

Non-Mobile Baby Policy

Following from a Serious Case Review (safeguarding review after an investigation into the death of a child) which notes that “Accidental bruising on non-independently mobile infants is rare and should therefore always warrant further investigation” we have written this policy and procedure to ensure we are following correct safeguarding procedures in keeping with recent legislations and requirements.

The aim of the policy to safeguard non-moving babies and older children who are unable to move for a variety of reason, for example a disability, by putting in procedures in place to protect them if they are observed to have unexplained bruising or other injuries such as fractures, burns or head injuries which might suggest they have been subjected to abuse.

Terminology

Mobile— a baby who can crawl, pull to stand, “cruise” around furniture, is toddling/ beginning to walk/ confidently walking.

Non- Mobile— babies who are not able to do any of the above. Babies who can roll are classed as non-mobile for the purposes of this policy.

At Shalfleet Little Explorers & Little Stars Preschool, we recognise that accidents happen which can result in bruises or other injuries, especially in mobile babies/ young children. However, evidence states that is highly unlikely that innocent bruising or other injuries will be observed in non-mobile babies.

We also recognise that non-mobile babies are vulnerable and at the risk of physical abuse. The younger the child, the higher risk that bruising or a mark on a baby is non-accidental. It is a requirement of our Local Safeguarding Children Board (MASH) that we refer all cases of suspicious bruising/ marks in non-mobile babies and older children to them for investigation.

Findings

- Bruising on a baby who has no independent mobility is very uncommon- less than 1% of non-mobile babies will have bruises. It may be an indicator of a serious medical condition or physical abuse.
- Accidental bruising occurs approximately 17% of babies who are cruising.
- Severe child abuse is 6 times more common in babies aged under 1 year than in older children. • Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission. • Oronasal bleeding (bleeding from nose and/or mouth) in infants has been proposed as a marker of child abuse and requires investigation by a paediatrician.
- Abusive Head Trauma (AHT)- previously described as “Shaken Baby Syndrome” is a relatively common cause of childhood neuro-trauma with an estimated incidence of 14-40 cases per 100,000 children under the age of 1 year; 15-23% of these babies die within hours or days after the incident. Of those who survive AHT, one third are severely disabled; one third are moderately disabled; one third have mild or no lasting symptoms.

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- Infants under the of one years are more at risk of being killed at the hands of another person (usually a carer) than any other age group of children 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 judgements regarding the child's safety to be made.

Procedure

If a child enters the nursery with a visible injury/mark/bruise child, a "pre-existing injury form" will be completed and recorded for both mobile and non-mobile babies/ young children. If a reason has been given for the mark or injury by parent(s)/carer(s) this will be recorded, and the parent/carers will be asked to sign the form.

It is especially important that all bumps, bruises, and marks on a baby/young child are noted as soon as possible after they have been observed and placed in the child's file. The forms must be as detailed as possible and always signed and dated.

Accidents, incidents, injuries in the provision or at home, physical intervention and any other reports must be made in writing, as soon as possible after the incident occurred. In all cases it is important to note-

- Child's name and D.O.B
- Date and time of the accident
- Who was present (witness)
- Exactly what happened or exactly what you are told happened?
- What injuries were caused and a record of any first aid carried out?
- Whether parents were advised to take the baby to seek medical advice (hospital/doctor etc) this advice must always be given in the event of a head injury
- Whether a referral was made to another agency- police, doctor, social services etc
- The provider must sign and date the record.
- A signature and date of signing should be requested from parents.

If there is an ongoing concern; for example, if a baby has been hurt by an older child in your care who may be a bit "heavy handed" with the baby, a thorough review of risk assessments will be carried out to show what mistakes were made and how they can be prevented.

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