Assessment of Bruising/Marks/Possible Non-Accidental Injury (NAI) in a Non-Mobile Baby/Child or Young Person (YP) (Non-mobility may be due to developmental stage or disability)
This Protocol is to be followed when a non-mobile baby (or disabled child) is found to have bruises and/or ‘marks’ which raise concerns about a possible non-accidental injury.

KEY MESSAGES:

- Bruising is the commonest presenting feature of physical abuse in children
- The younger the child the higher the risk that the bruising is non-accidental, especially where the child is under the age of 6 months
- Bruising in any child ‘not independently mobile’ should prompt suspicion of maltreatment, i.e. older children who may have limited mobility due to disability
- Bruising in any child ‘not independently mobile’ should prompt an immediate referral to the Integrated Contact and Referral Team (ICRT) 0191 5617007 (during office hours) or 0191 520 5552 (outside office hours)
- Please see flow chart at Appendix 1 if you are a practitioner without a medical or nursing role and qualification. If you are a registered health practitioner please follow the flow chart at Appendix 2

1.0 Introduction

1.1 Bruising is the commonest presenting feature of physical abuse in children. The NICE guideline ‘When to Suspect Child Maltreatment (Clinical Guideline 89, July 2009)’ states ‘suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition including bruising in any child not independently mobile’ See: NICE child maltreatment

1.2 There is a substantial and well-founded research base on the significance of bruising/marks in children. See: core info bruising Although bruising/marks are not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months. While up to 60% of older children who are walking have bruising, it is found in less than 1% of ‘not independently mobile’ infants.

2.0 Evidence Base for this Protocol

2.1 Research undertaken in Wales indicates that severe child abuse is six times more common in babies aged less than one year than in children aged one to 4 years, and 120 times more likely than in the 5 – 13 year old age group. This research also showed that, of the abused babies aged under one year, 30% had caused previous concern to health professionals in relation to abuse or neglect.

2.2 Further research into child deaths from non-accidental injuries and children who suffer serious injury suggests that these children often have a history of minor injuries prior to hospital admission.

2.3 Infants under the age of one are more at risk of being killed at the hands of another person than any age group of child under 18 years old in England and Wales.
3.0 Purpose of this Protocol

3.1 The aim of this Protocol is to provide frontline professionals with guidance on what action to take when working with a non-mobile baby/child who has bruising or marks.

3.2 This Protocol has been developed as a result of learning from the Serious Case Review for Baby N [Baby N Serious Case Review]. It is to be used for the assessment and management of bruising/marks in non-mobile babies and outlines the process by which such children should be referred to ICRT and the arrangements to be made by the Duty Social Worker.

3.3 It is accepted that marks could be the result of birth trauma, birth marks or areas of skin pigmentation such as ‘Mongolian Blue Spots’, however if there is any doubt whatsoever as to the nature of the mark this Protocol should be followed. All non-mobile babies and children with bruising/marks must be referred to ICRT who will seek medical advice from a Consultant Paediatrician and arrange a Child Protection Medical Assessment where necessary.

3.4 A telephone referral must be made to ICRT – requesting to speak to a Duty Social Worker about a non-mobile baby or non-mobile child with a suspected non-accidental injury. During office hours ring 0191 5617007. Out of hours Emergency Duty Team ring 0191 520 5552. This must be followed up by a written referral within 24 hours. This can be securely e-mailed to: safeguarding.children@sunderland.gcsx.gov.uk

4.0 Target Audience

4.1 This Protocol is to be followed by all professionals who may come across bruising/marks to non-mobile babies/children in the family home or any other setting.

5.0 Definitions

5.1 Non-mobile baby: A baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of six months.

5.2 Non mobile child: A child who for reasons of disability or developmental delays is unable to move independently

5.3 Bruising: Extravasation of blood in the soft tissues, producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae, which are red or purple non-blanching spots, less than two millimeters in diameter and often in clusters.
6.0 Emergency Admission to Hospital

6.1 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 via a 999 ambulance if necessary.

6.2 Occasionally spontaneous bruising may occur as a result of a medical condition such as a bleeding disorder, or an acute infection. **Child protection issues should not delay the referral of a seriously ill child to acute paediatric services.** However, it remains the responsibility of the professional first dealing with the case to ensure that, where appropriate, a referral to ICRT has been made.

6.3 It should be noted that children may be abused (including sustaining fractures, serious head injuries and intra-abdominal injuries) with no evidence of bruising or external injury.

7.0 Action to be taken by ICRT

7.1 The presence of any bruising/marks in a non-mobile baby/child of any size, in any site, should initiate a detailed examination and inquiry into its explanation, origin, characteristics and history.

On receipt of such a verbal referral the Duty Social Worker must:

- Gather further the information from the referrer if required. Sufficient information may have already been taken by ICRT
- Request that the referring professional follows up referral in writing immediately
- Immediately alert the relevant Locality Team if child is an open case to Children’s Safeguarding already
- Record the referral on Liquid Logic in order for the referral to be progressed

7.2 If case is not open to Together for Children (TFC) – Sunderland, ICRT will convene a strategy meeting and undertake a Section 47 enquiry in line with Sunderland’s safeguarding procedures. If the case is open to Children’s Safeguarding the relevant Locality Team Manager will assume responsibility for the strategy meeting and Section 47 enquiry under the same safeguarding procedures. It is critically important that the examining paediatrician is involved in the strategy meeting.

7.3 All unexplained and/or suspected non-accidental injuries must be investigated under Section 47 Children Act 1989 and a joint enquiry with the Police conducted. It is crucial that the safety and welfare of all other connected children living within or outside the household is considered alongside the needs of the injured child.
7.4 If evidence from the paediatric medical examination confirms that the injury sustained was non-accidental in nature or if there are concerns regarding the explanation given by the child’s parents/caregivers, consideration must be given to whether alternative care arrangements for the child (and siblings if relevant) is required. The Team Manager must alert the Service Manager immediately to seek authorisation for accommodation and obtain legal advice if required.

8.0 Documentation

8.1 The importance of signed, timed, accurate comprehensive contemporaneous records cannot be over-emphasised.

8.2 It is good practice to use body maps\(^v\) to document what you have seen and to include these on your referral to Children’s Safeguarding.

8.3 Photographs must only be taken by those with specialist training and equipment, e.g. within the hospital or by the Police.

9.0 Working in Partnership with Parents or Carers

9.1 Unless it is considered that this would place the child at further risk, the professional’s concerns should be discussed with parents or carers of the child at the time they arise/occur, taking care that the professional does not suggest to the parents/carers how the injury has occurred.

9.2 The child’s parents or carers should be informed of the intention to make a referral to ICRT

9.3 If the child’s parents/carers are not aware of the referral, this must be explicit on the referral and the rationale for not informing the parent/carer documented.

9.4 If a parent or carer is uncooperative and leaves the setting prior to the referral being made this must be reported to ICRT and/or the Police.

10.0 Confidentiality

10.1 Where there are concerns about the safety of a child, the sharing of information in a timely and effective manner between organisations can reduce the risk of harm. Whilst the Guide to the General data Protection Regulation (GDPR) GDPR\(^vi\) – to replace Data Protection Act in May 2018 places duties on organisations and individuals to process personal information fairly and lawfully, it is not a barrier to sharing information where the failure to do so would result in a child or vulnerable adult being placed at risk of harm. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns Information Sharing 2015\(^vii\).

See also Working Together 2015\(^viii\)

The welfare of the child is paramount – (Children Act 1989).
**APPENDIX 1**

Assessment of Bruising/Marks/Possible Non-Accidental Injury (NAI) in a Non-Mobile Baby/Child or Young Person (YP)  
(Non-mobility may be due to developmental stage or disability)  

HEALTH PROFESSIONALS PLEASE FOLLOW FLOW CHART AT APPENDIX 2

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**Immediate Phone Referral to ICRT 0191 5617007 or 5205552 out of hours**

The SW will seek advice from the on-call Consultant Paediatrician and arrange a child protection medical assessment if required

The SW and referrer must agree transport arrangements for the child to the assessment. The SW must advise the referrer if they (and possibly the Police) will attend the family home or community setting where the child currently is

The SW and referrer must ensure what action is to be taken if the parent or carer attempts to leave the setting before the SW attends – e.g. call 999

This *must* be followed up by a written child protection referral – this can be sent by secure email to: safeguarding.children@sunderland.gcsx.gov.uk

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**Bruise/mark/injury observed on baby/child/young person who is not independently mobile.** A child who is seriously ill should be transferred immediately to hospital via ambulance if necessary

Seek an explanation, examine and record accurately

Note any other features of abuse e.g. bruises on face, ear or ‘soft’ areas including genital area, bruises in clusters or imprints. Use body maps if available

Practitioner is uncertain as to whether the mark is a non-accidental injury  
**SUSPECT child maltreatment**

Practitioner believes the mark is probably a bruise or a possible non accidental injury

Explain to the family the reason for the *immediate* referral to ICRT; follow SSCB procedures ensuring the safety of the child

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**All practitioners should seek advice/support where necessary from their agency lead and comply with their agency’s safeguarding and record keeping policies and procedures and the SSCB safeguarding children procedures.**
Assessment of Bruising/Marks/Possible Non-Accidental Injury (NAI) in a Non-Mobile Baby/Child or Young Person (YP) (Non-mobility may be due to developmental stage or disability)

**Bruise/mark/injury observed on baby/child/YP**
A child who is seriously ill should be transferred immediately to hospital via 999 ambulance if necessary

**Seek an explanation, examine and record accurately**
Note any other features of abuse e.g. bruises on face, ear or ‘soft’ areas including genital area, bruises in clusters or imprints. Use body maps if available

**Practitioner believes the mark/injury is NON-suspicious i.e. a birth mark or medical condition. Check with midwife/GP or health visitor to determine if there is recorded evidence of a medical condition/birth mark or mongolian blue spot.**

**Practitioner is uncertain or believes the mark is probably a medical condition requiring an urgent paediatric opinion**

**Document** into the baby/child/YP records.

**Health practitioner believes the mark is probably a bruise or a possible non accidental injury**

**Explain to the family the reason for the immediate referral to Children’s Safeguarding, follow safeguarding child protection procedures ensuring the safety of the child/family/practitioner**

**Telephone the on call Consultant Paediatrician to discuss and agree next steps**
All staff must ensure that any discussions are documented in the baby/child/YP records

**Immediate Phone Referral to Children’s Safeguarding in the area where the child lives**
Sunderland 0191 5617007 or 520 5552 out of hours
Durham – number is 03000 267 979 (24hrs)
South Tyneside 4245010 or 456 2093 out of hours
Gateshead 4332653 or 4770844 out of hours
This must be followed up by a written child protection referral using the appropriate Local Authority (LA) form (Can be accessed via LA website)

The SW will ring the Duty Consultant Paediatrician to arrange a medical

Inform M/W/HV/school nurse/GP and safeguarding team/lead

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1 NICE child maltreatment
2 core info bruising
3 Baby N Serious Case Review
4 body maps
5 GDPR
6 information Sharing 2015
7 Working Together 2015

**All health practitioners should seek advice/support where necessary from their agency lead and comply with their agency’s safeguarding and record keeping policies and procedures and the SSCB safeguarding children procedures.**

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