**Results:** CRT on the finger pulp and sternum was shown to be increased following the hypothermic conditions, but not on the forehead. Skin temperature on the three sites followed the same pattern, with the forehead being virtually unchanged. Tests performed during LBNP revealed an apparent effect on CRT following the simulated blood loss, with prolonged CRT for all sites tested.

**Discussion:** A successful methodology for objective assessment of CRT was developed, which was validated on healthy volunteers following hypothermia or simulated blood loss. Ongoing work will investigate a combination of hypothermia and blood loss to more accurately simulate the prehospital setting.

Aim: National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMATs) are used to provide medical care when local and state resources are overwhelmed in response to natural and human-made disasters. The stress these professionals experience during these events requires intentional and therapeutic interventions to support emotional and mental resilience. Evidence-based interventions will be presented.

**Aim:** DMATs were deployed after Hurricane Maria to work in a Federal Medical Station (FMS), at the Coliseum Bencito, Manati, Puerto Rico. The FMS was operated through a collaboration of federal agencies and non-government agencies. Community infrastructure was impacted, including two damaged area hospitals, overwhelming available resources with increased patient care demands. The facility provided acute care and short-term services around the clock for a 10-day period, serving several hundred clients, in and around the municipality of Manati.

**Methods:** Several strategies were utilized to decrease stress levels while nurses worked at the FMS included having a safe and secure environment, sharing stories with peers, taking scheduled breaks, utilizing physical activities (Zumba), and having designated sleeping areas. Additional strategies used for clients were relief supply choices, allowing one person to stay with special needs client, and bereaved care.

**Results:** Nurses were able to decrease stress levels to themselves and clients while working with community partners providing acute and chronic health care needs at the area where health care services were impacted. Verbal and written feedback was provided during formal and informal meetings as well as receiving client comments on the services given at the facility.

**Discussion:** Contribution to practice-heightened emotional responses in a disaster setting are expected and should be a focus of intervention even with health care providers. Nurses were able to employ disaster nursing knowledge, including mental health strategies in this setting and be able to better address the needs of others.