

BLEASDALE SCHOOL



Rebound Health and Safety POLICY

Date Policy Reviewed:	July 2023
Finalised On:	12.10.2023
Staff Responsible for policy	Sefton Booth, Anna Hodgkinson Kim Buchanan
Chair of Governors	Rosemary Dyson
Where can the policy be found:	School Website SharePoint
Policy to be reviewed on:	08.01.2025

Health and Safety Policy for Rebound Therapy

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Health and Safety Policy for Rebound Therapy

Policy

It is the policy of Bleasdale School to ensure the safety of all employees, children, young people and others engaged in Rebound Therapy or who are present in the Rebound Therapy Room during therapy session. **This policy must be adhered to in conjunction with the school's Manual Handling Policy.**

Procedure

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

Responsibilities

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

1. User safety

- All users, including staff, must be screened for contra-indications before beginning to access Rebound Therapy (see appendix 1). It is the responsibility of the named trained person to ensure relevant documentation is completed for pupils, staff and volunteers.
- All users must be risk 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.

2. Staff knowledge/training

- In every Rebound Therapy session at least one staff member must have successfully completed the recognised Rebound Therapy course.

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- Any member of staff supporting a user to transfer on and off the trampoline must have received appropriate and relevant moving and handling training. (see Manual Handling Policy)
- 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)

3. Environment

- All blue mats surrounding the trampoline need to be in place and covering all flooring
- All equipment that is not in use should be stored in one area of the room
- A first aid box is situated on the corridor outside the Rebound room. There is a call assist button or staff can use their Walkie Talkies should they require help
- Hoists should be stored in the charging position when not in use.

4. 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:
 - 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 Rebound room, if accompanied by a member of staff.
- Shoes are not worn on the trampoline. Trampoline socks should be worn by all users.

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- All jewellery is removed during Rebound Therapy. Coins and other hard objects should be removed from pockets before accessing the trampoline. Children/young people 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.

5. Reporting of accidents and incidents

- All staff should report accidents and incidents using the appropriate forms in line with the school 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 or duty manager 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.
- 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.

7. Emergency procedure

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- In the event of a fire, the fire evacuation policy should be followed. Information re evacuation procedure is displayed by the fire exits. The Rebound room should be evacuated via one of the main door and staff and children should evacuate the building by the nearest exit and assemble in the designated area.
- In the case of a medical emergency help can be summonsed using the call assist button or Walkie talkie. Should medical emergency help be required, staff should contact the nurses on channel 3 or a first aider on channel 5. First aid policy and procedure will then be followed



**Bleasdale
School**

Learning Together / Achieving Together

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25.01.24

Dear

Your son / daughter will be undertaking Rebound Therapy sessions in school. We need to ensure their safety at all times and require you to return the letter to school ASAP.

Your son/daughter will not be able to participate in rebound therapy sessions until this form has been returned.

Many Thanks

Anna Hodgkinson (Rebound Therapy Lead)

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Rebound Therapy

Parent / Carer Consent

Pupil Name :

Does your son / daughter have any of the following ?	Yes	No	Comments
Spinal Rodding			
Dwarfism			
Brittle Bones			
Pregnancy			
Atlanto-axial instability (confirmed)			
Detaching Retina(s)			
Detached Retina(s)			
Osteoporosis			
Haemophilia			
Cardiac or circulatory problems			
Epilepsy			
Arthritis or Stills Disease			
Asthma / respiratory problems			
Cystic Fibrosis			
Muscular Dystrophy			
Spina Bifida or Hydrocephalus			
Changeable muscle tone			
Dislocated hip (s) / other other joint problems			
Vertigo , blackouts, nausea			
Hernis / Prolapsed			
Open Wound (s)			
Gastrostomy			
Incontinence			
Tracheostomy			

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Recent serious illness / surgery			
Tender / Fragile skin			
Implant (e.g Baclofen pump)			

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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 _____ to take part in Rebound Therapy sessions and I understand that it is my responsibility to inform the school of any changes to the pupil's condition

Name of parent / carer (Print)

Relationship to child

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

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

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Appendix 1

Bleasdale School

Rebound Therapy Medical Advice Form Staff/Volunteers

Do you have any of the following;

- | | | | |
|----|--|-----|----|
| 1. | A spinal rod | YES | NO |
| 2. | Dwarfism | YES | NO |
| 3. | Brittle Bone Disease (osteogenesis imperfecta) | YES | NO |
| 4. | Detaching Retina | YES | NO |
| 5. | Atlanto- axial instability | YES | NO |

- | | | | |
|----|-------------------------------|-----|----|
| 6. | 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
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Are you or could you be pregnant?	YES	NO
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If you have answered YES to any of the above please give details.....

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

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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.....