

## Pathway for CCS health professionals noting baby or child with a bruise or suspicious mark or burn or bite in the community (October 2020)

This is not exclusive to bruises alone but refers to any alerting feature on the child that does not have a rational explanation

Bruising should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given.

### **Bruising that suggests the possibility of physical child abuse includes:**

- bruising in children who are not independently mobile;
  - bruising in babies;
- bruises that are seen away from bony prominences;
- bruises to the face, back, abdomen, arms, buttocks, ears and hands;
  - multiple bruises in clusters;
  - multiple bruises of uniform shape;
- bruises that carry an imprint – of an implement or cord.

1. If injury requires urgent medical attention arrange transfer to hospital usually by **dialling 999**
2. Seek explanation: avoid leading questions do not offer any options or suggestions about how the child could have sustained the mark or bruise
3. If possible examine the child carefully for other external injuries

**If at any point you are dissatisfied with the response to your concerns, please discuss further with your safeguarding team, who will support with escalation if required**

### **Pre-mobile babies & non-mobile children**

*For the purpose of this document non-mobile refers to the mobility of the baby or child in relation to their age and development*

It is recommended that in all cases of bruising or suspicious marks in pre-mobile infants or non-mobile children you:

- Advise carers of your concerns
- If urgent medical attention required call 999 for admission to hospital.
- Refer to Social services (MASH/CADS) with request for paediatric assessment to be arranged.

**For details of how to complete a social care referral within your area, please follow this link to the trust's safeguarding intranet:**

<http://www.cambscommunityservices.nhs.uk/safeguarding/safeguarding-children>

#### **MASH / CADS numbers:**

- Cambs - **0345 045 5203**
- Norfolk - **0344 800 8021**
- Suffolk - **0808 800 4005**
- Luton - **01582 547653**
- Bedford Borough - **01234 718700**
- Central Beds - **0300 300 8585**
- Milton Keynes **01908 253169/70**

### **Mobile children**

Does history fit the bruising and adequately explain injury? Does it fit with child's developmental level?

#### **If Yes**

- Record the assessment, consider promotion of home safety and whether there are concerns in regards to neglect?
- Consider undertaking Graded Care Profile assessment

#### **If No**

- For urgent medical attention call 999
- Health professional to inform parents of need to refer for further assessment with Paediatric Doctor
- Refer to Social Services (MASH/CADS) with request for paediatric assessment

### **Further action for health professionals:**

- Document assessments and actions in records and/or body-maps on S1
- Confirm any referral to social care in writing within 24 hours.
- Share information as appropriate with other health professionals involved
- Do **NOT** photograph child's injuries
- Consider safety of any other children in contact with presumed perpetrator

**Pathway for CCS health professionals working in Norfolk  
 observing an unexplained mark on a baby or child**

Practitioner assessment – possibly a birth mark or slate grey nevi  
*(previously called Mongolian Blue spot)*

Action

Check health record/ Red Book (review NIPE assessment if available) to see if mark has been recorded previously. If it has, no further action required

Action

Same Day discussion between the referrer and the child's GP. A decision should then be made about obtaining an urgent medical review (SAME DAY) of the lesion first. If Same Day appointment not possible – contact and discuss with Team Manager. Referring HCP practitioner to ascertain outcome with GP.

GP Assessment

Practitioner assessment – concern that it may be an injury rather than birth mark or slate grey nevi  
*(previously called Mongolian Blue Spot)*

Follow Pathway for CCS health professionals / local policy for the assessment of Bruising in Non-Mobile Babies and Children

Action

Referral to Social Care via CADS with request for Paediatric assessment

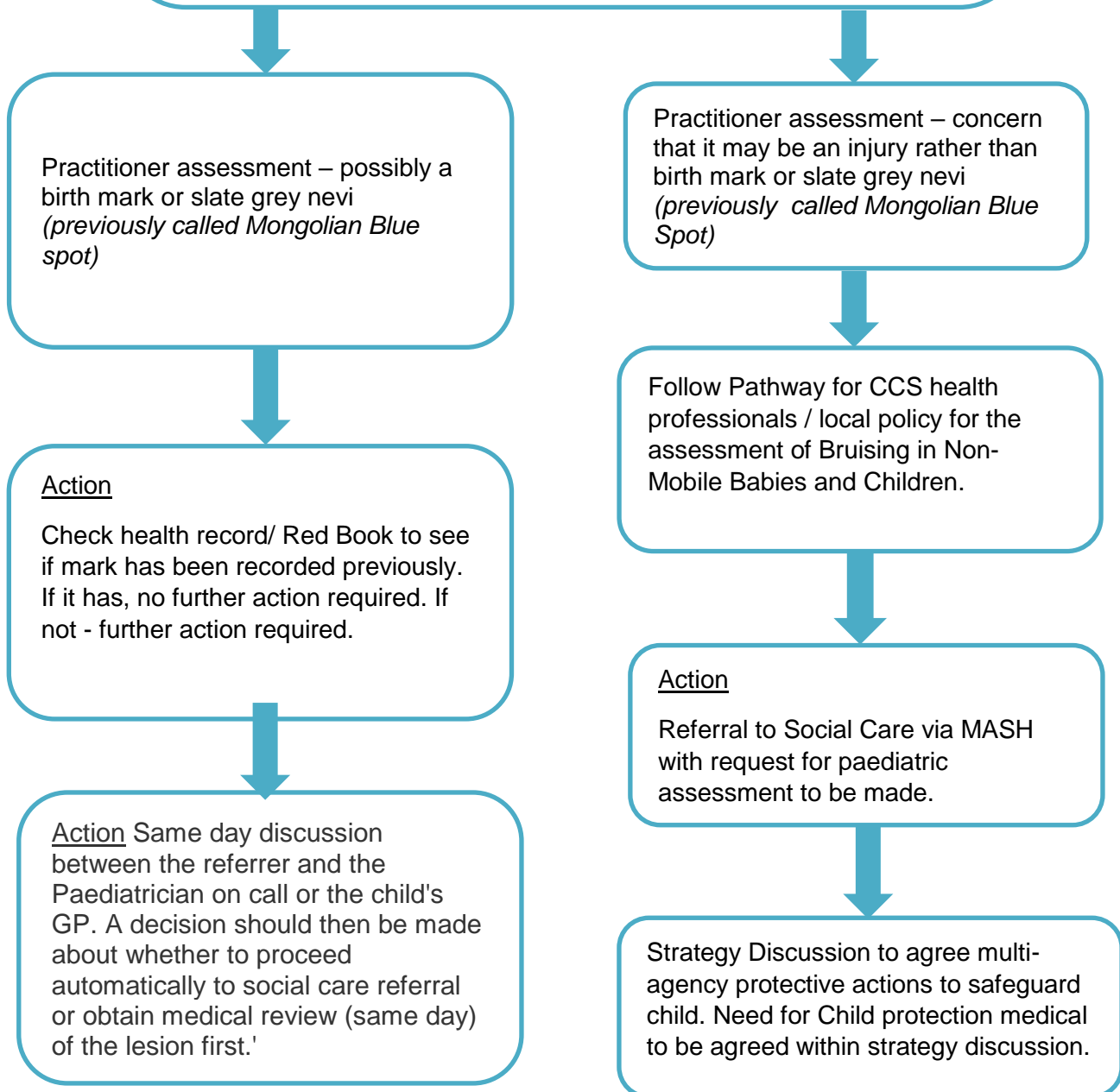
Strategy Discussion to agree multi-agency protective actions to safeguard child.

Child protection medical to be arranged via strategy.

**Further action for health professionals:**

- Document assessments and actions in records and/or body-maps on S1
- Share information as appropriate with other health professionals involved
- Do **NOT** photograph child's injuries
- **If you disagree with the decision making of other professionals and cannot resolve this through multi-agency discussion, you MUST follow the Escalation policy**

**Pathway for CCS health professionals in Bedfordshire & Luton observing an unexplained mark on a baby or child**



**Further action for health professionals:**

- Document assessments and actions in records and/or body-maps on S1
- Share information as appropriate with other health professionals involved
- Do **NOT** photograph child's injuries
- **If you disagree with the decision making of other professionals and cannot resolve this through multi-agency discussion, you MUST follow the Escalation policy**

**Pathway for CCS health professionals working in  
 Cambridgeshire & Peterborough observing an unexplained  
 mark on a baby or child**

Practitioner assessment – possibly a birth mark or slate grey nevi  
*(previously called Mongolian Blue spot)*

Practitioner assessment – concern that it may be an injury rather than birth mark or slate grey nevi  
*(previously called Mongolian Blue spot)*

Action

Check health record & Red Book to see if mark has been recorded previously. If it has, no further action required.

Follow Pathway for CCS health professionals / local policy for the assessment of Bruising in Non-Mobile Babies and Children

Action

Same Day discussion between the referrer and the child's GP. A decision should then be made about obtaining an urgent medical review (SAME DAY) of the lesion first. If Same Day appointment not possible – contact and discuss with Team Manager. Referring HCP practitioner to ascertain outcome with GP.

Action

Referral to Social Care via MASH with request for paediatric assessment to be made.

GP Assessment

Strategy Discussion to agree multi-agency protective actions to safeguard child.

Need for Child protection medical to be agreed within strategy discussion.

**Further action for health professionals:**

- Document assessments and actions in records and/or body-maps on S1
- Share information as appropriate with other health professionals involved
- Do **NOT** photograph child's injuries
- **If you disagree with the decision making of other professionals and cannot resolve this through multi-agency discussion, you MUST follow the Escalation policy**

Flowchart adapted from  
 Lincolnshire Safeguarding  
 Children Partnership

Appendix to Pathway for CCS Health Professionals noting baby or child with  
 a bruise or suspicious mark or bite (October 2020)

