

Provincial Trauma Nursing Competency Framework

For all trauma nurses working within the continuum of care

A joint collaboration with provincial trauma nursing clinical experts and our partners in care

Prepared by:

Jo-Ann Hnatiuk, Provincial Lead Clinical Initiatives and Programs, Trauma Services BC
Provincial Trauma Nursing Collaborative Working Group

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Collaborators

The core competencies depicted within this document are essential for trauma nurses to be able to fulfill their role and to provide on-going clinical care to trauma patients. A collaborative working group was created in partnership with provincial clinical experts from across the trauma continuum to identify the core competencies that were required by trauma nurses. Nursing experts were consulted to ensure that all facets of nursing expertise were identified.

The intention of this conceptual framework is to highlight nursing competencies directly related to trauma patients and trauma nursing care. This framework is not meant to itemize general nursing practice competencies.

We are thankful for the time and expertise the many other clinical collaborators who reviewed and supported this work:

Marie Carlson Sexual Health Clinician, GF Strong, VCH

Penny Cooper Director of Cultural Safety and Transformation Indigenous Health, PHSA

Jaqueline Demmy Regional Trauma Program Manager, VIHA

Michelle Dodds Trauma Program Manager, BC Children's, PHSA

Michelle Lui Clinical Nurse Specialist, Trauma Network, FHA

Lori Milton Network Education Coordinator, Trauma Services, IHA

Glen Purcell Trauma Services Clinician, VCH

Allyson Thomas Clinical Nurse Specialist, Trauma Services, IHA

Ashley Thompson Clinical Resource Nurse, GF Strong, VCH

Brad Stroich Trauma Nurse Coordinator, IHA

Kristy Zurowski Trauma Nurse Coordinator, NHA

Reviewers

Colleen Brayman	Program Leader HART, IHA	Karen Marquez	Home and Community Health, FHA
Dr. Mélanie Bérubé	Professor Agrégé, Laval, ITNC President	Laura McKinnon	Emergency Clinical Resource Nurse, VIHA
Timothy Bergen	Critical Care Transport Nurse HART, IHA	Fraser McKinnon	Critical Care Transport Nurse CERT, VIHA
Priya Chetty	Program Manager Acute Rehab, PHSA	Katie McBride	Clinical Nurse Specialist Sexual Health, VCH
Rita Clarke	Trauma Nurse Coordinator, IHA	Monique McLaughlin	Emergency Nurse Practitioner, VCH
Christina DiPlacido	Nurse Clinician Burns, Trauma and High Acuity, VCH	Jordan Oliver	Executive Lead, Emergency, Trauma Services, NHA
Renée DeCosse	Clinical Practice Educator, ER and Critical Care, IHA	Mary Van Osch	Clinical Nurse Specialist, Emergency Network, FHA
Jessica Donald	Clinical Practice Educator, Critical Care, VCH	Tarah Paulsen	Program Specialist, Emergency, Trauma, NHA
Lee Anne Ellis	Clinical Practice Educator, HART, IHA	John-Marc Priest	Director Trauma Services BC, PHSA
Kimberly Ferraro	Regional Practice Lead PPO, IHA	Clare Prinsen	Manager Patient Access and Transition, FHA
Lisa Hobenshield	Director Emergency Services Network, IHA	Dustin Richard	Practice Consultant Nursing Services, FNHA
Abigail Howe	Clinical Coordinator CERT, VIHA	Beth Romeril	Trauma Nurse Coordinator, VIHA
Shannon Koopmans	Education Stroke Rehab, FHA	Robyn Sofonoff	Program Manager HART, IHA
Lori Korchinski	Executive Director Trauma Services BC, PHSA	Sherry Stackhouse	Emergency RN, IHA
Nasira Lakha	Trauma Program Manager, VCH	Joanne Sadler	Injury Prevention Lead, VCH
Brian Lee	Clinical Practice Educator CERT, VIHA	Mandeep Sekon	Clinical Practice Educator, Ortho and Trauma, VCH
Karen Li	Clinical Practice Educator, Burns/Trauma, VCH	Leeann Taylor	Program Director Child Development and Rehab, PHSA
Amy Luff	Education Coordinator, Emergency Services Network IHA	Dawn Tisdale	Indigenous Senior Professional Practice Lead, PHSA
		Cynthia Thurston	Trauma Nurse Coordinator, FHA
		Lori Quinn	Operations Director Emergency, Trauma and ICU, VCH
		Dr. Erin Wilson	Assistant Professor, UNBC

Purpose and scope

The Provincial Trauma Nursing Competency Framework (PTNCF) serves to define the essential skills and knowledge required by trauma nurses in British Columbia. Competency in nursing encompasses a comprehensive blend of knowledge, professional judgment, skills, values, and attitudes (Fukada, 2018). These core competencies are vital for trauma nurses to effectively fulfill their roles and provide ongoing clinical care to trauma patients.

Trauma nursing demands a specific skill set and knowledge base to deliver high-quality care and clinical expertise across various functional areas. It is a specialized field that involves caring for critically injured patients throughout the entire trauma care process, including injury prevention, transportation, emergency resuscitation, critical care stabilization, inpatient and surgical care, burns, rehabilitation, and community reintegration.

This evidence-based competency framework is an invaluable resource for trauma nurses at individual, program, or health authority levels. Its scope is practical and designed to adapt and expand as ongoing research and knowledge continue to enhance trauma care practices.

Commitment to Indigenous cultural safety and humility

As part of the British Columbia (B.C.) health care system, PHSA acknowledges that the roots of historic and ongoing settler colonialism, white supremacy and Indigenous-specific racism and discrimination are embedded in PHSA policies, practices, procedures and decision-making processes.

Informing this framework is PHSA's responsibility to implement the foundational commitments in First Nations Health transformation, and the [United Nations Declaration on the Rights of Indigenous Peoples](#) (UNDRIP), the [B.C. Declaration on the Rights of Indigenous Peoples Act](#) (Declaration Act) and the [Declaration Act Action Plan](#).

These foundational documents affirm the rights of Indigenous Peoples to self-determination and inclusion in meaningful decision-making, and establish and define universal Indigenous rights and Indigenous human rights, including the Indigenous right to health. This requires ensuring the inclusion of wise practices, such as diverse Indigenous knowledge and health practices that contribute to sustainable, equitable and just conditions, are given equitable space and weight with best practices, a western evidence-based approach.

As outlined in *In Plain Sight: Addressing Indigenous Specific Racism and Discrimination in B.C. Health Care*, Indigenous Peoples continue to be subjected to harmful stereotypes, discrimination and systemic racism in health care that cause detrimental impacts to their health and wellbeing. In alignment with the BC HSO, Cultural Safety and Humility Standard, it is essential that trauma nurses are accountable to addressing the realities of racism experienced by Indigenous Peoples and that Indigenous Peoples are supported to feel safe and heard when receiving trauma care.

Principle foundations

All trauma nurses must:

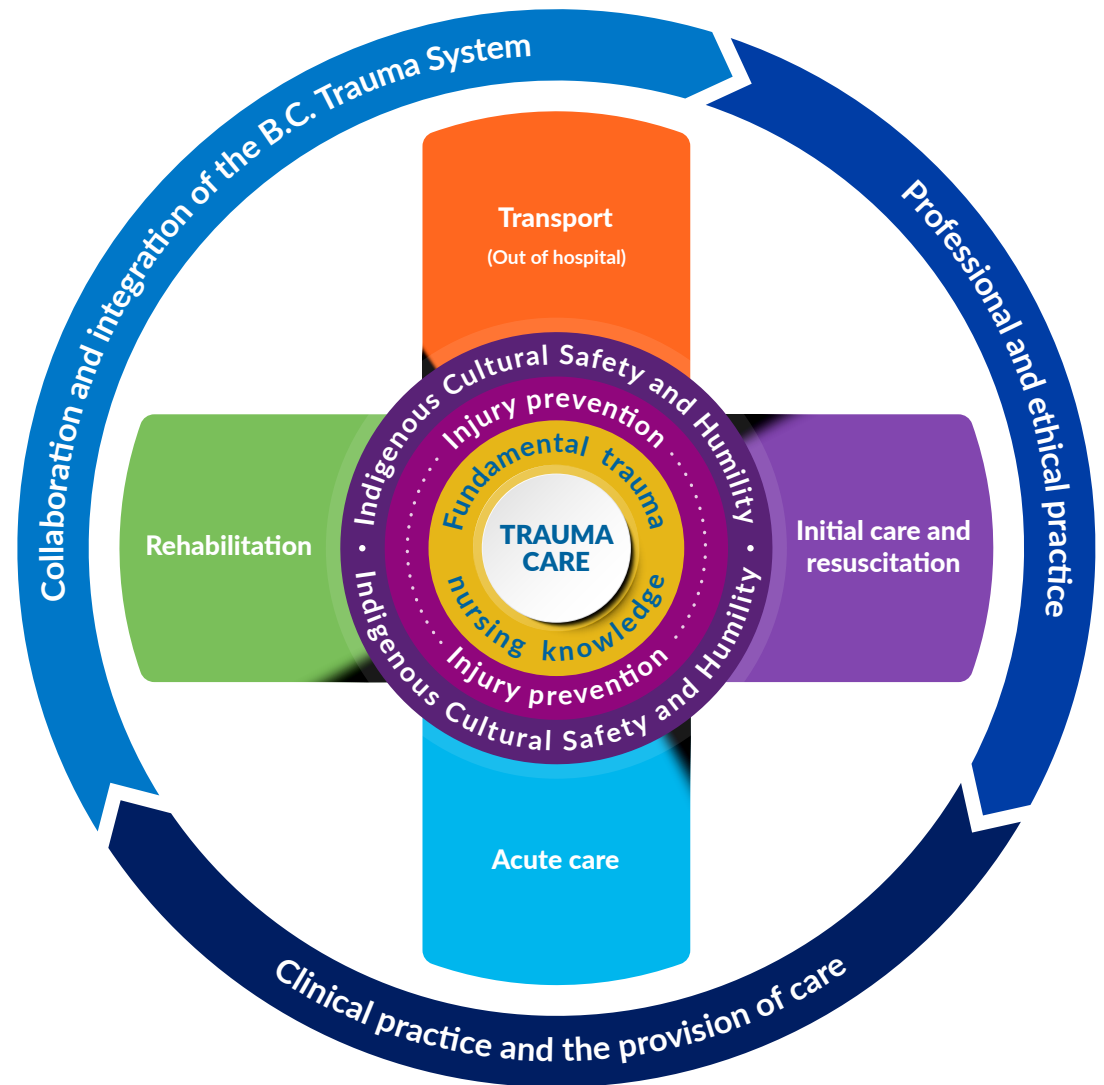
- Possess strong foundational nursing knowledge, critical thinking and the necessary skills to support the complex physical and psychological needs of trauma patients.
- Foster and maintain a culturally safe environment in the context of trauma care for Indigenous and non-Indigenous Peoples.
- Continue to self-evaluate clinical and educational learning goals throughout their clinical practice and participate in ongoing professional development opportunities.
- Ensure nursing interventions are evidence informed and incorporate wise practices and collaboration within the multidisciplinary trauma team.
- Ensure that a holistic, patient centred approach to trauma care, free of Indigenous-specific racism, is always considered when supporting patients and families through the trauma continuum of care.

Framework background, development and concepts

Trauma nurses play a critical role in ensuring patient safety throughout the care journey (Wang et al., 2022). The Provincial Trauma Nursing Competency Framework (PTNCF) defines the knowledge, skills, and judgment necessary for the safe delivery of trauma care in B.C. It goes beyond the basic competencies expected of Registered Nurses, as outlined by the [BC College of Nurses and Midwives](#) (BCCNM, 2022), recognizing the additional clinical expertise required for trauma care.

This framework breaks down the essential knowledge required for trauma nurses. In addition to knowledge, it emphasizes the effective application of clinical skills and the integration of theory into practice, demonstrating clinical judgment. The expectation is that trauma nurses will achieve competence through this continuous cycle of learning and practice.

In British Columbia, Trauma Services BC (TSBC) holds the responsibility for optimizing the performance of the provincial trauma system, with the goal of enhancing the quality and accessibility of trauma care. The PTNCF aligns with all aspects of a comprehensive trauma system, encompassing injury prevention, transportation, acute hospital care, rehabilitation, and research (ACS, 2014).



Trauma care

In this framework, trauma care is illustrated in the centre and is the quintessential part of this framework. Trauma nurses play a vital role within the B.C. trauma system and require specialized knowledge, skills and judgement in order to provide the highest quality and the safest patient care (STN, 2016). The PTNCF defines the fundamental trauma nursing knowledge required by nurses in each facet of the trauma continuum of care and explores the interwoven relationship of injury prevention throughout.

- **Fundamental trauma nursing knowledge** illustrates the core competencies for trauma nurses throughout the trauma continuum of care. General principles of trauma care and resuscitation, leadership, teamwork and ethical practice are embedded throughout this framework and provide the platform to guide clinical practice. According to the Society of Trauma Nurses (2016), all trauma nurses require foundational knowledge around mechanism of injury, injury patterns, evidenced based interventions as well as collaboration with inter-professional teams.
- **Indigenous cultural safety and humility** is embedded throughout this framework and reflects the commitment and responsibility of trauma nurse to provide culturally safe and unbiased clinical care. Indigenous cultural safety and humility surrounds the core of this framework and ensures that all facets of the trauma continuum are included.
- **Injury prevention** is a crucial component to any trauma system and is often the most challenging. Reducing the burden of injury remains the responsibility of all nurses working within the trauma system. Injury prevention within this framework encompasses the foundational trauma nursing knowledge with the intent of informing nurses to become an active participant by helping reduce the number of injuries through advocacy, education and by supporting injury prevention strategies within the continuum of care.

The **four facets** of this framework signify the patient's journey across the trauma continuum of care and outlines the unique needs of the trauma patient and the nursing skills and competencies required during each phase of care.

- transport
- initial care and resuscitation
- acute care
- rehabilitation

Transport

Transport RN's must possess critical thinking, leadership and the ability to prioritize care within the transport environment (ASTNA, 2018). The PTCNF highlights competencies for nurses who are working within a designated transport role. For those nurses who are performing the "nurse escort" function this framework may inform clinical practice and identify some of the risks and challenges within this environment. Registered nurses (RN) working within the "out-of-hospital" or transport environment is a recent addition within B.C. Health authority transport teams were created to support the movement of critically ill or injured patients across B.C. The clinical decision to transport a patient is not without some level of complexity therefore, RNs who are practicing within the transport environment require advanced knowledge, skills and training.

Initial care and resuscitation

Timely trauma care is crucial for critically injured patients upon arrival at the Emergency Department (ED). This organized response is referred to as Trauma Team Activation (TTA). While the specific approach may differ across the province, the essential skills and knowledge remain consistent. Trauma nurses in the ED must possess advanced skills and knowledge to provide effective care during this phase. This framework emphasizes the immediate life-saving interventions needed during the resuscitative phase.

Acute care

The PTNCF outlines the competencies essential for trauma nurses in various acute care settings. The level of care needed by trauma patients can change as they move through acute care. Whether it involves complex surgical procedures, critical care, or specialized treatments, the clinical knowledge and skills required by nurses may vary. Through collaboration with multidisciplinary teams and families, and nurses prioritize care to prevent secondary injuries and enhance the recovery of trauma patients.

Rehabilitation

The aim of rehabilitation nursing is to collaborate with the multidisciplinary trauma team to help patients regain their freedom and independence in life (ARN, 2016). After the initial care and stabilization, patients and their families move toward adapting to a new way of life. Nurses in the rehabilitation setting offer crucial support shortly after a traumatic injury, aiding patients in their journey back to the community. This framework underscores the holistic approach nurses take in addressing intricate physical, psychological, and social challenges to deliver optimal patient care.

Domains of care

This competency framework has been divided into **three domains** that will highlight the core competencies required to deliver safe and comprehensive care to trauma patients across the trauma continuum. These domains surround the four facets of this framework and are integral to the foundational knowledge, skills and judgement of the trauma nurse.

- 1. Collaboration and integration of the B.C. trauma system:**
Identifies the inclusive role of TSBC within the trauma continuum of care
- 2. Professional and ethical practice:**
Provides inclusive, equitable, safe and high quality trauma nursing care, free of Indigenous-specific racism within an multidisciplinary team model
- 3. Clinical practice and the provision of care:**
Incorporates the fundamental and essential clinical knowledge and nursing skills required within the trauma continuum of care: transport, initial care and resuscitation, acute care and rehabilitation

DOMAIN 1: Collaboration and integration of the B.C. trauma system

Incorporates the fundamental and essential clinical knowledge and nursing skills required within the continuum of care: Transport, initial care and resuscitation, acute care and rehabilitation

Core competency		Fundamental trauma nursing knowledge
B.C. trauma system		
	Knowledge	Skills
Demonstrates understanding of the B.C. trauma system	<ul style="list-style-type: none"> • Defines BC Trauma Registry's role in quality improvement • Identifies rationale for use of the BCEHS Provincial Field Triage and Transfer Guidelines • Defines the roles and responsibilities of BC Emergency Health Services • Identifies local and regional resource limitations that may exist for trauma patients and is able to anticipate the need to expedite transfer to a higher level of care • Identifies the BCEHS designations and their role in supporting the transfer of the trauma patient <ul style="list-style-type: none"> • Basic Life Support (BLS) • Primary Care Paramedic (PCP) • Advanced Care Paramedic (ACP) • Critical Care Paramedic (CCP) • Infant Transport Team (ITT) • Acknowledges the function of injury scoring tools <ul style="list-style-type: none"> • Injury Severity Score (ISS) • Abbreviated Injury Severity Score (AISS) • Pediatric Trauma Score (PTS) • Defines the role of the American College of Surgeons Committee on Trauma and their influence on the principles and standards of trauma care • Defines the four phases of emergency management and disaster preparedness within the disaster cycle: <ul style="list-style-type: none"> • Mitigation • Preparedness • Response • Recovery 	<ul style="list-style-type: none"> • Locates and applies the provincial trauma team activation (TTA) criteria to triage the trauma patient • Locates and applies the regional/provincial clinical practice guidelines or decision support tools that enhance team based trauma care • Locates and applies the regional and local patient referral patterns and site based transfer guidelines <ul style="list-style-type: none"> • Patient Transfer Network (PTN) • trauma bypass protocols • escalating a patient transfer • Demonstrates appropriate priority setting when escalating the injured patient within the trauma system by applying provincial Life Limb Threatened Organ (LLTO) and refusal policies and considers the following: <ul style="list-style-type: none"> • patient consent • transfer requirements (identification of injuries requiring transfer) • patient care and physician acceptance • family and patient preparation • appropriate transport team and transportation referral guidelines • documentation and follow up • Activates as appropriate interprovincial and health authority special transport teams: <ul style="list-style-type: none"> • High Acuity Response Team (HART) IHA • Collaborative Emergency Response Transport (CERT) VIHA • Shock Trauma Air Rescue Service (STARS) Alberta • STAR Emergency Link Centre (ELC) • Locates resources to define the provincial roles and responsibilities of Health Emergency Management BC (HEMBC) • Locates local and regional resources to identify the roles and responsibilities within a Code Orange mass casualty incident such as: <ul style="list-style-type: none"> • disaster triage process <ul style="list-style-type: none"> • SALT – sort, assess, lifesaving interventions, treatment and/or transport • START (simple triage and rapid treatment) • JumpSTART (pediatrics) • decontamination protocols • chemical, biological, radiological, nuclear and explosion (CBRNE)

DOMAIN 1: Collaboration and integration of the B.C. trauma system

Core competency Fundamental trauma nursing knowledge

B.C. trauma system

	Knowledge	Skills
<p>Identifies the importance of the role that injury prevention plays within the trauma continuum of care</p>	<ul style="list-style-type: none"> Understands fundamental models and tools used in injury prevention, including but not limited to: <ul style="list-style-type: none"> Haddon's Matrix E's of injury prevention Spectrum of prevention Acknowledges the overall burden of injury within British Columbia including the leading causes of hospitalizations and deaths across the lifespan Identifies the importance of alcohol, substance, and post-injury mental health screening and intervention programs for trauma centres Values the collaborative nature of injury prevention with public health, governmental and community partners Awareness of current injury prevention evidence, including individual focused interventions and system-level interventions Acknowledges Indigenous-specific Racism and Colonial policies and practices that create inequity in prevention and access to trauma care in B.C., such as: <ul style="list-style-type: none"> inequity in injury and the social determinants of health Indigenous health and injury inequity in injury prevention and access to trauma care Advocates on the importance of providing out of hospital public education in hemorrhage control principles such as: <ul style="list-style-type: none"> wound compression deep wound packing tourniquet application early transport 	<ul style="list-style-type: none"> Locates local resources and tools for injury prevention <ul style="list-style-type: none"> BC Injury Prevention and Research and Prevention Unit (BCPRIU) Active and Safe Central Concussion Awareness Training Tool Locates the primary sources of injury data in B.C. and an understanding of how data determines the injury profile of a population Actively screens for family and intimate partner violence (IPV) including, child and elder maltreatment and prioritizes the immediate safety of patients Working from a Trauma and Violence informed perspective, fosters an environment of cultural safety, psychological well-being and safety in practice

DOMAIN 2: Collaboration, professionalism and ethical practice

Provides inclusive, culturally safe and high quality trauma nursing care within a multidisciplinary team model

Core competency	Fundamental trauma nursing knowledge	
	Knowledge	Skills
Understands the role and responsibilities of the trauma care providers	<ul style="list-style-type: none"> Utilizes site based or regional processes for calling in additional staff/personnel when required such as: <ul style="list-style-type: none"> patient surge code orange 	<ul style="list-style-type: none"> Demonstrates effective resource allocation and utilization whilst working within a team environment Demonstrates the ability to participate in a designated role within a high performance team as appropriate
Communication and teamwork within the trauma team	<ul style="list-style-type: none"> Collaborates within the multi-disciplinary team to provide evidence-informed care Optimizes communication strategies between multidisciplinary trauma team members, patients, and families Identifies and navigates any potential challenges when caring for trauma patient who may have communication difficulties such as a language barrier, deafness blindness, learning disabilities and any other potential communication challenges (e.g. aphasia) Works collaboratively with trauma partners across all domains in an attempt to reduce the overall burden of injury within B.C. 	<ul style="list-style-type: none"> Demonstrates clear and effective communication strategies <ul style="list-style-type: none"> close loop communication Applies appropriate patient summary and escalation communication tools <ul style="list-style-type: none"> IDRAW – identify, diagnosis, recent changes, anticipated changes, what to watch for SBAR – situation, background assessment, recommendation Applies the principles of crisis resource management (CRM)
Embodies principles of ethical nursing practice	<ul style="list-style-type: none"> Recognizes that sudden and unforeseen traumatic events may elicit emotional responses and recognizes the importance of post injury mental health care Recognizes the importance of providing emotional self care both personally and professionally Recognizes the importance of sharing patient information in a timely way to families Adheres to guidelines identified by the Freedom of Information and Protection of Privacy Act (FIPPA) Adheres to BCCNM's Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standards Self reflects on the values, assumptions and belief structures they bring to interactions with First Nations, Metis and Inuit patients and participates in ongoing learning in order to provide culturally safe care 	<ul style="list-style-type: none"> Actively screens for family and intimate partner violence (IVP) including, child and elder maltreatment and prioritizes the immediate safety of patients Fosters an environment of psychological well-being and safety in practice Delivers trauma care in a manner that is culturally safe, trauma and violence informed, and supports the dignity, rights, values and beliefs of all patients and their family members during challenging and unpredictable situations https://www.bccnm.ca/RN/learning/cultural_safety_humility/Pages/Default.aspx Delivers trauma care that is considers the development and cognitive state of the patient as appropriate

DOMAIN 2: Collaboration, professionalism and ethical practice

Core competency	Fundamental trauma nursing knowledge	
	Knowledge	Skills
<p>Professionalism and leadership</p>	<ul style="list-style-type: none"> • Creates a healthy, culturally safe and inclusive practice environment which supports the ongoing professional development, growth and resilience • Actively engages in research activities and trauma related professional organizations such as: <ul style="list-style-type: none"> • Trauma Association of Canada (TAC) • Interdisciplinary Trauma Network of BC (ITNBC) • Society of Trauma Nurses (STN) • National Emergency Nurses Association (NENA) • Canadian Association of Critical Care Nursing (CACCN) • Air & Surface Transport Nurses Association (ASTNA) • Canadian Association of Rehabilitation Nurses (CARN) • Canadian Association of Medical and Surgical Nurses (CAMSN) • Canadian Nurses Association (CNA) • Canadian Indigenous Nurses Association • Supports ongoing injury prevention initiatives and opportunities for advocacy within the local communities 	<ul style="list-style-type: none"> • Participates in quality improvement initiatives when appropriate • Participate in ongoing leadership, mentorship and continuing education within the trauma continuum • Demonstrates sound crisis resource management (CRM) behaviors when caring for trauma patients within a high performance team environment

DOMAIN 3: Clinical practice and the provision of trauma care

Incorporates the fundamental and essential clinical knowledge and nursing skills required within the continuum of care: Transport, initial care and resuscitation, acute care and rehabilitation

Core competency	Fundamental trauma nursing knowledge <small>* Some of these competencies or skills may require advanced knowledge and speciality training in order to perform and must be supported and endorsed by the Regional Health Authority in which the nurse is employed</small>	
Transport		
	Knowledge	Skills
General principles of trauma resuscitation	<ul style="list-style-type: none"> • Identifies the requirements for initiating the rapid transfer to a higher level of care or designated trauma centre is the priority for any trauma patient • Recognizes that the initial assessment of any trauma patient begins upon arrival to the trauma room with a brief “across the room assessment” looking for any signs of uncontrolled hemorrhage • Prioritizes circulation in the primary assessment C-ABC as necessary and acknowledges that uncontrolled hemorrhage is the major cause of preventable death after injury in trauma • Prioritizes early administration of Tranexamic Acid (TXA) for the severely hemorrhaging trauma patient • Defines the principles of damage control resuscitation (DCR) that include: <ul style="list-style-type: none"> • mechanical hemostasis • limited crystalloid permissive hypotension • balanced resuscitation • correction of acidosis • rewarming • surgical interventions 	<ul style="list-style-type: none"> • Demonstrates competence in the following hemorrhage control principles: <ul style="list-style-type: none"> • deep wound compression and packing • junctional hemorrhage control • pelvic binding • tourniquet use
General principles of the biomechanics, kinematics, and mechanism of injury (MOI)	<ul style="list-style-type: none"> • Defines how energy transference results in injury patterns in adult and pediatric patients <ul style="list-style-type: none"> • blunt trauma • penetrating trauma • thermal trauma • blast Trauma • Correlates how MOI impacts the trauma patient such as: <ul style="list-style-type: none"> • falls • high impact trauma • motor vehicle collisions (MVC) • motor cycle collisions (MCC) • pedestrian struck • penetrating injuries (stabbing/cutting, gun shot) • chemical exposure • bites • crush injuries 	<ul style="list-style-type: none"> • Able to anticipate patient needs and interventions based upon MOI, clinical presentation and pre-hospital information

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport

	Knowledge	Skills
General principles of trauma nursing knowledge	<ul style="list-style-type: none"> • Acknowledges and works to mitigate the risks of potential caregiver bias and power dynamics of trauma care related to patient demographics • Acknowledges and strives to help eradicate systemic anti-Indigenous racism, and barriers related to equity and access to services impacting Indigenous Peoples • Applies the principles and rationale of systematic primary and secondary assessment for trauma patients • Locates local procedures around mandatory reporting for gunshot and stabbing injuries • Identifies that age related anatomical and physiological changes may impact an individuals ability to recover from a traumatic injury • Possesses and utilizes the requisite knowledge for the stabilization prior to the transfer of a trauma patients • Able to anticipate to potential external stressors while in transport environment such as: <ul style="list-style-type: none"> • thermal changes • vibrations • decreased humidity • noise • fatigue • gravitational forces • flicker vertigo • weather • anxiety 	<ul style="list-style-type: none"> • Participates in BCEHS orientation process for transport <ul style="list-style-type: none"> • https://app.affinitylearning.ca/share/06e7QMcnlN1bGmjlcgBUFA/ • Demonstrates personal and patient safety prior to providing clinical care through out transfer • Anticipates and prepares for any potential physiological changes that may occur related to the increase/decrease in elevation during transport • Demonstrates clinical aptitude to recognized patient deterioration is able to escalate accordingly • Understands how to escalate any transport related concerns when required • Able to activate prehospital and intra/inter-facility transport modalities across the province as required • Demonstrates the appropriate use and indication of spinal motion restriction devices in both adult and pediatric patient • Demonstrates competency in all essential resuscitative equipment in order to transport a trauma patient such as: <ul style="list-style-type: none"> • monitoring equipment • fluid warming devices • rapid fluid infusion devices • pelvic binders

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the older adult:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • falls • motor vehicle collisions • pedestrian struck • thermal injuries • elder abuse • anatomical and physiological changes • co-morbidities and polypharmacy • risks associated with anticoagulation • clinical frailty scale • spinal immobilization • impact of psychological and/or social influences • considers the family/caregivers in relation to older Indigenous adults <p>Identifies the complex care needs of the pediatric patient:</p> <ul style="list-style-type: none"> • demonstrates the understanding of the different standards in diagnostics in the pediatric trauma patient: <ul style="list-style-type: none"> • PECARN Standards: CT is gold standard • Serial FAST exams • Serial lab exams for abdominal injuries • identifies age specific clinical adjuncts <ul style="list-style-type: none"> • Broselow® tape/chart • considers the family/caregivers in relation to the pediatric trauma patient • high suspicion for child maltreatment including sentinel injuries • local procedures around child maltreatment reporting and documentation • acknowledges the risk for potential racial bias and stereotyping that may influence the identification of child maltreatment in Indigenous children • Understands the significance of the presence of family as healing within Indigenous cultures 	<p>Older adults</p> <ul style="list-style-type: none"> • Demonstrates proper spinal motion restriction • Effectively screens for IPV or associated risk • Implements cognitive screening in the older adult trauma patient on anticoagulants <p>Pediatric patients</p> <ul style="list-style-type: none"> • Demonstrate the correct use of the Broselow® tape/chart • Demonstrates the knowledge and application of volume resuscitation in children • Demonstrates the ability to properly identify the concern of improper seating and restraints • Effectively screens for child maltreatment or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the pregnant patient:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • intimate partner violence • motor vehicle collisions • falls • penetrating trauma • inferior vena cava compression • anatomical and physiological changes • identifies the potential for the following injuries <ul style="list-style-type: none"> • placental abruption • ruptured uterus • direct fetal injury • pelvic fractures • treating pregnant persons first to support the fetus • traumatic maternal cardiopulmonary arrest/fetal delivery • the importance of fetal health surveillance and monitoring • administers medications while considering contraindications for the pregnant patient • locates resources in which to access higher level of care resources • pharmacokinetic risk factor such as fetal/ maternal medicine • awareness of the unique traumas that Indigenous women experience such as: <ul style="list-style-type: none"> • forced sterilization • impacts of child welfare policies that separate and disrupt Indigenous families <p>Identifies the complex care needs of the bariatric patient:</p> <ul style="list-style-type: none"> • potential for respiratory compromise • anatomical and physiological changes • use of RAMPing for airway management • increase risk of cardiovascular compromise • increased risk for DVT and PE 	<p>Pregnancy</p> <ul style="list-style-type: none"> • Demonstrates the proper positioning and spinal motion restriction • Effectively screens for IPV or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport • Primary survey

	Knowledge	Skills
Airway	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the airway of an adult and pediatric trauma patient • Optimizes patient positioning to maintain airway patency by considering patient size, age and body habitus. • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • airway obstruction <ul style="list-style-type: none"> • mechanical • functional • airway edema <ul style="list-style-type: none"> • burns • inhalation injuries 	<ul style="list-style-type: none"> • Able to conduct a focused airway assessment as it relates to mechanism of injury • Demonstrates advanced airway management skills while organizing the care and management for the following interventions: <ul style="list-style-type: none"> • intubation • cricothyrotomy • surgical airway • deep suctioning • Able to prepare for and assists in drug assisted intubation (DAI) • Assists with or performs the insertion/management of advanced airways • Assists with the insertion/management of definitive airways • Recognizes the differences in emergency surgical airway management of the pediatric trauma patient. • Demonstrates the use of ET/CO₂ monitoring in determining definitive airway management • Demonstrates the appropriate application and use of spinal motion restriction
Breathing	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the respiratory status of the trauma patient • Defines the potential risk of inadequate oxygenation/ventilation in the trauma patient • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • hemothorax • pneumothorax (including tension) • flail chest/multiple rib fractures • penetrating thoracic injuries • blast lung • pulmonary contusions • diaphragmatic disruption • thermal injuries • capillary leak syndrome • carbon monoxide poisoning 	<ul style="list-style-type: none"> • Able to conduct a focused respiratory assessment as it relates to mechanism of injury • Able to assist with or perform the following skills or tasks: <ul style="list-style-type: none"> • assisted ventilations (BVM, BiPAP) • mechanical ventilation • needle thoracostomy • pulse oximetry • capnography • ABG/VBG collection/interpretation • Is able to position patients to improve ventilation/respiration while maintaining c-spine precautions

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport • Primary survey

	Knowledge	Skills
Circulation and hemorrhage control	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the circulatory status of a trauma patient • Recognizes actual or potential life-threatening alterations in cardiac output and perfusion • Applies the principles of the “Diamond of Death” and its impact on trauma patients: <ul style="list-style-type: none"> • hypothermia • coagulopathies • acidosis • hypocalcaemia • Applies principles of massive hemorrhage control • Applies the principles of damage control resuscitation (DCR) and their intended use • Applies the principles of balanced resuscitation (targeted fluid therapy): <ul style="list-style-type: none"> • early consideration of blood products • TXA administration • strategies to prevent coagulopathies in trauma patients • hemostatic wound agents • Identifies the principle sites of traumatic hemorrhage: <ul style="list-style-type: none"> • abdominal trauma • chest trauma • pelvic trauma • long bone fractures • external hemorrhage • Correlates the pathophysiology of shock, signs and symptoms and clinical interventions for the trauma patient <ul style="list-style-type: none"> • hypovolemic • distributive • obstructive • cardiogenic 	<ul style="list-style-type: none"> • Able to conduct a focused circulatory assessment as it relates to mechanism of injury • Assists or performs intraosseous insertion care and removal • Demonstrates the appropriate use of rapid fluid devices • Demonstrates the appropriate use of warming devices

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport • Primary survey

	Knowledge	Skills
Disability	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the neurological status of the trauma patient • Recognizes the Cushing’s Triad response to increased intracranial pressure (ICP) • Recognizes the correlation of pupillary response to increased ICP • Able to assess, identify and intervene as appropriate for the following injuries or conditions such as: <ul style="list-style-type: none"> • epidural hematoma • subdural hematoma • intracerebral hematoma • subarachnoid hemorrhage • cerebral contusions/concussions • diffuse axonal brain injuries • herniation syndrome • increased intracranial pressure • skull fractures • brainstem death • Understands the importance of blood glucose when assessing neurological status • Able to associate the following clinical parameters with traumatic brain injuries: <ul style="list-style-type: none"> • hypoxia • hypercarbia • hypotension • hyponatremia • increase or decreased ICP • signs and symptoms of cerebral ischemia • seizures activity 	<ul style="list-style-type: none"> • Able to conduct a focused neurological assessment as it relates to mechanism of injury • Demonstrates how to conduct a neurological assessment using AVPU (Alert, Verbal, Pain, Unresponsive) assessment • Demonstrates how to use Glasgow Coma Scale (GCS) appropriately in adult and pediatrics • Demonstrates the effective use and indication for hyperosmolar agents in response to increased (ICP) <ul style="list-style-type: none"> • mannitol • hypertonic saline • Able to apply various physical strategies to the optimize ICP through patient positioning <ul style="list-style-type: none"> • head of bed 30° • use of cervical collars • Demonstrates the importance of patient positioning while in transport and relation to movement and external gravitational forces

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport • Primary survey

	Knowledge	Skills
Exposure and environmental	<ul style="list-style-type: none"> Recognizes the necessity to expose trauma patients during the primary and secondary assessment phase to identify any life threatening conditions: <ul style="list-style-type: none"> Uncontrolled hemorrhage Able to conduct a focused environmental assessment as it relates to mechanism of injury Able to recognize the risk of environmental injuries that may affect the hemodynamic status of the trauma patient <ul style="list-style-type: none"> submersion near drowning hanging decompression sickness cold related injuries heat related injuries 	<ul style="list-style-type: none"> Demonstrates the ability to participate in the collection of evidence and how it applies to the chain of custody and local/regional policy Applies available strategies to decrease the risk of hypothermia in trauma: <ul style="list-style-type: none"> invasive temperature monitoring radiant warming lights fluid warming devices warm blankets forced air warmers <ul style="list-style-type: none"> BAIR hugger chemical blankets

Transport • Secondary survey

	Knowledge	Skills
History and information gathering	<ul style="list-style-type: none"> Acknowledges and works to mitigate the risks of potential caregiver bias of trauma care and power dynamics related to patient demographics Recognizes the importance of information gathering and documentation throughout the various phases of the trauma continuum: <ul style="list-style-type: none"> transport <ul style="list-style-type: none"> ATMIST (age, time, mechanism of injury, injuries, signs and treatment) initial care and resuscitation <ul style="list-style-type: none"> SAMPLE (signs & symptoms, allergies, medications, past medical history, last meal and events) 	<ul style="list-style-type: none"> Demonstrates the ability to complete a focused secondary assessment as it pertains to mechanism of injury

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency **Fundamental trauma nursing knowledge** * may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Transport • **Secondary survey**

	Knowledge	Skills
Head and face	<ul style="list-style-type: none"> • Able to assess, identify and intervene as appropriate for the following ocular conditions: <ul style="list-style-type: none"> • ocular injuries • globe ruptures • foreign body • periorbital edema • Able to assess, identify and intervene as appropriate for the following facial injuries: <ul style="list-style-type: none"> • severe facial fractures • mandibular fractures • maxillary fractures • dental trauma • nasal drainage 	<ul style="list-style-type: none"> • Demonstrates the ability to conduct a head and face assessment through inspection and palpation

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Transport • Secondary survey

	Knowledge	Skills
Neck and spine	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integrity of the spine in an adult and pediatric trauma patient • Locates local and regional care referral pattern for the patient with a spinal cord injury • Recognizes the risk of loss of autonomic regulation in patients with spinal cord injuries and the importance of temperature monitoring • Able to identify mechanisms of injury associated with spinal cord syndromes: <ul style="list-style-type: none"> • central cord syndrome • anterior cord syndrome • brown-sequard syndrome • transverse cord syndrome • spinal cord injury without radiological abnormalities (SCIWORA) • Identifies primary spine system injuries: <ul style="list-style-type: none"> • Primary Vertebral Column injuries: <ul style="list-style-type: none"> • vertebral fractures • subluxation/dislocations • ligamentous • Primary Spinal Cord injuries: <ul style="list-style-type: none"> • cord concussion • contusion • transection • incomplete transection • Identifies secondary spine system injuries: <ul style="list-style-type: none"> • neurogenic shock • spinal shock • immune response • Recognizes the following symptoms may be correlated with in high spinal cord injuries <ul style="list-style-type: none"> • priapism • diaphragmatic breathing • absent rectal tone 	<ul style="list-style-type: none"> • Able to conduct a focused spinal assessment as it relates to mechanism of injury • Applies the Canadian C-spine rules when assessing trauma patients. • Applies the NEXUS criteria when assessing trauma patients and is able to implement appropriately: <ul style="list-style-type: none"> • midline cervical spine tenderness • focal neurological deficit • intoxication • painful or distracting injury • altered mental status • Demonstrates the appropriate use and indication of spinal motion restriction devices in trauma patients • Demonstrates the appropriate sizing and application of cervical collars as per local or regional policy • Demonstrates the appropriate method in which implement spinal motion restrictions (SMR) <ul style="list-style-type: none"> • cervical collar applied • head not taped • immobilize with towel rolls or foam blocks • patient on mattress • head of bed 30° • Demonstrates the appropriate way to log roll a trauma patient as per local or regional policy

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Transport • Secondary survey

	Knowledge	Skills
Chest	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the respiratory or cardiovascular system in trauma patients • Able to assess, identify and intervene as appropriate for the following conditions such as: <ul style="list-style-type: none"> • blunt cardiac Injuries • myocardial contusions • aortic dissection • cardiac tamponade • rib fractures • pulmonary contusions • hemo/pneumo thorax 	<ul style="list-style-type: none"> • Able to conduct a focused chest assessment as it relates to mechanism of injury • Able to assess for subcutaneous emphysema
Abdomen	<ul style="list-style-type: none"> • Able to recognize the injuries of solid and hollow organ injuries that may affect the gastrointestinal (GI) system in trauma patients • Acknowledges the importance, rational and limitations of the FAST exam • Able to assess, identify and intervene as appropriate for the following condition that affect the GI system in adult and pediatric trauma patients: <ul style="list-style-type: none"> • vascular injuries • hollow viscus • solid organ injuries • small and large bowel injuries • diaphragmatic ruptures • esophageal rupture • uterine rupture • abruptio placentae 	<ul style="list-style-type: none"> • Able to conduct a focused abdominal assessment as it relates to mechanism of injury • Anticipates for the physiological changes of altitude on hollow and air filled organ injuries • Effectively monitors for changes in GI status while in transport • Demonstrates the appropriate use and indications/contraindications of nasal gastric/oral gastric tube insertion in trauma patients
Pelvis and genital	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the pelvis or genital regions <ul style="list-style-type: none"> • urethral • penile • testicular • vaginal • pelvic • Acknowledges the importance of providing trauma and violence informed care and sensitivity for patients with a history of sexual abuse 	<ul style="list-style-type: none"> • Able to conduct a focused pelvic and genital assessment as it relates to mechanism of injury • Demonstrates competency in assessing pelvic stability • Demonstrates competency in pelvic binding in out of hospital care <ul style="list-style-type: none"> • T-Pod® • Sam Pelvic Sling® • long sheet

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Transport • Secondary survey

	Knowledge	Skills
Extremities/MSK	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the MSK system in trauma patients • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • fractures • mangled extremity (soft tissue, bone, nerve, vascular) • pelvic fractures • amputations • complex pain management • dislocations (shoulders/hips) • rhabdomyolysis • subluxations • compartment syndrome • crush injuries • avulsion injuries • vascular injuries • fat emboli syndrome 	<ul style="list-style-type: none"> • Able to conduct a focused musculoskeletal (MSK) and extremity assessment as it relates to mechanism of injury • Identifies how physiological stressors of transport may impact the trauma patient and prepare accordingly • Able to assess and provide care for the following: <ul style="list-style-type: none"> • negative pressure wound therapy • complex pain management • Demonstrates the appropriate application of the femoral traction splints <ul style="list-style-type: none"> • Slishman traction splint® • Speed splint® • Thomas splint®
Integument/surface (burn)	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integumentary system in trauma patients • Able to assess, identify and intervene as appropriate for the following injuries: <ul style="list-style-type: none"> • lacerations • abrasions • avulsions • puncture wounds (high pressure/missile) • contusions • hematomas • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • thermal burns (heat/cold) • chemical burns • electrical burns • radiation burns • Assesses for ineffective wound healing or infection and intervenes appropriately • Identifies the importance of maintaining optimal skin integrity and performs appropriate nursing interventions • Recognizes the increase in risk of infection due to the loss of thermal regulation and loss of skin integrity 	<ul style="list-style-type: none"> • Able to conduct a focused integument or surface assessment as it relates to mechanism of injury • Applies strategies to decrease the risk of hypothermia in thermal trauma: <ul style="list-style-type: none"> • invasive temperature monitoring • fluid warming devices • patient packaging and warming devices • Demonstrates the appropriate use of adult and pediatric fluid resuscitation guidelines • Able to apply burn surface area (BSA) estimation guidelines for adult and pediatrics • Locates provincial/regional burn guidelines adults and pediatrics • bn-ci-performance-criteria-wepcs (ameriburn.org) • Guidelines for Burn Patient Referral (ameriburn.org)

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Transport • Secondary survey

	Knowledge	Skills
Person centred care	<ul style="list-style-type: none"> Provides care in an equitable and inclusive manner focusing on cultural diversity, Indigenous health, respectful language, acknowledging gender identity or expression and sexual orientation Integrates principles of trauma and violence informed care and builds knowledge around Cultural Safety, Indigenous-specific anti-racism theory and harm reduction Builds knowledge of the First Nations perspective and how to further enhance relationships throughout the trauma continuum Actively reflects on the complexity of the social, cultural and economical impacts associated with the traumatic injury event and ongoing care management for patients and families Ensure patient privacy is protected Familiar with local/regional and First Nations protocols in the care required for the death of a trauma patient such as: <ul style="list-style-type: none"> care of the deceased coordinating with coroner's office organ donation Recognizes that the rights of Indigenous Peoples may not be aligned with colonial law but the mandate is to uphold DRIPA in B.C. and UNDRIP nationally Able to identify and assess risk for aggressive and/or violent behaviour in the injured trauma patient Anticipates potential challenges of complex pain and advocates for alternative treatment modalities Acknowledges the risk of potential racial bias in pain assessment and treatment of Indigenous Peoples Acknowledges the use of distraction techniques may effect pain and psychological health at all ages such as: <ul style="list-style-type: none"> use of iPADs transdermal analgesia pediatric pain reduction kits Monitors and evaluates selective communication strategies and informs the multidisciplinary trauma teams as required 	<ul style="list-style-type: none"> Is able to implement plans of care to optimize cognitive functioning in collaboration with the multidisciplinary trauma team Able to effectively assess and manage cognitive impairments such as: <ul style="list-style-type: none"> confusion depression anxiety disinhibition agitation delirium sensory deprivation irritability Is able to identify and implement adequate pain control in trauma patients based upon <ul style="list-style-type: none"> age developmental stage cognitive abilities Implements non-pharmacological pain methods for different ages appropriately Implements effective communication strategies to support trauma patients such as: <ul style="list-style-type: none"> reducing speed of speech use of communication board use of pen, paper and pictures

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation

	Knowledge	Skills
General principles of trauma resuscitation	<ul style="list-style-type: none"> Identifies the requirements for initiating the rapid transfer to a higher level of care or designated trauma centre is the priority for any trauma patient Recognizes that the initial assessment of any trauma patient begins upon arrival to the trauma room with a brief “across the room assessment” looking for any signs of uncontrolled hemorrhage Prioritizes circulation in the primary assessment C-ABC as necessary and acknowledges that uncontrolled hemorrhage is the major cause of preventable death after injury in trauma Prioritizes that Tranexamic Acid (TXA) is to be given as early as possible for the severely hemorrhaging trauma patient Defines the principles of damage control resuscitation (DCR) that include: <ul style="list-style-type: none"> mechanical hemostasis limited crystalloid permissive hypotension balanced resuscitation correction of acidosis rewarming surgical interventions 	<ul style="list-style-type: none"> Demonstrates competence in the following hemorrhage control principles: <ul style="list-style-type: none"> deep wound compression and packing junctional hemorrhage control pelvic binding tourniquet use
General principles of the biomechanics, kinematics, and mechanism of injury	<ul style="list-style-type: none"> Defines how energy transference results in injury patterns in adult and pediatric patients <ul style="list-style-type: none"> blunt trauma penetrating trauma thermal trauma blast trauma Able to anticipate patient needs and interventions based upon mechanism of injury (MOI), clinical presentation and pre-hospital information 	

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation

	Knowledge	Skills
General principles of trauma nursing knowledge	<ul style="list-style-type: none"> • Acknowledges and works to mitigate the risks of potential caregiver bias and power dynamics of trauma care related to patient demographics • Acknowledges and strives to help eradicate systemic Indigenous-specific racism, and barriers related to equity and access to services impacting Indigenous Peoples • Applies the principles and rationale of systematic primary and secondary assessment for trauma patients • Locates local procedures around mandatory reporting for gunshot and stabbing injuries • Identifies that age related anatomical and physiological changes may impact an individuals ability to recover from a traumatic injury • Identifies the requirement to stabilize prior to the transfer of a trauma patient • Clinically recognizes severe injury and is able to utilize the Trauma Team Activation (TTA) criteria as per regional and provincial guidelines • Participates in the clinical decision on whether or not it is appropriate to transfer a patient • Partners with facilities and prehospital providers to support the decision to transfer as well as to advocate on the most appropriate method and skill complement • Identifies the key priorities required to prepare a patient for transfer to higher level of care: <ul style="list-style-type: none"> • patient/family consent • initiating PTN call • patient transfer requirements • appropriate skill requirements for transfer team 	<ul style="list-style-type: none"> • Demonstrates clinical aptitude to recognized patient deterioration is able to escalate accordingly • Demonstrates the appropriate use and indication of spinal motion restriction devices in both adult and pediatric patient • Demonstrates competency in all essential resuscitative equipment in order to transport a trauma patient such as: <ul style="list-style-type: none"> • monitoring equipment • fluid warming devices • rapid fluid infusion devices • pelvic binders • Demonstrates the appropriate use of the Trauma Nursing Assessment Record (TNAR) • Demonstrates the appropriate use of the trauma transfer form • Identifies and prepare all essential equipment required for patient transfer: <ul style="list-style-type: none"> • airway equipment • monitoring equipment • medications • IV access/supplies/fluids • needle decompression equipment

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the older adult:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • falls • motor vehicle collisions • pedestrian struck • thermal injuries • elder abuse • anatomical and physiological changes • co-morbidities and polypharmacy • risks associated with anticoagulation • clinical frailty scale • spinal immobilization • impact of psychological and/or social influences • considers the family/caregivers in relation to older Indigenous adults <p>Identifies the complex care needs of the pediatric patient:</p> <ul style="list-style-type: none"> • demonstrates the understanding of the different standards in diagnostics in the pediatric trauma patient: <ul style="list-style-type: none"> • PECARN Standards: CT is gold standard • Serial FAST exams • Serial lab exams for abdominal injuries • identifies age specific clinical adjuncts <ul style="list-style-type: none"> • Broselow® tape/chart • considers the family/caregivers in relation to the pediatric trauma patient and understands the significance of the presence of family as healing within Indigenous cultures • high suspicion for child maltreatment including sentinel injuries • local procedures around child maltreatment reporting and documentation • acknowledges the risk for potential racial bias and stereotyping that may influence the identification and reporting of child maltreatment in Indigenous children 	<p>Older adults</p> <ul style="list-style-type: none"> • Demonstrates proper spinal motion restriction • Effectively screens for IPV or associated risk • Implements cognitive screening in the older adult trauma patient on anticoagulants <p>Pediatric patients</p> <ul style="list-style-type: none"> • Demonstrate the correct use of the Broselow® tape/chart • Demonstrates the knowledge and application of volume resuscitation in children • Demonstrates the ability to properly identify the concern of improper seating and restraints • Effectively screens for child maltreatment or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the pregnant patient:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • intimate partner violence • motor vehicle collisions • falls • penetrating trauma • inferior vena cava compression • anatomical and physiological changes • identifies the potential for the following injuries <ul style="list-style-type: none"> • placental abruption • ruptured uterus • direct fetal injury • pelvic fractures • treating pregnant persons first to support the fetus • traumatic maternal cardiopulmonary arrest/fetal delivery • the importance of fetal health surveillance and monitoring • administers medications while considering contraindications for the pregnant patient • locates resources in which to access higher level of care resources • pharmacokinetic risk factor such as fetal/ maternal medicine • awareness of the unique traumas that Indigenous women experience such as: <ul style="list-style-type: none"> • forced sterilization • impacts of child welfare policies that separate and disrupt Indigenous families <p>Identifies the complex care needs of the bariatric patient:</p> <ul style="list-style-type: none"> • potential for respiratory compromise • anatomical and physiological changes • use of RAMPing for airway management • increase risk of cardiovascular compromise • increased risk for DVT and PE 	<p>Pregnancy</p> <ul style="list-style-type: none"> • Demonstrates the proper positioning and spinal motion restriction • Effectively screens for IPV or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation • Primary survey

	Knowledge	Skills
Airway	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the airway of an adult and pediatric trauma patient • Optimizes patient positioning to maintain airway patency by considering patient size, age and body habitus. • Recognizes the differences in emergency surgical airway management of the pediatric trauma patient • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • airway obstruction <ul style="list-style-type: none"> • mechanical • functional • airway edema <ul style="list-style-type: none"> • burns • inhalation injuries 	<ul style="list-style-type: none"> • Able to conduct a focused airway assessment as it relates to mechanism of injury • Demonstrates advanced airway management skills while organizing the care and management for the following interventions: <ul style="list-style-type: none"> • intubation • cricothyrotomy • surgical airway • Able to prepare for and assists in drug assisted intubation (DAI) • Assists with or performs the insertion/management of advanced airways • Assists with the insertion/management of definitive airways • Demonstrates the use of ET/CO₂ monitoring in determining definitive airway management • Demonstrates the appropriate application and use of spinal motion restriction
Breathing	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the respiratory status of the trauma patient • Defines the potential risk of inadequate oxygenation/ventilation in the trauma patient • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • hemothorax • pneumothorax (including tension) • flail chest/multiple rib fractures • penetrating thoracic injuries • blast lung • pulmonary contusions • diaphragmatic disruption 	<ul style="list-style-type: none"> • Able to conduct a focused respiratory assessment as it relates to mechanism of injury • Able to assist with or perform the following skills or procedures: <ul style="list-style-type: none"> • assisted ventilations (BVM, BiPAP) • mechanical ventilation • needle decompression • pulse oximetry • capnography • chest tube insertion and ongoing management • Is able to position patients to improve ventilation/respiration while maintaining c-spine precautions

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation • Primary survey

	Knowledge	Skills
Circulation and hemorrhage control	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the circulatory status of a trauma patient • Recognizes actual or potential life-threatening alterations in cardiac output and perfusion • Applies the principles of the “Diamond of Death” and its impact on trauma patients: <ul style="list-style-type: none"> • hypothermia • coagulopathies • acidosis • hypocalcaemia • Applies principles of massive hemorrhage control • Applies the principles of damage control resuscitation (DCR) and their intended use <ul style="list-style-type: none"> • hypotensive resuscitation • hemostatic resuscitation • Resuscitative endovascular balloon occlusion of the aorta (REBOA) • Applies the principles of balanced resuscitation (targeted fluid therapy): <ul style="list-style-type: none"> • TXA administration • strategies to prevent coagulopathies in trauma patients • hemostatic wound agents • autotransfusion • Identifies of the principle sites of traumatic hemorrhage: <ul style="list-style-type: none"> • abdominal trauma • chest trauma • pelvic trauma • long bone fractures • external hemorrhage • Correlates the pathophysiology of shock, signs and symptoms and clinical interventions for the trauma patient <ul style="list-style-type: none"> • hypovolemic • distributive • obstructive • cardiogenic • Correlates the usefulness in point-of-care testing lab testing to evaluate the efficiency of blood clotting, platelet function and fibrinolysis in the hemorrhagic patient <ul style="list-style-type: none"> • Thromboelastography (TEG) • Rotational thromboelastometry (ROTEM) 	<ul style="list-style-type: none"> • Able to conduct a focused circulatory assessment as it relates to mechanism of injury • Assists or performs intraosseous insertion care and removal • Demonstrates the appropriate use of rapid fluid devices • Demonstrates the appropriate use of warming devices

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation • Primary survey

	Knowledge	Skills
Disability	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the neurological status of the trauma patient • Recognizes the Cushing's Triad response to increased intracranial pressure (ICP) • Recognizes the correlation of pupillary response to increased ICP • Able to assess, identify and intervene as appropriate for the following injuries or conditions such as: <ul style="list-style-type: none"> • epidural hematoma • subdural hematoma • intracerebral hematoma • subarachnoid hemorrhage • cerebral contusions/concussions • diffuse axonal brain injuries • herniation syndrome • increased intracranial pressure • skull fractures • brainstem death • Understands the importance of blood glucose when assessing neurological status • Able to associate the following clinical parameters with traumatic brain injuries: <ul style="list-style-type: none"> • hypoxia • hypercarbia • hypotension • hyponatremia • increase or decreased ICP • signs and symptoms of cerebral ischemia • seizures activity 	<ul style="list-style-type: none"> • Able to conduct a focused neurological assessment as it relates to mechanism of injury • Demonstrates how to conduct a neurological assessment using AVPU (Alert, Verbal, Pain, Unresponsive) assessment • Demonstrates how to use Glasgow Coma Scale (GCS) appropriately in adult and pediatrics • Demonstrates the effective use and indication for hyperosmolar agents in response to increased (ICP) <ul style="list-style-type: none"> • mannitol • hypertonic saline • Able to apply various physical strategies to the optimize ICP through patient positioning <ul style="list-style-type: none"> • head of bed 30° • use of cervical collars

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

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Initial care and resuscitation • Primary survey

	Knowledge	Skills
Exposure and environmental	<ul style="list-style-type: none"> Recognizes the necessity to expose trauma patients during the primary and secondary assessment phase to identify any life threatening conditions: <ul style="list-style-type: none"> Uncontrolled hemorrhage Able to conduct a focused environmental assessment as it relates to mechanism of injury Able to recognize the risk of environmental injuries that may affect the hemodynamic status of the trauma patient <ul style="list-style-type: none"> submersion near drowning hanging decompression sickness cold related injuries heat related injuries 	<ul style="list-style-type: none"> Demonstrates the ability to participate in the collection of evidence and how it applies to the chain of custody and local/regional policy Applies available strategies to decrease the risk of hypothermia in trauma: <ul style="list-style-type: none"> invasive temperature monitoring radiant warming lights fluid warming devices warm blankets forced air warmers <ul style="list-style-type: none"> BAIR hugger chemical blankets

Initial care and resuscitation • Secondary survey

	Knowledge	Skills
History and information gathering	<ul style="list-style-type: none"> Acknowledges and works to mitigate the risks of potential caregiver bias of trauma care and power dynamics related to patient demographics Recognizes the importance of information gathering and documentation throughout the various phases of the trauma continuum: <ul style="list-style-type: none"> initial care and resuscitation <ul style="list-style-type: none"> SAMPLE (signs & symptoms, allergies, medications, past medical history, last meal and events) Recognize and actively challenge racial bias and stereotype that influence approach to requesting past medical history. Utilize a strengths based, Indigenous-specific racism and discrimination informed approach 	<ul style="list-style-type: none"> Demonstrates the ability to complete a focused secondary assessment as it pertains to mechanism of injury

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency **Fundamental trauma nursing knowledge** * may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Initial care and resuscitation • **Secondary survey**

	Knowledge	Skills
Head and face	<ul style="list-style-type: none"> • Able to assess, identify and intervene as appropriate for the following ocular conditions: <ul style="list-style-type: none"> • ocular injuries • globe ruptures • foreign body • periorbital edema • Able to assess, identify and intervene as appropriate for the following facial injuries: <ul style="list-style-type: none"> • severe facial fractures • mandibular fractures • maxillary fractures • dental trauma • nasal drainage 	<ul style="list-style-type: none"> • Demonstrates the appropriate way to stabilize ocular foreign bodies

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Initial care and resuscitation • Secondary survey

	Knowledge	Skills
Neck and spine	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integrity of the spine in an adult and pediatric trauma patient • Locates local and regional referral patterns for the care of the complex spinal patient • Recognizes the risk of loss of autonomic regulation in patients with spinal cord injuries and the importance of temperature monitoring • Able to identify mechanisms of injury associated with spinal cord syndromes: <ul style="list-style-type: none"> • central cord syndrome • anterior cord syndrome • brown-sequard syndrome • transverse cord syndrome • spinal cord injury without radiological abnormalities (SCIWORA) • Identifies primary spine system injuries: <ul style="list-style-type: none"> • Primary Vertebral Column injuries: <ul style="list-style-type: none"> • vertebral fractures • subluxation/dislocations • ligamentous • Primary Spinal Cord injuries: <ul style="list-style-type: none"> • cord concussion • contusion • transection • incomplete transection • Identifies secondary spine system injuries: <ul style="list-style-type: none"> • neurogenic shock • spinal shock • immune response • Recognizing the following assessment findings may result in high spinal cord injuries <ul style="list-style-type: none"> • priapism • diaphragmatic breathing • absent rectal tone 	<ul style="list-style-type: none"> • Able to conduct a focused spinal assessment as it relates to mechanism of injury • Applies the Canadian C-spine rules when assessing trauma patients. • Applies the NEXUS criteria when assessing trauma patients and is able to implement appropriately: <ul style="list-style-type: none"> • midline cervical spine tenderness • focal neurological deficit • intoxication • painful or distracting injury • altered mental status • Demonstrates the appropriate use and indication of spinal motion restriction devices in trauma patients • Demonstrates the appropriate sizing and application of cervical collars as per local or regional policy • Demonstrates the appropriate method in which implement spinal motion restrictions <ul style="list-style-type: none"> • cervical collar applied • head not taped • immobilize with towel rolls or foam blocks • patient on mattress • head of bed 30° • Demonstrates the appropriate way to log roll a trauma patient as per local or regional policy

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Initial care and resuscitation • Secondary survey

	Knowledge	Skills
Chest	<ul style="list-style-type: none"> • Able to assess, identify and intervene as appropriate for the following conditions such as: <ul style="list-style-type: none"> • blunt cardiac Injuries • myocardial contusions • aortic dissection • cardiac tamponade • rib fractures • pulmonary contusions • hemo/pneumo thorax 	<ul style="list-style-type: none"> • Able to assess for subcutaneous emphysema • Demonstrates competency in completing a chest assessment <ul style="list-style-type: none"> • chest wall integrity • muffled heart sounds
Abdomen	<ul style="list-style-type: none"> • Able to recognize the injuries that may solid organ injuries that may affect the gastrointestinal (GI) system in trauma patients • Acknowledges the importance, rational and limitations of the FAST exam • Able to assess, identify and intervene as appropriate for the following condition that affect the GI system in adult and pediatric trauma patients: <ul style="list-style-type: none"> • vascular injuries • hollow viscus • solid organ injuries • small and large bowel injuries • diaphragmatic ruptures • esophageal rupture • uterine rupture • abruptio placentae • Able to identify the indications and contraindications of nasal gastric/oral gastric insertion in adults and pediatrics 	<ul style="list-style-type: none"> • Able to conduct a focused abdominal assessment as it relates to mechanism of injury • Effectively monitors for changes in GI status while in transport • Demonstrates the appropriate use and indications/contraindications of nasal gastric/oral gastric insertion in trauma patients
Pelvis and genital	<ul style="list-style-type: none"> • Able to identify the indications and contraindications of in-dwelling catheter insertion in trauma patients • Able to recognize the injuries that may affect the pelvis or genital regions <ul style="list-style-type: none"> • urethral • penile • testicular • vaginal • pelvic • Acknowledges the importance of providing trauma and violence informed care and sensitivity for patients with a history of sexual abuse 	<ul style="list-style-type: none"> • Able to conduct a focused pelvic and genital assessment as it relates to mechanism of injury • Demonstrates competency in assessing pelvic stability • Demonstrates competency in pelvic binding <ul style="list-style-type: none"> • T-Pod® • Sam Pelvic Sling® • long sheet

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Initial care and resuscitation • Secondary survey

	Knowledge	Skills
Extremities/ musculoskeletal	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the MSK system in trauma patients • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • fractures • mangled extremity (soft tissue, bone, nerve, vascular) • pelvic fractures • amputations • complex pain management • dislocations (shoulders/hips) • rhabdomyolysis • subluxations • compartment syndrome • crush injuries • avulsion injuries • vascular injuries • fat emboli syndrome 	<ul style="list-style-type: none"> • Able to conduct a focused musculoskeletal (MSK) and extremity assessment as it relates to mechanism of injury • Demonstrates competency for the following: <ul style="list-style-type: none"> • burn care and scar management • skin tear care • pressure injury care • negative pressure wound therapy • arterial and venous wounds • surgical wounds • fracture stabilization and/ or reductions • fasciotomy wound care • complex pain management • Demonstrates the appropriate application of the following traction splints <ul style="list-style-type: none"> • Slishman traction splint® • Speed splint® • Thomas®
Integument/ surface trauma (burns)	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integumentary system in trauma patients • Able to assess, identify and intervene as appropriate for the following injuries: <ul style="list-style-type: none"> • lacerations • abrasions • avulsions • puncture wounds (high pressure/missile) • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • thermal burns (heat/cold) • chemical burns • electrical burns • radiation burns • Assesses for ineffective wound healing or infection and intervenes appropriately • Identifies the importance of maintaining optimal skin integrity and performs appropriate nursing interventions • Recognizes the increase in risk of infection due to the loss of thermal regulation and loss of skin integrity 	<ul style="list-style-type: none"> • Able to conduct a focused integument or surface assessment as it relates to mechanism of injury • Applies strategies to decrease the risk of hypothermia in thermal trauma: <ul style="list-style-type: none"> • invasive temperature monitoring • fluid warming devices • patient packaging and warming devices • Able to apply burn surface area (BSA) estimation guidelines for adult and pediatrics • Locates provincial/regional burn guidelines adults and pediatrics • bnci-performance-criteria-wepecs (ameriburn.org) • Guidelines for Burn Patient Referral (ameriburn.org)

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

* may require advanced knowledge, speciality training, and support/endorsement by Regional Health Authorities

Initial care and resuscitation • Secondary survey

	Knowledge	Skills
Person centred care	<ul style="list-style-type: none"> Provides care in an equitable and inclusive manner focusing on cultural diversity, Indigenous health, respectful language, acknowledging gender identity or expression and sexual orientation Integrates principles of trauma and violence informed care and builds knowledge around cultural safety and harm reduction Builds knowledge of the First Nations perspective and how to further enhance relationships throughout the trauma continuum Actively reflects on the complexity of the social, cultural and economical impacts associated with the traumatic injury event and ongoing care management for patients and families Ensure patient privacy is protected Familiar with local/regional/Indigenous protocols in the care required for the death of a trauma patient such as: <ul style="list-style-type: none"> care of the deceased coordinating with coroner's office or Indigenous Nation organ donation Recognizes that the rights of Indigenous Peoples may not be aligned with colonial law but the mandate is to uphold DRIPA in B.C. and UNDRIP nationally Able to identify and assess risk for aggressive and/or violent behaviour in the injured trauma patient Anticipates potential challenges of complex pain and advocates for alternative treatment modalities Acknowledge the risk of potential racial bias in pain assessment and treatment of Indigenous Peoples Acknowledges the use of distraction techniques may effect pain and psychological health at all ages such as: <ul style="list-style-type: none"> use of iPADS transdermal analgesia pediatric pain reduction kits Monitors and evaluates selective communication strategies and informs the multidisciplinary trauma teams as required 	<ul style="list-style-type: none"> Is able to implement plans of care to optimize cognitive functioning in collaboration with the multidisciplinary trauma team Able to effectively assess and manage cognitive impairments such as: <ul style="list-style-type: none"> confusion depression anxiety disinhibition agitation delirium sensory deprivation irritability Is able to identify and implement adequate pain control in trauma patients based upon <ul style="list-style-type: none"> age developmental stage cognitive abilities Implements non-pharmacological pain methods for different ages appropriately Implements effective communication strategies to support trauma patients such as: <ul style="list-style-type: none"> reducing speed of speech use of communication board use of pen, paper and pictures

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care

	Knowledge	Skills
General principles of trauma resuscitation	<ul style="list-style-type: none"> Identifies the requirements for initiating the rapid transfer to a higher level of care or designated trauma centre is the priority for any trauma patient Recognizes that the initial assessment of any trauma patient begins upon arrival to the trauma room with a brief “across the room assessment” looking for any signs of uncontrolled hemorrhage Prioritizes circulation in the primary assessment C-ABC as necessary and acknowledges that uncontrolled hemorrhage is the major cause of preventable death after injury in trauma Prioritizes that Tranexamic Acid (TXA) is given as early as possible for the severely hemorrhaging trauma patient Defines the principles of damage control resuscitation (DCR) that include: <ul style="list-style-type: none"> mechanical hemostasis limited crystalloid permissive hypotension balanced resuscitation correction of acidosis rewarming surgical interventions 	<ul style="list-style-type: none"> Demonstrates competence in the following: <ul style="list-style-type: none"> deep wound compression and packing junctional hemorrhage control pelvic binding tourniquet use
General principles of the biomechanics, kinematics, and mechanism of injury	<ul style="list-style-type: none"> Defines how energy transference results in injury patterns in adult and pediatric patients <ul style="list-style-type: none"> blunt trauma penetrating trauma thermal trauma blast Trauma Able to anticipate patient needs and interventions based upon mechanism of injury (MOI), clinical presentation and pre-hospital information 	

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency		Fundamental trauma nursing knowledge
Acute care		
	Knowledge	Skills
General principles of trauma nursing knowledge	<ul style="list-style-type: none"> Acknowledges and works to mitigate the risks of potential care provider bias and power dynamics of trauma care related to patient demographics Acknowledges and strives to help eradicate systemic anti-Indigenous racism, and barriers related to equity and access to services impacting Indigenous Peoples Applies the principles and rationale of systematic primary and secondary assessment for trauma patients Demonstrates clinical aptitude to recognized patient deterioration is able to escalate accordingly Identifies that age related anatomical and physiological changes may impact an individuals ability to recover from a traumatic injury Identifies the key priorities required to prepare a patient for transfer to higher level of care: <ul style="list-style-type: none"> patient/family consent initiating PTN call patient transfer requirements appropriate skill requirements for transfer team 	<ul style="list-style-type: none"> Demonstrates the appropriate use and indication of spinal motion restriction devices in both adult and pediatric patient Demonstrates competency in all essential resuscitative/monitoring equipment in order to care for a trauma patient such as: <ul style="list-style-type: none"> monitoring equipment fluid warming devices rapid fluid infusion devices analgesia IV access/supplies/fluids chest tube

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency	Fundamental trauma nursing knowledge	
Acute care		
	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the older adult:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • falls • motor vehicle collisions • pedestrian struck • thermal injuries • elder abuse • anatomical and physiological changes • co-morbidities and polypharmacy • risks associated with anticoagulation • clinical frailty scale • spinal immobilization • impact of psychological and/or social influences • considers the family/caregivers in relation to older Indigenous adults <p>Identifies the complex care needs of the pediatric patient:</p> <ul style="list-style-type: none"> • demonstrates the understanding of the different standards in diagnostics in the pediatric trauma patient: <ul style="list-style-type: none"> • PECARN Standards: CT is gold standard • Serial FAST exams • Serial lab exams for abdominal injuries • identifies age specific clinical adjuncts <ul style="list-style-type: none"> • Broselow® tape/chart • considers the family/caregivers in relation to the pediatric trauma patient • high suspicion for child maltreatment including sentinel injuries • local procedures around child maltreatment reporting and documentation • acknowledges the risk for potential racial bias and stereotyping that may inhibit the identification of child maltreatment in Indigenous children 	<p>Older adults</p> <ul style="list-style-type: none"> • Demonstrates proper spinal motion restriction • Effectively screens for IPV or associated risk • Implements cognitive screening in the older adult trauma patient on anticoagulants <p>Pediatric patients</p> <ul style="list-style-type: none"> • Demonstrate the correct use of the Broselow® tape/chart • Demonstrates the knowledge and application of volume resuscitation in children • Demonstrates the ability to properly identify the concern of improper seating and restraints • Effectively screens for child maltreatment or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care

	Knowledge	Skills
General principles of the speciality populations in trauma	<p>Specialty populations: Identifies the complex care needs of the pregnant patient:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • intimate partner violence • motor vehicle collisions • falls • penetrating trauma • inferior vena cava compression • anatomical and physiological changes • identifies the potential for the following injuries <ul style="list-style-type: none"> • placental abruption • ruptured uterus • direct fetal injury • pelvic fractures • treating pregnant persons first to support the fetus • traumatic maternal cardiopulmonary arrest/fetal delivery • the importance of fetal health surveillance and monitoring • administers medications while considering contraindications for the pregnant patient • locates resources in which to access higher level of care resources • pharmacokinetic risk factor such as fetal/ maternal medicine • awareness of the unique traumas that Indigenous women experience such as: <ul style="list-style-type: none"> • forced sterilization • impacts of child welfare policies that separate and disrupt Indigenous families <p>Identifies the complex care needs of the bariatric patient:</p> <ul style="list-style-type: none"> • potential for respiratory compromise • anatomical and physiological changes • use of RAMPing for airway management • increase risk of cardiovascular compromise • increased risk for DVT and PE 	<p>Pregnancy</p> <ul style="list-style-type: none"> • Demonstrates the proper positioning and spinal motion restriction • Effectively screens for IPV or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency		Fundamental trauma nursing knowledge	
Acute care • Primary survey			
	Knowledge	Skills	
Airway	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the airway of an adult and pediatric trauma patient • Optimizes patient positioning to maintain airway patency by considering patient size, age and body habitus • Recognizes the differences in emergency surgical airway management of the trauma patient • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • airway obstruction <ul style="list-style-type: none"> • mechanical • functional • airway edema <ul style="list-style-type: none"> • burns • inhalation injuries 	<ul style="list-style-type: none"> • Able to conduct a focused airway assessment as it relates to mechanism of injury • Demonstrates competency in airway management in trauma patients <ul style="list-style-type: none"> • proper positioning • airway adjuncts <ul style="list-style-type: none"> • oral • nasal • laryngeal mask airway • tracheostomy • secretion management • Assists with the management of advanced airways • Uses ETCO2 monitoring in determining airway patency • Demonstrates the appropriate application and use of spinal motion restrictions 	
Breathing	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the respiratory status of the trauma patient • Defines the potential risk of inadequate oxygenation/ventilation in the trauma patient • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • hemothorax • pneumothorax (including tension) • flail chest/multiple rib fractures • penetrating thoracic Injuries • blast lung • pulmonary contusions • diaphragmatic disruption 	<ul style="list-style-type: none"> • Able to conduct a focused respiratory assessment as it relates to mechanism of injury • Able to assist with or perform the following skills or tasks: <ul style="list-style-type: none"> • bag valve mask ventilations (BVM) • pulse oximetry • capnography • chest tube insertion and ongoing management • respiratory hygiene • Is able to position patients to improve ventilation/respiration while maintaining c-spine precautions • Is able to appropriately assess, anticipate, and manage pain to facilitate optimal ventilation/oxygenation 	

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Primary survey

	Knowledge	Skills
Circulation and hemorrhage control	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the circulatory status of a trauma patient • Recognizes actual or potential life-threatening alterations in cardiac output and perfusion • Applies the principles of the “Diamond of Death” and its impact on trauma patients: <ul style="list-style-type: none"> • hypothermia • coagulopathies • acidosis • hypocalcaemia • Identifies of the principle sites of traumatic hemorrhage: <ul style="list-style-type: none"> • abdominal trauma • chest trauma • pelvic trauma • long bone fractures • external hemorrhage • Correlates the pathophysiology of shock, signs and symptoms and clinical interventions for pediatric and adult trauma patient <ul style="list-style-type: none"> • hypovolemic • distributive • obstructive • cardiogenic • Able to recognize the signs and symptoms of Systemic Inflammatory Response Syndrome (SIRS) in the trauma patient 	<ul style="list-style-type: none"> • Able to conduct a focused circulatory assessment as it relates to mechanism of injury • Demonstrates the appropriate use of rapid fluid devices • Demonstrates the appropriate use of warming devices • Anticipates and manages appropriately complications associated with trauma such as: <ul style="list-style-type: none"> • deep vein thrombosis • anemia • clotting abnormalities • Verifies that early VTE prophylaxis is considered

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Primary survey

	Knowledge	Skills
Disability	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the neurological status of the trauma patient • Able to assess, identify and intervene as appropriate for the following injuries or conditions such as: <ul style="list-style-type: none"> • epidural hematoma • subdural hematoma • intracerebral hematoma • subarachnoid hemorrhage • cerebral contusions/concussions • diffuse axonal brain injuries • herniation syndrome • increased intracranial pressure • skull fractures • brainstem death • Understands the importance of blood glucose when assessing neurological status • Able to associate the following clinical parameters with traumatic brain injuries: <ul style="list-style-type: none"> • hypoxia • hypercarbia • hypotension • hyponatremia • increase or decreased ICP • signs and symptoms of cerebral ischemia • seizures activity 	<ul style="list-style-type: none"> • Able to conduct a focused neurological assessment as it relates to mechanism of injury • Demonstrates how to conduct a neurological assessment using AVPU (Alert, Verbal, Pain, Unresponsive) assessment • Demonstrates how to use Glasgow Coma Scale (GCS) appropriately in adult and pediatrics • Able to apply various physical strategies to the optimize ICP through patient positioning <ul style="list-style-type: none"> • head of bed 30° • use of cervical collars • Provides care and support while adhering to regional/provincial CPG/CDST for patients with a traumatic brain injury (TBI) • Supports implementation of various treatment modalities, precautions and exercises for patients with traumatic brain injuries experiencing: <ul style="list-style-type: none"> • dysphagia • aphasia • hemiplegia • Works with the multi-disciplinary team to accomplish safety care such as: <ul style="list-style-type: none"> • swallowing assessments • communication skills and tools • hemiplegic positioning • Uses Rancho Los Amigos scale appropriately in adults and pediatrics • Demonstrates appropriate administration of hypertonic saline
Exposure and Environmental	<ul style="list-style-type: none"> • Able to conduct a focused environmental assessment as it relates to mechanism of injury • Able to recognize the risk of environmental injuries that may affect the hemodynamic status of the trauma patient <ul style="list-style-type: none"> • submersion • near drowning • hanging • decompression sickness • cold related injuries • heat related injuries 	<ul style="list-style-type: none"> • Applies available strategies to decrease the risk of hypothermia in trauma: <ul style="list-style-type: none"> • invasive temperature monitoring • radiant warming lights • fluid warming devices • warm blankets • forced air warmers <ul style="list-style-type: none"> • BAIR hugger • chemical blankets

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
History and information gathering	<ul style="list-style-type: none"> Recognizes the importance of information gathering and documentation throughout the various phases of the trauma continuum: <ul style="list-style-type: none"> Acute care <ul style="list-style-type: none"> Modified Early Warning Score (MEWS) Pediatric Early Warning signs (PEWS) SAMPLE (signs & symptoms, allergies, medications, past medical history, last meal and events) Recognizes the importance of the tertiary survey in order to identify any missed injuries 	<ul style="list-style-type: none"> Demonstrates the ability to complete a focused secondary assessment as it pertains to mechanism of injury
Head and face	<ul style="list-style-type: none"> Able to assess, identify and intervene as appropriate for the following ocular conditions: <ul style="list-style-type: none"> ocular injuries globe ruptures foreign body periorbital edema Able to assess, identify and intervene as appropriate for the following facial injuries: <ul style="list-style-type: none"> severe facial fractures mandibular fractures maxillary fractures dental trauma nasal drainage 	<ul style="list-style-type: none"> Works with the multi-disciplinary team to accomplish safety care such as: <ul style="list-style-type: none"> swallowing assessments modified diet and textures enteral feed

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Neck and spine	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integrity of the spine in an adult and pediatric trauma patient • Locates local and regional care referral pattern of the spinal patient • Recognizes the risk of loss of autonomic regulation in patients with spinal cord injuries and the importance of temperature monitoring • Able to identify mechanisms of injury associated with spinal cord syndromes: <ul style="list-style-type: none"> • central cord syndrome • anterior cord syndrome • brown-sequard syndrome • transverse cord syndrome • spinal cord injury without radiological abnormalities (SCIWORA) • Identifies primary spine system injuries: <ul style="list-style-type: none"> • Primary Vertebral Column injuries: <ul style="list-style-type: none"> • vertebral fractures • subluxation/dislocations • ligamentous • Primary Spinal Cord injuries: <ul style="list-style-type: none"> • cord concussion • contusion • transection • incomplete transection • Identifies secondary spine system injuries: <ul style="list-style-type: none"> • neurogenic shock • spinal shock • immune response • Recognizing the following assessment findings may result in high spinal cord injuries <ul style="list-style-type: none"> • priapism • diaphragmatic breathing • absent rectal tone • Recognizes the importance of sexual health in trauma patients and how a physical disability may affect this including: <ul style="list-style-type: none"> • sexual dysfunction • Three Step Method for sexual concerns • PLISSIT model • https://learninghub.phsa.ca/Courses/30404/sexual-health-rehabilitation-in-practice 	<ul style="list-style-type: none"> • Able to conduct a focused spinal assessment as it relates to mechanism of injury • Demonstrates the appropriate use and indication of spinal motion restriction devices in trauma patients • Demonstrates the appropriate sizing and application of cervical collars as per local or regional policy • Demonstrates the appropriate way to log roll a trauma patient as per local or regional policy • Demonstrates competency in applying the American Spinal Cord Injury Association (ASIA) Impairment Scale • Recognizes neurogenic bladder signs and symptoms • Demonstrates the appropriate care and management of various spinal column orthotics • Demonstrates the ability to assess for residual deficits experienced by patients with spinal cord injuries such as: <ul style="list-style-type: none"> • altered mobility • altered sensation • autonomic dysfunction • neurogenic bowel • neurogenic bladder • appropriate positioning • pressure injury prevention • orthostatic hypotension management • catheterization • bowel management • autonomic dysreflexia management

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Chest	<ul style="list-style-type: none"> • Able to assess, identify and intervene as appropriate for the following conditions such as: <ul style="list-style-type: none"> • blunt cardiac Injuries • myocardial contusions • aortic dissection • cardiac tamponade 	<ul style="list-style-type: none"> • Able to conduct a focused cardiac/circulatory assessment as it relates to mechanism of injury • Able to analyze cardiac rhythms and intervene appropriately • Able to assess for subcutaneous emphysema
Abdomen	<ul style="list-style-type: none"> • Able to recognize the injuries that may solid organ injuries that may affect the gastrointestinal (GI) system in trauma patients • Able to assess, identify and intervene as appropriate for the following condition that affect the GI system in trauma patients: <ul style="list-style-type: none"> • vascular injuries • hollow viscus • solid organ injuries • small and large bowel injuries • diaphragmatic ruptures • esophageal rupture • uterine rupture • abruptio placentae 	<ul style="list-style-type: none"> • Able to conduct a focused abdominal assessment as it relates to mechanism of injury • Able to apply provincial/regional CPG for solid organ injury care • Provides safe care and management of patients with bowel dysfunction such as: <ul style="list-style-type: none"> • neurogenic bowel (spastic, flaccid, mixed) • constipation • diarrhea • hemorrhoids • Identifies the requirement for early nutritional therapies • Anticipates and provides care and management of patients with neurogenic bladder and bowels • Demonstrates care and management of abdominal wall closures • Identifies the requirement for post-splenectomy vaccinations
Pelvis and genital	<ul style="list-style-type: none"> • Able to identify the indications and contraindications of in-dwelling catheter insertion in trauma patients • Able to recognize the injuries that may affect the pelvis or genital regions <ul style="list-style-type: none"> • urethral • penile • testicular • vaginal • pelvic • Acknowledges the importance of providing trauma informed care and sensitivity for patients with a history of sexual abuse 	<ul style="list-style-type: none"> • Able to conduct a focused a pelvic and genital assessment as it relates to mechanism of injury • Able to assess and manage potential for hemorrhage and altered neurovascular status

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Extremities/ musculoskeletal	<ul style="list-style-type: none"> • Able to conduct a focused musculoskeletal (MSK) and extremity assessment as it relates to mechanism of injury • Able to recognize the injuries that may affect the MSK system in trauma patients • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • fractures • mangled extremity (soft tissue, bone, nerve, vascular) • pelvic fractures • amputations • complex pain management • dislocations (shoulders/hips) • rhabdomyolysis • subluxations • compartment syndrome • crush injuries • avulsion injuries • vascular injuries • fat emboli syndrome 	<ul style="list-style-type: none"> • Able to provide assessment and care for patients with altered mobility or self-care deficits such as: <ul style="list-style-type: none"> • use of adaptive aids • mobility assessments • use of transfer techniques • use and care of slings, braces, collars and splints • Able to assess and provide care for the following: <ul style="list-style-type: none"> • burn care and scar management • skin tear care • pressure injury care • negative pressure wound therapy • arterial and venous wounds • surgical wounds • fracture stabilization and/ or reductions • fasciotomies • complex pain management • Demonstrates the appropriate application of the following traction splints <ul style="list-style-type: none"> • Thomas splint®

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Integument/ surface trauma (burns)	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integumentary system in trauma patients • Able to conduct a focused integument or surface assessment as it relates to mechanism of injury • Able to recognize the injuries that may affect the integumentary system in trauma patients • Able to assess, identify and intervene as appropriate for the following injuries: <ul style="list-style-type: none"> • lacerations • abrasions • avulsions • puncture wounds (high pressure/missile) • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • thermal burns (heat/cold) • chemical burns • electrical burns • radiation burns • Assesses for ineffective wound healing or infection and intervenes appropriately • Recognizes the increase in risk of infection due to the loss of thermal regulation and loss of skin integrity 	<ul style="list-style-type: none"> • Able to conduct a focused integument or surface assessment as it relates to mechanism of injury • Identifies the importance of maintaining optimal skin integrity and identifies risks and implements prevention strategies as appropriate • Works collaborative with the multidisciplinary trauma team and engages the appropriate disciplines as required such as: <ul style="list-style-type: none"> • physiotherapy • occupational therapy • enterostomal therapy • dietitian • Works in collaboration with patients and families to educate about the skin and wound care including the importance of weight shifting and proper positioning techniques • bnci-performance-criteria-wepcs (ameriburn.org) • Guidelines for Burn Patient Referral (ameriburn.org)

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Acute care • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Person centred care	<ul style="list-style-type: none"> Provides care in an equitable and inclusive manner focusing on cultural diversity, Indigenous health, respectful language, acknowledging gender identity or expression and sexual orientation Integrates principles of trauma and violence informed care and builds knowledge around cultural sensitivity and harm reduction Builds knowledge of the First Nations perspective and how to further enhance relationships throughout the trauma continuum Actively reflects on the complexity of the social, cultural and economical impacts associated with the traumatic injury event and ongoing care management for patients and families Ensure patient privacy is protected Familiar with local/regional protocols in the care required for the death of a trauma patient such as: <ul style="list-style-type: none"> care of the deceased coordinating with coroner's office organ donation Recognizes that the rights of Indigenous Peoples may not be aligned with colonial law but the mandate is to uphold DRIPA in B.C. and UNDRIP nationally Able to identify and assess risk for aggressive and/or violent behaviour in the injured trauma patient Anticipates potential challenges of complex pain and advocates for alternative treatment modalities Acknowledge the risk of potential racial bias in pain assessment and treatment of Indigenous Peoples Acknowledges the use of distraction techniques may effect pain and psychological health at all ages such as: <ul style="list-style-type: none"> use of iPADS transdermal analgesia pediatric pain reduction kits Monitors and evaluates selective communication strategies and informs the multidisciplinary trauma teams as required 	<ul style="list-style-type: none"> Is able to implement plans of care to optimize cognitive functioning in collaboration with the multidisciplinary trauma team Implements personalized care plans as per hospital policy Able to effectively assess and manage cognitive impairments such as: <ul style="list-style-type: none"> confusion depression anxiety disinhibition agitation delirium sensory deprivation irritability Is able to identify and implement adequate pain control in trauma patients based upon <ul style="list-style-type: none"> age developmental stage cognitive abilities Implements non-pharmacological pain methods for different ages appropriately Implements effective communication strategies to support trauma patients such as: <ul style="list-style-type: none"> reducing speed of speech use of communication board use of pen, paper and pictures

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation

	Knowledge	Skills
General principles of the biomechanics, kinematics, and mechanism of injury	<ul style="list-style-type: none"> • Defines how energy transference results in injury patterns in adult and pediatric patients <ul style="list-style-type: none"> • blunt trauma • penetrating trauma • thermal trauma • blast trauma 	
General principles of trauma nursing knowledge	<ul style="list-style-type: none"> • Acknowledges and works to mitigate the risks of potential care provider bias and power dynamics of trauma care related to patient demographics • Acknowledges and strives to help eradicate systemic anti-Indigenous racism, and barriers related to equity and access to services impacting Indigenous Peoples • Applies the principles and rationale of systematic primary and secondary assessment for trauma patients • Demonstrates clinical aptitude to recognized patient deterioration is able to escalate accordingly • Acknowledges and works to mitigate the risks of potential caregiver bias and power dynamics of trauma care related to patient demographics • Identifies that age related anatomical and physiological changes may impact an individuals ability to recover from a traumatic injury • Participates in the clinical decision on whether or not it is appropriate to transition a patient to home or community • Identifies the roles and responsibilities of the multi-disciplinary trauma team and is able to participate in the transitional phases from acute to rehabilitation of the trauma patient • Recognizes the long term complications of trauma and works collaboratively to mitigate their risks such as <ul style="list-style-type: none"> • sepsis • chronic pain • depression • post traumatic stress disorder (PTSD) • Recognizes that the patient and family are part of the rehabilitation multidisciplinary team and includes them in the development and implementation of the plan of care • Recognizes the emotions of grief/loss/anxiety and is able to effectively support the patient and family to express loss 	<ul style="list-style-type: none"> • Demonstrates competency in all essential resuscitative equipment for trauma patients such as: <ul style="list-style-type: none"> • monitoring equipment • fluid warming devices • fluid infusion devices • airway equipment • Initiates all care plans within 72 hours of admission and collaborates with multidisciplinary team members • Demonstrates effective use of nursing documentation as per RHA and unit specific policies

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the older adult:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • falls • motor vehicle collisions • pedestrian struck • thermal injuries • elder abuse • anatomical and physiological changes • co-morbidities and polypharmacy • risks associated with anticoagulation • clinical frailty scale • spinal immobilization • impact of psychological and/or social influences • considers the family/caregivers in relation to older Indigenous adults <p>Identifies the complex care needs of the pediatric patient:</p> <ul style="list-style-type: none"> • demonstrates the understanding of the different standards in diagnostics in the pediatric trauma patient: <ul style="list-style-type: none"> • PECARN Standards: CT is gold standard • Serial FAST exams • Serial lab exams for abdominal injuries • identifies age specific clinical adjuncts <ul style="list-style-type: none"> • Broselow® tape/chart • considers the family/caregivers in relation to the pediatric trauma patient • high suspicion for child maltreatment including sentinel injuries • local procedures around child maltreatment reporting and documentation • acknowledges the risk for potential racial bias and stereotyping that may inhibit the identification of child maltreatment in Indigenous children 	<p>Older adults</p> <ul style="list-style-type: none"> • Demonstrates proper spinal motion restriction • Effectively screens for IPV or associated risk • Implements cognitive screening in the older adult trauma patient on anticoagulants <p>Pediatric patients</p> <ul style="list-style-type: none"> • Demonstrates the ability to properly identify the concern of improper seating and restraints • Effectively screens for child maltreatment or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency Fundamental trauma nursing knowledge

Rehabilitation

	Knowledge	Skills
<p>General principles of the speciality populations in trauma</p>	<p>Specialty populations: Identifies the complex care needs of the pregnant patient:</p> <ul style="list-style-type: none"> • most common mechanism of injury patterns <ul style="list-style-type: none"> • intimate partner violence • motor vehicle collisions • falls • penetrating trauma • inferior vena cava compression • anatomical and physiological changes • identifies the potential for the following injuries <ul style="list-style-type: none"> • placental abruption • ruptured uterus • direct fetal injury • pelvic fractures • treating pregnant persons first to support the fetus • traumatic maternal cardiopulmonary arrest/fetal delivery • the importance of fetal health surveillance and monitoring • administers medications while considering contraindications for the pregnant patient • locates resources in which to access higher level of care resources • pharmacokinetic risk factor such as fetal/ maternal medicine • awareness of the unique traumas that Indigenous women experience such as: <ul style="list-style-type: none"> • forced sterilization • impacts of child welfare policies that separate and disrupt Indigenous families <p>Identifies the complex care needs of the bariatric patient:</p> <ul style="list-style-type: none"> • potential for respiratory compromise • anatomical and physiological changes • use of RAMPing for airway management • increase risk of cardiovascular compromise • increased risk for DVT and PE 	<p>Pregnancy</p> <ul style="list-style-type: none"> • Demonstrates the proper positioning and spinal motion restriction • Effectively screens for IPV or associated risk

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency **Fundamental trauma nursing knowledge**

Rehabilitation • Primary survey

	Knowledge	Skills
Airway	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the airway of an adult and pediatric trauma patient • Optimizes patient positioning to maintain airway patency by considering patient size, age and body habitus • Able to assess, identify and intervene as appropriate for the following conditions: <ul style="list-style-type: none"> • airway obstruction <ul style="list-style-type: none"> • mechanical • functional 	<ul style="list-style-type: none"> • Able to conduct a focused airway assessment as it relates to mechanism of injury • Performs the insertion of basic airways <ul style="list-style-type: none"> • oral • nasal • tracheostomy care • Uses SpO2 monitoring in determining definitive airway patency • Demonstrates the appropriate application and use of spinal motion restriction • Demonstrates the care and maintenance of cervical immobilization devices in order to prevent skin breakdown and maintain optimal motion restriction
Breathing	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the respiratory status of the trauma patient • Defines the potential risk of inadequate oxygenation/ventilation in the trauma patient • Recognizes the importance of lung recruitment maneuvers and bronchial hygiene such as: <ul style="list-style-type: none"> • breath stacking • coughalator • assisted coughs 	<ul style="list-style-type: none"> • Able to conduct a focused respiratory assessment as it relates to mechanism of injury • Able to monitor effectiveness of oxygen therapy such as: <ul style="list-style-type: none"> • CPAP • BiPAP • Long term mechanical ventilation • Able to assist with or perform the following skills or tasks: <ul style="list-style-type: none"> • bag valve mask ventilation (BVM) • tracheostomy/stoma care • dressing changes • secretion management • pulse oximetry • proper positioning • airway adjuncts <ul style="list-style-type: none"> • oral • nasal

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency Fundamental trauma nursing knowledge

Rehabilitation • Primary survey

	Knowledge	Skills
Circulation and hemorrhage control	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the circulatory status of a trauma patient • Recognizes actual or potential life-threatening alterations in cardiac output and perfusion • Identifies of the principle sites of traumatic hemorrhage: <ul style="list-style-type: none"> • abdominal trauma • chest trauma • pelvic trauma • long bone fractures • external hemorrhage • Correlates the pathophysiology of shock, signs and symptoms and clinical interventions for the trauma patient <ul style="list-style-type: none"> • hypovolemic • distributive • obstructive • cardiogenic • Recognizes the potential risk factors of Systemic Inflammatory Response Syndrome (SIRS) and responds appropriately <ul style="list-style-type: none"> • urinary trach infections • aspiration • dehydration • pneumonia 	<ul style="list-style-type: none"> • Able to conduct a focused circulatory assessment as it relates to mechanism of injury • Demonstrates the appropriate use of rapid fluid devices • Demonstrates the appropriate use of warming devices • Demonstrates familiarity with code blue procedures • Anticipates and manages appropriately complications associated with trauma such as: <ul style="list-style-type: none"> • deep vein thrombosis • anemia • clotting abnormalities • Verifies that early VTE prophylaxis is considered

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency		Fundamental trauma nursing knowledge	
Rehabilitation • Primary survey			
	Knowledge	Skills	
Disability	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the neurological status of the trauma patient • Provides care and support for the patient with a traumatic brain injury (TBI) • Understands the importance of blood glucose when assessing neurological status • Supports the implementation of various treatment modalities, precautions and exercises for patients with traumatic brain injuries experiencing: <ul style="list-style-type: none"> • dysphagia • aphasia • hemiplegia 	<ul style="list-style-type: none"> • Able to conduct a focused neurological assessment as it relates to mechanism of injury • Works with the multi-disciplinary team to accomplish safety care such as: <ul style="list-style-type: none"> • swallowing assessments • communication skills and tools • hemiplegic positioning 	
Exposure and environmental	<ul style="list-style-type: none"> • Able to conduct a focused environmental assessment as it relates to mechanism of injury • Able to recognize the risk of environmental injuries that may affect the hemodynamic status of the trauma patient <ul style="list-style-type: none"> • submersion • near drowning • hanging • decompression sickness • cold related injuries • heat related injuries 	<ul style="list-style-type: none"> • Demonstrates the ability to participate in the collection of evidence and how it applies to the chain of custody and local/regional policy • Applies available strategies to decrease the risk of hypothermia in trauma: <ul style="list-style-type: none"> • invasive temperature monitoring • radiant warming lights • fluid warming devices • warm blankets 	

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
History and information gathering	<ul style="list-style-type: none"> Recognizes the importance of information gathering and documentation throughout the various phases of the trauma continuum: <ul style="list-style-type: none"> Rehabilitation <ul style="list-style-type: none"> SAMPLE (signs & symptoms, allergies, medications, past medical history, last meal and events) 	<ul style="list-style-type: none"> Demonstrates the ability to complete a focused secondary assessment as it pertains to mechanism of injury
Head and face	<ul style="list-style-type: none"> Able to assess, identify and intervene as appropriate for the following ocular conditions: <ul style="list-style-type: none"> ocular injuries globe ruptures foreign body periorbital edema Able to assess, identify and intervene as appropriate for the following facial injuries: <ul style="list-style-type: none"> severe facial fractures mandibular fractures maxillary fractures dental trauma nasal drainage 	

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Neck and spine	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integrity of the spine in a trauma patient • Locates local and regional care referral pattern for the spinal patient • Recognizes the risk of loss of autonomic regulation in patients with spinal cord injuries and the importance of temperature monitoring • Able to identify mechanisms of injury associated with spinal cord syndromes: <ul style="list-style-type: none"> • central cord syndrome • anterior cord syndrome • brown-sequard syndrome • transverse cord syndrome • spinal cord injury without radiological abnormalities (SCIWORA) • Identifies primary spine system injuries: <ul style="list-style-type: none"> • Primary Vertebral Column injuries: <ul style="list-style-type: none"> • vertebral fractures • subluxation/dislocations • ligamentous • Primary Spinal Cord injuries: <ul style="list-style-type: none"> • cord concussion • contusion • transection • incomplete transection • Identifies secondary spine system injuries: <ul style="list-style-type: none"> • neurogenic shock • spinal shock • immune response • Recognizing the following assessment findings may result in high spinal cord injuries <ul style="list-style-type: none"> • priapism • diaphragmatic breathing • absent rectal tone • Recognizes the importance of sexual health in trauma patients and how a physical disability may affect this including: <ul style="list-style-type: none"> • sexual dysfunction • Three Step Method for sexual concerns • PLISSIT model • https://learninghub.phsa.ca/Courses/30404/sexual-health-rehabilitation-in-practice 	<ul style="list-style-type: none"> • Able to conduct a focused spinal assessment as it relates to mechanism of injury • Demonstrates the appropriate use and indication of spinal motion restriction devices in trauma patients • Demonstrates the appropriate way to log roll a trauma patient as per local or regional policy

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Chest	<ul style="list-style-type: none"> • Able to assess, identify and intervene as appropriate for the following conditions such as: <ul style="list-style-type: none"> • blunt cardiac Injuries • myocardial contusions • aortic dissection • cardiac tamponade 	<ul style="list-style-type: none"> • Able to assess for subcutaneous emphysema
Abdomen	<ul style="list-style-type: none"> • Able to recognize the injuries that may hollow/solid organ injuries that may affect the gastrointestinal (GI) system in trauma patients • Able to assess, identify and intervene as appropriate for the following condition that affect the GI system in trauma patients: <ul style="list-style-type: none"> • vascular injuries • hollow viscus injuries • solid organ injuries • small and large bowel injuries • diaphragmatic ruptures • esophageal rupture • uterine rupture • abruptio placentae 	<ul style="list-style-type: none"> • Able to conduct a focused abdominal assessment as it relates to mechanism of injury • Able to initiate safe care an management of patients with bowel dysfunction such as: <ul style="list-style-type: none"> • neurogenic bowel • constipation • diarrhea • hemorrhoids • Implements bowel care as required <ul style="list-style-type: none"> • bowel protocols • bowel records • Able to initiate nutritional therapies such as: <ul style="list-style-type: none"> • Enteral feeding • G-tubes • J-tubes • NG feeds • monitors for refeeding syndrome
Pelvis and genital	<ul style="list-style-type: none"> • Able to identify the indications and contraindications of in-dwelling catheter insertion in trauma patients • Able to recognize the injuries that may affect the pelvis or genital regions <ul style="list-style-type: none"> • urethral • penile • testicular • vaginal • pelvic • Recognizes signs and symptoms of bladder complications such as: <ul style="list-style-type: none"> • UTI • bladder leaking • Acknowledges the importance of providing trauma informed care and sensitivity for patients with a history of sexual abuse 	<ul style="list-style-type: none"> • Able to conduct a focused pelvic and genital assessment as it relates to mechanism of injury • Demonstrates competency in the care and management of bladder dysfunction such as: <ul style="list-style-type: none"> • neurogenic bladder • indwelling/intermittent catheterizations • troubleshoot bladder management options <ul style="list-style-type: none"> • timed voids • suprapubic • condom catheters • bladder management care plans

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Extremities/ musculoskeletal	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the MSK system in trauma patients • Able to assess, identify and intervene as appropriate for the following conditions or injuries: <ul style="list-style-type: none"> • fractures (long bone/pelvic) • dislocations (shoulders/hips) • rhabdomyolysis • amputations • subluxations • compartment syndrome • crush injuries • avulsion • vascular injuries • mangled (soft tissue, bone, nerve, vascular) • fat emboli syndrome 	<ul style="list-style-type: none"> • Able to conduct a focused musculoskeletal (MSK) and extremity assessment as it relates to mechanism of injury • Able to assess and provide care for the following: <ul style="list-style-type: none"> • burn care and scar management • skin tear care • pressure injury care • negative pressure wound therapy • arterial and venous wounds • surgical wounds • fracture stabilization and/ or reductions • malignant wounds • diabetic ulcers • fasciotomies • complex pain management • Demonstrated competence in supporting patients with altered mobility of self-care deficits such as: <ul style="list-style-type: none"> • use of adaptive aids • motility assessments • use of transfer techniques <ul style="list-style-type: none"> • low pivot • sliding boards • mechanical lifts • use of slings • use of braces • use of collars • use of splints
Integument/ surface trauma (burns)	<ul style="list-style-type: none"> • Able to recognize the injuries that may affect the integumentary system in trauma patients • Assesses for ineffective wound healing or infection and intervenes appropriately • Recognizes the increase in risk of infection due to the loss of thermal regulation and loss of skin integrity 	<ul style="list-style-type: none"> • Able to conduct a focused integument or surface assessment as it relates to mechanism of injury • Identifies the importance of maintaining optimal skin integrity and performs appropriate nursing interventions • Demonstrates competence in skin integrity risk assessments <ul style="list-style-type: none"> • Braden Scale

DOMAIN 3: Clinical practice and the provision of trauma care

Core competency

Fundamental trauma nursing knowledge

Rehabilitation • Secondary survey • Head-to-toe systematic assessment and history

	Knowledge	Skills
Person centred care	<ul style="list-style-type: none"> Provides care in an equitable and inclusive manner focusing on cultural diversity, Indigenous health, respectful language, acknowledging gender identity or expression and sexual orientation Integrates principles of trauma and violence informed care and builds knowledge around cultural sensitivity and harm reduction Builds knowledge of the First Nations perspective and how to further enhance relationships throughout the trauma continuum Recognizes that the rights of Indigenous Peoples may not be aligned with colonial law but the mandate is to uphold DRIPA in B.C. and UNDRIP nationally Actively reflects on the complexity of the social, cultural and economical impacts associated with the traumatic injury event and ongoing care management for patients and families Ensure patient privacy is protected Able to identify and assess risk for aggressive and/or violent behaviour in the injured trauma patient Acknowledge the risk of potential racial bias in pain assessment and treatment of Indigenous Peoples Acknowledges the use of distraction techniques may effect pain and psychological health at all ages such as: <ul style="list-style-type: none"> use of iPADS transdermal analgesia pediatric pain reduction kits Anticipates potential challenges of complex pain and advocates for alternative treatment modalities such as <ul style="list-style-type: none"> PCA epidural/intrathecal Acknowledges the use of distraction techniques may effect pain and psychological health at all ages Recognizes the differences between local pain and other sequela such as: <ul style="list-style-type: none"> spasticity contractures thalamic pain neuropathic Monitors and evaluates selective communication strategies and informs the multidisciplinary trauma teams as required 	<ul style="list-style-type: none"> Is able to implement plans of care to optimize cognitive functioning in collaboration with the multidisciplinary trauma team Able to effectively assess and manage cognitive impairments such as: <ul style="list-style-type: none"> confusion depression anxiety disinhibition agitation delirium sensory deprivation irritability Is able to identify and implement adequate pain control in trauma patients based upon <ul style="list-style-type: none"> age developmental stage cognitive abilities Implements non-pharmacological pain methods for different ages appropriately Implements effective communication strategies to support trauma patients such as: <ul style="list-style-type: none"> reducing speed of speech use of communication board use of pen, paper and pictures Implements the use of behavioral care plans such as: <ul style="list-style-type: none"> reduced noise low lighting schedule rest and activity periods Able to identify and assess for risk for the following: <ul style="list-style-type: none"> restlessness high fall risk suicide risk wandering risk

Indigenous specific definitions

Anti-racism is the practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice.

Best practice means a practice that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption

Colonialism is policies or practices whereby groups or countries partially or fully steal land and resources from Indigenous Peoples, occupy the land, and exploit the people and the land by racist policy and law for economic privileges. Following the acquisition of land and resources, colonizers establish laws and processes that continuously violate the human rights of Indigenous Peoples; violently suppress their governance, legal, social, and cultural structures; and force them to conform to the newly established laws and processes of the colonial state.

Culture is a social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. Cultural groups are distinguished by a set of unspoken rules that shape values, beliefs and habits, patterns of thinking, behaviours and styles of communication.

Cultural humility is a life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. Cultural humility begins with an in-depth examination of our own assumptions, beliefs and privilege embedded our own understanding and practice.

Discrimination is targeting an individual or group of people for negative treatment because of specific characteristics such as race, religion, sex, gender identity, sexual orientation, disability, or other protected characteristics.

Indigenous in Canada is an overarching term that includes First Nations, Inuit and Métis Peoples, either collectively or separately. It is the term many Indigenous Peoples in Canada prefer and is part of the title in the United Nations Declaration on the Rights of Indigenous Peoples. One should ask Indigenous individuals which term they prefer to be acknowledged by. “Indigenous Cultural Safety” is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system; it is when Indigenous Peoples feel safe when receiving health care.

Racism is a belief that racialized groups are inferior to their non-racialized counterparts because of their race, religion, culture, or spirituality. The outcome of racism can include discriminatory behaviours and policies that endorse the notion of racialized groups being “less than” in comparison to their non-racialized counterparts.

Indigenous-specific racism is the unique nature of stereotyping, bias, and prejudice about Indigenous Peoples in Canada that is rooted in the history of settler colonialism. It is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous Peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices.

Settler colonialism is a specific social and political formation that is continuous and involves processes of invasion, dispossession and settlement that are ongoing.

Systemic racism (also referred to as structural or institutional racism) is a form of racism that is embedded and enacted into societal structures, institutions, and systems (e.g., practices, policies, legislation) and results in perpetuating inequities such as profiling, stereotyping, social exclusion, and discrimination for racial groups.

Trauma-and-violence informed care recognizes approaches that focus on minimizing the potential for harm and re-traumatization and enhancing safety, control, and resilience for those involved with systems or programs.

White supremacy is the idea (ideology) that White people and the ideas, thoughts, beliefs, and actions of White people are superior to Indigenous and Black People and People of Colour and their ideas, thoughts, beliefs, and actions. The term “White supremacy” also refers to a political or socio-economic system where White people enjoy structural advantage and rights that other racial and ethnic groups do not, both at a collective and an individual level.

Wise practices are strengths-based actions, tools, principles, or decisions that are culturally appropriate and community driven. Wise practices recognize the wisdom in each Indigenous community and in the community’s own stories of achieving success. The concept of wise practices recognizes that culture matters.

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Developed by:	Jo-Ann Hnatiuk Provincial Lead Clinical Initiatives and Programs Trauma Service BC Provincial Trauma Nursing Collaborative Working Group			
Approved by:	Lori Korchinski Executive Director Trauma Services BC John-Marc Priest Provincial Director Trauma Services BC			
Endorsed by:	Provincial Trauma Executive Steering Committee Provincial Trauma Clinical Advisory Committee Interdisciplinary Trauma Network of British Columbia			
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