

Non-mobile baby

At Woodhams Farm Day Nursery we care for children between the ages of 3 months and 5 years. Therefore, some babies start with us before they are mobile. We have a duty to protect and promote the welfare of children. We do this for our non-mobile babies by adhering to the Hampshire 'Protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile'.

The principles of the protocol are as follows:

- Any actual or suspected bruising or other injury in an infant who is not independently mobile should be suspected as caused by physical abuse
- Injuries to children must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage, explanation given, full clinical examination, and relevant investigations. The social history should include any relevant information from Children's Services and police checks on the adult carers.
- Any explanation for actual or suspected bruising or other injury in an infant who is not independently mobile needs to be assessed by a health professional with appropriate competency, usually a consultant paediatrician.
- Parents or carers should be included, as far as possible, in the assessment and decision-making process regarding their child, unless to do so would jeopardise the information gathering or it would pose a further risk to the child.

Definitions

Not independently mobile: The term not independently mobile applies to those infants who are not yet rolling, crawling, bottom shuffling, pulling to stand or cruising ie those infants who cannot move themselves from where they are placed. However, practitioners should be aware that the likelihood of accidental bruising increases with increasing mobility; so for example, there would be more concern about bruising seen in a baby who is only just beginning to roll, than one who is walking.

Bruising: A bruise is a temporary, non-blanching discolouration of skin, however faint or small, with or without other skin abrasions or marks. Colouring may vary from yellow, through green, to brown, or purple. A bruise is caused by blood that has leaked out of capillaries or other blood vessels into soft tissues under the skin. The age of a bruise cannot be determined by its appearance.

Other injury: Other injuries include all possible injuries to infants, eg cuts, scratches, abrasions, burns, scalds, fractures and dislocations. (This list is not exhaustive). Please note that these injuries will be seen on the skin and other external surfaces of the body, including

the eyes and inside the mouth. (see Section 7). A fracture or dislocation may cause swelling and lack of movement of the affected limb.

Birthmark: A birthmark is a permanent mark on the body that is present at or soon after birth – usually within the first month. Birthmarks can be either pigmented (coloured), hypopigmented (pale) or vascular (due to increased blood vessels in or under the skin). Some may blanch, but some, like bruises, may not blanch (see Section 7).

Actions we must take at Woodhams Farm Day Nursery on identifying actual or suspected bruising:

If the infant appears seriously ill or injured we will

- a) Seek emergency treatment at an emergency department (ED).
- b) Notify Children’s Services of our concerns and the child’s location.

In other cases:

- a) Record what is seen, using a body map or line drawing
- b) Record any explanation or comments by parents/carer word for word.
- c) Make an immediate referral to Hampshire **Children’s Reception Team (CRT)** and discuss with Children’s Services whether any immediate actions should be taken to ensure the child’s safety.

Department- Children’s Reception Team (CRT)

Hampshire Professionals Line 01329 225379 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday or **Inter-Agency Referral online**

Hampshire Out of Hours service 0300 555 1373

Hampshire parents / carers and or others phone 0300 555 1384 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday

- d) Inform parents of our professional responsibility to follow Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) local safeguarding children’s partnership’s (LSCPs) procedures and that any action by Children’s Services will be informed by a paediatrician’s opinion. We will give parents a copy of the ‘Bruising in young babies – Information for parents and carers’ leaflet and answer any questions they may have.
- e) Children’s Services will take responsibility for leading the multi-agency response. This will include arranging a paediatric assessment, which the child should attend within 4 hours. As soon as a referral for suspected physical abuse in a non-mobile infant is received by CRT and referred through to the Multi Agency Safeguarding Hub (MASH), they will alert the paediatric teams. This is so that the paediatricians know to expect a referral, and can work with locality teams to ensure as many of these assessments as possible are completed within working hours. The responsibility for making a formal referral to the paediatric teams will remain with locality social work teams.

Action following referral to Children's Services

- Children's Services will arrange an urgent paediatric assessment and gather background information about the family.
- The child must attend for a paediatric assessment within 4 hours of Children's Services receiving the referral. This should include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family. The paediatrician should explain the findings of the assessment to the parents.
- Further strategy discussion must take place between the social worker, police and paediatrician and the outcome explained to the parents. A paediatric opinion should be given about the possibility of child maltreatment on the balance of probabilities and this must be considered in the light of other information available from health (including the GP), social care and police records including the Police National Computer. The opinion should be given verbally and in writing immediately following the paediatric assessment (preferably using the 'PPOF – HIPS Preliminary Paediatric Opinion Form').

Specific considerations

Birth injury: Both normal birth and instrumental delivery may lead to bruising and to bleeding into the white of the eye (sub-conjunctival haemorrhage). However, staff should be alert to the possibility of physical abuse even within a hospital setting and follow this protocol if they believe the injury was not due to the delivery. Birth injuries should be documented by midwives caring for the infant and the handover to health visitors should include any birth injuries.

Sub-conjunctival haemorrhage (SCH): Please see the separate Sub-conjunctival haemorrhage guidance. Birthmarks: These may not be present at birth, and appear during the early weeks or months of life. Blue-grey spots (slate-grey naevus), (formerly known as Mongolian blue spots) can look like bruising. Where a practitioner believes a mark is likely to be a birthmark but requires further advice to be certain, the practitioner should seek advice from a senior colleague who should see the child the same day. If there is still uncertainty a referral should be made to Children's Services.

Self inflicted injury: It is very rare for non-mobile infants to injure themselves. Suggestions that a bruise has been caused by the infant hitting themselves with a toy, or hitting the bars of a cot, should not be accepted without detailed assessment by a paediatrician and social worker. Sometimes, even when children are moving around by themselves, there can be concern about how a mark or bruise occurred and in these situations a referral should always be made to Children's Services.

Injury from other children: It is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must

include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise

Leaflet link for parents - [CS46183-WHCCG-Bruising-Protocol-Leaflet-update-PRFv2-MAY-2018.pdf \(hampshirescp.org.uk\)](https://www.hampshirescp.org.uk/CS46183-WHCCG-Bruising-Protocol-Leaflet-update-PRFv2-MAY-2018.pdf)

Link to Hampshire 'Protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile'. [HIPS LSCP Infant Bruising and Injury Protocol updated 22 Dec 2020 \(2\).pdf \(hipsprocedures.org.uk\)](https://www.hipsprocedures.org.uk/HIPS_LSCP_Infant_Bruising_and_Injury_Protocol_updated_22_Dec_2020_(2).pdf)

This policy was adopted on	Signed on behalf of the nursery	Date for review
<i>April 2025</i>	HDoncom	<i>April 2026</i>