



## RISK ASSESSMENT

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

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 and staff to learner ratios during the rebound session.	Staff, learners or third parties	Low ratios, untrained, unsuitable, not competent staff using or supporting the rebound session causing unnecessary incidents or accidents.	Medium - 15	Trained in date Rebound therapist present during all sessions. Sessions must only take place once a rebound therapist and spotter are present. No spotter no bounce. Only staff or third parties trained in moving and handling <u>and</u> are deemed competent in supporting a rebound session and emergency situation to be present as the main spotter. Additional staff or third parties can be present during rebound but not necessarily in the role of support during the session.	Rebound therapist refreshed every 3 years.  Refer to learners handling plan if additional staff are needed for that learners transfer or support.	Low - 5
Staff getting out & putting away the sunken trampoline lid or safety mat edging.	Rebound therapist, staff, third party	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	<u>Only</u> trained staff to prepare the flooring lid and safety mats for use of the trampoline. Staff to read the R.A & must be signed off by M&H as competent before taking part in the assemble and de-assemble of the sunken trampoline. Do not alter or move the safety cushion once positioned by trained staff member.	Care with posture at all times when handling trampoline components. Disciplinary procedure actioned if untrained staff attempt to assemble or disassemble the lid or alter the safety mats.  Annual service	Low - 5

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Medical or emergency intervention	Staff, learners or third parties	Delayed response to situation by not having competent staff or support and not having sufficient equipment present causing medical complications or poor hand over.	High - 40	Only staff or third parties trained in moving and handling and are deemed competent in supporting a situation in an emergency situation to be present as the main spotter – (emergency situation may involving the learner or the rebound therapist). 2 staff to 1 learner during rebound sessions. Telephone in school hall to gain assistance. Nurse team on site. Supporting equipment to hand to aid emergency situation i.e. suction machine. Medical profession and parent/carer permission needed before taking part in Rebound therapy.	Additional staff or third parties can be present during rebound but not necessarily in the role of support during the session.	Medium- 10
Failure of or damaged trampoline or equipment	Staff, learners or third parties	Equipment causing damage to skin. Cross contamination. Poor housekeeping creating hazards. Not completing visual safety inspection causing instant injury or injury during rebound session.	Medium - 15	Maintenance check list to be completed & signed that it has been done by Rebound Therapist each time of use. Ensure equipment is of good quality, in working order, correct equipment for use and is inspected by Rebound Therapist before each use. Equipment being cleaned after use.	Good housekeeping  Annual service of trampoline	Low - 5
Pupil kneeling on the trampoline	Staff & learners	'Whip lash effect' if actually bounce and leave the bed in kneeling position. Knee damage.	Medium-9	All 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 - 1

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Pupil being hoisted onto the trampoline.	Staff, learners or third parties	Untrained staff, not enough trained staff present. Trampoline safety mats not being positioned safely. Transition from hard surface to trampoline bed causing trips or falls.	Medium - 9	Hoist on & off trampoline - see individual pupils R.A's & Rebound therapy programme. All staff trained in Manual Handling. Safe, controlled manageable transition. Staff on trampoline to be a trained Rebound Therapist or working under the guidance of a Rebound Therapist, who is present. Do not alter or move the safety cushion once positioned by trained staff member.		Low - 6
Pupil lying on trampoline in sling, still attached to hoist/on peanut roll	Staff, learners or third parties	Banging head on hoist boom with movement of the trampoline.	Low - 6	Trampoline bed must be still and not 'bounced' whilst pupil is still attached to hoist. 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 boom of the hoist at all times. 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.		Low - 4
Pupils leaving the bed during the session	Staff, learners, third parties	The learners independent bouncing and leaving the bed causing increased chance of slips, trips or falls or impact injury.	Low - 6	Therapist & spotters aware of individual learner's ability. Therapist to refer back to Rebound training and implement necessary actions and adjust to the learner.		Low - 4
Learner being left unattended	Learner	Unfamiliar surrounding causing unnecessary stress to the learner leading onto further complications and safeguarding concerns.	Low - 3	No learner to be left unattended on the trampoline / in the hall at any point.	Disciplinary procedure actioned	Low - 1

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Impact from staff/pupil lying or sitting on trampoline	Staff & learners	Bouncing, staff falling onto Learners, therapist falling over student, banging heads of therapist & learners, impact injury.	Medium- 9	Individual pupil's Rebound programme to be followed. Moving and Handling protocols to be followed at all times. Staff to be aware of trip hazards such as pillows/cushions or the Learner Staff on trampoline to be a trained rebound therapist or working under the guidance of a Rebound Therapist who is present. Staff to be aware to keep good distance between their head and that of the pupil.	Good housekeeping	Low - 3
Rebound therapist exhaustion	Rebound therapist	Temporally poor health causing general exhaustion and fatigue.	Low - 6	2 staff to 1 learner during rebound sessions. Telephone in school hall to gain assistance. Therapist to use their judgment of their individual capabilities of the session.		Low - 2
People using the trampoline when unattended or unsupervised	The person choosing to use the bed unsupervised	Varying injury whilst being unsupervised.	Medium - 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 barriers present around the trampoline. Hall doors have keypads to enter the hall. Hall doors closed or hall maned when trampoline is out.	Disciplinary procedure actioned  Check notices and visual barrier are present	
Physical complications	Learner	Bouncing with anything below may cause: <b>AAI – Atlanto-axial instability</b> - vague neck pain, occipital headache, or occasionally intermittent (and potentially fatal) cervical spinal cord compression.	High - 32	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.	Trained rebound physios can use discretion when bouncing with spinal rods.	Low - 1



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	Rebound therapist	<p><b>Detached retina</b> - my cause further detachment.</p> <p><b>Dwarfism</b> – damage to the bone structure.</p> <p><b>Spinal rods in situ</b> – pressure on the spinal area.</p> <p><b>Brittle bone conditions</b> – broken bones.</p> <p><b>Pregnancy</b> – unknown health concerns to unborn baby and mother.</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.		
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**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
September 2022	Addition information added and annual update