Bruising and Soft Tissue Injuries in Children Not Independently Mobile

Multi-Agency Protocol
1 Introduction
Bruising is the commonest presenting feature of physical abuse in children. The younger the child the greater the risk that bruising is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children. See www.core-info.cf.ac.uk/bruising

Bruising in a child not independently mobile should raise suspicion of maltreatment and should result in an immediate referral to Children's Services who should follow child protection procedures and seek medical assessment of the injury. This protocol accompanies the All Wales Child Protection Procedures, which all professionals must follow.

2 Definition
Not Independently Mobile: a child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of six months and some older children with severe disabilities such as cerebral palsy.

3 Aims
The protocol provides frontline professionals with information about what to do if they observe bruising or otherwise suspicious marks to children who are Not Independently Mobile (NIM)

4 Procedure
(See Flowchart Appendix 1)
Any child who is found to be seriously ill or injured, or in need of urgent treatment, must be referred immediately to hospital before referral to Children's Services.

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given.

Accidental bruising in not independently mobile children is rare. It is the responsibility of Children's Services, Police and the local paediatrician to decide whether bruising is consistent with an accidental cause or not.
It is the responsibility of the first professional to learn of or observe the bruising to make the referral to Children’s Services. All telephone referrals to Children’s Services must be followed up in writing within 48 hours using the Multi-agency referral form. If there is reasonable cause to believe the bruising is non-accidental the police must also be immediately notified.

Parents or carers should be included as far as possible in the decision making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children's Services.
Appendix 1

Protocol for assessment of bruising and soft tissue injury in children who are not independently mobile

Practitioner observes bruise or suspicious mark
SUSPECT child maltreatment¹
A child who is seriously ill must be referred immediately to hospital

Seek an explanation, and record accurately
Note any other marks or injuries e.g. bruises on face and ‘soft’ areas, bruises in clusters

Explain to family that any non mobile child who has a bruise or soft tissue injury must be referred immediately to Children’s Services & Police if appropriate

Immediate Phone Referral to Children’s Services Department for multi-agency assessment and information sharing

Follow Child Protection Procedures

1. NICE clinical guideline 89: When to suspect child maltreatment, July 2009 (SUSPECT means serious level of concern about the possibility of child maltreatment but not proof of it)
Appendix 2

Child’s name:

Date of birth:

Date/time of skin markings/injuries observed:

Who injuries observed by:

Information recorded: Date: Time:

Body Map

Body Map