Bruising in Babies & Children who are not Independently Mobile

Practice Guidance for Assessment, Management and Referral

The aim of this guidance is to support practitioners by providing guidance about the management and referral of babies and non-mobile children who have presented with bruising or otherwise suspicious marks.

It does not reiterate the process to be followed once a referral to Children’s Services has been made.
1. Introduction

1.1. Bruising is the commonest presenting feature of physical abuse in children. Reviews of the research conclude that bruising is strongly related to mobility and that bruising in a baby/child who is not yet crawling, and therefore has no independent mobility, is very unusual. While up to 60% of older children who are walking have bruising, it is found in less than 1% of not independently mobile infants. The younger the child the greater the risk that bruising is non-accidental and the greater potential risk to the child.

1.2. In light of the research evidence this practice guidance has been developed to inform practitioners about appropriate assessment and management of bruising in babies/children who are not independently mobile and the process by which such children should be referred to Children's Social Work teams Family Assessment and Safeguarding Team (FAST) and a Consultant Paediatrician for further assessment and investigation of potential child abuse.

1.3. A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken In light of the research evidence this practice guidance is necessarily directive and requires that all children with bruising who are not independently mobile be referred to Children's Services and for a review by a Consultant Paediatrician.

1.4. It is recognised that a small percentage of bruising in non independently mobile babies and children will have an innocent explanation (including medical causes). This practice guidance should be followed nevertheless because of the difficulty in excluding non-accidental injury,

For more information please refer to reference/resources in Section 6.

2. Definitions / Scope of guidance

2.1. Not Independently Mobile: A child of any age who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. It should be noted that this guidance applies to all babies under the age of six months. The guidance also applies to older immobile children, for example immobility due to disability/illness.

2.2. Bruising/Suspicious marks: It is not always easy to identify with certainty a skin mark as a bruise. Practitioners should take action in line with this guidance if they believe that there is a possibility that the observed skin mark could be a bruise or could be the result of injury or trauma.

Practitioners will need to exercise professional judgement in deciding whether an observed mark is bruising or is suspicious of bruising. Where they judge a mark to be bruising, or to be suspicious of bruising, they should refer under
the practice guidance. In making that judgement, consultation with a colleague, with named, designated or lead safeguarding professionals, or with a medical practitioner, will be of assistance.

2.3. Mobile Children: While accidental and innocent bruising is significantly more common in older mobile children, practitioners are reminded that mobile children who are abused may also present with bruising and suspicious injuries. If appropriate to the practitioner’s role, knowledge and skills they should seek a satisfactory explanation for all such bruising, and assess its characteristics and distribution, in the context of personal, family and environmental history, to ensure that it is consistent with an innocent explanation. Otherwise the practitioner should seek supervision and guidance from expert practitioners/FAST.

3. What to do if bruising/suspicious marks are seen on a non-mobile child/ baby.

3.1 Children’s Health Care Practitioners – including school nurses, health visitors, paediatricians, midwives;

- Should undertake a detailed examination of the baby/child and enquire into its explanation, origin, characteristics and history. Marks should be recorded on the body map and careful documentation made in the child’s records.

- Should advise and explain to the parents/carers of the need to refer to Family, Assessment and Safeguarding Team (FAST) and the need for a medical examination with the on call Consultant Paediatrician. This will assess the likelihood of non accidental versus accidental injury and to arrange any necessary investigations to exclude a medical condition. In particular practitioners should explain at an early stage why, in cases of bruising in non-independently mobile babies and children, additional concern, questioning and examination are required. The decision to refer to a Children's Services and for a medical examination should be explained to the parents or carers frankly and honestly.

- The responsibility for arranging the medical remains with FAST. FAST may choose to escort the child to the hospital and ask you to ensure the parents/ carers are not left alone with the baby/child until a social worker arrives. Should the parents/carers not wish to allow this, inform the parents of the advice you have received. Should they remain adamant that they wish to leave or will not allow you to stay with them, then inform them that you will have to the call police. If you have concerns about the personal safety of yourself or other staff or in relation to the safety of the child in these situations you should call the police immediately.
Should record all discussions, decisions and actions, and confirm your referral to FAST in writing within 48hrs as per standard policy. You may also choose to speak to the paediatrician who will be doing the medical examination to explain your concerns and ensure they have all the relevant information.

In the case of newborn infants where bruising may be the result of birth trauma or instrumental delivery, professionals should remain alert to the possibility of physical abuse even in a hospital setting. In this situation clinicians should take into account the birth history, the degree and continuity of professional supervision and the timing and characteristics of the bruising before coming to any conclusion. It is particularly important that accurate details of any such bruising should be communicated to the infant’s general practitioner, health visitor and community midwife. Where practitioners are uncertain whether bruising is the result of birth injury they should refer immediately to the on-call consultant paediatrician. If concerns remain a referral to FAST should be made. Wherever possible, the decision to refer should be undertaken jointly with the on call Consultant Paediatrician. However this requirement should not prevent an individual professional referring to Children’s Services any child with bruising who in their judgement may be at risk of child abuse. If a referral is not made, the reason must be documented in detail with the names of the professionals taking this decision.

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, should be referred immediately to hospital. Such a referral should not be delayed by a referral to FAST; however it is the responsibility of the professional first dealing with the case to ensure that, where appropriate, a referral to FAST has been made.

3.1.1 General Practitioners

In some circumstances GPs may decide to make a referral directly to the On-Call Paediatrician. Examples of circumstances are where the GP has a strong suspicion that the cause is organic as opposed to non-accidental. They should inform FAST that they are doing this as above.

If the GP strongly suspects non-accidental injury they should follow the same pathway as in 3.1 above
3.2 **Babies/Children presenting at Accident and Emergency**

- If the baby/child has been presented at Accident and Emergency staff should ensure the child is reviewed by the Paediatrician on call. A decision can then be made about referral to FAST.
- If a referral is not made, the reason must be documented in detail with the names of the professionals taking this decision.

3.2 **All other practitioners - including nursery staff, children centre workers, education, social workers, and other (non child health) health professionals**

- Should discuss the bruise / suspicious mark with the parent /carer and enquire into its explanation, origin, characteristics and history. Detailed documentation of this should be made in the child’s records.

- Records should be retained in the setting for the period of time specified in the Guidance on Managing Records for Vulnerable Children in the Early Years (SEN, Safeguarding) March 2011.

- Should advise and explain to the parents/carers of the need to refer to FAST and the need for a medical examination with the on call Consultant Paediatrician. This will assess the likelihood of non accidental versus accidental injury and to arrange any necessary investigations to exclude a medical condition. In particular, practitioners should explain at an early stage why, in cases of bruising in non independently mobile babies and children, additional concern, questioning and examination are required. The decision to refer to Children's Services and for a medical examination should be explained to the parents or carers frankly and honestly.

- The responsibility for arranging the medical remains with FAST. FAST may choose to escort the child to the hospital and ask you to ensure the parents/ carers are not left alone with the baby/child until a social worker arrives. Should the parents/carers not wish to allow this inform the parents/carers of the advice you have received and if they are adamant they want to take the child from the setting / will not allow you to stay with them then inform them that you will have to the call police. **If you have concerns about the personal safety of yourself or other staff or in relation to the safety of the child in these situations you should call the police immediately.**

- Should make a telephone referral to FAST, followed up with a written referral within 48 hours as per policy, using the Multi Agency Referral Form (FAST will provide the template if you do not have access to one).
4. **Responsibility of Children’s Services**

4.1. Where a referral is made under the protocol, Children’s Services should, as a minimum:

- Take and record full details of the case
- Check whether the child is known to social services
- Contact the on call paediatrician to whom the child is referred
- Decide, with the paediatrician, whether further action is needed and arrangements for the medical examination
- Decide whether a strategy meeting is required
- Give consideration to the early involvement of Police in order to consider investigative and evidential requirements as bruising may have occurred as a result of assault/ill treatment
- Record the decision and notify the referrer, Health Visitor & GP
- Ensure the parents/carer’s remain informed as appropriate
- Inform the referrer and appropriate practitioners of next steps.

5. **Responsibility of On Call Consultant Paediatrician**

5.1. Where a referral is made under the protocol, the On Call Consultant Paediatrician should, as a minimum:

- Take and record full details of the case
- Decide, with Children’s Services, arrangements for and management of the medical examination and whether further action is required
- Record the decision in the child’s notes
- Medical assessments should be recorded on the Child Protection Medical Pro-forma in accordance with policy a copy of which should be provided to FAST as a matter of urgency as this could potentially provide evidence to court in order to safeguard the child
- The Consultant Paediatrician ensures that FAST are informed in regard to the outcome of the assessment as soon as it is completed.

6. **References/ Resources**


http://www.core-info.cf.ac.uk/bruising/index.html