ATACCC conference in Florida, and the referee of the meeting, Howard S. Champion emphasized the need for a common registry. The HFM then established an exploratory team to look at the possibilities to establish a trauma registry. The team had one meeting in 2005, where it was decided to start working on a trauma registry. In the fall 2005, the HFM established a Research Task Group (RTG) to identify the structure of a registry, and also the possibilities and challenges in establishing a registry. The RTG finalized its report in 2007, suggesting the establishment of a registry. The plan to establish a trauma registry was endorsed by COMEDS in November 2007, and the Military Medical Committee was given the responsibility to lead the work. Both the MedCis working group and the healthcare working group were tasked to work with the registry. To facilitate and speed up the process, the HFM established a lecture series (RTC) to address the COMEDS working groups. Lectures were given at core NATO meetings on five occasions in 2008.

The purpose of the proposed NATO database as suggested by the HFM RTG was:

1. Collect, process, and analyze summary data in any role 2 facility;
2. Contribute to the reduction of injuries and related deaths in the field by identifying, describing, and quantifying trauma;
3. Increase awareness of combat injury;
4. Assist injury prevention and improve treatment programs; and
5. Support injury-related approved analysis and research within NATO.

Possible outcome to the NATO nations were:

1. Define risk situations for different casualties;
2. Quality assessment of primary treatment;
3. Assessment of evacuation;
4. Assessment of secondary and tertiary treatment;
5. Compare different modes of management;
6. Establish common practice within NATO;
7. Perform multinational clinical trials; and
8. Create an evidence-based practice within NATO in the treatment of trauma.

In October 2008, the Netherlands and Norway agreed to establish a trial database, and test communication of data between the nations first in a sham situation. Once the two nations have established a working solution, this will be made available to the other NATO nations.

The NATO Database system consist of several elements:

1. Develop a registry on agreed standardized elements;
2. Develop a system for communication between nations;
3. Develop a system for acquiring data at the role 2;
    a. Electronic, paper format;
    b. Appoint dedicated registrars at the role 2 facility; and
4. Develop a system for communication from the field to the central national registry.

The present project aims at developing the database structure, the element structure and the mode of communication of data between the two nations.

Keywords: combat casualty care; communication; database; trauma registry
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The Human Factors and Medicine Panel of the NATO Research and Technology Organization

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The NATO Research and Technology Organization (RTO) promotes and conducts co-operative scientific research and exchange of technical information amongst 28 NATO nations and 38 NATO partners. The largest such collaborative body in the world, the RTO encompasses more than 3,000 scientists and engineers addressing the complete scope of defense technologies and operational domains. This effort is supported by an executive agency, the Research and Technology Agency (RTA), that facilitates the collaboration by organizing a wide range of studies, workshops, symposia, and other forums in which researchers can meet and exchange knowledge.

The RTO was established in 1998 by combing several NATO institutions within research and science. The RTO has divided its activities between six panels: (1) Applied Vehicle Technology (AVT); (2) Human Factors and Medicine (HFM); (3) Information Systems Technology (IST); (4) System Analysis and Studies (SAS); (5) Systems Concepts and Integration (SCI); and (6) Sensors & Electronics Technology (SET).

The mission of the Human Factors and Medicine Panel is to provide the science and technology base for optimizing health, human protection, well being, and performance of the human in operational environments with consideration of affordability. This involves understanding and ensuring the physical, physiological, psychological, and cognitive compatibility among military personnel, technological systems, missions, and environments. This is accomplished by exchange of information, collaborative experiments and shared field trials.

Since the scope of the HFM panel is broad, comprising all aspects of medical and human factors research, the work is divided between four areas:

1. Human Effectiveness focusing on psycho-social, organizational, cultural, and cognitive aspects in military action;
2. Human System Integration focusing on human-in-the-system analysis, design, and evaluation and experimentation;
3. Operational Medicine focusing on aerospace, hyper/hypobaric, and military medicine necessary to ensure sustenance, health, safety, and survival of military personnel; and
4. Human Protection focusing on human-centered research for optimizing physiological tolerance, protection, and survivability in adverse mission environments.

The human factors and medicine panel organizes two major symposia every year, organizes task groups to explore specific topics, and conducts lecture series to promote scientific knowledge.

A number of activities also are central in civilian medicine and personnel selection.

Keywords: Human Factors and Medicine Panel; NATO Research and Technology Organization; research
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