Bruising Protocol for Non-Independently Mobile Infants and Children

Introduction

Bruising is strongly related to mobility and once children are mobile they can sustain bruises through everyday activities and accidents. Bruising in an infant who is pre-mobile is, however, very unusual and should always be investigated. Local and national Safeguarding Children Practice Reviews have identified the need for heightened concern when bruises are seen in infants without independent mobility. It is nationally recognised that pre-mobile infants are at greater risk of abuse than older children. Children with disabilities are more likely to be abused than non-disabled infants.

It is important that any bruising to a pre-mobile infant is fully assessed by a Paediatrician even if parents or carers feel they are able to give a reason for it.

For the purposes of this pathway the terminology "infant" will be used and will be defined as being from ages 0 -12 months.

Rationale

Bruising is the most common presenting feature of physical abuse in children. The message from systematic review of literature relating to bruising is unequivocal; infants and children who have not yet acquired independent mobility (rolling, crawling, walking) should not have bruises without a clear explanation.

Bruising in any non-mobile child should be fully assessed and investigated under Sec 47 unless there is a very good reason as to why this is not necessary, and take into consideration the child's age, developmental stage, medical and social history and the explanation given by the parent or carer. In order to do this adequately, a referral to Children's Social Care should be made, for a comprehensive, multi-agency approach.

Aim

To provide a clear pathway, for all agencies to follow, in the management of bruising in non-mobile infants.

Scope

All professionals in the London Borough of Bexley, who come into contact and/or work with children.

Children with disabilities

Professionals can, sometimes, have difficulty identifying safeguarding concerns in disabled children; therefore, professionals need to be aware of the increased vulnerability of this group of children so that they receive the appropriate level of protection and support.

Disability can make a child more vulnerable to abuse because:

- they may have additional communication needs
- they may not understand that what is happening to them is abuse
- they may be isolated from others
- they may be dependent on adults for all care
- their disability might be used as an explanation for an injury.

It is important to remember that children with disabilities may not be independently mobile and professionals should also seek direction from their own local guidance or https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance.

Action to be taken when identifying or suspecting bruising

If the child appears seriously ill or injured:

- Seek immediate assessment and treatment in an Emergency Department (ED)
- Notify the Local Authority Children's Social Care of your concern urgently by telephone and follow-up with a written referral.
- Keep the parent/carer updated regularly on the child's condition/progress

In all other cases:

- A full physical assessment (or child protection medical?) should be completed by a community or hospital paediatrician and appropriate referral for further assessment made if necessary.
- If uncertainty exists regarding the definitive diagnosis of an injury, a second medical opinion should be sought (for ease and to maintain the momentum of the investigations a hospital paediatrician may be best placed to do this).
- Practitioners should document accurately and clearly describe, on a body map and in the child's medical record the size, shape, colour and position of the mark/s .
- Any explanation for the injury or comments by the parent/carer should be documented accurately and verbatim in the child's record.
- A referral should be made as quickly as possible to children's Social Care, who will take responsibility for gathering information and moving the safeguarding process forward by arranging a Strategy Meeting.
- If there are concerns regarding the immediate safety of the child, siblings, adults within the family or that of the professionals involved, the police should be contacted urgently.
- Parents/carers should be informed of a professionals' responsibility to inform statutory services of the identified concerns about their child, the need for social care input and possible referral on to a paediatrician and the safeguarding process as appropriate.

Action following referral to Local Authority Children's Social Care

Once a referral has been accepted, a Strategy Meeting must be held in line with guidance set out in Working Together to Safeguard Children (2018). A social worker, community or hospital paediatrician, members of the safeguarding children's teams and a police officer must be present. Clear outcomes must be decided and explained to parents. Even if an explanation is provided, the relevant medical staff and possibly others need to be able to consider the plausibility of that explanation.

There should be professional curiosity as to the cause of any bruising in a pre-mobile infant.

The child protection medical must be arranged by the social worker according to local arrangements, i.e. either by a community paediatrician or within a hospital setting by a paediatric consultant or registrar.

The child/children should attend for a paediatric assessment as soon as possible following receipt of the referral. This should include a detailed history of the injury and the mechanism given by the parents/carer, review of past medical history and social history, including any previous injuries.

Professionals should consider if there is any medical explanation or any external factors that contribute to explaining the bruising.

Medical explanation could include:

- An underlying organic cause, for example, a bleeding disorder.
- Birth injuries – normal and instrumental delivery may result in bruising to the head or face, minor bleeding into the whites of the eye or injury to the arm or shoulder in new born babies. All birth injuries evident at the time or soon after delivery, should be documented in the child's medical records and communicated to community staff. Appropriate follow-up should be arranged if necessary, with a paediatrician.
- Birthmarks – these may not be present at birth but appear during the early weeks of life. They should be documented in the child's medical notes and parent record (red book). Some birthmarks, in particular blue-grey spots (previously known as Mongolian blue spots) can look like bruising. If a professional believes discolouration of the skin to be a birthmark but is uncertain, the baby/child should be referred to the general practitioner (GP) for further assessment. If uncertainty remains following this, a referral should be made to the Local Authority Children's Social Care and details documented on a body map and in the child's medical record.

External factors to consider are:

- Injury from a sibling/other child – however this would be unusual but it is not unheard of for an older sibling to injure a new baby. This would still require referral to Children's Social Care for a multi-agency approach and decision making and all explanations should be considered by the relevant medical practitioner as to plausibility
- Does either parent have a mental health problem
- Are drugs/alcohol a factor
- Are there other members of family that would need to be considered ie grandparents, close family friends etc
- Any animals/pets.

Both lists are not exhaustive and professional curiosity and challenge should feature throughout the assessments conducted by all agencies in order to explore and understand what is happening within a family, rather than making assumptions or accepting information at face value.

The National Institute for Clinical Excellence (NICE) Guidance (2009, updated 2017)

It is recognised that a small percentage of bruising in non-mobile children will have an innocent explanation. Spontaneous bruising can occur as the result of an underlying medical condition that may need urgent treatment, so referral to hospital should not be delayed.

NICE guidance aims to provide a summary of clinical features associated with abuse and act as a prompt for healthcare professionals to think about the possibility of maltreatment at the earliest stage, to 'consider abuse' as part of a differential diagnosis or to 'suspect abuse' where a serious level of concern exists.

In relation to bruising, all professionals within the children's workforce are advised to 'suspect abuse' and refer to Local Authority Children's Social Care in the following situations:

- If an infant has bruising in the shape of a hand, bite mark, grip or implement such as a stick or a belt.
- If there is bruising or petechiae (tiny red or purple spots) that cannot be attributed to a medical condition. Any reported health or medical conditions need to be checked and confirmed by a suitably qualified paediatric medical practitioner.

    - Bruising in a child who is not independently mobile
    - Multiple bruises or bruising in clusters
    - Bruises of a similar shape or size
    - Bruising on soft parts of the body such as the face, abdomen, eyes, ears and buttocks
    - Bruises on the neck that look like attempted strangulation
    - Bruises to the ankles and wrists that resemble ligature marks

The guidance is clear that practitioners must consider the significance of what appears to be minor bruising in non-mobile babies and children and act in line with safeguarding procedures.

- Advice should be sought from a paediatrician as to any explanations provided to assess the plausibility of the explanation.

October 2021

Bruising Management Flowchart

Bruising is seen in a non-independently mobile infant or child

Emergency treatment required:

Refer to local Emergency Department (999) **for life saving measures to be given/injuries to be treated**

Notify Bexley Children's Services: 020 3045 5440 (9-5pm), 020 8303 7777 Out of hours

Adequate explanation

- Injury in keeping with child's age & developmental stage
- To be considered accidental
- History is clear, consistent & plausible
- Appropriate parental response to injury
- Any treatment to be given

Document

- Document assessments & actions, include body maps
- Document discussion with parents

Share

- Professionals should share information with each other as appropriate
- Consider any other actions required to safeguard or support the family

Inadequate explanation

- No explanation or inadequate explanation. unlikely or does not rule out abuse or neglect
- Inform parents/carer of need for further assessment & referral to Children's Social Care
- **Immediate referral to Bexley Children's Services**
- If there are concerns regarding immediate safety of child, siblings, adult in family or professional**, police must be called**
- Strategy Meeting to be arranged by social care with community paediatrician, hospital paediatrician (if applicable), safeguarding children's team members (acute and community) & police
- Children's Social Care to contact the family, arrange to meet & inform them of meeting outcome &/or that child will need assessment by hospital or community paediatrician
- If bruising/injury is considered to be non-accidental, but not acute, a full child protection medical must be arranged by the social worker with the appropriate paediatrician