

Children and Young People Committee

SSPP03

Inquiry into school sun protection policy

Evidence from Dermatology Council for Wales (DCW)

Dear Sirs

As its chairman, I would like to contribute to the above inquiry on behalf of the Dermatology Council for Wales (DCW). The DCW is a sub-committee of the British Association of Dermatologists but it is a multidisciplinary organisation including patient, nursing and primary care representatives as well as consultant and non consultant grade dermatologists. The DCW also functions as the dermatology national specialist advisory group to the Welsh medical council.

We welcome the petition from Tenovus as it raises the issue of sun protection for children and skin cancer prevention. However, we feel that providing free sunscreen would not be the best use of resources. Generally, consensus opinion in the world of sun protection is that the use of sunscreens should come **after** adequate attention has been given to modifying sun exposure behaviour (ie avoiding exposure between 11am and 2 pm and seeking shade) and the use of protective hats and clothes. This is because sunscreens are only partially effective and suffer from the drawback of being a constant draw on resources as they have to be reapplied carefully 2 or 3 times a day for maximum benefit.

I will expand this argument by answering the specific questions put by the inquiry.

Q. Whether current sun protection policies and guidelines for schools are effective in providing sufficient sun protection for children, and if not, where improvements are required?

A. Although I am aware of some locally developed guidelines, I am not aware of any national guidelines for sun protection in Welsh schools. It is obvious from simple observation that many schools do not have shade in the playgrounds and children are often seen in strong sunshine without hats or protective clothing. National guidelines, which could be modified locally, would be a good idea but we feel that any guidelines should emphasise the need for behaviour modification, provision of shade and protective hats and clothes before considering sunscreens.

Q. Whether there is sufficient awareness of the current sun protection policies and guidelines, and, if not, how best to raise awareness?

A. We have no data on this issue, but general observation would suggest that uptake of advice is low. A few years ago, my own department ran a competition for local primary and secondary schools asking children to design posters illustrating the need for sun protection. The winning posters were printed professionally and used in health education and the schools received a monetary prize. Getting the children involved is always a good idea and perhaps a similar national competition in conjunction with a launch or prelaunch of guidelines might be successful.

Q. Whether there are any barriers to the use of sun protection in schools, including sunscreen, suitable clothing, hats or shade, by children and young people, for example in terms of cost or the application of sunscreen by teachers or child minders, and if so, how these could be addressed.

A. Good sun protection behaviour and provision of shade should not be too difficult to achieve. Timing of outdoor activities (eg sports) should be outside of the 11am to 2 pm window to avoid the time of most intense sun exposure. Provision of shaded areas should be mandatory in any new buildings. In existing schools, canopies, awnings or trees should be considered. To maximise their wearing and therefore effectiveness, school uniforms including hats should combine good and fashionable design with effective sun protection properties.

Experience from treating children with eczema suggests that there are barriers to applying all creams in school. Some schools will allow the older child to apply creams themselves but it is very rare that teachers/ teaching assistants will apply creams, even moisturisers that have been prescribed, as there are fears of individuals themselves at risk of accusations of assault or inappropriate behaviour –

this would also be a barrier to application of sunscreens. This could be addressed by obtaining written consent from parents and by advising against lone worker application. I.e. the application should be witnessed.

In summary, we are delighted that this issue has been raised but believe that the provision of free sun cream to children in Wales would be less cost effective than addressing other sun protection issues first. Resources would be better directed towards the encouragement of sun exposure behavioural changes, the provision of shade and the encouragement of the wearing of appropriate sun protection clothing. Only after these issues have been emphasised should attention switch to the use of sun creams.

I hope our comments have been helpful. I know that we would be keen to contribute to any further developments in this area and please contact us again if you wish.

Kind regards

Richard Williams

Dr Richard E A Williams