



Sunshine – Approach with Caution

With the growing concern of a thinning ozone layer and UV-B’s association with a steady increase in skin cancer, parents and child care providers need to be cautious about exposing children – and themselves – to the sun. Because it takes several hours for a sunburn to show, do not use reddening of the skin as an indicator of too much time spent in the sun. Don’t let cloudy days fool you! UV rays do penetrate clouds. In addition, keep in mind that water and sand reflect the sun’s rays and can therefore increase the danger of sunburn.

When a child has a sunburn, do not apply medication to the skin unless you have consulted with a physician. There is no cure for sunburn. You can reduce the sting by applying a cool wet cloth to the affected area four times a day for 15 to 20 minutes at a time. Children under 6 months of age should never be exposed to direct sunlight; always put them under an umbrella. In addition, sunscreen is not recommended for very young children.

Precautions

1. Wear non-transparent clothing (fabrics with tight weave) and a wide brimmed hat. Baseball caps are inadequate because they leave the neck and the delicate rim of the ear exposed. Always protect babies under six months from the sun with shade, hats and clothing. Sun block cream is not recommended for babies under six months old as they can rub it into their eyes or put it in their mouths.
2. Where skin is exposed, use a broad-spectrum sun block cream (one that blocks both UV-A and UV-B) of at least 30 SPF (sun protection factor) and no PABA (which contains certain allergy causing properties). Test sunscreen on the inner part of the child's arm for allergic reaction. If the area becomes irritated, switch brands. Products with milk or cream are recommended over products that contain alcohol. Apply sunscreen 15 to 20 minutes before going outside. Apply cream to the face, carefully avoiding the child's eyes. If, after using all precautions, the eyes are still irritated, discontinue use of that brand of sunscreen. Use products approved by the Canadian Dermatology Association.
3. Pay particular attention to behind the knees and the bottom of the feet. Even if the child is wearing a T-shirt, sunscreen should still be applied to the neck, shoulders, chest and head (if the child has little hair). The sun penetrates light fabrics, especially when they are wet. Sunscreen needs to be reapplied after water play.
4. Minimize time spent in sun between 10 am and 4 pm when the sun's rays are at their strongest and most harmful. Gradually increase a child's exposure to the sun. Ensure that outdoor play areas have some shade protection.
5. Wear high-quality sunglasses that absorb UV radiation when outdoors in bright sunlight. Poor quality sunglasses can do more harm than good because the dark lenses cause the pupils to dilate, making it easier for UV light to damage the delicate membrane of the retina.
6. Child care providers who apply lotion on several children should wash their hands after each application, especially if a child has any cuts.
7. In a child care setting, have parents complete an authorization form stating the brand of sunscreen to be used.
8. Always have liquids available before, during and after playtime.
9. Set a good example. Follow these precautions yourself.

Prolonged exposure to the sun's rays may cause serious effects in children. The chart below outlines what should be done:

Possible Condition	Symptoms	Treatment
Heat Exhaustion	<ul style="list-style-type: none"> pale, clammy skin; heavy perspiration; fatigue, weakness; dizziness, fainting; headache, muscle cramps; nausea, vomiting 	<ul style="list-style-type: none"> move child to cool, shady area treat for shock replace lost fluids by giving sips of water gradually cool by removing clothing and fanning constantly
Heat Stroke/ Sun Stroke	<ul style="list-style-type: none"> hot, dry skin; no sweating; high temperature (39EC, 102EF); headache, nausea, vomiting 	<ul style="list-style-type: none"> move child to cool, shady area bathe child as quickly as possible in bath of cool water or in wet cold sheets; do not stop to remove clothing; place wet cloth on forehead if child is conscious and not feeling nauseated, give sips of cool water if child is unconscious and breathing, place in semi-prone position (flat on back, head and neck elevated); watch mouth for blood and vomit; clean with a cloth; treat for shock (see below) if unconscious and not breathing, seek medical attention immediately; commence CPR
Shock	<ul style="list-style-type: none"> pale, grey, mottled appearance; cold clammy skin, feels weak; irregular breathing; anxious, apathetic; nauseous, thirsty; weak, rapid pulse 	<ul style="list-style-type: none"> if conscious, keep child lying down; elevate legs 20 cm (8") unless you suspect a broken bone/back injury; maintain normal body temperature; comfort and reassure child; encourage regular full breaths; continuously check that child remains conscious if unconscious and breathing, treat as above if unconscious and not breathing, seek medical attention immediately; commence CPR