



Nursing and Allied Health
Professionals
Trauma Competencies in the
Emergency Department

Adult Level 2
January 2022

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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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Competencies initially edited (April 2016) by:

Robert Pinate, Donna Barleycorn, Mandie Burston, Anna Crossley, Darren Darby, Rosemary Flanagan, Sarah Graham, Andrea Hargreaves, Lorrie Lawton, Jane Tippett, Justin Walford, Jill Windle and Janet Youd.

Competencies revision (January 2021) by:

Zoe Bedford, Rachel Brailsford, Jay Harrison, Caroline Hughes, Gillian Laird, Josephine Nurse, Sharon Sanderson, Justin Walford, Matt Wensley.

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 was able to develop an educational and competency standard for trauma care in the Emergency Department, of which these competencies form a part.

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 the national major trauma nursing group's recommendation that the level 1 competencies are completed prior to level 2. However, there is an acknowledgement that in exceptional circumstances (for example you have been working in a unit and have not previously been made to undertake level 1 and you have the suitable education and experience to undertake level 2, or four departments just starting using them) that you can take on level 2 without level 1 provided that you are able to prove competency in the items listed in appendix 1 (found on page 24).

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 2

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 23

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 at least 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

Organisational aspects	Level 2 – 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 demonstrate a detailed understanding describe the local Trauma Network and the trauma pathway, and understands the roles of the MTCs, TUs and LEHs in trauma care				
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 a detailed understanding 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 a detailed understanding of the National Institute of Health and Care Excellence (NICE, 2016) Major Trauma NG39.guidelines				
National guidance and standards	Demonstrates knowledge of TARN and how it is used to provide data and information on the trauma care pathway				

Section 1 – Preparation and reception

Clinical and technical skills		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
Pre-alert and escalation	Can support staff in the reception of pre-alert information				
	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 to receive a trauma patient	Can lead in checking essential equipment and prepare the resuscitation bay in order to receive a trauma patient				
Immediate management of the patient, pre-hospital and emergency services staff on arrival	Leads in the communication with and reception of the trauma patient, pre-hospital and emergency services personnel				
Management in: greeting family members, carers or friends on arrival to the department	Leads in the communication with and reception of family, carers or friends				
	Can accompany family, carers or friends in the resuscitation room and provide information throughout their stay				
Primary and secondary trauma assessment principles	Demonstrates the knowledge and competence to assess a trauma patient using primary and secondary assessment principles				

Section 2 - Clinical and technical skills

Catastrophic Haemorrhage					
Clinical and technical skills	Level 2 – 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				
	Understands the indication for activation of the major haemorrhage protocol. Additionally can demonstrate knowledge of the positive benefits of undertaking this in a trauma setting				
	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)				
	The nurse / AHP can demonstrate knowledge and skills in the use of point of care testing (POCT) INR machines (if available in the department) and is able to demonstrate knowledge of anticoagulation reversal management				
	Can provide skilled assistance with the administration of fluid and blood products. Additionally, understands the process for initiating blood product delivery to the resuscitation room				
	Is able to use of POCT relevant to the major haemorrhage patient				

Airway and c-spine control

Clinical and technical skills	Level 2 – 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	The nurse / AHP can lead the immediate assessment and management of the airway in the trauma patient until expert help arrives				
	The nurse / AHP can anticipate the need for a Rapid sequence induction (RSI) and can also care for the intubated and ventilated trauma patient				
	The nurse / AHP can act as the skilled assistant in RSI				
	The nurse / AHP assist in the on-going care of an intubated and ventilated trauma patient				
	The nurse / AHP can describe the physiological changes and effects of ventilation				
	The nurse /AHP understands the indications for surgical cricothyroidotomy				
	The nurse / AHP can describe the procedure for surgical cricothyroidotomy including relevant anatomy				
	The nurse / AHP can assist directly with surgical cricothyroidotomy				
Safe spinal immobilisation and management	The nurse /AHP can lead safe spinal immobilisation log rolling/tilt and transfer techniques				
	The nurse /AHP can deploy different methods and other devices where needed e.g. scoop, spinal board, vacuum mattress, etc.				

Breathing and ventilation

Clinical and technical skills	Level 2 – 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 breathing and ventilation	The nurse / AHP is able to show detailed knowledge of the life threatening chest injuries - acronym: ATOM-FC				
	The nurse / AHP can describe the procedure for chest drain insertion including relevant anatomy and physiology. Is able anticipate the need for and lead in the preparation for a chest drain and assist with chest drain insertion				
	The nurse / AHP can describe the indications and contra-indications for a thoracotomy including relevant anatomy and physiology. Is able anticipate the need for a potential thoracotomy and is able to assist in the procedure				
	The nurse / AHP can describe the procedure for an emergency thoracostomy including relevant anatomy and physiology. Is able anticipate the need for an emergency thoracostomy(s) and is able to lead in the preparation of an emergency thoracostomy and potentially assist in the procedure (if the clinical need and departmental policy allows)				

Circulation and Haemorrhage Control

Clinical and technical skills	Level 2 – 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	Can demonstrate knowledge of the anatomy and physiology of the circulatory system				
	The nurse / AHP is able to demonstrate the principles of assessing and monitoring the haemodynamic status of the trauma patient				
	The nurse / AHP has a detailed understanding of the five principle sites of traumatic haemorrhage: chest, abdomen, pelvis, long bones and external haemorrhage				
	The nurse / AHP can describe the procedure for central line insertion including relevant anatomy and physiology. Is able anticipate the need for and lead in the preparation for a central line and assist with chest drain insertion, furthermore the role of ultrasound in the procedure				
	The nurse / AHP can provide skilled assistance in the fluid resuscitation of the trauma patients and is able to demonstrate knowledge of the different types of fluid available and which are appropriate in trauma knowing when to give fluid/ blood and when to use judicious (i.e. permissive hypotension etc.).				
	The nurse / AHP can demonstrate knowledge of the principles of damage control surgery and the role of interventional radiology in the trauma patient				
	The nurse / AHP understands the indications and contraindications for urinary catheterisation in a trauma patient, and is able to undertake this.				

Disability

Clinical and technical skills	Level– 2 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	The nurse / AHP can relate findings to principle neurological injury such as bleeds within the extradural, subdural, subarachnoid spaces and intracerebral injuries in general. Additionally, be able to discuss the care required for diffuse axonal injuries and spinal cord injury.				
	The nurse / AHP can demonstrate the different symptoms that a patient will present with when injuries occur in different areas of the brain such as frontal, parietal, occipital and temporal lobes				
	The nurse / AHP will be able to identify neurogenic and spinal shock and can demonstrate knowledge of the relevant neuro anatomy needed to care for these patients				
	The nurse / AHP will be capable of demonstrating an understanding of intracranial pressure (ICP), the Monro Kellie Doctrine and Cerebral Perfusion Pressure (CPP) in relation to patients suffering from traumatic brain injuries				
	The nurse / AHP is able to demonstrate an awareness of the key principals in the care of a patient with a traumatic brain injury, such as use of inotropic support, 15° – 30° head up tilt, adequate analgesia, indications for removal/loosening of c-spine collar in head injury and ensuring endotracheal tube ties are not too tight, glycaemic control and maintenance of normothermia				
	The nurse / AHP can demonstrate an awareness of the ability to reduce ICP by the use of appropriate positioning and analgesia, hypertonic saline/mannitol, management of PaCO ₂ in an intubated and ventilated patient, etc				
	The nurse / AHP can lead on the pressure area care requirements of all trauma patients but pays particular considerations in the spinal cord injured patient, and the associated pathophysiological reasons behind their decisions				

Special Circumstances

Exposure and Temperature Control					
Clinical and technical skills	Level 2 – 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	The nurse / AHP is able to lead in the assessment and management of exposure and temperature control of the trauma patient				
	The nurse / AHP can show a detailed understanding of the effects of hypothermia and its potentially deleterious effects on the trauma patient				
	Facilitate the appropriate and safe exposure of the patient whilst maintaining privacy and dignity				
	<p>Exposure – temperature management:</p> <p>The nurse / AHP knows the importance of minimising temperature loss and is able to demonstrate the correct application and use of a warm air patient warming system</p> <p>Understands the principles of invasive warming techniques</p> <p>The nurse / AHP is able to demonstrate how to set up and use a fluid warming device</p>				
Pain assessment and management					
Clinical assessment and management of pain	The nurse / AHP can lead in the assessment and management of pain in the trauma patient, additionally has knowledge of the NICE (2016) 'Major trauma: assessment and initial management' guideline with respect to pain assessment and management				
	<p>The nurse / AHP is able to describe different modalities of pain management and their use:</p> <ul style="list-style-type: none"> • Positioning • Splinting • Pharmacological • Regional blockade • Non-pharmacological methods 				

Injuries in the frail trauma patient					
Clinical and technical skills	Level 2 – 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 appropriately escalate the care of patients who have an 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				
	Is able to initiate the relevant investigations within the nurse / AHP's scope of practice if there is the possibility of a medical event leading to injury in patient's presentation				
	The nurse /AHP is able to use their understanding of physiological changes in older and frail patients to inform appropriate escalation and de-escalation of care, through their assessment				
	Is able to undertake a frailty assessment using a suitable assessment tool to support considerations regarding escalation and transfer				
The trauma patient with communication difficulties					
Complex communication assessment and management in special circumstances	Can lead in the care of a trauma patient with communication difficulties such as sight or hearing loss or impairment, aphasic patient, learning disability, challenging behaviour, language barriers				
	The nurse / AHP can demonstrate a detailed knowledge of services and how to access them 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
Clinical assessment and management in special circumstances	Can lead in the care of the pregnant trauma patient and is able to demonstrate a detailed understanding of the physiological changes in pregnancy and their impact in trauma				
	The nurse / AHP will be able to understand the principles of inferior vena cava compression and can assist in compression reduction techniques				
	Demonstrates an understanding of the signs and symptoms of placental abruption and uterine rupture				
	Can activate the obstetric and paediatric/neonatal teams as required				
	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 a detailed knowledge 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, and GPs in safeguarding				
	The nurse / AHP is able to show careful and thorough documentation (as per NMC/HCP 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 female genital mutilation (FGM), gang affiliation, “cuckooing”, alcohol/drug use, human trafficking, and domestic violence may affect the major trauma patient				

The burns trauma patient

Clinical and technical skills	Level 2 – 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	Can lead 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 lead in the estimation of burns size using an appropriate tool and then lead in the calculation of the fluid requirement / resuscitation using an appropriate formula				
	The nurse / AHP can demonstrate 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				
	The nurse / AHP understands the key principles of pain control in the burns patient and is proactive in the management thereof, including pharmacological and physical (dressings)				
	The nurse / AHP can lead/assist in arrangements for transfer to a burns centre, liaise with local burns centres and can lead on the finding of resources for chemical based burns				
	Can lead/assist in accessing appropriate databases, such as Toxbase, when required in speciality/chemical burns				
	The nurse / AHP has a detailed understanding of the risks of smoke inhalation and its potentially harmful effects such as carbon monoxide & cyanide poisoning, and airway burns				

The bariatric trauma patient					
Clinical and technical skills	Level 2 – 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 bariatric trauma patient including the potential effects on: <ul style="list-style-type: none"> - Airway anatomy and patency - Breathing - Circulation 				
	The nurse / AHP can identify the maximum load of the trauma trolley				
	Can lead in the safe transfer of the bariatric patient to other areas including lateral transfer				
The confused, agitated & aggressive trauma patient					
Clinical assessment and management in special circumstances	The nurse / AHP can lead 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.				
	Promotes the presence of family, carers and friends, where appropriate, in the care of the confused, agitated, and aggressive trauma patient				
	The nurse / AHP can assist directly when sedation may be required for the confused, agitated, or aggressive trauma patient				
	The nurse / AHP can advise and direct on understands on the modified approach of c-spine precautions in the care of the confused, agitated, and aggressive trauma patient				
	The nurse / AHP can request assistance of mental health personnel (in the correct situation) in the care of the confused, agitated, and aggressive trauma patient				
	The nurse / AHP can request assistance of security and/or police in the care of the confused, agitated, and aggressive trauma patient				

The spinal cord injured patient					
Clinical and technical skills	Level 2 – 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
Knowledge of clinical assessment and management in special circumstances	The nurse / AHP can lead in the care of the spinal cord injured patient, and understands the potential effects of high spinal cord injury on breathing and ventilation and its subsequent management.				
	The nurse / AHP has an awareness of autonomic dysreflexia				
	Demonstrates knowledge of local arrangements for spinal cord injured patients				
	Demonstrates an awareness of the signs and symptoms of spinal shock, and how this differs from neurological shock				
	The nurse / AHP has an understanding of the use of inotropes in the spinal cord injured patient				
Tissue and Organ Donation					
Local guidelines and standard operating procedures (SOP) 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 and 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 				

Care of the recently deceased trauma patient

Clinical and technical skills	Level 2 – 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 lead in the care for a deceased trauma patient, taking note of any specific instructions from the Coroner's Officer/Coroner/Procurator Fiscal				
	The nurse / AHP can recognise theirs and others colleagues emotional needs following exposure to a trauma death and identify any staff who may require more formal psychological support				
	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				
Secondary survey					
The secondary survey	The nurse / AHP has a detailed knowledge of the role of the secondary survey in trauma patients				
	The nurse / AHP ensures where appropriate, that a secondary survey is undertaken prior to transfer				

Transfer within the hospital					
Clinical and technical skills	Level 2 – 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
Act as part of a team in the safe transfer of the trauma patient	The nurse / AHP can lead in the safe transfer within hospital and anticipate the need for appropriate equipment Can demonstrate an understanding of the principles of safe transfer within the hospital such as theatres, radiology, interventional radiology, critical care or a ward				
	Can lead on the 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 has a detailed understanding of secondary transfer protocols to another hospital that has specialist expertise: such as an MTC, burns unit, spinal centre, etc. (where applicable)				
	The nurse / AHP can liaise directly with local ambulance/HEMS/transfer service providers to arrange transfer				
	The nurse / AHP can perform a structured handover at the destination (where applicable) and has an awareness of the transfer documentation				
	Demonstrates knowledge of the NICE (2016) Major Trauma guidance in relation to timely transfers between emergency departments				

Section 3: Non-technical skills

Non-technical skills					
Non-technical skills	Level 2 – 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 leads in the supervision of junior members of the trauma team				
	The nurse / AHP demonstrates attributes of leadership in the trauma team				
Works effectively as a team member, including appropriate communication strategies	Actively pursues ways to overcome 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	Proficient in supervising members of the team in the provision of psychological care and support of the trauma patient, family members, carers or friends				
	The nurse / AHP can provide direct support to individuals and/or the trauma team				
	The nurse / AHP can identify signs and symptoms of stress in the trauma team				
	The nurse / AHP can initiate/lead a de-briefing session as and when deemed appropriate				
Situational awareness during a trauma team resuscitation	The nurse / AHP demonstrates understanding of all team members roles and responsibilities in order to detect adverse or unplanned events and intervene appropriately				
Ethical, legal and professional implications of trauma	The nurse / AHP can advise members of the trauma team on consent and the application of the Mental Capacity Act, Deprivation of Liberty, Mental Health Act, safeguarding, confidentiality, advocacy, preservation of forensic evidence and reporting trauma related deaths				

Appendix 1

Please undertake if the Nurse / AHP has not completed level 1	
The nurse / AHP is competent in the following tasks	Assessor: Print name Date and sign
The nurse / AHP can demonstrate how to assess the airway in the trauma patient	
The nurse / AHP can demonstrate knowledge and skills in the application of haemostatic agents	
The nurse / AHP can demonstrate knowledge and skills in the application use of trauma tourniquets	
The nurse / AHP can demonstrate knowledge and skills in the application of a pelvic binder	
The nurse / AHP can demonstrate knowledge and skills in the application of femoral splints	
The nurse / AHP has underpinning knowledge of anatomy and physiology of the airway	
The nurse / AHP understands factors that may adversely affect airway patency, and how to call for help and escalate concerns	
The nurse / AHP can demonstrate knowledge of the causes of airway obstruction and can recognise impending, partial or complete airway obstruction	
The nurse / AHP understands the indications for clearing the airway of foreign bodies/fluids and can demonstrate how to appropriately use suction devices	
The nurse / AHP understands the indication for a chin lift and/or jaw thrust manoeuvres, and can demonstrate how to perform a chin lift and jaw thrust	
The nurse / AHP is competent in the use of oropharyngeal airways including the indications and contra-indications, sizing and insertion	
The nurse /AHP is able to provide safe spinal immobilisation and sliding techniques as part of the trauma team	
Can describe each role of a team performing a log roll/tilt and is able to perform in all positions	
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	
Can demonstrate how to perform manual c-spine immobilisation and can size appropriate c-spine immobilisation devices (if used)	
Is able to demonstrate appropriate use of a scoop/spinal board/vacuum mattress and its removal	

The nurse / AHP is competent in the following tasks	Assessor: Print name Date and sign
Is able to perform a lateral slide of a patient with a spinal injury technique	
Demonstrates safe spinal immobilisation and sliding techniques as part of the trauma team	
The nurse / AHP can demonstrate the correct use of bag-valve-mask device	
The nurse / AHP understands the indications for using pulse oximetry and the potential pitfalls of pulse oximetry	
The nurse / AHP understands the basic principles of eFAST in circulatory assessment	
The nurse / AHP able to activate to a major and massive haemorrhage policy	
The nurse / AHP is able to perform peripheral IV access in a trauma patient and take the relevant blood sampling regime	
The nurse / AHP is able to demonstrates a systematic approach to neuro assessment with respect to GCS, pupil size and response and limb movement	
The nurse / AHP has an awareness that spinal cord injury may mask signs and symptoms of other injuries	
Understands the process for evidence collection for the police	
Demonstrates appropriate techniques for the safe removal of clothing	
The nurse / AHP can identify key equipment & staff that should be taken on transfer of a trauma patient within the hospital	

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Nottingham University Hospitals NHS Trust. Linsey Sheerin, Clinical Coordinator, Emergency Department, Belfast Health and Social Care Trust. Neil Strawbridge, Trauma Nurse Coordinator, Sheffield Teaching Hospitals NHS Foundation Trust. Jane Tippett, Consultant Nurse, Emergency Medicine, King's College Hospital NHS Foundation Trust. Sean Treacy, Charge Nurse/TNP, Kettering General Hospital NHS Foundation Trust. Justin Walford, Charge Nurse, Emergency Department, Brighton and Sussex University Hospitals NHS Trust. Rob Way, Consultant Nurse, Emergency Department, Oxford University Hospitals NHS Foundation Trust. Anita West, Trauma Coordinator, Barts Health NHS Trust. Dean Whiting, ANP in Trauma & Orthopaedics, Stoke Mandeville Hospital. Grant Williams, Advanced Nurse Practitioner, Abartawe Bro Morgannwg University Health Board. Lee Winterbottom, Quality Improvement Lead for MTN, The Walton Centre NHS Foundation Trust. Karen Wood, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust. Julie Wright, Consultant Nurse, Oxford University Hospitals NHS Foundation Trust. Janet Youd, Nurse Consultant Emergency Care, Calderdale and Huddersfield NHS Foundation Trust and RCN Emergency Care Association Chair.