

Kent and Medway Protocol for the Management of Actual or Suspected Bruising in Infants and Children who are not Independently Mobile

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Document Author	Kent Safeguarding Children Multi-Agency Partnership (KSCMP) Medway Safeguarding Children Partnership (MSCP)
Document Owner	<p>Kent Safeguarding Children Multi-Agency Partnership Sessions House Maidstone ME14 1XQ Email: kscmp@kent.gov.uk</p> <p>Medway Safeguarding Children Partnership Gun Wharf Dock Road Chatham ME4 4TR Email: mscp@medway.gov.uk</p>
Summary of Purpose	The procedures have been designed to guide the response of all professionals who have a responsibility for children and young people within the statutory, private or voluntary sector within Kent and Medway.
Accessibility	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.
Equalities Impact Assessment	During the preparation of this policy and when considering the roles and responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality and diversity, in the services delivered regardless of disability, ethnic origin, race, gender, age, religious beliefs or sexual orientation.
Policy Review Date	This document will be reviewed in March 2023.

Contents

Introduction	4
Rationale and Evidence Base	4
Aim of Protocol	4
Target Audience	5
Action to be Taken on Identifying Actual or Suspected Bruising	5
Action following referral to Local Authority Children’s Services	5
Specific Considerations	6
The National Institute for Clinical Excellence (NICE) Guidance	7
Appendix 1	8

1. Introduction

- 1.1. Bruising in babies / infants or children with complex needs that are not mobile, or crawling is unusual and should always be investigated. National and local serious case reviews have identified the need for heightened concern about any bruising in a infant or child who is not independently mobile. Lack of mobility in infants and children can be due to disability or development delay. It is nationally recognised that children with disabilities are more likely to be abused than non-disabled children (and that this can be attributable to the multiple carers they may come in contact with during the day and their level of physical dependence). It is important that any suspected bruising is fully assessed even if the parents or carers feel they are able to give a reason for it.

2. Rationale and Evidence Base

- 2.1. 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.

3. Aim of the Protocol

- 3.1. This protocol must be followed in all situations where an actual or suspected bruise is noted in an infant or child who is not independently mobile.
- 3.2. The term not independently mobile applies to those infants and children who are not yet rolling or crawling.

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 Di Child* 205: 100: 426-431.

4. Target Audience

- 4.1. All those who come into contact and/or work with children across Kent and Medway.

5. Action to be Taken on Identifying Actual or Suspected Bruising

- 5.1. If the infant appears seriously ill or injured:

- Seek emergency treatment at an emergency department (ED). If able to do so, contact the duty Consultant Paediatrician prior to admission.
- Notify the Local Authority Children's Services of your concern and the child's location.

- 5.2. In all other cases:

- Practitioners must describe and document accurately on a body map and in the child's record, the size, shape, colour, and position of the mark/s on the head and/or body.
- Document any explanation of the history of the injury or comments by the parents/carers accurately, verbatim in the child's record.
- Immediate referral to the Local Authority Children's Services, who will take responsibility for arranging further multi-agency assessments and contacting the local duty Consultant Paediatrician for an urgent review.
- If there are concerns regarding the immediate safety of the child or the professional, the police should be called.

- 5.3. Inform parents/carers of your professional responsibility to follow Kent and Medway Policies and Procedures and state that any action by the Local Authority Children's Services will be informed by a paediatrician's opinion. Answer any questions the parents/carers may have and inform them that the baby/child may be admitted to the paediatric ward for further investigations. Document within the child's record the discussion with parents/carers.

6. Action following Referral to Local Authority Children's Services

- 6.1. Once a referral is accepted a Strategy Meeting must take place as per Working Together Guidelines (2018). A Social Worker, Paediatrician/Safeguarding Children Team representative and Police Officer must be present. The outcome of this meeting must be explained to parents/carers. If the bruising/injury is suspected to be non-accidental a full Child Protection Medical must take place, after any acute injury is treated.

- 6.2. The Child Protection Medical will be arranged in conjunction with the Social Worker and the Consultant Paediatrician for admission to a Paediatric Ward must be given.
- 6.3. The child must attend for a paediatric assessment as soon as possible following the Local Authority Children's Services receiving the referral. This should include a detailed history from the parents/carers, 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 assessment to the parents.

7. Specific Considerations

- 7.1. 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. If any health practitioner sees bleeding in the eye not associated with Birth Injury, further investigations should be undertaken. If concerns persist and advice sought from the Paediatrician, Named Doctor / Consultant Paediatrician.
- 7.2. 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 the Local Authority Children's Services. The child's records must include written detail and a body map of any birth marks.
- 7.3. 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 the Local Authority Children's Services.
- 7.4. 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.

This must include a detailed history of the circumstances of the injury, and consideration of the parent' ability to supervise their children.

8. The National Institute for Clinical Excellence (NICE) Guidance

8.1. The National Institute for Clinical Excellence (NICE) guideline 'When to Suspect Child Maltreatment'³, aimed at health professionals, categories features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such there is a serious level of concern. In relation to bruising, health professionals are advised to 'suspect abuse' and refer to Local Authority 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:

- 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

8.2. The NICE guideline 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.

8.3. 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 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 (<https://learning.nspcc.org.uk/case-reviews/process-in-each-uk-nation>).

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

Appendix 1

If bruising is suspected

- Bruising is strongly related to mobility. Bruising in a baby, infant or child who is not yet crawling, and therefore has no independent mobility, is very unusual. Likewise, bruising in a child with complex needs who is not mobile should always warrant investigation.
- Seek explanation; do NOT ask leading questions or offer suggestions as to how the mark may have occurred.
- If appropriate, examine for other marks. Practitioners should document and describe all marks on a body map.
- If suggested to be a birthmark; check the Red Book or other health records (GP, postnatal records, health visiting records).
- If in doubt regarding the cause or nature of the bruising/mark – follow the right-hand pathway – **do not refer to the GP. Do not refer to the Emergency Department (ED) unless there is a need for emergency treatment.**



If in need of emergency medical attention or to treat a serious injury

- Refer to Emergency Department (ED). If able to do so, contact the duty Consultant Paediatrician prior to admission.
- Notify Kent Childrens Social Work Services (03000 41 11 11) / Medway Children Services (01634 33 63 29) or Kent and Medway Out of Hours (03000 41 91 91). Informing them of the whereabouts of the child and the nature of the injury. The social worker will need to arrange a paediatric assessment as per local arrangements.



Adequate explanation

- Injury in keeping with the child's development ability.
- To be considered accidental.
- History should be clear, consistent and plausible.
- Appropriate parental response to the injury.



Document

- Document your discussion with parents/carers.
- Document assessments and actions, including a body map of any observed marks/bruising.



Share

- Professionals should share information with other professionals as appropriate (e.g. health, GP, FSW, police).
- Consider if there are any other actions needed to safeguard or support the family.



Inadequate explanation

- No explanation or an explanation that is inadequate, unlikely or does not rule out abuse or neglect.
- Inform parents/carers of **need to refer** for further assessment and the requirement for a referral to the Local Authorities Children's Services.
- **Immediate referral** Kent Children Social Work Services / Medway Children Services / Kent and Medway Out of Hours.
- If there are any concerns regarding the immediate safety of the child or the professional, then police should be called.
- Local Authority Children's Services to immediately arrange a social worker to meet with the child and family. Parents/carers need to be informed that the child may be admitted to the paediatric ward for further investigations.
- A Strategy Discussion which includes a social worker, paediatrician/safeguarding children team representative, and police office to be held. The appropriateness and timing of a paediatric assessment should be discussed.
- If the bruising/injury is suspected to be non-accidental a full Child Protection Medical must take place, after any acute injury is treated.
- The outcome of this meeting must be explained to the parents/carers.
- The Child Protection Medical will be arranged in conjunction with the social worker and the consultant paediatrician. Consideration for admission to a paediatric ward must be given.
- The child must attend for a paediatric assessment as soon as possible following the Local Authority Children's Service receiving the referral.

