



Nursing and Allied Health  
Professionals

Trauma Competencies in the  
Emergency Department

Children and Young People - Level 1  
November 2024

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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 paediatric educational and competency standards		
Level	Educational standard	Competency standard
Level 1	Has attended a paediatric trauma educational programme, such as: <ul style="list-style-type: none"> <li>• PCAR</li> <li>• In-house trauma education programme</li> </ul>	Assessed as competent in all domains of the NMTNG competency framework at level 1
Level 2	<b>In addition to level 1:</b>  Successful completion of a recognised paediatric trauma course: <ul style="list-style-type: none"> <li>• PCAR</li> <li>• Advanced Paediatric Life Support (APLS)</li> </ul> When undertaken as a full provider only. <b>Or</b> Successful completion of a bespoke paediatric trauma course which has been assessed as compliant, by peer review, in meeting the NMTNG curriculum and assessment criteria at Level 2.	<b>In addition to level 1:</b>  Assessed as competent in all domains of the NMTNG competency framework at level 2
Level 3	<b>In addition to level 2:</b>  Advanced Clinical Practitioner (ACP): Master level education in advanced practice to at least PGDip level	<b>In addition to level 2:</b>  Successful completion of and credentialing by the Royal College of Emergency Medicine - Emergency Care Advanced Clinical Practitioner Curriculum and Assessment 2015 & 2022

### Educational and competency standard structure, Levels 1 – 3:

When developing the competencies, the NMTNG were cognisant that banding varies across the country and does not necessarily relate to experience or competence in practice. Thus, the levels were developed simply as **level 1, 2 & 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 paediatric 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 paediatric 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 paediatric 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) [latest version is 2022] 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 ACP role outline:

- i. ACPs are able to look after patients with a wide range of pathologies from the life-threatening to the self-limiting.
- ii. They are able to identify the critically ill and injured, providing safe and effective immediate care.
- iii. They have expertise in resuscitation and skilled in the practical procedures needed.
- iv. They establish the diagnosis and differential diagnosis rapidly, and initiate or plan for definitive care.
- v. They work with all the in-patient specialties as well as primary care and pre-hospital services.
- vi. They are able to correctly identify who needs admission and who can be safely sent home.

RCEM, HEE, RCN (2015, p4)

### 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 paediatric 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. These competencies apply as indicated in the table to both MTCs and TUs.

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	Yes	Yes ≠	Yes
Level 1 Children's	Yes **	Yes	Yes
Level 2 Adult	Yes	No	Yes
Level 2 Children's	Yes *	Yes	Yes *

\*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 three 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.

**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.

**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' with clarity as to why they are not relevant.

**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 recommend the assessor should have achieved the 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.

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

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 have increasingly been regarded as vital to safe and effective trauma care.
3. Level 1 or 2, Child practice heading.
4. Educational component: please state what course the nurse/AHP has attended, and the level undertaken in order to undertake this competency (PCAR, APLS etc).
5. Self-assessment: the nurse/AHP needs to self-assess where they are on the Novice to 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 competence in a nationally recognised course (RC), Workplace Based Assessment (WPBA) reflects competence assessed in practice.
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.

## The Competencies

Section 1 – Organisational Aspects - Children and Young People - Level 1					
Organisational aspects	Level 1 – nurse/AHP who participates in the care of the child and young person 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 & the centralisation of trauma services.	Describes 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 within own department	Demonstrates how 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 (SOPs)	Demonstrates knowledge of the existence and location of guidelines/SOPs, relating to early trauma care, for example:  secondary transfer, by-pass criteria, spinal injury, isolated head injury, burns etc.				
National guidance and standards	Demonstrates knowledge of:  National Institute of Health and Care Excellence (NICE, 2016) Major Trauma NG39 guidelines Major Trauma: Assessment & initial management Major Trauma: Service delivery.				

## Section 2 - Clinical and Technical Skills - Children and Young People - Level 1

### 2A – Preparation and Reception

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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
Pre-alert and escalation	<p>Receives a pre-alert call and understands the structured system for receiving and recording information, e.g., ATMIST (NICE 2016).</p> <p>Escalates appropriately on receiving a pre-alert to senior nurse or trauma team leader to determine the level of response required (NICE 2016).</p>				
Prepares the resuscitation bay ready to receive a trauma patient	Identifies essential equipment and prepares the resuscitation bay to receive a trauma patient.				
Immediate management of the patient, pre-hospital and emergency services staff on arrival	Participates in the reception of the paediatric trauma patient, pre-hospital and emergency service personnel (NICE, 2016).				
Management in: Greeting family or carers on arrival to the department	<p>Participates in the reception of family members and carers.</p> <p>Accompanies family members and carers in the resuscitation room.</p>				

<b>2B - Primary Survey: &lt;C&gt;ABCDE</b>					
2Bi - Catastrophic Haemorrhage					
<b>Clinical and technical skills</b>	<b>Level 1 – nurse/AHP who participates in the care of the child and young person trauma patient</b>	<b>How has the individual met the educational component of this skill? State level</b>	<b>Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)</b>	<b>Assessment method used</b>	<b>Assessor: Level of competency achieved. Print name, position, and hospital. Date and sign</b>
The immediate management of <b>catastrophic haemorrhage</b>	Demonstrates knowledge and skills in major haemorrhage management:  including the use of applying direct pressure with simple dressings to control external haemorrhage.				
	Understands the use of haemostatic agents.				
	Understands the use of trauma tourniquets.				
	Assists in the application of:  Pelvic binder or improvised technique dependant on child's age/size.				
	Assists in the application of:  in the application of femoral splints or improvised technique dependant on child's age/size.				
	Understands the indication for activation of the paediatric major haemorrhage protocol.				
	Understands the parameters for administering tranexamic acid in children and why it is given.				
	Demonstrates where tranexamic acid is kept and how to prepare and administer it according to guidelines.				
	Demonstrates set up and use of the rapid transfusion/fluid warmer device(s) appropriate to age and weight.				
	Demonstrates understanding of anticoagulation reversal management.				

2Bii – Airway and C-spine Control					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 airway	Demonstrates how to assess the airway in the paediatric trauma patient.  Demonstrates knowledge of anatomy and physiology of paediatric airway and age-related differences.  Assesses airway patency.  Demonstrates knowledge of the causes of airway obstruction, can recognise impending, partial, or complete airway obstruction, how to call for help and escalate concerns.				
	Clearing the airway:  Understands the indications for clearing the airway of foreign bodies / fluids. Demonstrates how to appropriately use suction devices in children.				
	Demonstrates theoretical knowledge and correct use of high flow oxygen delivery.				
	Understands the indications for a chin lift and/or jaw thrust manoeuvres and can correctly demonstrate how to perform a chin lift and jaw thrust.				
	Inserting oral and nasal airways:  Understands the indications and contraindications for insertion of oral and nasal airway in children.  Demonstrates safely how to size/measure the correct airway.  Demonstrates safely the insertion of an oral and nasal airway.				
	Rapid sequence induction (RSI) and care of the intubated and ventilated paediatric trauma patient:  Where available can utilise a safety checklist in preparation for RSI  Understands the indications for RSI.  Understands the potential for cardiovascular collapse in RSI.				

2Bii – Airway and C-spine Control (*continuation*)

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 airway	<p>Knows where airway equipment is stored.</p> <p>Knows where to locate the drugs required.</p> <p>Checks and sets up equipment appropriately.</p>				
	<p>Surgical Cricothyroidotomy:</p> <p>Understands that this procedure is normally recommended for children 12 years and over.</p> <p>Demonstrates the equipment required and where stored.</p> <p>Checks and sets up equipment appropriately.</p>				
	<p>Needle jet insufflation:</p> <p>Understands the preference for this technique over surgical cricothyroidotomy in children under 12 years.</p> <p>Demonstrates the equipment needed and where stored.</p> <p>Checks and sets up equipment appropriately.</p>				
	<p>Describes the care of an intubated and ventilated paediatric trauma patient in the ED:</p> <p>Understands the principles and use of gastric tube insertion in the ventilated child.</p> <p>Understands the principles of endotracheal suctioning.</p> <p>Understands the principles of sedation.</p> <p>Understands that c-spine collars may sometimes not be used in the intubated and ventilated child with a head injury.</p>				

2Bii – Airway and C-spine Control (*continuation*)

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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
Safe spinal immobilisation and management	<p>Demonstrates safe spinal immobilisation and sliding techniques as part of the trauma team:</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>Demonstrates manual c-spine immobilisation.</p> <p>Demonstrates c-spine immobilisation with age related modifications, sizing and using appropriate devices.</p> <p>Demonstrates being part of a team performing a log roll/tilt and describes each role.</p> <p>Demonstrates appropriate use of a scoop/spinal board/vacuum mattress and its removal.</p> <p>Demonstrates safe spinal immobilisation and sliding techniques as part of the trauma team.</p>				



2Biii – Breathing and Ventilation					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>breathing and ventilation</b>	<p>Breathing assessment:</p> <p>Demonstrates knowledge of anatomy and physiology of the paediatric respiratory system.</p> <p>Performs a structured respiratory assessment understanding normal breathing and recognise respiratory distress.</p> <p>Demonstrates knowledge of 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>Demonstrates the correct use of bag-valve-mask device.</p>				
	<p>Use of pulse oximetry:</p> <p>Understands the indications for using pulse oximetry.</p> <p>Understands the potential pitfalls of pulse oximetry.</p> <p>Demonstrates knowledge of correct positioning of pulse oximetry.</p> <p>Knows where appropriate pulse oximetry attachments are stored.</p>				
	<p>Needle decompression:</p> <p>Understands that needle decompression is not the recommended first-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>Understands the equipment required to perform a needle decompression, should it be required in extremis.</p>				

2Biii – Breathing and Ventilation (*continuation*)

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>breathing and ventilation</b>	<b>Thoracostomy:</b> Understands the indications for a thoracostomy. Knows the equipment used and where it is stored. Checks and sets up equipment appropriately.				
	<b>Chest drains:</b> Understands the indications for insertion of a chest drain. Knows the equipment and drugs needed and where stored. Checks and sets up equipment appropriately.				
	<b>Open pneumothorax:</b> Understands the indications for covering an open pneumothorax. Knows where appropriate dressings are stored. Understands the rationale for covering an open pneumothorax.				
	<b>Use of CO2 monitoring:</b> Understands the indications for using CO2 monitoring. Demonstrates where the capnography equipment is stored. Demonstrates the correct setup and use of capnography.				

2Biv – Circulation and Haemorrhage Control					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>circulation and haemorrhage control</b>	<p><b>Circulatory assessment:</b></p> <p>Demonstrates knowledge of the anatomy and physiology of the circulatory system.</p> <p>Discusses the principles of circulatory assessment including the importance of: capillary refill, manual pulse identification.</p> <p>Demonstrates competent 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>Describes and recognise the clinical signs of shock in the context of trauma.</p> <p>Lists the different types of shock relevant to the trauma patient.</p> <p>Understands the basic principles of eFAST/POCUS in circulatory assessment and its limitations when used in children.</p>				
	<p><b>Circulatory management – access:</b></p> <p>Demonstrates understanding of the different methods of access - IV and IO.</p> <p>Demonstrates where the IV and IO access equipment is stored.</p> <p>Understands the principals of central venous access.</p> <p>Demonstrates knowledge of central IV access devices and where they are stored.</p> <p>Describes the relevant blood sampling regime for a paediatric trauma patient.</p>				

2Biv – Circulation and Haemorrhage Control (*continuation*)

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>circulation and haemorrhage control</b>	<p>Circulatory management – fluid resuscitation:</p> <p>Recognises the indication for fluid resuscitation.</p> <p>Demonstrates knowledge of the different types of fluid available and which are appropriate in trauma.</p> <p>Demonstrates knowledge of fluid bolus resuscitation regimes such as 10ml/kg and 20ml/kg.</p> <p>Demonstrates how and where to access immediate blood products (O negative/positive).</p> <p>Understands the indication for activation of the paediatric major haemorrhage protocol.</p>				
	<p>Demonstrates how to set up and use the rapid transfuser/fluid warmer device(s) appropriate to the age and weight of the child.</p>				
	<p>Identifies which blood products cannot be transfused using pressure bags/rapid transfusion devices/pumps.</p>				
	<p>Circulatory management – haemorrhage control:</p> <p>Demonstrates an awareness of the basic principles of damage control surgery.</p> <p>Demonstrates a knowledge of the basic principles of interventional radiology.</p>				
	<p>Circulatory management – monitoring and care:</p> <p>Understands the indications and contraindication for urinary catheterisation in a paediatric trauma patient.</p> <p>Understands the principles of age-related urine output measurement in relation to shock and resuscitation.</p>				

2Bv – Disability					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>disability</b> in the trauma patient	<p><b>Disability assessment:</b></p> <p>Demonstrates a working knowledge of neuro anatomy.</p> <p>Demonstrates competent assessment of the age-related Glasgow Coma Scales (GCS) and understands the relevance of abnormal findings within each component.</p> <p>Competently assesses GCS, accurately record, and understand the relevance of abnormal GCS findings when assessing:</p> <ul style="list-style-type: none"> <li>- Eye opening response</li> <li>- Verbal response</li> <li>- Motor response</li> </ul> <p>Understands the relevance of blood glucose measurement in the child and young person trauma patient.</p>				
	<p><b>Disability management and care:</b></p> <p>Demonstrates awareness of the main intracranial injuries sustained by a head-injured trauma patient.</p> <p>Describes when to escalate care in relation to a drop in GCS.</p> <p>Demonstrates awareness of key principals in the care of a paediatric patient with a traumatic brain injury, such as:</p> <ul style="list-style-type: none"> <li>- 15° – 30° head up tilt</li> <li>- Adequate analgesia</li> <li>- Indications for removal/loosening of c-spine collar in head injury</li> <li>- Ensuring any ET Tube ties not too tight</li> </ul>				

2Bvi – Exposure and Temperature Control					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person traumapatient	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 <b>exposure and temperature control</b>	<p><b>Exposure assessment:</b></p> <p>Understands rapid heat loss in trauma patients, specifically in children and neonates.</p> <p>Understands hypothermia and its potential effects on child and young person trauma patients.</p> <p>Demonstrates appropriate methods for temperature measurement in the child and young person e.g. core or central.</p> <p>Understands the principals of invasive temperature monitoring and demonstrates where to locate the equipment.</p> <p>Demonstrates appropriate techniques for the safe removal of clothing.</p> <p>Understands the process for evidence collection for the police.</p>				
	<p><b>Exposure – temperature management:</b></p> <p>Understands the importance of minimising temperature loss.</p> <p>Demonstrates the correct application and use of a warm air patient warming system.</p> <p>Understands the principles of invasive warming techniques.</p> <p>Demonstrates how to set up and use a fluid warming device.</p>				

2C – Pain Assessment and Management					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person traumapatient	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><b>Pain assessment:</b></p> <p>Demonstrates 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><b>Pain management:</b></p> <p>Describes different modalities of pain management and their use:</p> <ul style="list-style-type: none"> <li>- Positioning</li> <li>- Splinting</li> <li>- Pharmacological (PO, PR, IV, intranasal, inhaled)</li> <li>- Regional – nerve blocks etc</li> <li>- Non-pharmacological e.g., distraction techniques</li> </ul>				

2D – Special Circumstances					
2Di – Child Safeguarding					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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
Child safeguarding principals specifically related to trauma	<p>In addition to mandatory child safeguarding competences:</p> <p>Demonstrates understanding of non-accidental injury (NAI) and its relevance in the major trauma child and young person.</p> <p>Demonstrates knowledge of the role of police, social services, in-house safeguarding team and specialist community public health nurses in suspected NAI, or major trauma presentations which raise concern e.g., where there is evidence of high-risk behaviours, child criminal exploitation, substance misuse, assault/inflicted trauma, deliberate self-harm etc.</p> <p>Demonstrates awareness of the need to make appropriate and timely safeguarding referrals to both internal and external agencies where indicated.</p>				
2Dii – The Pregnant Trauma Patient					
Clinical assessment and management in special circumstances	<p>Outlines the key considerations in the care of the pregnant trauma patient.</p> <p>Demonstrates a basic understanding of the physiological changes in pregnancy and their impact in trauma such as:</p> <p>Effects on the respiratory and circulatory system</p> <p>Understands the basic principles of inferior vena cava compression and importance of repositioning.</p>				
	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.				



2Diii - The Child or Young Person with Communication Difficulties					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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
Complex communication assessment and management in <b>special circumstances</b>	Outlines the key considerations in the care of a trauma patient with communication difficulties such as: <ul style="list-style-type: none"> <li>- Deaf</li> <li>- Blind</li> <li>- Aphasic patient</li> <li>- Learning/communication disability, including ASD.</li> <li>- Challenging behaviour, including ADHD, ODD.</li> <li>- Language barriers</li> <li>- Neurodiversity</li> <li>- Mental health challenges</li> </ul>				
	Demonstrates or describes techniques to facilitate communication in the immediate trauma setting on arrival				
	Discusses strategies to facilitate communication during their continuing care such as seeking support from family and carers.				
2Div - The Bariatric Trauma Patient					
Clinical assessment and management in <b>special circumstances</b>	Outlines the key considerations in the care of the bariatric trauma patient including the potential effects on: <p>Airway anatomy and patency</p> <p>Breathing</p> <p>Circulation</p>				
	The nurse/AHP can identify the maximum load of the trauma trolley.				
	Outlines safe methods for transfer of the bariatric patient following a traumatic injury.				

2Dv - The Child or Young Person with Burns Trauma

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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	<p>Outlines the key considerations in the care of the child and young person with burns:</p> <p>Demonstrates awareness of the local arrangements and centres of care for children and young people with burns.</p> <p>Identifies local policies related to management of the burns patient including transfer.</p> <p>Locates equipment and supplies specifically related to the care of a child or young person with burns.</p>				
	<p>Understands the principal considerations of burns care in relation to its effects on:</p> <ul style="list-style-type: none"> <li>- The airway and potential compromise</li> <li>- Breathing and ventilation including carbon monoxide poisoning</li> <li>- Circulation and fluid loss</li> <li>- Temperature control</li> </ul>				
	<p>Understands the key principles of pain control in the burns patient both pharmacological and physical (dressings).</p>				

2Dvi - The Confused, Agitated & Aggressive Trauma Patient					
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>special circumstances</b>	Outlines the key considerations in the care of the confused, agitated, and aggressive child and young person:  Understands that the behaviour may be due to factors such as hypoxia, hypovolaemia, fear, drugs and alcohol, mental health or hypoglycaemia etc.				
	Understands when sedation may be appropriate for the confused, agitated, or aggressive child and young person and the risks and benefits of undertaking this.				
	Understands when removal of c-spine immobilisation or a modified approach is indicated in the care of the confused, agitated, and aggressive child and young person.				
	Understands the role of security and/or police in the care of the confused, agitated, and aggressive trauma patient.				
2Dvii - The Spinal Cord Injured Patient					
Knowledge of clinical assessment and management in <b>special circumstances</b>	Outlines the key considerations in the care of the spinal cord injured patient: such as:  Potential effects on temperature regulation Bowel/bladder functions				
	Demonstrates awareness of autonomic dysreflexia.				
	Demonstrates awareness that spinal cord injury may mask signs and symptoms of other injuries.				
	Demonstrates awareness that spinal cord injured patients require regular pressure area care, and can verbalise the rationale for this need.				

2Dviii - Care of the Recently Deceased Trauma Patient and Care of the Bereaved Family

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 <b>care of the death of a child trauma patient &amp; their family</b>	<p>Demonstrates the ability to care sensitively for a deceased child.</p> <p>Demonstrates awareness of local child death protocols and is aware of how to find relevant child-death documentation.</p> <p>Demonstrates awareness of SUDC referral protocols and understands importance of timely contact with local SUDC team.</p> <p>Demonstrates the ability to care sensitively for the body of a deceased child.</p> <p>Takes note of any specific instructions from the Coroner/ Coroner's Officer/ Procurator Fiscal (Scotland).</p>				
	Can recognise own emotional needs following exposure to a paediatric trauma death and identify appropriate support mechanisms.				
	Can contribute to any serious incident learning, including any subsequent debrief.				
	Can participate in supporting the care of the bereaved relatives, carers, and friends.				
	Demonstrates the correct process for dealing with a deceased child's property and clothing, and is aware that this may need to be considered for evidence collection.				

2Dix - Tissue and Organ Donation

Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 guidelines and standard operating procedures (SOPs) in respect of <b>Tissue &amp; Organ Donation</b>	<p>Demonstrates awareness of the key considerations in respect to organ and tissue donation:</p> <ul style="list-style-type: none"> <li>- Identification of potential donors</li> <li>- Escalation policy</li> <li>- Contraindications to potential tissue &amp; organ donation</li> <li>- Demonstrates awareness of national documents:</li> <li>- Timely Identification and Referral of Potential Organ Donors, NHS Blood and Transplant (2014)</li> <li>- Approaching the families of potential organ donors – NHS blood and Transplant (March 2015)</li> <li>- Taking Organ Transplantation to 2020: A UK strategy – DOH &amp; NHS Blood and transplant (April 2013)</li> <li>- Provides support to relatives, carers, and friends.</li> <li>- Recognises own feelings and knows how to access help if required</li> </ul>				

<b>2E - Secondary Survey</b>					
<b>Clinical and technical skills</b>	<b>Level 1 – nurse/AHP who participates in the care of the child and young person trauma patient</b>	<b>How has the individual met the educational component of this skill? State level</b>	<b>Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)</b>	<b>Assessment method used</b>	<b>Assessor: Level of competency achieved. Print name, position, and hospital. Date and sign</b>
The secondary survey	Demonstrates an understanding of the principals of secondary survey.				
	Understands that secondary survey may not be performed prior to transfer.				
	Assists in carrying out a secondary survey.				

<b>2F - Transfer</b>					
2Fi - Transfer within the Hospital					
<b>Clinical and technical skills</b>	<b>Level 1 – nurse/AHP who participates in the care of the child and young person trauma patient</b>	<b>How has the individual met the educational component of this skill? State level</b>	<b>Self-assessment: Where do you feel your knowledge base is in this area? (N, AB, C, P, E)</b>	<b>Assessment method used</b>	<b>Assessor: Level of competency achieved. Print name, position, and hospital. Date and sign</b>
Act as part of a team in the <b>safe transfer of the trauma patient</b>	Demonstrates an understanding of the principles of safe transfer within the hospital to: <ul style="list-style-type: none"> <li>- Theatres</li> <li>- Radiology</li> <li>- Interventional radiology</li> <li>- Paediatric critical care</li> <li>- In-house burns unit (where relevant)</li> <li>- Major trauma, or other paediatric ward</li> </ul>				
	Identifies key equipment & staff that should be taken on relevant transfer & transfer documentation (where used).				
	Understands the importance of and demonstrates appropriate structured handover of trauma patients to receiving nursing and AHP staff.				
	Demonstrates thorough documentation of care to the patient, family members, carers, and friends.				
2Fii - Secondary Transfer (Out of Hospital)					
Act as part of a team in the <b>safe transfer of the trauma patient</b>	Demonstrates an understanding of secondary transfer protocols to another hospital that has specialist expertise: <ul style="list-style-type: none"> <li>MTC (where relevant)</li> <li>External burns unit</li> <li>Other specialist centres etc.</li> </ul>				
	Demonstrates awareness of the secondary transfer policy and procedures, including any required transfer documentation (where used). <ul style="list-style-type: none"> <li>Identifies key equipment which should be taken on transfer where applicable.</li> <li>Demonstrates awareness of the key personnel who should accompany the patient.</li> </ul>				
	Understands the importance of and demonstrates appropriate structured handover of trauma patients to receiving nursing and AHP staff at destination.				

### Section 3 – Non-Technical Skills

Non-technical skills	Level 1 – nurse/AHP who participates in the care of the child and young person 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 can 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 understands 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 can 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, parental responsibility and the application of the Mental Capacity Act/Deprivation of Liberty, Liberty Protection Safeguards, Mental Health Act, safeguarding, confidentiality, advocacy, preservation of forensic evidence & reporting trauma related deaths.				



## Appendices

Appendix A - The authors would like to thank the original members of the NMTNG for their contribution to compiling 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

Mike Cole, Trauma Nurse Coordinator/ANP, Sheffield Teaching Hospitals NHS Foundation Trust

Kelly Coleman, Sister/Nurse Lead for Major Trauma, Emergency Department, York Teaching Hospital, NHS Foundation Trust

Chris Connolly, Clinical Nurse Manager, Emergency Department, NHS Lothian

Mark Cooper, Lecturer Practitioner (Advanced Practice), NHS Greater Glasgow and Clyde

Anna Crossley, Professional Lead for Acute, Emergency and Critical Care, Royal College of Nursing

Professor Rob Crouch OBE, University Hospitals Southampton NHS Trust

Darren Darby, Paediatric Trauma and Resuscitation ANP, King's College Hospital NHS Foundation Trust

Nicholas Darn, Advanced Clinical Practitioner, Emergency Department, Royal Derby Hospital

Simon Davies, Major Trauma Coordinator, Royal Stoke University Hospital

Mark Dawes, Lead Advanced Clinical Practitioner in Emergency Medicine, Royal Wolverhampton Hospital

Elaine Dempster, Senior Charge Nurse, Emergency Department, NHS Grampian

Rosemary Flanagan, Teacher / Practitioner, Emergency Department, Hull and East Yorkshire Hospitals NHS Trust

Roisin Devlin, Emergency Nurse Practitioner, South Eastern Health and Social Care Trust

Denise Fraser, Matron Emergency Services, Walsall Healthcare NHS Trust

Becky Gammon, Senior Nurse, Emergency Department, Abertawe Bro Morgannwg University Health Board

Sarah Graham, Service Improvement Facilitator, Midlands Critical Care and Trauma Networks

Dr Jackie Gregson, EM Consultant, Northumbria Healthcare, NHS Foundation Trust

Glenn Gregson-Holmes, Charge Nurse, Emergency Department, Betsi Cadwalader University Health Board

Gillian Haig, Stag Audit Coordinator, NHS Lothian

Andrea Hargreaves, Modern Matron for Surgery, University Hospitals Coventry and Warwickshire NHS Trust

Natalie Holbery, Darzi Fellow – Education, Health Education North Central and East London

Maureen Issott, Service Development Lead, North Yorkshire and Humberside Operational Delivery Networks

Heather Jarman, Consultant Nurse and Clinical Director for Trauma, St. George's University Hospital's NHS Foundation Trust

Ruth Johnson, Paediatric Sister, Emergency Department, Sheffield Children's Hospital

Dr Jonathan Jones, EM Consultant and Trauma Network Clinical Lead, Leeds Teaching Hospitals NHS Trust

Lorrie Lawton, Consultant Nurse, Paediatric Emergency Medicine, King's College Hospital NHS Foundation Trust

Gabby Lomas, Matron, Emergency Medicine, Salford Royal NHS Foundation Trust

David McGlynn, Senior Charge Nurse, Emergency Department, Queen Elizabeth University Hospital, Glasgow

Jo Merrifield, Emergency Department Education Lead / Sister DREEAM, Queens Medical Centre, Nottingham University Hospitals NHS Trust

Professor Chris Moran, National Clinical Director for Trauma & Professor of Orthopaedic Trauma Surgery Nottingham University Hospitals NHS Trust

Sue Murphy, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust

Sharon O'Brien, Lead Nurse, Emergency Medicine Directorate, Cardiff and Vale University Health Board

National Major Trauma Nursing Group

Emergency Department. CYP Level 1 Competencies

Craig Ord, Major Trauma Nurse Coordinator, Great North Trauma and Emergency Centre, Royal Victoria Infirmary, Newcastle-upon-Tyne  
Jane Owen, MTS Team Leader, University Hospitals Coventry and Warwickshire NHS Trust  
Rosalind Palfrey, Major Trauma Clinical Co-ordinator, University Hospital Southampton NHS Foundation Trust  
Helena Plawecki, Sister, Emergency Department, Chesterfield Royal Hospital NHS Foundation Trust  
Karen Portas, Network Manager, Northern Trauma Network  
Professor Sir Keith Porter, Professor of Clinical Traumatology, University Hospitals Birmingham NHS Foundation Trust  
Moira Raitt, Senior Charge Nurse, Emergency Department, NHS Tayside  
Michelle Rudd, Consultant Nurse, United Lincolnshire Hospitals NHS Trust  
Sharon Sanderson, Major Trauma Case Manager, Nottingham University Hospitals NHS Trust  
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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

## **Appendix B - Acknowledgement to the active members of the NMTNG Paediatric sub-group for their on-going contributions to the group:**

Nichola Anderson, Trauma Nurse Coordinator, Sheffield Children's Hospital  
Lisa Armour, Paediatric ANP, University Hospital of Coventry & Warwickshire  
Jane Bakker, Senior Staff Nurse PED, Royal Hospital for Children, Glasgow  
Andrew Bedford, Senior Charge Nurse, PCC, King's College Hospital  
Usha Chandran, Lecturer/Practitioner, PCC, St. Georges University Hospitals NHS Foundation Trust  
Julie Flaherty, Children's Clinical Lead Unscheduled Care, Salford Royal NHS Foundation Trust  
Kelly Furness, Senior Sister, PED, Royal Manchester Children's Hospital  
Kimberley Hamilton, Lecturer/Practitioner, Bristol Royal Hospital for Children  
Jessie Harvey, Major Trauma Nurse Coordinator, Bristol Royal Hospital for Children  
Liz Hepworth, Paediatric Major Trauma Specialist Practitioner, Birmingham Children's Hospital  
Kirsty Jackson, PED Team Leader, Alder Hey Children's Hospital  
Bethan Larimore, Orthopaedic Nurse, University Hospital of Wales, Cardiff  
Lorrie Lawton, Consultant Nurse, PED, King's College Hospital  
Mark Lilley, Major Trauma Coordinator, Royal Hospital for Children, Glasgow  
Nicola Robinson, Major Trauma Nurse Coordinator, Bristol Royal Hospital for Children  
Caroline Rushmer – (Editor), Major Trauma / Trauma Rehab Coordinator, Royal Manchester Children's Hospital  
Lizzie Would, Paediatric trauma & Rehabilitation Coordinator, Leeds General Infirmary

# National Major Trauma Nursing Competencies

## Emergency Department Level 1: Final Competency Assessment

Date: \_\_\_\_\_

This meeting is to identify that all the competencies have been achieved and that the nurse is considered a safe competent practitioner.

### **COMPETENCY STATEMENT**

The nurse has been assessed against the competencies within this document and measured against the definition of competence by paediatric emergency care colleagues, mentors and assessors and is considered a competent safe practitioner within the emergency care environment.

As part of quality assurance, the nurse is expected to maintain a portfolio of practice as part of NMC regulations to support on-going competence and declare any training development needs to their line manager or appropriate other.

Competency will be reviewed annually as part of staff personal development plans. Where necessary, objectives will be set to further develop any emerging competency required to work safely within the emergency care environment.

### MENTORS COMMENTS

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### LEARNERS COMMENTS

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Learners Signature: \_\_\_\_\_

Mentors Signature: \_\_\_\_\_

Full credit for Competency Statement and Assessment to Major Trauma Nurse Coordinator Team at Bristol Royal Hospital for Children

# Annual Appraisal Competency Review – Year 1

This page should be utilised following completion of this competency document annually at the nurse’s appraisal to document retention of competency.

Date: \_\_\_\_\_

\_\_\_\_\_

This record is a statement between the nurse who has completed their Emergency Department Trauma competencies successfully and their appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent paediatric emergency care practitioner.

\_\_\_\_\_

OVERALL COMPETENCY MAINTAINED: YES/NO

IF NO, WHAT COMPETENCIES REQUIRE FURTHER DEVELOPMENT:

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SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE:

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FURTHER COMMENTS:

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Learners Signature: \_\_\_\_\_

Appraisers Signature: \_\_\_\_\_

Full credit for Competency Statement and Assessment to Major Trauma Nurse Coordinator Team at Bristol Royal Hospital for Children

# Annual Appraisal Competency Review – Year 2

This page should be utilised following completion of this competency document annually at the nurse’s appraisal to document retention of competency.

Date: \_\_\_\_\_

\_\_\_\_\_

This record is a statement between the nurse who has completed their Emergency Department Trauma competencies successfully and their appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent paediatric emergency care practitioner.

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OVERALL COMPETENCY MAINTAINED: YES/NO

IF NO, WHAT COMPETENCIES REQUIRE FURTHER DEVELOPMENT:

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SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE:

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FURTHER COMMENTS:

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Learners Signature: \_\_\_\_\_

Appraisers Signature: \_\_\_\_\_

Full credit for Competency Statement and Assessment to Major Trauma Nurse Coordinator Team at Bristol Royal Hospital for Children

# Annual Appraisal Competency Review – Year 3

This page should be utilised following completion of this competency document annually at the nurse’s appraisal to document retention of competency.

Date: \_\_\_\_\_

\_\_\_\_\_

This record is a statement between the nurse who has completed their Emergency Department Trauma competencies successfully and their appraiser. It should be used and reviewed alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent paediatric emergency care practitioner.

\_\_\_\_\_

OVERALL COMPETENCY MAINTAINED: YES/NO

IF NO, WHAT COMPETENCIES REQUIRE FURTHER DEVELOPMENT:

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SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE:

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Learners Signature: \_\_\_\_\_

Appraisers Signature: \_\_\_\_\_

Full credit for Competency Statement and Assessment to Major Trauma Nurse Coordinator Team at Bristol Royal Hospital for Children

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