4.1(4th yr), and 4.2 (5th yr) in K6. 15.1, 14.6, 14.1, 14, 2, and 13.5 in PDI, and 12.9, 11.0, 10.1, 8.9, and 9.94 in IESR. On the other hand, the depression and resilience scale showed a stable trend, with an average of 9.0, 7.8, 8.6, 8.9, and 9.1 in CESD, and 61.4, 62.8, 62.5, 62.7, and 61.7 in RS-14.

Conclusion: It was found that the number of people with stress-related problems was. The K6, PDI, and IESR scores were on a decrease. There was not much change in the CESD or RS14 scores. Results suggest that stress-related mental health improves as recovery progresses over time, and the psychological impacts of adapting to the effects of the flood do not change.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s167–s168
doi:10.1017/S1049023X26105603

Reflections on COVID-19 Response: Preparing for Future Infectious Diseases with High Uncertainty

Masamune Kuno MD, PhD[1], Hitomi Matsunaga[2], Shinnosuke Kitano PhD[1]
1. Nippon Medical School Tamanagayama Hospital, Japan
2. Nagasaki University, Japan

Introduction: During the initial wave of the COVID-19 pandemic, our hospital established a task force to coordinate efforts across the institution in response to the growing health crisis. As the first wave began to subside, the hospital scaled down its response capacity and conducted a survey to assess the experiences of staff members.

Methods: The survey aimed to inform measures to strengthen preparedness for subsequent waves. Key topics included levels of stress, concerns about infection, attitudes toward future involvement, and an open-ended section for additional comments. Data collection was conducted online.

Results: A total of 338 responses were received, with nurses comprising 57%, physicians 12%, and other staff 31%. While 45.9% provided favorable feedback regarding the response measures, 65.6% reported experiencing mental stress, 50.5% physical stress, and 79.3% expressed concern about contracting the virus. Approximately half (49.1%) indicated their intention to participate in the response to future waves, though 27.5% expressed reluctance.

The survey revealed diverse suggestions for improvement, primarily related to command structure, information dissemination and sharing, infection control protocols at various stages, and mental health support for staff. Notably, perceptions of the same measures varied significantly, highlighting the need for careful communication. Effective risk communication, which is crucial during public health emergencies, was identified as a key area for improvement. Both management and frontline staff would benefit from enhanced understanding of risk communication strategies.

Conclusion: The unprecedented nature of the pandemic response placed significant mental and physical burdens on healthcare workers, coupled with high levels of concern about infection. The findings underscore the importance of thoughtful communication, particularly in crises, where messages can be perceived differently depending on the recipient's perspective.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s168
doi:10.1017/S1049023X26105615

Psychosocial Support for Special Enforcement Officers in Response to Critical Incidents

Noor (E.J.M.) Jansen MSc, Fieke Bruggeman-Evers PhD, Marjolijn Verweij MSc, Hans te Brake PhD
National Psychotrauma Centre, Netherlands

Introduction: Special Enforcement Officers (SEOs) in the Netherlands, employed by municipalities to enforce regulations in public spaces, are frequently exposed to aggression and violence, increasing their risk of psychological issues. The "Psychosocial Support for High-Risk Professions" guidelines provide a basis for assessing SEOs' psychosocial support needs; however, existing support practices often fall short of addressing the unique demands of their roles. As SEOs' tasks and responsibilities continue to expand, their specific psychosocial support needs must be better understood and addressed.

Methods: A mixed-methods approach was applied, including a document review and semi-structured interviews with SEOs and their supervisors. Document analysis identified existing preventive strategies and evidence-based best practices, creating a preliminary list of psychosocial needs. A total of 17 SEOs and 10 supervisors were interviewed, focusing on SEOs' support needs, best practices, and policy gaps across different municipalities and geographic regions. Qualitative thematic analysis was used to uncover recurring themes, particularly where formal support policies diverged from SEOs' practical experiences and perceived needs.

Results: Significant variability was found in perceived support levels, with smaller municipalities frequently offering fewer formal resources. Informal peer support emerged as a primary source of reassurance and solidarity among SEOs, while formal support, when provided, was more effective when supervisors had enforcement experience. A critical issue identified was ambiguity in SEOs' roles, particularly regarding their overlap with police duties. This role ambiguity fosters confusion and insecurity, amplifying stress and diminishing the impact of other support measures. SEOs consistently emphasized that without a clear role definition, other support needs remain challenging to address effectively.

Conclusion: The findings highlight the need for an enhanced psychosocial support framework that includes clear role definitions, access to structured support systems, and acknowledgment of SEOs' unique challenges. Addressing the foundational issue of role ambiguity is essential for reducing psychological risks and fostering resilience among SEOs.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s168
doi:10.1017/S1049023X26105627

Trends in US Hospital-Based Gun Violence From 2000-2019

Nicholas Rizer MD[1], Alexander Chang[2], Gregory Jasani MD[3], Yu-Hsiang Hsieh PhD [1], Ed Hsu MD, MPH[1]
1. Johns Hopkins University, United States
2. University of Pennsylvania, United States
3. University of Maryland, United States

Introduction: Violence in health care settings, particularly directed toward healthcare workers, has received increasing

https://doi.org/10.1017/S1049023X26105615 Published online by Cambridge University Press