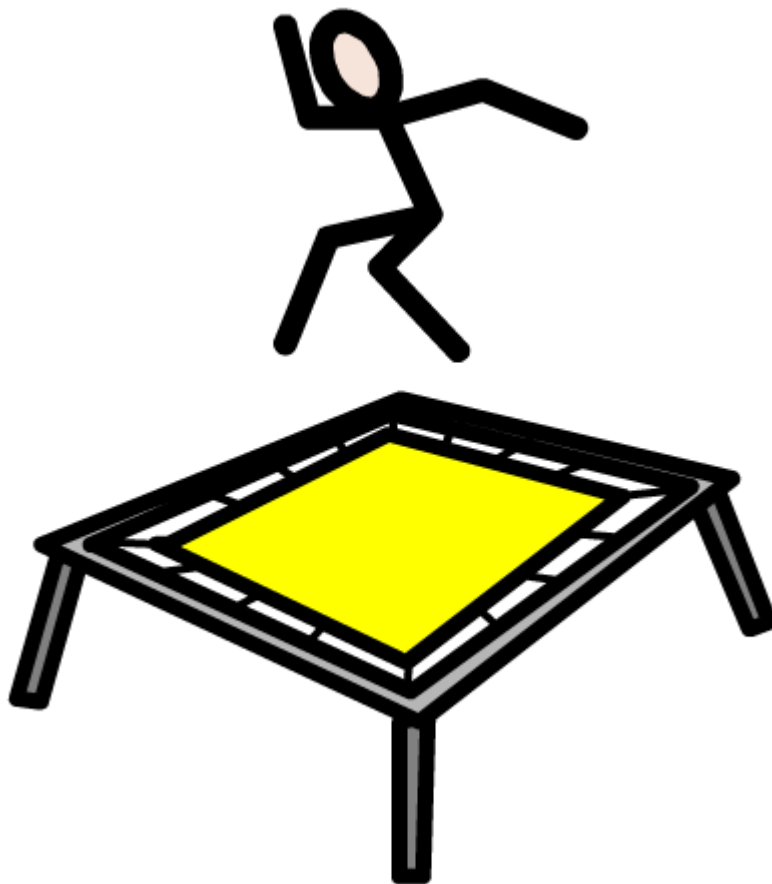


REBOUND THERAPY AT MAPLEDOWN SCHOOL



HEALTH AND SAFETY POLICY

Updated January 2023
Caroline Garvey

Health and Safety Policy for Rebound Therapy

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Health and Safety Policy for Rebound Therapy/Use of the Trampoline.

Policy; It is the policy of the organisation to ensure the safety of all employees, children, young people and others engaged in Rebound Therapy/using the trampoline or who are present in the hall during a Rebound Therapy session.

Procedure; All employees participating in Rebound Therapy/Trampolining must be familiar with this safety policy and adhere to its recommendations.

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

Please Note:

Staff can set up the Trampoline only if they have fully read and understood this document. They should then sign it to confirm this.

The confirmation sheet is located on the notice board in the Staff Room. If not or if you have any questions. Please See Caroline.

1. Student safety

- i.**All Students, including staff, must be screened for contra-indications** before beginning to access Rebound Therapy (see appendix 1).
- ii.**All students must be risk assessed before beginning to access Rebound Therapy.** The risk assessment will specify levels of support and supervision for each individual student. All must be supervised in accordance with their risk assessment.
- iii.Rebound Therapy sessions must be led by a member of staff who has successfully completed the recognised Rebound Therapy course. The identity of the person in charge of the Rebound Therapy activity 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. This person should remain on the trampoline throughout the session as long as there are students on the trampoline.
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- iv.Students should not get onto the trampoline until the member of staff leading the session has directed them to do so. There should also be a trained member of staff on the trampoline to support the student to get on. (See individual risk assessment for access procedures)

- v. Children and young people 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. Students should be kept away from the trampoline at all times except when getting on and off.
- vi. The trampoline must be put away when not in use.
- vii. Barriers must be put in place prior to opening up the floor whilst setting up for the session. This is to prevent students running onto the Trampoline whilst walking through the hall. The barriers are then not replaced until all the equipment is put away and the Trampoline doors are closed. All entrance points must remain closed from this point until everything is put away.

2. Defining the use of the Trampoline at Mapledown School with regards to staff knowledge and Training:

- i. For students with Physical impairments in Learning Zones Three and One, they will take part in Rebound Therapy sessions. As part of their training they are required to have received manual handling training to assist students with transfers on and off of the Trampoline. This applies to students requiring support such as hoists/slide sheets (See risk assessment).
- ii. For staff working with students in Learning Zone One and Two who do not have Physical impairments and are able to safely access the trampoline without additional manual support but under close supervision, do not need manual handling training. They do however, as mentioned previously need to be assessed to ensure they are able to safely set up the Trampoline. This includes safely opening and closing the doors and positioning the mats around the trampoline. This is to be carried out by staff that have had the appropriate training. These students will take part in 'Rebound Therapy Plus' which takes into account the high skill level of these students compared to those students taking part in Rebound Therapy.
- iii. In every Rebound Therapy or Rebound Therapy Plus session, at least one staff member must have successfully completed the recognised Rebound Therapy or Rebound Therapy Plus course.
- iv. Staff supporting children/young people during Rebound Therapy/Rebound Therapy Plus should be aware of their individual needs and should have received training to these needs (medication, behaviour, manual handling, communication etc as appropriate to the individual)

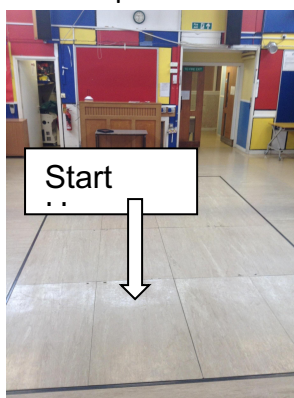
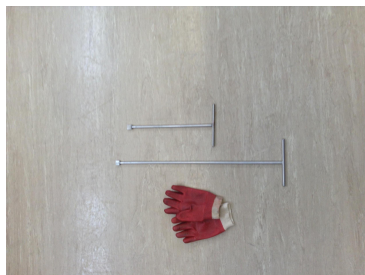
3. Environment

- i. The trampoline is used in the school hall.
- ii. Tables, chairs and other furniture etc. must be cleared to the side of the room before the start of a Rebound Therapy session.
- iii. Spillages must be cleared from the hall floor and slip hazard signs must be displayed.
- iv. The trampoline mats and barriers must be stored under the stair after use. The mats must be placed first followed by the barriers see appendix 3 for mat placement photos.
- v. A first aid box is situated in the medical room. There is an alarm in the hall to summons help if needed.
- vi. The trampoline is closed safely after use.

4. Protocol for setting up the trampoline.

- i. The trampoline must be maintained in a satisfactory condition and checked regularly. Any defects should be reported immediately.
- ii. Opening up the trampoline: A minimum of two members of staff are required to set up the trampoline. These do not need to be Rebound Therapy trained but need to have been instructed to do so safely they also need to be confident. These should be signed off to acknowledge training has taken place. If any additional help is required, then those people also need to be trained. Assembling and disassembling the Trampoline is not necessary unless repairs or maintenance is required.
- iii. The mats are set up as follows:
- iv. Each mat has been numbered 1-10 on the outside and 1-10a on the inside. The numbers have also been written on the folding doors so they can be matched up. Number 1 starts at the top right corner by the Fire exit to the library, they then increase in a clockwise direction. See Photographs in Appendix 3.
- v. The black and yellow tap should be pulled across from the PE Cupboard to the Head Teachers office prior to the start of the session.

- vi. When setting up the trampoline, gloves must be used. These are located in the AVA cupboard.
- vii. The keys below should be used to open the trampoline doors. These are located behind the recycle bins in the office.
- viii. Once the Trampoline is open these keys should be placed in the AVA cupboard for safety reasons.



- ix. The first Trampoline door to be opened is located below (Top right) Then always in the same order. When closing the doors this should be performed in reverse.
- x. Ensure you lift with a straight back and bent knees. Always do this in a slow and controlled manner.



- xi. When removing or replacing the bars from the Trampoline, do this from the OUTSIDE. NEVER stand on the sheet on the trampoline as this is unsafe. You could very easily slip.
- xii. Two people must remove these in a safe manner.
- xiii. When replacing the bars please ensure that they line up with the holes on the side of the wall around the Trampoline.

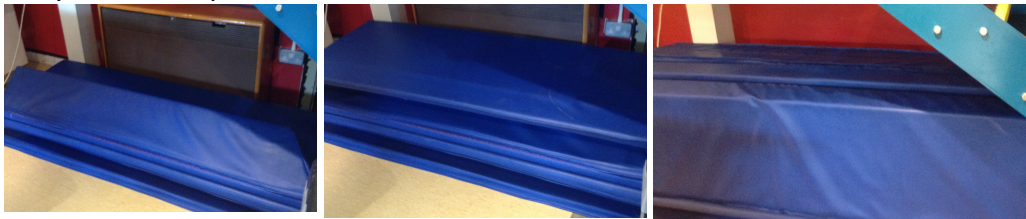


- xiv. The bars should be placed safely out of the way. Usually on the wall by the PE cupboard if this is safe for your class, or under the stairs if students are likely to pick them up.
- xv. Mats are numbered individually so these will match up with numbers on the surrounds of the trampoline.

xvi. The mats are set up as follows:

- Each mat has been numbered 1-10 on the outside and 1-10a on the inside.
- The numbers have also been written on the folding doors so they can be matched up.
- Number 1 starts at the top right corner by the Fire exit to the library, they then increase in a clockwise direction. See Photographs in Appendix 3

xvii. They should be placed back as illustrated below.



xvi. 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 and mats surrounding the Trampoline are securely in place and are not damaged.
- All four supporting legs are to be checked that they are fully inserted and have not slipped out. If they have, please use a rubber mallet to help bang them back into place. Training on this will be provided. If you have not been trained, please do not attempt this. The mallet is located in the Deputy Heads Office.
- When putting away the mats where possible try to keep the mats attached to each other to speed up the set-up process.

4a. Protocol for using the trampoline.

i. Students should not get onto the trampoline unless the member of staff leading the session has directed them to do so.

- ii. 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.
- iii. 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.
- iv. Shoes are not worn on the trampoline. Socks should be worn by all students.
- v. 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.
- vi. No food, drink or gum is allowed on the trampoline.

5. Reporting of accidents and incidents

- I. All staff should report accidents and incidents using the appropriate forms in line with the Mapledown school's 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
- II. Any defective equipment should be reported, recorded and taken out of use until repaired.

6. Moving and Handling procedure

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

7. Emergency procedure

- i. 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 five fire doors and staff and students should assemble in the designated area.
- ii. In the case of a medical emergency help can be summoned using the panic alarm. 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 school's address.
- iii. 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.

8. Contraindications

'Rebound Therapy.org' advise six **absolute** contra-indications (exclusions)

They are:

Pregnancy

Detaching Retina

Confirmed Atlanto Axial Instability (AAI)*

Brittle bones

Dwarfism

Rodded back

As far as students with spinal rods is concerned, the advice from ReboundTherapy.org', the official UK body and international consultancy for Rebound Therapy™ is:

"People with spinal rods **cannot safely use a trampoline**. The only *possible* exception to this is: if a physiotherapist who is a member of the CSP and has done the Rebound Therapy course is personally leading the session, then their professional membership insurance from the CSP **may** cover them. "

"Your physiotherapist will need to check with the CSP him or herself. It is the responsibility of your physiotherapist to make sure these checks are done regularly, as policy small print, levels of cover, terms and conditions and associated advice may change over time."

There are also a number of other conditions which are contra-indicated for trampolining and Rebound Therapy and it is necessary for the coach to have a knowledge of disabilities and precautions which should be taken to minimise risk.

* pupils with Down syndrome are at an increased risk of AAI. This needs to be confirmed by a medical professional. Ideally, the child's consultant/ Paediatrician or GP. Staff are required to send a letter to the parents/carers in order for them to request confirmation that their child is safe to use the trampoline. This letter can be found in the policies folder and in Appendix 1a below.

Appendix 1

REBOUND THERAPY MEDICAL SCREENING FORM

Rebound Therapy is the use of a **trampoline** to promote opportunities for movement, therapeutic exercise and recreation, for children and young people across the whole spectrum of special needs. Rebound can be used to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, sensory integration, emotional regulation; improve fitness and exercise tolerance and communication skills. Additional information can be found at www.reboundtherapy.org.

Due to the physical nature of this activity, it is essential that we are aware of any existing medical conditions which may affect a child's suitability to attend.

As with any type of physical activity, there is a level of carefully managed and mitigated risks involved when participating in Rebound Therapy. Every student will go through an internal screening process (medical / behaviour / physical / cognition / communication) that will determine their suitability for the sessions. There may be times when your child cannot access a session based upon the rigorous, continuous and timely risk assessments and screening that are part of our every day practice within this subject area.

Child's name		DOB	
Parent/Carer's name		Relationship	
SEND/Diagnosis			

Please answer the following questions by placing a tick in the appropriate box. If you do not understand any of the questions please ask one your child's teacher to explain.

Does the above-named child/ young person have any of the following?

	Yes	No	Further details
A spinal rod			
Brittle Bone Disease (osteogenesis imperfecta)			
Detaching Retina			
Atlanto- axial instability (Occasionally present in pupils with Downs Syndrome – Clearance required from medical professional – Physio/consultant)			
Pregnancy			
Dwarfism			
Cardiac or circulatory problems			
High/low blood pressure			
Asthma / respiratory problems			
Haemophilia			
Epilepsy			
Arthritis or Stills Disease			

Cystic Fibrosis			
Dislocated hip(s) / other joint problems/musculoskeletal difficulties or instability			
Muscular Dystrophy			
Spina Bifida or Hydrocephalus			
Changeable muscle tone			
Vertigo, blackouts, nausea			
Gastrostomy/colostomy			
Implant surgery (i.e., Baclofen pump/shunt/VNS)			
Tracheostomy			
Recent serious illness/ surgery			
Tender/ fragile skin			

If you have answered yes to any of the above, your child's teacher will contact you for further information/advice before your child can participate. We may need further advice from your GP or consultant.

Does the child/ young person have other conditions of which we should be aware?

.....

.....

Consent to take part in Rebound Therapy at Mapledown School.

I DO / DO NOT **(please circle)** give permission for **(name of pupil)** to participate in Rebound Therapy activities at Mapledown Special School.

I have read the information above related to Rebound Therapy.

I confirm that the information given above is true.

I understand that it is my responsibility to contact the school should there be any changes to my child's health related to the medical screening list above.

Signed.....

Date

Appendix 1a:

Dear Parents/Carers,

Here at Mapledown school we are very fortunate to have access to a trampoline and trained staff who can lead Rebound therapy sessions for our pupils. We would love for all pupils to participate and need to make it as safe as possible. There are some conditions that can be affected by the types of movements pupils engage in on the Trampoline. One of those conditions is Atlanto-axial instability, which is known to affect people with Down Syndrome. For more information please see attached page.

We are writing to request that you seek medical advice from your child's GP or consultant that they do not have AAI and are able to participate in rebound Therapy sessions. Unfortunately, if they do not have this permission then they will not be able to take part for their own safety.

Please take this letter to your child's GP or Consultant to obtain this permission and send it to school once it is complete.

Many thanks and kind regards

Caroline Garvey

Deputy Head Teacher and Rebound Therapy Trainer

To whom this may concern,

..... attends Mapledown school. Here at Mapledown we are very fortunate to have access to a trampoline and trained staff who can lead Rebound therapy sessions for our pupils. Rebound therapy is therapeutic exercise for individuals with a range of physical and learning disabilities on a trampoline. It is provided by a trained Rebound Therapist.

Rebound therapy uses bounce, momentum and rhythm to facilitate active movement in a gravity free scenario. It is a fun and challenging activity enjoyed by children of all ages and abilities. Rebound therapy is currently used with people with a wide range of abilities from mild to profound physical and learning disability, sensory needs, mental health needs and some neurological and other medical conditions. In addition to providing physical therapy, Rebound therapy provides many people with a valuable opportunity to enjoy movement and interaction (Crampton 2002).

Pupils may benefit from rebound therapy if they have limited active movement. Rebound therapy improves both high and low muscle tone as well as cardiovascular fitness. It is appropriate for children who have a lack of awareness of body position, reduced sensation and problems with posture. It helps develop communication skills and helps regulate emotions in a safe controlled manner.

One of the absolute contraindications for Rebound therapy is AAI: Atlanto-axial instability (AAI) is a condition that affects the bones in the upper spine or neck under the base of the skull. The joint between the upper spine and base of the skull is called the atlanto-axial joint. In people with Down syndrome, the ligaments (connections between muscles) are "lax" or floppy. This makes sufferers of AAI prone to a slippage of these vertebrae which can cause brain damage and paralysis. As a result, pupils with down syndrome need to have clearance from a medical professional to say that they do not have AAI in order to participate in Rebound Therapy.

As a school we are writing to request an assessment into whether it is likely that has AAI. If not, with regards to AAI is this pupil clear to take part in Rebound Therapy?

I.....(GP/ Consultant / Physiotherapist - delete as required) confirm thathas / has not (delete as required) been diagnosed with AAI and can / cannot (delete as required) take part in Rebound Therapy.

Signed.....

Date.....

Appendix 2

Rebound Therapy Medical Advice Form Staff/Volunteers

Do you have any of the following;

- | | | | |
|----|--|-----|----|
| 1. | A spinal rod | YES | NO |
| 2. | Dwarfism | | |
| 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
-----------------------------------	-----	----

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.....

Appendix 3

Photos of Trampoline set up:

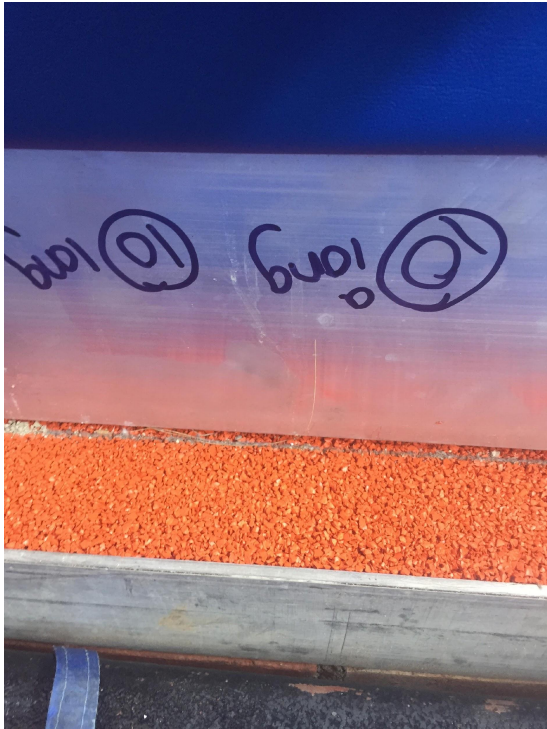
A:

Surrounding mats should be set up like this: (Up to date photo to follow once Trampoline is fixed).



B:

Each mat is labelled with a number and letter as follows. They all correspond.



Appendix 4:

Staff Trained to lead Rebound Therapy

Lucy
LULA
Carina
Lidia
Sharon
Federica
Tamara
Mantas
Ashraf (Trainer)
Caroline G (Trainer)