# HSCB MULTI AGENCY POLICY

## Management of Suspicious Bruises/ Marks in Infants Under 6 Months for all Front Line Professionals

<table>
<thead>
<tr>
<th>Date of this document</th>
<th>11.1.2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Ratified in HSCB Policy and Procedure Group 3.10.2018</td>
</tr>
<tr>
<td></td>
<td>Ratified in HSCB Executive Group 11.1.2019</td>
</tr>
<tr>
<td>Previous Amendments</td>
<td>Amended August 2015.</td>
</tr>
<tr>
<td></td>
<td>Amended July 2016</td>
</tr>
<tr>
<td></td>
<td>Amended September 2018</td>
</tr>
<tr>
<td>Date for review</td>
<td>January 2020</td>
</tr>
<tr>
<td>Authored by</td>
<td>Amanda Merrett-Jones – Hertfordshire Community NHS Trust Safeguarding Children Nurse Manager</td>
</tr>
<tr>
<td></td>
<td>Dr John Heckmatt – Designated Paediatrician, Hertfordshire Community NHS Trust (HCT)</td>
</tr>
<tr>
<td></td>
<td>Dr Olive Hayes – Designated Paediatrician East and North Herts NHS Trust</td>
</tr>
<tr>
<td></td>
<td>Raj Chibber – Head of Assessment, Hertfordshire Children’s Services</td>
</tr>
<tr>
<td></td>
<td>Lynda Coates – Detective Inspector, Hertfordshire Police</td>
</tr>
<tr>
<td></td>
<td>Mayank Joshi – Head of Family Safeguarding Teams West, Hertfordshire Children’s Services</td>
</tr>
<tr>
<td></td>
<td>Ross Williams – Head of Family Safeguarding Teams East, Hertfordshire Children’s Services</td>
</tr>
<tr>
<td></td>
<td>Lucy Sims – Development and Commissioning Manager: Family Services Commissioning</td>
</tr>
<tr>
<td>Contributing agencies</td>
<td>Hertfordshire Children’s Services</td>
</tr>
<tr>
<td></td>
<td>East and North and West Herts NHS Trusts</td>
</tr>
<tr>
<td></td>
<td>HCT Safeguarding Children Team:</td>
</tr>
<tr>
<td></td>
<td>Children’s Universal Health Services</td>
</tr>
<tr>
<td></td>
<td>Hertfordshire Police</td>
</tr>
<tr>
<td></td>
<td>Family Services Commissioning</td>
</tr>
</tbody>
</table>
SUMMARY OVERVIEW

All professionals

Where any bruises/marks are seen on an infant less than six months old, professionals are advised to read this Policy and refer to the Assessment Flowchart (Appendix 4) for your actions.

For all children with suspicious bruises/marks age over 6 months, please refer to the HSCB Procedures – Physical Abuse of Children

THIS DOCUMENT SHOULD ALWAYS BE READ IN CONJUNCTION WITH THE HSCB CHILD PROTECTION PROCEDURES which can be found at http://hertsscb.proceduresonline.com/index.htm
1 Aim
The aim of this Policy is to provide frontline professionals with a knowledge base and clear directions for the assessment, management and referral of infants under the age of 6 months who present with suspicious injury or bruising.

2 Introduction
Bruising is the most common presenting feature of physical abuse in children. National and Local Serious Case Reviews highlight that frontline staff sometimes underestimate or ignore the possibility that abuse is a likely cause of bruising in young infants who are not independently mobile (those not yet crawling, cruising or walking independently or children with disability such that they are not mobile). NICE guidance states that bruising in any child who is not independently mobile should prompt suspicion of maltreatment as these infants are the least likely to sustain accidental bruises

For these reasons, this Policy includes all babies under the age of 6 months.

N.B Always remember: Infants who don't cruise, don't bruise.

The Policy is necessarily directive, and whilst professional judgement and responsibility is recognised as important, research tells us we must act at all times where there are concerns. Therefore a referral to Hertfordshire Children Services is undertaken and the infant examined by an appropriate Paediatrician for a child protection medical on all infants who are under 6 months who have suspicious bruises or marks

Some marks seen on infants under six months are normal, such as: confirmed birth injury; Blue Spot; haemangiomas; Stork Marks and Salmon Patches (Neavus Flammeus). These may be present from birth or develop after birth. Assessment of all marks should be undertaken using the Assessment Tool in Appendix 4. You should always record the presence of these in your agency records and the Parent Held Record (Red book) if available.

3 Target Audience
The UK Government states that ‘Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.’

4 Underpinning Research
Details of research review pertaining to physical abuse in children can be found within the HSCB procedures here

1 Hertfordshire Safeguarding Children Board (HSCB) Definition and recognition of abuse and neglect 5th edition– literature review. (Heckmatt J)
   http://www.nice.org.uk/guidance/cg89/chapter/1-Guidance
   www.hertssafeguarding.org.uk

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL January 2019
5 Diversity factors
Consideration should be given to cultural needs of infants and their families and carers, however cultural practices that are abusive are never an acceptable reason for child maltreatment.

Professionals should at all times be aware of and sensitive to any difficulties in communicating this protocol to parents/carers and children. This may be due to learning difficulty/disability, language barriers, disability or poor understanding of legislation in the UK.

It is important that the infant is seen as swiftly as possible and therefore indicative that additional support and provision is made to assist effective communication but this should not hinder immediate referral.

6 Presentation and Assessment:

Research has shown that even a small bruise on a pre-mobile baby can be a sign of abuse as these infants are not expected to bruise. You should make a referral to Children’s Services following the identification of any suspicious bruise or mark on any infant under 6 months.

The professional who identifies the suspicious bruise or mark should initially undertake an assessment. This assessment must firstly take into account if the mark is suspicious or if it is a normal birth mark using the Assessment Tool (Appendix 4). This completed document should be attached to any referral made to Children’s Services and include a completed body map (Appendix 7).

Following receipt of this referral, Children’s Services should consider the information on the referral and consider convening a Strategy meeting and subsequent consideration for referral of the infant for a Child protection Medical.

The Child Protection Medical must be undertaken by a specialist safeguarding Paediatrician, therefore referrals where abuse is suspected should not be made to a GP or other primary care provider under this Policy (unless the infant needs immediate medical attention and should be immediately referred to an Accident and Emergency Department (See section 8).

If the Assessment tool indicates that no further action is required the professional should ensure the rationale for this decision is recorded on the form and recorded in their agency records along with the names of who has contributed to this decision.

7 Risk factors.

When making an assessment and referral you should always review the information you hold within your agency with regards to the family and child to identify any relevant and associated risk factors that you will need to share with Children’s Services. This includes parental risk factors and child risk factors. You should pay particular attention to any history of domestic abuse, poor parental mental health, poor perinatal mental health, parental learning difficulty/disability, parental drug or alcohol misuse, previous social care history, child disability, poor attachments and injuries or bruises to any other children in the family. This list is not exhaustive, and you should always consider sharing, in detail, all relevant information known to your agency. Guidance for information sharing can be found in your agency Information Sharing Procedures and national Information sharing guidance.

Where there are no risk factors you should state that from review of your agency records there are ‘no known risk factors for parents or child’.

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL January 2019
8 Emergency Medical Conditions or Injury

Any infant with an external injury however minor (e.g. small bruise on cheek), who seems off colour, less alert, not feeding, vomiting, irritable or having funny movements, needs to be seen at hospital without delay.

Any infant who is found to have suspicious bruises or marks with symptoms or who has sustained an injury or in need of urgent treatment or investigation, should be immediately referred to hospital without delay. Professionals should be particularly diligent to the age of the infant as the smaller the child, the greater the risk of internal injury.

If there is a medical emergency the child may have to be taken by ambulance to the nearest available hospital however it is the referring professional’s duty to ensure all information around concerns are shared and highlighted to the receiving hospital in order for them to make an assessment. The referring professional should also inform their safeguarding lead and the named paediatrician in Hertfordshire.

Referral to hospital should not be delayed by a referral to Children Services as this can be made from the hospital setting, although it is the responsibility of the person dealing with the case to ensure this referral has been made and also to phone ahead to the hospital to advise regarding the concerns. A list of telephone Numbers for each Hospital can be found in Appendix 1

9 Referral to Children’s Services by Any Agency

Please see Appendix 2 for Referral Guidance

Once the professional identifying the suspicious bruise or mark has undertaken an assessment using the Assessment tool in Appendix 4, and this indicates a referral to Children Services, the professional should undertake the following:

- Ensure sufficient information is included in any referral to assist Children’s Services in responding. This would include basic details such as name, date of birth, address and contact details for all adults and children
- Ensure all other relevant information about the infant and any other children and adults associated with this child is collated from their agency records (see section 6 Risk Factors). Remember, a clear factual safeguarding referral results in pro-active responses from Children’s services, and better outcomes for children.
- Ensure all details are included on the referral with evidence that is factual and descriptive and include an analysis of concerns.
- Ensure any other documents are available to Children’s Services which includes a completed Assessment Tool and body map (Appendix 4 and 7)
- Ensure you immediately follow up a verbal referral in writing.
- Ensure the main parent / carer is made aware of the referral (where it is safe to do so) however consent to make a referral is not required. 6
- Give the carer/ parent the Physical Abuse leaflet entitled ‘What is going on?’. This may also be sent electronically by email if required.

Once a referral has been made, the Policy requires a response by Children’s Services within one hour to enable discussion about next steps. Parents / Carers should always be informed of the progress of this process is and any parental/carer anxiety managed by effective conflict resolution skills.
In the rare occasion that there are any concerns around unwanted parental behaviours a risk assessment of the situation should be undertaken. **Where there are immediate concerns for safety of the child or professional the Police should be contacted on 999.**

10 Children’s Services Response

Children’s Services should take any referral made under this Policy as requiring further multi agency investigation and should check local systems for any risk factors and consider whether a strategy meeting is required to include the consideration of a child protection medical being undertaken by an appropriate Paediatrician.

The decision regarding whether a CP medical is undertaken or not should be taken within a Strategy Meeting (see section 12), which should involve as a minimum Children’s Social Care, Health and Police, and the referrer where appropriate (see HSCB **Strategy Discussions and Meetings**). Details for health contacts for undertake Strategy discussions can be found in **Appendix 3**.

If the decision at the strategy meeting is that a CP medical is not required, the health representative should consider the medical needs of the infant and whether a medical assessment is still required. The infant should still be assessed, for general health, other signs of maltreatment, and to exclude other medical disorders. This should be done at the earliest opportunity by the most appropriate medical professional.

If the infant already has a Social Worker, Children’s Services should ensure that the named social worker or a duty Social Worker responds immediately to the referrer and within one hour.

If the matter arises out of hours, the Children’s Services Safeguarding Out of Hours Service (SOOHS) should be notified. The referrer should make themselves available to the service to gather further information and consider next steps. The above process will follow. If a Strategy Meeting is required, the SOOHS team will make contact with the Police and the Out of Hours Paediatric Services for the discussion to occur.

**Out of hours Paediatric Services:**

- Lister Hospital switch board 01438 314333 and ask to speak to on-call paediatric registrar.
- West Herts Hospital – Details of paediatric on-call rota for out of hours service is available from the Police.

11 Police Response

The Police on receipt of a referral made under this Policy will conduct a review to consider the need for any immediate safeguarding measures to be implemented in order to safeguarding the child(ren) involved.

The Police (JCPIT) will take any referral made under this protocol as requiring further multi-agency investigation.

The Police will notify partner organisations of the referral (if not already aware) and the requirement for a strategy discussion as defined in Working Together (2018).

The Police will in preparation for the strategy discussion collate all available information to share with partner organisations under statutory framework or existing information sharing agreements.

The Police (JCPIT) will actively participate in strategy discussions and undertake such actions to ensure the safety of all identified children and if deemed appropriate secure and preserve evidence in accordance with legislation and best practice.
The Police will actively respond and mobilise support to any call from a professional requiring urgent Police attention due to concerns for the safety of any adult or child.

12 Referral For Child Protection Medical (CP Medical)

The decision to undertake a CP medical should be the result of a Strategy Meeting / Discussion unless there is an immediate or urgent (high risk) concern for the infant requiring hospital attendance. The attending Paediatrician should take relevant notes which would assist in the consideration for the CP Medical (see HSCB Strategy Discussions and Meetings). This decision should be reached jointly between Children’s Services, Police and Health at the strategy meeting/discussion. If the outcome of the strategy meeting is for the infant to be referred for a CP medical a discussion must take place to agree a time, date and venue for the CP medical and discussion around who will feedback the decision to the parent/carer and, if necessary, assist the family in getting to the CP Medical. The Social Worker should attend the medical with the infant and parent/carer.

Following the Child Protection Medical, the Paediatrician who examines the infant should liaise directly with the Social Worker with regards to the outcome of the assessment and agree a forward plan.

Where a referral for Child Protection Medical is delayed for any reason, and when a bruising /mark is no longer visible, the health representative at the Strategy discussion should identify an appropriate medical professional to examine the child to assess, as a minimum, general health, signs of other injuries or maltreatment and to exclude any medical cause.

Out of Hours medical (see HSCB Strategy Discussions and Meetings)

- Lister Hospital switch board 01438 314333 and ask to speak to on-call paediatric registrar.
- West Herts Hospital – Details of paediatric on-call rota for out of hours service is available from the Police

13 Child Protection Medical by an Appropriate Paediatrician

A strategy meeting should always precede the arrangement for this medical. This medical is always undertaken by an appropriate Paediatrician who is a specialist in Safeguarding Children and only take place in specialist units in Hertfordshire.

Following the Child protection medical the Paediatrician must pass a completed form to the assigned Social worker detailing the outcome of the medical. This form template can be found in Appendix 5 and 6

14 Cross border children

Infants who are ordinarily resident outside Hertfordshire would come under the remit of this policy and the fundamental principle of responding to suspicious marks and bruises in infants less than 6 months remains and is a requirement of all professionals coming into contact with any child. Therefore the same referral arrangements to Hertfordshire Children’s Services should be followed. Initial enquiries and investigations will be conducted by Hertfordshire Social Care, Police and Health partners along with liaison with the Local Authority in which the child is resident.

15 Involving parents and carers

Parents/carers should always be given the parent leaflet ‘What is going on’. the leaflet can also be accessed and printed from www.hertsafeguarding.org.uk

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL  January 2019
Explanation of the referral process should always be carried out sensitively and in a private place if at all possible to avoid further distress to parents / carers.

It is particularly important that professionals pay particular attention to explaining to parents/ carers, in a frank and honest way, why additional concern, questioning and examination is required. The decision to refer to Children’s Services must be explained along with the referral process for medical.

If parents/ carers refuse to co-operate or refuse to take their child, or be available for further assessment, this should be reported immediately to Children’s Services and to the Police if there are immediate concerns for the child or staff safety. In these cases, if at all possible the child should be kept under supervision until steps can be taken to secure his or her safety. Professionals should also consider their own safety at this time.

16 Escalation process

If you are concerned about the lack of response to a safeguarding concern, or of there is professional dispute across agencies you must discuss it with your safeguarding lead who will escalate it, as appropriate, in line with HSCB procedures. These can be found at: www.hertssafeguarding.org.uk

REFERENCES AND APPENDICES


Appendix 1

REFERRAL TO THE EMERGENCY DEPARTMENT IF YOU HAVE AN IMMEDIATE MEDICAL CONCERN.

- CALL 999 IF AN EMERGENCY AND AMBULANCE REQUIRED

- If it is not a life threatening emergency and you ask the parents / carers to take their child to the hospital because there is an immediate medical concern ensure you phone ahead to the agreed nearest children’s emergency department (see below) to ensure they are aware what the reason is for attendance and also so they can feedback should the child not attend

**Contacting Emergency Departments**

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watford General Hospital (WGH)</td>
<td>01923 217564</td>
</tr>
<tr>
<td>Lister Hospital</td>
<td>01438 284333</td>
</tr>
<tr>
<td>Princess Alexander Hospital (PAH)</td>
<td>01279 444455</td>
</tr>
<tr>
<td>North Middlesex Hospital</td>
<td>0208 8872000</td>
</tr>
<tr>
<td>Barnet General Hospital</td>
<td>0845 111 4000</td>
</tr>
<tr>
<td>Addenbrookes Hospital</td>
<td>01223 245151</td>
</tr>
<tr>
<td>Stoke Mandeville Hospital</td>
<td>01296 315000</td>
</tr>
</tbody>
</table>
Appendix 2

REFERRALS TO CHILDRENS SERVICES TO INSTIGATE MULTI AGENCY ASSESSMENT

0300 123 4043

For any referral for a child please note the following:

You should telephone all referrals in the first instance and follow this up immediately in writing using the HSCB referral form

Informing Parents/ Carers
- If parents are present, advise them of your concerns and give the bruising leaflet ‘What’s going on?’ for them to read.
- On the rare occasions that a parent/carer is not present do not contact parents but refer to Children Services and ascertain the action plan first before you inform parents

What information do I need before I refer?
- Ensure you have made a thorough assessment of the current information and the historical information held by your agency for all children and adults in the family
- Ensure you have a clear analysis of your concerns before you refer.
- Ensure you have the complete details of all children and parents/carers before you make this referral as you will be asked for these by the Customer Service Centre who need to follow their guidance to ensure your referral goes to the right department in Children’s Services.

What do I need to say to the staff in the Customer Services Centre?
- Clearly state your concerns and advise the call centre staff that this is a referral due to suspicious mark / Bruise on a non-mobile child due to age as child is under 6 months.
- Ensure you use this terminology and also to state that you are concerned that the child is potentially at risk of significant harm due to physical abuse. This will ensure the referral is directed to the Joint Child Protection Investigation Team (JCPIT)
- Be aware that parents /cares may find this terminology distressing. You should use your discretion around where you are situated when you make this referral but ensure you explain to the parents you are making a referral to Children’s Services.
- Be very clear if there are additional risk factors from your records for any child or adult in the family and state clearly what these are.
- If there are no other risk factors you should state this however you should maintain you are concerned about significant risk of harm to the infant due to the bruise/mark on a non-mobile infant due to age.
- Give your office contact details and availability.
- Ensure you take the full names, contact details and time of the calls for the people you speak to.
- Check correct information transfer by asking call centre staff member to repeat back what you have said.
- Clarify the referral is being sent to the JCPIT
- State that your expectation is that a SW from the Joint Child Protection Investigation Team (JCPIT) will call you back immediately and within one hour
- Advise your Safeguarding lead of your actions.
- Always follow up your referral immediately in writing and securely send the email with any attachments (Assessment Tool and Body Map).
- Ensure the referral form is completed in full. This should contain all the information shared verbally with the Customer services Centre.
- Email your referral using the specified routes
Appendix 3

Health Professionals Contact Details for Urgent Strategy Meetings

- Consultant Community Paediatrician - On-call rota – East/North Herts call 07919 396676 or On-call rota - West Herts (please send CP medical Consultant rota to HoSAdminApsley@hertfordshire.gov.uk)
- (Please Note - The Paediatrician who is ‘on call’ for that day may already be involved with a CP medical. In this case a Safeguarding Nurse Specialist may contribute to the strategy meeting.)
- For the purposes of this Policy only the HCT Safeguarding Duty Team Manager will be available for Strat meetings/discussion if the Paediatrician or acute hospital Safeguarding Nurse Specialists are not available: Call 07881 940233
- Child under 5 yrs. contact the duty Health Visitor who will make contact with child’s HV. If unable to locate child's HV, Duty HV will participate.
- Child over 5yrs contact School Nurse.
- Child admitted to Watford Hospital - contact 07990 551 647 / 07920 757 415

Police or Social Worker to contact health professionals to invite to participate in a strategy meeting via telephone

<table>
<thead>
<tr>
<th>Duty - Health Visitor</th>
<th>Duty - Health Visitor</th>
<th>School Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dacorum, Watford &amp; Three Rivers</strong></td>
<td><strong>North Hertfordshire, Stevenage &amp; Welwyn/Hatfield</strong></td>
<td><strong>Hertsmere, St Albans &amp; Harpenden</strong></td>
</tr>
<tr>
<td>Dacorum Rural - 01442 285837</td>
<td>North Herts - 01462 492500 option 1</td>
<td>Tel: 01727 734015</td>
</tr>
<tr>
<td>Hemel Hempstead - 01442 454655</td>
<td>Stevenage - 01438 845606</td>
<td>E-mail: <a href="mailto:HCNT.HSAH@nhs.net">HCNT.HSAH@nhs.net</a></td>
</tr>
<tr>
<td>Bushey &amp; Oxhey - 0208 515 8210</td>
<td>Welwyn/Hatfield - 01707 252461</td>
<td><strong>Watford &amp; Dacorum</strong></td>
</tr>
<tr>
<td>Rickmansworth - 01923 721774</td>
<td></td>
<td>Watford, Tel: 01923 470650</td>
</tr>
<tr>
<td>Watford Central - 01923 234282</td>
<td></td>
<td>Dacorum, Tel: 01442 454697</td>
</tr>
<tr>
<td>Garston - 01923 234282</td>
<td></td>
<td>E-mail: <a href="mailto:HCNT.DACWAT@nhs.net">HCNT.DACWAT@nhs.net</a></td>
</tr>
<tr>
<td><strong>St Albans, Hertsmere &amp; Harpenden</strong></td>
<td><strong>East &amp; South Hertfordshire</strong></td>
<td><strong>East &amp; North Hertfordshire</strong></td>
</tr>
<tr>
<td>St Albans - 01727 732008</td>
<td>Bishop's Stortford - 01279 827902</td>
<td>Baldock, Letchworth, Hitchin, Stevenage and Welwyn and Hatfield</td>
</tr>
<tr>
<td>Hertsmere – 0208 359 8520</td>
<td>Hertford &amp; Ware - 01992 823270</td>
<td>Tel: 01707 252465</td>
</tr>
<tr>
<td>Harpenden &amp; Villages - 01582 715675</td>
<td>Royston - 01763 257979</td>
<td>E-mail: <a href="mailto:HCNT.NHSWH@nhs.net">HCNT.NHSWH@nhs.net</a></td>
</tr>
<tr>
<td></td>
<td>South (Waltham Cross) - 01992 474686</td>
<td><strong>East &amp; South Hertfordshire</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ware, Hoddesdon, Bishop's Stortford, Hertford Royston and Waltham Cross</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tel: 01920 443793</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E-mail: <a href="mailto:HCNT.SHWBS@nhs.net">HCNT.SHWBS@nhs.net</a></td>
</tr>
</tbody>
</table>

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL January 2019

Vers 4 ME 17 January 17
Appendix 4

Assessment of Marks in Babies under 6 months (1)

Is this a birth mark?

YES – Record this on baby’s records and red book (if available.) Birth marks do not come under remit of this Policy. No further action is required.

UNSURE IF THIS IS A BIRTH MARK – Refer to section 2 of this tool for further guidance. Discuss with safeguarding lead for your service for further advice.

NO

Does this baby need an urgent medical assessment due to injury presentation/other factors (e.g. bleeding, possible fractures, and head injury)?

Yes – Refer immediately to a hospital with an emergency department (consider if an ambulance is required).

No

If assessment does not identify any further concerns, document on records rationale for taking no further action, and outcome of your assessment.

If, following assessment and discussion with safeguarding lead, you remain unclear what the mark is.

Refer to Children's Services (0300 123 4043)

Clearly stating you are referring a non-independently mobile child under 6 months with a bruise/mark which you would not expect to see and you are concerned about potential physical abuse and the child being at risk of significant harm. Include this flowchart with referral to explain how you have reached outcome of assessment.

(Please see Section 9 of this Policy for further information)
Assessment of Marks in Babies under 6 months (2)

**Does the mark blanch on pressure?** If the mark blanches on pressure, this is not a bruise but could be a birth mark. **How long has the mark been there for?** If mark present since birth or early life and persists – This is probably a birth mark. Ask parents to take a picture and review in 2-3 days and or ask a colleague to review with you as well

**Does family have a history of birth marks?** Blue spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. It is likely they are inherited.

<table>
<thead>
<tr>
<th>Blue Spot</th>
<th>Bruise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue spots are a type of birthmark that are present at birth or appear soon afterwards, either single or multiple in number. They are flat, blue-grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks</td>
<td>Doesn’t blanch on pressure</td>
</tr>
<tr>
<td>Is not painful to touch</td>
<td>Can be painful to touch</td>
</tr>
<tr>
<td>Present from birth or early life and persists – can take years to fade</td>
<td>Bruises change colour and shape over a period of days</td>
</tr>
<tr>
<td>An irregular shape, with poorly distinguished edges</td>
<td>In most cases of inflicted “precursor” bruise, parents usually concede mark is a bruise, but the explanation suggests unreasonable force, e.g. held while feeding, or is implausible, e.g. lying on dummy, rattle did it.</td>
</tr>
<tr>
<td>Blue spots are can vary in size, but most are a few centimeter’s across. They can appear anywhere on the body, but are most common at the base of the spine, the buttocks or on the lower back. Occasionally they are present on the back of the shoulder.</td>
<td>Bruises can be any shape or size but may take the shape of an implement or force. There may be one or many bruises on any different part of the body.</td>
</tr>
</tbody>
</table>

- Consider how well the baby is with handling. Are there any other signs of pain and or discomfort or injury? If yes, review and risk assess as necessary.
- If appropriate to role, examine the baby all over for any other marks/bruises
- If available, ask a colleague to view mark.

**Action from assessment**

- If you are considering this is a birth mark – seek further advice from safeguarding lead for further support. Ask family to take a picture if able to (can be on mobile); professionals must not take a picture using their phone or camera device.
- Review the baby and mark in 2-3 days’ time – if no change, this is likely to be a birth mark. If change is seen or the mark has disappeared – discuss with safeguarding advisor in service. Consider if referral is needed to Children’s Services for further assessment of concern
- If following assessment and discussion with your safeguarding advisor, you remain unclear if this is a bruise or a birthmark, then you must refer to Children’s Services as per flow chart. **NOW COMPLETE SECTION 3**

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL  January 2019
<table>
<thead>
<tr>
<th>Child Name:</th>
<th>DoB:</th>
<th>Referrers Name:</th>
</tr>
</thead>
</table>

**Agency:**
Date of referral to Children’s Services:

<table>
<thead>
<tr>
<th>Detailed description of Mark / Bruise</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Detailed description of assessment of this markbruise</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Following assessment does this need referral to Children’s Services?</th>
<th>Yes / No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Explain clearly the reason for your decision above</th>
<th></th>
</tr>
</thead>
</table>
APPENDIX 5

Form following Child Protection Medical (West Herts)

Name of child etc

I have examined this child on the ...

As a result of my examination of this child’s marks / injuries, I conclude:

The child has no injuries

The injuries convey a low suspicion of abuse

The injuries are non-specific (equal likelihood of abuse or non-abuse)

The injuries convey a high suspicion of abuse

The injuries are:

<table>
<thead>
<tr>
<th></th>
<th>With the Allegation</th>
<th>With the explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add any further comment:

A full report can be securely emailed to your gcsx address within two working days, if we do not have this please send your gcsx address to...

Signed:

Dr John Heckmatt
Dr Carole Anne-Colford
Dr Shanthini Ravindran
Dr Deepa Thakur
Dr Viji Rudran
Dr Ashmeet Gupta

(Only one of the above consultants can sign this form)
Appendix 6

Form following Child Protection Medical (East and North Herts)

<table>
<thead>
<tr>
<th>Patient addressograph</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>DOB</td>
</tr>
<tr>
<td>NHS</td>
</tr>
</tbody>
</table>

I have examined this child on the ........................................

As a result of my examination of this child’s marks / injuries, I conclude:

- The child has no injuries
- The injuries convey a low suspicion of abuse
- The injuries are non-specific (equal likelihood of abuse or non-abuse)
- The injuries convey a high suspicion of abuse

The injuries are:

<table>
<thead>
<tr>
<th></th>
<th>With the Allegation</th>
<th>With the explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add any further comment:

The final written opinion may change as a result of consultation and peer review.

A full report will be securely emailed to JCPIT Team (claire.park@hertscc.gcsx.gov.uk) or your teams GCSX within three working days. All reports are sent by the safeguarding team and peer review takes place on all children seen.

Signed:

HSCB Policy. Management of suspicious marks / unexplained injuries / bruising in children under 6 months FINAL January 2019