

“We can’t put a plaster on a child, it’s child abuse!”

We hear this comment at Marlin many times each month as we visit schools and nurseries running our Paediatric Life Support courses.

This rumour was first noted in a 1994 issue of the “Medical Indemnity Medical Register” newsletter. This body provides insurance for first aiders and first aid instructors from many diverse organisations and members were concerned that a new rule existed stating that “staff must not put plasters on cuts and grazes if the casualty is a child”. Neither the Health and Safety Executive nor the Association of Teachers and Lecturers knew anything about it. The MIR asked members to try and locate the source of the rumour!

Later in 1994, following letters from many readers, the consensus of opinion was that the rumour originated from someone within the UK social services arena and was introduced to avoid problems should the child be allergic to the plaster. Another reader said that he had seen an unsigned memo from a Social Services department in London stating that “Putting plasters on a child was abuse under the Children’s Act”. This had been picked up by a large amateur first aid training body and had gone around the country like a ‘Chinese whisper’.

We consulted Frank Sparks, the Health and Safety Officer in the Education Department of Birmingham City Council on this matter. He is in charge of Health and Safety matters in all schools and council run nurseries in Birmingham. He responded that:

“Plasters are required to be carried by law in first aid kits (HSE FAW guidelines 1997). They cover wounds preventing infection. If a child is allergic to a plaster the worst that can happen is a slight rash may occur. This is not a problem and staff should not be afraid of this. Anyway staff in schools and nurseries have medical forms for children in their care so should be aware of children who are allergic to plasters. In this case they can use hypoallergenic plasters if they wish.”

We strongly agree with this statement and would encourage staff not to be afraid of putting plasters on children. The following case history that occurred in a local school may also help your decision:

A Case History:

A child grazed her knee on the playground at school. The school did not use plasters since they had been told not to on a staff first aid course. The child was treated by a lunchtime supervisor using water and a paper towel to bathe the wound and then sent back out to play.

Two days later the child was admitted to hospital with septicaemia (blood infection). The bacteria had entered the child’s body through the uncovered wound. The school concerned now uses plasters!

Which can be construed as abuse, covering a wound with a plaster, with the slight risk of a rash or leaving it uncovered with the risk of wound infections?

MIR News

Winter 1997/8

Where will it stop. We are still hearing about some people issuing instructions to schools and nurseries that they must not put plasters on children.

So what should someone do who is presented with a child with a cut finger? Send the child home or to hospital? Call the parents or guardian?

Following our item in the Winter 1993/4 issue concerning the mystery 'rule' which says "**You must not put plasters on children**" we asked if anyone else had heard about it and where did it originate.

Many readers responded and the general consensus of opinion was that it originated from someone within the UK social services arena and was introduced to avoid problems should the child be allergic to the adhesive on the plaster!

As we said in the Spring 1994 issue, this 'cracking a walnut with a sledge hammer' response could easily be avoided by using **hypo-allergenic plasters**.

The MIR therefore recommends the following procedure for a cut or graze on either a child or adult:

- Rinse the affected area in cool water
- Dry off the wound and apply a sterile individually wrapped adhesive plaster

Should a child be allergic to standard plasters then the parent or guardian should provide hypoallergenic plasters which can be obtained from a chemist.

It may be the case that the parent or guardian is unaware of any allergy. **Should this be the case and a standard plaster is applied the worst that will happen is the appearance of a short-term small rash in the area of the wound.**

Conversely, failure to treat a simple cut by the recognised methods could easily be construed as a failure in duty of care!

Letter to Nursery World

Feb 1997

We are told to avoid using plasters on children's cuts because they collect germs and cuts heal better in the open air, but our local HIV co-ordinator says all cuts must be covered with plasters because of the HIV risk. What is the best practice?

Open cuts should certainly be covered with a plaster, after thorough washing to control any bleeding and stop dirt or any infection entering the wound. After 24 hours the plaster can be removed and the cut if a minor one, allowed to heal in the open air. Deeper wounds may need further protection until healing has sufficiently advanced to be sure that infection cannot occur.

It is difficult to see how plasters can collect 'germs' - and anyway, if they do better on the plaster than on the open wound!

The HIV risk would only occur if the wounded child, or adult, were HIV positive and their blood became mixed with an open wound on another person, although there are no known cases of this.

Dr. Pat Gilbert.

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