

## Key Points

**Consider the possibility of NAI in any injured child**

**Around 10% of children < 2years age presenting with severe injuries (ISS > 8) have been deliberately harmed**

**All personnel dealing with injured children must have current Safeguarding Training appropriate to their position**

## Guideline

1. NAI is a significant cause of multiple and severe injuries in young children
2. All staff must be aware of circumstances and injury patterns that suggest NAI
3. Treatment of life- or limb-threatening injuries is first priority
4. Accurate documentation of clinical findings is crucial
5. All staff must be aware of the requirement to enact safeguarding procedures if NAI is suspected
6. Parents / Carers of the injured child should be informed when safeguarding procedures are being initiated, and the reasons for this, unless there is concern that disclosure may pose greater risk to patient or other children
7. If NAI is suspected, contact the on-call registrar for Paediatrics and the named nurse for child protection

RVI Daytime  
RVI Out of hours  
JCUH Daytime  
  
JCUH Out of hours

Named Nurse Dect 29150  
Paediatric Dect Holder 29261  
Paeds reg 8513, or consultant via switchboard  
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If NAI is suspected in a severely injured child presenting initially to a TU, the TU trauma team leader must contact the receiving trauma team leader to communicate their concerns. The receiving trauma team leader should initiate safeguarding procedures on receipt of the patient.

With thanks to Dr Laura Evans for input

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