

Bruising for Immobile Babies and Children

Issue Date	Review Date	Version
June 2017	June 2020	1

Purpose

This guidance provides professionals with strategy for management of children who are Not Independently Mobile (NIM) who present with bruising or otherwise unexplained marks. This guidance should be considered in conjunction with Plymouth Hospitals, Livewell South West South West Child Protection Procedures online www.swcpp.org.uk.

Who should read this document?

This protocol applies to health professionals working with children and families.

Key Messages

- Any bruising, or what is believed to be bruising, in a child of any age that is observed by, or brought to the attention of any professional should be taken as a matter concern.
- 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 that bruising in any child 'not independently mobile' should prompt suspicion of maltreatment (abuse and/or neglect). Children under one are particularly vulnerable and are most at risk of homicide and disability as a result of child maltreatment.
- Unexplained bruising or mark, (or bruising without an acceptable explanation) should always raise suspicion and prompt an immediate referral to Children's Social Care and an urgent paediatric opinion. If in any doubt, professionals should ring the on call Paediatrician for Child Protection for advice.
- It is not always easy to identify with certainty some skin lesions as a bruise e.g. Mongolian blue spot, haemangioma. If the referrer feels there is a medical cause for a lesion they should seek an urgent appointment with the child's GP to confirm a diagnosis. Where there is diagnostic doubt about the nature of a skin lesion discussion should be had between the referrer and the duty Paediatrician for Child Protection.
- A discussion between the professional and the duty paediatrician for child protection should lead to a decision about Social Care referral and medical examination.
- If the decision is for a GP to undertake the examination, then the duty paediatrician can help facilitate this by a direct discussion with the GP if needed.

Core accountabilities

Owner	Alison O'Neill Named Nurse Child Protection
Review	Safeguarding Steering Group
Ratification	Greg Dix, Director of Nursing
Dissemination	Alison O'Neill Named Nurse Child Protection
Compliance	Safeguarding Steering Group

Links to other policies and procedures

- Recent serious case reviews and individual child protection cases both nationally and locally have indicated that professionals have sometimes underestimated or ignored the highly predictive value, for child abuse, of the presence of bruising in children who are not independently mobile. There have been a number of cases where bruised children have suffered significant abuse that might have been prevented if action had been taken at an earlier stage.
- There is a substantial research base on the significance of bruising in children.
- <http://www.core-info.cardiff.ac.uk/reviews/bruising>
- Immobility for example (due to a disability) should particularly be taken into account as a risk factor. Disabled children have a higher incidence of abuse.

Version History

1	Bruising for Immobile Babies and Children	Alison O'Neill Named Nurse Child Protection
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP) Bruising for Immobile Babies and Children

1 Introduction

This guidance provides professionals with strategy for management of children who are not independently mobile who present with bruising or otherwise unexplained marks. This guidance should be considered in conjunction with Plymouth Hospitals, Livewell South West South West Child Protection Procedures online www.swcpp.org.uk.

This protocol applies to health professionals working with children and families.

Any bruising, or what is believed to be bruising, in a child of any age that is observed by, or brought to the attention of any professional should be taken as a matter concern. Bruising is the commonest presenting feature of physical abuse in children

2 Definitions

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.

Non mobile child: - Consideration should be given to applying this guidance to children who are not independently mobile by reason of a disability.

Bruising: Bruises are bluish or purple coloured patches that appear on the skin when tiny blood vessels called capillaries break or burst underneath. The blood from the capillaries leaks into the soft tissues under the skin causing the discolouration and over time this fades.

3 Regulatory Background

There is a substantial and well-founded research base on the significance of bruising in children.

- NICE (2009) NICE guideline. When to suspect child maltreatment 2014
- South West Child Protection procedures www.swcpp.org.uk
- Working Together 2015
- <http://www.core-info.cardiff.ac.uk/reviews/bruising>

4 Key Duties

The referrer must:

- In a medical emergency any child who is seriously ill or injured or in need of urgent treatment or further investigation, must be referred immediately to hospital via 999 services. The possibility of child abuse should be communicated with all emergency services.

- If a bruise is identified and there is an immediate safeguarding risk then contact the on call Paediatrician for Child Protection and Social Care to discuss the case and decide if an urgent medical examination is required the same day. See the Flow chart (Appendix 1).
- If no medical emergency and a bruise is identified then on call Paediatrician for Child Protection. See flow chart (Appendix 1).
- You must be open and honest with the parents about your concerns, taking care that the professional does not suggest to the parents/carers how the injury has occurred.
- If the child's parents/carers are not aware of the referral (because making them aware would be likely to place the child or the practitioner at risk of significant harm) this must be made clear to Children's Social Care.
- Advise the parents of the need to make a referral to Children's Social Care and to the on call Paediatrician for Child Protection.
- Provide the parent(s)/Carer (s) with the leaflet "Information for parents and carers about bruising or injuries to immobile children"(Appendix 2)
- If a parent or carer is uncooperative, this must be reported to Children's Social Care
- Make a referral to the Social Care. Follow up your referral in writing within 48hrs
- Record all discussions, decisions and actions in child health record.
- Document the explanation for the bruise
- Log all injuries on a body map to annotate site, size, colour characteristics pattern and number of bruises and or unexplained marks

The Reviewing Clinician should:

- Discuss the case with the attending Social Worker
- Thoroughly examine the child
- Record all discussions, decisions and actions in child health record.
- Document the explanation for the bruise
- Log all injuries on a body map to annotate site, size, colour characteristics pattern and number of bruises and or unexplained marks
- Discuss plan of care with Social Worker and the family
- If the parents/carers have not already been given a copy of the leaflet "Information for parents and carers about bruising or injuries to immobile children" this can be shared after the appointment

See Flow chart for Action when Bruising is seen in Non mobile Children Appendix 1

Professional observes or is informed about bruise or suspicious mark.

SUSPECT child maltreatment - Ensure the child is seen by the appropriate health professional as soon as possible. If a Paediatric Medical is required Social care must be contacted by the referrer.

Explain to family the reason for immediate referral to the Duty Paediatrician for child protection

Give leaflet "What's going on?" to the parent/carer....

If the child is seriously ill they should be transferred immediately to the Emergency Department at the local hospital. Inform Social Care and the on-call Paediatrician re actions

If there a suspected medical cause for the mark -Seek an urgent GP appointment to confirm medical diagnosis (eg. Mongolian blue spot strawberry mark or prominent vein

If there is no medical cause for the mark Seek an explanation, examine and record accurately

Note any other features of abuse

Discuss with on call duty Paediatrician for child protection

Derriford: 01752 202082

RCHT: 01872 250000

NDDH: 01271 322605

If a Paediatric Medical is required Social care must be contacted by the referrer.

On completion of the medical examination document all findings and complete body maps

If there is no further action inform referrer and Social Worker

If evidence of harm is found explain findings to parents/carers, discuss next steps with the Social Worker.

A referral to Derriford Safeguarding team must be made for all safeguarding medical examinations.

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Group and ratified by the Greg Dix Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Greg Dix Director of Nursing, by the nominated author. These must be ratified by the Greg Dix Director of Nursing, and should be reported, retrospectively, to the Safeguarding Steering Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Greg Dix Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

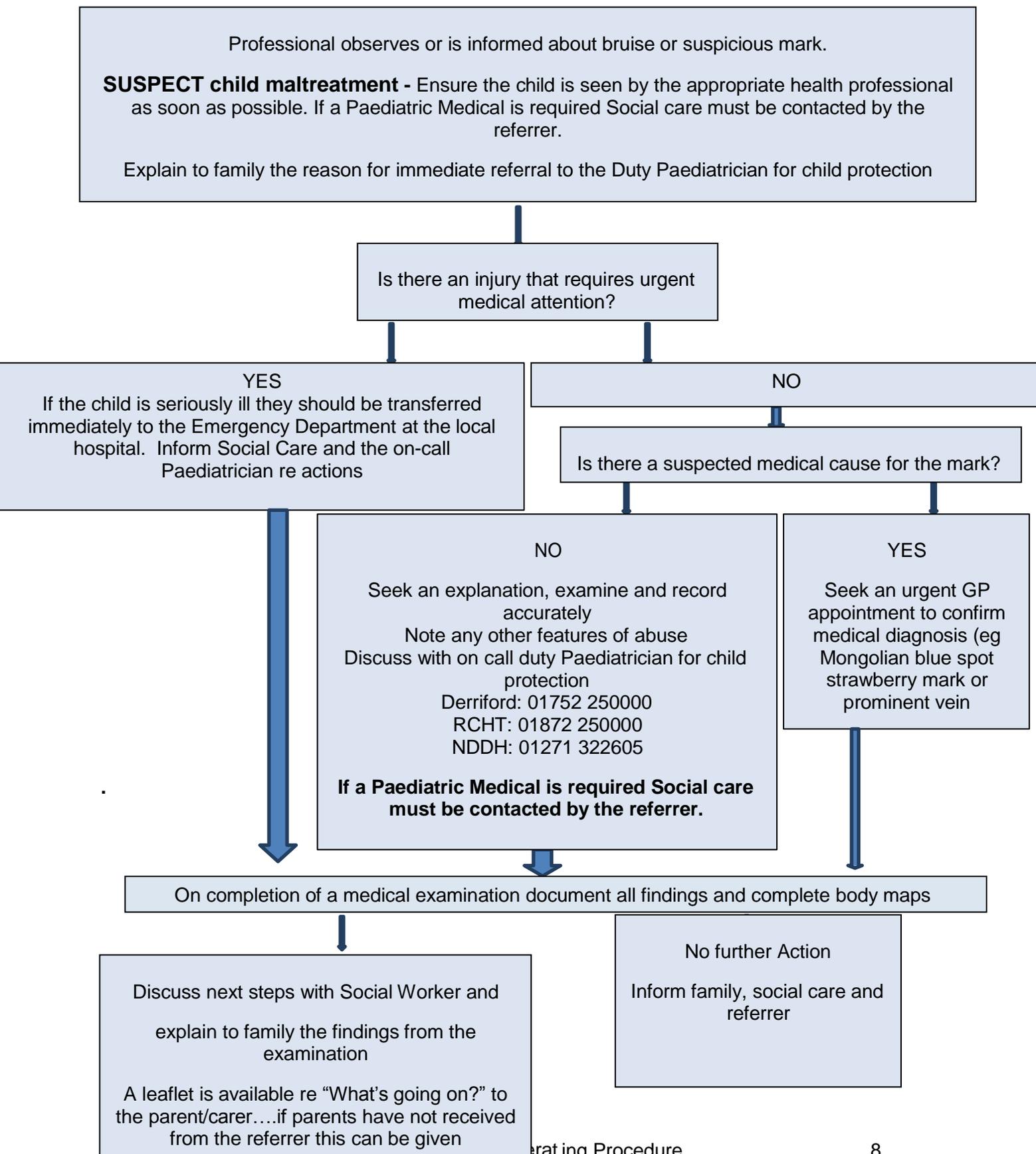
- This SOP will be monitored by the Trust Safeguarding Steering group
- The safeguarding team will perform the monitoring
- This will be reviewed regularly when incidents arise
- Shortfalls will be reported to the safeguarding steering group who will monitor and action as needed.
- Any actions will be implemented by the safeguarding team and monitored by the safeguarding steering group.
- Learning will be disseminated to relevant clinical areas and managers by the safeguarding team.

9 Reference Material

1. NICE clinical guideline 89: When to suspect child maltreatment, July 2009 (SUSPECT means a serious level of concern about the possibility of child maltreatment but not proof of it)
2. <https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-bruises-children.pdf>
3. swcpp.org.uk

Working Together to Safeguard Children 2015 (HMC Gov)

Flow chart for Action when Bruising is seen in Non mobile Children





leaflet for
parents.docx

Open attachment for leaflet style hand-out information contained is below

Information for parents and carers about bruising or injuries to immobile children

You have been given this leaflet because someone who supports you or your child has concerns about their health.

Any professional who identifies bruising or injuries in a child who is not able to move around on their own (non-independently mobile or immobile) are required to refer a child to a specialist child doctor (Paediatrician).

Immobile children are those who are not yet crawling, cruising or walking independently.

Your child will be referred to children's Social Care, who will work with the specialist child doctor to decide what further steps, if any, need to be taken.

Q: Why do immobile children with a bruise or injury need to see a specialist doctor?

It is rare for children who are not able to move around by themselves to have a bruises and injuries. A bruise or injury can be a sign of a health condition, a blood disorder or an infection. This means it is important that a specialist child doctor looks at your child and discusses with you why there might be a bruise or injury.

Q: Why are bruises and injuries in immobile children such a concern?

It is difficult to cause bruising in immobile children with day-to-day activities. Even where babies fall or get knocked it is unusual for them to bruise or for them to injure themselves. There are some causes of bruising which may affect the child's health, for example due to haemophilia, or a blood disease. Occasionally bruising may be due to deliberate injury. Even where there is an apparent simple explanation it is important to rule out these more serious conditions. It sometimes takes an expert to tell the difference between a bruise and certain types of birthmarks.

Q: I understand the reason for seeing a child specialist but why do I need to be a referred to Children's Social Care?

Although rare, bruising is occasionally caused by a deliberate injury. It is important that where this occurs, it is picked up as soon as possible in order to support the family and protect the child. Referral to Children's Social Care is not an accusation of wrongdoing, but a way of looking for causes of bruising or injuries in the same way that the doctor looks for illness.

Q: What will happen next?

The specialist doctor will talk to you about your child, examine your child fully and decide whether or not to do further investigations such as blood tests or x-rays and decide whether your child needs any further treatment. The specialist child doctor will work together with Children's Social Care to ensure the best care for

What will Children's Social Care and the health specialist do?

Children's Social Care and the health professionals will check whether you have received services from them in the past, ask for information from your GP and your Health Visitor and may make arrangements to speak to you either by phone or in person. This may be at the same time as your attendance with the specialist doctor. They will then discuss their findings with the specialist doctor who examined your child to decide together whether any further action needs to be taken or any treatment given.

Q: All of this is very upsetting. I feel as though I am being accused of hurting my child. Why do I have to be put through this?

We know this can be very upsetting but the only way of picking up serious causes for bruising or injuries is to investigate every case where it occurs. Please be reassured that you will be treated with courtesy and sensitivity and your explanations will be listened to and discussed with you. You will be kept informed at all times. You can ask questions and will be given the opportunity to discuss your concerns fully at every stage.