Ashford and St. Peter's Hospitals
NHS Foundation Trust

Safeguarding Guidance – Fractures in Children under 5 and Older children who are immobile

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Guideline History

Date	Comments	Approved By
21/06/2021		Paediatric Guidelines Committee
21/7/2026	Whole guideline review- no changes. No new NICE/ RCPCH updates Joint review Safeguarding/ED/ radiology teams	Paediatric Guideline Committee.

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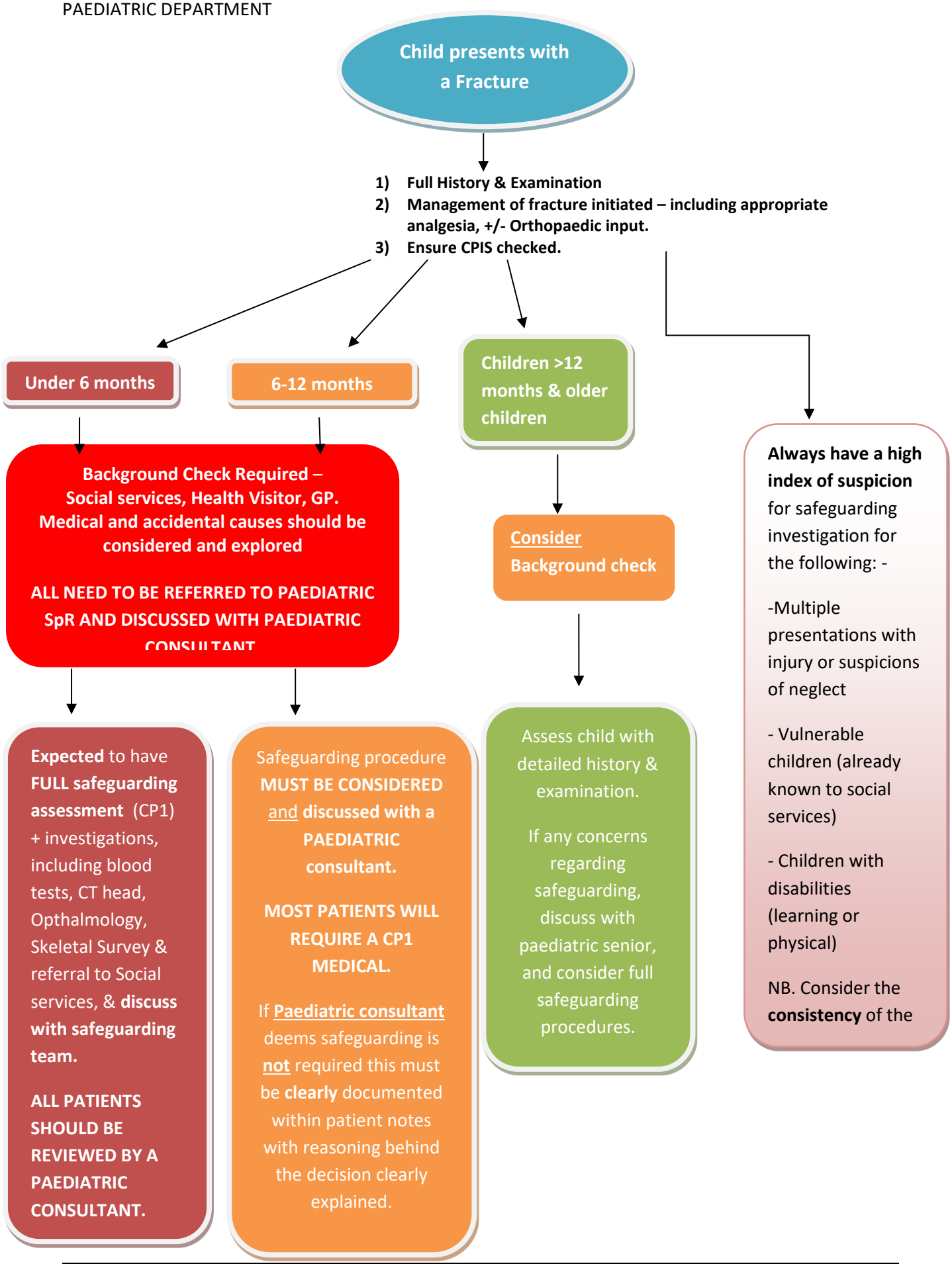
Child presents with a Fracture
1) Full History & Examination
2) Management of fracture initiated – including appropriate analgesia, +/- Orthopaedic input.
3) Ensure CPIS checked.
Under 6 months
6-12 months
Children >12 months & older children
Always have a high index of suspicion for safeguarding investigation for the following: -
-Multiple presentations with injury or suspicions of neglect
- Vulnerable children (already known to social services)
- Children with disabilities (learning or physical)
NB. Consider the consistency of the
Background Check Required – Social services, Health Visitor, GP. Medical and accidental causes should be considered and explored
ALL NEED TO BE REFERRED TO PAEDIATRIC SpR AND DISCUSSED WITH PAEDIATRIC CONSULTANT
Consider Background check
Expected to have FULL safeguarding assessment (CP1) + investigations, including blood tests, CT head, Opthalmology, Skeletal Survey & referral to Social services, & discuss with safeguarding team.
ALL PATIENTS SHOULD BE REVIEWED BY A PAEDIATRIC CONSULTANT.
Safeguarding procedure MUST BE CONSIDERED and discussed with a PAEDIATRIC consultant.
MOST PATIENTS WILL REQUIRE A CP1 MEDICAL.
If Paediatric consultant deems safeguarding is not required this must be clearly documented within patient notes with reasoning behind the decision clearly explained.
Assess child with detailed history & examination.
If any concerns regarding safeguarding, discuss with paediatric senior, and consider full safeguarding procedures.

Introduction

- This guideline aims to provide a straightforward pathway for **all** medical professionals in ASPH who are seeing or reviewing children with injuries to follow.
- Fractures in children are common, and most often occur in an accidental manner.
- **However non-accidental injuries (NAI) must be considered in every situation**,
- Non accidental fractures are more common in children under the age of 18 months than older children.

Assessment of infants and children with a fracture:

- A thorough evaluation must be performed in young children with fractures to help distinguish cases of accidental from non-accidental injury.
- Always consider safeguarding and the nature of injury when clerking or assessing a child with a fracture – **does the story fit with the injury**?
- Obtain detailed mechanism of how the injury occurred. Is the **mechanism** described **consistent** with the level of injury you are seeing?
- Is the story **always the same** each time it is told?
- Is there a **delay in presentation >24 hours**? (presentation to another medical professional e.g. GP does not count as delay)
- Are there any other injuries (such as bruises) on examination?

Information sharing forms (ISF)

To share information with a HV or social worker (if the child already has one) MUST be done for:

- <1 year old children
- Vulnerable children, such as those with a learning/physical disabilities
- Any child with known safeguarding/social services involvement

Request for Support Form (RSF)

To make a formal referral to Children's services

- In children where NAI cannot be excluded – e.g. multiple presentations with injuries, or concerns regarding neglect.

Advice

PLEASE CONTACT MEMBERS OF THE SAFEGUARDING TEAM (WITHIN WORKING HOURS) IF YOU HAVE ANY CONCERNS, OR FOR ADVICE OR SUPPORT.

Out of hours please contact the On Call Paediatric Consultant and Emergency Duty Team for Social Services.

Fractures Types:

1) **Fractures concerning for Non-Accidental Injury:**

Some facture types are highly suggestive of physical abuse but no pattern can exclude child abuse, thorough assessment and consideration of non-accidental injury is required.

Highly Specific in infants[3]:

- Classic Metaphyseal lesions CML's
- Rib fractures – in the absence of major trauma, birth injury or underlying bone disease
- Scapular fractures
- Spinous process fractures
- Sternal fractures

Fractures more concerning for Non accidental Injury[1.3.4]:

- Complex skull fractures
- Multiple fractures, especially bilateral fractures
- Fractures of different ages
- Femoral fractures in children who are not yet walking
- Humeral fractures in children less than 18 months
- Fractures in children who have additional injuries unrelated to the fracture (bruises, burns)
- Fractures where there has been delay in seeking medical attention of over 24 hours, particularly if the fracture would likely have been associated with significant pain or physical findings (e.g swelling, redness)

2) **Fractures which are MORE likely to be Accidental [1]:-**

Patients with NO other history *or* features of abuse and…

0-11 Months:

- Distal radial/ulnar buckle fracture or toddler fracture or tibia/fibula in a cruising child ≥ 9 months old WITH A HISTORY OF A FALL
- Linear, unilateral skull fracture in a child > 6 months WITH A HISTORY OF A SIGNIFICANT FALL
- Clavicular fracture related to birth (infant <22 days old with acute fracture or healing fracture in <30 days old)

12-23 Months:

- Distal spiral fracture of tibia/fibula WITH A HISTORY OF A FALL while running/walking
- Distal radial/ulnar buckle fracture WITH A HISTORY OF A FALL onto an outstretched hand

If in doubt, discuss with a paediatric consultant

2. Supporting References

1. Guidelines for skeletal survey in young children with fractures – K. Borg, D. Hodes. 14th January 2015.
2. BMJ Patterns of Skeletal Factures in Child Abuse: Systematic Review – A. Kemp, F. Dunstan, S. Harrison et al. 27th July 2008
3. Evaluating Children with Fractures for Child Physical Abuse – E. Flaherty, J. Perez-Rossello, M. Levine. February 2014.
4. Child Protection Evidence –Systematic Review on Fractures – RCPCH September 2020

2. Guideline Governance

a. Scope

This guideline is relevant to all staff caring for all children from 0-18 years old across the emergency department, inpatient ward and outpatient department.

b. Purpose

i. This guidelines aims to facilitate a common approach to the management of children. At times deviation from the guideline may be necessary, this should be documented and is the responsibility of the attending consultant.

ii. This guideline is subject to regular review to ensure ongoing evidence based practice.

c. Duties and Responsibilities

All healthcare professionals responsible for the care of all children 0-18years should be aware of practice according to this guideline.

d. Approval and Ratification

This guideline will be approved and ratified by the Paediatric Guidelines Group.

e. Dissemination and Implementation

i. This guideline will be uploaded to the trust intranet 'Paediatric Guidelines' page and thus available for common use.
ii. This guideline will be shared as part of ongoing education within the Paediatric Department for both medical and nursing staff.
iii. All members of staff are invited to attend and give comments on the guideline as part of the ratification process.

f. Review and Revision Arrangements

a. This policy will be reviewed on a 3 yearly basis by the appropriate persons.
b. If new information comes to light prior to the review date, an earlier review will be prompted.
c. Amendments to the document shall be clearly marked on the document control sheet and the updated version uploaded to the intranet. Minor amendments will be ratified through the Paediatric Guidelines Group. A minor amendment would consist of no major change in process, and includes but is not limited to, amendments to documents within the appendices.

g. Equality Impact Assessment

Background • Who was involved in the Equality Impact Assessment
Author and the supervising consultants.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
All groups of staff and patients were taken into consideration and there is no bias towards or against any particular group.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
There is no evidence of discrimination.
Conclusion • Provide a summary of the overall conclusions
There is no evidence of discrimination.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
This guideline is appropriate for use.

h. Document Checklist

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Safeguarding Guidance – Fractures in Children under 5 and Older children who are immobile

Policy (document) Author: Dr Clare Hill

Executive Director: N/A

		Yes/No/ Unsure/NA	Comments
1.	**Title**		
	Is the title clear and unambiguous?	**Y**	
	Is it clear whether the document is a guideline, policy, protocol or standard?	**Y**	
2.	**Scope/Purpose**		
	Is the target population clear and unambiguous?	**Y**	
	Is the purpose of the document clear?	**Y**	
	Are the intended outcomes described?	**Y**	
	Are the statements clear and unambiguous?	**Y**	
3.	**Development Process**		
	Is there evidence of engagement with stakeholders and users?	**Y**	**Discussed with designated doctor and Surrey named doctors group for safeguarding**
	Who was engaged in a review of the document (list committees/ individuals)?	**Y**	**Dr Hill, Dr Mo Waqar (PEM lead)**
	Has the policy template been followed (i.e. is the format correct)?	**Y**	
4.	**Evidence Base**		

		Yes/No/ Unsure/NA	Comments
	Is the type of evidence to support the document identified explicitly?	**Y**	
	Are local/organisational supporting documents referenced?	**N/A**	
5.	**Approval**		
	Does the document identify which committee/group will approve/ratify it?	**Y**	**Paediatric Guideline Committee**
	If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?	**N/A**	
6.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	**Y**	
	Does the plan include the necessary training/support to ensure compliance?	**Y**	
7.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	**N**	
8.	**Review Date**		
	Is the review date identified and is this acceptable?	**Y**	
9.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	**Y**	
10.	**Equality Impact Assessment (EIA)**		

		Yes/No/ Unsure/NA	Comments
	Has a suitable EIA been completed?	N/A	

Committee Approval (Paediatric Guidelines Group)			
If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner			
Name of Chair	**Dr Alexandra Jones**	**Date**	**24/07/2026**
Ratification by Management Executive (if appropriate)			
If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner			
Date: n/a			