

Multi-Agency Guidance for Injuries in NON-MOBILE Babies (March 2016)

Addendum for Early years settings and Child Minders

Infants under the age of one are more at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales. Non-mobile babies cannot cause injuries to themselves and therefore must be considered at significant risk of abuse. Multi –agency information sharing allows for sensible, informed judgments regarding the child’s safety to be made.

Benign Skin Marks

When new babies and children join your setting as part of completing their registration form you should ask and record any birth mark or similar benign skin condition; noting the shape, size and location. If any doubt exists about the nature of a skin mark, the baby’s parents/ carers should be requested to seek a medical opinion from their GP.

When recording the existence of a benign skin mark it is useful to make use of a ‘Bodymap’ diagram.

Non mobile babies presenting with an injury.

Due to the significant risk of abusive injury in a non-mobile baby **ALL NON-MOBILE BABIES**

WITH AN INJURY should be referred to the on call Consultant Community Paediatrician, even if there is a plausible explanation (Serious injuries/ bleeding refer direct to Emergency Department via 999).

Making a referral to the Paediatric service and Social Care.

Where the professional has identified that a referral should be made to the Community Paediatrician (or Emergency Department if urgent), the baby’s parent/ carer should be informed that a person with parental responsibility will be required to attend with their baby or at the very least provide consent for a medical examination to take place. The Community Paediatrician is responsible for confirming that the baby attends for the

medical examination, and the next working day the referrer should also confirm that this has happened. If the parent refuses to take the child for an examination the Community Paediatrician and Social Care should be notified immediately. It is the Early Years professional’s responsibility to contact First Response(Bristol)/ART (S Glos)/Social Care (N Somerset) to provide information about injury and family dynamics if known, and request checks. The Community Paediatrician will ensure that relevant checks have been undertaken by Social Care and what the findings are.

Non mobile Babies – probable birth mark or medical problem eg eczema but otherwise well	Non-mobile babies – injury or bruising but well baby	Non-mobile babies with bleeding from nose, mouth and/ or ear or serious injury
<p style="text-align: center;">Record observation: Include shape, size and location of mark, bruise or injury</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Discuss with parent/ carer, record any explanation given</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Ask parent /carer to see GP for confirmation of what mark is. Then obtain confirmation from parent or GP (via red Parent Held record/ HV/GP).</p>	<p style="text-align: center;">Contact on-call consultant community paediatrician (via BRI Switchboard 0117 9230000) to arrange an examination (Same day). Request social care checks.</p>	<p style="text-align: center;">Call 999 to arrange for an ambulance</p> <p style="text-align: center;">Record observation: Include any marks or bruising, the shape size and location</p> <p style="text-align: center;">Discuss with parent/ carer, record any explanation given</p> <p style="text-align: center;">Contact Emergency Department or on-call consultant community paediatrician (via BRI Switchboard) to advise of injury and that ambulance has been called. Request social care checks</p>
<p>Repeated minor injuries in non-mobile babies are extremely concerning</p>		
<p style="text-align: center;">If there is any uncertainty about the severity of the injury and where to refer it should be discussed with the on-call Community Paediatrician via BRI Switchboard:0117 9230000</p> <p style="text-align: center;">Babies must be seen by a doctor of at least Registrar grade or by a paediatrically trained nurse practitioner, and then reviewed/discussed with a consultant.</p>		