

PRACTITIONER GUIDE

BRUISING PROTOCOL

The 'Bruising Protocol' tells staff what to do when they identify a bruise or other injury 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 young 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 states that all young 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 leaflet [Bruising in young babies – Information for parents and carers](#) (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 then explained to the parents.

The latest update of the Protocol (February 2023) has one new addition (Paragraph 5.4):

In the specific situation where a bruise on a baby has been reported by a parent by DIGITAL means (phone/text/email/video consultation etc).

- a) If a parent or carer contacts a professional (whether a social worker, police, or health professional) with concerns about a possible bruise on a baby, then that professional should refer to Children's Services via the Multi-agency Safeguarding Hub (MASH) as soon as possible.
- b) If a remote consultation involves the parent sending/showing digital images of a bruise a referral to Children's Services via MASH should be made.

Hampshire MASH only: Telephone referrals to MASH must be immediately followed up by the submission of an [Inter-Agency Referral Form \(IARF\)](#).



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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. Children's 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 but 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 six 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, such as a Safeguarding Children Nurse Specialist (SCNS) / Named Doctor / Named Nurse. Remember, this Protocol is about safeguarding the most vulnerable children against physical abuse.

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