

# Recognition and Management of Maltreatment in Infants (Children under the age of 1 year)

**This guidance is targeted particularly for Hospital-based practitioners, but may also be a useful guide for other settings, disciplines and agencies regarding identification of infants presenting in the acute setting**

**Replaces Version December 2012**

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# NHS Greater Glasgow and Clyde

## Recognition and management of maltreatment in children under the age of 1 year

### 1.0 INTRODUCTION

- 1.1 This document aims to assist clinicians in the management of children who present with an injury under the age of 1 year and where there are concerns about their welfare and protection.

This should be used in conjunction with the [“Under 1 injury proforma”](#)

This guideline should be used in conjunction with National Guidance [National Guidance for Child Protection in Scotland 2014](#)

There are also good practice recommendations from the RCPCH Child Protection Companion section 9: [Recognition of physical abuse | RCPCH](#)

### 2.0 GUIDANCE

Children under 1 year may present with a variety of problems which may relate to Child protection. When such a situation arises:

- Advice can always be sought on a 24/7 basis from the child protection medical service. See Table Below

	RHC/GRI	RAH	IRH
Child Protection Medical Service Weekdays 9am to 5pm	0141 451 6605	As RHC	As RHC
Child Protection Medical Paediatrician on call Weekdays 5pm to 9am/ weekends/ public holidays	0141 201 0000 (Switchboard)	0141 887 9111	As RAH
Child Protection Consultant on Call 24/7 Complex physical injury/sexual abuse cases	0141 201 0000 (Switchboard)	As RHC	As RHC

- In addition advice is available from the Child protection advisors based in the Child Protection Unit from 9am to 5pm Monday to Friday **on 0141 451 6605**.

Whenever an infant presents with an injury it is essential that a detailed history regarding the mechanism of injury be documented. Wherever possible this should be from an eye witness. This should include details of the child's development. Infants should be examined

top to toe to ensure that no further injuries are present. This is all detailed in the accompanying Under 1 injury proforma.

When there is a suspicion that the injury is not accidental either based on the injury or history given, an urgent referral should be made to social work services (See Table below). This should then be followed up by written referral within 48 hours using the Shared Referral Form via Portal E-forms.

	RHC/GRI	RAH	IRH
Standby Social Work (Out of hours)	0141 305 6706	0141 305 6706	0800 811 505
9am to 5pm Monday to Friday	0141 451 6394	0300 300 1199	01475715365

There is a low threshold for these infants being more thoroughly investigated as inpatients including skeletal survey, head CT and ophthalmological assessment. If there is a clinical decision not to proceed the reasons for this should be clearly documented in the notes.

Even if an injury is not apparent, there may be sufficient concern to warrant further investigation. Other issues to consider are:-

- Lack of parental supervision
- Drug/alcohol misuse
- Parental mental health problem
- Domestic abuse
- Previous concerning presentations to other professionals
- Signs suggestive of neglect/emotional abuse

### **3.0 SIGNS/SYMPTOMS INDICATING CONCERNS REGARDING EMOTIONAL WELLBEING**

There are many signs and symptoms most of which are non-specific. For further information regarding these please refer to the following document <https://www.nice.org.uk/guidance/cg89/resources/child-maltreatment-when-to-suspect-maltreatment-in-under-16s-975697287109>

In addition there is the RCPCH Companion:-

[RCPCH Child Protection Companion](#) (Hard copy of this can be obtained directly from the RCPCH)

For non RCPCH members you can access the Child Protection Companion via the following link:- <https://pcouk-org.proxy.knowledgeservices.org/>

## 4.0 PHYSICAL INJURIES

Non ambulant children are less likely to sustain an injury than an ambulant child and this is particularly true with fractures. There are also areas on the body much less likely to be affected by bruising. **Particular care must be taken when dealing with a non-ambulant child with any sort of injury.** For further information please refer to the RCPCH Child Protection Companion for the injury types in more detail.

RCPCH members can access the Child Protection Companion via the following link:- [RCPCH Child Protection Companion](#)

- **Fractures - 9.5.1 – 9.5.52**
- **Bruising patterns - 9.3.18 – 9.3.19**
- **Burns - Chapter 9.9.1 – 9.9.24 (Burns and scalds)**
- **Bites – 9.4**
- **Intra-abdominal injuries:- 9.8 (Abusive abdominal and visceral injuries)**
- **Head injuries - 9.6 (Abusive head trauma (AHT))**

For non RCPCH members, you can access the Child protection Companion via the following link: - <https://pcouk-org.proxy.knowledgeservices.org/>

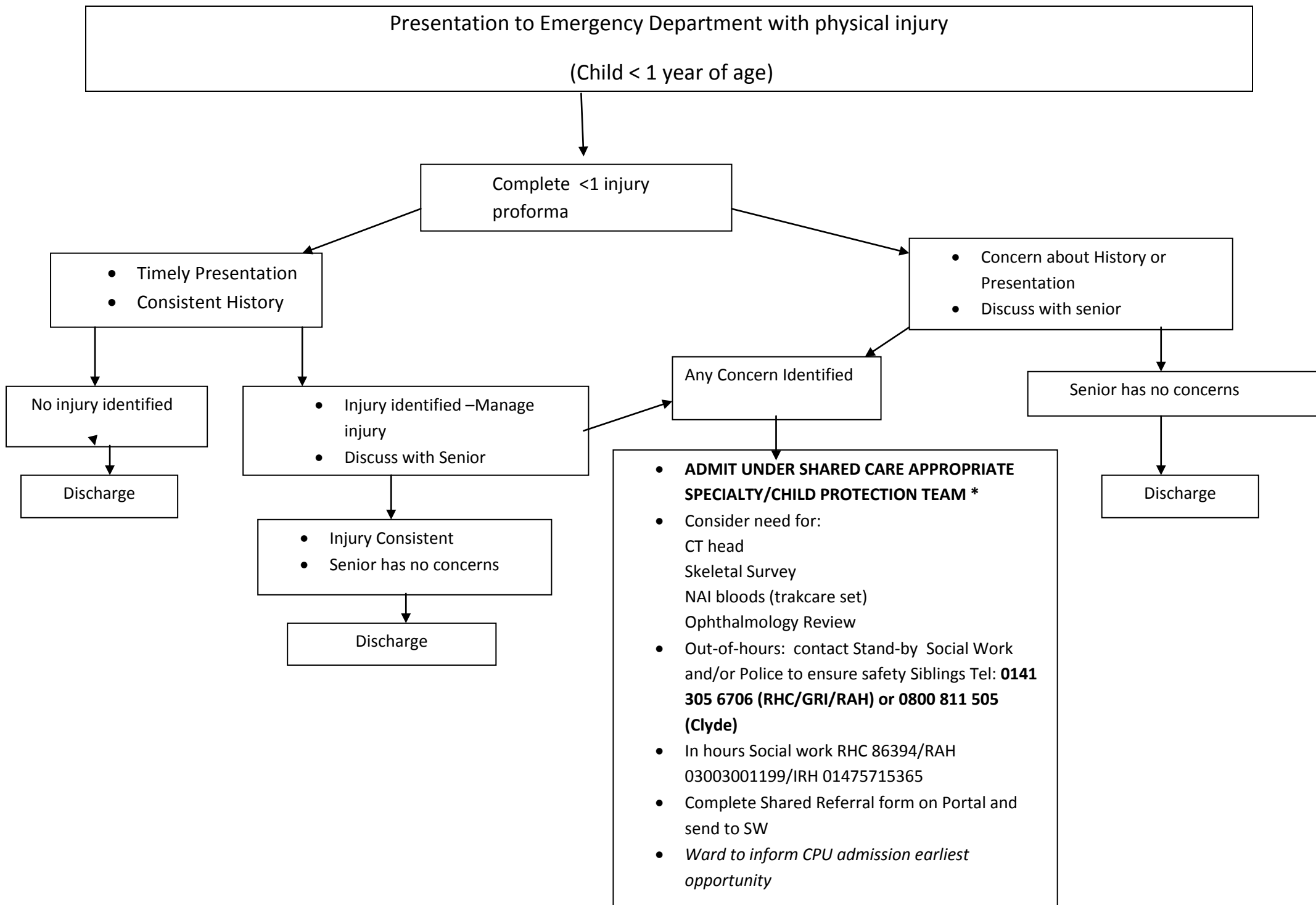
## 5.0 WHAT TO DO NEXT?

If you are based in an emergency department or minor injuries unit please refer to flow diagram 1.

## 6.0 WHAT WILL HAPPEN NEXT?

If the child is admitted, it is mandatory that a child protection case discussion/conference be convened prior to the child's discharge from hospital. This should be requested when required by the consultant in charge of the child's care in conjunction with the Team leader (or equivalent) of Social Work department. This will then be convened, chaired and minuted by Social Work department.

Care must be taken regarding assessment of siblings especially twins.



Notes
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All child protection concerns should be discussed with the senior on for your department/specialty prior to escalating concern or discharging the patient.

(In RHC this should be the ED consultant if present in the building, and the on-call medical registrar out with these times). In Clyde this should be the EM consultant if present or EM middle grade if not.

These pathways are for guidance only, non-verbal children of any age and children with special needs are more vulnerable and therefore may require further investigation.

If the child requires admission and there are child protection concerns, admit under shared care appropriate specialty and the child protection team.

\*All specialities will share care with the child protection team if child protection concerns have been identified. They will remain involved for the care of the injury/ medical care of the child.

In the RHC children requiring admission should be admitted straight to ward as per CDU admission flow pathways (they are unlikely to go home within 24 hours and will require significant input).

**Please note if following the under 1 proforma and admitting a twin for child protection concerns, BOTH twins require to be admitted and investigated.**