NHS FORTH VALLEY

Bruising Guidance for Non-Mobile Infants (for Front-line Practitioners) June 2019

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Consultation and Change Record – for ALL documents

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- ‘**Those who don’t cruise rarely bruise’**
- **All bruising to a non-mobile infant requires paediatric assessment**

1. INTRODUCTION

Bruising is the most common presenting feature of physical abuse in children.

Significant case reviews and individual child protection cases across the UK have indicated that practitioners have sometimes underestimated or ignored the highly predictive value for abuse of the presence of bruising in infants who are not independently mobile (NIM) which includes those not yet crawling, cruising or walking independently.

As a result there have been a number of cases where bruised children have suffered significant abuse that may have been prevented if action had been taken at an earlier stage.

Bruising is the most common accidental injury experienced by children, and research shows that the likelihood of a child sustaining accidental bruising increases with increased mobility.

It is extremely rare for a non-mobile infant, to sustain accidental bruising. Therefore all such bruising should be suspected by professionals to be an *indicator* of physical abuse and should be thoroughly investigated. Normal infant handling and care does not result in bruising without use of excessive force.

2. DEFINITION

Front-line practitioner: Includes: GPs, nurses, allied health professionals, midwives, health visitors, school nurses, early years professionals, emergency department staff and health professionals from adult services e.g. substance misuse or adult mental health services.

Not Independently Mobile: A child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all infants under the age of six months and most under 9-12 months. Please note however that although some infants may roll from a very early age this does not constitute mobility. Consideration of the use of this guidance should also be given to children known to health professionals as having delay in their development or physical disabilities who are also not independently mobile.

Bruising in disabled children:

- Bruising patterns in disabled children show that the feet, knees and thighs as a frequent site of accidental bruising.
- Lower legs, ears, neck, chin, anterior chest and genitalia were rarely bruised accidentally.
- Bruising to the hands, arms and abdomen were significantly more common in disabled than able bodied children.
- With research data stratified into categories of unrestricted walker, restricted walker and wheelchair dependent, bruising increased with increasing independent mobility.

Bruising: Is the release of blood into the soft tissues producing a temporary, non- blanching (does not disappear with pressure) discolouration of the skin. Bruises include 'petechiae', which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters**.** Bruising can be faint or small and with or without other skin abrasions or marks. A wide spectrum of colours can be seen in bruises. There is no evidence to support the view that the age of a bruise can be determined by its colour.

Medical Bruising: bruising to very young babies may be caused by medical issues e.g. birth trauma. In addition, some medical conditions can cause marks to the skin in very young babies that may resemble a bruise. In all cases, unless the specific mark that has been identified is already confirmed as arising from a medical condition, this guidance should be followed to enable multi-agency assessment of the suspected bruise. An example might be a 'Mongolian blue spot' but this should be confirmed by a registered health professional and should have been clearly documented in the child's records.

3. AIM, PURPOSE AND OUTCOMES

The aim of this guidance is to provide frontline practitioners with a knowledge base and action strategy for the assessment, management and referral of infants who present with bruising or otherwise suspicious marks.

While it recognises that professional judgement and responsibility have to be exercised at all times, it errs on the side of safety by requiring that all infants who present with bruising when not independently mobile (NIM), should be raised as a child protection concern as per the Forth Valley Interagency Child Protection Guidance 2016. This should be done by contacting the local Social Work Department and submitting a Notification of Child Protection Concern Form (Form 2B).

Front-line staff should not make decisions about the mechanism of the injury independently.

4. SCOPE

Who is the Guidance intended to Benefit or Affect?

- NHS Forth Valley employees who work with children and families.
- Service Users.
- Partner Agencies

Who are the Stakeholders?

- NHS Forth Valley employees who work with children and families
- Service Users
- Partner Agencies

5. PRINCIPLE CONTENT

Principles

The Welfare of the child is paramount (Children Scotland Act 1995). All children have the right to protection of their welfare and protection from harm regardless of their gender, ethnicities, disability, sexuality or beliefs. (UNCR)

5.1 Research Base

Although bruising is not uncommon in older, mobile children, it is rare in infants that are non-mobile, 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 non independently mobile infants.

In mobile children 'innocent' bruises sustained due to accidents such as a result of exploring their environment are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue areas such as cheeks, around the eyes, ears and palms of the hands or soles of the feet. The pattern, number and distribution of 'innocent' bruising on non-abused children is different to those who have been abused.

A bruise must never be interpreted in isolation and must always be assessed in the context of medical & social history, developmental stage, explanation given and this should be shared with the paediatrician. A full clinical examination and relevant investigations must be undertaken.

5.2 Referring the Child

Any front-line practitioner who identifies a bruise (irrespective of size, pattern or colour) to a non-mobile infant should raise a child protection concern as per the Forth Valley Interagency Child Protection Guidelines 2016 as noted on the flow chart attached to this protocol (Appendix 2).

When a decision to escalate a child protection concern is made, it is the responsibility of the first practitioner to learn of or observe the bruising to ensure the referral is made. Some practitioners (depending on role parameter for example) will require support and guidance from a senior colleague. However, this requirement should not prevent an individual practitioner of any status referring to social work, as soon as practicably possible, any NIM infant with bruising. Should a professional be unsure about whether or not to refer or concerned about the advice given to them they should immediately seek advice from a Child Protection Nurse Advisor (CPNA),line manager or paediatrician.

Prior to making the referral, the practitioner should ensure that they have all information available to them which is relevant. This would include basic details such as name, date of birth, address, details of parents/carers and any siblings/other children in household with any other relevant background information that is known at the time. Where it is safe to do so, the parent must be made aware of the referral. However practitioners should note that parental consent is not required when raising child protection concerns.

If the family are already known to social work then the front-line practitioner must also inform the allocated social worker as soon as possible.

5.3 Forensic Medical Examination

Following referral to social work an initial Interagency Referral Discussion (IRD) will take place between social work, police, health and education. A decision will be made whether a paediatric assessment is required (specialist medical examination or joint paediatric forensic medical) depending on the information shared. A social worker should attend the joint paediatric forensic medical examination with the family.
The consultant paediatrician and Forensic Medical Examiner (FME) will liaise with police and social work as part of the joint investigation and share the outcome of the medical assessment as soon as it is completed. It is expected that all referrals made from staff will be responded to on the same day that the referral is received.
If the referral is made outwith office hours, a three-way discussion between Police, Out of Hours Social Work and Health will take place. This is known as an Out of Hours Child Protection Discussion (OOHCPD).

During this discussion, relevant health information will be shared by the on-call Consultant Paediatrician to support decision making and planning of appropriate interventions. In these instances a Joint Paediatric Forensic Medical may take place prior to a formal Initial Referral discussion (IRD). A decision will be made during the OOHCPD regarding the need to progress to a formal Initial Referral Discussion (IRD) on the next working day.

6. ROLES AND RESPONSIBILITIES

The Executive Lead for “Bruising Guidelines for Non Independently Mobile Infants (for Front Line Practitioners” is the Director of Nursing.

Others with designated responsibilities are:

- Lead Consultant Paediatrician for Child Protection
- Nurse Consultant for Child Protection.

7. RESOURCE IMPLICATIONS

Availability of and access to the Bruising Guidelines for Non Independently Mobile Infants (for Front Line Practitioners.

8. COMMUNICATION PLAN

- NHS Forth Valley Guidance within NHS Forth Valley Child Protection website.
- National and local Child Protection Policies/Guidance within NHS Forth Valley Child Protection website.
- Briefings to NHS Forth Valley employees via managers and staff briefings.

9. QUALITY IMPROVEMENT – Monitoring and Review

Guidance will be reviewed in July 2021 and then at least every 2 years or as required.

10. EQUALITY AND DIVERSITY

NHS Forth Valley Mainstreaming Equality Report 2017

11. REFERENCES - Further Reading:

1. The National Institute of Clinical Excellence guidance (NICE) Clinical Guideline 89 (Last updated October 2017)
www.nice.org.uk/guidance/CG89

2. Royal College of Paediatrics and Child Health – Child Protection Evidence
www.rcpch.ac.uk/child-protection-evidence

Appendix 1

Request from Health Professionals for Paediatric Opinion Prior to Invoking NHS Forth Valley Bruising Guidance for Non-Mobile Infants (NMI)

GPs, Health Visitors, Family Nurses and Midwives who have concerns about observed bruising of an infant are encouraged to discuss the situation with the NHS Forth Valley Child Protection Team (Tel:01786477420; Monday-Friday 09-17.00)

If there is uncertainty about diagnosis of bruise

GP/ HV/ FN/midwife can request a paediatric opinion in the first instance to exclude medical cause or confirm suspicion of a bruise rather than immediately submitting a Notification of Child Protection Concern **if there is uncertainty about the diagnosis**.

Following discussion about the NMI bruising guidance with parents/carer, the GP/HV/FN/midwife should phone the Consultant Paediatrician on-call (out of hours Consultant Paediatrician on-call) via hospital switchboard. Refer to the NMI bruising guidance and arrange for the child to be seen by a paediatrician on **the same day.**

Details re child, CHI number and any relevant health/family background information should be given by phone, followed up by referral letter (see Appendix 3) emailed securely via nhs.net to on-call Consultant Paediatrician (confirm email address when making referral) which should include:

- Names and dob of child/siblings/other children who live within household.
- A brief description of GP/HV/FN/Midwife findings.
- Any relevant past health and social history.
- Reason for referral: that a paediatric assessment is requested to exclude obvious medical causes (can be emailed to on call paediatric consultant).
- Reference to NMI bruising guidance.
- Record events and include copy of referral in Child Health Records.

Arrangements should be made for parents to bring infant to see the paediatrician at Children's Ward, Forth Valley Royal Hospital Larbert.
HV/ FN/midwife - Please notify your Team manager/supervisor.

The consultant paediatrician, following examination of the infant will make a Notification of Child Protection Concern (Form 2B) and instigate an Interagency Referral Discussion (IRD) in accordance with the multi-agency bruising guidance for NMI if the bruise is confirmed and obvious organic causes are excluded. The Consultant Paediatrician will dictate a letter to the referrer at conclusion with report from Joint Paediatric Forensic Medical Examination if appropriate.

Appendix 2

Flowchart for Bruising In Non-mobile Infant

Frontline practitioner observes bruising in a non mobile infant.

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Following discussion with parent/carer, the practitioner will raise concern as per Forth Valley Interagency guidelines by contacting SW and submitting a Notification of Child Protection Concerns Form (Form 2B)

If there is uncertainty regarding the diagnosis of the bruise the practitioner will seek advice from Paediatrician and refer infant to be seen by Paediatrician on call (see appendix 3 for referral letter).

If the bruise is confirmed, and obvious organic causes are excluded, the Paediatrician will raise concern as per Forth Valley Interagency guidelines by contacting SW and submitting a Notification of Child Protection Concerns Form (Form 2B).
(Using in-hours or out-of-hours numbers).

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Interagency Referral Discussion (IRD) arranged by social work or Police.

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IRD Multiagency discussion takes place to determine actions to be undertaken.

Appendix 3

Bruising to Non Mobile Infants Referral Letter for Paediatric Opinion

To:

Paediatrician On Call
Forth Valley Royal Hospital
Larbert
FK5 4WR
Please confirm Paediatrician's email address at time of telephone discussion;

From:

Details of Child Being Referred

Name	
Date of Birth / CHI	
Address	

Names & DoB of sibling/children who live within household:

Forename	Surname	DoB/CHI	Relationship

Brief Description of GP/HV/FN/Midwife Findings:

Any Relevant Past Health and Social History:

Reason for Referral:

Has NHS Forth Valley Bruising Guidance for Non Mobile Infants been used to inform this referral? **YES**	**NO**

Has a Copy of Referral been added Child Health Records: **YES**	**NO**

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