

**Knowsley Central School**

**Rebound Therapy Policy**

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| **Reviewed by:** | Paul Lambert | **Date:** September 2020 |
| **Last reviewed on:** | September 2020 | |
| **Next review due by:** | September 2021 (Annually) | |

**Introduction**

**What is Rebound Therapy?**

Rebound Therapy is the use of a trampoline to provide opportunities for enhanced movement patterns, therapeutic positioning and exercise. All programmes and assessments have been designed specifically for students with additional needs.

**Aim**

Rebound Therapy is used within Knowsley Central to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, promote sensory integration, improve fitness and exercise tolerance, and to improve communication skills. Students' progress is recorded.

The benefits of Rebound Therapy include the Development and Improvement of:

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| --- | --- | --- | --- |
| Trust and confidence  Social awareness  Eye contact  Self-image  Self confidence  Independence  Communication  Patience  Turn taking | Strength of limb  Muscle tone  Balance  Spatial awareness  Body awareness  Co-ordination  Height and depth perception  Freedom of movement  Relaxation | | Stamina  Reaction speed  Numeracy  Colour recognition  Fun and enjoyment  Sense of achievement |
| **Other benefits include:** | | | |
| Stimulation of digestive system  Improved bowel function | | Internal organ massage  Clearing of toxins from the body | |

At Knowsley Central we have eleven members of staff trained in Rebound Therapy who work with identified pupils. The staff have an understanding of each child's individual needs to ensure that they develop a personalised programme for them. Where appropriate, the staff use a wide range of resources to enhance the child's progression and experience. The Rebound Therapy staff at Knowsley Central plan and assess to ensure the progress of the children. Our Rebound trampoline is situated outside Blossom class and sunken into the ground.

See Appendix 1 for Health and Safety procedures

**Appendix One**

**Rebound Health and Safety**

**Procedure:** All staff participating in Rebound Therapy must be familiar with this safety policy and adhere to its recommendations

**Responsibilities** The Head Teacher has the overall responsibility for ensuring the safety of users and staff engaged in Rebound Therapy.

**User safety**

* All users, including staff, must be screened for contra-indications before beginning to access Rebound Therapy (see appendix 2).
* All users must be risked 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.
* Parents / carers of all children participating in Rebound therapy sessions will be inform and written consent will be obtain before sessions begin.

**Staff knowledge/training**

* In every Rebound Therapy session at least one staff member must have successfully completed the recognised Rebound Therapy course.
* Any member of staff supporting a user to transfer on and off the trampoline must have received appropriate and relevant moving and handling training.
* Staff supporting children 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)

**Environment**

* The trampoline is used in the area outside of Blossom Class.
* A first aid box must be taken outside during each Rebound therapy session.
* All children with asthma will have their inhalers taken outside during each Rebound therapy session.
* All staff will wear appropriate, (PE kit), clothing while conducting a Rebound session.

**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 at the start of each session:

* 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 not engaged in Rebound Therapy must be supervised by responsible adults who are also not engaged in the rebound session.
* Shoes are not worn on the trampoline. Socks should be worn by all users.
* All jewellery is removed during Rebound Therapy. Coins and other hard objects should be removed from pockets before accessing the trampoline. Learners 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.

**Reporting of accidents and incidents**

* All staff should report accidents and incidents using the appropriate forms in line with the schools Health and Safety 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 will immediately notify the enforcing authority, the Health and Safety Executive, by the quickest practicable means.
* Any defective equipment should be reported, recorded and taken out of use until repaired.

**Moving and Handling procedure**

* Ambulant users will be given positive prompts and will be supervised whilst mounting and dismounting the trampoline

**Emergency procedure**

* In the event of a fire, the fire evacuation policy should be followed. Information re evacuation procedure is displayed by the fire exits.
* In the case of a medical emergency help can be summonsed using the designated Rebound Mobile phone. Should medical emergency help be required, the office staff will be alerted to dial 999.
* 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.

**Consent and Medical Form - Rebound Therapy**

**Name Date of Birth**

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| **Does the learner have any of the following?** | **Yes** | **No** | **Comments** |
| Arthritis or Stills Disease |  |  |  |
| Asthma / respiratory problems |  |  |  |
| Cardiac or circulatory problems |  |  |  |
| Cystic Fibrosis |  |  |  |
| Detached retina(s) |  |  |  |
| Dislocated hip(s) / other joint problems |  |  |  |
| Epilepsy |  |  |  |
| Gastrostomy |  |  |  |
| Haemophilia |  |  |  |
| Hernia / prolapsed |  |  |  |
| Implant (e.g. Baclofen pump) |  |  |  |
| Incontinence |  |  |  |
| Muscular Dystrophy |  |  |  |
| Open wound(s) |  |  |  |
| Osteoporosis |  |  |  |
| Recent serious illness/ surgery |  |  |  |
| Spina Bifida or Hydrocephalus |  |  |  |
| Changeable muscle tone |  |  |  |
| Tender / Fragile skin |  |  |  |
| Tracheostomy |  |  |  |
| Vertigo, blackouts, nausea |  |  |  |

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 **Rebound Therapy Medical Advice Form Staff**

Do you have any of the following:

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|  | Yes | No |
| A spinal rod |  |  |
| Dwarfism |  |  |
| Brittle Bone Disease (osteogenesis imperfecta) |  |  |
| Detaching Retina |  |  |
| Atlanto- axial instability |  |  |
| Asthma / respiratory problems |  |  |
| Do you have any other medical condition which might affect your ability to take part in Rebound Therapy? |  |  |
| Are you or could you be pregnant? |  |  |

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 Signed Date