## 2.09

## Non-Mobile Child Policy

At Silver Stars Day Nursery, we recognise that bruising and minor injuries can occur during normal childhood activities, particularly once children become mobile. However, bruising in pre-mobile infants (those who are not yet rolling, crawling, pulling to stand, cruising, or toddling) is uncommon and must always raise safeguarding concerns.

Numerous Serious Case Reviews, both locally and nationally, highlight the need for heightened professional curiosity regarding any bruising in pre-mobile babies. Any bruise in a non-mobile infant is likely to have resulted from an external source and must be treated as a potential indicator of physical abuse.

It is also important to note that infants may sustain serious injuries without visible bruising. If an infant appears in discomfort, is not using a limb, or presents with unexplained signs of illness or pain, injury must be considered as a possible cause and medical advice sought promptly.

Non-mobile children are at significant risk because they are unable to cause injuries to themselves.

**Mobile child:**

A child who can crawl, pull to stand, cruise around furniture, or is toddling.

**Non-mobile child:**

A child who cannot do any of the above. Babies who can roll are still classed as non-mobile for the purposes of this policy.

Professionals must use their judgement regarding babies who can sit independently but cannot crawl, taking into account the severity of the injury and whether the explanation is plausible.

**Assessing Bruising**

A bruise must never be considered in isolation. It must always be assessed in the context of:

- The child's developmental stage
- Medical history
- Social history
- The explanation provided
- The location and pattern of the injury

Any child with unexplained signs of pain or illness must be seen promptly by a medical professional.

**Bruising That May Suggest Physical Abuse**

Bruising that raises concern includes:

- Bruises on soft parts of the body (abdomen, back, buttocks)
- Bruises to the face, head, ears, or neck
- Bruises away from bony prominences
- Multiple bruises of uniform shape
- Bruising to forearms, upper arms, backs of legs, hands, or feet (possible defensive injuries)
- Clusters of bruises, particularly on the upper arm, outer thigh, or torso
- Bruises with petechiae (small red or purple dots) around them
- Bruises showing the imprint of an implement or hand
- Severe scalp bruising with swelling around the eyes (possible hair pulling injury)
- Non-accidental head injury or fractures occurring without visible bruising

**If the Infant Appears Seriously Ill or Injured**

- Seek emergency treatment immediately at the nearest Accident & Emergency Department.
- Inform the Designated Safeguarding Lead (DSL) without delay.

**Procedure**

**Recording Accidents and Injuries**

All accidents, incidents, injuries (whether occurring in the setting or reported from home), physical interventions, and relevant concerns must be recorded in writing as soon as possible.

Records must include:

- Child's full name and date of birth
- Date and time of incident
- Names of witnesses
- Exact account of what happened (or what was reported)
- Details of injuries sustained
- First aid provided
- Whether parents were advised to seek medical attention (this must always be advised in the case of a head injury)
- Whether a referral was made (police, GP, hospital, social care, etc.)
- Signature and date of the staff member completing the record
- Parent/carer signature and date (where applicable)

**Injuries to Non-Mobile Children**

If a non-mobile child is observed to have an injury:

- Record precisely what is seen.
- Use a body map or line drawing where appropriate.
- Record any explanation from the parent/carer word for word.
- Inform the Designated Safeguarding Lead immediately.
- Inform parents (unless doing so would place the child at further risk).
- Do not photograph the injury.

**Referral Requirements**

Due to the significant risk of abusive injury in non-mobile infants:

- All non-mobile babies with an injury must be referred for medical assessment.

If the injury appears minor (e.g., a small bruise in an otherwise well baby):

- Contact the on-call Consultant Community Paediatrician the same day via BRI Switchboard: 0117 9230000
- A medical examination will usually be arranged within 24 hours.

If the injury is more concerning:

- The child must be seen without delay at the Children's Hospital Emergency Department.

Staff must follow the attached Flow Chart for Marks in Non-Mobile Children and the South Gloucestershire Multi-Agency Guidance.

**Birthmarks**

Some birthmarks may not be present at birth and can appear in the early weeks or months of life. Certain birthmarks, such as Mongolian blue spots, may resemble bruising.

Where there is uncertainty about a mark:

- Discuss with the child's GP or primary care team.
- The baby should be seen by a suitably qualified professional experienced in assessing infants.
- Parents must inform staff of any changes to their child's skin.
- Birthmark forms must be completed at enrolment, with photographs included in the child's acceptance pack.
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If a GP has concerns during review, further safeguarding procedures must be followed.

**Self-inflicted injury**

It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him / herself with a toy, falling on a dummy or banging against an adult's body should not be accepted without detailed assessment by a paediatrician and social worker.

**Injury Caused by Other Children**

Although uncommon, siblings or other children may cause injury to a non-mobile infant.

In these cases:

- The infant must still be referred for medical assessment.

- A detailed history must be taken.
- Parental supervision and capacity to safeguard must be considered.

**Safeguarding Responsibilities**

All staff:

- Are familiar with South Gloucestershire Multi-Agency Guidance for Injuries to Non-Mobile Babies and the Addendum.
- Understand their responsibility to escalate concerns immediately.
- Must share relevant information with health professionals, including known family dynamics where appropriate.

**Referrals**

All referrals to:

- Community Paediatrician
- Local Authority Children's Social Care

are made via:

**South Gloucestershire Access and Response Team (ART)**
01454 866000
accessandresponse@southglos.gov.uk

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| This policy was adopted by | Silver Stars Day Nursery |
| Date | February 2026 |
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| Name of signatory | Jenifer Capper |
| Role of signatory | Proprietor |
| Signed:<br><br><br><br>Date: | <br><br>February 2026 |