

Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB

Protocol for the management of actual or suspected bruising in infants who are not independently mobile

Version 1	Ratified	2010
Version 2	Reviewed	December 2013
Version 3	Reviewed	February 2016
Version 4	To be reviewed by	February 2017



Hampshire
Safeguarding
Children
Board



1 Introduction

- 1.1 Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation. Numerous serious case reviews, both locally and nationally, have identified the need for heightened concern about any bruising in a baby who is not independently mobile.

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 in the 4LSCB area 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 emergency treatment at an emergency department (ED)
 - Notify children's services of your concerns and the child's location
- 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 other comments by the parent/carer word for word
 - **Refer to children's social care** who will take responsibility for further multiagency investigation including paediatric assessment which must be arranged **as soon as possible the same day** (Appendix B)
- 4.3 **Inform parents/carers of your professional responsibility to follow 4LSCB policies and procedures and stress that any action by children's social care will be informed by a paediatrician's opinion. Give parents a written information leaflet and answer any questions they may have.**

5 Action following referral

- 5.1 Children's social care will follow the 4LSCB safeguarding procedures. This will include gathering background information about the family and arranging a paediatric assessment.
- 5.2 The child must be seen for full paediatric assessment on the **same day** as referral to children's social care. This must include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family. The paediatrician should explain the findings of the examination to the parents. If bruising due to injury is confirmed a strategy discussion between health and social care will take place according to local safeguarding procedures.
- 5.3 If there is a strategy discussion the outcome should be explained to the parents as clearly as possible by children's social care.

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 (as many as three-quarters) in children of African, Middle Eastern, Mediterranean or Asian background. These do NOT need to be referred under this protocol, but where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance. If there is still uncertainty the GP should consider an urgent paediatric opinion.
- 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.
- 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.

7 Rationale and evidence base

7.1 Bruising is the commonest presenting feature of physical abuse in children. Systematic review¹ of the literature relating to bruises in children shows that:

- Bruising is strongly related to mobility
- Only one in five infants who is starting to walk by holding on to the furniture has bruises
- Bruises in infants who are not independently mobile are rare, with a prevalence of <1% ('Those who don't cruise rarely bruise')

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 (RCPCH child protection companion 2013).²

7.2 The National Institute for Clinical Excellence (NICE) 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 services 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 guideline³ 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 are 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'.

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8 References

- 1) Core Info Cardiff Child Protection Systematic Reviews
- 2) Royal College of Paediatrics and Child Health Child Protection Companion 2nd Edition, April 2013
- 3) When to Suspect Child Maltreatment, NICE Clinical Guideline 89, July 2009
- 4) New learning from serious case reviews, July 2012

Additional Reading

Working Together to Safeguard Children, HM Government, March 2015

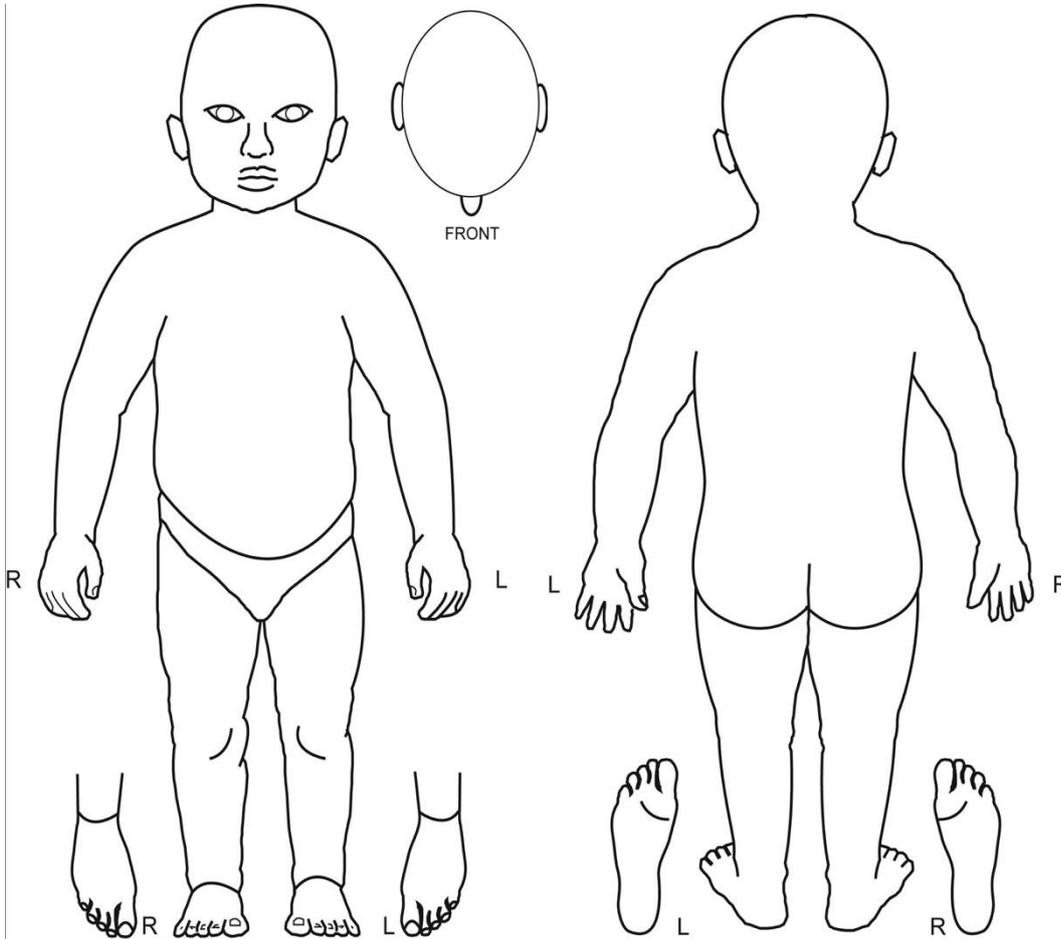
Hampshire 4lscb Procedures, online at: <http://4lscb.proceduresonline.com>

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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 infants who are not independently mobile

Practitioner observes bruise (if unsure refer to GP)

Suspect child maltreatment

