

## **Flex-Bounce Therapy**



## **HEALTH AND SAFETY POLICY (Example)**

## **Health and Safety Policy for Flexi-Bounce Therapy**

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## **Health and Safety Policy for Flexi-Bounce Therapy**

**Policy;** It is the policy of the organisation to ensure the safety of all employees, children, young people and others engaged in Flexi-Bounce Therapy or who are present in the hall during a session.

**Procedure;** All employees participating in Flexi-Bounce Therapy must be familiar with this safety policy and adhere to it's recommendations

**Responsibilities** The Head Teacher and/or Head of Care Services or their nominated deputies are the named persons with overall responsibility for ensuring the safety of users and staff engaged in Flexi-Bounce Therapy.

### **1. User safety**

- i. All users, including staff, must be screened for contra-indications before beginning to access Flexi-Bounce Therapy (see appendix 1).
- ii. All users must be risked assessed before beginning to access Flexi-Bounce 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.
- iii. Flexi-Bounce Therapy sessions must be led by a member of staff who has successfully completed the recognised Flexi-Bounce Therapy training 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 Flexi-Bounce Therapy..
- iv. Users should not get onto the mini trampoline until the member of staff leading the session has directed them to do so.
- v. The trampoline must be put away when not in use.

### **2. Staff knowledge/training**

- i. In every Flexi-Bounce Therapy session at least one staff member must have successfully completed the recognised Flexi-Bounce Therapy training course.

- ii. Any member of staff supporting a user to transfer on and off the mini trampoline must have received appropriate and relevant moving and handling training.
- iii. Staff supporting children/young people during Flexi-Bounce 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)

### **3. Environment**

- i. Tables, chairs and other furniture etc. must be cleared from the immediate vicinity of the apparatus before the start of a Flexi-Bounce Therapy session.
- ii. Spillages must be cleared from the floor and slip hazard signs must be displayed.
- iii. A first aid box is situated on the corridor outside the hall. There is a phone and an alarm bell in the hall to summons help if needed.
- iv. The mini trampoline is kept in a locked storage area when not in use.

### **4. Protocol for use of the mini trampoline**

- i. The mini trampoline must be maintained in a satisfactory condition and checked regularly. Any defects should be reported immediately. The following must be checked each time the mini trampoline is used:
  - Legs are secure and the frame is not damaged.
  - The mini trampoline bed is under even tension and there are no tears in the webbing.
  - The cable is properly connected and secure.
  - The safety pads are securely in place and are not damaged.
- ii. Users should not get onto the mini trampoline unless the member of staff leading the session has directed them to do so.
- iii. During Flexi-Bounce Therapy sessions children and young people not engaged in Flexi-Bounce Therapy must be supervised by responsible adults who are not engaged in the session.
- iv. All jewellery is removed during Flexi-Bounce Therapy. Coins and other hard objects should be removed from pockets before accessing the mini trampoline. Children/young people are not allowed to bring any item that could potentially cause injury or discomfort onto the mini trampoline.
- v. No food, drink or gum is allowed on the mini trampoline.

#### **4. Reporting of accidents and incidents**

- I. All staff should report accidents and incidents using the appropriate forms in line with the school or centre's policy and procedures. If anyone engaged in Flexi-bounce Therapy dies, or is seriously injured as a result of activities on the mini 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. Users' handling needs will be assessed prior to inclusion of Flexi-Bounce Therapy into their activity programme. Users 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 users will be given positive prompts and will be supervised whilst mounting and dismounting the mini trampoline
- V. All moving and handling equipment must be used in accordance with the manufacturers' instructions.
- VI. Users may be manually lifted from the mini 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 two fire doors and staff and children should assemble in the designated area.
- II. In the case of a medical emergency help can be summonsed using the phone or alarm bell. 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 the school's or centre's address.

- III. If necessary the 'ABC' procedure will be followed by a designated 1<sup>st</sup> aider and, if appropriate, basic resuscitation commenced and continued until the ambulance team arrives.

## Appendix 1

### **FLEXI-BOUNCE THERAPY MEDICAL SCREENING FORM (children & young people)**

Name: ..... DOB: .....

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

1.	A spinal rod	YES	NO
2.	Brittle Bone Disease (osteogenesis imperfecta)	YES	NO
3.	Detaching Retina	YES	NO
4.	Atlanto- axial instability	YES	NO
5.	Pregnancy	YES	NO
6.	Dwarfism	YES	NO
7.	Cardiac or circulatory problems	YES	NO
8.	Asthma / respiratory problems	YES	NO
9.	Haemophilia	YES	NO
10.	Epilepsy	YES	NO
11.	Arthritis or Stills Disease	YES	NO
12.	Cystic Fibrosis	YES	NO
13.	Dislocated hip(s) / other joint problems	YES	NO
14.	Muscular Dystrophy	YES	NO
15.	Spina Bifida or Hydrocephalus	YES	NO
16.	Changeable muscle tone	YES	NO
17.	Vertigo, blackouts, nausea	YES	NO

18.	Gastrostomy	YES	NO
19.	Tracheotomy	YES	NO
20.	Recent serious illness/ surgery	YES	NO
21.	Tender/ fragile skin	YES	NO

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

.....  
.....  
.....

Name of Adult Completing Form (Print) .....

Relationship to the child/profession.....

I confirm that the information given above is true and agree to inform the school of any changes in condition.

I give my consent for the child named on this form to take part in Flexi-bounce Therapy sessions

Signature.....

Date.....

**Appendix 2**  
**Flexi-Bounce 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 Flexi-Bounce Therapy	YES	NO
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Are you or could you be pregnant?	YES	NO
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If you have answered YES to any of the above please give details.....

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Do you have any other conditions of which we should be aware.....

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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 Flexi-Bounce Therapy.



Name (print).....

Signed.....

Date.....