

**Management of Suspicious, Unexplained Injuries or** **Bruising in Children for all** **Frontline Practitioners**

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Child observed by any professional or volunteer working with children and families to have a bruise or injury & there are concerns it may be a

non-accidental injury (including disclosure by child injury was inflicted)

Does the child have any obvious life-threatening injuries or significant injury?

* **Call 999**
* Provide first aid to the best of your abilities & training.
* Once child is safe, make an immediate MASH referral.

Is the child < 2 years old?

Yes

No

**Any bruise / injury in a non-mobile child or any suspicious bruising / injury in a mobile child under the age of 2 must be addressed urgently.**

Yes

* Make an immediate MAST referral by phone.
* Ask MAST to arrange an immediate visit to the nearest Emergency Department to exclude any critical injuries.
* MAST to liaise with paediatric team re either Inpatient CP medical or community

**Do you think the child might need medical review of their injury?**

No

**MAST referrals** – Call 020 7364 3444 (Mon-Fri 9-5) or 020 7364 4079 (Mon-Fri 5-9 & weekends & bank holidays)

MAST referral discussion must include a confirmed place of safety of child while waiting for health assessment & how child will get to place of assessment (i.e. safe to travel with family only?) Please include any siblings of index child.

**Disability:** Children with disabilities are at greater risk of non-accidental injury. There should be a greater suspicion of non-accidental injury in these children and a lower threshold for referral for MASH and health assessment.

* If you are worried/ unsure if they need same day physical health assessment, then **call 111.**
* If you are happy that this is a minor injury, **then handover to parent/carer to contact their own GP for assessment.**

**In either case:**

* Make an immediate MAST referral by phone.
* Follow up in writing within 24 hrs
* MAST will arrange a community Child Protection Medical.

Yes

No

## Purpose of the guidance

This guidance provides an overview of suspicious and unexplained injuries in infants (children up to their first birthday) and children; both those who are not yet mobile (crawling or walking) and those who are.

The guideline outlines the pathways any practitioners and individual agencies who work with children and families, are expected to follow when concerns are identified to ensure that case of concern are appropriately referred for a health and a social care assessment in a timely fashion.

This guidance does not cover the fine detail of how cases of concern are managed within health or social care (who have their own more detailed guidance) but is intended to support frontline staff in the appropriate response to an injury of potential concern.

## Who this guidance is for?

This guidance applies to all those who may come into contact with infants and children in their everyday duties and the actions they are expected to initiate in accordance with their responsibilities, as outlined within Working Together to Safeguard Children (2018).

# Non-accidental injuries and bruising

## Bruising and physical abuse

Bruising is the most common accidental injury a child can sustain. It is also the most common injury seen in children who have been physically abused. It is therefore important to differentiate accidental from non-accidental bruises and other suspicious injuries, and to avoid common assumptions about such injuries which cannot be substantiated. The possibility of child maltreatment or neglect must inform a differential diagnosis until there is sufficient evidence to prove otherwise.

## Non-accidental injuries

Non-accidental injuries are injuries that are suspected or proven to have been inflicted upon an infant or child by someone else, or in the care of someone else. Any bruising, fractures, bleeding, and any other injuries (such as burns) should be treated as a matter for enquiry and potential abuse considered, unless otherwise evidenced.

## Bruising and neglect

Bruising, though the most common presenting feature of physical abuse in children, may also be as the result of the child experiencing other forms of abuse such as neglect or sexual abuse. Child Safeguarding Practice Reviews nationally and locally highlight how practitioners underestimate the prediction that abuse is a likely cause of bruising, particularly in young babies.

## NICE guidance

[NICE guidance](https://www.nice.org.uk/guidance/cg89/chapter/1-guidance) (2009, updated 2017) states that bruising in any infant or child who is not independently mobile should prompt suspicion of maltreatment as these infants and children are the least likely to sustain accidental bruises.

If at any time you are unsure what action to take, then consult your line manager or designated safeguarding lead.

# Injuries that should raise concern

## Bruises

The following are all bruises that should prompt action:

* **bruising in children who are not independently mobile (including children with disabilities)**
* **bruising in babies (even small injuries may be significant and may be a sign that another hidden injury is already present).**
* **bruises that are seen away from bony prominences (ie bruises to soft parts of body)**
* **bruises to the face, back, abdomen, arms, buttocks, ears and hands**
* **multiple bruises in clusters**
* **multiple bruises of uniform shape**
* **bruises that carry an imprint – of an implement or cord**
* **bruises with petechiae (dots of blood under the skin) around them**
* **genital or anal bruising**

The following are bruises that can be seen from accidental injuries in mobile children and are not automatically concerning (but should still be considered in the wider context of the child)

* bruises to the front of the shin / knees
* bruises to the forehead (especially when children are learning to walk)
* bruises to the back of the head in toddlers (who are more likely to fall backwards when trying to walk.

## Other visible physical injuries

Other visible physical injuries that should prompt concern include

* Bruised lip or torn frenulum (small area of skin between the inside of the upper and lower lip and gum)
* Cuts [lacerations], abrasions, scratches or scars
* Burns or scalds
* Pain, tenderness or failing to use an arm or leg which may indicate an underlying fracture
* Small bleeds into the whites of the eyes or other eye injuries

## Other harms

Occasionally an infant can be harmed in other ways, for example:

* Deliberate poisoning
* Suffocation which can present as collapse, absence of breathing (apnoeic attack), bleeding from the mouth and nose
* Accidental ingestion of prescribed medication or illicit drugs

If you are unsure on what action to take, consult your line manager or designated safeguarding lead.

## Birth marks

Some birth marks can mimic bruises, in particular, congenital dermal melanocytosis (flat blue-grey skin marking) and strawberry marks or haemangioma are present at birth or appear in the first few days of life and can be seen anywhere on the body.

These should be recorded in the infant’s health records, parental held child’s health record (‘red book’) but are not always documented.

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If a practitioner is unsure regarding whether a mark is a birthmark, then the child should be reviewed by a doctor to confirm this. (see section 7.4 ‘Diversity factors’)

# Actions required when a suspicious injury is identified (see flowchart)

## Life threatening emergency medical condition or injury

Any infant/child with suspicious bruises or marks ***and*** is seriously ill or injured, or in need of urgent treatment should have immediate medical attention.

**Do not delay, call 999, request an emergency ambulance, and consider requesting police attendance if appropriate**

As soon as the child is safe and is receiving the necessary immediate medical care, make an immediate telephone referral to MAST, advising them of the situation and providing all necessary details. Follow up the telephone referral with a written referral within 24 hours.

## Non-life-threatening condition or injury

If emergency treatment is not required seek an explanation (if appropriate) and record accurately. This should include details of social history, other children/siblings and disclosure information. If appropriate, explain the reason for the immediate referral to Children’s Social Care

## Injuries in children under 2 yrs of age

All injuries in non-mobile children should be treated seriously, as there is a high correlation between bruises or other injuries in non-mobile children and it being an inflicted injury. These children must be seen the same day in the nearest emergency department for assessment. Although there may explanations for these bruises e.g. wheelchair related, they should still be carefully investigated.

In pre-mobile infants and non-independently mobile children the presence of any bruising of any size and in any site requires immediate referral to Children’s Social Care and consideration may be given to contacting the Police.

Even in mobile children under 2 years of age, as they have limited mobility it is more unusual to see significant bruising or other injury and these should be managed with more caution than bruising in older children. If in doubt these children should also be seen in the nearest emergency department on the same day.

In either case MAST should be contacted in the first instance and they should liaise with the on-call paediatric consultant (via hospital switchboard) to confirm where and when they should ask the family to attend.

## Non-life-threatening injuries, possibly requiring medical treatment

When a child is not felt to have either an immediately medical emergency, nor are they under 2 & have a significant concern (as per 4.2.1) then in most cases no medical treatment will be needed. In such cases of concern, CSC must be contacted via MAST to discuss what the next steps should be, focusing in particular on the presence / safety of parents with the child.

**4.3.1** If medical treatment is felt to be needed then:

* If there is thought to be a need for a same day assessment, then 111 should be contacted to arrange this:
  + If the parents are able to attend immediately and CSC are happy there is no immediate risk, then the parents should be asked to arrange a 111 appointment to review the child.
  + If the parents are not able to attend immediately or there are concerns about the child’s safety with their parent then CSC should advise on who can request a 111 appointment to review the child’s injury.
* If there is no need for same day assessment but a non-urgent medical review is felty to be needed then:
  + If the parents are able to attend and CSC are happy there is no immediate risk, then the parents should be asked to arrange a GP appointment to review the child.
  + If the parents are not able to attend or there are concerns about the child’s safety with their parent then CSC should advise on who can request a GP appointment to review the child’s injury.

In either scenario MAST need to consider arranging a community CP medical to assess the injury in the context of possible inflicted injury.

**4.3.2** If medical treatment is not though thought to be necessary, then MAST need to be contacted to:

* Confirm the immediate plan for the child (ie are they felt to be safe to be allowed home with their parent or guardian)
* Consider arranging a community CP medical assessment to assess the injury in the context of possible inflicted injury.

# Multi-agency response for all referrals

## Children’s Social Care

Children’s Social Care will consider any referral made under this protocol in line with normal safeguarding practice.

For non-mobile children with suspicious injury or bruising a strategy meeting will be convened to determine whether there is a risk of significant harm to the child.

For mobile children social care will

* Assess the level of risk
* Consideration of a Strategy Meeting if the threshold for significant harm is met
* Consideration whether to undertake a Child Protection Medical

**Child Protection Medical *not* required**: Social Worker should consider the medical needs of the infant/child, following discussion with relevant health practitioners, and ascertain whether a medical assessment is still required.

**Routine Child Protection Medical** (for any reason), bruising /mark is no longer visible, a Paediatrician to examine the child/ren to assess general health, signs of other injuries or maltreatment and to exclude any medical cause. Outcomes to be shared with Social Worker.

## Police – for all referrals

The Police on receipt of a referral made under this protocol will consider:

* To conduct a review to consider the need for any immediate safeguarding measures to be implemented in order to safeguard the infant/child involved
* Undertake further multi-agency investigation including
  + Notify partner organisations of the referral and the requirement for strategy meeting to be convened
  + Collate all available information to share during attendance at strategy meeting
  + Undertake such actions to ensure the safety of ***all identified infants and child/ren*** and if deemed appropriate secure and preserve evidence in accordance with legislation and best practice

# Wider considerations

## When should parent/s and carer/s be informed

Parent/s and carer/s to be informed at an early stage of:

* Progress of decision-making process and reasons for this - unless to do so will further jeopardise information gathering or pose further risk to the infant/child
* This process is to be carried out sensitively and in a private place to avoid further distress to parent/s or carer/s

## Educational setting

If an education setting observes a child/ren with suspicious marks or bruises or a child discloses physical abuse, the education setting should enquire with the child how it happened and then contact the local authority.

(MASH) will then advise on how to proceed, whether the concerns reach the threshold for a request for support to be submitted and whether to speak with the parents/carer/s prior to taking any further action.

## Children with disabilities

Children with disabilities are at increased risk of suffering maltreatment therefore practitioners should ensure:

* Effective communication – awareness of need to identify assistance that is required to support the infant/child (e.g., Makaton, British sign language, braille)
* Inability to speak, read or write English – practitioners to seek assistance of independent interpreter
* Disability should not hinder the assessment of suspicious marks or bruises on infant/child
* Health practitioners should contact the learning disabilities nurse /safeguarding team if further advice or support is required
* The child’s presentation should be taken into account when assessing any injuries sustained or bruising. This is to determine whether there is a pattern of injuries or bruising which could be considered as neglectful or abusive or if they are directly related to their individual disability.

## Diversity factors

* Consideration should be given to the cultural needs of infant/child, young people, parent/s, family, and carer/s. However, cultural practices that are abusive are not acceptable reasons for child maltreatment
* The assessment should consider the infant/child’s skin colour and how this may influence the clinical assessment (Mukwende, 2020)
* Practitioners should at all times be aware of, and sensitive to, any difficulties in communicating this protocol to the infant/child, parent/s, or carer/s. This may be due to learning difficulty/disability, language barriers (including the need for an independent interpreter) or lack of awareness/knowledge of UK legislation
* It is important that the child/ren are seen promptly with the required provision to assist effective communication and this should not delay immediate referral.

# Escalation process

If you are concerned about the lack of response to a safeguarding concern from any agency, discuss with your Safeguarding Lead/Line Manager who will assist

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**Appendix 1 – Contact details**

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| Royal London Hospital  Main switchboard | 020 7377 7000 |
| Royal London Hospital  Child Protection Medical Team  Mon-Fri 9-5 | 020 3594 6003 |
| MASH | 020 7364 5006 (Mon to Fri, 9am to 5pm) |
| Emergency Duty Team | 020 7364 4079 (at any other time) |

**Appendix 3: References**

HM Government (2018) Working Together to Safeguard Children <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Mukwende, M., Dr Tamony, P. and Turner, M. (2020) Mind the Gap: A Handbook of Clinical Signs in Black and Brown Skin. First Ed. St George’s University of London. [http://allcatsrgrey.org.uk/wp/download/management/human\_resources/diversity/MINDTHE-GAP-FINAL.pdf](http://allcatsrgrey.org.uk/wp/download/management/human_resources/diversity/MIND-THE-GAP-FINAL.pdf)

NICE Guidance (2009) Child maltreatment: when to suspect maltreatment in under 18s

(Updated October 2017)

<https://www.nice.org.uk/guidance/CG89>

NSPCC (2013) Bruises on Children [Bruises on children: Core info leaflet | NSPCC Learning](https://learning.nspcc.org.uk/research-resources/pre-2013/bruises-children-core-info-leaflet)

NSPCC (2021) Sexual abuse Available at: [https://www.nspcc.org.uk/what-is-childabuse/types-of-abuse/child-sexual-abuse/](https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-abuse/)

The Royal College of Paediatrics and Child Health (RCPCH) (2019) Abusive Head Trauma [https://www.rcpch.ac.uk/sites/default/files/2021-02/Child%20Protection%20Evidence%20%20Head%20and%20spinal%20injuries.pdf](https://www.rcpch.ac.uk/sites/default/files/2021-02/Child%20Protection%20Evidence%20-%20Head%20and%20spinal%20injuries.pdf)

The Royal College of Paediatrics and Child Health (RCPCH) (2020a) Child Protection Evidence: Systematic review on Bruising [https://www.rcpch.ac.uk/sites/default/files/2021-02/Child%20Protection%20Evidence%20Chapter%20Bruising\_Update\_final.pdf](https://www.rcpch.ac.uk/sites/default/files/2021-02/Child%20Protection%20Evidence-%20Chapter%20Bruising_Update_final.pdf)

The Royal College of Paediatrics and Child Health (RCPCH) (2020b) Child Protection Evidence: Systematic review on Fractures [https://www.rcpch.ac.uk/sites/default/files/202010/Chapter%20Fractures\_Update\_280920. pdf](https://www.rcpch.ac.uk/sites/default/files/202010/Chapter%20Fractures_Update_280920.pdf)