SHUNBURN TEACHER PACK
Dear Teacher,

Thank you for your help in delivering the Shunburn lessons in your school. In the UK, the most serious type of skin cancer (malignant melanoma) is increasing. Teenage Cancer Trust and the University of Stirling provide you with this teaching pack to help deliver the Shunburn message to students in the classroom. This manual provides you with all the details of the lessons and should be used alongside the teaching materials. The Shunburn education materials are based on the most recent research into sun safety practices among teenagers. They are designed to meet Health and Wellbeing curriculum goals as well as the National Institute for Care and Clinical Excellence (NICE) guidelines on skin cancer. The information in these lessons has been checked by experts in dermatology and is Information Standards approved.

Shunburn is delivered in two lessons:

**LESSON 1** introduces the topic of skin cancer and sun safety. At the end of the lesson students should be aware of sun safety measures and skin cancer, and be motivated to protect themselves from harmful UV rays.

**LESSON 2** focuses on putting the motivation into practice. Research has shown that having the knowledge does not necessarily lead to the adoption of protective practices. For example, many smokers know that smoking is bad for their health but this does not necessarily mean that they will stop smoking. For this reason, Lesson 2 will focus on overcoming some of the barriers to putting sun protection into practice.

Being diagnosed with any type of cancer is serious and can have a huge impact on families. While we wish to raise awareness of cancer in the classroom, please be aware that students may have a personal experience of skin cancer and may need additional support when discussing this topic.

Kind Regards,

The Shunburn team

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1 These recommendations aim to raise and maintain awareness - and increase knowledge - of the risks of UV exposure, influence attitudes and prompt behaviour change.

www.nice.org.uk/guidance/ph32
Summary

Lesson 1 aims to create an environment in which the students feel comfortable to speak to each other and the teacher about the serious issue of skin cancer. The topic of skin cancer is introduced and students will learn what it is, how someone can get it and how to protect against it.

The main outcome of Lesson 1 is to raise awareness of skin cancer and motivate the students to practice sun safety behaviours. Lesson 2 will then build on these outcomes and focus on the specifics of how to translate their awareness and motivation into sun safe practice.

Aims

1. Develop a trusting and comfortable environment for students to discuss skin cancer.
2. Motivate students to want to adopt sun safe behaviours.
3. Provide students with the information to enable them to recognise skin cancer warning signs, and understand their susceptibility of developing skin cancer.

Curriculum Links

Scotland
Health and Wellbeing: Experiences and Outcomes
- I am developing my understanding of the human body and can use this knowledge to maintain and improve my wellbeing and health (HWB 0-15a).
- I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible (HWB 0-16a).

England
KS3 Health & Wellbeing
- 18. ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations.
- 28. about cancer and cancer prevention, including healthy lifestyles, acknowledging that childhood cancers are rarely caused by lifestyle choices.

Wales
Personal and Social Education –
Students should display a responsible attitude towards keeping the mind and body safe and healthy and learn the benefits of accessing different sources of information, support and advice.

Northern Ireland
Learning for Life and Work - Personal Health -
- Investigate the influences on physical and emotional / mental personal health of, for example, immunisation, regular physical activity, personal hygiene, diet, stress, addiction, life / work balance etc.

Materials

- PowerPoint slides
- Worksheet 1: Moles
- Shunburn film

Before the first lesson

- Read over the lesson plan
- Ensure you have the Powerpoint available and Worksheet 1 printed for each student
- Ensure the Shunburn film, complete with sound, works with your equipment

Recommend time

Please make sure that you deliver all of the planned lesson activities. If an activity takes longer than planned then please shorten another activity, but try not to miss out any of the content.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time estimation (mins)</th>
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</thead>
<tbody>
<tr>
<td>1. Introduction Story</td>
<td>10</td>
</tr>
<tr>
<td>2: Skin cancer and how to recognise it</td>
<td>10</td>
</tr>
<tr>
<td>3. Who can get skin cancer?</td>
<td>5</td>
</tr>
<tr>
<td>4. How do you get skin cancer?</td>
<td>15</td>
</tr>
<tr>
<td>5. How to protect yourself from skin cancer</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50</td>
</tr>
</tbody>
</table>
LESSON 1

ACTIVITY 1: INTRODUCTION STORY

What is the activity?
Introduce the subject of skin cancer by sharing the story of a young girl who was diagnosed with skin cancer.

Why are we doing this?
Stories about people who have experienced skin cancer make the concept of skin cancer ‘real’, more concrete and less abstract.

How to perform Activity 1 (Powerpoint slides 1-6)

DISCUSSION POINTS for Powerpoint slides 1 & 2:

“Today we are going to be talking about skin cancer. What do you think of when you think of skin cancer?”

“Do you think someone could get skin cancer at your age?”

“Today we are going to begin with Dieta’s story.”

Teacher to read Dieta’s story below and show Powerpoint slides 3-6

Dieta says: “When I was 16, my mum noticed an odd-looking mole. We were on holiday in Spain and while she was applying sunscreen for me, she saw that a mole that I had had since birth had formed a red ‘halo’ around the edge and was becoming larger.”

Dieta was told that the mole was cancerous. A few months later, the doctors discovered another mole which was itchy and not symmetrical. This too turned out to be cancerous.

“I want to tell everyone to use sun screen lotion and not to be proud when they get burnt.”
ACTIVITY 2: WHAT IS SKIN CANCER AND HOW CAN WE RECOGNISE IT?

What is the activity?
To teach students that skin cancer can be life threatening if not caught early. Then give the students the tools they need to be able to self-monitor and recognise the signs of skin cancer.

Why are we doing this?
To give an overview of what skin cancer is and what causes it. Research has found that an increase in knowledge alone does not lead to protective behaviour change and so this intervention will not provide an in depth biology lesson, but cover the basic biological changes which should be monitored and can indicate skin cancer.

If health concerns are too arousing (e.g. death) then it can be less effective in delivering behaviour change messages as the individual becomes desensitized to the message. The same can happen if concerns are not arousing enough. By communicating the severity of skin cancer but also the effectiveness of early detection this balances out the message.

How to perform Activity 2 (Powerpoint slides 7-8)

Powerpoint slide 7
Cancer is a word used to describe over 200 different diseases. Cancer is caused by cells in the body becoming damaged and not behaving as they are supposed to. Skin cancer is when these damaged cells are within the skin.

Key terms. Two words that are frequently mentioned when discussing skin cancer are ‘malignant’ and ‘benign’. In this context:

- Malignant = cancerous
- Benign = non-cancerous

Powerpoint slide 8
There are two main types of skin cancer:

1. Malignant melanoma - is the most serious and life threatening type of skin cancer. It is recognised through changes to moles. As malignant melanoma progresses it gets deeper into the skin. This means that the later the diagnosis the harder it is to remove and treat.

2. Non-melanoma skin cancer- is normally seen as a change in your skin and is easily treated if caught early. Look out for:
   a. Spots or sores that don’t heal after two weeks. These can be itchy, sore or scabbed.
   b. Ulcers that last for two weeks or more without any obvious cause.

The earlier skin cancer is diagnosed the easier it is to treat and remove, so it is important to look out for changes to your skin that could be a sign of cancer.

RESEARCH SHOWS
Harm to appearance is a stronger motivator than health concerns.
ACTIVITY 3: WHO CAN GET SKIN CANCER?

What is the activity?

Teach the students about the susceptibility and severity of skin cancer in young people through statistics.

Why are we doing this?

To give students factual information about the incidence of skin cancer. This will build on the individual case study discussed in Activity 1 by giving additional information for all young people.

This is important as research has shown that many young people do not fear skin cancer the way they fear other cancers because they believe it to be a lot rarer, associated with older people and less life threatening².

How to perform Activity 3 (Powerpoint slides 9-17)

Powerpoint slides 9-12

Here are the most up to date teenage and young adult skin cancer statistics from Teenage Cancer Trust and Cancer Research UK.

- More than 2 young adults are diagnosed with skin cancer everyday in the UK
- 2nd most common cancer in young adults aged 15 – 34 years
- Malignant melanoma is twice as likely in girls
- In the last 30 years skin cancer has risen faster than any of the current top 10 cancers in males and females

Discussion Point for Slides 9-12

- Why is skin cancer rising in the UK?
- What impact might this have in the future?
- Why do we think malignant melanoma is twice as likely in girls?

The rate of skin cancer in young people is increasing over time.

Skin cancer incidence per 100,000 population in the UK:

- Year 1990- approximately 7.1
- Year 2000- approximately 11
- Year 2011- approximately 17.9

If you wish, you can put these figures in to context by using any of the cities below as a guide:

- Belfast population is approx. 300,000
  1990 - ~21 people diagnosed
  2000 - ~33 people diagnosed
  2011 - ~54 people diagnosed
- Cardiff population is approx. 400,000
  1990 - ~28 people diagnosed
  2000 - ~44 people diagnosed
  2011 - ~72 people diagnosed
- Edinburgh population is approx. 500,000
  1990 - ~36 people diagnosed
  2000 - ~55 people diagnosed
  2011 - ~90 people diagnosed
- London population is approx. 8.6 million
  1990 - ~611 people diagnosed
  2000 - ~946 people diagnosed
  2011 - ~1,539 people diagnosed

Possible Numeracy Activity

Applying the incidence rates to major cities. Each population is rounded to nearest 100,000 for the purpose of this exercise and is under the assumption that the population size was the same each year.

Possible Question

What is the most common type of cancer in this age group?

The most common group of cancers in 15 - 24 year olds are lymphomas. Lymphoma is cancer that starts in the lymph glands or other organs of the lymphatic system. The lymphatic system is a drainage system that helps your body get rid of excess fluid and waste products. It also contains white blood cells and helps fight infection and disease.

It is important to pay attention to any new moles or existing moles that show any of these changes. A quick checklist for checking your moles is as easy as ABCDE.

**A. Asymmetry** - Do the two halves of your mole look different?

**B. Border** - Are the edges of your mole irregular, blurred or jagged?

**C. Colour** - Is there more than one colour or shade in your mole?

**D. Diameter** - Is your mole wider than 6mm (size of a pea)?

**E. Evolving** - Is your mole changing in any way over time?

This way each picture is looked at in turn and we ensure that all students can recognise the changes in moles as worrying.

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**Worksheet in Pairs**

- **IS THE MOLE BENIGN OR MALIGNANT?**
- **IF IT’S MALIGNANT, WHAT SIGN CAN YOU SEE: A, B, C, D OR E?**

Work in pairs to complete this worksheet. Together decide first of all if you think the mole is cancerous (malignant) or not (benign) and if it is cancerous, why is it cancerous? i.e. A, B, C, D, E? *(Worksheet 1)*

This way each picture is looked at in turn and we ensure that all students can recognise the changes in moles as worrying.

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**Answers**

- **MALIGNANT**
  - Diameter
  - Colour
  - Asymmetrical

- **BENIGN**
  - Border

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**Discreet Point**

Skin cancer can happen anywhere on your body, but can you think of any areas in particular where skin cancer might be more common on girls and on boys?
These are the most common areas to find skin cancer for each gender. So even though you should check your whole body you should focus on these areas. Can anyone think of reasons why these areas are prone to skin cancer?

**POSSIBLE REASONS**
Boys forget to wear sunscreen when they take off their tops to play sports. Girls wear shorts and want tanned legs so don’t protect them like they should.

*Introduce body mapping* – By checking your body and mapping your moles on an image or outline of a body (show example in Staying Safe in the Sun parent leaflet) then you can keep track of the appearance and size of old and new moles.

If you get in the habit of doing this every month it will mean you have a record which makes it easier to notice any changes in moles over time.

**ACTIVITY 4: HOW DO YOU GET SKIN CANCER?**

**What is the activity?**
To encourage students to think about how the sun (which is the leading cause of skin cancer) can reach their body, even when they do not think it can.

**Why are we doing this?**
Teenage Cancer Trust’s focus group results showed that many students believe the UK does not get enough sunshine to cause burning or skin cancer. This is not the case as the increasing rates of skin cancer in the UK show. There is a common tendency to underestimate the level of personal risk sun exposure has on our health.³


**USEFUL INFORMATION**
The strength of UV radiation reaching the earth’s surface is affected by several factors:

- **Time of day** – being strongest at solar noon when the sun is highest in the sky
- **Time of year** – being strongest in the summer months
- **Latitude** – being strongest in locations nearer the equator
- **Altitude** – spending time at high altitude increases UV exposure by about 15% for every 1000 metres
- **Cloud cover** – even on overcast skies, 30-40% of UV radiation will still penetrate through cloud cover. If half the sky is covered in clouds, 80% of UV radiation still shines through
- **Reflection** – snow can reflect up to 85% of the UV radiation that hits it, increasing a person’s exposure. About 15% of sunburning rays are reflected back from sand, 10% from concrete and 5-10% from water (depending on choppiness)

**How to perform Activity 4 (Powerpoint slides 18-24)**

**Powerpoint slides 18 & 19**

**DISCUSSION POINT**
It is known that the main cause of lung cancer is smoking. What do you think is the main cause of skin cancer?

The most common way to develop skin cancer is through exposure to the sun.

The sun can cause skin cancer through invisible rays called UV rays. You can’t see them but it is these rays that hit our body and cause skin cancer.

The two types of UV rays that affect our skin are UVA and UVB rays. Both can cause short and long term damage to our body, and both cause skin cancer.
UVA causes aging. This means that you will get wrinkles younger and your skin can turn leathery. Easily remembered as UVAgeing.

UVB causes your skin to burn. Easily remembered as UVBurning.

DISCUSSION POINT

So how do you think the invisible UV rays can reach you? Where are you safe?

Together lets decide whether the UV rays can reach your skin in these places?

- In the water (YES, UV rays can pass through water and you can burn)
- Through windows (YES, UVA can get through windows)
- Through clouds on a cloudy day (YES, UV rays can penetrate clouds)
- On a windy day (YES, even if it doesn’t feel hot outside)
- When you get burnt by the oven (NO, this is a different type of burning and cannot cause skin cancer)
- In a very brightly lit room (NO, only florescent bulbs emit any UV rays and these are very low so they are not a concern)
- In a sunbed (YES, sunbeds work by directing UV rays straight on to the body. Sunbeds are ILLEGAL for under 18’s to use)
- In the UK (YES, UV rays can definitely reach you in all areas of the UK)

THINK UV NOT HEAT!

You can’t see or feel UV, so the sun’s UV rays can be as damaging on a cold or cloudy day as a super-hot one.
You are most at risk from UV rays:

- When the sun is at its highest between 11am-3pm
- At different times of the year, in the UK it is between the beginning of April to the middle to October
- If you have a family history of skin cancer
- If you have a lot of moles on your skin
- If you have pale skin

It may be cold, wet and grey (especially in the North) but you still need to put on sunscreen.

**ACTIVITY 5: HOW CAN WE PROTECT AGAINST SKIN CANCER?**

**What is the activity?**

This activity gives students 5 ways in which to protect their skin from the sun’s UV rays.

**Why are we doing this?**

The students should now be motivated to protect themselves against skin cancer, so to finish the lesson we give them a way in which to do that before Lesson 2, so that their motivation has a direction.

The next lesson will concentrate on increasing sunscreen use and directing the students to talk to a health doctor for any skin cancer concerns.

**How to perform Activity 5 (Powerpoint slides 25-29)**

**Powerpoint slides 25 & 26**

It is not all doom and gloom! It is possible to enjoy the sun and get all the benefits of being outside in a safe way. You just need sun safe protection.

**DISCUSSION POINT**

So how can we protect our skin from the invisible UV rays?

**Powerpoint slide 27**

There are 5 things that we can do:

**Play Shunburn film by clicking on image (you will need access to the internet)**

This video from Teenage Cancer Trust shows 5 ways in which to protect your body from the sun:

1. Put on sunscreen (minimum SPF30)
2. Put on a hat
3. Cover up
4. Wear sunglasses
5. Stay out of the mid-day sun (11am-3pm)

If time allows this would be a good time to have a brief discussion. Was this new information to them? What are their thoughts on protecting themselves?
Going back to the stories from the beginning of the lesson. This is a message from Dieta about how she views sun protection now.

**DISCUSSION POINT**

How do you think Dieta could have noticed the mole earlier? Could she have kept a body map?

What were some of the long term consequences of getting skin cancer?

**Powerpoint slide 29**

At what age should you minimise your risk of getting skin cancer?

Students should also know the benefits of being outside. We do not want to scare them! Being outside when the weather is good makes you feel good and encourages you to be active.
LESSON 2: OVERVIEW

Summary

The second lesson aims to change students’ sun safe behaviour and encourage them to create a plan of action for how they are going to protect themselves from skin cancer. Although there are 5 different sun safe behaviours that can protect the skin, we are going to concentrate on wearing sunscreen. This proactive approach makes it more likely that the gap between intending to be protected in the sun and actually doing it, is bridged (intention-behaviour gap).

Aims

1. Develop a plan in which the students will be encouraged to use sunscreen.
2. Create a plan of action to ensure effective planning of sun protective behaviour.
3. Reduce the intention-behaviour gap towards sun safe protective behaviour.

Curriculum Links

Scotland
Health and Wellbeing: Experiences and Outcomes

• I am learning to assess and manage risk, to protect myself and others, and to reduce the potential for harm when possible (HWB 0-16a).
• I know and can demonstrate how to keep myself and others safe (HWB 0-17a).
• I am learning what I can do to look after my body and who can help me (HWB 0-48a).

England
KS3 Health & Wellbeing

• 18. ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations.
• 28. about cancer and cancer prevention, including healthy lifestyles, acknowledging that childhood cancers are rarely caused by lifestyle choices.

Wales
Personal and Social Education – Students should:
• display a responsible attitude towards keeping the mind and body safe and healthy
• and learn the benefits of accessing different sources of information, support and advice.

Northern Ireland
Learning for Life and Work - Personal Health -

• Investigate the influences on physical and emotional /mental personal health of, for example, immunisation, regular physical activity, personal hygiene, diet, stress, addiction, life / work balance etc.
• Develop strategies to promote personal safety, for example, responding appropriately to different forms of bullying, abuse, physical violence; developing safe practice in relation to the internet, getting home; understanding and managing risk, the place of rules and boundaries etc.

Materials

• PowerPoint slides
• Worksheet 2-4; 2) What skin type are you?, 3) My Plan and 4) Action Plan
• Copies of the ‘Staying Safe in the Sun’ leaflet to give out at the end of the lesson. This leaflet is designed for students to take home to their parents/carers so this should be encouraged.
• Bottle of sunscreen, if possible

Before the lesson

• Read over the lesson plan
• Ensure you have all materials available

Recommend time

Around 50 minutes (1 school lesson)

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<th>Activity</th>
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<tr>
<td>1. Recap</td>
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<tr>
<td>2: Sun protection</td>
<td>10</td>
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<tr>
<td>3. Skin Types</td>
<td>10</td>
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<tr>
<td>4. How to treat skin cancer &amp; talk to health professionals</td>
<td>10</td>
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<td>5. Plan for using sun protective behaviours activities</td>
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<td>TOTAL</td>
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LESSON 2

ACTIVITY 1: RECAP

What is the activity?
Brief recap of Lesson 1.

Why are we doing this?
The first lesson was focused on providing information and motivating the students to adopt sun safe behaviours. Lesson 2 gives students the tools to be able to change their behaviour and protect themselves against the sun’s UV rays. In order to begin this process they need to be reminded of what they learned in Lesson 1.

How to perform Activity 1

Powerpoint slide 1

DISCUSSION POINT
We learnt a lot about skin cancer last week, can you tell me some of it?

Any questions covering topics such as:

- How many young adults get diagnosed with skin cancer each day?
  - Answer is more than 2
- Can you remember the A, B, C, D, E changes to look for in moles?
  - Asymmetry
  - Border
  - Colour
  - Diameter
  - Evolving
- What are the 2 types of UV rays? How do they affect your skin?
  - UVA causes skin AGEING
  - UVB causes skin to BURN

ACTIVITY 2: SUN PROTECTION

What is the activity?
We are addressing the barriers that students may face in order to promote behaviour change.

Why are we doing this?
To combat the main barriers (identified from Teenage Cancer Trust focus groups with young people) that stop students from wearing sunscreen.

COMMON STATEMENT:
I want to get a tan
If you don’t wear sunscreen then you will burn and peel. If you peel then you will lose your tan quicker anyway. So don’t burn.
DISCUSSION POINT

How can we protect ourselves in the sun? Although there are 5 ways to protect yourself we are going to concentrate on sunscreen use.

How to perform Activity 2 (Powerpoint slides 2-17)

Powerpoint slide 2

5 SIMPLE STEPS

What to wear on your head in strong sun and a trip out in bright sun.

• Wear sunscreen, SPF 30 and above and re-apply every 2 hours
• Wear sunglasses to protect your eyes
• Wear a hat to protect your head
• Stay in the shade when the sun is at its hottest, between 11am – 3pm
• Cover up with clothing

Powerpoint slides 4-6

Key statistics surrounding burning, sunscreen and sunbed use in the UK:

• Getting painful sunburn just once every 2 years can triple your risk of skin cancer
• Close to a fifth (18%) of young people admit to deliberately burning in order to ‘kick start a tan’
• Over a third (38%) don’t use sunscreen in the UK because they don’t believe the sun in the UK is strong enough to damage their skin

Powerpoint slide 3

These are the 5 easy steps you can take to protect yourself in the sun:

• Wear sunscreen, SPF 30 and above and re-apply every 2 hours
• Wear sunglasses to protect your eyes
• Wear a hat to protect your head
• Stay in the shade when the sun is at its hottest, between 11am – 3pm
• Cover up with clothing

Powerpoint slide 7

Did you know...

• Using a sunbed for the first time before you are 35 years old increases the risk of skin cancer by 75%
• A fifth (20%) of people didn’t know that it is illegal to use sunbeds if you are under 18 years old
DISCUSSION POINT

How many of us actually use sunscreen when we see the sun?
What are some of the reasons why you haven’t used sunscreen in the past?
Let’s go through some of the responses people normally give for not wearing sunscreen.

Powerpoint slides 10 & 11

Sunscreen is too expensive?
Which? is a company that reviews hundreds of products each year from cars to hair straighteners and in 2014 and 2015 they have reviewed sunscreen and found that price isn’t always related to level of protection. Their online report shows that own brand sunscreens can pass UVA and UVB testing and be a fraction of the price of big name brands which offer the same protection. Some are even as little as £2.49 which is about the same as a sandwich. You can get the full report online by googling ‘Which best buy sunscreen’ or copy this URL:
www.which.co.uk/news/2015/05/popular-sun-creams-fail-strict-which-spf-tests-403240

Powerpoint slide 12

Lots of famous people wear sunscreen
Many think that putting on sunscreen isn’t cool but the celebrities you see on TV and in magazines wear sunscreen. Alex Pettyfer from movies like ‘I am Number 4’ and ‘Stormbreaker’, and Ashley Tisdale from ‘High School Musical’ always wear sunscreen. Sunscreen has also been noted as one of the best anti-ageing skin products on the market and the younger you start being conscious of wearing sunscreen the better you will look in the future. It is not just movie stars that wear sunscreen, footballers are careful to wear sunscreen too. If they were to get sunburnt then it could affect their performance on the pitch afterwards.

It is unlikely that we will convince students that tans aren’t attractive so we should reinforce how unattractive/unfashionable burns are instead.
Powerpoint slide 13

Has anyone seen the film X-Men? Hugh Jackman who played Wolverine in X-Men was diagnosed with skin cancer. In the course of just a year and a half he has had 4 skin cancers, mainly on his nose. Because he went straight to the doctor with his concerns, the cancers were caught early and Hugh was able to get them all removed safely. He now goes for check-ups every 3 months just to be safe.

Powerpoint slide 14

Let’s face it, sunburn is NOT a good look!

Powerpoint slide 15

You have a choice when you are choosing sunscreen. Some people don’t like the feel or smell of certain sunscreens. In the same way, people like different types of holidays; some enjoy sightseeing and adventure, while others may prefer a beach or camping holiday. Even though they are all named under the one term of “a holiday”, everyone has a different preference.

Sunscreen is also an individual choice as each one smells and feels different. You just need to find the one that you like and that is most practical for you. For example, if you wear moisturiser and don’t like putting sunscreen on top of it, or on top of make-up, then you could choose to buy a moisturiser and/or make-up that contains SPF30.

Powerpoint slide 16

What should you look for when choosing your sunscreen

- It has UVA protection normally rated on a star system - aim for 4/5 stars
- It is water resistant, if needed
- Pick your SPF coverage, at least 30 is recommended. SPF means Sun Protection Factor
- If a sunscreen bottle says it is broad spectrum that means it covers both UVA and B.
**Powerpoint slide 17**

How to apply sunscreen

Sunscreen top tips:

- Apply it 30 minutes before you go out in the sun
- Use more than you think you need and put it on thickly
- Reapply every 2 hours and after swimming or sweating heavily (playing sport, for example)

**ACTIVITY 3: WHAT IS YOUR SKIN TYPE**

**What is the activity?**

We are encouraging the students to think about their individual skin type.

**Why are we doing this?**

To reinforce that sun protection is an individual activity and their needs may be different to others'. Some people are more susceptible to burning than others.

**How to perform Activity 3 (Powerpoint slides 18-21)**

**Powerpoint slide 18**

There are 6 different types of skin which all need different amounts of protection.

<table>
<thead>
<tr>
<th>Skin Type</th>
<th>Typical Features</th>
<th>Tanning Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tends to have freckles, red or fair hair and blue or green eyes.</td>
<td>Often burns, rarely tans.</td>
</tr>
<tr>
<td>2</td>
<td>Tends to have light hair and blue or brown eyes.</td>
<td>Usually burns, sometimes tans.</td>
</tr>
<tr>
<td>3</td>
<td>Tends to have brown hair and eyes</td>
<td>Sometimes burns, usually tans.</td>
</tr>
<tr>
<td>4</td>
<td>Tends to have dark brown eyes and hair.</td>
<td>Rarely burns, often tans.</td>
</tr>
<tr>
<td>5/6</td>
<td>Naturally black/ brown skin (not through tanning). Usually has dark brown/ black eyes and hair.</td>
<td>Very rarely burns, tans very easily</td>
</tr>
</tbody>
</table>
Issue Skin Type Quiz.

Activity for the students to discover their own skin type. They should consider each question and choose the answer they feel is most appropriate to them. Along from the answer is a number. Each number for each of their answers should be noted so they can be added up at the end to get their total.

It is important to note here that ALL skin types CAN develop skin cancer. Being sun safe reduces the risk, but doesn’t always prevent skin cancer from happening in a small number of cases.

Powerpoint slide 20

Answers for the Skin Type Quiz. Ask them to put up their hands for how many are skin type 1, 2 etc. This will highlight that there is a variety of skin types in the classroom and all require different care.

Powerpoint slide 21

Although everyone should wear sunscreen, people with skin types 1-3 are most at risk from burning and should be more aware of when they need to reapply sunscreen.

Then relate the skin types to higher risk of skin cancer

- Skin cancer risk is around doubled in people with freckles
- Risk is higher in skin types 1-3, but even if you have skin type 4-6 you can still be at risk of melanoma so it’s still worth body mapping

This means that you can still enjoy the sun, but you need to make sure you always protect your skin.

The statistics and advice will be more personal now that they know their individual skin type.
ACTIVITY 4: HOW TO TREAT SKIN CANCER

What is the activity?

We are encouraging the students to think about who they would talk to if they had any concerns about their skin. This is especially important as young people should feel confident to speak to their doctor or school nurse if they have concerns and be assured that they are not wasting the doctor/nurse's time.

Why are we doing this?

To encourage students to feel confident in their ability to talk to someone about any concerns that they may have.

How to perform Activity 4 (Powerpoint slides 22-24)

Powerpoint slide 22

Up until now we have looked at who gets skin cancer, what causes skin cancer, how to recognise skin cancer and how to protect yourself best against skin cancer.

DISCUSSION POINT

If you were to notice a change in your skin, who would you talk to?

If you noticed any of the signs for skin cancer who would you tell? Would you go to the doctor?

Powerpoint slide 23

The first step is making sure you tell someone. Talk to an adult that you trust - it could be a teacher, parent, carer or any family member. Then, if you're worried a family member or carer can go with you to see the doctor.

Powerpoint slide 24

If you are worried about your health in any way, then it’s important that you speak to a health professional as they will be able to help you. It’s likely that your concern can be easily dealt with and will be nothing to worry about, so talking to a professional can put you at ease. A health professional includes: your doctor, practice nurses or school nurses.
Powerpoint slide 24 (continued)

Story about going to see the doctor and treatment of skin cancer

The treatment for skin cancer is often a quick and painless removal of the affected area. However, if the cancer is given a lot of time to grow and develop, or if it is an aggressive type of cancer, then it can require surgeries that can leave permanent scars on the body.

If you wish to support this with a story, then use the following:

Phoebe's Story

Phoebe was diagnosed with skin cancer on her arm when she was 20. She had an operation to remove the cancer, but afterwards the doctors found that it had spread to her armpit. After three surgeries in total, they managed to remove all of the cancer from her body, but she was left with a small hole in her armpit and another scar on her leg from a skin graft.

A while later, while she was recovering she found another small, solid lump near her elbow. Because Phoebe had been told by the doctor to watch out for any unusual lumps and bumps she went straight back to the hospital. She found out that the original cancer had come back, but they were able to remove it with a fourth operation.

Phoebe doesn't currently need any further surgeries but she regularly checks her skin for anything unusual. For the next 10 years she will go to the hospital for check-ups every three months and scans every 6 months. As result of the various surgeries she has lost all feeling and strength in her left arm due to nerve damage, and has a scar that is a foot long in length.

ACTIVITY 5: PLANNING TO USE SUN PROTECTIVE BEHAVIOURS

What is the activity?

This activity comprises two worksheets for students to complete as individuals or in pairs.

The first worksheet is called My Plan. Students will read the statement written inside the sun, and decide which of the accompanying statements would help them to remember to put on sunscreen.

The second worksheet is called Action Plan. This is where each student will specify (a) what sunscreen they will get, (b) how they will remember to take it with them when they are outside, and (c) how they will remember to use it.

Why are we doing this?

This activity focuses on the transformation of motivation into behaviour change. The Action Plan ensures the students create a realistic plan to follow to help promote behaviour change. The My Plan worksheet addresses the barriers which may stop the students from wearing sunscreen. As wearing sunscreen is not a habit for most, it takes extra thought to actually use it. Planning each stage of sunscreen use ahead of time will help with the performance of the behaviour.

How to perform Activity 5 (Powerpoint slides 25-26)

Powerpoint slide 25

Issue worksheets 3 & 4 to each student.

The first one is My Plan (worksheet 3). Read the statement in the middle of the sun, ‘If I am tempted to not use sunscreen when the sun is out...’. Positioned around the sun are 11 replies to the message in the sun. Ask the students to draw a line between the sun and a reply that they think will help them to remember to wear sunscreen. Students can choose as many replies as they like.

The second worksheet is an Action Plan (worksheet 4). Getting ready for the sun is as easy as 1..2..3. All you need to do is get, carry and use your sunscreen. Ask the students to answer each question on the worksheet as to how they will (a) remember to get sunscreen, (b) carry their sunscreen, and (c) use their sunscreen.
FREQUENTLY ASKED QUESTIONS

How much sunscreen do you need to apply?
It is estimated that over half of people do not know how to apply sunscreen correctly. It is recommended to apply 2 tablespoons of sunscreen to your whole body about half an hour before you go outside. Areas such as the back and sides of the neck, temples and ears are commonly missed, so you need to apply it generously and be careful not to miss patches. Reapply every 2 hours, or sooner if sweating or swimming.

Sprays vs Creams - which is best to use?
Both contain protective ingredients, but there is some evidence to suggest that you might not use enough of the spray compared to when using a cream. It would take, on average, twice as long to spray the recommended amount, as people currently take. This is because of the quantity of sunscreen released in one spray. However, as long as you are putting enough on, you can choose either a cream or a spray.

Can we overdo the sun protection and not get enough vitamin D?
At the moment as a country we are definitely not overdoing the sun protection, this is why we are seeing increases in skin cancer. 80% of skin cancer cases each year could be prevented if we protected ourselves from the sun and its harmful radiation. The type of behaviour that typically leads to this increased risk is spending prolonged periods of time in the sun without sun protection and getting burnt. In order to get our daily dose of vitamin D in the summer months, we only need short (5/10 minutes), regular periods of sun exposure without sunscreen. You can then put the sunscreen on before you start to burn. This is enough for most people to absorb vitamin D from modest exposure to UVB sunlight. This is not recommended during the hours of 11-3pm when UV exposure is at its highest.

It is extremely difficult to give a guideline for the duration of time for which a person should go outside without sunscreen. This is because the rate at which we absorb vitamin D is very individual and is dependent on: skin type, amount of skin exposed, time of day, time of year and how far someone is from the equator. It is estimated that for most people 10-15 minutes is enough.

There are other ways to get vitamin D if people are concerned about their intake, particularly as we don’t get very many sunny days in the UK. Vitamin D is found naturally in oily fish (such as salmon, mackerel, trout and sardine), eggs and meat. It is also added to some food such as some breakfast cereals, soya products, some dairy products, powdered milks and fat spreads. Vitamin D supplements are also available.

Concerns over vitamin D levels should not prevent the use of sunscreen.

There are sunscreens on the market which you only need to apply once - how effective are these?
The problem with once-a-day sunscreens is that they make the assumption that you have correctly applied your sunscreen and that it has not been prematurely removed. The majority of us do not apply enough sunscreen to get the protection that is advertised on the bottle and often miss areas that are difficult to reach, with the result that we are not as protected as we think we are. Furthermore, we often forget that sunscreen can be removed before we are scheduled to reapply, for example through exposure to water, sweating, towel drying and putting on clothing.

So, if you used once-a-day sunscreen and didn’t apply enough, or left areas exposed, or it was accidently rubbed off, then you would need to reapply the sunscreen. If you are at all concerned, then you are safer re-applying sunscreen.