



## OLDHAM INJURIES IN NON-MOBILE CHILDREN

### Protocol Summary

The protocol provides all agency professionals with a knowledge base and action strategy for the assessment, management and referral of children who are non-mobile who present with injuries (including bruising or suspicious marks).

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 before referral to Children's Social Care.

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.

[www.core-info.cf.ac.uk/bruising](http://www.core-info.cf.ac.uk/bruising)

[https://www.rcpch.ac.uk/sites/default/files/2019-11/child\\_protection\\_evidence\\_-\\_bruising.pdf](https://www.rcpch.ac.uk/sites/default/files/2019-11/child_protection_evidence_-_bruising.pdf)

Any injury, bruising, or mark that might be bruising, in a child of any age that is brought to the attention of a professional should be taken as a matter for inquiry and concern. Injuries in a non-mobile child should raise suspicion of maltreatment and should result in an immediate referral to Children's Social Care and an urgent paediatric opinion.

[See NICE Clinical Guideline 89: <http://guidance.nice.org.uk/CG89/Guidance/pdf/English>]

Where a decision to refer is made, it is the responsibility of the first professional to learn of or observe the injury to make the referral. See below for contact details.

All telephone referrals should be followed up within 48 hours with a written referral using the appropriate interagency referral form. This can be accessed via:

<https://adt.oldham.gov.uk/mashreferrals/WR00MASH.aspx>

An injury must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken by a paediatrician.

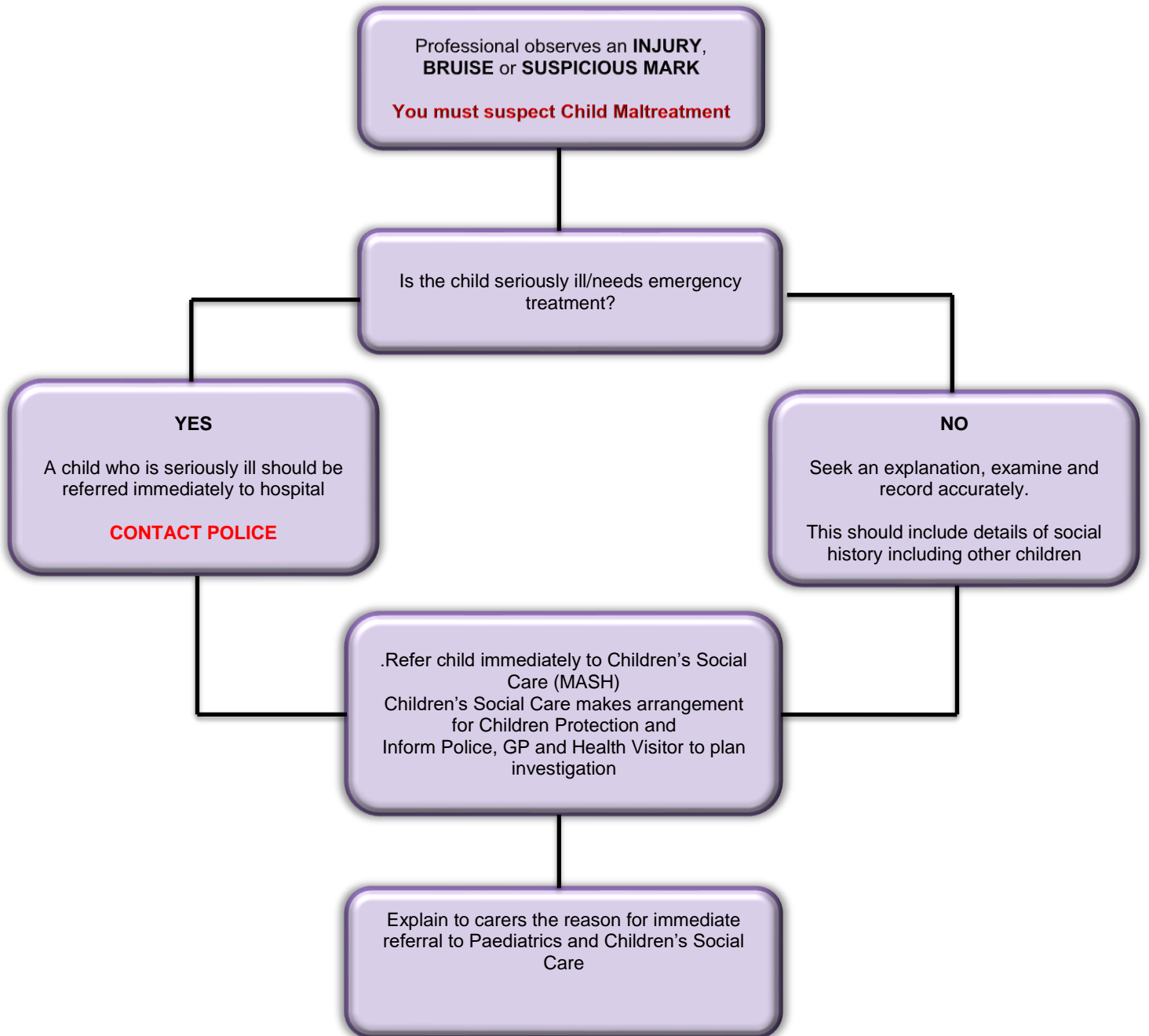
Innocent bruising is rare. It is the responsibility of Children's Social Care and the local acute hospital to decide whether bruising is consistent with an innocent cause or not.

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 Social Care.

Information should be shared between the child's GP and Health Visitor and the case should be discussed with a professional or senior colleague such as the Area Safeguarding Children Team or the Trust Safeguarding Children Team.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be over-emphasised - body maps can be used. Once a referral to Children's Social Care has been made, practitioners must follow the <https://greatermanchesterscb.proceduresonline.com/>

## PROTOCOL FOR INJURIES IN NON-MOBILE CHILDREN



Definition of Non Mobile Babies who are not yet crawling, shuffling, pulling to stand, cruising or walking independently. The guidance also applies to older immobile children, for example immobility due to disability/illness

It should be acknowledged that on occasions it can be difficult to know if a skin lesion is suspicious or not e.g. baby born with blue-grey spot, haemangioma. Where there is diagnostic doubt regarding the nature of a skin mark or lesion, an immediate discussion should be had between the referrer and the Paediatrician on call or the child's GP if direct access to Paediatrician on call is not available. A decision should then be made about whether to proceed automatically to social care referral or obtain medical review (same day) of the lesion first.'