



## 5.09

### **Non Mobile Child Policy**

Once children are mobile they sustain bruises from everyday activities and accidents. Bruising is strongly related to mobility. Infants who have yet to acquire independent mobility, (rolling / crawling), should not have bruises / marks or other injuries without a clear explanation.

Numerous serious case reviews, both locally and nationally, have identified the need for heightened concern about any bruising in any pre-mobile baby. Any bruising is likely to come from external sources and should raise child protection concerns. It is also important to be aware that serious case reviews have repeatedly shown that infants can sustain serious injuries without any visible bruising. Consider injury as a possible cause where an infant appears to be in discomfort or not using a limb.

**Non-mobile children cannot cause injuries to themselves and therefore must be considered at significant risk of abuse.**

**Mobile child:** a child who can crawl, pull to stand, 'cruise' around furniture, or is toddling.

**Non-mobile child:** children who cannot do any of the above. Professionals will use their judgement regarding babies who can sit independently but cannot crawl, depending on severity of the injury and its plausibility.

A bruise 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. Any child who has unexplained signs of pain or illness should be seen promptly by a doctor.

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

- abusive bruises often occur on soft parts of the body such as the abdomen, back and buttocks
- common sites include the face, head, ear and neck
- bruises that are seen away from bony prominences
- multiple bruises of uniform shape
- as a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet
- clusters of bruises are a common feature in abused children. These are often on the upper arm, outside of the thigh, or on the body
- bruises which have petechiae, (dots of blood under the skin) around them are found more commonly in children who have been abused than in those injured accidentally

- abusive bruises can often carry the imprint of the implement used or the hand
- non-accidental head injury or fractures can occur without bruising
- severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped”, for example, had their hair pulled violently

#### **If the infant appears seriously ill / injured**

- Seek emergency treatment at an A&E department

#### **In all other cases**

- record what is seen, using a body map or line drawing if appropriate
- record any explanation / comments by the parent / carer word for word
- Inform parents
- Do not photograph any marks / injuries.
- Due to the significant risk of abusive injury in a non-mobile baby **ALL non-mobile children with an injury** would be referred to a Hospital or Community Paediatrician, or Emergency Department (ED). If the injury seems minor (e.g. small bruise in a baby who is otherwise well), the professional will contact the on-call Consultant Community Paediatrician the same day (via BRI switchboard 0117 9230000) to discuss the case rather than send the child immediately to the ED. Usually examination will be arranged for the same day/within 24 hours. Any other non-mobile baby with an injury should be seen without delay at the Children’s Hospital Emergency Department.

#### **Birthmarks**

These may not be present at birth and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can mimic bruising. Where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance.

#### **Self-inflicted injury**

It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him / herself with a toy, falling on a dummy or banging against an adult’s body should not be accepted without detailed assessment by a paediatrician and social worker.

#### **Injury from other children**

It is unusual but not unknown for siblings to injure a non-mobile infant. 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 their children.

Staff are aware of the procedures set out for South Gloucestershire practitioners, if injuries are found on a non-mobile child. A copy of the Multi-agency Guidance for Injuries to Non Mobile Babies and the Addendum has been read and is available for staff to refer to.

It is the Early Years professional's responsibility to contact First Response(Bristol)/ART (S Glos)/Social Care (N Somerset) to provide information about injury and family dynamics if known, and request checks.

**Making a referral to the local authority children's social care team**

- All referrals to the Local Authority children's social care team are made via South Gloucestershire's ART service.
- South Gloucestershire Access and Response Team (**ART**) **01454 866000** or email [accessandresponse@southglos.gov.uk](mailto:accessandresponse@southglos.gov.uk)

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