

SBNI Bruising on Babies Not Independently Mobile Protocol

Frequently Asked Questions

<p>What is this protocol?</p>	<p>The key principle of the protocol is that any pre mobile baby who is found to have bruising and/or suspicious marks, which cannot be explained by previous treatment and care provided by health professionals should be referred immediately to an acute based paediatrician and to social services for a comprehensive assessment. Professionals should make every effort to clarify and verify the detail of previous medical treatment</p> <p>Consistent approach across NI.</p>
<p>Why is it needed?</p>	<p>Bruising is the most common presenting feature of physical abuse in children.</p> <p>Clear evidence base, locally, Nationally and Internationally.</p> <p>Although bruising is not uncommon in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months. While up to 60% of older children who are walking have bruising, it is found in less than 1% of not independently mobile infants.¹</p> <p>SBNI CMR (Francis)</p> <p>Findings from SHSCT audit of protocol after 1 year of implementation - Clear evidence that at least 7 out of 29 babies have been safeguarded. 3 confirmed NAI resulting in application of Care orders and 4 suspected NAI resulting in Initial Case Conference and protection planning.</p>
<p>Who does this protocol apply to?</p>	<p>This protocol is relevant for all health and social care professionals (including Allied Health Professionals and GP's). The protocol is collaborative in nature and sets out the need for communication and information sharing between key professionals involved, namely paediatrician, referral agent, ward based nursing staff, hospital and/or gateway social worker and where possible the health visitor and GP.</p>
<p>Why are social services involved from the outset?</p>	<p>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. A UNOCINI referral form should be used.</p>

¹ <http://www.nspcc.org.uk/core-info>

<https://www.nice.org.uk/guidance/CG89/chapter/1-Guidance>

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When should the paediatric referral form be used?	<p>Relevant information should be discussed verbally with the paediatrician/ward when making the referral and followed up with a completed form. This can then be sent electronically. The paediatric referral form should be used by community based professionals i.e. HV/MW/GP</p> <p>It is unlikely that this form will be completed by hospital based staff unless the additional information is known to them.</p>
What is the referral categorised as?	<p>The referral will not be categorised as child protection until there is feedback from the paediatrician based on multi-disciplinary assessment.</p> <p>If from the outset immediate action is required to protect a baby the protocol will be superseded by child protection P&P and Joint protocol Investigation.</p> <p>If a child is already known to children's services (FIT) a UNOCINI referral is not required. Information must be immediately shared with the allocated SW/Team Manager. It should be recorded as a significant event/additional information. A child protection investigation will only be initiated if threshold is met as above.</p>
What if parents refuse consent?	<p>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.</p>
How quickly should the baby attend hospital?	<p>Parents should be advised to attend promptly (within 2 hours).</p>
Where does the baby attend?	<p>The baby will attend the local paediatric ward and will not require admission via Emergency Department.</p>
Does referral agent attend with baby?	<p>In most cases this will not be necessary. However the individual making the referral will need to use professional judgement in terms of whether they need to accompany or follow the baby to hospital. This will depend entirely on the specific case and knowledge of families and their ability to access transport etc.</p>
What if parent/carer provides reasonable	<p>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</p>

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explanation?	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.
Will all babies require a full skeletal survey and suite of investigations?	The decision to complete a skeletal survey or any other medical investigations will be made by the consultant paediatrician taking into account all the information available from the multi-disciplinary group.