

# REPORTED/SUSPECTED INJURIES IN NON-MOBILE CHILDREN

## Protocol Summary

The aim of the Protocol is to provide frontline practitioners with a strategy for the assessment, management and referral of children who are not independently mobile who present with reported or suspected, bruising or other injuries. Definition of Non-Mobile: Children 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.

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.*

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. Reported or suspected 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>

Bruising is the most common presenting feature of physical abuse in children. The younger the child the greater the risk that bruising is non-accidental. There is substantial and well-founded research based on the significance of bruising in children.

<https://www.nspcc.org.uk/globalassets/documents/advice-and-info/core-info-bruises-children.pdf>

Where a decision to refer is made, it is the responsibility of the first professional to learn of the concern 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:  
<http://www.wigan.gov.uk/Resident/Health-Social-Care/Children-and-young-people/ProfessionalReferralForm.aspx>

Concern or 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. If agreed following a strategy meeting, a full clinical examination and relevant investigations will be undertaken by a paediatrician.

Innocent bruising/injury in non-mobile children is rare. It is the responsibility of Children's Social Care, Health and the Police (via a strategy meeting and possible child protection medical) to decide whether bruising/injury 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.

The importance of signed, timed, dated, accurate, comprehensive, and contemporaneous records cannot be over-emphasised – best practice is to use body maps. Once a referral to Children's Social Care has been made, practitioners must follow the WSCP and Greater Manchester Safeguarding Children Procedures:

[Bruising Protocol for Immobile Babies and Children](#)