

Flowchart for management of bruising and suspicious marks in children and babies

For practitioners whose work brings them into contact with children

Remember: Those that don't cruise, rarely bruise

Research shows that it is very unusual for babies who are not independently mobile to have bruises

Injuries in children suggesting possibility of non-accidental injury:

Bruises/marks that are seen away from bony prominences
Bruises/marks around mouth & cheeks, back, abdomen, upper arms, buttocks and ears
Multiple bruises/marks in clusters
Multiple bruises of a uniform shape
Bruises/marks that carry an imprint – e.g. of an implement or cord

Only refer to A&E if child is in need of emergency medical attention.

This must be by 999 ambulance arranged by the professional.

Contact Police and advise that child with a significant, unexplained injury is being sent to A&E

Refer to MASH by telephone and follow with online referral as soon as possible

Seek explanation from parent/carer

Do not ask leading questions or offer suggestions as to how bruise/mark may have occurred

Is there a clear and consistent explanation in keeping with developmental, medical, and social history?

Is there an appropriate parental response to event/injury?

Adequately explained bruising/mark in keeping with child's development and no further concerns around safeguarding, supervision and safety of child or siblings/household members

Discuss with parents including any wider support needs

Document your assessment and agreed actions

Consider if any other measures are required to support child and family

Share information with other professionals (E.g., SW, GP, HV etc) as appropriate

Document your assessment and complete body map

Where there is no plausible explanation for the bruise or any concern that it may be the result of an inflicted (non-accidental) injury:

Inform parents of need to refer for further assessment and the need for a MASH referral

Immediate referral to Children's Social Care as per local procedures. The referral should be called in via the MASH telephone number and followed with an online referral.

The risk of not remaining with the child until a social worker arrives should be fully assessed and documented.

If there are concerns about the immediate safety of the child or the professional, the police should be called.

Do **NOT** send a child to A&E unless emergency medical treatment is required.

Record what has been seen using a body map (link) or line drawing. Do **NOT** photograph any injuries

Making a referral

- Make a telephone referral into MASH
- Clearly state your concerns.
- Check the agreed plan of action by reflecting back to ensure a clear, mutual understanding of actions to be taken
- Document your assessment and the actions agreed with MASH
- Document any explanations given by parent's **word for word**
- Follow up with an online MASH referral

Where the child already has a social worker, a MASH referral is not required, and the concerns should be shared with the child's social worker as a matter of urgency