

Pathway for non-mobile baby with bruising or a suspicious mark (AKA: 'Bruising in Babies' pathway, applicable to all agencies: e.g. GPs, Health Visitors, Midwives, Social Workers, Adult, Education, Community Teams, ED)

REMEMBER: Those that don't cruise rarely bruise!

- Research shows it is very unusual for babies under 9 months to have bruises (even rarer if under 6 months old)

To be considered accidental:

- Clear, consistent and plausible history in keeping with developmental ability
- Appropriate parental response to event/injury

Seek Explanation: do NOT ask leading questions or offer suggestions as to how mark may have occurred.

If possible and appropriate, examine for other marks / bruises

If proposed to be a birthmark: check Red Book / SystmOne / GP record, postnatal ward notes, ask parents if they have old photos of mark

*If in doubt – follow right-hand pathway - Do not refer to GP or ED (see box to right)**

***Only refer to Emergency Department (ED) if in need of emergency medical attention to treat serious illness/injury**

- This **must** be by 999 ambulance arranged by the professional
- **Also** phone Paediatrician On Call (see numbers below) to inform of transfer – they will speak to ED
- **Refer** to Social Care and request a social worker meets the family in ED – SW will still need to arrange paediatric assessment in usual way (see below)

- Adequately explained injury in keeping with child's developmental ability AND
- No further concerns around safeguarding, supervision and safety of index child OR siblings / household members (*Consider gathering background information about risk: CP-IS, SystmOne, GP records, SCIMT*)

- Discuss with parents including wider safeguarding issues and document clearly your assessment and agreed actions
- Consider if other measures are required to support the child and family

Further actions for professional

- Document assessments and actions in records
- Confirm any referral to Social Care in writing within 24hr
- Share information with other professionals (e.g. health, GP, FSW) as appropriate

- No explanation, inadequate or unlikely explanation, or explanation does not adequately rule out physical abuse/neglect/poor supervision
- Inform parents of need to refer for further assessment **and** of the need for Social Care referral
- **Immediate** referral to Children's Social Care - if already open case and in hours call allocated SW
- The risks of not remaining with the child until the SW arrives should be fully assessed and documented.
- If there are concerns regarding the immediate safety of the child or the professional the police should be called.

- Social Care to immediately arrange social worker to meet with child and family
- Telephone strategy discussion with CSC, Police & Consultant or Senior Paediatrician (contact numbers below) to discuss the appropriateness and timing of a paediatric assessment
- If required this will usually be arranged in working hours. Arrangements for a place of safety should be decided by social care in the meantime. The social worker must be present along with a person with parental responsibility for consent.
- **Do NOT** send direct to ED unless (1) urgent medical attention needed (see red box above) or (2) specifically instructed by Paediatrician

- **Contact numbers for Consultant/Senior Paediatrician involvement in strategy discussion**
- **QMC - Mon-Fri (9am-5pm):** 0115 875 4595, **Out of Hours:** Paediatrician On Call (0115 924 9924)
- **KMH - Mon-Fri (9am-5pm):** 01623 622515 ext. 6460, **Out of Hours:** Paediatrician On Call (01623 622515)
- **Bassetlaw - Anytime:** Paediatrician On Call (01909 500990)

If at any time you are dissatisfied with the response to your concerns, challenge decision or escalate to your organisation's Safeguarding Lead

The Interagency Safeguarding Children Procedures of the Nottingham City and Nottinghamshire County Safeguarding Children's Boards are available at <http://nottinghamshirescb.proceduresonline.com/> and provide full guidance in assessing and responding to suspected abuse, including bruising. This flowchart compliments these procedures and reinforces the action to be taken by professionals

Revised by Nottingham/shire Designated Safeguarding Professionals – July 2018