

Spotlight on...

# Bruising Protocol



The 'Bruising Protocol' tells staff what to do when they identify a bruise in a young baby, especially a baby who is not yet rolling or crawling. Bruising is the commonest physical sign of child abuse. A bruise can be a sign of abuse in a child of any age, but bruising in young babies is unusual and can be associated with life-threatening injury.

[Protocol for the Management of Actual or Suspected Bruising in Infants who are not Independently Mobile](#)

The protocol, first produced in 2010, is regularly revised and updated, and is available on the [4LSCB website](#). It says that all young babies with a bruise should be fully assessed and referred immediately to Children's Services, even if parents feel they are able to give a reason for the bruise. Staff will give parents a copy of the 'Bruising in young babies – Information for parents and carers' leaflet (leaflet available from GPs and Health Staff). Children's Services will make background checks and arrange a paediatric assessment as soon as possible (within a maximum of 4 hours). After the paediatric assessment a strategy discussion takes place between the social worker, police and paediatrician and the outcome is explained to the parents.

**The latest update of the protocol has two new additions.**

1. When a parent brings a baby to an Emergency Department because of a bruise the baby should be assessed by a senior doctor who should always contact Children's Services to discuss the likelihood of abuse and what further action should be taken.
2. As with any significant injury in a young baby, the assessment should include checks of parents and carers on the Police National Computer.

About 5 babies a month are currently referred under the protocol and 80% of these proceed to section 47, child protection, investigation. Experience from other areas of the country also supports the view that children are being protected because of the awareness raised by this type of guidance.

**See the second page of this Spotlight On... edition for some FAQ's on the Bruising Protocol!**

**The 4LSCB Procedures are updated regularly. To be notified of updates you can sign up [here](#).**

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**Why are social services involved from the outset?**

Bruising on any pre mobile child should be fully investigated and take into consideration the child's medical and social history, motor skills and the explanation provided by parent or carer. Social Services are key to providing background social history.

**What if parents refuse consent?**

Obviously it is best for families to work in partnership with professionals involved on a consensual and open manner. However if consent is refused, professionals will be expected to continue with steps of the protocol under child protection arrangements. Advice should be sought from direct line managers in terms of how this should be progressed.

**How quickly should the baby attend hospital?**

As soon as possible but within a maximum of 4 hours

**What if parent/carer provides reasonable explanation?**

Whilst the explanation may seem plausible the protocol stipulates the need for Multi-disciplinary assessment. The individual making the referral should share their professional view with the paediatrician and social worker.

**What if the child is disabled, aged over 6 months but is not mobile?**

This will require professionals to make a judgement regarding the need for referral. Advice can be sought from line managers/safeguarding leads i.e. SCNS / Named Dr / Named Nurse. Remember this protocol is about safeguarding the most vulnerable children against physical abuse.