MULTI-AGENCY GUIDANCE FOR INJURIES IN NON-MOBILE INFANTS AND INJURIES OF CONCERN IN NON-MOBILE OLDER CHILDREN

V1.1
April 2021

In Gloucestershire there have been an increasing number of non-mobile infants/children presenting with significant injuries. Often these children have presented to professionals on a number of occasions with what appeared to be potentially plausible, accidental minor injuries. Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission

Gloucestershire Safeguarding Children Partnership

NHS
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MULTI-AGENCY GUIDANCE FOR INJURIES IN NON-MOBILE INFANTS AND INJURIES OF CONCERN IN NON-MOBILE OLDER CHILDREN

Contents

DOCUMENT REVISION

Revision	Date	Comment
1.1	23/04/2021	Inclusion of clear expectations on the immediacy of professional and agency response throughout the procedure. Formatting to standard GSCP Style.
1.2		

INTRODUCTION

In Gloucestershire there have been a number of non-mobile infants/children presenting with significant injuries. Often these children have presented to professionals on a number of occasions with what appeared to be potentially plausible, accidental minor injuries. Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission.

Non-mobile infants cannot cause injuries to themselves and therefore when injuries are experienced, Non-Accidental Injury should be considered and acted on immediately and without delay.

Multi-agency information sharing allows for sensible, informed judgements regarding the child's safety to be made.

AIM OF GUIDANCE

The aim of this Guidance is to ensure that professionals

1. Are aware that even minor injuries could be a pointer to potential serious abuse in non-mobile infants
2. Know that injuries in pre-mobile infants, may routinely lead to multi-agency information sharing; and in some circumstances, when relevant, this also applies to disabled/non- mobile children
3. Identify potential concerns and make referrals as appropriate

TERMINOLOGY

- **Infant:** This guidance uses the term 'infant' to define a child who is less than 12 months of age. It also recognises that some children over 12 months will not be independently mobile, examples include babies born prematurely and children with a severe disability.
- **Injury:** Injury examples include bruises, fractures, burns/scalds, eye injuries e.g. corneal abrasions, bleeding from the nose or mouth, bumps to the head. Scratches may be self-inflicted by infants. **Professionals can use their judgement or discuss with a senior as to whether the infant needs social care checks completed/examination by a paediatrician or not**.
- **Mobile:** An infant who can crawl, pull to stand, 'cruise' around furniture, or is toddling
- **Non-mobile:** Infants who cannot do any of the above. Infants who can roll, but not sit, are classed as non-mobile for the purposes of this document. Professionals must use their judgement regarding infants who can sit independently but cannot crawl, depending on severity of the injury and its plausibility.
- **MIU:** Minor Injuries Unit
- **NAI:** Non-Accidental injury

- **TRAUMA**: Physical trauma is an accident resulting in an injury
- **MASH:** Multi-Agency Safeguarding Hub
- **EDT:** Social Care Emergency Duty Team

USING PROFESSIONAL JUDGEMENT:

This document is written on the understanding that professionals should use their professional curiosity and judgement. However, it is important to remember that non- accidental injuries often occur in the same body areas as accidental ones. Senior, experienced professionals should discuss cases with peers or senior colleagues if they feel an injury has a plausible explanation. Such colleagues could be your line manager, your safeguarding lead, or a consultant Paediatrician.

SKIN MARKS AND BIRTH INJURIES

This Guidance refers only to injuries. Where it is believed a skin mark could be a birth mark or similar benign medical skin condition, professionals should be encouraged to use their judgement. Blue spot birth marks are not always present at birth and can develop up to 3 months of age *(please see attached re Characteristics of blue spot birth marks)*.

Midwives/ Health Visitors/ GPs should check for and record any birthmarks, or injuries that have occurred as a result of the birth itself, including recording in Parent Held Record (Red Book) so other professionals can see this (with parental permission). If any doubt exists about the nature of a skin mark, the infant/child's parents/carers should be requested to seek a medical opinion from their GP. Encourage photographic documentation by the parents as this can be very helpful.

HISTORY OF TRAUMA WITHOUT INJURY

If an infant is presented following a history of trauma, with a clear and unchanging account (ideally witnessed) they should be checked carefully for injuries. If no injury is observed (following physical inspection), professionals do not need to make a referral for checks or examination under this policy. If the history of events or the described event presentation raises any safeguarding concerns, for example disclosure of shaking an infant, they need to follow normal safeguarding procedures and complete appropriate referrals. The same applies if there is a concerning injury in the older non-mobile or disabled child.

NON-MOBILE INFANTS/CHILDREN PRESENTING WITH AN INJURY

In **ALL CASES** of observed or evident injury, an explanation should be sought straight away and with the minimum of delay, the injuries documented (consider using body maps) and the explanation(s) recorded and from whom. Arrangements must be made for non-mobile infants to be fully examined. It is imperative

that the professional does **not** suggest to the parent/carer how the injury occurred. The same applies if there is a concerning injury in the older non-mobile or disabled child.

Any explanation for the injury should be critically considered within the context of:

- The nature and site of the injury
- The infant's developmental abilities
- The family and social circumstances including current safety of siblings/other children

It is fundamental that the assessment of the family & social circumstances, including the analysis and decision making, is documented as soon as possible. The referrer needs to include clear written information on family members and other known vulnerability factors.

Particular attention should be paid to whether the reported injury **is inconsistent with the mechanism.**

Due to the significant risk of non-accidental injury in a non-mobile infant, **ALL non-mobile infants with an unexplained or concerning injury** should be immediately discussed with the MASH 01452 426565 On-call Paediatrician (via GH switchboard 0300 422 2222) and as much information shared as possible.

The same applies if there is a concerning injury in the older non-mobile or disabled child.

Where the referring professional and the Paediatrician have confirmed together that a referral should be made to the Paediatrician the decision must be recorded in writing.

The referring professional should ensure the following:

- The infant's parent/carer should be informed immediately, or as soon as appropriate, that a person with parental responsibility will be required to attend with their infant/child or at the very least give consent for a medical examination to take place.
- The professional should immediately provide the on-call Paediatrician the name and date of birth of the infant, and contact details of parent/carer so they can be contacted if they do not arrive.
- The professional should discuss with the parent/carer how they will get to hospital (arranging an ambulance if necessary)
- The professional should **ALWAYS** contact the hospital the next working day to confirm that the infant has attended.

WORKING WITH & MAKING A REFERRAL TO SOCIAL CARE

- All non-mobile infants
- Child/family open to social care

It is standard practice that the child will be referred to the MASH. It is good practice that this is explained to the parent/carer and consent is taken for this referral. If consent is not given contact Social Care immediately. The same applies if there is a concerning injury in the older non-mobile or disabled child.

The professional must contact:

- The **MASH** on 01452 426565 **working hours (9-5 Mon-Fri) or**
- **EDT** on 01452 614194 **out of hours**

AND

Complete the Multi- Agency Referral Form (MARF) accessed on the portal:

https://childreneh.gloucestershire.gov.uk/web/portal/pages/ehassess#marf

Guidance as to how to complete this form can be found:

https://childreneh.gloucestershire.gov.uk/web/portal/pages/ehassess#h1

Provide the information as stated in section six.

RELATED POLICIES, PROCEDURES AND GUIDANCE

- SW Child Protection Procedures http://www.online-procedures.co.uk/swcpp/
- NSPCC information leaflet http://www.nspcc.org.uk/search/?query=core%20info
- Cardiff Child Protection Systematic Reviews http://www.core-info.cardiff.ac.uk/
- ICON: Babies cry, you can cope http://iconcope.org/

RESEARCH:

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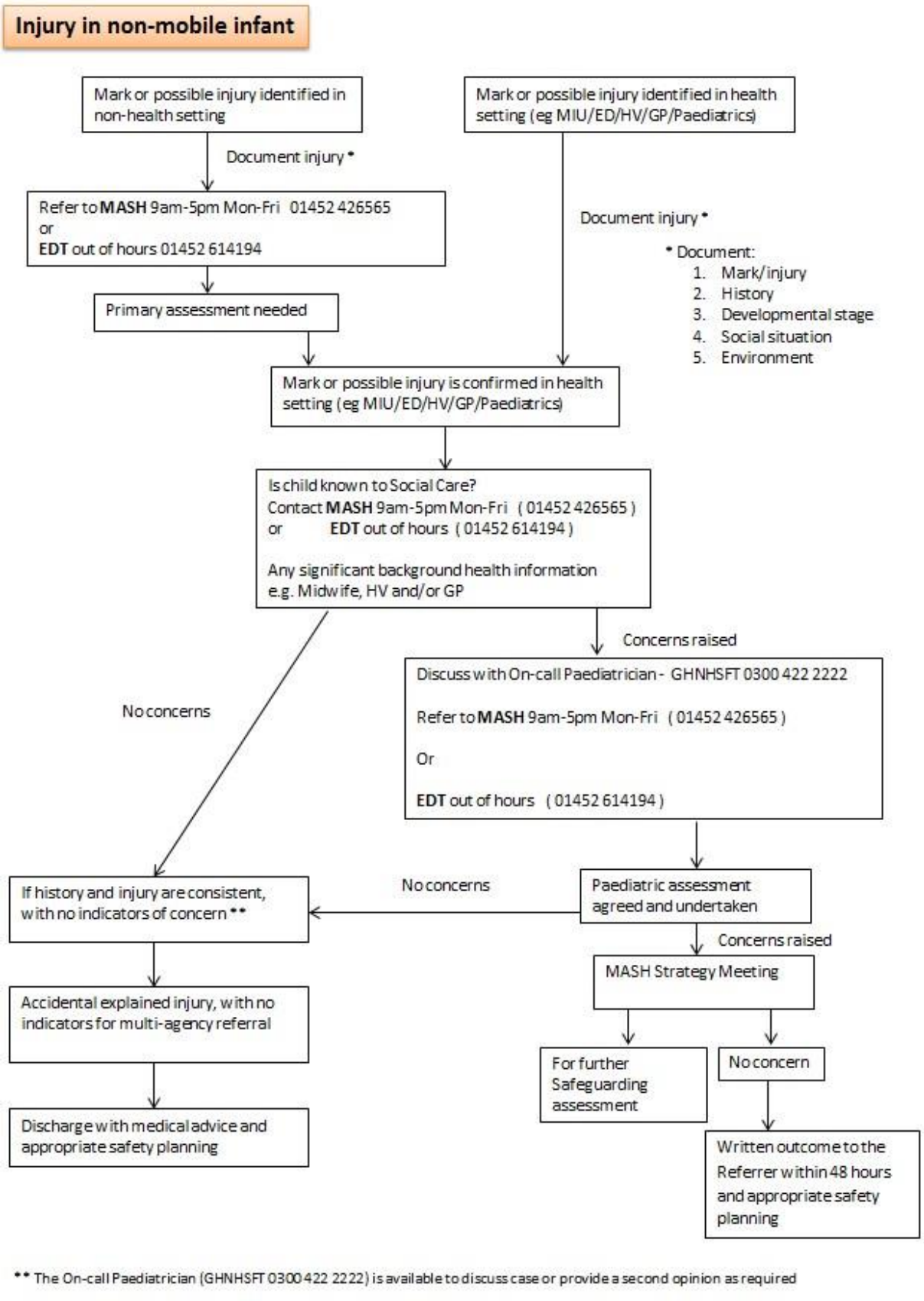
Please note: The following flow chart activities should be enacted immediately and followed with minimum delay.

Appendix 1



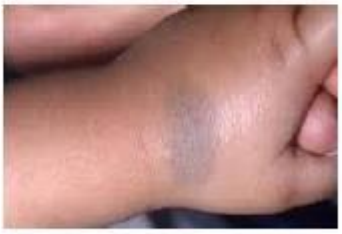
** The On-call Paediatrician (GHNHSFT 0300 422 2222) is available to discuss case or provide a second opinion as required

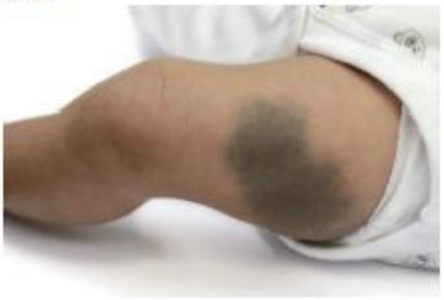
Appendix 2

Blue Spot Marks

What are blue spots?

- Hyper pigmented skin mark
- Not always present at birth – can appear up to 3 months of age
- Common in children African/Asian descent
- Rarer in Caucasians but can be seen in 3% of individuals
- Usually bluish / slate grey in colour
- Usually flat and not raised or swollen
- Can be single or multiple
- Common sites on lower back / sacrum or buttocks
- Trunk or limbs rarer
- Face and scalp very rare
- Usually fade with age





Differentiating Blue spot from a bruise

- Typical sites
- Non tender
- Usually homogenous in colour
- Take months /years to fade or disappear