

01

Background

Published evidence suggests that children under the age of three and particularly those under one year, are most at risk of suffering physical abuse. However, practitioners are reminded that **all** children are vulnerable to harm and as such practitioners should remain alert to signs of abuse, unexplained or unusual injuries; or injuries where the explanation provided is not congruent with the injury sustained.

The Multi-Agency Protocol provides all practitioners with a knowledge base and strategy for the assessment, management and referral of children who are non-mobile and present with injuries.

02

Definition

Non-Mobile refers to babies who are not independently mobile e.g. crawling, bottom shuffling, pulling to stand, cruising or walking independently. Please note that some babies can roll from a very early age and this does not constitute being self-mobile.

07

Further information

For further information visit:
https://westyorkscb.proceduresonline.com/chapters/p_bruiise_burns.html

<https://intranet.cht.nhs.uk/non-clinical-information/safeguarding/learning-resources/patientparentcarer-information-leaflets/>

03

Information

This protocol requires that **all** actual or suspected bruising, burns or scalds to babies who are not yet self-mobile should be subject to multi-agency investigation in order to assess risk of harm. For this reason, any professional who identifies such an injury to a non-mobile baby is required to make a referral to the Children's Social Care, Referral and Response Service, regardless of the explanation offered by parents or carers, and regardless of the professional's own opinion about how the injury may have been caused.



**7 Minute Briefing
Burns, Bruises and
Scalds Protocol**

Consent

It would be expected that in most cases the practitioner will inform parents/carers of their intention to make a referral and obtain their consent to do so. If the practitioner making the referral considers discussing this with the parents/carers may increase the level of risk to the baby, they will still be required to make the referral and inform Children's Social care why consent was not obtained.

Plan

Paediatrician carries out medical review & follows up referral with Childrens Social Care re; strategy discussion.

Following receipt of a referral under this protocol, a Strategy Discussion must be held with the Police CPPU and Paediatrician in order to consult and plan any assessment.

Actions to take

Clinician makes telephone referral to Childrens Social Care under the Burns, Bruises & Scalds Protocol, document in records.

Inform parent/carers re; referral to Childrens Social Care under this protocol.

Clinician discusses presentation with senior clinician.

Clinician informs Paediatrician to arrange admission.

06

05

04