Barnsley Safeguarding Children Partnership

Protocol for the management of actual or suspected bruising in non-mobile infants

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Approved By:	Barnsley Safeguarding Children Partnership
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Name of originator/author:	Policy, Procedure and Workforce Practice and Development Sub Group
Name of responsible committee/individual:	Policy, Procedure and Workforce Practice and Development Sub Group
Name of executive lead:	Angela Fawcett
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Target Audience:	All staff working with children and young people in Barnsley

1 Introduction

1.1 Bruising in babies who are not rolling or crawling is unusual. National and local serious case reviews have identified the need for heightened concern about any bruising in a baby who is not independently mobile. It is important that any suspected bruising is fully assessed, even if the parents feel they are able to provide a reason for it.

2 Aim of protocol

2.1 This protocol must be followed in all situations where an actual or suspected bruise is noted in an infant who is not independently mobile.

2.2 The term 'not independently mobile' applies to those infants who are not yet rolling or crawling.

3 Target audience

3.1 All those whose work brings them into contact with children.

4 Action to be taken on identifying actual or suspected bruising

4.1 If the infant appears seriously ill or injured:

- Seek immediate emergency treatment at an Emergency Department (ED)
- Notify Children's Social Care of your concerns and of the child's location as soon as possible.

4.2 In all other cases:

- Record what is seen, using a body map or line drawing if appropriate (Appendix A)
- Record any explanation or comments by the parent/carer word for word.

Refer to Children's Social Care, without delay, who will take responsibility for arranging further multi-agency assessment. The first part of this will be a paediatric assessment (child protection medical). Arrangements will be made for the child to attend the Child Assessment Unit within **4 HOURS** of the referral being made to Social Care (Appendix B). For arranging child protection medicals, please refer to the Pathway for Non Accidental Injuries (NAI) Investigations for under 2's.

Practitioners should use their own professional judgement to determine if they need to stay with the child in order to maintain the child's safety.

https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/policies-and-procedures/

4.3 Inform parents/carers of your professional responsibility to follow Barnsley Safeguarding Children Partnership (BSCP) policies and procedures and stress that any action by Children's Social Care will be informed by a paediatrician's opinion. Give parents a copy of the ***'Bruising in babies – Information for parents and carers'*** leaflet and answer any questions they may have.

5 Action following referral

5.1 Children's Social Care will arrange an urgent paediatric assessment and gather background information about the family. The referring clinician should, after referring to Children's Social Care, also speak to the Consultant on Call to explain any relevant background information and their concerns. They should also provide details of the any comments or explanations made by parents/carers and the body map.

5.2 The child must attend the Child assessment Unit, for a paediatric assessment, **within 4 HOURS of Children's Social Care receiving the referral**. This assessment should include a detailed history from the carer, review of past medical and developmental history, family history including any previous reports of bruising, and enquiry about vulnerabilities within the family. The paediatrician should explain the findings of the assessment to the parents and provide an initial summary to the social worker.

5.3 A strategy meeting **MUST** take place **between the social worker, police, paediatrician and other involved agencies** and the outcome should be explained to the parents. If bruising due to injury is confirmed or suspected, after the paediatric assessment, this must be considered in the light of other information available from health (including the GP), social care and police records, and local safeguarding procedures followed.

6 Specific considerations

6.1 Birth injury: Both normal birth and instrumental delivery may lead to development of bruising and to minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse even within a hospital setting and follow this protocol if they believe the injury was not due to the delivery.

6.2 Birthmarks: These may not be present at birth, and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can look like bruising. These are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. These do NOT need to be referred under this protocol. Where a practitioner believes a mark is likely to be a birthmark but requires further advice to be certain, the baby may be referred to the GP. If there is still uncertainty the GP should refer to Children's Social Care. There should also be an agreed action in terms of how this is going to be followed up i.e. child will be seen in 10 days to check that mark still visible. The original body map should be used as a comparator.

6.3 Self-inflicted injury: It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult's body or the bars of a cot, should not be accepted without detailed assessment by a paediatrician and social worker. Sometimes, even when children are moving around by themselves, there can be concern about how a mark or bruise occurred and in these situations a referral should always be made to Children's Social Care.

6.4 Injury from other children: It is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise their children.

6.5 Reported bruising: Where parents are reporting a bruise/injury, with no explanation but no injury is visible the same steps should be taken.

7 Rationale and evidence base

7.1 Bruising is the commonest presenting feature of physical abuse in children. Systematic review[1] of the literature relating to bruises in children shows that:

- Bruising is strongly related to mobility (about one in five children who are starting to walk by holding on to the furniture have bruises).
- Bruising in infants who are not independently mobile is unusual (2.2% of babies who are not yet rolling).[2]

The message from this research is that infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation.

7.2 The National Institute for Health and Care Excellence (NICE)[3] guideline 'When to suspect child maltreatment',[3] aimed at health professionals, categorises features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such that there is a serious level of concern. In relation to bruising, health professionals are advised to 'suspect abuse' and refer to Children's Social Care in the following situations:

a) If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.

b) If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a bleeding disorder) and if the explanation for the bruising is unsuitable.
Examples include:

- Bruising in a child who is not independently mobile
- Multiple bruises or bruises in clusters
- Bruises of a similar shape and size
- Bruises on any non-bony part of the body or face including the eyes, ears and buttocks
- Bruises on the neck that look like attempted strangulation
- Bruises on the ankles and wrists that look like ligature marks.

7.3 **The NICE guideline[3] also advises practitioners to 'suspect abuse' when features of injury such as bites, lacerations, abrasions, scars and thermal injuries are seen on a child who is not independently mobile and there is an unsuitable explanation.**

7.4 Numerous serious case reviews have identified situations where children have died because practitioners did not appreciate the significance of what appeared to be minor bruising in a non-mobile infant. National analysis of reports published as 'New learning from serious case reviews' (Department for Education 2012)[4] reiterates the need for 'heightened concern about any bruising in any pre mobile baby….any bruising is likely to come from external sources. The younger the baby the more serious should be the concerns about how and why even very tiny bruises on any part of the child are caused'.

8 References

1) Core Info Cardiff Child Protection Systematic Reviews.

2) Kemp AM, Dunstan F, Nuttall D et al. Patterns of bruising in preschool children – a longitudinal study. Arch Dis Child 2015; 100: 426-431.

3) When to Suspect Child Maltreatment, NICE Clinical Guideline 89, July 2009.

4) 'New learning from serious case reviews' (Department for Education 2012)

9 Additional Reading

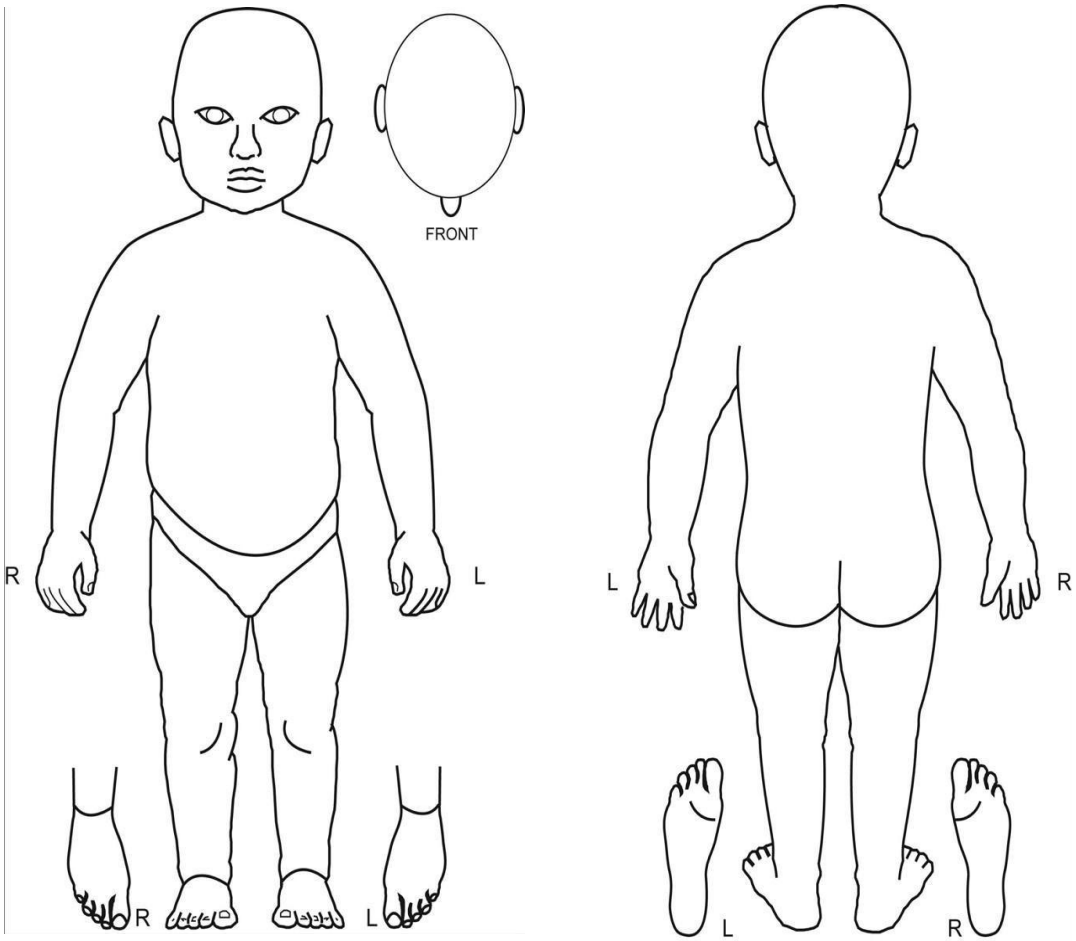
- Working Together to Safeguard Children, HM Government, April 2018.
- Barnsley Safeguarding Children Partnership Procedures BSCP procedures.
- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014, DfE May 2016.
- NSPCC Core-Info: Bruises on Children, 2012. https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-bruises-children.pdf
- Child Protection Companion 2013, Royal College of Paediatrics and Child Health

Thank you to West Hampshire CCG who allowed us to use their protocol as a guide in developing ours.

Appendix A

Skin Map

Skin map and box to record name and signature



Child's name:

Date of birth:

Date/time of skin markings/injuries observed:

Who injuries observed by:

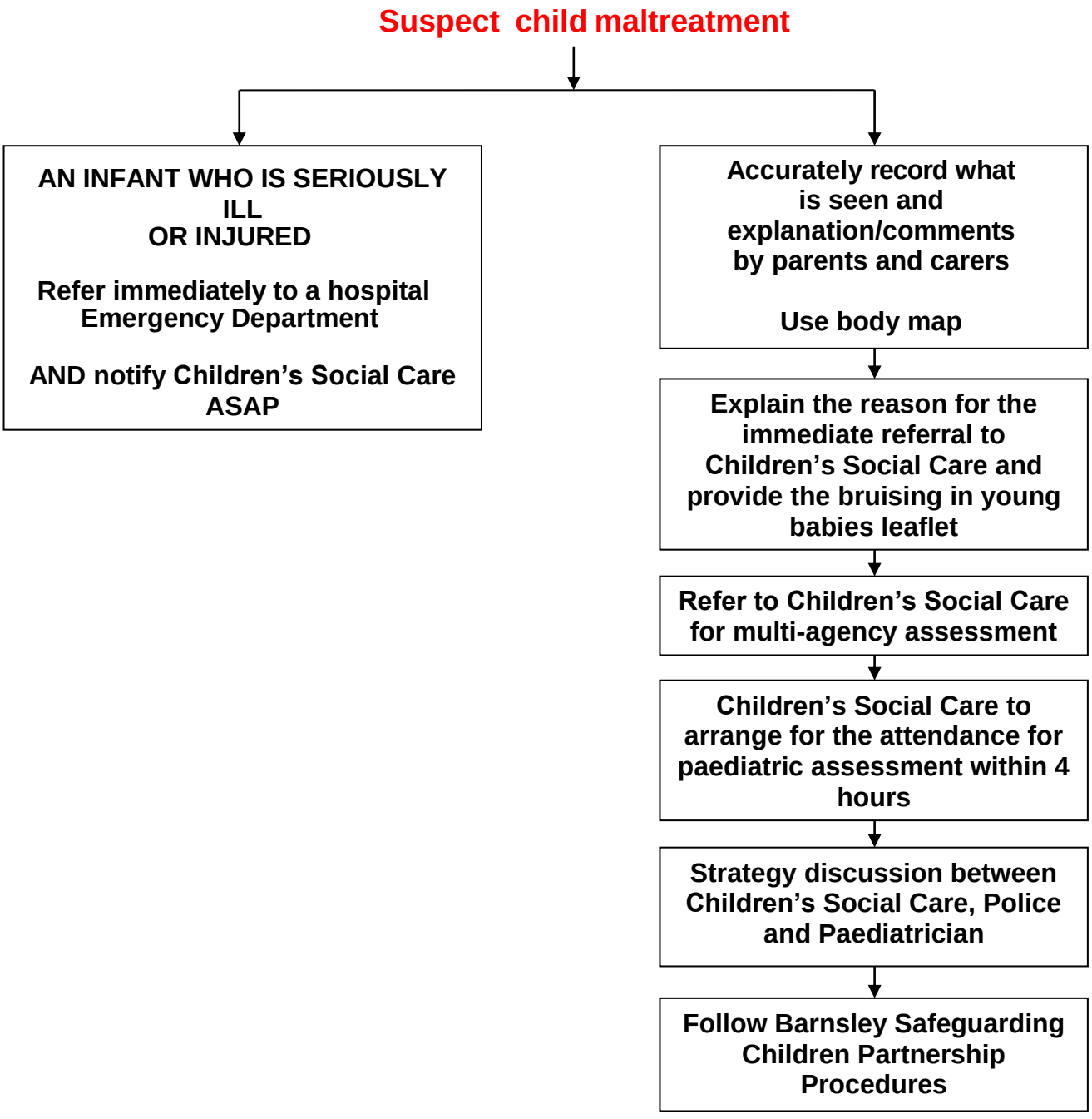
Information recorded: **Date:** **Time:**

Name: **Signature:**

Appendix B

Flow Chart for the Management of actual or suspected bruising in non-mobile infants

PRACTITIONER OBSERVES BRUISE/INJURY or BRUISE/INJURY IS REPORTED



Please note: Practitioners should use their own professional judgement to determine if they need to stay with the child in order to maintain the child's safety.

CONTACT NUMBERS FOR LOCAL AUTHORITY CHILDREN'S SOCIAL CARE:

Office Hours	**01226 772423**
Other times	**01226 787789**