



Nursing and Allied Health  
Professionals

Trauma Competencies in the  
Emergency Department

Children and Young People - Level 2  
November 2024

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**Competencies originally edited (2016) by:**

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

**For original members of NMTNG 2015/6 – See appendix A**

**For active members of NMTNG paediatric sub-group in 2021 – See appendix B**

**Competencies revision contributions by:**

Lorrie Lawton, Nicola Robinson, Caroline Rushmer, Julie Flaherty, Kirsty Jackson, Mark Lilley, Kelly Furness, Nicola Anderson,

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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 trauma educational programme, such as: <ul style="list-style-type: none"> <li>• In-house trauma education programme</li> <li>• PCAR</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 trauma course: <ul style="list-style-type: none"> <li>• Advanced Paediatric Life Support (APLS)</li> <li>• PCAR</li> </ul> When undertaken as a full provider only. <b>Or</b> Successful completion of a bespoke trauma course which has been assessed as compliant, by peer review, in meeting the NMTNG curriculum and assessment criteria.	<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 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 & 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 coordinate 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) [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, page 4)

**The competencies in practice:**

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

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

- **Which competencies do I use?**

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

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

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

- **How do I use the competencies?**

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

1 – Airway and C-spine control					
2 – Clinical and technical skills	3 – Level 1 – nurse/AHP who participates in the care of the child and young person trauma patient	4 – How has the individual met the educational component of this skill? State level	5 – Self-assessment: where do you feel your knowledge base is in this area? (N, AB, C, P, E)	6 – Assessment method used	7 – Assessor: 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:
  - Organisational aspects: knowledge of the trauma system in your department but also of the network and national guidance and standards
  - Clinical and technical skills: broken down into the <C>ABCDE approach
  - 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, Paediatric 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), Work Place 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 2

Organisational aspects	Level 2 – 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 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.				
Criteria for activation of the trauma team within own department	Demonstrates ability to initiate a paediatric trauma call against local paediatric trauma call activation criteria with respect to:  physiological signs, injuries sustained, mechanism of injury or other special circumstances				
Local guidelines and standard operating procedures (SOPs)	Demonstrates ability to initiate/direct the initiation 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 a detailed knowledge of the NICE 2016 trauma guidelines:  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				
National guidance and standards	Demonstrates knowledge of TARN/STAG as relevant, and TARNLET (England) and how it is used to provide data and information on the trauma care pathway				

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

2A – Preparation and Reception					
Clinical and technical skills	Level 2 – 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	Supports staff in the reception of pre-alert information e.g., ATMIST (NICE 2016)  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)				
Prepares the resuscitation bay ready to receive a trauma patient	Leads in the checking and age-appropriate preparation of the trauma/resuscitation bay in order to receive a child or young person trauma patient				
Immediate management of the patient, pre-hospital and emergency services staff on arrival	Leads in the communication with and reception and care of the child or young person, pre-hospital and emergency services personnel (NICE, 2016)				
Management in: Greeting family or carers on arrival to the department	Leads in the communication with and reception of family, carers or friends  Accompanies & supports family, carers or friends in the resuscitation room and provides information throughout their stay				
Primary and secondary trauma assessment principles	Demonstrates the knowledge and competence to assess a trauma patient using primary and secondary assessment principles				

2B - Primary Survey: <C>ABCDE

2Bi - Catastrophic Haemorrhage

Clinical and technical skills	Level 2 – 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
The immediate management of catastrophic haemorrhage	Demonstrates detailed knowledge and skill in major haemorrhage management:  including the use of applying direct pressure with simple dressings to control external haemorrhage  Awareness of use of and location of Sengstaken Blakemore tube for GI bleed				
	Demonstrates the use of haemostatic agents				
	Demonstrates the use of trauma tourniquets				
	Demonstrates the application of pelvic binder or improvised technique dependant on child's age/size				
	Demonstrates the application of femoral splints or improvised technique dependant on child's age/size				
	Demonstrates ability to initiate the paediatric major haemorrhage protocol.				
	Provides skilled assistance with the administration of fluid and blood products, such as: Liaison with blood laboratory/bank  Initiating arrangements for blood product delivery to the resuscitation room  Set up and use of rapid transfuser and warming device(s) appropriate to age and weight  Use of point of care testing (POCT) relevant to the major haemorrhage patient				
	Demonstrates understanding of anticoagulant reversal management including: POCT INR testing Administration of anticoagulation reversal agents				

2Bii – Airway and C-spine Control					
Clinical and technical skills	Level 2 – 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	<b>Initial assessment:</b> Leads the immediate assessment and management of the paediatric airway in the trauma patient until expert help arrives				
	<b>Rapid sequence induction (RSI) and care of the intubated and ventilated paediatric trauma patient:</b> Demonstrates ability to anticipate the need for RSI Demonstrates ability to act as the skilled assistant in RSI Assists in the care of an intubated and ventilated child and young person trauma patient Understands the physiological changes and effects of ventilation				
	<b>Setting up and assisting in surgical cricothyroidotomy:</b> Understands the indications and age range suitable for surgical cricothyroidotomy Describes the procedure for surgical cricothyroidotomy including relevant anatomy Demonstrates ability to assist directly with surgical cricothyroidotomy				
	<b>Setting up and assisting in needle jet insufflation:</b> Understands the indications for needle jet insufflation Describes the procedure for the initiation of needle jet insufflation including relevant anatomy Demonstrates ability to assist directly with needle jet insufflation				

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

Clinical and technical skills	Level 2 – 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	Demonstrates ability to lead safe spinal immobilisation log rolling/tilt and transfer techniques				
	Demonstrates ability to deploy different methods and other devices where needed e.g., scoop, spinal board, vacuum mattress, etc.				
	Demonstrates understanding of the principals of SCIWORA				

2Biii – Breathing and Ventilation					
Clinical and technical skills	Level 2 – 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><b>Breathing assessment:</b></p> <p>Demonstrates a detailed knowledge of the life-threatening chest injuries - acronym: ATOM-FC</p> <p>Demonstrates understanding of the compliant chest wall in children and potential for underlying injury</p>				
	<p><b>Thoracostomy:</b></p> <p>Demonstrates ability to anticipate the need for and lead in the preparation for a thoracostomy</p> <p>Demonstrates ability to describe the procedure for thoracostomy including relevant anatomy</p> <p>Demonstrates ability to assist with a thoracostomy</p>				
	<p><b>Chest drains:</b></p> <p>Demonstrates ability to anticipate the need for and lead in the preparation for a chest drain</p> <p>Describes the procedure for chest drain insertion including relevant anatomy</p> <p>Demonstrates ability to assist with chest drain insertion</p>				
	<p><b>Thoracotomy:</b></p> <p>Understands the indications for thoracotomy in the emergency department</p> <p>Describe the procedure for thoracotomy including relevant anatomy</p> <p>Demonstrates ability to lead in the preparation for and assist in an emergency thoracotomy</p>				



2Biv – Circulation and Haemorrhage Control					
Clinical and technical skills	Level 2 – 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>	<b>Circulatory assessment:</b> Describes the principles of assessing and monitoring the haemodynamic status of the child and young person trauma patient Demonstrates detailed understanding of the 5 principal sites of traumatic haemorrhage: Chest, abdomen, pelvis, long bones and external haemorrhage Understands the principles of eFAST/POCUS in circulatory assessment and its limitations when used in children				
	<b>Circulatory management – access:</b> 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				
	<b>Circulatory management – fluid resuscitation:</b> Provides skilled assistance in the fluid resuscitation of the trauma patient				
	<b>Circulatory management – haemorrhage control:</b> Demonstrates knowledge of the principles of damage control surgery Demonstrates knowledge of the principles of interventional radiology				
	<b>Circulatory management – monitoring and care:</b> Demonstrates ability to perform urinary catheterisation in a child or young person trauma patient (where local policy allows) Understands the principles of urine output vis-à-vis shock and adequate resuscitation				

2Bv – Disability					
Clinical and technical skills	Level 2 – 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 systematic approach to age related neuro assessment with respect to:</p> <ul style="list-style-type: none"> <li>- GCS</li> <li>- Pupillary size and response</li> <li>- Limb movement</li> </ul> <p>Demonstrates ability to relate findings to principle neurological injury such as:</p> <ul style="list-style-type: none"> <li>- Intracranial injuries:               <ul style="list-style-type: none"> <li>- Extradural</li> <li>- Subdural</li> <li>- Subarachnoid</li> <li>- Intra-cerebral injury</li> <li>- Diffuse axonal injury</li> </ul> </li> </ul> <p><b>Spinal cord injury</b></p> <p>Assesses for presence of neurogenic and spinal shock</p>				
	<p><b>Disability management and care:</b></p> <p>Pressure area care in the spinal cord injured patient:</p> <p>Demonstrates understanding of ICP, the Monro-Kellie Doctrine and Cerebral Perfusion Pressure</p> <p>Demonstrates understanding of the principles of care in a patient with traumatic brain injury such as:</p> <ul style="list-style-type: none"> <li>- Reduction of ICP with appropriate positioning and analgesia</li> <li>- The use of hypertonic saline/mannitol</li> <li>- Management of PCO<sub>2</sub> in an intubated and ventilated patient</li> </ul>				

2Bv – Disability - continued					
Clinical and technical skills	Level 2 – 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	Disability management and care:  Demonstrates understanding of the principles of care in a patient with traumatic brain injury such as:  Removal of c-spine collars and/or block & tape in head injury  Use of inotropic support  Glycaemic control  Maintenance of normothermia				
2Bvi – Exposure and Temperature Control					
Clinical and technical skills	Level 2 – 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>	Demonstrates ability to lead in the assessment and management of exposure and temperature control of the child and young person.  Demonstrates a detailed understanding of the effects of hypothermia and its potentially deleterious effects on the child and young person trauma patient.  Facilitates the appropriate and safe exposure of the patient whilst maintaining privacy and dignity				

2C – Pain Assessment and Management					
Clinical and technical skills	Level 2 – 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 pain	<p><b>Pain assessment:</b></p> <p>Leads in the assessment and management of pain in the trauma patient:</p> <p>Demonstrates knowledge of the NICE (2016) ‘Major trauma: assessment and initial management’ guideline with respect to pain assessment and management in children and young people</p> <p>Demonstrates knowledge of additional pain control measures such as:</p> <p>Regional blockade</p>				

## 2D – Special Circumstances

### 2Di – Child Safeguarding

Clinical and technical skills	Level 2 – 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	<p>In addition to mandatory child safeguarding competences:</p> <ul style="list-style-type: none"> <li>- Demonstrates ability to identify where non-accidental Injury (NAI)/inflicted trauma maybe present</li> <li>- Leads in escalation directly to the child safeguarding team/doctors</li> <li>- Leads in liaison with the police, social service and health visitors in possible NAI/inflicted trauma</li> <li>-</li> </ul>				

to trauma	Communicates directly with parents and carers in asensitive and appropriate manner				
<b>2Dii – The Pregnant Trauma Patient</b>					
Clinical assessment and management in <b>special circumstances</b>	<p>Leads in the care of thepregnant trauma patient:</p> <ul style="list-style-type: none"> <li>- Demonstrates a detailed understanding of the physiological changes in pregnancy and their impact in trauma.</li> <li>- Understands the principles of inferior vena caval compression and can assist incompression reduction techniques.</li> <li>- Demonstrates understanding of traumatic perimortem caesarean section.</li> <li>- Demonstrates ability to activate the obstetric and paediatric/neonatal teams as required.</li> </ul>				
	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				
<b>2Diii - The Child or Young Person with Communication Difficulties</b>					
<b>Clinical and technical skills</b>	<b>Level 2 – nurse/AHP who participates in the care of the child and young person traumapatient</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, D)</b>	<b>Assessment method used</b>	<b>Assessor : Level of competency achieved. Print name, position, and hospital. Date and sign</b>
Complex communication assessment and management in <b>special circumstances</b>	<p>Leads in the care of a child or young person with communication difficulties such as:</p> <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				
	Demonstrates a detailed knowledge of local services available to assist communication such as 'language line' and how to access them				
<b>2Div - The Bariatric Trauma Patient</b>					
Clinical assessment and management in <b>special circumstances</b>	Leads the care of the bariatric trauma patient:				
	The nurse/AHP can identify the maximum load of the trauma trolley.				
	Leads in the safe transfer of the bariatric patient to other areas including lateral transfer				
<b>2Dv - The Child or Young Person with Burns Trauma</b>					
<b>Clinical and technical skills</b>	<b>Level 2 – nurse/AHP who participates in the care of the child and young person traumapatient</b>	<b>How has the individual met the educational component of this skill?</b> <b>State level</b>	<b>Self-assessment: where do you feel your knowledge base is in this area? (N, AB, CB)</b>	<b>Assessment method used</b>	<b>Assessor : Level of competency achieved. Print name, position, and hospital. Date and sign</b>
Clinical assessment and management in <b>special circumstances</b>	Leads in the care of the burns trauma patient:  Demonstrates ability to estimate calculation burn surface area using appropriate tools  Demonstrates ability to calculate appropriate fluid requirements/resuscitation using appropriate formula  Leads in liaison with local paediatric burns centres  Leads in arranging for transfer to a paediatric burns centre				

	<p>Demonstrates understanding of accessing appropriate databases such as Toxbase, when requiring in speciality / chemical burns</p> <p>Demonstrates detailed understanding of the risks of smoke inhalation and its potentially harmful effects such as:</p> <ul style="list-style-type: none"> <li>- CO poisoning</li> <li>- Cyanide poisoning</li> <li>- Airway burns</li> <li>- Awareness of resources for chemical based burns</li> </ul>				
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2Dvi - The Confused, Agitated & Aggressive Trauma Patient					
<b>Clinical and technical skills</b>	<b>Level 2 – 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>
Clinical assessment and management in <b>special circumstances</b>	<p>Leads in the care of the confused, agitated and aggressive child and young person trauma patient:</p> <p>Promotes the presence of family, carers and friends where appropriate.</p> <p>Assists directly in sedation where appropriate</p> <p>Advises and directs on appropriate strategies for c-spine immobilisation</p> <p>Initiates request for assistance, where appropriate, of security team and/or police</p> <p>Initiates request for assistance of, where appropriate, mental health personnel</p>				

2Dvii - The Spinal Cord Injured Patient

Clinical and technical skills	Level 2 – 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, B, E)	Assessment method used	Assessor: Level of competency achieved Print name, position, and hospital date and sign
Knowledge of clinical assessment and management in <b>special circumstances</b>	Leads in the care of the spinal cord injured patient: <ul style="list-style-type: none"> <li>- Understands the potential effects of high spinal cord injury on breathing and ventilation and its subsequent management techniques.</li> <li>- Demonstrates an understanding of the use of inotropes in the spinal cord injured patient.</li> <li>- Demonstrates understanding of the symptoms of autonomic dysreflexia</li> <li>- Demonstrates understanding of potential effects on temperature regulation &amp; on bowel/bladder functions</li> <li>- Demonstrates knowledge of local arrangements for spinal cord injured children and young people.</li> </ul>				
	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 2 – 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>	<p>Care of the bereaved family:</p> <ul style="list-style-type: none"> <li>- Demonstrates a working knowledge of local child death protocols.</li> <li>- Ensure appropriate documentation is completed and necessary persons and agencies notified. (E.g., Coroner/ Coroner's Officer/ Procurator Fiscal (Scotland).</li> <li>- Demonstrates sensitivity and skill in breaking bad news</li> <li>- Demonstrates ability to provide support to bereaved families; including the explanation of the role of the Coroner's Officer/Procurator Fiscal and the child death review process</li> </ul> <p>Care of the trauma team:</p> <ul style="list-style-type: none"> <li>- Instigate local procedures to enable both an immediate and more formal staff debrief</li> <li>- Be mindful of and identify any staff who may require more formal psychological support</li> </ul>				

2Dix - Tissue and Organ Donation					
Clinical and technical skills	Level 2 – 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 good working knowledge 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>- Can instigate early involvement of Organ &amp; Blood donation team</li> <li>- Aware of contraindications to potential tissue &amp; organ donation</li> </ul> <p>Demonstrates awareness of national documents</p> <p>Timely identification and Referral of Potential Organ Donors-NHS Blood and Transplant (2014)</p> <p>Demonstrates awareness of national documents</p> <ul style="list-style-type: none"> <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 2015)</li> <li>- Can lead in the support to relatives, carers and friends</li> <li>- Can recognise own feelings and knows how to access help if required</li> <li>- Recognises and supports all team members involved, and participates in appropriate structured debrief</li> </ul>				

<b>2E - Secondary Survey</b>					
<b>Clinical and technical skills</b>	<b>Level 2 – 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	Ensures, where appropriate, that a secondary survey is undertaken prior to transfer.				
	Can assist in arranging further investigation and imaging dependent upon findings				

<b>2F - Transfer</b>					
<b>2Fi - Transfer within the Hospital</b>					
<b>Clinical and technical skills</b>	<b>Level 2 – 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 safe transfer of the trauma patient	<p>Leads in the safe transfer within hospital to:</p> <ul style="list-style-type: none"> <li>- Theatre</li> <li>- Radiology</li> <li>- Interventional radiology</li> <li>- PICU</li> <li>- Ward</li> </ul> <p>Anticipate the need for appropriate equipment to facilitate expedient transfer and direct team in preparing for transfer</p>				
<b>2Fii - Secondary Transfer (Out of Hospital)</b>					
Act as part of a team in the safe transfer of the trauma patient	<p>Demonstrates good working knowledge of secondary transfer protocols to another hospital that has specialist expertise:</p> <p>MTC (where relevant)</p> <p>External burns unit</p> <p>Other specialist centres etc.</p> <p>Liases directly with local Paediatric retrieval/ ambulance service/ HEMS providersto arrange transfer</p> <p>Demonstrates knowledge ofthe NICE (2016) Major Trauma guidance in relationto timely transfers between emergency departments</p> <p>Leads in delivering relevant elements of appropriate structured handover of trauma patients to receiving nursing and AHP staff at destination</p>				

### Section 3 – Non-Technical Skills

Non-technical skills	Level 2 – 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	Leads in the supervision & support 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	Actively pursues ways to overcome barriers to effective working within the trauma team  Proactively provides guidance to team members				
Ability to relieve psychological stress in the trauma patient, family, carers, friends and staff	Proficient in supervising members of the team in the provision of psychological care and support of the child and young person, family members, carer or friends  Proactive in identifying signs and symptoms of stress in the trauma team  Provides 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	Demonstrates understanding of all team members roles and responsibilities in order to detect adverse or unplanned events and intervene appropriately				
Ethical, legal and professional implications of trauma	Teaches and advises members of the trauma team on: <ul style="list-style-type: none"> <li>- Consent and application of Gillick competence</li> <li>- The Mental Capacity Act – 16 and 17 years of age</li> <li>- Mental Health Act</li> <li>- Confidentiality</li> <li>- Advocacy</li> <li>- Preservation of forensic evidence</li> <li>- Reporting of trauma related deaths</li> </ul>				

## 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

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

## Appendix B – Acknowledgement to the current members of the NMTNG Paediatric sub-group (2021) 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 2: 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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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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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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**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

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