with established effectiveness in preventing or alleviating post-traumatic stress disorder (PTSD). The basic principles of CBT applied to disaster/terrorism situations will be described and compared with other treatment strategies for those experiencing traumatic events. Treatment outcome research on different types of short-term psychological treatment will be presented, using efforts following the 1988 earthquake in Armenia as an example. The mental health needs/problems of disaster responders, and the local population at different stages following a disaster will also be examined.

Theory and Practice in Acute Care of Psychological Trauma

Rob Gordon, PhD
Consultant Psychologist, Victorian State Recovery Unit, Victoria, Australia

There is debate about whether debriefing or trauma counseling is advisable in the immediate aftermath of a traumatic experience, or whether victims should be left to their own support systems. Experience in various traumatic events in Victoria over the last 20 years has provided a number of lessons about early care of victims. This presentation reviews a number of incidents to delineate basic principles underlying the neurological and psychosocial impact of trauma. A method of early support will be outlined, using principles of psychological first aid, education, and preventive treatment. This method is analogous to physical first aid, which includes stopping further deterioration, stabilising the situation, and initiating recovery processes. The most effective techniques often are simple interventions supported by clear understanding of the potential psychosocial damage likely to result from trauma. There are good theoretical reasons why more complex interventions may be counterproductive in the immediate aftermath without a preparatory intervention. However, experience shows that victims often do not get appropriate assistance, resulting in complication of their difficulties. Some examples of its application in recent events will be described.

Symposium: Prehospital and Emergency Medicine — Trauma Systems

Chair: Professor Peter Cameron
Monash University, Melbourne, Australia

Trials and Tribulations of Establishing a Trauma Registry

P. Cameron;[1] C. Finch;[2] J. McNeil;[2] K. Smith[2]
1. Chinese University of Hong Kong, Hong Kong
2. Monash University, Melbourne, Australia

Background: The establishment of a statewide trauma registry (VSTORM), was recommended as part of a review of trauma and emergency services in Victoria in 1999.

Aim: To describe barriers to implementation and issues arising from the first year of VSTORM data collection.

Methods: VSTORM data entry commenced 01/07/01,1999, with the aim of collecting all major/potentially major trauma cases. The definition of major trauma included intensive care unit stay, urgent operation, death, and ISS >15. Ethical approval and hospital board approval was sought from each hospital before data collection commenced. An Access database was established.

Results: Approximately 1,700 major trauma cases occur each year in Victoria. The VSTORM database currently is collecting data for more than 70% of these cases. Initial problems with implementation included:
- Multiple Ethics Committee approvals and lack of understanding of privacy legislation by Ethics Boards;
- Payment, coordination, and training of hospital-based data collectors;
- Database construction and data field definition;
- Coordinating multiple stakeholders from multidisciplinary backgrounds;
- Developing valid outcome measures other than death;
- Confidentiality — access to the database and publication of interim results.

Discussion: The full implementation of this well-funded, broadly supported initiative has been delayed because of problems that were predictable, in hindsight. Centralisation of ethics approval processes would help systems-based research. Validated, efficiently collected outcome variables should be developed. Relating funding and accountability for accurate data provision also will help. The lessons learnt from this project should assist others setting up trauma/disease registries.

Prehospital Predictors of Major Injury

P. Cameron;[1] B. Gabbe;[2] C. Finch;[2] J. Mcneil;[2] K. Smith; R. Wolfe[2]
1. Chinese University of Hong Kong, Hong Kong
2. Monash University, Melbourne, Australia

Introduction: As part of the system of trauma care, it is essential that accurate predictive models are developed to triage patients from the scene of injury to the appropriate hospital. Various models have been proposed, usually based on physiologic, anatomic or mechanistic data. Given time and resource constraints in the prehospital arena, a compromise must occur between accuracy and simplicity in developing these models.

Methods: Data from the Royal Melbourne Hospital (major trauma service) database were used to develop predictive models for the outcomes of ICU admission and