

# PRACTITIONER GUIDE

## 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 non-mobile babies is unusual and can be associated with life threatening injury.

The full Protocol can be accessed at:

[Protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile](#)

### What is the Bruising Protocol?

The protocol, first produced in 2010, is regularly revised and updated, and is available on the [HIPS Procedures website](#). It says that all non-mobile 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 (available from GPs and Health Staff and on the HIPS Procedures website). Children's Services will make background checks and arrange a paediatric assessment as soon as possible (within a maximum of four hours). After the paediatric assessment, a strategy discussion takes place between the social worker, police and paediatrician, and may also include agencies that are involved with the family. The outcome is explained to the parents.

### The latest update (November 2020) of the Protocol has three new amendments:

1. A new emphasis on injury in general in non-mobile babies, in addition to the main emphasis on bruising.
2. An additional paragraph with specific guidance about subconjunctival haemorrhages (bleeding in to the white of the eye). See section 7.2 of the Protocol.
3. 'Mongolian blue spot' is now referred to as blue-grey spot (slate-grey naevus).

About five 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.



The HIPS Procedures are updated regularly. To be notified of updates [sign up now](#).

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### Frequently Asked Questions

#### 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 be reviewed?

As soon as possible and within a maximum of four 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.