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Nursery Ofsted URN- EY392303
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Injuries and Safeguarding Non-Mobile Babies and Children

Links to

- Safeguarding Policy
- Risk Assessments
- Accidents and Incidents Policy

Aim

To safeguard non-mobile babies and older children who are unable to move independently (e.g., due to disability), by putting clear procedures in place if they present with unexplained bruising or injuries (such as fractures, burns, or head injuries) that may suggest they have been subjected to abuse.

Terminology

- **Mobile child** – A child who can crawl, pull to stand, “cruise” around furniture, toddle, or walk independently.
- **Non-mobile child** – A child who cannot do any of the above. *For the purposes of this policy, babies who can roll are still classed as non-mobile.*

Policy Statement

We recognise that:

- Accidents can happen, and bruises are more common in mobile babies and young children.
- Research shows that bruising or injuries in non-mobile babies is extremely rare and may indicate serious medical conditions or abuse.

- Non-mobile children are especially vulnerable and at higher risk of physical abuse. The younger the child, the greater the likelihood that an unexplained bruise or mark is non-accidental.

Therefore:

- All cases of suspicious bruising or marks in non-mobile babies and children will be referred to **MASH (Multi-Agency Safeguarding Hub)** for investigation.

Evidence and Findings

- Bruising in babies with no independent mobility is extremely rare (<1%). It may indicate serious medical issues or abuse.
- Around 17% of babies who are “cruising” may have accidental bruises.
- Severe child abuse is **six times more common** in babies under 1 year than in older children.
- Infant deaths from non-accidental injuries are often preceded by minor, unexplained injuries.
- **Oronasal bleeding** (from the nose and/or mouth) in infants is a potential marker of abuse and requires paediatric investigation.
- **Abusive Head Trauma (AHT)** – formerly called “Shaken Baby Syndrome” – is a significant cause of infant neurotrauma (14–40 cases per 100,000 children under 1). Mortality rates are high (15–23%), and many survivors are left with moderate to severe disabilities.
- Babies under 1 year are the most at risk of being killed by another person (usually a carer) in England and Wales.
- Non-mobile babies cannot injure themselves; therefore, any unexplained injury must be treated as a safeguarding concern. Multi-agency information sharing is vital for informed safeguarding decisions.

Procedures

Recording Injuries

- If a child arrives with a visible injury/bruise/mark, a **Pre-existing Accident Report** must be completed on *Family* for both mobile and non-mobile children.
- Any explanation given by the parent/carer must be recorded, and the parent/carer asked to acknowledge the report.

Observation and Documentation

- All bumps, bruises, and marks must be noted **immediately** after being observed and recorded in detail in the *Accident Report* section of *Family*.
- Reports must be thorough, including:
 - Child’s name and D.O.B.
 - Date and time of the accident/incident.
 - Who was present/witnessed the incident.
 - A factual account of what happened or what was reported to have happened.
 - Details of injuries and first aid administered.
 - Whether parents were advised to seek medical help (hospital/GP). *This advice must always be given in cases of head injury.*
 - Whether a referral was made to another agency (police, GP, social services, etc.).

- Signature and date of the staff member completing the record.
- Parent/carer signature and date of acknowledgement.

Escalation

- Any suspicious, unexplained, or concerning bruises/marks on a **non-mobile baby** must be referred to MASH.
- Parents will be informed that a safeguarding referral has been made, unless doing so would increase risk to the child.

Risk Review

- If a baby is hurt by another child in the setting (e.g., by an older child being unintentionally rough), a **risk assessment review** will be carried out.
- The review will consider:
 - What went wrong.
 - How the incident could have been prevented.
 - What changes need to be implemented to reduce risk in the future.