



Nursing and Allied Health
Professionals
Trauma Competencies in the
Emergency Department

Adult Level 1
January 2022

Contents:

1. Acknowledgments and introduction.....	2 & 25-26
2. Overview of the educational and competency standard structure, Levels 1-3.....	3
3. The competencies in practice.....	4
4. Trauma Competency Contract.....	5
5. The competencies:	
• Section 1: Organisational aspects.....	6
• Preparation and reception.....	7
• Section 2: Clinical and technical skills.....	8-22
• Catastrophic haemorrhage.....	8
• Airway and c-spine control.....	9 & 10
• Breathing and ventilation.....	11
• Circulation and haemorrhage control.....	12 & 13
• Disability.....	14
• Exposure and temperature control.....	15
• Pain assessment and management.....	16
• Special circumstances:	17-21
• Frailty in the trauma patient.....	17
• The trauma patient with communication difficulties.....	17
• The pregnant trauma patient.....	18
• Safeguarding in trauma	18
• The burns trauma patient.....	19
• The bariatric trauma patient.....	19
• The confused, agitated & aggressive trauma patient.....	20
• The spinal cord injured patient.....	20
• Care of the recently deceased trauma patient.....	21
• Tissue and organ donation.....	21
• Secondary survey.....	22
• Transfer within the hospital & secondary transfer (out of hospital)	22
• Non-technical skills.....	23
• Signature capture sheet.....	24

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The Nursing and Allied Health Professional (AHP) trauma competencies in the Emergency Department have been developed by the National Major Trauma Nursing Group (NMTNG). The NMTNG was formed in July 2015. The group has representation from all major trauma networks, Scotland, Northern Ireland, and Wales and has 320 active members. The group represents and develops the national standards for trauma nursing from the point of injury through to rehabilitation. By bringing together the wealth of experience in the NMTNG we have been able to develop a competency and educational framework for trauma practice in the Emergency Department which have now been enshrined in NHS England's (2016) 'Quality Surveillance Team', Major Trauma Services Quality Indicators' and the National Major Trauma Clinical Reference Group. These competencies are a fundamental component in supporting nurses and AHPs to develop their practice in major trauma care.

Andrea Hargreaves
NMTNG – Chair

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Introduction:

The nursing and AHP trauma competencies in the Emergency Department provide a national template of competence for the care of the adult and paediatric major trauma patients. Since the publication of the NHS England 'National Peer Review Programme: Major Trauma Measures' in 2014 it was clear that, whilst the measures established the principle of ensuring provision of a trauma trained nurse 24/7 in the Emergency Department, more work was required to develop a thorough 'trauma measure' detailing the educational and competency standards from junior nurse/AHP right through to the Advanced Clinical Practitioner (ACP). With the wealth of knowledge and experience in the group, the NMTNG were able to develop an educational and competency standard for trauma care in the Emergency Department of which these competencies form a part of.

Overview of the educational and competency standard:

Levels 1 – 3 adult and paediatric educational and competency standards		
Level	Educational standard	Competency standard
Level 1	Has attended a trauma educational programme, such as: <ul style="list-style-type: none"> • Trauma Immediate Life Support (TILS) • ATLS observer • ETC nurse/AHP observer • In-house trauma education programme 	Assessed as competent in all domains of the NMTNG competency framework at level 1
Level 2	In addition to level 1: <p>Successful completion of a recognised trauma course:</p> <ul style="list-style-type: none"> • Advanced Trauma Nursing Course (ATNC) • Trauma Nursing Core Course (TNCC) • European Trauma Course (ETC) <p>When undertaken as a full provider only.</p> <p>Or</p> <p>Successful completion of a bespoke trauma course which has been assessed as compliant, by peer review, in meeting the NMTNG curriculum and assessment criteria.</p>	In addition to level 1: <p>Assessed as competent in all domains of the NMTNG competency framework at level 2</p>
Level 3	In addition to level 2: <p>Advanced Clinical Practitioner (ACP): Masters level education in advanced practice to at least PGDip level</p>	In addition to level 2: <p>Successful completion of and credentialing by the Royal College of Emergency Medicine - Emergency Care Advanced Clinical Practitioner Curriculum and Assessment</p>

Educational and competency standard structure, Levels 1 – 3:

When developing the competencies, the NMTNG were cognisant that banding varied across the country and does not necessarily relate to experience or competence in practice. Thus, the levels were developed simply as level 1, 2 and 3. Whilst bands cannot be applied to the levels directly, we can provide guidance on what level of experience in emergency care is expected at each level. This applies to both adult and paediatric practice.

Level 1: Level 1 competence achieved within 12 months of commencing work in an Emergency Department. This is in addition to the 12 month preceptorship period. Level 1 nurses/AHPs would be expected to be able provide evidence-based and holistic care for the major trauma patient as part of the trauma team.

Level 2: Level 2 competence achieved within 36 months of commencing work in an Emergency Department. Level 2 nurses/AHPs would be expected to be able provide evidence-based and holistic care for the major trauma patient as part of the trauma team. In addition, they will be able to lead teams and co-ordinate the care of the major trauma patient working alongside the trauma team leader.

Level 3: Level 3 competence is achieved by successful completion of the 'Emergency Care Advanced Clinical Practitioner Curriculum and Assessment' (RCEM. HEE. RCN. 2015) and credentialing by the Royal College of Emergency Medicine. The nurse/AHP would normally have at least five years of emergency care experience prior to commencing ACP training.

The competencies in practice:

We already have resus competencies in our department, why do I need these?

These competencies are intended to support and develop practice specifically in the care of the major trauma patient. There is real value in creating a single, national, set of competencies and establishing a shared standard of competence in practice which are intended to build on generic skills and knowledge in resuscitation care by specifically focussing on care in the context of major trauma. Units can engage in a simple mapping exercise comparing those competencies they already have against the national standard and identify any trauma specific areas, such as catastrophic haemorrhage (section 2Bi).

Which competencies do I use?

This will be dependent on where you work, your professional registration as an adult or children's registered nurse. However, it is acknowledged that AHPs do not have these sub-sections in their professional register.

The following table is intended to guide the nurse/AHP to focus on the competency booklets applicable to them:

Competencies	Adult registered nurse	Children's registered nurse	AHP
Level 1 Adult	√	√ [≠]	√
Level 1 Children's	√ ^{**}	√	√
Level 2 Adult	√		√
Level 2 Children's	√ [*]	√	√ [*]

*If you are expected to look after children where there is no registered children's nursing cover 24/7

**Unless you work in an adult only unit

≠ Unless you work in a paediatric only unit

The competencies for both adult and paediatric practice at level 1 and 2 have been written as a continuum, where level 2 builds upon level 1 and are therefore intended to be used in combination as the nurse/AHP progresses through their career. For those nurses and AHPs who are already practicing at and wishing to complete level 2 competence, it is expected that they will also complete the level 1 document making use of the self-assessment section.

Trauma Competency Contract:

LEARNERS RESPONSIBILITIES

As a Learner, I intend to:

- Take responsibility for my own development
- Form a productive working relationship with mentors and assessors
- Listen to colleagues, mentors and assessors' advice and utilise coaching opportunities
- Use constructive criticism positively to inform my learning
- Meet with my Lead Assessor at least tri-monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise to try to complete these competencies within the recommended 12 month time frame
- Use this competency development programme to inform my annual appraisal and development needs and discuss any lack of supervision or support with the unit manager
- Ensures that when new assessors sign off competencies that assessors details are completed on signature signing sheet on page 24

Signature.....

Date.....

ASSESSOR RESPONSIBILITIES

- Meet the standards of regulatory bodies (NMC 2015)
- Demonstrate ongoing professional development/competence in trauma care within ED
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the Education Lead and/or Manager concerns related to individual nurses learning and development
- Provide feedback about the effectiveness of learning and assessment in practice
- Ensures that when first completing a competencies that contact details are completed on signature signing sheet on page 24

Signature.....

Date.....

Completion of competencies: There will be variance between different emergency departments within the MTCs and TUs managing trauma patients and therefore each individual facility should identify those competencies that are relevant (and thus potentially achievable). Those competencies identified as not relevant should be marked as 'Not Applicable'.

Assessors: Due to the differences within individual ED departments the responsibility for allocating appropriately qualified assessors should be allocated locally by the individual departments.

We ideally recommend the assessor should have achieved the competency level two competency. However, we are aware that this may be difficult in certain units and therefore must have been locally agreed by the ED Matron/clinical lead/education lead.

How do I use the competencies?

The template for each competency is intended to support and guide the nurse/AHP. Below is an example competency, airway and c-spine control. Each section is numbered, 1-7, please refer to corresponding information below the competency.

1 – Airway and c-spine control						
2 – Clinical and technical skills	3 – Level 1 – nurse/AHP who participates in the care of the trauma patient	4 – How has the individual met the educational component of this skill? State level	5 – Self-assessment: where do you feel your knowledge base is in this area? (Novice = N Advanced Beginner = AB, Competent = C, Proficient = P, Expert = E)	6 – Assessment method used	7 – Assessor: Level of competency achieved Print name, position, and hospital date and sign	
Clinical assessment and management of airway	Demonstrates how to assess the airway in the trauma patient: <ul style="list-style-type: none"> • Demonstrates knowledge of anatomy and physiology of the airway • Is able to assess airway patency • Demonstrates knowledge of the causes of airway obstruction and can recognise impending, partial or complete airway obstruction 					

1. Competency title banner: To aid easy identification of the competency and/or section.
2. Knowledge and skill sets: There are three skill sets which make up the competencies:
 - a. Organisational aspects: knowledge of the trauma system in your department but also of the network and national guidance and standards
 - b. Clinical and technical skills: broken down into the <C>ABCDE approach
 - c. Non-technical skills: section focussing on areas such as human factors and working in a team; these areas are increasingly been regarded as vital to safe and effective trauma care
3. Level 1 or 2, Adult practice heading
4. Educational component: please state what course the nurse/AHP has attended and the level undertaken in order to undertake this competency (TILS, TARTS, TNCC, ATNC etc)
5. Self-assessment: the nurse/AHP needs to self-assess where they are on the novice – expert continuum, this will facilitate the assessor to see when staff feel ready to be assessed, and/or target their education
6. Assessment methods: direct observation of practice (DOPS), case-based discussion (CBD), simulation (S), reflective report (RR), question and answer (Q&A), anonymised clinical case notes (CCN), feedback from colleagues and/or patients (F), demonstrated in a nationally recognised course (RC)
7. Assessor record of achievement: the assessor records when the competency has been achieved. However, if the nurse/AHP has not met the desired standard the assessor can make a note of the level that has been achieved and the date in pencil, then when competent sign and date in pen.

Section 1 – Organisational aspects

Organisational aspects	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Local Trauma Network system	Is able to describe the local Trauma Network Demonstrates understanding of the trauma care system, i.e., what a major trauma centre, trauma unit and local emergency hospital are				
Criteria for activation of the trauma team sustained	Able to demonstrate where to access the (department) trauma call activation criteria and discuss its use, with respect to physiological signs, injuries sustained, mechanism of injury or other special circumstances				
Local guidelines and standard operating procedures	Demonstrates knowledge of the existence and location of guidelines/SOPs, relating to early trauma care, for example secondary transfers, bypass criteria, isolated head injury, spinal injury, burns etc.				
National guidance and standards	Demonstrates knowledge of the National Institute of Health and Care Excellence (NICE, 2016) Major Trauma NG39.guidelines:				

Section 1 – Preparation and reception

Pre-alert and escalation	Can receive a pre-alert call and understands the structured system for recording and receiving information, e.g., ATMIST (NICE 2016) Can escalate appropriately on receiving a pre-alert to senior nurse or trauma team leader to determine the level of response required (NICE 2016)				
Prepares the resuscitation bay ready to receive a trauma patient	Can identify essential equipment and prepare the resuscitation bay in order to receive a trauma patient				

Section 2 - Clinical and technical skills

Catastrophic Haemorrhage					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
The immediate management of catastrophic haemorrhage	Demonstrate knowledge and skills in major haemorrhage management: including the use of applying direct pressure with simple dressings to control external haemorrhage				
	The nurse/AHP understands the use of haemostatic agents				
	The nurse/AHP understands the use of trauma tourniquets				
	The nurse/AHP is competent in the application of pelvic binder				
	The nurse/AHP is competent in the application of femoral splints				
	Understands the indication for activation of the major haemorrhage protocol				
	Understands why Tranexamic Acid is given to trauma patients and how it is administered (according to guidelines).				
	Can set up and use the rapid transfusion/fluid warmer device(s)				
	Demonstrates understanding of anticoagulation reversal management				

Airway and c-spine control

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and airway management	<p>Demonstrate how to assess the airway in the trauma patient</p> <p>Has underpinning knowledge of anatomy and physiology of the airway</p> <p>Understands factors that may adversely affect airway patency, and how to call for help and escalate concerns</p> <p>Demonstrates knowledge of the causes of airway obstruction and can recognise impending, partial or complete airway obstruction</p>				
	Nurse/AHP understands the indications for clearing the airway of foreign bodies/fluids and can demonstrate how to appropriately use suction devices				
	Understands the indication for a chin lift and/or jaw thrust manoeuvres, and can demonstrate how to perform a chin lift and jaw thrust				
	Is competent in the use of oropharyngeal airways including the indications and contra-indications, sizing and insertion				
	Is competent in the use of nasopharyngeal airways including the indications and contra-indications, sizing and insertion				
	<p>Is competent to assist with a rapid sequence induction (RSI) and care of the intubated and ventilated trauma patient (where available) utilising a safety checklist</p> <p>The nurse/AHP must be able to demonstrate the indications for RSI and is able to check and set up equipment appropriately and has an awareness of drugs required for RSI</p>				
	Understands the principles and use of gastric tube insertion in the ventilated patients				

Airway and c-spine control

	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and airway management	Understands the indication for front of neck access procedures such as a surgical cricothyroidotomy. Is aware the location of equipment required and is aware of their role if this procedure is required				
	Has an awareness of the role of a jet insufflation device has in a “can’t intubate and can’t ventilate scenario (If Used tin their department)				
Safe spinal immobilisation and management	<p>Demonstrates safe spinal immobilisation and sliding techniques as part of the trauma team</p> <p>Can describe each role of a team performing a log roll/tilt and is able to perform in all positions</p> <p>Understands the indications for c-spine immobilisation and when to initiate it, and when the risk of using spinal precautions outweigh the benefits; the nurse/AHP must speak to a senior clinician about this and then document accordingly</p> <p>Can demonstrate how to perform manual c-spine immobilisation and can size appropriate c-spine immobilisation devices (if used)</p> <p>Is able to demonstrate appropriate use of a scoop/spinal board/vacuum mattress and its removal</p> <p>Is able to perform a lateral slide of a patient with a spinal injury technique</p> <p>Demonstrates safe spinal immobilisation and sliding techniques as part of the trauma team</p>				

Breathing and ventilation

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, A, B, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of breathing and ventilation	<p>Breathing assessment:</p> <p>Is able to show knowledge of anatomy and physiology of the respiratory system</p> <p>Is able to perform a structured respiratory assessment understanding normal breathing and recognise respiratory distress</p> <p>Is able to describe the causes of respiratory distress in trauma, both at the initial assessment and throughout the patient's stay in the emergency department</p>				
	<p>Ventilation using a bag-valve-mask system:</p> <p>Can demonstrate the correct use of bag-valve-mask device</p>				
	<p>Use of pulse oximetry:</p> <p>Understands the indications for using pulse oximetry and the potential pitfalls of pulse oximetry</p>				
	<p>Needle decompression:</p> <p>Understands that needle decompression is not the recommended 1st line treatment of tension pneumothorax in hospital (NICE 2016) but that patients may present with needle decompression device(s) in-situ from the pre-hospital setting</p> <p>Can discuss how to perform a needle decompression and the equipment required should it be required in extremis, and has an awareness of new and traditional landmarks for needle decompression?</p>				
	<p>Thoracostomy:</p> <p>Understands the indications and can set up for thoracostomy and is able to check the equipment appropriately</p>				

Circulation and Haemorrhage Control

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of circulation and haemorrhage control	<p>Circulatory assessment:</p> <p>Can demonstrate knowledge of the anatomy and physiology of the circulatory system</p> <p>Is able to discuss the principles of circulatory assessment including the importance of: capillary refill, manual pulse identification</p> <p>Application of monitoring to assist assessment and interpretation of the results in the context of trauma</p>				
	<p>Has a basic understanding of the five principal sites of traumatic haemorrhage:</p> <p>Chest, abdomen, pelvis, long bones and external haemorrhage</p>				
	<p>Can describe and recognise the clinical signs of shock in the context of trauma and is able to list the different types of shock relevant to the trauma patient</p> <p>Understands the basic principles of eFAST in circulatory assessment</p>				
	<p>Circulatory management – access:</p> <p>Demonstrates understanding of the different methods of IV and IO access</p> <p>Is able to perform peripheral IV access in a trauma patient and take the relevant blood sampling regime</p> <p>Understands the principals of central venous access</p>				
	<p>Circulatory management – fluid resuscitation:</p> <p>The nurse/AHP must be able to recognise the indication for fluid resuscitation</p> <p>Is able to show knowledge of the different types of fluid available and which are appropriate in trauma and understands the indication for activation of the major haemorrhage protocol</p>				

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of circulation and haemorrhage control	Circulatory management – fluid resuscitation: Demonstrates how and where to access immediate blood products (O negative/positive)				
	Is able to set up and use the rapid transfusion fluid warmer device(s)				
	Is able to identify which blood products cannot be transfused using pressure bags/rapid transfusion devices/pumps				
	Circulatory management – haemorrhage control: Has an awareness of the basic principles of damage control surgery Has an awareness of the basic principles of interventional radiology				
	Circulatory management – monitoring and care: Understands the indications and contraindication for urinary catheterisation in a trauma patient Understands the principles of urine output measurement in relation to shock and resuscitation				

Disability

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of disability in the trauma patient	<p>Disability assessment:</p> <p>The nurse/AHP can demonstrates a working knowledge of neuro anatomy</p> <p>The nurse/AHP is able to undertake an assessment of the Glasgow Coma Scale (GCS) and understands the relevance of abnormal findings within each component and understands the relevance of abnormal findings when assessing, pupil size and reaction and limb movement</p> <p>Understands the relevance of blood glucose measurement in the trauma patient</p>				
	<p>Disability management and care:</p> <p>Demonstrates awareness of the main intracranial injuries sustained to the trauma patient</p> <p>Can describe when to escalate care in relation to a drop in GCS</p> <p>Has an awareness of key principals in the care of a patient with a traumatic brain injury, such as:</p> <ul style="list-style-type: none"> • 15° – 30° head up tilt • Adequate analgesia • Indications for removal/loosening of c-spine collar in head injury • Ensuring ET Tube ties not too tight 				

Exposure and Temperature Control

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of exposure and temperature control	Exposure assessment: Understands the principles of invasive temperature monitoring and demonstrates where to locate the equipment Understands hypothermia and its potential effects on the trauma patient				
	Exposure – temperature management: The nurse/AHP knows the importance of minimising temperature loss and is able to demonstrates the correct application and use of a warm air patient warming system Understands the principles of invasive warming techniques The nurse/AHP is able to demonstrates how to set up and use a fluid warming device				
	Demonstrates appropriate techniques for the safe removal of clothing				
	Understands the process for evidence collection for the police				

Pain assessment and management

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management of pain	<p>Pain assessment:</p> <p>The nurse/AHP is able to demonstrate the use of appropriate pain assessment tool, suitable for the patient's age, developmental stage and cognitive function</p> <p>The nurse/AHP has knowledge of the NICE (2016) 'Major trauma: assessment and initial management' guideline with respect to pain assessment and management</p>				
	<p>Pain management:</p> <p>The nurse/AHP is able an describe different modalities of pain management and their use:</p> <ul style="list-style-type: none"> • Positioning • Splinting • Pharmacological • Regional • Non-pharmacological 				

Special Circumstances

Injuries in the frail trauma patient					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management in special circumstances	The nurse/ AHP can outline the key considerations in the care of a frail patient including the following sections				
	Is able to demonstrate a high index of suspicion for injury in frail patients who may present for reasons other than obvious traumatic injuries				
	Can articulate relevant Co-morbidities and associated polypharmacy that may affect the trauma assessment, of a frail patient				
	Has an understanding of the possibility of medical event leading to injury in patient's presentation, and has an awareness of the relevant test that may be required to investigate these episodes				
	The Nurse /AHP Is able to discuss the physiological changes in the older or frail patient and its impact in trauma.				
	Is able to undertake the Frailty Assessment t using a suitable assessmen tools to support considerations regarding escalation and transfer				
The trauma patient with communication difficulties					
Clinical assessment and management in special circumstances	Can outline the key considerations in the care of a trauma patient with communication difficulties such as deaf, blind, aphasic patient, learning disability, challenging behaviour, language barriers				
	The nurse/AHP can demonstrate or describe techniques to facilitate communication in the immediate trauma setting on arrival				
	The nurse/AHP can discuss strategies to facilitate communication during their continuing care such as use of family and carers				

The pregnant trauma patient

The pregnant trauma patient					
		How has the individual met the educational component of this skill? State level	Self-Assessment: Where do you feel your knowledge base is in this area? (N,AB,C,P,E)	Assessment method used	Assessor: Level of competency achieved Print name date and sign
Complex communication assessment and management in special circumstances	Can outline the key considerations in the care of the pregnant trauma patient: <ul style="list-style-type: none"> • Demonstrates a basic understanding of the physiological changes in pregnancy and their impact in trauma such as • Effects on the respiratory and circulatory system. Understands the basic principles of inferior vena cava compression and importance of repositioning 				
	Demonstrates an understanding of the signs and symptoms of placenta abruption and Uterine rupture				
	Demonstrates an understanding of traumatic perimortem caesarean section				
	Understands the importance of ensuring a Kleihauer–Betke test is taken on pregnant women following a traumatic injury				
Safeguarding requirements in trauma patients					
Safeguarding principals specifically related to trauma in special circumstances	Demonstrates understanding of Non-Accidental Injury (NAI) and its relevance in the major trauma patient and is able to discuss the role of agencies such as Police, Social Services, GP's in safeguarding				
	The Nurse/AHP is able to show careful and thorough documentation (as per NMC and trust guidelines, and is able to articulate the Referral process to Social Services as per Trust guidelines and /or early liaison with Trust safeguarding team.				
	The Nurse/AHP is able to discuss how FGM, Gang affiliation, “cuckooing”, Alcohol/drug use, human trafficking, domestic violence may affect the major trauma patient.				

The burns trauma patient

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management in special circumstances	The nurse/AHP can outline the key considerations in the care of the burns trauma patient: Is able to demonstrates awareness of the local arrangements and centres of care for burns patients Can identify local policies related to management of the burns patient including transfer				
	The nurse/AHP is able to discuss the principles of estimation of burns size using an appropriate tool				
	The nurse/AHP understands the principal considerations of burns care in relation to its effects on: - The airway and potential compromise - Breathing and ventilation including carbon monoxide poisoning - Circulation and fluid loss - Temperature control				
	Understands the key principles of pain control in the burns patient both pharmacological and physical (dressings)				

The bariatric trauma patient

Clinical assessment and management in special circumstances	The nurse/AHP can outline the key considerations in the care of the bariatric trauma patient including the potential effects on: - Airway anatomy and patency - Breathing - Circulation				
	The nurse/AHP can identify the maximum load of the trauma trolley				
	Can outline safe methods for transfer of the bariatric patient following a traumatic injury				

The confused, agitated & aggressive trauma patient

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: Where do you feel your knowledge base is in this area? (N, A, B, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Clinical assessment and management in special circumstances	The nurse/AHP can outline the key considerations in the care of the confused, agitated, and aggressive trauma patient, and understands that the behaviour may be due to factors such as hypoxia, hypovolaemia, drugs and alcohol, mental health, dementia, Excited delirium/Acute Behavioural Disturbance, learning disabilities or hypoglycaemia etc.				
	The nurse/AHP understands when sedation may be appropriate for the confused, agitated, or aggressive trauma patient, and the risks and benefits of undertaking this				
	The nurse/AHP understands when removal of c-spine immobilisation or a modified approach is indicated in the care of the confused, agitated, and aggressive trauma patient				
	The nurse/AHP understands the role of security and/or police in the care of the confused, agitated, and aggressive trauma patient				

The spinal cord injured patient

Knowledge of clinical assessment and management in special circumstances	The nurse/AHP can outline the key considerations in the care of the spinal cord injured patient: such as the potential effects on temperature regulation				
	The nurse/AHP has an awareness of autonomic dysreflexia				
	The nurse/AHP has an awareness that spinal cord injury may mask signs and symptoms of other injuries				
	Demonstrates an awareness of the signs and symptoms of spinal shock, and how this differs from neurological shock				
	The nurse/AHP has an awareness that spinal cord injured patients require regular pressure area care, and can verbalise the rationale for this need				

Care of the recently deceased trauma patient					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-Assessment: Where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Dealing with the care of the death of a trauma patient	The nurse/AHP can demonstrate the ability to care sensitively for a deceased trauma patient, taking note of any specific instructions from the Coroner's Officer/Crwner/procurator fiscal				
	The nurse/AHP can recognise own emotional needs following exposure to a trauma death and identify appropriate support mechanisms				
	The nurse/AHP is confident in contribute to any serious incident learning				
	The nurse/AHP can participates in supporting the care of the bereaved relatives, carers and friends				
	Demonstrates the correct process for dealing with a deceased patient's property and is aware of when there is potential that this may be needed to be considered for evidence collection				
Tissue and Organ Donation					
Local guidelines and standard operating procedures (SOPs) in respect of Tissue & Organ Donation	Demonstrates awareness of the key considerations in respect to organ and tissue donation: <ul style="list-style-type: none"> • Identification of potential donors • Escalation policy • Contraindications to potential tissue & organ donation Awareness of the changes that came into effect in 2020 with regards to organ donation				
	<ul style="list-style-type: none"> • Approaching the families of potential organ donors – NHS blood and Transplant (March 2013) • Taking Organ Transplantation to 2020: A UK strategy – DOH & NHS Blood and transplant (April 2013) • Can provide support to relatives, carers and friends • Can recognise own feelings and knows how to access help if required 				

Secondary survey

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
The secondary survey	The nurse AHP can demonstrate an understanding of the principals of secondary survey				
	The nurse/AHP understands that secondary survey may not be performed prior to transfer				
	The nurse AHP can assist in carrying out a secondary survey				
Transfer within the hospital					
Act as part of a team in the safe transfer of the trauma patient	The nurse/AHP can demonstrate an understanding of the principles of safe transfer within the hospital such as theatres, radiology, interventional radiology, critical care or a ward				
	The nurse/AHP can identify key equipment & staff that should be taken on transfer				
	Demonstrates appropriate structured handover of trauma patients to nursing and AHP staff				
	Demonstrates thorough documentation of care to the patient, family members, carers and friends				
Secondary transfer (out of hospital)					
Act as part of a team in the safe transfer of the trauma patient	The nurse/AHP can demonstrate an understanding of secondary transfer protocols to another hospital that has specialist expertise: such as an MTC, burns unit, spinal centre, etc. (where applicable) Has an awareness of the key personnel who should accompany the patient				
	The nurse/AHP has an awareness of the secondary transfer policy and procedures and can identify key equipment which should be taken on transfer where applicable				
	The nurse/AHP can perform a structured handover at the destination (where applicable) and has an awareness of the transfer documentation				

Section 3: Non-technical skills

Non-technical skills					
Non-technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	How has the individual met the educational component of this skill? State level	Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Ability to perform appropriately within the Trauma Team, maintaining a distinct role	The nurse/AHP takes an active participant role within the 'Trauma Team' appropriate to the department				
	The nurse/AHP has the ability to work within a team under the leadership of the team leader.				
Works effectively as a team member, including appropriate communication strategies	The nurse/AHP recognises barriers to effective working within the trauma team				
	The nurse/AHP has the basic concepts of how to improve effective communication within the trauma team				
Relieve psychological stress in the trauma patient, family, carers, friends and staff	The nurse/AHP can describe the signs of stress or anxiety in a trauma patient, family members, carers and friends				
	The nurse/AHP can provide reassurance and emotional support to patient, family members, carers and friends and has an understanding of when to ask for assistance in complex cases				
	The nurse/AHP can describe the signs and symptoms of stress in trauma team members				
	The nurse/AHP has the ability to participate in debrief – where it is appropriate to do so				
Situational awareness during a trauma team resuscitation	The nurse/AHP recognises all team members roles and responsibilities and how each member interacts within the trauma team				
Ethical, legal and professional implications of trauma	The nurse/AHP demonstrates a basic knowledge of: consent and the application of the Mental Capacity Act/Deprivation of Liberty, Mental Health Act, safeguarding, confidentiality, advocacy, preservation of forensic evidence & reporting trauma related deaths				

Signature sign off sheet

Name	Band	Hospital	Role	Contact E-Mail

The authors of these would like to thank the original members of the NMTNG for their contribution to assisting with these competencies: Robert Pinate, NMTNG Chair, Consultant Nurse, Emergency Medicine, King's College Hospital NHS Foundation Trust. Jill Windle, NMTNG Vice-Chair, Lecturer Practitioner in Emergency Nursing, University of Salford. Bruce Armstrong, Consultant Nurse, Emergency Department, Hampshire Hospitals NHS Foundation Trust. Donna Barleycorn, Clinical Educator, Chelsea and Westminster Hospital NHS Foundation Trust. Mandie Burston, Clinical Educator, Emergency Department, Royal Stoke University Hospital. Sue Booth, Senior Sister/Trauma Nurse Lead, The Newcastle upon Tyne Hospitals NHS Foundation Trust. Michelle Buckenham, Emergency Department, Northampton General Hospital NHS Trust. Nicola Caygill, Acting Senior Sister, Urgent Care, Leeds Teaching Hospitals NHS Trust. Dr Elaine Cole, Director of Research and Innovation, London Major Trauma System. 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