

Pan Bedfordshire and Milton Keynes Pathway for injuries and bruising in immobile children 0 - 18 years.

Injuries and bruising in immobile children 0 – 18 years is unusual and is highly suggestive of non-accidental injuries.

Any practitioner who observes a bruise, mark, injury, fracture in an immobile child 0 – 18 years **must suspect child maltreatment**, regardless of the explanation given by parent or carer and **must follow the [Pan Bedfordshire/Milton Keynes Protocol](#)**.
If the child is seriously ill. call 999 and request an ambulance.

Seek an explanation, observe the injury and record accurately including the use of a [body map](#). This should include details of other children and family members.

Explain to parents/carers that signs of a possible bruising/injury in an immobile child requires you to follow the [Pan Bedfordshire/Milton Keynes Protocol](#).
Give the parent/carers the [leaflet](#) about what will happen next.

A referral **MUST** be made immediately to the Hospital Paediatrician and/or the relevant Children's Social Care.

All Health Practitioners	
Bedford Hospital	Contact the on-call Paediatrician Tel: 01234 355122 and ask for bleep 542.
Luton & Dunstable Hospital	Before 22.00hrs contact on call Paediatric Consultant via Switchboard 01582 491166. After 22.00hrs Contact on call Registrar via Switchboard 01582 491166
Milton Keynes University Hospital	Before 22:00 Contact the on-call Paediatrician via Switchboard Tel: 01908 660033. After 22:00 Contact the on call paediatric registrar via Switchboard Tel: 01908 660033
All Non-Health Practitioners	
Bedford Borough Children's Social Care	01234 718700 or lchildandfamilies.bedford.gov.uk
Central Bedfordshire Children's Social Care	0300 300 8585 or cs.accessandreferral@centralbedfordshire.gov.uk
Luton Children's Social Care	01582 547760 or mash@luton.gov.uk
Milton Keynes Children's Social Care	01908 253169 or 253170 or children@milton-keynes.gov.uk
Out of hours	Bedfordshire 0300 300 8123 Milton Keynes 01908 265545

Once a Paediatrician has reviewed the child, they will discuss with Children's Social Care their findings and if they have concerns about the mechanism of injury. All conversations to be recorded clearly in individual agency records for the child.

When concerns identified a Strategy meeting(s)/discussion(s) should be held.
Do not discharge the child until safeguarding issues are resolved, risk reducing measures are in place and a multi-agency discharge plan agreed and shared with parents/carers.
Follow the [Pan Bedfordshire Interagency Child Protection Procedures](#): and [Milton Keynes inter-agency safeguarding procedures](#).

Pan Bedfordshire and Milton Keynes Protocol for injuries and bruising in immobile children 0 - 18 years.

Protocol Summary

Definition of Immobile: not yet crawling, shuffling, pulling to stand, rolling over, cruising, or walking independently and applies to immobile children due to a disability/illness.

The [protocol](#) provides all practitioners with a knowledge base and action strategy for the assessment, management and referral of immobile children 0 – 18 years who present with injuries (including bruising or suspicious marks). Any child who is seriously ill or injured requires urgent treatment and further investigation.

Bruising is the commonest presenting feature of physical abuse in children 0 – 18 years. The younger the child and for those with a disability the greater the risk that bruising is non-accidental. There is a substantial and well-founded research base on the significance of bruising in children.
www.core-info.cf.ac.uk/bruising

Injuries in immobile children 0 – 18 years should raise suspicion of maltreatment and should result in an immediate referral to Children's Social Care and an urgent Paediatric opinion as it can lead to more serious injury and in some instances results in child death.

[See NICE Clinical Guideline 89]
<http://guidance.nice.org.uk/CG89/Guidance/pdf/English>

All telephone referrals to be followed up within 48 hours with a written referral using the appropriate interagency referral form/portal below.
Where a practitioner decides to refer to Children's Social Care, it is their responsibility to make that referral.

Bedford Borough Children's Social Care
01234 718700 or click this [link](#)

Central Bedfordshire Children's Social Care
0300 300 8585 or

IFD@centralbedfordshire.gov.uk

Luton Children's Social Care
01582 547760 or mash@luton.gov.uk

Milton Keynes Children's Social Care
01908 253169 or 253170 or

children@milton-keynes.gov.uk

Out of hours- Bedfordshire 0300 300 8123
Milton Keynes 01908 265545

An injury/bruise **must never be interpreted** in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken, recorded appropriately and any observed bruising, marks, or abnormal findings (including medical conditions e.g. eczema) recorded on a body map.

Bruising in immobile children is unusual. It is the responsibility of the Paediatrician and Multi Agency Strategy Meeting where held to decide together whether the bruising is consistent with an innocent cause or not. The Multi Agency Strategy Meeting will decide if threshold is met for a Section 47 Child Protection investigation and if a [Child Protection Medical](#) (pan-Bedfordshire) or [MK Child Protection Medical](#) (Milton Keynes) is required.

Parents/carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent/carers is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children's Social Care.

A child should not be allowed to return to the environment where the bruising/injury was caused or to the people who were caring for them at the time until the safeguarding issues are resolved or risk reducing measures are in place and/or a multi-agency discharge/safety plan agreed and shared with parents/carers.

Information should be shared between the child's GP and Health Visitor and the case should be discussed with a senior colleague such as the Safeguarding Children Team.

The importance of signed, timed, dated, accurate, comprehensive, and contemporaneous records cannot be over-emphasised - body maps must be used. Once a referral to Children's Social Care has been made, practitioners must follow the Pan Bedfordshire Interagency Child Protection Procedures: <https://bedfordscb.proceduresonline.com/> or the Milton Keynes Safeguarding procedures [Safeguarding Partnership Policies and Procedures | mk-together](#)