

National Major Trauma Nursing Group

Nursing and Allied Health Professionals
Trauma Competencies in the Emergency Department

Adult Level 2

April 2016

Contents:

1. Acknowledgments.....	4
2. Introduction.....	7
3. Overview of the educational and competency standard.....	8
4. Educational and competency standard structure, Levels 1 – 3.....	9
5. The competencies in practice:	
• We already have resus competencies in our department, why do I need these?.....	10
• Which competencies do I use?.....	10 - 11
• How do I use the competencies?.....	12 – 14
6. The competencies:	
• Section 1: Organisational aspects.....	15 - 17
• Section 2: Clinical and technical skills.....	18 - 52
○ 2A - Preparation and Reception.....	18 - 20
○ 2B - Primary survey: <C>ABCDE.....	21 - 36
- 2Bi – Catastrophic haemorrhage.....	21 - 23
- 2Bii – Airway and c-spine control.....	24 - 26
- 2Biii – Breathing and Ventilation.....	27 - 29
- 2Biv – Circulation and Haemorrhage Control.....	30 - 32
- 2Bv – Disability.....	33 - 35
- 2Bvi – Exposure and Temperature Control.....	36

○ 2C – Pain assessment and management.....	37
○ 2D – Special circumstances:.....	38 -49
- 2Di – The elderly trauma patient.....	38
- 2Dii – The pregnant trauma patient.....	39
- 2Diii – The burns trauma patient.....	40 - 41
- 2Div – The bariatric trauma patient.....	42
- 2Dv – The confused, agitated & aggressive trauma patient.....	43
- 2Dvi – The spinal cord injured patient.....	44
- 2Dvii - The trauma patient with communication difficulties.....	45
- 2Dviii - Care of the death of a trauma patient.....	46 - 47
- 2DiX – Tissue and organ donation.....	48 - 49
○ 2E – Secondary survey.....	50
○ 2F – Transfer.....	51 - 52
- 2Fi – Transfer within the Hospital.....	51
- 2Fii – Secondary transfer (out of hospital).....	52
● Section 3: Non-technical skills.....	53 - 55

1. Acknowledgements

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 17 major trauma networks, Scotland, Northern Ireland, Wales and the UK Armed Forces. The group aims to represent and develop 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'. These competencies are a fundamental component in supporting nurses and AHPs to develop their practice in major trauma care.

Robert Pinate
NMTNG - Chair

Members of the NMTNG:

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, Abartawe 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 and 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
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
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, Abertawe 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

Organisations who kindly provided their trauma competencies in preparation of these competencies:

Emergency Care Association, Royal College of Nursing
Faculty of Emergency Nursing
NHS Education for Scotland
Nottingham University Hospitals NHS Trust
Pan-London Trauma Nursing Group
The Newcastle Upon Tyne Hospitals NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust

Competencies edited 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

2. Introduction:

The nursing and AHP trauma competencies in the Emergency Department provide a national template of competence in the care of the adult and paediatric major trauma patient. Since the publication of the NHS England, 'National Peer Review Programme: Major Trauma Measures' in 2014 it is 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). The NMTNG brought together representation from 17 major trauma networks, Scotland, Northern Ireland, Wales and the UK Armed Forces. The group aims to represent and develop national standards for trauma nursing from the point of injury through to rehabilitation. The competencies draw upon work already undertaken by individual Trusts, professional organisations and groups to whom we thank for sharing their work. However, there was a recognition and desire to pull together a single, national, set of competencies thereby creating and establishing a shared standard of competence in practice. With the wealth of knowledge and experience in the group, the NMTNG were able to develop an education and competency standard for trauma care in the Emergency Department of which these competencies form a part.

3. Overview of the educational and competency standard:

Levels 1 - 3 adult and paediatric educational and competency standards		
Level	Educational standard	Competency standard
Level 1	<p>Has attended a trauma educational programme, such as:</p> <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	<p>In addition to level 1:</p> <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>	<p>In addition to level 1:</p> <p>Assessed as competent in all domains of the NMTNG competency framework at level 2.</p>
Level 3	<p>In addition to level 2:</p> <p>Advanced Clinical Practitioner (ACP): Masters level education in advanced practice to at least PGDip level</p>	<p>In addition to level 2:</p> <p>Successful completion of and credentialing by the Royal College of Emergency Medicine - Emergency Care Advanced Clinical Practitioner Curriculum and Assessment.</p>

4. 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 5 years of emergency care experience prior to commencing ACP training.

The ACP role outline:

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

RCEM, HEE, RCN (2015, page 4)

5. 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 but also your professional registration as an adult or children’s registered nurse. 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:

What type of centre/unit do you work in?	Adult registered nurse	Children’s registered nurse	AHP
A Major Trauma Centre (MTC) which accepts adult and children	<ul style="list-style-type: none"> • Level 1 & 2 adult competencies • Level 1 paediatric competencies if you are expected to provide care to children • Level 2 paediatric competencies may be applicable in some centres which cannot provide 24/7 registered children’s nursing cover 	<ul style="list-style-type: none"> • Level 1 & 2 paediatric competencies • Level 1 adult competencies if you are expected to provide care to adults 	<ul style="list-style-type: none"> • Level1 & 2 adult competencies • Level 1 paediatric competencies if you are expected to provide care to children • Level 2 paediatric competencies may be applicable in some centres which cannot provide 24/7 registered children’s nursing cover

A MTC which only accept adults	<ul style="list-style-type: none"> Level 1 & 2 adult competencies 		<ul style="list-style-type: none"> Level 1 & 2 adult competencies
A Paediatric MTC		<ul style="list-style-type: none"> Level 1 & 2 paediatric competencies 	<ul style="list-style-type: none"> Level 1 & 2 paediatric competencies
A Trauma Unit (TU) which accepts adult and children	<ul style="list-style-type: none"> Level 1 & 2 adult competencies Level 1 paediatric competencies if you are expected to provide care to children Level 2 paediatric competencies may be applicable to some centres which cannot provide 24/7 registered children's nursing cover 	<ul style="list-style-type: none"> Level 1 & 2 paediatric competencies Level 1 adult competencies if you are expected to provide care to adults 	<ul style="list-style-type: none"> Level 1 & 2 adult competencies Level 1 paediatric competencies if you are expected to provide care to children Level 2 paediatric competencies may be applicable to some centres which cannot provide 24/7 registered children's nursing cover
A TU which only accept adults	Level 1 & 2 adult competencies		Level 1 & 2 adult competencies

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.

- **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 – 9, 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	6 - In-house delivery	6 - Work Placed Based Assessment (WPBA)	6- CPD / online tools	7 - Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	8 - Self-Assessment	9 - Assessor: Achieved competency. Print name - date and sign
4 - Clinical assessment and management of airway	5 - Demonstrate how to assess the airway in the trauma patient: <ul style="list-style-type: none"> • Demonstrates knowledge of anatomy and physiology of the airway • Can 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 skills sets:

There are three skills 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 being regarded as vital to safe and effective trauma care.

3. Level 1 or 2, Adult or Paediatric practice heading.

4&5. Competency area and detailed descriptor:

Detailed descriptors of competency which can be assessed through a variety of methods (see 6).

6. Educational and assessment methods:

Intended as a guide for educational opportunities and also assessment methods in practice.

- a. In-house delivery: Courses, study days and other educational programmes run in-house such as Trauma Immediate Life Support or similar programmes. Courses may include assessment, such as OSCE, which would provide evidence of competency achievement. There may also be generic programmes, such as Immediate Life Support and Paediatric Immediate Life Support, which may provide evidence of competence for specific sections.
- b. Work Place Based Assessment (WPBA): Reflects that the competency can be assessed in practice and could include simulation

- c. CPD/online tools: Recognises other forms of education delivery which may be applicable to the competency, such as on-line programmes which are increasingly being used.

7. Trauma specific educational programmes:

Refers specifically to the 'recognised trauma courses' and 'bespoke trauma courses' as required to meet the educational standard of Level 2 in the Major Trauma Services Quality Indicators (NHSE, 2016). This also recognises that some competencies would be achieved through successful completion of the educational programme.

8. Self-assessment:

This is a key component of the competencies where the nurse/AHP is actively encouraged to self-assess and reflect on their practice, knowledge and skills in relation to each competency. The nurse/AHP should use this section to record as and when they feel they are ready to be assessed in a particular competency.

9. Assessor record of achievement:

The assessor records when the competency has been achieved. This document is intended as a record of achievement in competence only therefore a grading system or formative/summative assessment process has not been included. This document is intended as a record of achievement in competence only. However, the NMTNG recognise that individual departments/networks may wish to employ their own structured methods for practice development towards competency achievement.

Adult level 2

Section 1: Organisational aspects:

Organisational aspects							
Organisational aspects	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
The local Trauma Network system and the centralisation of trauma services.	<ul style="list-style-type: none"> Can describe the structure and function of the local trauma care system Demonstrates a detailed understanding of the trauma pathway and knowledge of the principles of MTCs, TUs and LEHs and their working relationships 	√	√	√	√		
The criteria for activation of the trauma team within own department with respect to: - Physiological signs - Injuries sustained - Mechanism - Special circumstances	<ul style="list-style-type: none"> Able to initiate a trauma call against local trauma call activation criteria 	√	√	√	√		

Organisational aspects							
Organisational aspects	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Local guidelines and standard operating procedures (SOPs)	<ul style="list-style-type: none"> • Demonstrates ability to initiate/direct the initiation of guidelines/SOPs relating to early trauma care, for example: <ul style="list-style-type: none"> - Secondary Transfer - Bypass criteria - Isolated head injury - Spinal injury - Burns 	√	√	√	√		
National guidance and standards	<ul style="list-style-type: none"> • Demonstrates a detailed knowledge of the NICE 2016 trauma guidelines: <ul style="list-style-type: none"> - Major Trauma: assessment and initial management - Major Trauma: service delivery - Spinal injury: assessment and initial management - Fractures (complex): assessment and management - Fractures (non-complex): assessment and management 	√	√	√	√		

Organisational aspects							
Organisational aspects	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
National guidance and standards	<ul style="list-style-type: none"> Demonstrates knowledge of TARN and how it is used to provide data and information on the trauma care pathway 	√	√	√	√		

Adult level 2

Section 2: Clinical and technical skills:

2A - Preparation and Reception:

Preparation and Reception							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Pre-alert and Escalation	<ul style="list-style-type: none"> • Can support staff in the reception of pre-alert information • In an MTC - Is able to determine the level of a trauma team response according to agreed and written local guidance (NICE, 2016) • In a TU – Is able to immediately activate the multidisciplinary trauma team (NICE, 2016) 	√	√	√	√		

Preparation and Reception							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Prepare the resuscitation bay to receive a trauma patient	<ul style="list-style-type: none"> Leads in the checking and preparation of the trauma/resuscitation bay in order to receive a trauma patient 	√	√	√	√		
Immediate management of the patient, pre-hospital and emergency services staff on arrival	<ul style="list-style-type: none"> Leads in the communication with and reception of the trauma patient, pre-hospital and emergency services personnel 	√	√	√	√		

Preparation and Reception							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Management in: - Greeting family members, carers or friends on arrival to the department	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Demonstrates the knowledge and competence to assess a trauma patient using primary and secondary assessment principles 	√	√	√	√		

Adult level 2

Section 2: Clinical and technical skills:

2B - Primary survey: <C>ABCDE

2Bi – Catastrophic haemorrhage

Catastrophic Haemorrhage							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
The immediate management of catastrophic haemorrhage	<p>Demonstrate the knowledge and skill in major haemorrhage management:</p> <p>Demonstrates the use of:</p> <ul style="list-style-type: none"> • Simple dressings with direct pressure to control external haemorrhage <p>Demonstrates the use of:</p> <ul style="list-style-type: none"> • Haemostatic agents • Tourniquets <p>Demonstrates the application of:</p> <ul style="list-style-type: none"> • Pelvic binder • Femoral splints 	√	√	√	√		

Catastrophic Haemorrhage							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
The immediate management of catastrophic haemorrhage	Demonstrate the knowledge and skill in major haemorrhage management: <ul style="list-style-type: none"> • Can initiate the major haemorrhage protocol. 	√	√	√	√		
	<ul style="list-style-type: none"> • Can provide skilled assistance with the administration of fluid and blood products, such as: <ul style="list-style-type: none"> - Liaison with blood bank - Initiating arrangements for blood product delivery to the resuscitation room - Set up and use of rapid transfusion and warming device(s) - Use of point of care testing (POCT) relevant to the major haemorrhage patient 	√	√	√	√		

Catastrophic Haemorrhage							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
The immediate management of catastrophic haemorrhage	<ul style="list-style-type: none"> • Demonstrates understanding of anticoagulant reversal management including: <ul style="list-style-type: none"> - POCT INR testing - Administration of anticoagulation reversal agents 	√	√	√	√		

2B - Primary survey: <C>ABCDE

2Bii – Airway and c-spine control

Airway and c-spine control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of airway	Initial assessment: <ul style="list-style-type: none"> Lead the immediate assessment and management of the airway in the trauma patient until expert help arrives 	√	√	√	√		
	Rapid sequence induction (RSI) and care of the intubated and ventilated trauma patient: <ul style="list-style-type: none"> Can anticipate the need for RSI Can act as the skilled assistant in RSI Can assist in the on-going care of an intubated and ventilated trauma patient Understands the physiological changes and effects of ventilation 						

Airway and c-spine control

Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of airway	Setting up and assisting in surgical cricothyroidotomy: <ul style="list-style-type: none"> • Understands the indications for surgical cricothyroidotomy • Can describe the procedure for surgical cricothyroidotomy including relevant anatomy • Can assist directly with surgical cricothyroidotomy 	√	√	√	√		
	Setting up and assisting in needle jet insufflation: <ul style="list-style-type: none"> • Understands the indications for jet insufflation • Can describe the procedure for the initiation of jet insufflation including relevant anatomy • Can assist directly with jet insufflation 						

Airway and c-spine control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Safe spinal immobilisation and management	<ul style="list-style-type: none"> • Can lead safe spinal immobilisation log rolling/tilt and transfer techniques • Can deploy different methods and other devices where needed e.g. scoop, spinal board, vacuum mattress, etc. 	√	√	√	√		

2B - Primary survey: <C>ABCDE

2Biii – Breathing and Ventilation

Breathing and Ventilation							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of breathing and ventilation	Breathing assessment: <ul style="list-style-type: none"> • Demonstrates detailed knowledge of the life threatening chest injuries - acronym: ATOM-FC 	√	√	√	√		
	Thoracostomy: <ul style="list-style-type: none"> • Can anticipate the need for and lead in the preparation for a thoracostomy • Can describe the procedure for thoracostomy including relevant anatomy • Can assist with a thoracostomy 	√	√	√	√		

Breathing and Ventilation							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of breathing and ventilation	Thoracostomy: <ul style="list-style-type: none"> • Can anticipate the need for and lead in the preparation for a thoracostomy • Can describe the procedure for thoracostomy including relevant anatomy • Can assist with a thoracostomy 	√	√	√	√		
	Chest drains: <ul style="list-style-type: none"> • Can anticipate the need for and lead in the preparation for a chest drain • Can describe the procedure for chest drain insertion including relevant anatomy • Can assist with chest drain insertion 	√	√	√	√		

Breathing and Ventilation							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of breathing and ventilation	Thoracotomy: <ul style="list-style-type: none"> • Understands the indications for thoracotomy in the emergency department • Can describe the procedure for thoracotomy including relevant anatomy • Can lead in the preparation for and assist in an emergency thoracotomy 	√	√	√	√		

2B - Primary survey: <C>ABCDE

2Biv – Circulation and Haemorrhage Control

Circulation and Haemorrhage Control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of circulation and haemorrhage control	<p>Circulatory assessment:</p> <ul style="list-style-type: none"> • Can describe the principles of assessing and monitoring the haemodynamic status of the trauma patient • Has a detailed understanding of the 5 principle sites of traumatic haemorrhage: <ul style="list-style-type: none"> - Chest, abdomen, pelvis, long bones and external haemorrhage • Understands the principles of eFAST in circulatory assessment 	√	√	√	√		

Circulation and Haemorrhage Control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of circulation and haemorrhage control	Circulatory management - access: <ul style="list-style-type: none"> • Demonstrates the equipment and set up for obtaining central venous and/or arterial access • Demonstrates set up and use of central venous/arterial monitoring equipment 	√	√	√	√		
	Circulatory management – fluid resuscitation: <ul style="list-style-type: none"> • Provides skilled assistance in the fluid resuscitation of the trauma patient 	√	√	√	√		

Circulation and Haemorrhage Control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of circulation and haemorrhage control	Circulatory management – haemorrhage control: <ul style="list-style-type: none"> • Demonstrates knowledge of the principles of damage control surgery • Demonstrates knowledge of the principles of interventional radiology 	√	√	√	√		
	Circulatory management – monitoring and care: <ul style="list-style-type: none"> • Understands the indications, contraindication and can perform urinary catheterisation in a trauma patient. • Understands the principles of urine output vis-à-vis shock and adequate resuscitation 	√	√	√	√		

2B - Primary survey: <C>ABCDE

2Bv – Disability

Disability							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of circulation and haemorrhage control	Disability assessment: <ul style="list-style-type: none"> • Demonstrates a systematic approach to neuro assessment with respect to: <ul style="list-style-type: none"> - GCS - Pupillary size and response - Limb movement • Can relate findings to principle neurological injury such as: <ul style="list-style-type: none"> - Intracranial injuries: <ul style="list-style-type: none"> ○ Extradural ○ Subdural ○ Subarachnoid ○ Intra-cerebral injury ○ Diffuse axonal injury - Spinal cord injury - The presence of neurogenic and spinal shock 	√	√	√	√		

Disability							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of disability in the trauma patient	Disability management and care: <ul style="list-style-type: none"> • Pressure area care in the spinal cord injured patient • Demonstrates an understanding of ICP, the Monro Kellie Doctrine and Cerebral Perfusion Pressure • Demonstrates understanding of the principles of care in a patient with traumatic brain injury such as: <ul style="list-style-type: none"> - Reduction of ICP with appropriate positioning and analgesia - The use of hypertonic saline/mannitol - Management of PCO₂ in an intubated and ventilated patient 	√	√	√	√		

Disability							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of disability in the trauma patient	Disability management and care: <ul style="list-style-type: none"> • Demonstrates understanding of the principles of care in a patient with traumatic brain injury such as: - Removal of c-spine collars in head injury - Use of inotropic support - Glycaemic control - Maintenance of normothermia 	√	√	√	√		

2B - Primary survey: <C>ABCDE

2Bvi – Exposure and Temperature Control

Exposure and Temperature Control							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of exposure and temperature control	<ul style="list-style-type: none"> • Can lead in the assessment and management of exposure and temperature control of the trauma patient • Has 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 	√	√	√	√		

2C – Pain assessment and management

Pain assessment and management							
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management of pain	<p>Can lead in the assessment and management of pain in the trauma patient:</p> <ul style="list-style-type: none"> • Demonstrates knowledge of the NICE (2016) ‘Major trauma: assessment and initial management’ guideline with respect to pain assessment and management • Demonstrates knowledge of additional pain control measures such as: <ul style="list-style-type: none"> - Regional blockade 	√	√	√	√		

2D – Special circumstances:

2Di – The elderly trauma patient.

The elderly trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<ul style="list-style-type: none"> • Can lead in the care of an elderly trauma patient • Can demonstrate a detailed understanding of the key considerations required when caring for an elderly trauma patient with conditions such as: <ul style="list-style-type: none"> - Delirium - Dementia • Awareness of a lower threshold for serious injury in relation to mechanism 	√	√	√	√		

2Dii – The pregnant trauma patient.

The pregnant trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<p>Can lead in the care of the pregnant trauma patient:</p> <ul style="list-style-type: none"> • Demonstrates a detailed understanding of the physiological changes in pregnancy and their impact in trauma • Understands the principles of inferior vena caval compression and can assist in compression reduction techniques • Demonstrates understanding of traumatic perimortem caesarean section • Can activate the obstetric and paediatric/neonatal teams as required 	√	√	√	√		

2Diii – The burns trauma patient

The burns trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<p>Can lead in the care of the burns trauma patient:</p> <ul style="list-style-type: none"> • Can assist/lead in the estimation of burn surface area using appropriate tools • Able to assist/lead in calculating appropriate fluid requirement/resuscitation using appropriate formula • Can liaise with local burns centres • Has a detailed understanding of the risks of smoke inhalation and its potentially harmful effects such as: <ul style="list-style-type: none"> - CO poisoning - Cyanide poisoning - Airway burns - Awareness of resources for chemical based burns 	√	√	√	√		

The burns trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<ul style="list-style-type: none"> • Can lead/assist in arrangements for transfer to a burns centre • Can lead/assist in accessing appropriate databases, such as Toxbase, when required in speciality/chemical burns 	√	√	√	√		

2Div – The bariatric trauma patient.

The bariatric trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	Can lead in the care of the bariatric trauma patient: <ul style="list-style-type: none"> • Can lead in the safe transfer of the bariatric patient to other areas including lateral transfer 	√	√	√	√		

2Dv – The confused, agitated & aggressive trauma patient

The confused, agitated & aggressive trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<p>Can lead in the care of the confused, agitated and aggressive trauma patient:</p> <ul style="list-style-type: none"> • Promotes the presence of family, carers and friends where appropriate • Can assist directly in sedation where appropriate • Can advise and direct on appropriate strategies for c-spine immobilisation • Can request assistance, where appropriate, of security teams and/or police • Can request assistance of, where appropriate, mental health personnel 	√	√	√	√		

2Dvi – The spinal cord injured patient

The spinal cord injured patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Clinical assessment and management in special circumstances	<p>Can lead in the care of the spinal cord injured patient:</p> <ul style="list-style-type: none"> • Understands the potential effects of high spinal cord injury on breathing and ventilation and its subsequent management techniques • Demonstrates an understanding of the use of inotropes in the spinal cord injured patient • Demonstrates knowledge of local arrangements for spinal cord injured patients 	√	√	√	√		

2Dvii – The trauma patient with communication difficulties

The trauma patient with communication difficulties							
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Complex communication assessment and management in special circumstances	<p>Can lead in the care of a trauma patient with communication difficulties such as:</p> <ul style="list-style-type: none"> - Deaf - Blind - Aphasic patient - Learning disability - Challenging behaviour - Language barriers <ul style="list-style-type: none"> • Demonstrate a detailed knowledge of services available to assist communication such as 'language line' and how to access them 	√	√	√			

2Dviii - Care of the death of a trauma patient

Care of the death of a trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Dealing with the care of the death of a trauma patient	<p>Care of the death of a trauma patient:</p> <ul style="list-style-type: none"> • Demonstrates sensitivity and skill in breaking bad news • Demonstrates the ability to provide support to bereaved relatives, carers and friends. Including explanation of the role of the Coroner’s Office • Demonstrates a working knowledge of local trauma death protocols • Demonstrates appropriate documentation is completed and necessary persons and agencies are notified (e.g Coroner’s office) 	√	√	√	√		

Care of the death of a trauma patient							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Dealing with the care of the death of a trauma patient	Care of the trauma team: <ul style="list-style-type: none"> • Instigate local procedures to enable both an immediate and more formal staff debrief • Be mindful of and identify any staff who may require more formal psychological support 						

2DiX – Tissue and organ donation

Tissue and Organ Donation							
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Local guidelines and standard operating procedures (SOPs) in respect of Tissue & Organ Donation	<p>Can outline the key considerations in respect to organ and tissue donation:</p> <ul style="list-style-type: none"> • Identification of potential donors • Escalation policy • Can instigate early involvement of Organ & Blood donation team • Contraindications to potential tissue & organ donation <p>Awareness of national documents</p> <ul style="list-style-type: none"> • Timely identification and Referral of Potential Organ Donors-NHS Blood and Transplant (2012) 	√	√	√			

Tissue and Organ Donation							
Clinical and technical skills	Level 1 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Local guidelines and standard operating procedures (SOPs) in respect of Tissue & Organ Donation	<p>Awareness of national documents</p> <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 lead in the support to relatives, carers and friends Can recognise own feelings and knows how to access help if required Recognises and supports all team members involved, and participates in appropriate structured debrief 	√	√	√			

2E – Secondary survey:

Secondary survey							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
The secondary survey	<ul style="list-style-type: none"> Ensures, where appropriate, that a secondary survey is undertaken prior to transfer. Can assist in arranging further investigation and imaging dependent upon findings 	√	√	√	√		

2F – Transfer:

2Fi – Transfer within the Hospital

Transfer within the Hospital							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Act as part of a team in the safe transfer of the trauma patient	<ul style="list-style-type: none"> • Can lead in the safe transfer within hospital to: <ul style="list-style-type: none"> - Theatre - Radiology - Interventional radiology - Critical Care - Ward • Anticipate the need for appropriate equipment to facilitate expedient transfer 	√	√	√	√		

2Fii – Secondary transfer (out of hospital)

Secondary transfer (out of hospital)							
Clinical and technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Act as part of a team in the safe transfer of the trauma patient	<ul style="list-style-type: none"> • Has a detailed understanding of the secondary transfer policy and procedure. • Can lead in making the necessary arrangements for a safe secondary transfer to: <ul style="list-style-type: none"> - The MTC (where applicable) - Burns centre - Other specialist centres • Can liaise directly with local ambulance/HEMS/transfer service providers to arrange transfer • Demonstrates knowledge of the NICE (2016) Major Trauma guidance in relation to timely transfers between emergency departments 	√	√	√	√		

Adult level 2

Section 3: Non-technical skills

Non-technical skills							
Non-technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Ability to perform appropriately within the Trauma Team, maintaining a distinct role	<ul style="list-style-type: none"> Leads in the supervision of junior members of the trauma team Demonstrates attributes of 'leadership' in the trauma team 	√	√	√	√		
Works effectively as a team member, including appropriate communication strategies	<ul style="list-style-type: none"> Actively pursues ways to overcome barriers to effective working within the trauma team 	√	√	√	√		

Non-technical skills							
Non-technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Ability to relieve psychological stress in the trauma patients, family members, carers, friends and staff	<ul style="list-style-type: none"> • Proficient in supervising members of the team in the provision of psychological care and support of the trauma patient, family members, carers or friends • Can identify signs and symptoms of stress in the trauma team • Can provide direct support to individuals and/or the trauma team • Can initiate/lead a de-briefing session as and when deemed appropriate 	√	√	√	√		
Situational awareness during a trauma team resuscitation	<ul style="list-style-type: none"> • Demonstrates understanding of all team members roles and responsibilities in order to detect adverse or unplanned events and intervene appropriately 	√	√	√	√		

Non-technical skills							
Non-technical skills	Level 2 – nurse/AHP who participates in the care of the trauma patient	In-house delivery	Work Placed Based Assessment (WPBA)	CPD / online tools	Recognised trauma course – ATNC, ETC, TNCC or bespoke education course.	Self-Assessment	Assessor: Achieved competency. Print name - date and sign
Ethical, legal and professional implications of trauma	<ul style="list-style-type: none"> • Can advise members of the trauma team on: <ul style="list-style-type: none"> - Consent and the application of the Mental Capacity Act/Deprivation of Liberty - Mental Health Act - Safeguarding - Confidentiality - Advocacy - Preservation of forensic evidence - Reporting trauma related deaths 	√	√	√	√		