

Rebound Therapy Health & Safety Policy



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Approved by Governing Body On	May 2017
To be Reviewed On	May 2019
Signed on Behalf of the Governing Body	

Health and Safety Policy Rebound Therapy

It is the policy of the organisation to ensure the safety of all employees, learners and others engaged in Rebound Therapy or who are present in the hall during a rebound therapy session.

Procedure: All employees participating in Rebound Therapy must be familiar with this safety policy and adhere to its recommendations

Responsibilities The Head Teacher and/or Head of Care Services or their nominated deputies are the named persons with overall responsibility for ensuring the safety of users and staff engaged in Rebound Therapy.

User safety

- All users, including staff, must be screened for contra-indications before beginning to access Rebound Therapy (see appendix 1).
- All users must be risked assessed before beginning to access Rebound Therapy. The risk assessment will specify levels of support and supervision for each individual user. All users must be supervised in accordance with their risk assessment.
- Rebound Therapy sessions must be led by a member of staff who has successfully completed the recognised Rebound Therapy course. The identity of the “group leader” must be clearly established before each session begins. This person must not leave the activity without delegating responsibility to another person trained in Rebound Therapy.
- Users should not get onto the trampoline until the member of staff leading the session has directed them to do so.
- Learners must be kept away from the immediate area of the trampoline whilst it is put up and down and they must be supervised by staff other than those who are putting the trampoline up/down
- The trampoline must be put away when not in use.

Staff knowledge/training

- In every Rebound Therapy session at least one staff member must have successfully completed the recognised Rebound Therapy course.
- Any member of staff supporting a user to transfer on and off the trampoline must have received appropriate and relevant moving and handling training.
- Staff supporting children/young people during Rebound Therapy should be aware of their individual needs and should have received training to these needs (medication, behaviour, communication etc as appropriate to the individual)

Environment

- The trampoline is used in the Sports Hall.
- Tables, chairs and other furniture etc. must be cleared to the side of the room before the start of a rebound therapy session.
- Spillages must be cleared from the hall floor and slip hazard signs must be displayed.
- Care must be taken to position the trampoline by the padding on the wall.
- The door to the hall must be kept locked during Rebound Therapy sessions and appropriate signage placed on the door..
- The trampoline wheels/stands must be stored in the trampoline storage area after the trampoline has been put up.
- A first aid box is situated in the storage cupboard in the Sports Hall. There is a phone and an alarm bell in the hall to summons help if needed.
- The trampoline is kept chained up in the storage area when not in use.

Protocol for use of the trampoline

- The trampoline must be maintained in a satisfactory condition and checked regularly. Any defects should be reported immediately. The following must be checked each time the trampoline is used.
- Leg chains and anchor bars are sound and the frame is not damaged.
- The trampoline bed is under even tension and there are no tears in the webbing.
- All springs are properly connected with their hooks facing downwards
- All safety pads are securely in place and are not damaged.
- Users should not get onto the trampoline unless the member of staff leading the session has directed them to do so.
- During Rebound Therapy sessions children and young people not engaged in Rebound Therapy must be supervised by responsible adults who are not engaged in the rebound session.
- Whilst a Rebound Therapy session is in progress volunteers, students and visitors will only be allowed into the hall if accompanied by a member of staff.
- Shoes are not worn on the trampoline. Socks should be worn by all users.
- All jewellery is removed during Rebound Therapy. Coins and other hard objects should be removed from pockets before accessing the trampoline. Learners are not allowed to bring any item that could potentially cause injury or discomfort onto the trampoline.
- No food, drink or gum is allowed on the trampoline.

Reporting of accidents and incidents

- All staff should report accidents and incidents using the appropriate forms in line with the schools Health and Safety Policy and procedures. If anyone engaged in Rebound Therapy dies, or is seriously injured as a result of activities on the trampoline, the Head Teacher will immediately notify the enforcing authority, the Health and Safety Executive, by the quickest practicable means. This will be followed up within seven days by a written report on form F2508, obtainable from HMSO. The event will also be recorded as a Schedule 5 Notifiable Event
- Any defective equipment should be reported, recorded and taken out of use until repaired.

6. Moving and Handling procedure

- Users' handling needs will be assessed prior to inclusion of Rebound Therapy into their activity programme. Users will be moved and handled according to their individual needs and abilities
- Moving and handling equipment is made available, appropriate to individual's needs.
- Moving and handling is serviced and checked in accordance with LOLER regulations.
- Ambulant users will be given positive prompts and will be supervised whilst mounting and dismounting the trampoline
- All moving and handling equipment must be used in accordance with the manufacturers' instructions.
- Users may be manually lifted from the trampoline in exceptional circumstances only.

Emergency procedure

- In the event of a fire, the fire evacuation policy should be followed. Information re evacuation procedure is displayed by the fire exits. The hall should be evacuated via one of the two fire doors and staff and learners should assemble in the designated area.
- In the case of a medical emergency help can be summonsed using the phone or alarm bell. Should medical emergency help be required, the office staff alerted by the emergency alarm will do the following...dial 999 and state emergency in the (state which room or hall) and give the the school's or centre's address.
- If necessary the 'ABC' procedure will be followed by a designated 1st aider and, if appropriate, basic resuscitation commenced and continued until the ambulance team arrives.

Appendix 1

Consent and Medical Form - Rebound Therapy



Learner Name..... **Date of Birth**.....

Does the learner have any of the following?	YES	NO	Comments
Arthritis or Stills Disease			
Asthma / respiratory problems			
Cardiac or circulatory problems			
Cystic Fibrosis			
Detached retina(s)			
Dislocated hip(s) / other joint problems			
Epilepsy			
Gastrostomy			
Haemophilia			
Hernia / prolapsed			
Implant (e.g. Baclofen pump)			
Incontinence			
Muscular Dystrophy			
Open wound(s)			
Osteoporosis			
Recent serious illness/ surgery			
Spina Bifida or Hydrocephalus			
Changeable muscle tone			
Tender / Fragile skin			
Tracheostomy			
Vertigo, blackouts, nausea			

Are there any other conditions of which we should be aware? (continue overleaf if necessary)

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I give my consent for the person on this form to take part in Rebound Therapy sessions and I understand that it is my responsibility to inform the session organisers of any changes to the participant's condition

Name of Adult Completing Form (Print)

Profession or relationship to participant.....

Signature.....Date.....

If any of the above conditions are ticked, this form must be signed by a medically trained professional



Appendix 2

Rebound Therapy Medical Advice Form Staff/Volunteers

Do you have any of the following;

A spinal rod		
Dwarfism	YES	NO
Brittle Bone Disease (osteogenesis imperfecta)	YES	NO
Detaching Retina	YES	NO
Atlanto- axial instability	YES	NO
Asthma / respiratory problems	YES	NO
Do you have any other medical condition which might affect your ability to take part in Rebound Therapy	YES	NO
Are you or could you be pregnant?	YES	NO

If you have answered YES to any of the above please give details:

Do you have any other conditions of which we should be aware:

I confirm that the information given above is correct and agree to inform the school of any changes to my health which might affect my ability to participate in Rebound Therapy.

Name (print(_____

Signed _____ Date _____