facility, including relevant specialties and trauma-related capabilities. This structured HCF data supported realistic patient-to-facility assignments in the simulation, accurately modeling the limits and constraints of each HCF's ability to manage complex trauma and medical cases from large-scale combat operations.

Conclusion: This in-depth characterization of HCFs provides a foundational tool for understanding and optimizing surge capacity in high-casualty scenarios. By capturing detailed specialty and surge capacity data, the model offers a more precise framework for assessing regional healthcare readiness. Future work can confirm or revise current HCF capabilities and capacities through direct contact with the specific HCFs.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s7–s8
doi:10.1017/S1049023X26101794

Exercising to Develop a Business Continuity Plan

Caren Friend
Sydney Local Health District, New South Wales Health, Australia

Summary: Ensuring continuity of service in any business is a priority, but in most cases, it does not impact life and death, except in a health care setting. How do you ensure that staff engage in the development and testing processes to meet their needs, as well as those of the organization, before activating their plan? This question was recently tested when a Local Health District undertook a project to rewrite the business continuity plans(BCP) to promote and increase awareness of the impact on services.

After extensive research, a BCP template was developed to ensure a standardised approach throughout the Local Health District. Key stakeholders were identified and invited to meetings and exercises. To inform the development of BCPs for each facility, simulated exercises of outages were conducted. This provided information for the development of the BCPs. Scenarios covered interruptions to the supply of power, gas, both medical and natural, and water.

The scenario progressed through discussion and directed questions. The exercises were recorded. This provided an opportunity for the development of the BCP to enhance current response assumptions and gain leverage for further engagement and development of robust and relevant plans.

Over 100 people participated in face-to-face sessions, with the majority being disaster portfolio holders, executives, department managers, and clinical managers. A review of notes taken showed that the exercise elicited a greater appreciation by attendees of the impact (if any) on their specific service and the need for development of service-specific plans. This approach to plan development was successful as it led to the development of contemporary plans while considering facility needs and expectations. This exercise provided an opportunity to review the level of understanding of a Business Continuity plan and the impacts such outages can have on the service delivery of individual departments.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s8
doi:10.1017/S1049023X26101800

Nurses on the Frontline Caring for Patients with COVID-19: Lived Experiences

Mary Pat Couig PhD, MPH, RN[1], Roberta Lavin PhD, FNP-BC[1], Anne Griffin MSN, RN[2], Sara Daykin DNP, MSN, RN[1], Aram Dobalian PhD, JD, MPH[3,2]
1. University of New Mexico, United States
2. Past affiliation with the Department of Veterans Affairs, Veterans Emergency Management Evaluation Center, United States
3. The Ohio State University, United States

Introduction: Nurses who have experienced caring for patients with COVID-19 have the potential to identify local and systemic factors that contributed to what helped support the nurses and their ability to provide care and what did not. The three research questions were: 1) What are the experiences of nurses providing care to patients during COVID-19 in community, hospital, and long-term care settings, and how do these experiences impact their professional and personal well-being? 2) How do nurses perceive the effectiveness of organizational strategies, including crisis standards of care, personal protective equipment (PPE) provision, and support for personal preparedness, in supporting their response and practice during the COVID-19 pandemic? 3) What are nurses' perceptions of the organizational, local, county, state, and federal policies that either support or hinder their ability to effectively respond to the challenges posed by the COVID-19 pandemic?

Methods: A qualitative approach was used to interview registered nurses, who had cared for patients with COVID-19 in one of three health care settings (hospitals, long-term and residential care facilities, and community-based or public health response).

Results: Results indicate that most of the nurses felt supported by their immediate supervisor but abandoned by organizational leadership. They experienced challenges with equipment, staffing, emotional support, changing policies, and grief, and felt supported by work colleagues and family.

Conclusion: Healthcare systems were unprepared to respond to a pandemic. The nursing workforce was affected by the lack of preparedness. Preparations for the next pandemic should be underway to address patient care needs and the health and welfare of nurses on the frontline, including maintaining adequate supplies of personal protective equipment, managing a surge of patients, and providing physical and emotional support to nurses and other healthcare workers.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s8
doi:10.1017/S1049023X26101812

https://doi.org/10.1017/S1049023X26101800 Published online by Cambridge University Press