





Risk	REBOUND THERAPY – SUNKEN TRAMPOLINE	Prepared by:	H&S Co-ordinators – S.L & V.D
Assessment	ASSEMBLE & DISASSEMBLE	assessed by SLT:	
for:		•	
Location:	ROSEWOOD FREE SCHOOL & AVENUES SITE	Date of Assessment	January 2023
		Review Date:	January 2025

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
The opening and closing the floor lid of the trampoline.	Staff	Untrained, unfit staff causing musculoskeletal injury, strains of varying joints, impact injury, slips, trips & fall. Not completing visual safety inspection causing instant injury or injury during rebound session.	High - 20	Only trained staff to prepare the flooring lid and safety mats for use of the trampoline. 1 staff member to complete the lid removal. Staff to read the R.A & must be signed off by M&H as competent before taking part in the assemble and disassemble of the sunken trampoline. Follow training at all times. Only use specific designed key to open the lid. The lid must not be opened by any other key or means for safety reasons. The hall flooring area should be clear of hazards, other staff and learners when preparing the trampoline. Using the lid key as instructed and following training should ensure fingers are not to be near the lid mechanism or handled when opening or closing. Using the lid key as instructed and following training should ensure that feet are positioned as to not be injured when opening or closing.	Sunken trampoline lid operation guidelines available for reference Contact Sunken Trampoline for a replacement key. Care with posture at all times when handling trampoline components. Suitable footwear in school as clothing policy. Disciplinary procedure actioned if untrained staff attempt to assemble or disassemble the lid or alter the safety mats.	Low - 5







				Never prepare trampoline barefoot. Only replace the floor lid if the support bars mentioned below are in the situ. Visual inspection for sound condition of the		
				flooring lid before assembling and deassemble.		
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
Handling the support bars – trampoline out	Staff	Untrained, unfit staff causing musculoskeletal injury, strains of varying joints, impact injury, slips, trips or a fall.	High - 20	1 or 2 trained staff (depending on staff physical capability) to transfer the aluminium support bars from the trampoline (uneven surface) to the hall floor (firm surface).	Support bars to be stowed away in safe area when not in use (against the wall at the end of the trampoline).	Low - 5
Handling the support bars – trampoline away	Staff	Untrained, unfit staff causing musculoskeletal injury, strains of varying joints, impact injury, slips, trips or a fall.	High - 20	1 or 2 staff (depending on staff physical capability) to position the aluminium support bars from the hall floor (firm surface) to the trampoline (uneven surface). BUT 2 Staff to visually ensure the support bars are positioned correctly and in the correct position using the marked guidelines. Prepare and position the supporting beams near the trampoline end and transfer them once you are on the trampoline (uneven surface). This will avoid over stretching.	Staff to inform M&H if marked guidelines wear away from vision.	Low - 5
Staff getting out & putting away the sunken trampoline safety mat edging.	Staff	Untrained, unfit staff getting the safety cushions out causing damage to musculoskeletal, strains of varying joints, slips, trips & falls. Not completing visual safety inspection causing instant injury or injury during rebound session.	High - 20	1 or 2 trained staff (depending on staff physical capability) to assemble and disassemble safety cushion edging. Visual inspection for sound condition of safety cushion edging before assembling and disassemble	Care with posture at all times when handling trampoline components.	Low - 5







Unmanned prepared trampoline	Staff, Learners, third parties	Varying injury whilst being unsupervised or untrained.	Med – 15	School hall doors to be closed and keypad used for access. Specific visual barriers to be positioned around the trampoline. Specific signage positioned on the trampoline and hall entrance doors. All staff aware of trampoline being unmanned and not to enter visual barrier area and third parties advised if relevant.		Med - 10
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
Storage of trampoline safety mats	Staff, Learners, third parties	Unsafe storage creating impact injury, slip hazard, poor housekeeping creating hazard.	Med - 9	Safety cushions to be stored in locked PE cupboard in a safe manor. Refer to photos in PE cupboard for safe storage.	Care with posture at all times when handling trampoline components.	Low - 3
Failure of floor lid	Staff, Learners, third parties	Loss of lid key. Grit or dust compromising the ease of assembling and de-assembling of the sunken trampoline causing muscle strain.	Med - 15	Lid key to be stored on hook in the hall. If lid key is lost a replacement must be sourced - rebound suspended until official lid key is found or replaced. Visually inspected by staff on assemble and disassemble	Contact Sunken Trampoline for a replacement key. Good housekeeping	Med - 10
Damaged safety mats	Staff, Learners, third parties	Equipment causing tears or damage to skin. Cross contamination.	Med - 9	Trampoline put out of action until equipment has been replaced or repaired. Correct equipment for use and is visually inspected by staff and annually inspected by 'Sunken Trampoline'.	Good housekeeping	Low - 3
People using the trampoline when unattended or unsupervised	The person choosing to use the bed unsupervised	Varying injury whilst being unsupervised.	Med - 15	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'. Visual barrier present around the trampoline.	Disciplinary procedure actioned. Check notices are present	Med - 10







				Hall doors have keypads to enter the hall. Hall doors closed or hall maned when trampoline is out.		
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Weight limit of trampoline weight	Staff, Learners, third parties	Exceeding this suggested weight limit may cause malfunction of trampoline causing impact injury, partial or full fall, broken bones and musculoskeletal damage.	High - 20	Suggested (email from Sunken Trampoline, not written in guideline use) maximum weight limit 160kg		Med - 10
Weight limit of the sunken trampoline lid		Exceeding this suggested weight limit may cause malfunction of flooring causing impact injury, partial or full fall, broken bones and musculoskeletal damage.	High - 20	Suggested (verbally from Sunken Trampoline, not written in guideline use) maximum weight limit half a ton. If the flooring area can be avoided for use above, then do so and use another area of the hall.		Med - 10

High likelihood of risk – Likely to occur immediately or in the near future

Medium likelihood of risk – will occur in time if no preventative action is taken

Low likelihood of risk – Remote or unlikely to occur

Date Reviewed	Comments
November 2021	Initial assessment
January 2022	Update after 1 month usage
January 2023	Annual update