

# Bruising and Injuries in Non-independently Mobile Children for Secondary Care Health Services

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<b>Approved By:</b>	<b>Management Board ( Non Clinical Procedures Only)</b>
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## Target Audience:

<b>People who need to know about this document in detail</b>	Nursing and medical Staff within secondary care services who work with children and young people.
<b>People who need to have a broad understanding of this document</b>	Any service where children are seen clinically.
<b>People who need to know that this document exists</b>	All staff involved in the development of Health Board Policies, those in safeguarding and those whose services include looking after children.

## Integrated Impact Assessment:

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date:02<sup>nd</sup> February 2025</b>
<b>Welsh Language Standard</b>	<b>Outcome:</b> Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained.
<b>Date of approval by Equality Team:</b>	(00/00/0000)
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Provide high quality, evidence based, and accessible care



**Disclaimer:**

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or [CTM\\_Corporate\\_Governance@wales.nhs.uk](mailto:CTM_Corporate_Governance@wales.nhs.uk)

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# INTRODUCTION

## 1. POLICY STATEMENT

Bruising and injuries are the most common presenting feature of physical abuse in non- independently mobile children.

## 2. SCOPE OF POLICY

This policy aims to provide a consistent approach across Cwm Taf Morgannwg University Health Board.

It applies to all practitioners when dealing with bruising and/or injuries in non-independently mobile babies and children in secondary care health services.

## 3. DEFINITION

A 'non-independently mobile' child is one who may roll, who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all children under the age of six months, most children under one year and some older children with severe disabilities such as cerebral palsy.

## 4. BRUISING & INJURIES IN NON-INDEPENDENTLY MOBILE INFANTS/ CHILDREN – WHY THIS IS IMPORTANT AND WHO THIS INCLUDES?

Accidental bruising or injury in non-independently mobile children is rare. Accidental injuries can sometimes occur, however are unusual and should always be initially treated as a cause for concern. Minor injuries may be a sign that other hidden injuries are present. The younger the child the greater the risk that bruising or injury is non-accidental. There is a substantial and well-founded research based on the significance of bruising and injuries in children. See [Child Protection Evidence - RCPCH Child Protection Portal](#).

Any bruising (however faint or small), fractures, bleeding, or other injuries such as burns should be considered as possible indicators of physical abuse and should be investigated appropriately, **regardless of the explanation given by carer. It must never be interpreted in isolation and must always be assessed in the context of the medical AND social history, developmental stage and explanation given.**

This policy also covers non-independently mobile children who have an unplanned return to hospital following an accident, as injuries or safeguarding issues may not have been detected on initial review. Non-independently mobile children who have abnormal findings on x-ray reports, such as fractures, which were not initially identified need to be brought back to hospital and the same policy will apply.

Non-independently mobile children who are reported to have had an unwitnessed injury are also covered by this policy as unwitnessed injuries have a higher association with non-accidental injury.

## 5. Reported accident but no injury in non-independently mobile children.

See flow chart in appendix 2 below.

## 6. RESPONSIBILITIES

Practitioners must exercise **professional curiosity** at all times. Professional curiosity is the capacity and communication skill to explore and understand what has happened rather than making assumptions or accepting things at face value. Curious practitioners will use their skills to observe and interact, not presuming they know what is happening, but will ask questions and seek clarity if not certain.

The clinicians should consider whether the history or potential mechanism of the injury, is consistent with the individual abilities of the child & is consistent with the mechanism of injury/ explanation offered so this information can be shared at the multi-agency discussion (strategy meeting). In order to do this the following needs to happen:

- **History**

Conduct thorough interviews with caregivers, parents, or guardians to gather information about the circumstances surrounding the injury. Ask open-ended questions and listen carefully to their responses. Pay attention to inconsistencies or evasive answers. Ask about the child's living environment; who looks after the child, who lives in the home, are there other children in the home or vulnerable adults etc. Note any delay in presentation. Check health records for the child. Find out who has parental responsibility. If under a care order (in foster care) or open to children's services already, find out who the child's social worker is.

- **Twins/multiples, siblings, children and vulnerable adults in the same household**

Children and vulnerable adults in the same household may also be at risk of harm so document details of these individuals at clerking.

- **Examination and Documentation**

Ensure the infant/ non-independently mobile child is fully undressed and examined. Record detailed and objective observations of the child's injuries on a body map. Include descriptions of the location, size, shape, and colour of bruises or wounds. Document any explanations provided by caregivers and whether they are consistent with the injury. Document any observations of interactions which you feel are salient including positive interactions.

- **Consult with Colleagues:**

Inform your most senior clinician and nurse in charge of the shift that there is a non-independently mobile child with an injury or bruise. Your senior medical colleague will need to see & review the child. The child can also be discussed with the paediatric consultant if needed.

No child under one year of age should be discharged without being reviewed and examined by a senior (ST4 / equivalent or above).

The senior / consultant will develop a plan which includes consideration of safeguarding.

- **Safeguarding**

All bruising and the following injuries in an immobile child must be referred to MASH (verbally and on C1 form with statement requesting a strategy meeting):

- All injuries deemed "significant" (this includes fractures, bruising in protected sites, burns and scolds etc)
- Injuries where an inadequate explanation has been offered or is not in keeping with the developmental abilities of the child.
- There are other features in the social history which are concerning

Safeguarding is everyone's responsibility. If anyone, regardless of seniority, feels that a child is at risk, they have a duty to refer the child to MASH regardless of the opinion of others in their team.

Families should not be judged. It is expected that health professionals treat families with respect at all times.

## **7. Procedure When Safeguarding Concerns**

### **In working hours:**

#### **Contact Children Services**

- Phone relevant children services team (see telephone numbers below) informing them that there is a non-mobile child with an injury and that you are requesting a strategy meeting.
- Follow this up by completing a C1 form, which needs to be emailed to MASH health within 24 hours: ([CTHBMASHReferrals@wales.nhs.uk](mailto:CTHBMASHReferrals@wales.nhs.uk)) including as much detail as possible on the form and stating that "**Non-mobile child with injury. Strategy meeting requested.**"
- Should children services feel a strategy meeting is not required, a **multi-agency discussion and written agreement of safety plan or actions taken at minimum is required** to ensure agencies share information on risk factors. The discussion, outcomes and advice should be documented thoroughly within the child's records, including the full name and designation of other agencies representatives.

For further information on C1 completion review local the Cwm Taf Morgannwg Safeguarding Board C1 Guidance.

### **Out of hours:**

**Out of hours Children's services are covered by EDT (Emergency Duty team) who are only able to put in place immediate safeguarding measures. They do not have access to full multi-agency information.**

- Phone EDT informing them that there is a non-mobile child with an injury and that you are requesting a strategy meeting. If there are immediate concerns or other children in the household then a strategy meeting will need to be held out of hours (and additional strategy meeting may also be needed within working hours). If there are no immediate concerns then the strategy meeting may be held instead within working hours.
- Follow this up by completing a C1 referral (which needs to be emailed to MASH health - [CTHBMASHReferrals@wales.nhs.uk](mailto:CTHBMASHReferrals@wales.nhs.uk) and EDT - [SocialWorkEmergencyDutyTeam@rctcbc.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gov.uk). within 24 hours) including as much detail as possible on the form and stating that "**Non-mobile child with injury. Strategy meeting requested.**"
- Should children services feel a strategy meeting is not required, a **multi-agency discussion and written agreement of safety plan or actions taken at minimum is required** to ensure agencies share information on risk factors. The discussion, outcomes and advice should be documented thoroughly within the child's records, including the full name and designation of other agencies representatives.

For further information on C1 completion review the Cwm Taf Morgannwg Safeguarding Board C1 guidance, further information in policies below.

**If there are immediate concerns for the safety of the child or others, please contact police on 101 or 999 (dependent on urgency) to raise an alert.**

If there are issues getting a strategy meeting out of hours, escalate with EDT and Senior Manager on Call (SMOC).

For children services within Cwm Taf Morgannwg, the EDT email address can be used to request an urgent call back ([SocialWorkEmergencyDutyTeam@rctcbc.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gov.uk)).

A place of safety needs to be agreed with children services considering the best interests of the child. Children should not stay overnight in the emergency department waiting for a strategy meeting. Consider admitting to childrens ward overnight, however this should be an exception as the ward staff are unable to supervise children overnight. Any admission should be to an area where staff can see the children rather than in a cubicle.

It should be noted that when a child would require admission for ongoing care of an injury or illness such as a femur fracture or intracranial haemorrhage, or an agreed paediatric review, they should be admitted as normal with safeguarding processes ongoing in tandem.

**In all cases referred to children services, in hours and out of hours:**

Parents or carers should be informed of the safeguarding process which exists to protect all children. They should be updated at regular intervals (providing this does not pose a further risk to the child) as this is a stressful process for them. A leaflet should be provided, if available.

A member of staff who is fully aware of the child and who is able to answer questions about their presentation etc, should then be prepared to attend a strategy meeting within 24 hours or nominate a member of the senior team to attend if they are not on duty. If this member of staff is junior, they may require a senior member of staff to support them.

The child should not be discharged home until the strategy meeting/multi agency discussion has been held, information shared and decisions about what happens next will be decided at this meeting. Children will need to be admitted to the paediatric ward if the strategy meeting decides that a child protection medical is needed under section 47. These children will be supervised by an appropriate adult agreed by children's services.

If there are concerns about the strategy meeting decision or the process, please escalate to MASH health ([CTHBMASHReferrals@wales.nhs.uk](mailto:CTHBMASHReferrals@wales.nhs.uk)) or the Head of Safeguarding (Claire.OKeefe@Wales.nhs.uk). If concerns are out of hours, please escalate to the senior manager on call for EDT and copy in the MASH health team ([CTHBMASHReferrals@wales.nhs.uk](mailto:CTHBMASHReferrals@wales.nhs.uk)). Please also refer to the Jump process (see appendix 3).

## **8. GETTING HELP & ADVICE**

### **CTMUHB**

Multi-Agency Safeguarding Hub (MASH) – Health team

RCT / Merthyr MASH Health Team - 01443 742949

Bridgend MASH Health Team - 01656 643630

Email [CTHBMASHReferrals@wales.nhs.uk](mailto:CTHBMASHReferrals@wales.nhs.uk)

### **TO MAKE A CHILD PROTECTION REFERRAL**

Emergency Duty Team (EDT) – 01443 743665

[SocialWorkEmergencyDutyTeam@rctcbc.gov.uk](mailto:SocialWorkEmergencyDutyTeam@rctcbc.gov.uk)

**Rhondda Cynon Taff County Borough Council** – 01443 425006

**Merthyr Tydfil County Borough Council** – 01685 725000

**Bridgend County Borough Council** – 01656 642320

### **Vale of Glamorgan**

Contact the Intake and Family Support Team: 01446 725 202

Out of Office Hours Emergency Duty Team: 029 2078 8570

### **Cardiff**

Contact the Children’s Access Point: 029 2053 6490

Out of Office Hours Emergency Duty Team: 029 2078 8570

### **Blaenau Gwent**

Tel: 01495 315700

Email: [DutyTeam@blaenau-gwent.gov.uk](mailto:DutyTeam@blaenau-gwent.gov.uk)

### **Caerphilly**

Tel: 0808 100 1727

Email: [contactandreferral@caerphilly.gov.uk](mailto:contactandreferral@caerphilly.gov.uk)

### **Monmouthshire**

Tel: 01291 635 669

Email: [ChildDuty@monmouthshire.gov.uk](mailto:ChildDuty@monmouthshire.gov.uk)

### **Newport**

Tel: 01633 656656

Email: [children.duty@newport.gov.uk](mailto:children.duty@newport.gov.uk)

## **Torfaen**

Tel: 01495 762200

Email: [socialcarecalltorfaen@torfaen.gov.uk](mailto:socialcarecalltorfaen@torfaen.gov.uk)

After 5pm and on weekends and bank holidays please contact the South East Wales Emergency Duty Team on 0800 328 4432.

## **Neath Port Talbot**

[spoc@npt.gov.uk](mailto:spoc@npt.gov.uk)

01639 686802

EDT: (01639) 895455

## **Swansea**

Swansea Single Point of Contact (SPOC)

[singlepointofcontact@swansea.gov.uk](mailto:singlepointofcontact@swansea.gov.uk)

01792 635700

EDT: 01792 775501

## **Powys**

01597 827666

email [csfrontdoor@powys.gov.uk](mailto:csfrontdoor@powys.gov.uk)

EDT: 0345 054 4847

## **Contacts in CTMUHB**

Head of Safeguarding – Claire O’Keefe – [Claire.Okeefe@wales.nhs.uk](mailto:Claire.Okeefe@wales.nhs.uk)

Deputy Head of Safeguarding – Nadine Long – [Nadine.Long@wales.nhs.uk](mailto:Nadine.Long@wales.nhs.uk)

Senior Nurse Safeguarding – Nicola Jones – [Nicola.Jones18504b@wales.nhs.uk](mailto:Nicola.Jones18504b@wales.nhs.uk)

Named Doctor for Safeguarding– Dr Emily Payne [Emily.Payne@wales.nhs.uk](mailto:Emily.Payne@wales.nhs.uk) or via Switchboard

ED Consultant on call - contact via Switchboard

Paediatric consultant on call - contact via Switchboard

Exec on-call – contact via Switchboard

## **9. RELATED POLICIES**

CTMUHB Safeguarding Policy

[Safeguarding & Public Protection Policy](#)

Paediatric Guideline for Clinical Staff to Access Advice ‘Jump Call’ Procedures

C23 Child Protection Register Enquiry Protocol Endorsed April 2022

([cwmtafmorgannwgsafeguardingboard.co.uk](http://cwmtafmorgannwgsafeguardingboard.co.uk))

[C23 Child Protection Register Enquiry Protocol](#)

RCPCH - [Child Protection Evidence - RCPCH Child Protection Portal](#)

CRISP policy [J4 Protocol for Resolving Concerns regarding Inter-agency Safeguarding Practice - September 2019](#)

Royal College of Emergency Medicine - [Detection-and-Management-of-Non-Accidental-Injury-in-Infants.pdf](#)

## **10. MAIN RELEVANT LEGISLATION**

Social Services and Wellbeing (Wales) Act 2014

Wales Safeguarding procedures (2019)

Working Together to Safeguard Children (2023) UK

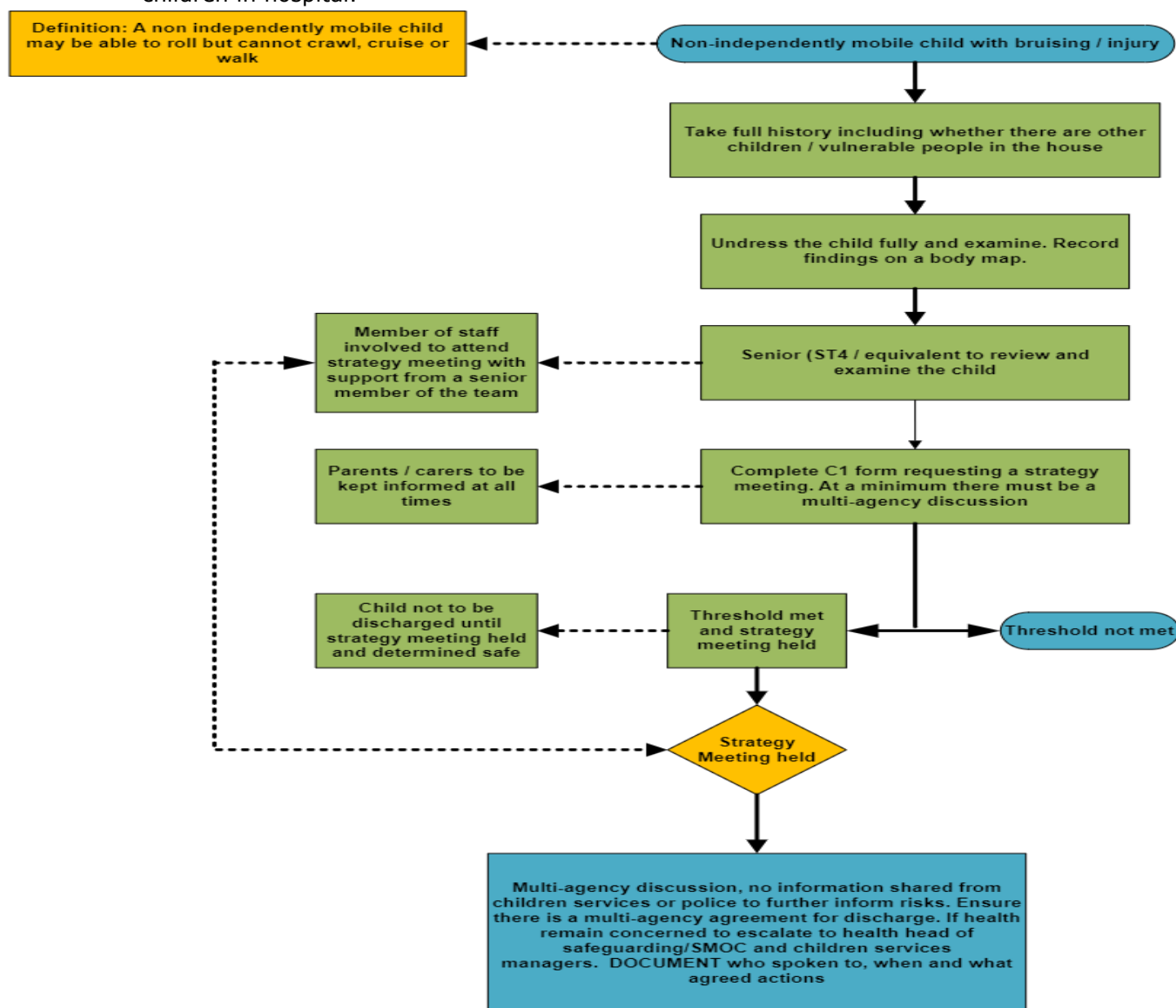
The Children Act (1989) (2004)

## Appendix 1 - Flow chart for Bruising and Injuries in

### Non-independently mobile children:

#### Principles:

1. Keep child safe at all times. If there are safeguarding concerns, the child needs to be kept under direct supervision whilst in hospital.
2. All children under one year of age in hospital need a senior (ST4/ equivalent) to physically review and examine the child.
3. Any injury or bruise in non-independently mobile child must be referred to MASH/EDT with request for a strategy meeting and C1 form must be completed.
4. Injuries cannot be interpreted in isolation in non-independently mobile children and therefore information needs to be shared with MASH/ EDT and a strategy meeting/multi-agency discussion must be held.
5. We must have professional curiosity, consider abuse, and neglect when assessing children in hospital.



## **Appendix 2. Reported accidents with no injury in the non-independently mobile child:**

Consider:

1. The mechanism - does this raise safeguarding concerns, including supervision concerns?

2. Was the accident witnessed or unwitnessed?

If unwitnessed, consider risk of head injury. Child may need period of observation from the time of the injury as per head injury guidance.

If serious/ high risk mechanism, please follow flow chart in appendix 1.

**No** child under one year of age should be discharged without being examined by a senior (ST4 or equivalent or above).

On discharge, need repeat set of neuro observations / POPS recorded before leaving the hospital which are within normal range.

Information on the child's admission must be shared with the health visitor or paediatric/ hospital liaison health visitor.

Safety net advice to be given to parents / carers on discharge & QR codes/ leaflets to be shared.