

Sun Protection and Your Child

Cancer Council of WA

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Exposure to ultraviolet (UV) radiation from the sun during childhood is a major risk factor for the development of skin cancer and eye damage later in life. A baby's skin is thin, extremely sensitive and can burn easily. It is recommended that babies under 12 months are not exposed to direct sunlight.

Why is sun protection important?

- Ultraviolet (UV) radiation from the sun can damage the skin and eyes and lead to skin cancer.
- You cannot see or feel UV radiation and can still get burnt on a cool or cloudy day. In fact, most people get burnt when the temperature is between 18 and 27 degrees.
- Extra care should be taken between 10am and 3pm when UV levels are at their peak.
- UV radiation levels are lower in the winter months; however skin damage can still occur with prolonged sun exposure. It is important to note that for areas north of Geraldton UV radiation levels can remain high all year round.
- The SunSmart UV Alert tells you when you need to be SunSmart on any given day. The Alert is issued by the Bureau of Meteorology when the UV Index is forecast to reach 3 (moderate) or above, that is, when the UV radiation is strong enough to damage your skin. Look for the Alert on the weather page of the daily newspaper or the Bureau of Meteorology website: www.bom.gov.au/weather/uv.

Be SunSmart. Protect yourself from skin cancer in five ways.

1. SunSmart clothing

- Get children into the habit of wearing clothes that cover as much skin as possible. Choose closely woven fabrics and styles that are loose for airflow.
- Choose clothing that has a high ultraviolet protection factor (UPF). The higher the factor the better sun protection provided by the fabric.
- For the beach or pool, choose sun protective swimsuits with an ultraviolet protection factor (UPF) of 50+, a hat and sunglasses. These swimsuits cover more skin than traditional bathers and retain their sun protective qualities when wet. Alternatively children can wear shirts and shorts over traditional bathers. Although these fabrics when wet, may not provide as much protection, they will provide more protection than a sunscreen.

2. Slop on sunscreen

- Use clothing rather than sunscreen to cover most of your child's skin, then apply sunscreen to the small areas of skin that are not covered.
- The Australian College of Dermatologist recommends the use of a sunscreen at any age when there is unavoidable exposure to the sun and states that sunscreen is safe to use on babies.
- Some infants can develop minor skin irritations. A patch test on a small area of skin is recommended to check for any allergies or reactions to a particular brand of sunscreen.
- Look for SPF 30+, broad spectrum, water resistant sunscreens with a valid expiry date.
- Apply sunscreen by layering it on the skin rather than rubbing it in.
- Apply sunscreen to clean, dry skin 20 minutes before going outside so that the sunscreen has time to adhere to the skin.
- The recommended application for children is approximately 18ml (or half a teaspoon) for each arm, leg,
- body front, body back and face (including neck and ears). That equates to a total of 18ml (or approximately 3.5 teaspoons full) for a full body application.

3. Slap on a SunSmart hat

- Choose a hat that provides good shade to the face, back of the neck and ears when outdoors. Broad brimmed hats should have a brim **at least 7.5cms** wide. A broad brimmed hat that provides good shade can considerably reduce the exposure of UV radiation to the face.
- Bucket or surfie style hats should have a deep crown and sit low on the head. The angled brim should be **at least 6cms** and provide the face, neck and ears with good protection from the sun.
- Legionnaire style hats should have a flap that covers the neck and meets the sides of the front peak to provide protection to the side of the face.

- Baseball caps and sun visors are **NOT** recommended as they leave the ears and back of the neck exposed. Choose a hat with a closely woven fabric. Hold the hat to the light, ideally no light should be seen through the fabric. If you can see through it, UV radiation will get through.

4. Seek shade

- If outdoors, babies should be kept in the shade. Encourage children of all ages to play in shaded areas.
- Be aware that shade does not provide 100% protection. UV radiation can be reflected from some
- surfaces such as sand, concrete, water and grass, so when it is important to still wear a hat, protective
- clothing, sunscreen and sunglasses.
- When travelling with you children in the car, hang a shade visor over the side window as they allow
- more UV radiation through than windscreens.
- When buying a pram, pusher or stroller, check that the hood can be adjusted, so that it can be moved
- to block the sun.

5. Slide on sunglasses

- Sunglasses are available for children and babies.
- Check the swing tag for the Australian Standard number AS/NZS 1067:2003 or EPF 10+ to ensure that the sunglasses block out adequate UV radiation.
- Note that sunglasses sold as 'toys or fashion spectacles' may not meet the Australian Standard.

Be a good role model

- Demonstrate good sun protective behaviours and be a good role model for your child.
- Make sun protection part of your family's routine and help your children to develop good sun protection habits early in life.

Vitamin D

Most people get enough vitamin D through day-to-day outdoor activities. However, babies and infants of vitamin D deficient mothers are also likely to be vitamin D deficient¹. If you are concerned about vitamin D consult your doctor.

Nappy rash

For skin affected by nappy rash, recommendations include frequent nappy changes, applying barrier creams and exposing the inflamed area to fresh air but not to direct sunlight². Exposing a baby to direct sunlight can put them at risk of sunburn and skin damage.

¹ Nozza J, Rodda C. *Vitamin D deficiency in mothers of infants with rickets*. Medical Journal of Australia 2001; 175 (5): 253-5.

² Harrison S, Buettner P, MacLennan R. *Why do mothers still sun their infants?* Journal of Pediatrics and Child Health. 1999; 35:296.

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