

Acceptance Criteria: Physical Injury & Assault  
**Children 4 years and younger**

This document is designed to assist in the decision making process when screening referrals for injury and assault. The worker needs to work from beginning to end of each section before a final determination is made. It is imperative that the **decision point block be utilized prior to determining** if the referral meets criteria.

**GENERAL DEFINITIONS**

**Critical Areas of the Body:** Ear, neck, head and torso (everything but the arms, legs, & buttocks).

**Fracture:** A complete or incomplete break in a bone.

**History is consistent:** Means that what is reported to have caused the injury could have caused the injury, as explained by a medical professional.

**Injury:** Any mark that persists for more than 24 hours.

**Non-Mobile Child:** Any child (regardless of age) that cannot walk or crawl without assistance.

**BITE MARKS & OTHER FACIAL INJURIES (excluding bruises)**

1. Establish the age of the child
2. Obtain description (size, shape, location, type) of injury.
3. Obtain reporting source's understanding of explanation of injury.

**Practice Guidance**

- Children six (6) months or younger or non-mobile children – injuries are concerning for abuse.
- Human bite marks are highly associated with physical and sexual abuse.
- Human and animal bites can be differentiated by their depth.
- Oral and facial injuries occur in up to 50% of physical abuse cases.

**Decision Point**

1. When all of the information above has been collected, the worker/supervisor must evaluate the injury to the child based on:
  - a. Age of the child;
  - b. Location of injuries;
  - c. Number of injuries; and
  - d. Agency history of allegations involving violent behavior, assault, inappropriate caretakers, physical injury, etc.
2. This information must be weighed against the explanation provided by the caller. If no explanation or a vague explanation is provided, **risk to the child is assumed and the referral meets criteria.**
3. Adult human bite marks in children age four (4) and younger meet criteria.
4. If no perpetrator is known at the onset of the case, the primary caretakers are the assumed perpetrators.

\*Insect bites, animal bites, and bites from small children are categorized as neglect. (Refer to neglect acceptance criteria to determine if these allegations meet criteria.)

## **BRUISES**

1. Establish the age of the child
1. Determine the location of bruise
2. Identify the number of bruises
3. Obtain a description of the bruise (size, shape, color, location) etc.
4. Obtain reporting source's understanding of the explanation of the injury

### **Practice Guidance**

- In children six (6) months or younger or in non-mobile children – bruises are concerning for abuse.
- Bruising to any critical area of the body is concerning for abuse:
  - Excluding single forehead bruise to a mobile child;
- A child presenting with bruises to multiple planes or body surfaces (ex. left and right) without a known event is concerning for abuse as this pattern does not typically result from minor household accidents;
- Bruises resulting from normal activity generally occur over bony prominences on the front of the body – most commonly over the lower legs and forehead.
- More than four (4) bruises excluding knee caps and shins is concerning for abuse.
- No explanation or vague explanation for significant injury is concerning for abuse.

### **Decision Point**

1. When all of the information above has been collected, the worker/supervisor must evaluate the injury to the child based on:
  - a. Age of the child;
  - b. Location of injuries;
  - c. Number of injuries; and
  - d. Agency history of allegations involving violent behavior, assault, inappropriate caretakers, physical injury, etc.
2. This information must be weighed against the explanation provided by the caller. If no explanation or a vague explanation is provided, **risk to the child is assumed and the referral meets criteria.**
3. Allegations of bruising to children six (6) months and younger and/or non-mobile children meet criteria.
4. If no perpetrator is known at the onset of the case, the primary caretakers are the assumed perpetrators.

## **BURNS AND OTHER SKIN INJURIES**

1. Establish age of child.
2. Determine location of injury.
3. Identify number of injuries.
4. Obtain a description of the injury (size, shape, color).
5. Obtain the reporting source's understanding of the explanation of the injury.

### Practice Guidance

- Injury to any critical areas of the body is concerning for abuse.
- A child presenting with injuries to multiple planes or body surfaces (ex. left and right) without a known event is concerning for abuse as this pattern does not typically result from minor household accidents.

### Decision Point

1. When all of the information above has been collected, the worker/supervisor must evaluate the injury based on:
  - a. Age of child;
  - b. Mobility of child;
  - c. Location of burns/injuries;
  - d. Number of burns/injuries; and
  - e. Agency history of allegations involving violent behavior, assault, inappropriate caretakers, physical injury, etc.
2. This information must be weighed against the explanation provided by the referral source. If no explanation is provided and the injury is in a critical area of the body, **risk to the child is assumed and the referral meets criteria.**
3. Minor scratches with explanations in mobile children do not meet criteria.
4. If no perpetrator is known at the onset of the referral, the primary caretakers are assumed perpetrators.

### **FRACTURES**

1. Establish age of child.
2. Determine location of injury.
3. Identify number of injuries.
4. Obtain a description of the injury (size, shape, color).
5. Obtain the reporting source's understanding of the explanation of the injury.

### Practice Guidance

- The fracture location, type, number and age of fractures are all factors to be evaluated at intake.
- Certain bones are more difficult to break, and certain fractures are more indicative of abuse.
- In mobile children, even when the explanation appears consistent with the injury, additional medical exams are necessary to ensure no other injuries exist:
  - If the reporting source is a medical professional and the below mentioned tests were not performed, worker/supervisor inquires as to whether they plan to complete additional testing or refer to another hospital for additional testing/services.
  - Worker/supervisor explains the results of this testing help the agency to determine if a referral meets criteria.
  - Worker/supervisor shares the intake ID and hotline phone number with the reporting source and asks he/she to call back with the results of additional testing,

if additional testing will be completed, or if the testing will be completed by another hospital, and to share this information with a referral hospital so that results or additional information can be communicated back to P&P efficiently.

### Decision Point

**\*\*\*NOTE: Please have a medical professional address the issues below.**

1. When all of the information has been collected the worker/supervisor evaluate the injury based on:
  - Age of the child;
  - Location of the injury;
  - Number of injuries; and
  - Agency history of allegations involving violent behavior, assault, inappropriate caretakers, physical injury, etc.
2. If no explanation or a vague explanation is provided fractures in children age four (4) and younger meet criteria.
3. In mobile children, even when the explanation is consistent with the injury, additional medical exams are necessary to ensure no other injuries exist:
  - Pelvis, scapula and sternum fractures meet acceptance criteria.
  - Skull fracture with no explanation or a vague explanation meets criteria.
  - Skull fracture with an explanation meets criteria unless:
    - The history is consistent; **and**
    - The reporting source attests that the following exams have been done and were negative for additional injuries:
      - Full skeletal survey (not a babygram);
      - A head CT; **and**
      - Full skin exam.
  - Rib fractures meet criteria in all children age four (4) and younger.
  - Metaphyseal fractures (also known as a bucket handle or corner fracture) meet criteria regardless of age of the child or location of the fracture.
  - Fracture to any bone in a non-mobile child without a known event meets criteria.
  - Tibia fractures in mobile children:
    - Age 1-2 years meet criteria unless:
      - The history is consistent; **and**
      - The reporting source attests that the following exams have been done and were negative for additional injuries:
        - a. Full skeletal survey (not a babygram); **and**
        - b. Full skin exam.
    - Ages 3-4 years meet criteria unless:
      - The history is consistent; **and**
      - The reporting source attests that a skin exam was negative for additional injuries.
  - Radius and ulna fractures in mobile children:
    - Age 1-2 years meet criteria unless:

- The history of a fall on an out stretched hand; **and**
    - The reporting source attests that the following exams have been done and were negative for additional injuries:
      - a. Full skeletal survey (not a babygram); **and**
      - b. Full skin exam.
  - Age 3-4 years meet criteria unless:
    - The history of a fall on an out stretched hand; **and**
    - The reporting source attests that a skin exam was negative for additional injuries.
  - Femur and humerus fractures in mobile children:
    - Age 1-2 years meet criteria unless:
      - The history is consistent;
      - The child hasn't put any weight on the limb since the event; **and**
      - The reporting source attests that the following exams have been done and were negative for additional injuries:
        - a. Full skeletal survey (not a babygram); **and**
        - b. Full skin exam.
    - Age 3-4 years meet criteria unless:
      - The history is consistent; **and**
      - The reporting source attests that a skin exam was negative for additional injuries.
  - Clavicle fractures in mobile children:
    - Age 1-2 years meet criteria unless:
      - The history is consistent; **and**
      - The reporting source attests that the following exams have been done and were negative for additional injuries:
        - a. Full skeletal survey (not a babygram); and
        - b. Full skin exam.
    - Age 3-4 years meet criteria unless:
      - The history is consistent; **and**
      - The reporting source attests that a skin exam was negative for additional injuries.
4. If no perpetrator is known at the onset of the referral, the primary caretakers are assumed perpetrators.

**WITNESSED ASSAULT INCLUDING ABUSIVE HEAD TRAUMA (Referral source witnessed assault)**

1. Establish age of child
2. Obtain the reporting source's description of the incident.
3. Obtain information as to the area of the body where the assault occurred.
4. Obtain reporting source's understanding of the circumstances around the assault including when the incident occurred.

### Practice Guidance

- Abusive Head Trauma (AHT) is a specific type of injury that is the result of a child being shaken or having another type of inflicted trauma to the head:
  - Bruising may or may not be present; and the
  - Child could be suffering from internal injuries that are not visible.
- Assault is when a child is kicked, punched, thrown, strangled or struck with a hand or object:
  - Bruising may or may not be present; and
  - Can result in various types of internal injury depending on the area of the body impacted.
- For all types of physical injury/assault calls, when gathering the information the worker/supervisor **must also consider** if the referral meets criteria for neglect, regardless if it meets criteria for physical injury/assault:
  - Consider lack of supervision; or
  - Consider risk of harm

### Decision Point

- A review of agency history is necessary when making decision regarding acceptance criteria.
- Any assault to a child age six (6) months or younger or a non-mobile child meets criteria.
- An allegation stating a child has been shaken or thrown by a caregiver meets criteria.
- Assault to any critical area of the body meets criteria.
- If no perpetrator is known at the onset of the referral, the primary caretakers are assumed perpetrators.
- The following incidents meet criteria under **risk of harm/neglect:**
  - Listener hears children in distress (crying, screams or pleading); **and**
  - Heard in conjunction with a violent altercation which may include threats of harm, impact of an object to a person or other object, or any other sound of obvious violence.

## SKELETON DIAGRAM

