encountering health misinformation in your community:

Listen

- The best way to change someone's mind about misinformation is to first listen to their fears to better understand why they believe what they do.
- Try not to focus on the content or the false claim; instead, focus on the wider issues and how the person feels about them.

Empathize

- Ask questions to understand their perspective.
- Relate to struggling with knowing what is true and false.
- When possible, talk about experiences falling for misinformation and explain why the misinformation was compelling.
- Use language that empathizes with struggling to figure out who or what to trust with phrases such as "I understand," "I've been confused too," or "it's so hard to know who to trust."

Point to credible sources

- Underscore that finding accurate information can be hard, especially during events like a pandemic or crisis when the information can constantly change. Point to sites that do a good job of being transparent.

- Emphasize the need to find credible sources that are not positioned to personally profit or to gain power or influence when seeking information.
- Ask the patron or employee to share the online sources they trust. This will help contextualize where they are getting their information from.

Don't publicly shame the misinformed

- When possible, try to have a direct conversation, either face-to-face or via direct messaging online, with someone who is spreading misinformation.
- Avoid engaging someone in conversation in a public forum. Having conversations in the comments section under a social media post, for example, has the potential to backfire and means more people might see the misinformation.
- A caring tone of voice can go a long way. Be gentle in replies and remember to listen and be empathetic.

Use inclusive language

- When possible, use inclusive language that identifies with patrons. Use phrases that include terms like “our community,” “we,” and “us” so the person feels understood and part of a community. For more information on diversity, equity, and inclusion, see *1.5 Centering diversity, equity, and inclusion*

3.3 Assessing and prioritizing public health practices

Public health aims to provide people with the right to be healthy and live in conditions that support health for all. The CDC's public health approach emphasizes input from diverse sectors including education, social services, justice, and policy. Libraries, archives, and museums can be important partners in supporting public health by promoting health literacy to their staff and communities both before and during a public health crisis.

3.3.1 Promoting health literacy

The U.S. Department of Health and Human Services (HHS) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” According to the HHS, during the COVID-19 pandemic, more than 90 million adults in the United States had low health literacy. The cost of limited health literacy can include more emergency room visits, more preventable hospital admissions, and populations being less likely to act on public health alerts and use preventative measures and services.

The following guidance is adapted from the HHS and the CDC to help institutions ensure that health literacy is in place with employees and the community before and during a public health crisis.

Actions to support health literacy

Help your team and community be better prepared to understand and interpret public health data and policies by becoming familiar with existing resources, building new connections, and creating and sharing effective content.

Resource tips

The [CDC](#) and the [National Library of Medicine](#) provide free training resources, and the National Network of Libraries of Medicine (NNLM) provides a [free toolkit](#) to raise awareness of how libraries, archives, and museums support health literacy in their communities. Local health officials and public health organizations can also help your organization understand community public health needs. For more guidance on networking, see 4. *Resource networks*.

Creating effective health literacy content

Below is a checklist of strategies outlined in health.gov’s [Health Literacy Online](#) for creating effective health literacy content for your community:

Emphasize action

- Identify audience motivations and goals
- Place the most important information first
- Include the benefits of taking action
- Provide specific action steps
- Write in plain language

- Check content for accuracy

Display content clearly

- Limit paragraph size. Use bullets and short lists
- Use headings that communicate clear information about content
- Use a readable font
- Use images that help people learn—images should support the content’s information goals.
- Make web content printer friendly
- Make your site accessible to people with disabilities (webaim.org can be a good place to start)
- Design mobile content to meet mobile users’ needs
- Add citations for information when possible

Engage users

- Share information through multiple platforms, such as websites, social media, and print materials
- Tailor content to address identified target audiences: Is the content going to staff or the public? If the content is for the public, will the content be primarily accessed by youth, adults, or older adults? For more guidance on engaging users and addressing different audiences, see *1.2.3 Disseminating information*.

3.4 Risk assessment and management

3.4.1 Assessing risk

The first step for libraries, archives, and museums to address risk during a public health crisis is to strive to understand it. In addition to the facilities-specific considerations discussed in 2. *Facilities and operations*, a risk assessment should (adapted from the [U.S. Department of Homeland Security’s Ready.gov](http://www.ready.gov)):

Identify hazards

What are the parameters of the public health crisis? What hazards does it pose for your staff and the public? Does the crisis include technological hazards, such as power and IT outages, and supply chain interruptions?

Identify vulnerabilities

Vulnerabilities are assets that will be at risk should the above hazards occur. These may be tangible, such as staff, buildings, collections, systems, and equipment, or intangible, like the institution's reputation, regulatory or contractual obligations, or supply chain access.

Identify prevention or mitigation opportunities

For each hazard, what opportunities are there for prevention or mitigation? What barriers does your institution face in implementing these interventions?

Prioritize risks

Based on possible hazards and known vulnerabilities, hazards can be ranked by probability and the magnitude of their impact should they occur. This ranking can allow an institution to prioritize specific prevention or mitigation interventions in its crisis management planning. The [Risk Assessment Table from Ready.gov](#) and the [Risk Evaluation and Planning Program Risk Prioritization Worksheet from the American Institute for Conservation](#) are both useful tools for this exercise.

Scenario planning

Once risks are clearly identified, they can be addressed through planning. (For more on the content of operations-specific planning, see *2.1 Establishing a business continuity plan.*)

Scenario planning uses scenarios—imagined situations with varied conditions and circumstances—to anticipate various possible responses an institution might have. The exercise makes crisis management planning tangible instead of theoretical, while also building confidence and adaptability among staff. For institutions frequently involved in storytelling, scenario planning can feel like a comfortable fit.

[A blog post by Elizabeth Merritt from the American Alliance of Museums \(AAM\) during COVID-19](#) provides a model for how to use this approach in your own institution. In response to the onset of the pandemic, Merritt created scenarios for three potential levels of impact and invited readers to plan their responses to each level. The same model could be followed at the outset of a future public health crisis, or a fictional public health crisis could be imagined as a planning exercise.

To facilitate a scenario planning exercise, imagine a future (and fictional) public health crisis that might strike your community. Using AAM's COVID-19 blog post as a model, develop low-, medium-, and high-impact scenarios for your institution. A low-impact scenario might include public concern and economic effects. A medium-impact scenario could include some residents impacted by the health crisis and restrictions on community events. A high-impact scenario could include national restrictions on travel, gatherings, and public spaces, with widespread health impacts. With the institution's crisis management team (see *1.1 Building a crisis management team*), examine each scenario and encourage participants to:

- Brainstorm possible developments within the scenario, asking, "What if...?"
- Then, consider responses to various possible crisis developments, i.e., "If *this* happened, what would we do?"
- What are responses common to all scenarios?
- What are the impacts to the institution under each scenario (financial, staff, physical)?
- What could our organization start doing now to be more prepared?

Planning a detailed response to low-, medium-, and high-impact scenarios can surface additional hazards, vulnerabilities, and prevention and mitigation strategies not previously considered in an institution's risk assessment (see *3.4 Risk assessment and management*). This can lead to clearer and more effective planning.

3.4.2 Legal and financial planning

Risk assessment and scenario planning exercises can surface issues that will need focused attention, such as planning for the legal and financial impacts of crisis. An institution can be ready for crisis-specific legal and financial concerns by taking the following steps before a crisis is underway (adapted from resources from the [American Alliance of Museums](#)):

Assess an institution's existing financial crisis-readiness

Performing a financial crisis organizational self-assessment, [such as the one provided by Foraker Group](#), can help clarify an institution's financial resiliency and identify issues that should be addressed before crisis hits.

Create emergency plans to address changes in costs and/or revenue

Determine what cash reserves may dramatically change in costs and/or revenue occur. How long will those reserves sustain critical operational functions? For a discussion on identifying critical operational functions, see *2.1 Establishing a business continuity plan*.

Identify legal or financial performance obligations

Grants, sponsorships, union contracts, and other agreements may create [performance obligations](#) for the institution. Identify obligations and what penalties are associated with cancelling or deferring them. Are they documented in a central location that can be referenced during a crisis?

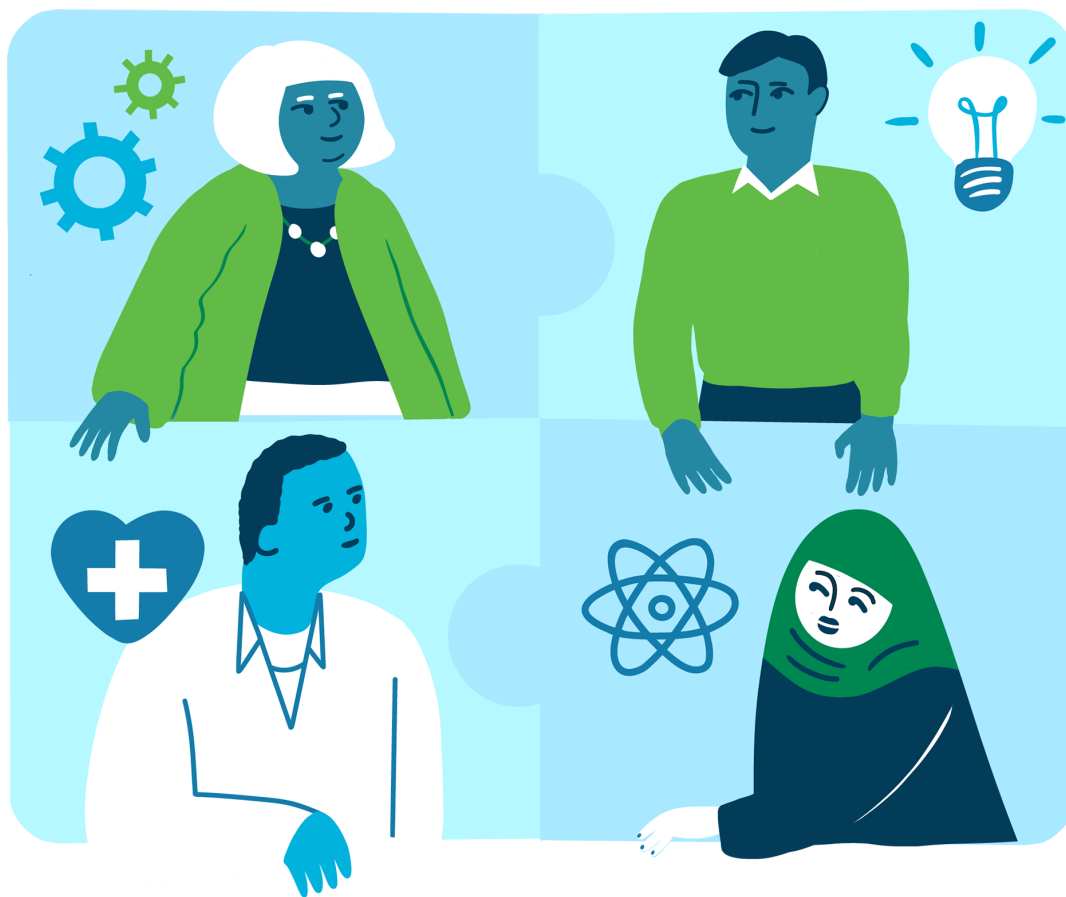
Understand your insurance

Confirm the legal and financial protections the institution has. Which staff member is the point of contact for insurance providers and can answer insurance-related questions that arise during a crisis or during crisis management planning?

Know where to turn for help

Create a list of resources that your organization can turn to for legal and financial support during a crisis. This list should be drafted before a crisis and reviewed and updated regularly.

4. Resource networks



Libraries, archives, and museums exist within a diverse network, where each institution is connected to other organizations in multiple ways, such as by location, professional sector, governance model, formal partnerships, and informal collaboration. These organizational networks become critical during a public health crisis. Leveraging connections within a network can strengthen an institution’s capacity and extend its reach and impact, as well as offer emotional and moral support to people working through a crisis. However, resource networks must be planned and maintained with clear intention to reach their full potential.

This chapter includes resources for identifying, establishing, and sustaining networks. The strongest collaborative networks are often those formed before a crisis is underway, although new networks are often created in response to an emerging situation. Investment in cultivating collaborative networks can contribute to each partner’s crisis resilience. Community Tool Box’s [Building and Sustaining Relationships toolkit offers resources for developing professional relationship-building and networking skills.](#)

Several recommendations shared in this chapter are synthesized from REALM project findings drawn from those working in archives, libraries, museums, foundations, and the public health sector. These REALM community discussions shared how resource networks and other collaborative partnerships can bolster the capacity of cultural heritage organizations to respond to a public health crisis.

4.1 Identifying new partner networks

For the purposes of this chapter, “resource network” refers to three or more organizations working together toward a common purpose. Sometimes these are referred to as collaborative networks to distinguish them from policy or governance networks. Members of a collaborative network are referred to as “partners.” Successful collaborative networks require careful care and maintenance, but that work is rewarded with many potential benefits that can become critical during a crisis. The following list, adapted from *Inter-Organizational Networks: A Review of the Literature to Inform Practice*, describes potential benefits of collaborative networks for their members:

- Capacity to extend and/or strengthen limited resources; increased access to resources outside of an organization
- Reduced risk by sharing or distributing risk across the network
- More efficient use of resources or increased economies of scale—the cost advantages an organization or enterprise can obtain due to the scale of their operation
- Ability to offer better coordinated or higher-quality services
- Greater impact of outreach and advocacy efforts
- Greater access to and exchange of information among more people
- Exposure to new approaches and perspectives, and inspiration to break out of organizational norms

- More opportunities for applied learning and innovation
- Progress toward a collective impact with a sense of shared accountability across the network
- Developed increased flexibility, agility, and responsiveness to crisis

While working to identify potential partners, consider which of these benefits would be useful to your organization and how your organization can contribute to the network. Understanding what is gained from partnering provides clarity at every step along the way, from identifying potential partners, to defining common goals, determining the roles and responsibilities of each organization, and deciding whether to maintain a network.

4.1.1 Considering potential new partners and partner networks

A crisis may spur an institution to partner with a wide variety of organizations, such as schools, health and human services providers, community-based organizations, or government agencies. But the framework for identifying partners during the crisis remains the same: Who is trying to address the same (or related) problems for the same audiences?

When compiling your list of possible partners during a public health crisis, consider the following categories of organizations ([adapted from the WHO](#)):

Public health organizations

- Regional or local health providers, including hospitals and clinics
- Federal, regional, and local governmental health agencies, such as your local health department and the CDC
- Medical professional associations and unions
- Health-sector nongovernmental organizations

Nonpublic health organizations

- Similar institutions within your community or region
- Institutions with similar missions and/or audiences nationally
- Library, archive, and museum support organizations, like state or topic-specific associations
- Other public-facing organizations within your community

- Other organizations governed by the same authority, such as city, state, federal, or university
- Nonhealth government ministries or agencies
- Religious groups
- Business and industry associations
- Local political parties and activists
- Academic and other external experts
- Other organizations that provide community lifelines, [defined by FEMA](#) as the most fundamental services in the community that, when stabilized, enable all other aspects of society to function

Consider which partners your institution might need most during a public health crisis to strengthen its capacity to adapt and respond to the situation. Past experiences, such as the COVID-19 pandemic, can provide clues to the types of connections a future public health crisis might demand. It can be beneficial to develop these relationships prior to a crisis so that familiarity and communication is already established, and partners can be easily called upon when needed. These relationships can be cultivated formally, such as through creating a collaborative network focused on some initiative of mutual interest, or informally, by working deliberately to create personal connections using tips from the Community Tool Box's [Building and Sustaining Relationships checklist and toolkit](#).

Scan your region and profession for preexisting networks that can connect your organization to potential partners. These may be formally organized networks, such as a state library or museum association's membership, or informal, such as a group of cultural institution leaders that meets regularly to share news and information resources.

Ultimately, partnerships between institutions are sparked by and rely upon relationships between individuals. Some examples of strategies for creating connections include:

- Ask colleagues at other institutions to broker introductions to networks they participate in
- Draw on past connections from previous jobs or career paths
- Tap into family, friend, or neighbor connections

- Listen to other people for clues about networks or other partnerships they might be involved in. Ask to be introduced
- Join groups that can lead to networks, such as email discussion lists or member associations
- Volunteer for local public health organizations

4.1.2 Visualizing potential partnerships with actor mapping

Actor mapping is an exercise used to identify specific entities within a system and their relationship to each other; it is a process to understand who makes up a system. In the context of crisis management, this system might be a specific field, such as libraries or museums, or a physical area, such as a city, county, or state. "Stakeholder mapping" is another term for this activity; however, "actor map" is used here to be inclusive of entities that are not stakeholders.

The following list has been adapted from FSG's [Guide to Actor Mapping](#) and Systems Innovation Network's [Actor Mapping: A Field Guide](#). Actor mapping can help:

Understand a network's context

Identify the key actors in a particular system. What are those actors' needs, assets, and relationships within the identified system?

Develop relationships

Clarify the actors' roles and levels of influence. Determine the actors' relationships to each other and to your organization. What opportunities for partnership exist within the system?

Understand exchange patterns

Examine how information and/or resources pass between actors. Is this exchange mutual or one way? Where are gaps or blockages? Use this information to consider opportunities for improving communication with partners.

Plan for change

Identify which actors should be involved if changes within the system occur. Where can levels of influence or types of relationships assist new changes or initiatives?

4.1.3 Creating an actor map

FSG’s [Guide to Actor Mapping](#) outline steps for creating an actor map that situates your organization as part of a network. The guide also provides instructions on how to facilitate an actor mapping session for a group.

Sample actor map organized geographically

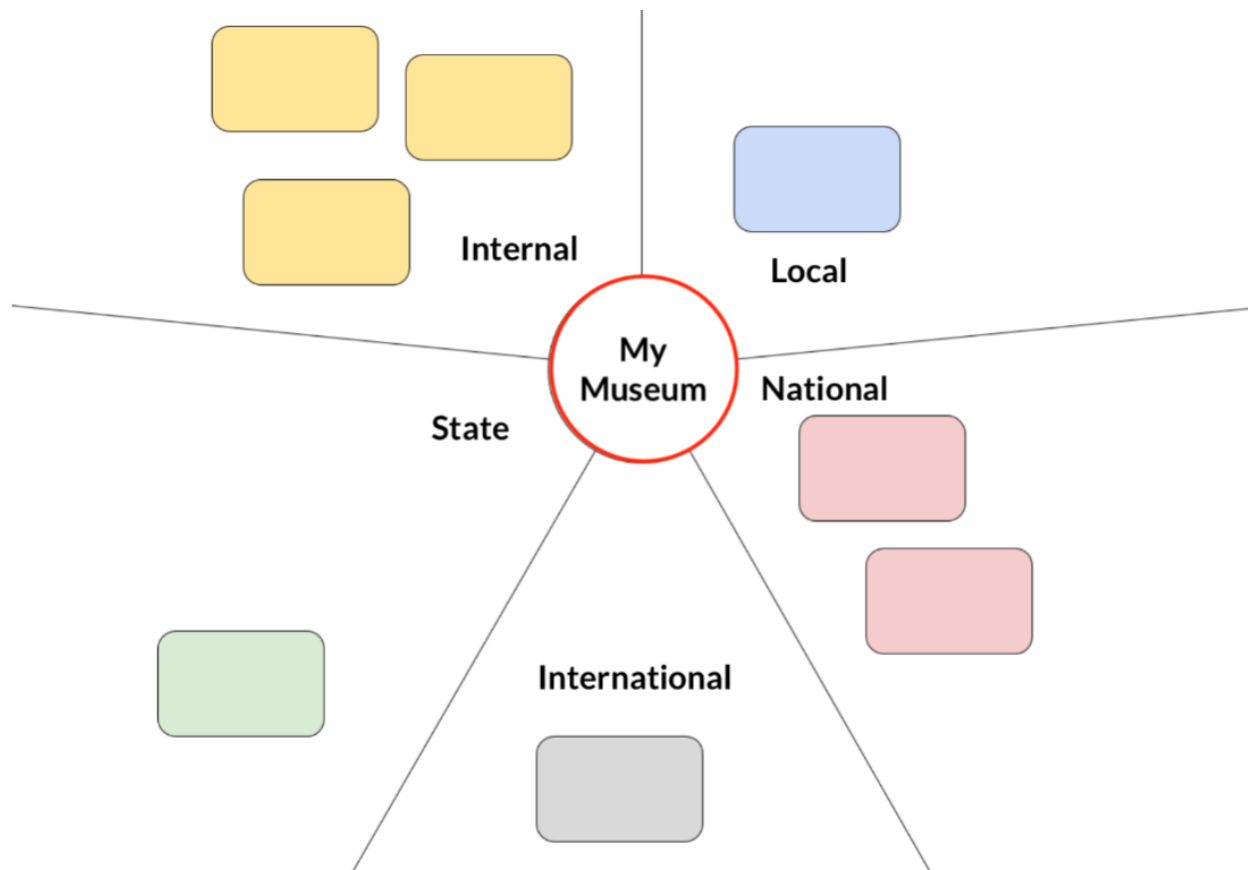


FIGURE 1. Sample actor map organized geographically

Identify an actor map’s goals

Clarify the purpose of the actor map before beginning the exercise so all participants are on the same page. An example topic could be “this actor map will show my institutions’ relationships to organizations that might be helpful during a public health crisis.”

Determine the map's boundaries

Identify what relationships are being mapped. Are they connected by geography, subject matter, audience, or some other commonality? Determine how specific the named actors will be. Is the exercise naming general actors (a type of organization or institution, e.g., “public schools”) or specific ones (an organization or person’s name, e.g., an individual school, administrator, or teacher)? If the network’s boundaries are particularly complex, consider producing several maps.

Frame the system

The “system frame” is both the logical and physical layout of the map. To give the map structure, define the main system organizing the map and the subsystems that influence it. These subsystems might be topical (health and human services, education, government, etc.) or geographic (internal, local, regional, national, international). See figure 1 for a sample system frame with subsystems organized geographically.

Populate the map

Place key actors within their corresponding subsystems (see figure 1 for an example of a subsystem organized geographically). The list in 4.1.1 *Considering potential new partners and partner networks* may be helpful for brainstorming. List key actor names on sticky notes to move actors around more easily or remove them during refinement (the next step). Questions to help identify actors include:

- What key actors and roles can be identified from internal documents, such as strategic plans or evaluation reports? What external documents, such as landscape assessments, can help identify key actors?
- What people or places do those key actors interact with regularly?
- What organizations support or influence the key actors?
- Who sets policy within key organizations? Who sets policy for the system as a whole?
- Who are subject matter experts for the system being considered?
- Who funds the key actors’ work?

Refine the list of actors

Rank the level of influence the actors have over the main system. If the map is cluttered or overwhelming, consider removing low-influence actors to simplify the map and to focus your efforts on the actors with the most power in the system.

Map relationships

Indicate the type and intensity of relationships that exist between actors within the main system, as well as between actors outside of the main system. For example, a museum's major donor who works at the local health department would have a strong philanthropic relationship with the museum (main system) and a strong employment relationship with the health department (outside the main system).

Identify momentum and blockages

Identify opportunities and challenges in the system using existing knowledge about the relationships between actors, organizations, and subsystems. Momentum might be positive relationships or existing initiatives and partnerships. Blockages might be negative relationships, communications gaps, or other challenges.

As a visual representation of a network, the resulting actor map is likely to be very complex. It has the potential to clarify the institution's existing connections and surface opportunities to build relationships that might be key during a public health crisis.

4.2 Building and maintaining mutual support networks

4.2.1 Developing new collaborative networks

During a public health crisis, new or expanded collaborative networks may be needed to address the emerging issues at hand. Libraries, archives, and museums are already trusted sources of information and community hubs, making these institutions not only valuable members of collaborative networks, but also potential conveners and leaders of these groups. Networks are built by interlocking partnerships. In cases where your institution is leading the creation of a collaborative network, approach other organizations as a potential new partner—not just for your organization but for the network. The CDC suggests the following steps for developing new partnerships (adapted from the CDC's [Checklist for Developing a Partnership](#)):

Research potential partners and organizations

Understand their mission, interests, assets, and culture. This will help clearly express the value of the partnership to both parties and with effective communication.

Clearly articulate the goal of the partnership

Set expectations around what the partnership intends to achieve to provide stability and predictability in an otherwise uncertain situation. Establish a shared language with partners defining the type of partnership and its goals.

Communicate clearly about needs

Express what institutional needs your organization hopes to address through the partnership. Learn about your partner's needs. This conversation can help define the partnership's goal and build rapport and trust.

Identify your institution's contributions

In the case of public health crises, these contributions might be knowledge of and access to an audience, effective communication and storytelling skills, experience delivering educational messaging, public trust, staff's time and talent, access to facilities, or any of the organization's other assets.

Consider the equity of the partnership

The partnership should represent value to all involved; transactional relationships between partners are rarely sustainable. For strategies on building more equitable partnerships, consider [OF/BY/FOR ALL's partner power meeting technique](#) and tools from [Highline Network's Community First Toolkit](#) (designed with parks in mind, but with transferrable strategies).

New collaborative networks require a significant effort and should be considered carefully. The CDC provides a one-sheet [Partnership Assessment worksheet](#) and VicHealth offers a more in-depth [partnership analysis tool](#) to help assess potential partnerships.

Defining the purpose of a new network

Successful networks benefit from a clear purpose and set of expectations. Take the following steps when establishing new collaborative relationships with other organizations:

- Identify the needs the collaborative network fulfills. These may include (adapted from [A Manager's Guide to Choosing and Using Collaborative Networks](#)):
 - Providing services at a larger scale or greater complexity than one organization can alone
 - Sharing information between organizations within a network
 - Solving a specific problem that affects members of the network
 - Building social connections so that members of the network can call on each other for help when needed
- Establish the expected level of commitment from network partners. Describing the nature of the partnership with consistent language can help manage expectations and create clarity. The following four descriptions of partnership types are adapted from Arthur Turov Himmelman's article "[On Coalitions and the Transformation of Power Relations: Collaborative Betterment and Collaborative Empowerment.](#)"

Networking – exchanging information for mutual benefit, often through email, listservs, newsletters, etc. This is the least formal type of partnership described here and doesn't require developing trust. For libraries, archives, and museums, this level of partnership might already exist through state or local associations or topic-specific associations of similar types of institutions.

Coordinating – networking and changing behavior to achieve a common purpose. During a public health crisis, an example of coordination might be all museums within a city deciding to put the same public health policies in place, such as mask wearing, to create consistent expectations for visitor behavior across institutions.

Cooperating – coordinating and sharing resources. Cooperation requires a high level of mutual trust. For libraries, archives, and museums, shared resources might include things like buildings or physical space, educational content or materials, or member email lists.

Collaborating – cooperating and mutual capacity building. Collaboration requires staff at the partner organizations to work together as an extension of each other's organizations to accomplish the goal of the partnership. During a public health crisis, an example of this might be one organization with a more robust communications department developing communications that can be used by both partner organizations.

- Define partners' roles within the network. REALM has documented examples of network roles that individuals or organizations played during the COVID-19 pandemic:

Bridge – helps define the network's common purpose, discover the complementary assets and needs among network participants, and/or keeps an eye out for new people and perspectives to bring into the network. As one REALM participant stated, "If you're the common person in between other networks and you can connect them, be that bridge."

Matchmaker – introduces two people who each have trust in the matchmaker. Once the introductions are made, the matchmaker steps out of the way to let the trust take hold between the newly connected people.

Facilitator – creates opportunities for network interactions to occur, such as hosting the video calls, planning agendas for meetings, and keeping the communication flowing across the network.

Information resource – gathers information on topics of shared interest, vets the information to ensure it is relevant and reliable and shares it through communications channels.

Participant – shares their story and their organization's story to strengthen their connection to the group in a new network. Participants articulate how they could support the common purpose and what they (and their organization) are seeking in return. Several library, archive, and museum participants in REALM activities advised, "Check your ego at the door."

Amplifier – leverages the organization's visibility and reach to raise awareness within their community of the information gathered or produced by the network.

Middleman – connects organizations to funding or resources that fuel programs or initiatives. Those in this role could, however, also connect the organizations they resourced together, learn from the specialized knowledge or experience those organizations bring, and share back out through their grantee communication channels. This role is often played by foundations or other philanthropic organizations.

Trusted resources – serves as a place that people more readily turn to that organization for information or support during a crisis. Libraries, archives, and museums have a key role in helping people find reliable information that they can trust.

4.2.2 Maintaining partner networks

Once a network is established, the work of accomplishing the goals of the network begins. Maintaining smooth operations of a network is key to its success. What maintenance looks like will depend on what problem the network is trying to solve, how the network has been defined, and how it is being governed (see the previous section). However, there are two key elements to maintaining a network, as outlined in Community Tool Box’s [Coalition Building II: Maintaining a Coalition](#):

Regular communication

Because networks are built on relationships, staying in touch is important. Keeping members aware of the network’s efforts and engaged in conversation keeps those relationships alive.

Regular reviews

Whether formally or informally, it’s key that network members reflect on the efficacy of the network. This can be a formal evaluation process (see Community Tool Box’s “[Evaluating the Initiative](#)” for guidance on designing a formal evaluation) or something as informal as inviting feedback at the end of meetings. The important thing is to seek this feedback consistently and use it to make decisions about network maintenance.

Community Tool Box’s [Coalition Building II: Maintaining a Coalition](#) offers a [maintenance checklist](#) to help identify specific areas in need of maintenance, an [asset mapping tool](#) to identify resources within the network that can contribute to maintenance needs, and a [coalition planning timeline](#) to help leaders of the network prioritize and plan maintenance activities. The maintenance checklist includes self-checks on:

- Establishing and following a maintenance plan for the network
- Reaffirming the mission, operating structure, actions, and visibility of the network
- Choosing a future state for the network: growing, changing focus, cutting back, ending

The REALM project has also gathered the following advice for building healthy working relationships in a network from its engagement with libraries, archives, and museums during the life of the project:

Be curious

- Approach the network with a mindset of learning from everyone involved.
- When participating in a network with people and organizations outside of your profession, industry, or area of expertise, be open to learning the other sector's language. When a term or concept is unfamiliar, ask for a definition or clarification.

Be welcoming

- Newcomers are important assets to a network, contributing new perspectives that keep the network growing and learning. When bringing new people into the network, provide a welcoming and supportive environment that helps others feel like they can be open and ask questions to build mutual understanding.
- Bring as many community stakeholders into the conversation as possible and listen actively to what they tell you.

Language matters

- Mirror the language that comes from the community. Recognize that your organization might be the outsider and that the community's language is the main one. Meet partners where they are—identify a shared vocabulary rather than impose yours on others.
- Avoid acronyms. If acronyms are used, explain them so that everyone understands them. Have colleagues outside of your sector review communications, presentations, and reporting to look for jargon or other points of misaligned language.

Make expectations clear

- Be clear about the intention of the network—define and communicate the common purpose. As one participant noted, “When you share a common purpose, you can come together to build stronger systems.” see *4.2.1 Developing new collaborative networks* for more on defining the purpose of a network.
- Those leading the network’s creation should lay out all the expectations and clearly identify everyone’s roles and responsibilities in those plans. Clarify roles in the process and acknowledge when responsibilities are or are not being met. If responsibilities aren’t being met, be transparent in addressing those challenges and work together to find solutions.
- Network members must fulfill their commitments.

Be kind

- Approaching a network authentically is critical. Being an honest, reliable part of the network is necessary for success.
- Listen more than you talk.
- Let go of the need to appear or be perfect. Extend and receive grace.

Weave the network

- Understand the networks’ connections and rely on those partners for their expertise. Acknowledging partners’ expertise helps strengthen that partnership and can help extend reach to more communities.
- A particular problem may inspire multiple networks seeking to solve it. If you’re the common person in between other networks and can connect them, be that bridge. see *4.2.1 Developing new collaborative networks* more on the “bridge” role within a network.
- Acknowledge the network’s efforts. Always acknowledge all the partners when communicating about this work with others.
- When welcoming newcomers, consider their existing ties to other networks. Invite them to share their perspectives from experiences in other networks to help break up “business as usual” or inside-the-bubble thinking.

Possible challenges

Working collectively as part of a partner network comes with challenges. Being aware of these possible pitfalls can help partners work together more effectively. The following list describes challenges that partnerships may face (adapted from “[Core Concepts and Key Ideas for Understanding Public Sector Organizational Networks: Using Research to Inform Scholarship and Practice](#),” by Keith Provan and Robin Lemaire).

Varied levels of commitment to network goals

Some partners in the network may be deeply involved because the network goals align more closely with their organization’s missions, while others may be less involved.

Culture clash

Organizational culture and norms may be very different between partners.

Loss of autonomy

In networks where shared decisions are being made, partners can struggle when shared decisions don’t reflect the individual interests of their institution.

Coordination fatigue and costs

Coordinating decisions and activities will take a lot of time and effort. This can be eased through the adoption of an appropriate form of network governance.

Reduced accountability

With accountability spread over all partners in the network, some organizations may participate minimally and expect other organizations to make major contributions to the work.

Management complexity

Partners participating in a network add the complexity of the network’s goals to their existing work. At times, the goals of their organization and the goals of the network may not be perfectly aligned. These competing priorities can cause tension and conflict.

Most of these challenges can be addressed through careful communication about the work of the network, its value for all partners involved, and expectations for behavior. Articulating and preparing for these and other potential challenges can minimize their impact on the network.

Network life cycles

Not every network will exist in perpetuity. Whether it's because the network has achieved its goals, is no longer effective, or has been replaced by some other entity, there can be sound reasons for ending a network.

When a network has been established in response to a public health crisis, the notions of closing the network once the crisis has passed may be a cause of celebration rather than sadness. However, it's helpful to approach the closing of a network with the same care applied to its formation. It can be useful to consider the [Two Loops Model of Systems Change](#), especially the idea of providing “hospice” to old systems as a necessary part of transitioning to a new system.

If the collaborative network is to be sustained after the public health crisis has passed, or if an existing network was adapted to meet the needs of the crisis, an explicit plan should be developed that clearly communicates what is the common purpose and goals of the network, how its membership and activities might change, and how it will be sustained. Community Tool Box offers guidance on “[Sustaining the Work or Initiative](#)” that can be helpful in this decision-making process. [FEMA's maturity model for identifying the life cycle stage of public-private partnerships](#) may also be helpful in considering what the next steps might be for your network if it is to be sustained.

Appendix: Resources for more information

Libraries, archives, and museums are adept at providing their communities with trusted information and resources. These institutions typically also have experience with disaster planning and response. The intersection of those two roles became apparent during the COVID-19 pandemic. By applying what was learned during the COVID-19 pandemic experience, this playbook offers a starting point for inquiry on a range of topics that emerged as high priorities for cultural heritage professionals when preparing for and navigating through a public health crisis. Each institution can adapt the information for the context of a local institution and community.

The following resources provide additional guidance and more in-depth reference material for preparing to face a public health crisis. Some of the resources have been referenced in the preceding text, while others are included here for the first time. Each resource is accompanied by a brief explanation of how it might be used in practice: as a tool, an example from another institution, or reading material to deepen understanding of the topic. All resources listed are available for free. A few require creating a free log-in to access.

The REALM team expresses appreciation for the generous and open sharing of knowledge by scholars, policy makers, subject matter experts, and practitioners, which formed the building blocks for this playbook. Thank you for your contributions.

Chapter 1: Crisis leadership

1.1 Building a crisis management team

“Managing Crisis: Risk Management and Crisis Response Planning.” Native Language Community Coordination.

https://ananlcc.org/wp-content/uploads/2019/01/7_Managing_Crisis.pdf

See Appendix C: Assembling a Crisis Management Team in “Managing Crisis: Risk Management and Crisis Response Planning” for a worksheet to help libraries, archives, and museums identify crisis management team roles and members.

“Librarian’s Disaster Planning and Community Resiliency Guidebook and Workbook.” New Jersey State Library.

https://www.njstatelib.org/services_for_libraries/resources/disaster_planning/

A guidebook, a workbook, presentations, webinars, and additional disaster planning tools and resource links tailored for libraries.

“Risk Evaluation and Planning Program.” American Institute for Conservation.

<https://www.culturalheritage.org/resources/emergencies/risk-evaluation-and-planning-program>

Resources for cultural institutions to help manage risk, including worksheets, checklists, and tips.

“Chapter 10: Emergency Planning.” *Museum Handbook*. National Park Service.

<https://www.nps.gov/museum/publications/mhi/Chap10.pdf>

Content for a crisis management team to consider adapting into their crisis practices.

“Developing a Disaster Preparedness/Emergency Response Plan.” American Alliance of Museums.

<https://www.aam-us.org/wp-content/uploads/2017/12/Developing-a-Disaster-Plan-2018.pdf>

Resources that can be included in an organization’s plan for the next public health crisis.

“Disaster Response Equipment Checklist.” Sustainable Heritage Network.

<https://sustainableheritagenetwork.org/digital-heritage/disaster-response-equipment-checklist>

An example document that a crisis management team might develop. This document helps institutions consider, “What resources would be helpful to prepare ahead of time?”

“Preparing for Public Health Emergencies: A Planning Aid for Public Health and Healthcare Professionals.” Drexel University.

<https://drexel.edu/dornsife/research/centers-programs-projects/center-for-public-health-readiness-communication/our-projects/planning-aid/>

Content to help a crisis management team consider what can be learned from another profession’s approach to public health crises.

Stricker, Michele. 2019. “Ports in a Storm: The Role of the Public Library in Times of Crisis.” *Collaborative Librarianship* 11(1): 11-16.

<https://digitalcommons.du.edu/cgi/viewcontent.cgi?article=1406&context=collaborativelibrarianship>

Built on learnings from the 2012 Hurricane Sandy, this article presents an overview of disaster planning for public libraries.

“Disaster Preparedness for Libraries: Existing Policies and Templates.” University of Illinois Urbana-Champaign University Library.

<https://guides.library.illinois.edu/c.php?g=1061154&p=7749006>

Library-specific templates for disaster plans and useful examples for a crisis management team to adapt to their own institution.

“PRR Guides and Resources.” dPlan and Arts Ready. Northeast Document Conservation Center.

<https://www.nedcc.org/free-resources/dplan-artsready/prr-library>

A curated and annotated library of free emergency-planning resources.

“Exercises” Ready.gov.

<https://www.ready.gov/exercises>

Definitions of and resources for different types of crisis-preparedness exercises.

1.2 Developing a crisis communications plan

“Managing Uncertainty During COVID-19.” REALM.

<https://www.oclc.org/realm/resources/managing-uncertainty.html>

A short video on how uncertainty is the nature of decision-making during a public health crisis.

“Communication and Signage: Resource Roundup.” REALM.

<https://www.oclc.org/realm/resources/communications-signage-roundup.html>

Examples of relevant crisis communication tools, including signage templates and communication guides.

Tumpey, Abigail J., David Daigle, and Glen Nowak. 2018. “Communicating During an Outbreak or Public Health Investigation.” In *The CDC Field Epidemiology Manual*, edited by Sonja A. Rasmussen and Richard A. Goodman, n.p. Oxford University Press.

<https://www.cdc.gov/eis/field-epi-manual/chapters/Communicating-Investigation.html>

Communication strategies that can be tailored and adapted to fit a public health event.

“Confronting Health Misinformation.” U.S. Department of Health and Human Services, Office of the U.S. Surgeon General.

<https://www.hhs.gov/surgeongeneral/priorities/health-misinformation/index.html#community-toolkit>

Guidance to help understand, identify, and stop the spread of health misinformation.

“WHO Outbreak Communication Planning Guide.” World Health Organization.

<https://www.who.int/publications/i/item/9789241597449>

Originally created to help national authorities apply the WHO outbreak communication principles to their outbreak planning, this document can help your organization address public health objectives during a crisis.

Crouse Quinn, Sandra. 2008. “Crisis and Emergency Risk Communication in a Pandemic: A Model for Building Capacity and Resilience of Minority Communities.” *Health Promotion Practice* 9(4): 18-15

<https://doi.org/10.1177/1524839908324022>

An article that addresses the challenges of crisis and emergency risk communication with special populations during a pandemic.

Reynolds, Barbara and Sandra Crouse Quinn. 2008. “Effective Communication During an Influenza Pandemic: The Value of Using a Crisis and Emergency Risk Communication Framework.” *Health Promotion Practice* 9(4): 13-17.

<https://doi.org/10.1177/1524839908325267>

An article that outlines why trust and credibility are essential elements of persuasive communication.

Pollard, Amy. “#MuseumCrisis: Social Media in Museum Crisis Communications Plans.” Github.

<https://ad-hoc-museum-collective.github.io/GWU-museum-digital-practice-2019/essays/essay-3/>

Examples of crisis-specific social media posts, as well as checklists and other tools for planning crisis communications.

1.3 Preparing for human resource needs

“Trauma Management: Resource Roundup.” REALM.

<https://www.oclc.org/realm/resources/trauma-management-roundup.html>

Examples of archives, libraries, and museums applying trauma-informed concepts to public service, as well as articles that focus on the impact of trauma on staff.

“The Institute on Trauma and Trauma-Informed Care.” University at Buffalo Center for Social Research.

<https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html>

Detailed interventions, trainings, and technical assistance about trauma-informed care.

“Substance Abuse and Mental Health Services Administration.” SAMHSA.

<https://www.samhsa.gov/>

Mental health resources from the U.S. Department of Health and Human Services.

Hobfoll, Stevan E., et al. 2007. “Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence” *Psychiatry* 70(4): 283-315.

<https://www.ptsd.va.gov/professional/articles/article-pdf/id30225.pdf>

An article that can help to guide and inform trauma intervention and prevention efforts.

Watson, P. and R.J. Westphal. 2020. *Stress First Aid for Health Care Workers*. National Center for PTSD. Available on: www.ptsd.va.gov.

https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp

A framework to help improve recovery from stress, recommended for healthcare workers that can be applied to archives, libraries, and museums.

“United States Department of Labor.” Occupational Safety and Health Administration.

<https://www.osha.gov/>

Training, education, and assistance to help ensure safe and healthy working conditions.

1.4 Managing conflict

“Resolving Conflict Situations.” UC Berkley.

<https://hr.berkeley.edu/hr-network/central-guide-managing-hr/managing-hr/interaction/conflict/resolving>

Tips to help employees resolve conflicts.

Shields, Anna. 2021. “The Impact of Covid on Workplace Conflict.” *Forbes*.

<https://www.forbes.com/sites/annashields/2021/07/28/the-impact-of-covid-on-workplace-conflict>

An article outlining some of the major themes in workplace conflict.

1.5 Centering diversity, equity, and inclusion

“Equity, Diversity, and Inclusion.” American Library Association.

<https://www.ala.org/advocacy/diversity>

Key resources on this site include research articles, workforce development strategies, programming suggestions, and more.

“Racial Equity Tools.” Racial Equity Tools.

<https://www.racialequitytools.org/>

Tools, research, tips, curricula, and ideas to help increase an organization’s understanding of racial equity.

Chapter 2: Facilities and operations

2.1 Establishing a business continuity plan

Tittel, Ed and Kim Lindros. 2017. “How to Create an Effective Business Continuity Plan.” CIO.

<https://www.cio.com/article/288554/best-practices-how-to-create-an-effective-business-continuity-plan.html>

This article is written for the for-profit sector, but the same strategies and thought experiments can be applied to libraries, archives, and museums.

“Institution Wide Business Continuity: Internal Partnerships at the American Museum of Natural History.” American Museum of Natural History.

https://museum-sos.org/docs/strat_institution_wide.pdf

Details the business continuity planning process at the American Museum of Natural History. This level of complexity may not work for every institution, but it can serve as inspiration for your own document.

“Business Continuity Planning for Museums and Galleries.” UK Department for Digital, Culture, Media & Sport.

<https://www.gov.uk/guidance/business-continuity-planning-for-museums-and-galleries>

Business continuity plan guidance documents and a wealth of forms and templates to adapt.

“Business Continuity Plan.” Polk County Library.

<https://menapolkcountylibrary.org/wp-content/uploads/2018/03/PCLBusinessContinuityPlan.pdf>

An example of a final business continuity plan document.

“Communications, Protection, Readiness (CPR): NPower's Nonprofit Guide to Business Continuity and Disaster Recovery.” NPower.

<https://www.webjunction.org/content/dam/WebJunction/Documents/webJunction/Communications-Protection-Readiness-CPR.pdf>

A document for assessing and addressing your organization’s disaster readiness.

“Business Continuity Planning Suite.” Ready.gov.

<https://www.ready.gov/business-continuity-planning-suite>

Extensive resources for business continuity planning, as well as materials to train coworkers and colleagues on this topic.

“How a COOP Plan Can Prepare You for Any Emergency.” Jefferson County Public Library.

https://www.placonference.org/programs.cfm?session_key=97975BC9-B233-98CF-C93F-988F76AD85B5&session_date=Thursday,%20Mar%2024,%202022

Slide deck and worksheets on developing a continuity of operations plan.

2.2 Collections management issues

“Collections and Facilities: Caring for Your Resources During COVID-19 (video).” REALM.

<https://www.oclc.org/realm/resources/video-carron.html>

Chris Carron, Director of Collections at the Children's Museum of Indianapolis, and member of the REALM Operations Working Group, shares how the museum's policies and procedures evolved in response to the COVID-19 pandemic. These same questions and considerations could be applied to another public health crisis.

“Materials Handling Protocols and Procedures.” REALM.

<https://www.oclc.org/realm/resources/handling-protocols-and-procedures.html>

This resource roundup focuses on disinfection and cleaning of materials, as well as illustrative examples of documented protocols and procedures.

“How LAMs Are Documenting the Pandemic: Resource Roundup.” REALM.

<https://www.oclc.org/realm/resources/documenting-the-pandemic.html>

Examples of collecting efforts during the COVID-19 pandemic that could be repeated in a future public health crisis.

“Digital Collecting Toolkit.” University of Virginia Library.

<http://digitalcollecting.lib.virginia.edu/toolkit/>

Resources and instruction on implementing digital collecting strategies during and after rapidly evolving social events and/or community crises.

“Collecting in Crisis: Responsive Collecting in a Digital Age.” The Maryland Center for History & Culture.

<https://vimeo.com/420284489>

A webinar on crowd-sourced collecting of digital-born materials.

“Emergency Preparedness.” Smithsonian Institution.

<https://siarchives.si.edu/what-we-do/preservation/emergency-preparedness>

Examples of and resources on extensive collections disaster planning.

2.3 Mechanical systems in buildings

Reynolds, Gary. “Building Mechanical Systems.” Association of Physical Plant Administrators.

<https://www.appa.org/bok/building-mechanical-systems/>

A comprehensive overview of building mechanical systems and terminology.

“Understanding Mechanical Systems.” Image Permanence Institute.

https://www.youtube.com/watch?v=f2w3tC_MT-w

This webinar focuses on understanding HVAC in the context of collections care and management.

Tepfer, Fred. “Building Systems: An Introduction.” University of Oregon.

<https://pages.uoregon.edu/ftepfer/SchlFacilities/BuildingSystIntro.html>

Understanding building systems through a human body analogy.

“Hot Topics: Considerations for Building Ventilation.” American Alliance of Museums. *Alliance Blog*.

<https://www.aam-us.org/wp-content/uploads/2021/09/Considerations-for-Building-Ventilation-FINAL.pdf>

While specific to the COVID-19 pandemic, this two-page document suggests affordable ventilation improvements for museums that can be applied to other public health crises.

“Core Recommendations for Reducing Airborne Infectious Aerosol Exposure.” ASHRAE.

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/core-recommendations-for-reducing-airborne-infectious-aerosol-exposure.pdf>

This one-page document gives a high-level checklist for minimizing the spread of infectious aerosols.

“Ventilation in Buildings.” Centers for Disease Control and Prevention.

<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Although created in response to the COVID-19 pandemic, the “tools to improve ventilation” section of this website would be helpful in any public health crisis.

“Guidance for Re-opening Buildings.” ASHRAE.

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/guidance-for-re-opening-buildings.pdf>

This one-page document was developed in response to the COVID-19 pandemic, but it also provides generalized guidance for reopening a building after an extended closure.

“Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use.” Environmental Protection Agency.

<https://www.epa.gov/coronavirus/information-maintaining-or-restoring-water-quality-buildings-low-or-no-use>

A guideline document and checklist for restoring water quality after a building has been closed.

2.4 Adaptable spaces and workflows

“Reopening Considerations for LAMs.” REALM.

<https://www.oclc.org/realm/resources/reopening-considerations.html>

This checklist is focused on reopening libraries, archives, and museums in the context of the COVID-19 pandemic. Pages 6-7 specifically present considerations about the use of space; pages 9-10 offer considerations about programs and services.

“Social Distancing: Resource Roundup.” REALM.

<https://www.oclc.org/realm/resources/social-distancing-roundup.html>

Case studies and guidance documents covering social distancing measures taken by libraries and museums during the COVID-19 pandemic.

“Toolkit for Museum Reopening.” Isometric Studio.

<https://isometricstudio.com/toolkit>

Produced by an architecture and graphic design firm, this brochure helps museums think about how to modify their spaces to allow for more distance between people.

Gallagher Nalls, Andrea. 2022. “Crafting a Post-Disaster Experience: How Visitor Experience Staff Have Adapted to the Pandemic.” American Alliance of Museums. *Alliance Blog*.

<https://www.aam-us.org/2022/02/18/crafting-a-post-disaster-experience-how-visitor-experience-staff-have-adapted-to-the-pandemic/>

Blog post highlighting how guest-facing services have been altered during the COVID-19 pandemic.

Kenney, Nancy. 2020. “Space Race: How the Pandemic is Pushing Museums to Rethink Design.” *The Art Newspaper*.

<https://www.theartnewspaper.com/2020/10/07/space-race-how-the-pandemic-is-pushing-museums-to-rethink-design>

A think piece on possible changes to museum spaces to make them more resilient during a public health crisis.

Stara, Lauren and Andrea Bunker. “Library Space: A Planning Resource for Librarians.” Massachusetts Board of Library Commissioners. *MBLC Blog*.

https://mblc.state.ma.us/mblc_blog/2021/01/05/library-space-a-planning-resource-for-librarians/

A set of best practices for designing library spaces, including a Pandemic Addendum created in response to the COVID-19 pandemic.

Vinjamuri, David and Joseph Huberty. 2021. “Designing for the Future – The Post-Pandemic Library.” *Medium*.

<https://medium.com/ditto-press/designing-for-the-future-the-post-pandemic-library-1943016d2e55>

Thoughts on the long-term implications of COVID-19 era modifications to library spaces.

2.5 Producing crisis-responsive programs and services

Dibble, Melissa. 2018. "LearnFwd: Small Experiments with Radical Intent." *ArtsFwd*.

https://www.artsfwd.org/melissa_blog_9/

Blog post and worksheet for conducting your own "Small Experiments with Radical Intent" (SERIs).

Casas, Rubén. 2021. "How the Pandemic Made Us Rethink Community Spaces." *Crosscut*.

<https://crosscut.com/opinion/2021/07/how-pandemic-made-us-rethink-community-spaces>

Case studies of how community gathering spaces adapted to pandemic conditions. These responses can serve as inspiration for crisis-responsive programming.

Lorena Mendez, Sua. 2021. *Museums & Community Resilience: Improving Post-Crisis Outreach in Latinx Communities by Combining Library and Museum Practices*.

<https://scholarship.shu.edu/cgi/viewcontent.cgi?article=3991&context=dissertations>

This scholarly work is interesting in its own right. However, if looking for a quick framework for your own program development, check out Table 1 on page 40 for strategies common to the successful crisis responses featured in this thesis.

"Museums and the COVID-19 Crisis: 8 Steps to Supporting Community Resilience." International Council of Museums.

[https://icom.museum/wp-](https://icom.museum/wp-content/uploads/2020/10/CommunityResilience_UpdatedArticle_EN_final_20200930.pdf)

[content/uploads/2020/10/CommunityResilience_UpdatedArticle_EN_final_20200930.pdf](https://icom.museum/wp-content/uploads/2020/10/CommunityResilience_UpdatedArticle_EN_final_20200930.pdf)

These early-pandemic steps for maintaining a focus on community resilience are likely to remain evergreen advice for future public health crises.

Subramaniam, M., et al. 2021. "Library staff as public servants: A field guide for preparing to support communities in crisis." University of Maryland.

<https://yxlabschool.umd.edu/wp-content/uploads/2021/02/Field-Guide-2021-Final.pdf>

This field guide is useful for libraries, archives, and museums generally to develop a public servant lens for their crisis-responsive program and service development.

Gilmore, Jamie et al. "Youth Services Programming During a Time of Crisis." Library of Michigan.

https://www.michigan.gov/documents/libraryofmichigan/LM2017_Youth_Services_Programming_in_crisis_toolkit_599639_7.pdf

Crisis-responsive programming for specific developmental stages.

Chapter 3: Crisis decision-making and risk management

3.1 Decision-making during a crisis

"Five Rules for Managing Uncertainty in a Pandemic." REALM.

<https://www.oclc.org/content/dam/realms/documents/uncertainty.pdf>

An infographic illustrates that uncertainty is the nature of decision-making during a public health crisis.

3.2 Addressing and combating misinformation and disinformation

“Crisis & Emergency Risk Communication.” Centers for Disease Control and Prevention.

<https://emergency.cdc.gov/cerc/>

Trainings, tools, and resources to help communicate effectively during emergencies.

“Health Alert Network.” Centers for Disease Control and Prevention.

<https://emergency.cdc.gov/HAN/>

A method of sharing cleared information about urgent public health incidents.

“CERC: Crisis Communication Plans.” Centers for Disease Control and Prevention.

https://emergency.cdc.gov/cerc/ppt/CERC_Crisis_Communication_Plans.pdf

A manual that describes core crisis and emergency risk communication principles and how they apply to each phase of a crisis.

3.3 Assessing and prioritizing public health practices

“Introduction to Public Health.” Centers for Disease Control and Prevention.

<https://www.cdc.gov/training/publichealth101/public-health.html>

Resources to help staff build public health literacy, including a free self-paced e-learning course, webinars, and slide presentations.

“Health Literacy Online: A Guide for Simplifying the User Experience.” Health.gov.

<https://health.gov/healthliteracyonline/>

An online guide and digital tools to help an organization include health literacy on its website.

“Working with Health Care Providers, Libraries, Schools, Community Organizations & Cooperative Extensions.” Centers for Disease Control and Prevention.

<https://www.cdc.gov/healthliteracy/collaborate.html>

Resources to help understand, and work with, the many different sectors that can contribute to health literate communities.

“Digital Health Literacy.” National Library of Medicine.

<https://allofus.nlm.gov/digital-health-literacy>

A curriculum for digital literacy skills needed to access and evaluate health information online. Includes presentation slides and handouts for both in-person training and online learning modules.

“Putting the Consumer Health Information Specialization to Work in Public Libraries.” Public Library Association.

<https://www.ala.org/pla/education/onlinelearning/webinars/ondemand/chis>

An on-demand webinar covering the available educational programs on consumer health and other health topics from the National Networks of Libraries of Medicine.

“Health Literacy Toolkit.” National Network of Libraries of Medicine and American Library Association. / Love Libraries.

<https://ilovelibraries.org/librariestransform/health-literacy-toolkit/>

A communications toolkit for raising awareness of how libraries support health literacy in their communities that includes key messaging and print-ready signage.

“An Introduction to Health Literacy.” National Library of Medicine.

<https://nnlm.gov/guides/intro-health-literacy>

An overview covering the several types of health literacy and their contexts for health literacy, with links to additional resources.

3.4 Risk assessment and management

“Risk Assessment: Resource Roundup.” REALM.

<https://www.oclc.org/realm/resources/risk-assessment-roundup.html>

Resources gathered by the REALM project on risk assessment in libraries, archives, and museums.

“Risk Assessment Worksheet.” National Parks Service.

https://www.nps.gov/museum/publications/mhi/Fillable_Risk_Assessment_Worksheet.pdf

A sample risk assessment worksheet created by the National Parks Service for their Museum Handbook.

“Risk Evaluation and Planning Program.” American Institute for Conservation.

<https://www.culturalheritage.org/resources/emergencies/risk-evaluation-and-planning-program>

Resources for cultural institutions to help manage risk, including worksheets, checklists, and tips.

“Risk Assessment.” Ready.gov.

<https://www.ready.gov/risk-assessment>

A step-by-step process for identifying hazards and assessing risk.

“Emergency Planning Toolkit for Tribal Cultural Institutions.” American Institute for Conservation.

<https://www.culturalheritage.org/resources/emergencies/emergency-planning-toolkit-for-tribal-cultural-institutions>

Resources specific to tribal cultural institutions; includes specific content on assessing risks.

“Scenario Planning for an Uncertain Future.” Dexibit.

<https://www.youtube.com/watch?v=4Hqek0MJDSY>

An illustrative video from the Museum of Modern Art on how they used scenario planning in their COVID-19 responses.

“Indicators of Financial Crisis.” The Foraker Group.

<https://www.forakergroup.org/wp-content/uploads/filebase/Finance/Indicators-of-Financial-Crisis.pdf>

A workbook to help libraries, archives, and museums perform a financial crisis organizational self-assessment.

Merritt, Elizabeth. 2020. “Using Scenarios to Plan Your Museum’s COVID-19 (Coronavirus) Response.”
American Alliance of Museums. Center for the Future of Museums Blog.

<https://www.aam-us.org/2020/03/13/using-scenarios-to-plan-your-museums-covid-19-coronavirus-response/>

Although specific to COVID-19, the process of scenario-based planning and questions about financial preparedness can be useful for future public health crises.

Biehl, Bob. 2018. “Identifying Performance Obligations.” GBQ.

<https://gbq.com/identifying-performance-obligations/>

A definition of the legal concept of performance obligations.

Chapter 4: Resource networks

4.1 Identifying new partner networks

Popp, Janice K. et al. 2014. “Inter-Organizational Networks: A Review of the Literature to Inform Practice.” IBM Center for The Business of Government.

<https://www.businessofgovernment.org/sites/default/files/Inter-Organizational%20Networks.pdf>

A literature review examining published works on networks from a variety of fields.

“Community Lifelines Implementation Toolkit.” FEMA.

<https://www.fema.gov/sites/default/files/2020-05/CommunityLifelinesToolkit2.0v2.pdf>

A useful construct for thinking about the community services that provide key support to people during crisis and so should be considered when building a crisis-responsive network.

“Building and Sustaining Relationships.” Community Tool Box.

<https://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/build-sustain-relationships/main>

A wealth of resources for developing and deepening relationship-building skills in a professional context.

Gopal, Srikanth “Srik” and Tiffany Clarke. 2021. “Guide to Actor Mapping.” FSG.

<https://www.fsg.org/resource/guide-actor-mapping/>

The activity of actor mapping is explained in a simple three-stage process.

“Actor Mapping: A Field Guide.” Systems Innovation Network.

<https://www.systemsinnovation.network/posts/actor-mapping>

A guide to the why and how of actor mapping, including worksheets.

4.2 Building and maintaining mutual support networks

“Alliance for Response.” American Institute for Conservation.

<https://www.culturalheritage.org/resources/emergencies/alliance-for-response>

An example of a field-specific national network for crisis response.

Merritt, Elizabeth. 2021. "Museum Staff as Disaster Service Workers." American Alliance of Museums. *Center for the Future of Museums Blog.*

<https://www.aam-us.org/2021/10/11/museum-staff-as-disaster-service-workers/>

Blog post describing a museum example of how a network can be activated during a public health crisis.

Jardine, Katherine. 2021. "A Year in the Life of a Librarian-Turned-Contact-Tracer." WebJunction.

<https://www.webjunction.org/news/webjunction/covid-contact-tracing.html>

Interview describing a library example of how a network can be activated during a public health crisis.

"Building Private-Public Partnerships." FEMA.

https://www.fema.gov/sites/default/files/documents/fema_building-private-public-partnerships.pdf

Resources for building and maintaining public-private partnerships and successful examples of such partnerships.

"COSTEP: Coordinated Statewide Emergency Preparedness." Northeast Document Conservation Center.

<https://www.nedcc.org/free-resources/costep>

An example of a robust emergency partnership network and associated resources.

"Partnership Assessment Tool." Centers for Disease Control and Prevention.

<https://www.cdc.gov/visionhealth/pdf/Partnership-Assessment-Tool-508.pdf>

Worksheet for assessing the value of potential partnerships.

"Checklist for Developing a Partnership." Centers for Disease Control and Prevention.

<https://www.cdc.gov/visionhealth/pdf/Checklist-for-Developing-A-Partnership-508.pdf>

Steps for developing new partnerships.

"The Partnerships Analysis Tool: A Resource for Establishing, Developing and Maintaining Partnerships for Health Promotion." VicHealth.

https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/General/VH_Partnerships-Analysis-Tool_web.pdf

Created by the health foundation for Victoria, Australia, this document includes guidance and a worksheet.

Turovh Himmelman, Arthur. 2001. "On Coalitions and the Transformation of Power Relations: Collaborative Betterment and Collaborative Empowerment." *American Journal of Community Psychology* 29(2): 277-84.

https://www.researchgate.net/publication/11895715_On_Coalitions_and_the_Transformation_of_Power_Relations_Collaborative_Betterment_and_Collaborative_Empowerment

Scholarly work on the nature of partnerships that outlines the levels of engagement for various partnership types.

Brinton Milward, H. and Keith G. Provan. 2006. "A Manager's Guide to Choosing and Using Collaborative Networks." IBM Center for The Business of Government.

<https://www.businessofgovernment.org/sites/default/files/CollaborativeNetworks.pdf>

Distills key concepts about the types and purposes of collaborative networks and what managers need to do if they find themselves in charge of or participating in a network.

Provan, Keith G. and Robin Lemaire. 2012. "Core Concepts and Key Ideas for Understanding Public Sector Organizational Networks: Using Research to Inform Scholarship and Practice." *Public Administration Review* 72(5): 638-48.

https://www.researchgate.net/publication/262085643_Core_Concepts_and_Key_Ideas_for_Understanding_Public_Sector_Organizational_Networks_Using_Research_to_Inform_Scholarship_and_Practice

An article covering core concepts and key research findings on the topic of organizational networks.

"Community Health Partnerships: Tools and Information for Development and Support." National Business Coalition on Health and the Community Coalitions Health Institute.

https://www.countyhealthrankings.org/sites/default/files/media/document/Community_Health_Partnerships_tools.pdf

Tools specific to public health partnerships. These may need some interpretation to be applied to a library, archive, or museum setting, but it's helpful to consider the impact a public health focus may have on a partnership.

"Sustaining the Work or Initiative." Community Tool Box.

<https://ctb.ku.edu/en/sustaining-work-or-initiative>

Tools to help consider how and when to sustain the work of a network.

"Coalition Building II: Maintaining the Coalition." Community Tool Box.

<https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main>

Although the term "coalition" is used, these tools can be directly applied to maintaining a network or partnership.

"Evaluating the Initiative." Community Tool Box.

<https://ctb.ku.edu/en/evaluating-initiative>

A guide for developing a formal evaluation of a network's impact.

"Two Loops Model." Systems Innovation Network.

<https://www.youtube.com/watch?v=LQWKmtx8L2s>

This 15-minute video covers the basics of the Two Loops Model of Systems Change.

"Partner Power: A Technique for Building More Authentic Community Partnerships Right from the Start." OF/BY/FOR ALL.

<https://www.ofbyforall.org/updates-feed/2018/12/10/partner-power-a-technique-for-building-more-authentic-community-partnerships-right-from-the-start>

This method of meeting with potential partners focuses on building more equitable and less transactional relationships.

"Build Partnerships." High Line Network.

<https://toolkit.highlinenetwork.org/section/build-partnerships/>

Designed with parks in mind, this toolkit's materials on building equitable partnerships are transferrable to other settings.