# PROTOCOL FOR MANAGEMENT OF BRUISING IN PRE-MOBILE BABIES/CHILDREN

**Aims of protocol** – to provide all professionals with a knowledge base and action plan for the assessment, management and referral of babies/children who are pre-mobile and present with bruising or otherwise concerning marks/injuries.

**Target audience – all front line staff who have contact with children:**

- Primary care staff: GPs, practice nurses, health visitors, district nurses, school health nurses and midwives.
- Allied healthcare professionals working in the community
- All clinicians working in out of hours services, walk in centres, minor injury units and emergency departments.
- All community and hospital based paediatric staff
- Ambulance staff
- Police
- Children Social Care
- Third sector colleagues

**ANY BRUISING IN A BABY OR CHILD WHO IS NOT INDEPENDENTLY MOBILE IS UNUSUAL AND CONCERNING AND MUST BE ASSESSED URGENTLY**
**"BABIES THAT DON'T CRUISE RARELY BRUISE"**

## 1 Introduction

1.1 National and local serious case reviews have identified the need for heightened concern about **any** bruising in a baby/child who is not independently mobile. It is important that any suspected bruising is **fully assessed**, even if the parents feel they are able to give a reason for it.

## 2 Rationale and evidence base

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

a) Bruising is strongly related to mobility (about one in five children who are starting to walk by holding on to the furniture have bruises).

b) 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 should not have bruises without a clear explanation.

2.2 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 pre-mobile infant.

2.3 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 non-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'.**

## 3 Action to be taken on identifying actual or suspected bruising

3.1 If the infant/child appears seriously ill or injured:

- Seek immediate treatment at the nearest Emergency Department (ED), via 999 if necessary
- Inform the paediatric team that you are arranging for the infant/child to attend ED
- Refer to Multi Agency Safeguarding Hub (MASH)

3.2 In all other cases:

- The practitioner who first notices the bruise should describe exactly what is seen.
- Any explanation offered, and comments made by the parents/carers must be recorded. Document word for word what has been said and by whom.
- Practitioners who are trained in medical examination should consider performing a full clinical examination of the child to examine all parts of the body to identify if further bruising is present.
- Accurately document what is seen - size, colour, position, pattern and shape
- All pre-mobile babies with identified bruising **MUST** be referred for a paediatric assessment **on the same day**. This should be arranged by ringing the on-call Paediatrician at John Radcliffe Hospital or Horton General Hospital, as appropriate. A referral to Children's Social Care must be made at the same time.

## 4 Specific considerations

Birthmarks: These may not be present at birth and appear during the early weeks or months of life. Slate gray naevi also known as congenital dermal melanocytosis (formerly known as Mongolian blue spots: a type of pigmented birthmark) 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 clinician believes a mark is likely to be a birthmark. If uncertain, seek advice from a GP who should assess the child the same day. If the GP is uncertain then they can discuss with Oxford University Hospital (OUH) On-call Paediatrician.

4.1 Self-inflicted injuries: It is **very rare** for pre-mobile infants to injure themselves. Suggestions that a bruise has been caused by the infant hitting themselves with a toy, or hitting the bars of a cot, should not be accepted without detailed assessment by a Paediatrician and decisions for a safeguarding referral will then be made.

4.2 Injury from other children: It is unusual, but not unheard of, for siblings to injure a baby. In these circumstances, the infant must still be seen for further assessment by a paediatrician and a decision made if a safeguarding referral needs to be completed. Staff must include a detailed history and examination of the circumstances of the injury, as advised in Section 3.2, and consideration of the parents' ability to supervise their children.

4.3 Disabled children: If a child is non-mobile due to a disability, any concerning bruising should be carefully assessed using this guidance and medical advice sought as for pre-mobile babies. It is well recognised that disabled children are more vulnerable to abuse.

4.4 Reported bruising, but not visible: In circumstances where a bruise is reported by a third party (e.g. family/professionals), but not visible, a discussion with a paediatrician must take place.

## 5. Responsibilities for referral

5.1 Where decisions are made to refer to further investigate possible safeguarding concerns then it is the responsibility of the first professional to identify the bruising and raise the concerns to refer to the OUH On-Call Paediatrician and Children's Social Care **at the same time.** Whilst non-medical practitioners may wish to discuss with the child's GP first, additional review by GP should only take place if it does not prevent the child from being referred to paediatrics and CSC the same day.

| **TELEPHONE Referral to:**<br><br>**Children's Social Care**<br><br>Multi-Agency Safeguarding Hub (MASH):<br><br>Tel: 0345 050 7666<br><br>and complete the online referral form www.oxfordshire.gov.uk/ | **TELEPHONE Referral to:**<br><br>**OUH On-Call Paediatrician**<br><br>OUH Switchboard:<br><br>Tel: 0300 304 7777<br><br>Request On-call Paediatric Consultant at John Radcliffe Hospital or Horton Hospital depending on location |
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5.2 It must be explained to families at the point of referral, that in babies/children who are pre-mobile, bruising requires further examination and possible investigation and this is necessary with **referral to both Paediatrics and**

**Children's Social Care.** Parent information electronic leaflet can be accessed on the Oxfordshire Safeguarding Children Board (OSCB) website

5.3 The family must be advised to take the baby/child to hospital **as soon as possible.**

5.4 If a parent/carer is uncooperative then this should also be reported to the MASH and Paediatrics and if possible, the child should be kept under supervision or accompanied to hospital to ensure their safety. This might involve calling the police via 999.

5.5 If a referral is not made the MASH and/or a paediatrician, then the reasons for this should be clearly documented in the notes with the name of the professional making this decision.

5.6 If an injury is reported on a virtual consultation or phone call, a face to face examination in the ED must take place on the same day

5.7 **For the South Central Ambulance Service (SCAS)**:

- if a pre-mobile baby has visible injuries, however minor, transport to ED to be assessed by a paediatrician as per usual pathway.
- if a pre-mobile baby has been reported to have bruises that are not visible on examination, transport to ED for assessment by a paediatrician

## 6. 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, July 2012


## 7 Additional Reading

- Working Together to Safeguard Children, HM Government, March 2018
- Hampshire 4LSCB Procedures, online at: http://4lscb.proceduresonline.com
- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014, Def. May 2016
- Bruising in young babies – Information for parents and carers, NHS WHCCG Sept 2016