

Hutton and Shenfield Union Church Lawn Tennis Club

Sun Safety Code

THE OUTDOOR KIDS (OK) SUN

SAFETY CODE was devised by the Myfanwy Townsend Melanoma Research Fund. It is partnered with the Association for Physical Education (afPE), sports coach UK and the Youth Sport Trust and supported by over 80 NGB's and outdoor organisations.

Following the OK Guidelines is as much about teachers, coaches, leaders and instructors understanding and using sun protection as it is about communicating the key facts to children and their parents/carers. It is important for everyone to work together in a variety of ways to ensure that all children are protected.

“ It only takes a few incidence of sunburn to double a child's risk of getting melanoma in later life ”
Paediatric Dermatologist.

PROTECTION

Our guidelines suggest levels of protection to be put in place where possible. It is important to remember that clothing and shade should always be the first line of defence underpinned by the use of SPF30+ sunscreen. The following is recommended:

Clothing

Teachers, coaches, leaders and parents should be familiar with the types of sun protective clothing that ideally should be worn. Recommendations should be made in line with suitability for tennis and the specific health and safety requirements needed to ensure safe enjoyment of the sport.

Essential kit

Clothing is the simplest line of defence. We suggest that children should be asked to attend with a hat/cap and tops which cover the shoulders.

Sunscreen and its application

- a) The use of sunscreen should be recommended to all parents/carers and staff
- b) We recommend a minimum of SPF30 with both UVA/UVB protection (broad spectrum)
- c) Where young people have disabilities or special considerations that may affect their ability to utilise sunscreen, advice should be sought and procedures agreed with their parents/carers

Expert Advice on SPF products:

Creams can be more effective and give better protection. Sticks are good for the face and sensitive areas as there is less chance of running into eyes, when compared to using creams. Choose a product that is designed for children and ensure the product is within its sell by date. Do not worry about choosing named brands, just look for right level of protection (see above).

Expert Advice on application: Efficacy of application is very important; use a generous quantity of product (most of us do not use enough) and don't rub in too hard; it is better to pat lightly until the white has disappeared to be sure of coverage. Apply to all areas that will be exposed before dressing and leaving home and top up when you arrive at the outdoor activity. Ensure everyone has sunscreen with them and ensure everyone reapplies after lunch breaks. Even products that claim to be waterproof/water resistant/sweat proof or 'last all day' should be reapplied at least once during the day.

Where a child has a disability (physical or learning) that prevents their ability to do so effectively, a support system should be agreed in order for them to be protected.

Expert Advice for children with eczema:

Parents/carers should check sunscreen for any known irritants in the ingredients and do a patch test to be sure. Before applying sunscreen the usual emollient and steroids (if used) should be applied, wait 30 minutes and then apply the sunscreen. Protective clothing is highly beneficial for children with a range of skin problems, some of which may make using sunscreen undesirable or impractical. If in doubt parents/carers should be recommended to consult their primary healthcare provider. Expert Advice for children with allergies: Make sure that a request is made to be alerted to all medical conditions, including Polymorphic Light Eruption (PLE) or sunscreen allergies before children attend. Polymorphic Light Eruption– reaction to exposure to sunlight, usually from spring onwards, but rare in children.

Allergic reaction to an ingredient in sunscreen– sunscreens work in one of two ways:

- Absorbing light rays
- Reflecting light rays

Allergies are usually caused by a reaction to chemicals contained in the sunscreens which absorb light rays, as for these to be effective, they are also absorbed by the skin. The reflecting creams containing minerals like zinc oxide and titanium dioxide sit on top of the skin, forming a barrier against the sun's rays and are therefore less likely to become an irritant.

Expert Advice for children with disabilities: Young people with disabilities

may have different tolerances to the sun or may

not be able to detect when their skin is feeling hot (or cold). For young wheelchair users, they can be particularly susceptible to sunburn on the tops of their legs if they are seated with their legs exposed to the sun. Parents/carers should ensure sunscreen is fully applied and give advice on how often cream should be reapplied. Protective clothing is highly beneficial for children with a range of disabilities that make them more susceptible to burning or less able to move into shade easily.

And don't forget the tricky bits!

B-E-E-N-S is a simple way to remember the easy to forget bits!

- Back of knees
- Ears
- Eye area
- Neck & nose
- Scalp

Expert Advice on wellbeing in the sun: Protection from the sun isn't just about sunburn, don't overlook heatstroke and heat exhaustion too. The following should be considered:

1. HYDRATION– All children should attend with water bottles (or access to water, or hydration for those children unable to drink unsupported), be encouraged to drink, and free supplies of water should always be available. For those children who find it more difficult to manage hydration, adults should prompt and support effective hydration.

2. SHADE– If at all possible, avoid the sun between 11am – 3pm. Try to make sure that lunchtime is taken in the shade and

that there is plenty of shade either in a clubhouse or portable structure, to shade children in breaks and when they are not actually active; i.e.; watching activity.

3. EXTREME HEAT– 30oC and above is too hot for very physical activities without risking heatstroke and severe dehydration. For some young people with disabilities, they may have a lower tolerance and therefore guidance should be sought from their parents/carers. Expert Advice on Hydration: A child's hydration needs will vary, but all children should have free access to water when outdoors, they should have named water bottles and be encouraged to drink exclusively water on a regular basis. Expert Advice on Heat Stress leading to Heatstroke: Children suffering from heat stress will show general signs of discomfort (including those listed below for heat exhaustion). These signs will worsen with physical activity or if left untreated can lead to heat exhaustion or heatstroke.

Heat exhaustion– Signs of heat exhaustion include the following: irritability, fatigue, dizziness, headache, nausea or hot, red and dry skin. Heatstroke – Heatstroke can develop if heat exhaustion or heat stress is left untreated, but it can also occur suddenly and without warning. Sweating is an essential means of cooling and once this stops a child is at serious risk of developing heatstroke. The following steps to reduce body temperature should be taken at once.

- Move the child to as cool a location as possible.
- Sponge the child with cool, (not cold) water and, if available, place cold packs around the neck and in the armpits.
- Place the child near a fan

If a child shows signs of confusion or loses consciousness, place the child in the recovery position and follow the steps above. In both cases, call 999 or 112 for emergency medical assistance. If sensible precautions are taken to safeguard children outdoors; then they are unlikely to be adversely affected by hot conditions.

Expert Advice on vitamin D:

It is widely acknowledged that some exposure to sunlight is needed to maintain healthy reserves of vitamin D in the body, this is essential for the absorption of calcium. The question is 'How much?'

- In general, 10 to 15minutes exposure to the face and arms as a minimum; but always less than the amount of time needed for the skin to redden or burn
- Two or three times a week in the summer months is adequate.
- Darker skin absorbs sunlight more slowly and can be exposed more frequently to ensure adequate absorption; but again less time than it would take to burn.
- Some vitamin D is still absorbed with the use of sunscreen.

Remember:

- The vitamin D produced in the summer months keeps you healthy in the winter months when the UK sun is not strong enough to generate vitamin D. For those at risk, diet and supplements should be considered but consult your primary health care provider to find out what is right for the child concerned
- Anyone who may be at risk of vitamin D deficiency due to complex health issues or complications arising from medication should be advised to consult their primary health care provider.

LEADING BY EXAMPLE

It is recommended that the following should be undertaken:

- a) Teachers, coaches, leaders and parents should lead by example, this means making sure that they are seen to be protecting themselves from the sun by dressing appropriately, remaining hydrated and avoiding extreme temperatures
- b) Where relevant, staff should apply sunscreen to themselves in full view of the children
- c) Staff should check that everyone is protected before a session starts, and that sunscreen is reapplied during the day (ideally after lunch breaks)
- d) Advice for Working Outdoors with Children (see below) should be circulated to all staff. It contains background information, simple sun protection messages and some suggested dialogue to make sure that all children are informed and reminded of the importance of staying safe in the sun.

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This document does not attempt to constitute an authoritative legal interpretation of the provisions of any enactment, regulations or common law. That interpretation is exclusively a matter for the courts. It offers guidance from which individual teachers, coaches or other responsible adults may apply according to the particular and specific circumstances with which they meet. Responsibility remains with the teacher, coach or other responsible adult for the appropriate management of any situation in which this guidance may be applied.

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The Myfanwy Townsend Melanoma Research Fund, 6 Manor Road,

East Grinstead, West Sussex RH19 1LR.
www.melanoma-fund.co.uk Registered Charity 1085969

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