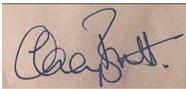


Ysgol Penmaes

Trampoline & Rebound Policy

Policy Review

This policy will be reviewed as detailed in the school's policy review cycle. It may also be necessary to review and amend it sooner to reflect both local and national changes.

Ratified by Governing Body	Signature	Date
Headteacher: Angharad Bryn-Jones		01.10.25
Chair of Governors: Clancy Brett		01.10.25
Next review date: Sept. 2026		



Our Mission Statement is clear:

Successful Healthy Individuals Nurturing Excellence (SHINE)

Our Vision is simple:

At Ysgol Penmaes we continually strive to do more than just educate, it is our aim to offer every pupil the opportunity to achieve their full potential in a safe, secure and enriching environment. It is our intention to offer a curriculum that promotes ambitious, capable and informed pupils at a developmentally appropriate level. Penmaes places a strong focus on the well-being of all, facilitated through highly effective communication processes. Learning is delivered in a way that facilitates an immersive multi-sensory curriculum that is fun and provides real life authentic experiences which help to build resilience; positively impacting development, whilst ensuring the promotion of collaboration and independence. We as a special school ensure a common language for learning along with celebrating and embracing Cynefin/place whilst planning, teaching and learning ensures a broad, balanced and creative curriculum promoting the 4 purposes of the Curriculum for Wales and encouraging pupils to be the best they can be.

Our School Values are fundamental:

- Friendship and kindness
- Resilience and perseverance
- Empathy and trust
- Communication and respect
- Responsibility and teamwork
- Positivity, creativity and tolerance

All of our values promote healthy, positive relationships. By modelling the values we aim to raise pupils' self-esteem and confidence in learning, whilst creating a positive school community environment for all.

—

This policy should be read in conjunction with the Health and Safety, Health and Well being and Behaviour policies. Manual handling procedures must also be of paramount consideration.

Instructions for Putting Out and Putting the Trampoline Away

4 people are required to put out/away the trampoline (2 trained members of staff and 2 staff who are familiar with the process) Manual handling and Health and Safety procedures are paramount and must be adhered to.

A) Moving the trampoline

1. Staff must always wear appropriate footwear and clothing and also remove badges, loose jewellery and fobs/swipe cards when moving, putting out/away the trampoline.
2. 2 people are always needed to safely move the trampoline. They must turn it so it is lengthways/end on.
3. The trampoline must be placed in an appropriate position in the hall (central), away from the walls and any other obstacles.
4. Staff must close curtains to prevent the sun causing glare on the trampoline area and the curtains across the doors to prevent distraction.
5. If pupils are present in the hall, they must be positioned and supervised away from the trampoline near the wall when the trampoline is being put out/put away. They will need to be supervised by someone other than the staff putting the trampoline up/away.

B) Putting out the trampoline

1. 2 people hold both 'trampoline legs'. Together lift the top leg and bring the second leg up to meet it, taking care not to trap fingers, swap hands so you are able to release the bottom leg towards the floor.
2. Once on the floor pull the top leg towards you to create a bigger area between the trampoline legs.
3. The 2 people carefully place the legs on the floor.
4. Together the 4 people move the legs of the trampoline out to create a larger base, an 'A' frame shape.

C) Removing the trampoline wheels / lifter

1. 1 member of staff will place the 'Lifter' in position at the centre of the trampoline on each side, one of which should be a trained trampoline member of staff.
2. The other 2 members of staff stand at opposite ends and on opposite sides so they are able to move the legs out so there is tension in the chain as the lifter is activated by lifting the handle. 2

people stand on the opposite side and flip the catch over on the lifter, then pull the red knob out to release the handle - one person to take the lead.

Lifter says 'ready steady lift', on 'lift' together staff pull the handle upwards which will cause the trampoline to move and the other 2 staff need to be ready to kick/guide the legs on the bed out. The handle will finish in a vertical position.

3. Then remove the lifter which is on wheels and place it by the wall away from the trampoline.
4. Staff then make sure that the legs are out, with the chain showing full tension (taut) between each leg.

D) Opening the trampoline

1. 2 people stand on each side of the trampoline, then 1 person says 'ready steady lift' on 'lift' all 4 people work together to unfold the first half of the trampoline until it forms a 90 degree angle.
2. The 2 people closest to the end of the trampoline then move to the front of the trampoline to help guide the trampoline down until it lies flat. However before it is down flat make sure the securing bar is down to enable it to be fixed into the leg.
3. The same 2 people place the securing bars into position in the receiving hole whilst the other 2 people assist by putting some weight on the trampoline frame, looking at the position of the securing bar and giving verbal guidance. At no time should any member of staff go underneath the bed to secure the legs. The legs should be guided into the hole by staff using their legs to do so.
4. 4 people repeat the steps above for the second half of the trampoline.
5. Staff visually check all of the springs attaching the bed of the trampoline to the frame are in position with the hooks facing down.
6. Staff check the padded cover mats are flat and fastened securely.
7. Staff need to check the trampoline bed is not ripped or worn. If it is ripped or worn then it is not to be used and needs to be reported to the Health & Safety Coordinator.
8. Staff involved work together to attach the 'end beds' to each of the two shorter sides of the trampoline and to place an 'end bed' mat on top with the sloping end towards the trampoline bed.
9. Side bed to be fitted to one of the longer sides of the trampoline.
10. All staff place floor mats along the longer side of the trampoline that is not protected by the side bed.

The wheels / lifter now need to be placed under the end beds.

A member of staff must stay present once the trampoline is fully assembled. If this is not possible then the hall and dining room doors must be locked to prevent any pupils accessing the trampoline. (Kitchen staff to be informed that dining hall doors are secured).

E) Folding the trampoline away

1. Staff work together to remove the end beds and mats. Staff also need to put the floor mats away.
2. While 2 people each hold one corner of one half of the trampoline, a 3rd person, with their back or side to the trampoline, will kick out the securing bar. Do not let go of the trampoline.
3. 4 people - 2 people at opposite corners of that half of the trampoline (following one persons' command) together bend-up that half of the trampoline. When it is at a 90 angle, 2 people move to the other side and help guide the trampoline down. When at a position which is close enough to be let go a trained trampoline instructor will call "ready clear" all members of staff are to let go. Then the bed will drop flat. When first lifting the bed all 4 people must keep a firm grip of the trampoline - as the side will quickly and strongly snap up and or back at different stages of lifting the bed when folding.
4. Repeat steps 2-3 for the other half of the trampoline.
5. 1 person places the lifter in position at the centre of one trampoline leg with the handle bar above the bed and making sure the metal hook is hooked over the bed; use the lifter to raise the trampoline legs off the floor.
The legs of the trampoline will require adjusting into the 'A' frame position.
10. 2 people will work together to move the trampoline into an upright position (2 people stand near the wheels/lifter). Firstly the 2 people must locate the soft blue edge of the folded trampoline and NOT the metal bar edge. With one person at each edge of the trampoline, one hand on the fold of the trampoline and the foot on the bed leg. Pull the bed towards you and down. The trampoline will move slightly – the other 2 people will be nearby to assist if necessary.
11. Once the trampoline is in an upright position, the same 2 people, from the side of the trampoline, lift the leg still resting on the floor and carefully place it under the other leg. then allow the top leg to sit over the bottom leg.
12. The trampoline must then be chained in a figure of 8 around the wheels and the trampoline legs and padlocked leaving limited movement.

Using the Trampoline

Consent

All pupils at Penmaes **MUST** have parental consent to participate in trampoline sessions and a copy of consent must be kept in the pupils files located in the office. (see copy of consent form in the appendices).

Clothing

Pupils using the trampoline should wear appropriate clothing and a **clean pair of socks** to get on the trampoline bed

Getting on and off Trampoline



This should happen in the middle of the bed by rolling on to your stomach and remaining low until positioned on the central cross on the bed.

For those that are not able to access the bed by rolling they should use the yellow foam steps, by crawling up them until they reach the bed then crawl to the central cross. This process should be reversed to get off.

For those that are hoisted on the bed this should take place in line with their manual handling guidance in the middle of the bed. Guidance should be sought from Physiotherapists if required. Spotters should be placed where required and mats should be placed (where and if needed) to cover the lengths of each side of the trampoline.

Risk Assessments

Risk Assessments are essential for trampolining and should detail how risks are controlled. It is important that they are reviewed on a regular basis, at least annually and/or after any incidents or as individual cases change. All Risk Assessments (See copy of risk assessment proforma in the appendices) should be stored for 3 years on the Team Drive

Medical Conditions

For pupils with specific medical conditions advice may need to be sought from professionals such as Physiotherapists, Occupational Therapists and Pediatricians. If unsure it is essential that advice is sought as there are certain medical conditions that permit pupils to access the trampoline.

Should a pupil have a seizure whilst on the trampoline bed then the emergency button needs to be pulled and the school nurse alerted if on site. The pupil needs to be supported on the bed by staff members until the seizure ends. If medication is required then it must only be administered by trained staff and whilst adhering to the pupil's care plan. Once the seizure has ended and the pupil is fully roused they can then be supported off the trampoline bed with at least one member of staff on each side. If required the emergency services should be called as is outlined in the Health and Safety Policy. All other pupils present during the trampoline session need to be removed from the hall and supported back to class by staff members where they should remain supervised. Staff and pupils should be offered a debrief following the incident and risk assessment amended.

Accidents

Should an accident occur whilst using the trampoline the emergency button located in the hall should be pulled. When on site the school nurse / first aider should be called to attend. Minor accidents can occur more frequently such as friction burns, sore muscles however staff support pupils to minimise these risks.

Falling from trampolines does not happen very often due to there being competent staff, effective levels of supervision and weight-absorbing mattresses in place. In the case of a



suspected spinal injury or broken limb/s, the emergency services should be called and the injured pupil/ staff should be kept as still as possible on the mattress or ground until medical help arrives, since any movement may exacerbate the damage caused. Phone calls to parents / next of kin will be made as outlined in the Health and Safety Policy.

If a pupil falls awkwardly while jumping on the trampoline bed they may need to be supported on the bed until medical assistance arrives, however this will depend on the severity and location of the injury. Caution may be required when moving on the trampoline bed to not exacerbate any possible injury.

Behaviour

If a pupil is exhibiting challenging behaviour prior to a trampoline session a dynamic risk assessment will need to be carried out in order to determine if it is safe for the pupil to participate. If a pupil exhibits challenging behaviour whilst on the trampoline then the instructor will use 'damping' to reduce the bounce and to bring the session to an end. Mats if needed can be placed on the bed to further de-escalate behaviours.

If a pupil enters the hall exhibiting challenging behaviour e.g. trying to get on the trampoline when another pupil is on it then due to health and safety Team Teach physical intervention may be required.

Appendices



RECORD OF RISK ASSESSMENT

The Management of Health and Safety at Work Regulations 1999 (MHSW Regs) require every employer to make a suitable and sufficient assessment of :

- the risks to the health and safety of his employees to which they are exposed whilst at work, and to others who may be affected by the work activities.
- evaluation of the risks.
- introduce measures to control the risks.

Please read the guidance notes overleaf before completing this form.

Department: EDUCATION	Location: YSGOL PENMAES
Work Activity assessed:	
Persons identified "at risk":	
Main hazards associated with this work activity: •	
Frequency of exposure to hazards:	
Severity of injury:	
Existing Control Measures in place to reduce risk : •	
Assessment of residual risk:	1 2 3

<p>Further preventative and protective measures required:</p> <ul style="list-style-type: none"> •
<p>Person/s responsible for introducing above measures:</p>
<p>Assessment carried out by:</p>
<p>Date:</p>

GUIDANCE NOTES FOR COMPLETING THIS FORM OVERLEAF
Guidance Notes

Work Activity: Give a brief outline of the work involved in this assessment.

Persons identified as being “at risk”: Consider other persons apart from own employees who may be affected by the work activity. Remember seasonal work, shift workers, cleaners, members of the public etc.

Main hazards: Remember, a hazard is something with the potential to cause harm, and a risk is the likelihood or chance that something will happen.

Frequency exposure: This should be recorded as :

- Frequent - repeatedly encountered.
- Probable - likely to occur several times.
- Occasional - likely to occur once or twice.
- Remote: - unlikely to occur.

Severity of injury: This should be recorded as:

- Slight - minor cuts, bruises.
- Moderate - severe laceration, eye injury.
- High - broken bones, death to an individual.
- Very High - multiple deaths and widespread damage.

Existing control measures: Identify the measures that are already in place at the time of the assessment. Reference should be made to departmental safe working procedures. Approved Codes of Practices, existing legislation and recognised standards.

Assessment of risk: (based on judgement).
1 = Risks are Insignificant
2 = Significant risks but under control
3 = Significant risks not under adequate control

Further preventative and protective measures required: Should the risk need to be reduced or eliminated, one or more of the following may be necessary:

- 
- 1 Eliminate/avoid risk at source.
 - 2 Reduce risk at source.
 - 3 Control risk at source
 - 4 Remove employees from risk.
 - 5 Reduce employees exposure to risk.
 - 6 Prepare safe working procedures/permit to work systems.
 - 7 Train employees.
 - 8 Utilise protective clothing/equipment.
 - 9 Health screening.

Information to be given to employees: Employees must be provided with comprehensive and relevant information on:

- The risk to their health and safety identified by this assessment;
- The preventative and protective measures needed to be taken.

The assessment needs to address what actually happens in the workplace or during the work activity and not what should be happening.

Remember that legislation also exists requiring other specific risk assessments to be undertaken, e.g. Control of Substances Hazardous to Health, Noise at Work, Manual Handling, Display Screen Equipment, Asbestos, Personal Protective Equipment.