



RISK ASSESMENT

Risk Assessment for:	REBOUND THERAPY – TRAMPOLINE CARE & USE	Prepared by:	H&S Co-ordinator – S.L & V.D
		Assessed by SLT:	
Location:	ROSEWOOD FREE SCHOOL & AVENUES SITE	Date of Assessment	September 2022
		Review Date:	September 2024

Activity / Hazard	Who might be harmed?	Hazards Identified which may cause harm – consequence	Existing Level of Risk	Control Measure and Precautions Taken	Additional Control Measures or Further Action Required	Remaining level of Risk
Staff getting out & putting away the trampoline	Rebound therapist & support	Untrained, unfit staff getting the bed out causing damage to all ailments of the body. Not completing safety checks.	Med - 15	Keep trampoline locked when not in use. Rebound therapist to always be present when getting the bed out & away. Rebound therapist to set up & lead as trained. Always 2 people to get the bed out. Staff to read the R.A & must be signed off as competent before handling the bed. Clear area. There should be a 2-meter clearance around the trampoline when positioned for use. Store legs with hooks down, under the ends of the trampoline. Staff to wear suitable shoes. Maintenance check list to be completed & signed that it has been done by R.Therapist each time of getting the bed out.	Think about your posture at all times when handling trampoline components. Annual service	Low - 5
Getting out & putting away the trampoline	Employees, Learners, third parties	Small items on the floor may put the trampoline off balance; the bed may topple or suddenly stop causing muscular skeletal damage.	Med - 15	Care to keep the floor clear & tidy. Vigilance.	Good housekeeping	Low - 5
Attaching the end decks	As above	Untrained, unfit staff getting the end decks out causing damage to all ailments of the body.	Med - 15	Follow guidance from training & R.Therapist. Ensure pins are screwed in securely. 2 staff members to secure into place.		Low - 5

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Manoeuvring crash mats	Employees, Learners, third parties	Untrained, unfit staff getting the crash mats out causing damage to all ailments of the body	Low - 6	2 people to move mats safely. Use black handles on the mats to move them.		Low - 3
Spotting for the Rebound session	As above	Misguided enthusiasm, spotters leaving the trampoline.	Low - 6	'Spotters' to follow the 'Rebound Spotters Responsibilities' form.	Support from the R.Therapist	Low - 3
Rebound therapy session	As above	Learners being not fit for the session, staff not following guidelines. Rebound therapist not being trained.	High - 32	All pupils must be signed fit by their GP to undertake Rebound Therapy. Followed by parental consent. Follow guidelines for suitable Learners accessing rebound – refer to Rebound official guidelines. Staff to attend initial official Rebound Therapy training, followed by refreshers every 3 years.	Checked before pupil attends	Low - 2
Pupil being hoisted	As above	Untrained staff, not enough trained staff present causing a fall or muscular skeletal damage.	Med - 15	Hoist on & off trampoline - see individual pupils R.A's & Rebound therapy programme. All staff trained in Manual Handling Staff on trampoline to be a trained Rebound Therapist or working under the guidance of a Rebound Therapist who is present.		Low - 5
Failure of equipment	As above	Equipment causing tears or damage to skin. Cross contamination causing infection.	Med - 15	Equipment is of good quality, correct equipment for use and is inspected by Rebound Therapist before each use.	Good housekeeping	Low - 5

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Pupil lying on trampoline in sling, still attached to hoist/on peanut roll	Employees, Learners, third parties	Banging head on hoist boom with movement of the trampoline causing impact injury.	Med - 9	<p>Equipment being cleaned after use.</p> <p>Trampoline bed must be still and not 'bounced' whilst pupil is still attached to hoist.</p> <p>Staff on trampoline to be a trained Rebound Therapist or working under the guidance of a Rebound Therapist who is present Staff to maintain control of the bar at all times.</p> <p>Hoist team to be alerted to the risk and reminded of the need for synchronisation between adult on the trampoline and those involved in hoisting who are not on the trampoline.</p>		Low - 3
Pupil lying or sitting on trampoline	As above	Bouncing, staff falling onto Learners, therapist falling over student, banging heads of therapist & Learners causing impact injuries.	Med - 9	<p>Individual pupil's Rebound Programme to be followed.</p> <p>Moving and Handling protocols to be followed at all times.</p> <p>Staff to be aware of trip hazards such as pillows or the Learner</p> <p>Staff on trampoline to be a trained rebound therapist or working under the guidance of a Rebound Therapist who is present.</p> <p>Staff to be aware to keep good distance</p>		Low - 3

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				between their head and that of the pupil.		
Pupil lying, sitting or standing on trampoline or on peanut roll	Employees, Learners, third parties	Falling off the trampoline causing broken limbs or varying injuries. Staff exhaustion	High - 24	3 people present during session. Two spotters, one either side of the trampoline at all times. When bouncing to guide student back on to trampoline or to the floor. Or 2 on bed & 1 at the side for certain gentle manoeuvres. R.Therapist physically fit for role. Staff on trampoline to be a trained rebound therapist or working under the guidance of a Rebound Therapist who is present.		Med - 8
Pupil kneeling on the trampoline	Employees, Learners,	'Whip lash effect' if actually bounce and leave the bed in kneeling position	Med - 15	Staff to ensure pupils' knees never leave the bed when being 'bounced' in the high kneeling position. Staff on trampoline to be a trained rebound therapist or working under the guidance of a Rebound Therapist who is present.		Low - 5
People using the trampoline when unattended or unsupervised	The person choosing to use the bed unsupervised	Falling off, varying impact injury whilst being unsupervised.	High - 24	Signs are clearly on the door and a notice is left on the bed when the trampoline is unattended stating 'do not use the trampoline without a Rebound Therapist present'.	Check notices are present	Med - 8
Pupils leaving the bed	Employees, Learners, third parties	The learners independent bouncing and leaving the bed causing possible 'Whip lash effect'.	Med - 15	Therapist & spotters aware of individual learner's ability. Therapist to refer back to Rebound training and implement necessary actions.		Low - 5

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Physical complications	Learner	<p>Bouncing with anything below may cause:</p> <p>AAI – Atlanto-axial instability - vague neck pain, occipital headache, or occasionally intermittent (and potentially fatal) cervical spinal cord compression.</p> <p>Detached retina - my cause further detachment.</p> <p>Dwarfism – damage to the bone structure.</p> <p>Spinal rods in situ – pressure on the spinal area.</p> <p>Brittle bone conditions – broken bones.</p> <p>Pregnancy – unknown health concerns to unborn baby and mother.</p>	High - 32	<p>Any learners with Downs Syndrome must be screened for AAI to see if they can access Rebound. It would be down to the health profession to give recommendation of accessing Rebound or not.</p> <p>Any learner or therapist suffering from AAI, detached retina, Dwarfism, brittle bone conditions, have spinal rods in situ or are pregnant must not take part in Rebound sessions.</p>	Trained rebound physios can use discretion when bouncing with spinal rods.	Low - 1
<p>High likelihood of risk – Likely to occur immediately or in the near future</p> <p>Medium likelihood of risk – will occur in time if no preventative action is taken</p> <p>Low likelihood of risk – Remote or unlikely to occur</p>						

Date Reviewed	Comments
Initial assessment – Nov 2016	Updated by S.Lotriet when started new position
Nov 2017	
April 2018	Annual update
April 2019	Annual update – change of format
January 2020	Update – information added
May 2020	Annual update
Sept 2020	Covid 19 amendments
May 2020	
Sept 2022	Annual update - information added.



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