

## Bruising in Non-independently Mobile Children Protocol

The protocol provides frontline and senior health professionals with a knowledge base and action strategy for the assessment, management and referral of children who are non independently mobile who present with bruising or otherwise suspicious marks.

Any child who is found to be seriously ill or injured in whom abuse is suspected, or in need of urgent treatment or further medical investigation, should be referred immediately to hospital at the same time as referral to Children's Social Care (in Durham known as Children's Services and in Darlington known as Services for People).

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.cardiff.ac.uk/reviews/bruising](http://www.core-info.cardiff.ac.uk/reviews/bruising)

Any bruising, or a mark that might be bruising, in a child of any age who is not independently mobile, that is brought to the attention of a health professional should be taken as a matter for inquiry and concern.

Bruising in a child not independently mobile should raise suspicion of maltreatment and should result in an immediate referral to Children's Services and an urgent paediatric opinion. See NICE Clinical Guideline 89:

<http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89>

Where a decision to refer is made, it is the responsibility of the first professional to learn of or observe the bruising to make the referral. (See below for Children's Social Care contact numbers).

The health professional making the referral and the social worker receiving the referral must reach a decision about whether or not the child can be safely transported to hospital by the child's parent/adult carer alone, or whether the child should be transported to hospital by some other method. The health professional making the referral should also inform the child's parent/adult carer and the social worker of the name of the hospital to which the child will be taken and the expected arrival time of the child at hospital. Non-attendance at the hospital should initiate immediate Child Protection procedures between Children's Social Care and the Police. The child's parent/adult carer must be informed of this. All telephone referrals should be followed up within 48 hours with a written referral using the appropriate interagency referral form.

For a paediatric opinion, please contact the duty paediatrician at the hospital at which the parent/ adult carer has agreed to take the child ie. UHND, Darlington Memorial (See below for contact details). The health professional referring the child to hospital will give the parent / adult carer the agreed documentation stating that the child has been referred for assessment of bruising as per protocol.

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. A full clinical examination and relevant investigations must be undertaken by a Consultant Paediatrician.

Innocent bruising in non independently mobile children is rare. It is the responsibility of Children's Social Care and the paediatrician to decide whether bruising is consistent with an innocent cause or not.

Parents and 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 senior colleague, or Named Nurse Child Protection.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasised. Once a referral to Children's Social Care has been made, practitioners must follow the Durham or Darlington Local Safeguarding Children Boards Child Protection Procedures. This will include liaison with Children's Social Care and the Police.

See [www.durham-lscb.gov.uk](http://www.durham-lscb.gov.uk)  
[www.darlington-lscb.gov.uk](http://www.darlington-lscb.gov.uk)

### For Children's Services phone:

**DURHAM**  
Initial Response Team  
24 Hour line  
0845 850 5010

**DARLINGTON**  
Services for People  
During office hours  
01325 346867

Emergency Duty Team  
Out of office hours  
08702 528727

### For a paediatric opinion phone:

**University Hospital Durham 0191 3332333** (switchboard) and request to speak to the on call consultant paediatrician.  
**Memorial Hospital Darlington 01325 380100** (switchboard) and request to speak to the on call consultant paediatrician.  
**Bishop Auckland Hospital 01388 455000** (switchboard) and request to speak to the on call consultant paediatrician.