



Bromley Safeguarding
Children Partnership

**Protocol on Assessment of Bruising and Injuries in
Non-Mobile Infants and Children**

www.bromleysafeguarding.org

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Bromley Safeguarding Children Partnership

Protocol on Assessment of Bruising and Injuries in Non-Mobile Infants and Children

1. Introduction

Bruising and injuries in non-mobile children are rare; therefore, there is a significant risk that this may indicate physical abuse or neglect. Non-mobile infants and disabled children are extremely unlikely to have accidental injuries as they have limited independent mobility and are also more vulnerable as they are unable to verbally communicate their experiences. Any injuries in non-mobile babies and children, however minor, are a cause for concern - including bruising, fractures, bleeding or burns - and require a safeguarding assessment.

A simple bruise may be the hallmark of a non-mobile child who has sustained significant internal injuries such as fractures, eye, brain trauma and intra-abdominal injuries. Child Safeguarding Practice Reviews document many cases where bruising was not responded to appropriately by Health and Social Care staff, resulting in children being left at risk, sustaining further injuries with serious harm or death.

This protocol is to ensure that bruising and injuries in non-mobile infants and children are referred to Children's Social Care and assessed by Paediatricians. For clarity, 'not independently mobile' should be interpreted in line with NICE guidance 'Child maltreatment: when to suspect maltreatment in under 18s' (CG89), updated 3 December 2025: independently mobile includes crawling, bottom shuffling, pulling to stand, cruising, climbing, walking using a push-along walker, or walking unaided. Age alone should not be used to determine independent mobility.

[Overview | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

The Child Safeguarding Practice Review Panel issued a briefing in September 2022, exploring the current guidance on the management of bruising in non-mobile infants in the light of published evidence and variations in practice, to check for consistency with the evidence base and national guidelines:

[The management of bruising in non-mobile infants paper - GOV.UK](#)

<https://www.gov.uk/government/publications/the-management-of-bruising-in-non-mobile-infants-paper>

In the briefing, the Child Safeguarding Practice Review Panel note the following:

A large proportion of the serious incidents notified to the Panel are about young infants. For example, 37% of serious incident notifications in 2020 were about children less than a year old.

In the rapid reviews and local child safeguarding practice reviews (LCSPRs) submitted to the Panel, there are often cases where young infants have previously presented with apparently minor injuries – with

visible minor bruising – and a failure to follow established guidance, or inconsistencies within such guidance, have been highlighted as potential contributory factors to a subsequent serious incident or, ultimately, the child’s death.

While the limitations of the research are acknowledged, the current evidence base is robust enough to support the conclusion that accidental bruising is uncommon in a baby or child who is not independently mobile, particularly in those who are younger, unable to roll, crawl, bottom shuffle or restricted due to disability and global delay.

As a result of the briefing from the Child Safeguarding Practice Review Panel, our local guidance was reviewed, to bring clarity to the definitions of immobility.

It is important to remember that children with disabilities may not be independently mobile, and professionals should also seek direction from their own local guidance or <https://www.gov.uk/government/publications/safeguarding-disabled-children-practice-guidance>

2. Evidence base

Bruises in Infants and Toddlers - *“those who do not cruise rarely bruise”* is one of the earliest pieces of prevalence evidence from 1999 identifying that bruises are rare in non-mobile children and children under nine months which should be assessed for abuse as a cause.¹

NICE guidance: Child maltreatment: when to suspect maltreatment in under 18s updated 2017 states:

*Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) ... Examples include bruising in a child who is not independently mobile*²

RCPCH Child Protection Evidence Systematic review on Bruising updated 2020 states: *Research shows that it is very unusual for pre-mobile babies to sustain bruises accidentally and bruising in this age group raises significant concerns about physical abuse. Young babies and infants are extremely vulnerable and at greatest risk of death or severe injury with significant associated mortality in physical abuse. Bruising is also a widely reported “sentinel” injury in babies and younger and its recognition is vital in prevention of more severe abuse.*³

¹ [JAMA Pediatrics 1999 Bruises in Infants and Toddlers: Those Who Don't Cruise Rarely Bruise](#)

² [NICE Guidance 2017 Overview | Child maltreatment: when to suspect maltreatment in under 18s](#)

³ [RCPCH 2020 Child Protection Evidence- Systematic Review on Bruising](#)

3. Initial Response on Identifying an Injury or Bruise

Professionals observing any injury including bruising on a non-mobile baby or child must suspect nonaccidental injury. The professional must ask for further information and details of the history, timeline, and any explanation. These should be recorded directly into the child record together with a body map.

Any injuries are significant in this group and even small injuries may be significant:

- Single or multiple bruises on any site
- Cut, grazes or scars
- Bite marks
- Burns and scalds
- Bleeding from ear, nose, or throat
- Pain, tenderness, or reluctance to move an arm or a leg (which may suggest pain from underlying fracture)
- Injuries to the eye or bleeding in the white of the eyes
- Torn frenulum (web of skin joining the upper and lower lip to the gum in the midline of the mouth)
- Single scratches may be innocent, such as caused by the child's fingernails, however multiple or deep scratches are of concern

An immediate referral to the Children and Families Hub Team should be made which will result in arrangements for paediatric assessment (which would be at the hospital for children under two years, and at the Phoenix Centre for children over two years). There is a need for an urgent assessment, although a small percentage of bruising in non-mobile children will have an innocent explanation.

If a child is seriously injured, they should be taken to the hospital urgently, usually by ambulance, and should be referred directly by the concerned professional to the on call Paediatric Consultant at Princess Royal University Hospital (PRUH) via switchboard on **01689 863000 (Bleep 64186)** regardless of what time of the day they present. The referral to the Children and Families Hub Team can be made simultaneously.

It is the responsibility of the acute or community paediatricians to assess and decide whether the cause may be innocent or due to maltreatment, referring to Children's Social Care as appropriate. Children should not be referred to GPs for an opinion or decision on injuries as they are not trained for this level of assessment.

Rarely there may be a medical cause such as associated with documented birth injury or medical processes in the neonatal period. Health professionals with experience and training who can evidence that the bruise or injury is not a cause for concern, using access to records etc, should discuss this with peers and in this very limited situation may use professional judgment not to refer an injury and document this decision in the records this.

On occasions, it may be difficult to know if a skin finding may be innocent such as a Mongolian blue spot or haemangioma. In this situation the child should be reviewed without delay by a health professional with training and experiencing in assessing this such as the GP or a Paediatrician and some Health Visitors. If this opinion is not readily available (i.e. Immediately available in the same building), then the child should be referred to the Children and Families Hub Team in order to access a paediatric assessment. If there is any doubt whether this may be an innocent birthmark, there should be an immediate referral to the Children and Families Hub Team.

Suggestions that a non-mobile infant has injured themselves should not be accepted without a referral to Children's Social Care and detailed assessment by a paediatrician. Additionally, suggestions that a non-mobile infant has been injured by a sibling is unusual but occasionally can happen, however physical abuse will need to be investigated. In these circumstances there should still be a referral to the Children and Families Hub Team for paediatric assessment, and assessment of the social situation and parental ability to supervise children.

4. Referral to Children's Social Care

There should be an immediate phone referral to the Children and Families Hub Team confirmed by referral form sent by email preferably on the same day and certainly within 24 hours. This will result in a Strategy Discussion and arrangement of an urgent paediatric assessment. For children under two years of age, Children's Social Care will contact the on-call Paediatric Consultant at Princess Royal University Hospital (PRUH). The Social Worker must accompany the child to Accident and Emergency with a parent or carer. For children over two years of age, Children's Social Care will contact the community paediatricians at the Phoenix Centre.

Parents and carers should be involved in the decision-making where possible; the professional should explain why bruises and injuries in non-mobile children must be formally assessed and referred to Children's Social Care. A copy of the leaflet explaining the local processes should be given to parents and carers, this is available on the Bromley Safeguarding Children Partnership website.⁴

If parents are not cooperative or refuse, then Children's Social Care should be contacted immediately and where possible the child kept under supervision until their safety can be assured. If the child's safety cannot be secured, it may be necessary to contact the police.

⁴ Go to [BSCP website](http://www.bromleysafeguarding.org/articles.php?id=609) for information leaflet: <http://www.bromleysafeguarding.org/articles.php?id=609>

5. Outcome of Child Protection Medical Examination

The Child Protection Medical Examination will be carried out by a suitably qualified hospital or community paediatrician. The assessment will take into account the context of medical and social history, developmental stage, explanation given, full clinical examination and relevant investigations. Further medical investigations will be carried out if there is evidence of significant injury which may include a skeletal survey, CT brain scan, retinal assessment, and blood clotting testing under national guidance.^{5 6}

- If the medical examination concludes there is evidence of nonaccidental injury, Children's Social Care should be informed of this outcome on the same day in order to carry out a section 47 investigation
- If the medical examination is inconclusive, or there are concerns about the cause of the bruise or injury, Children's Social Care should convene a multiagency Strategy Discussion to consider any further investigations and how to safeguard the child and any other children.
- If the medical examination concludes the injury has a medical explanation, is accidental or consistent with the explanation, this should be discussed with Children's Social Care who will consider if any further intervention or support is required.
- Where a child is admitted to hospital, there will need to be a multiagency decision about supervision of the parental access to the child and how contact will be managed.
- Where there is any professional disagreement about how to respond to bruising and injuries in a non-mobile child, this should be referred to senior managers using the Bromley Safeguarding Children Partnership escalation policy.
- If there is concern about significant injury to the index case, arrangements should be made for other siblings/ children living in the same household under the age of two years to have the same recommended imaging as the index case, all siblings under the age of four years to have a Child Protection Medical Assessment, and for older children to be interviewed and examined if they disclose physical abuse.
- Where there is evidence of nonaccidental injury, or inconclusive findings, there will need to be a multiagency discussion prior to discharge to discuss how to safeguard the child, including supervision and access /contact arrangements with parents, carers or others who may be of risk to the child, particularly while further police and social care investigations are carried out.

⁵ [RCR RCPCH 2018 The radiological investigation of suspected physical abuse in children](#)

⁶ [NICE 2009 When to suspect child maltreatment](#)

BROMLEY SAFEGUARDING PARTNERSHIP PROTOCOL FOR ASSESSMENT OF INJURIES IN NON-MOBILE CHILDREN

If professional observes a
BRUISE, BITE, INJURY or SUSPICIOUS MARK
YOU MUST SUSPECT CHILD MALTREATMENT

Is the child seriously ill / **needs** emergency medical treatment?

YES

A child who is seriously ill should be referred immediately to hospital and
CONTACT POLICE
(call 999)

NO

Seek an explanation, examine (within your limits) and record accurately. This should include details of 'mechanism', social history including other children, carers and 'significant others'

Explain to parents/carers (as long as no safety risk in doing so), the reason for immediate referral to Children's Social Care (CSC) and/or Paediatrics. Give leaflet.

Make a referral via C&F hub portal

at <https://childrensportallcs.bromley.gov.uk/web/portal/pages/home>

Bromley C&F Hub Tel: 0208 461 7373 / 7379 /7026 (Mon-Fri 9am-5pm)
Emergency Duty Team (Out of Hours & Weekends) Tel: 0300 303 8671
Email: candfhub@bromley.gov.uk

Plus, in Bromley if 2 years and under: refer to On-Call Paediatric team /Consultant: PRUH on 01689 863000 (Bleep 64186)

For advice (if > 2yrs), contact Bromley Healthcare Safeguarding Team, preferably via email: bromh.safeguardingchildren@nhs.net

NHS staff complete Datix Incident Report.

Hospital contacts:

Darent Valley Hospital via switchboard 01322 428100
Queen Elizabeth Hospital 0208 836 6000
PRUH on 01689 863000

Definitions: Non-Mobile Babies/Children are those who are unable to roll, not yet crawling, shuffling, pulling to stand, cruising or walking independently. This guidance also applies to older immobile children for example immobility due to disability (including non-verbal) or illness.



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