



Trampoline Policy & Procedures

Senmove Trampoline (ST) is offered in addition to the PE curriculum. It provides an additional sensory and therapeutic experience. It supports development of movement patterns and body awareness in pupils with special needs.

Senmove Trampoline involves treatment techniques used on a Trampoline in order to gain therapeutic benefits for the individual concerned. A trampoline has many physical properties that can be used to gain movements, communications, perceptual and therapeutic effects.

The aims of the Senmove approach are to:

- *Improvement of balance.*
- *Improvement of tone (can be used to increase activity in “floppy” muscles or decrease activity and relax tight or “stiff” muscles.*
- *Independent movement/senses of being free in space.*
- *Increased sensory awareness*
- *Improved attention and eye contact*
- *Vocalisation(speech)*
- *Improved sense of body position*
- *Chest clearance and breathing exercises*
- *General fitness and well-being.*

- *Fun*

- *Confidence and self-esteem.*



Procedures

- All staff involved, in any way, will be informed of and will adhere to safe practice procedures.
- Planned sessions and identity of learners who are taking part in Senmove Trampoline will be shared with the school nurse.
- **Medical screening forms must be completed and signed by the individual's Parent/ Carer.**
- There will be a **minimum of four** staff required to put up and take down the trampoline, including a designated trained leader. The session leader needs to ensure that sufficient staff are available at all times.
- When staff are on the bed and the individual learner is **sitting, lying or kneeling** there should be 1/2 other staff available as spotters on the long sides of the bed.
- If anyone on the bed is standing, even if a member of staff, there should be 4 staff available, 1 on each side of the bed. If end decks are not being used.
- Staff should be aware of their own capabilities and individual capacity to participate in a trampoline session on any particular day. They have a responsibility to inform the leader if they do not feel able to carry out a particular task.
- When ends are not in use additional spotters are needed, one on each side.
- When trampolines are being moved, put up or down, this must be supervised by a trained member of staff. All staff must adhere to the procedure stated for



- putting the trampoline up and down. Once the bed is up, all staff involved in erecting the bed should check that:
 1. each spring is in situ and pointing downwards;
 2. that chains are taut and legs are firmly in situ;
 3. the trampoline should be checked/serviced on an annual basis.

- If a trampoline is left in situ in a school hall, the room should be locked or a member of staff should be present to ensure no unsupervised access.

- **All jewellery must be removed** including earrings, nose studs, tongue studs and watches. Preferably belly bars should be removed but if not possible they should be taped and clothes tucked in. Wedding rings should be taped if not removed.

- **Medical conditions for pupils and staff members;**
 - Atlanto-axial instability
 - Pregnancy
 - Detaching Retinas.

- **Caution should be taken for users who have:**
 - Cardiac or circulatory problems including blood pressure problems
 - Respiratory problems
 - Vertigo, blackouts or nausea
 - Inner ear problems
 - Epilepsy
 - Joint replacement/implant surgery
 - Unstable/painful joints
 - Spinal cord or neck problems
 - Spinal rods in situ: obtain medical permission before use
 - Open wounds
 - Any recent medical attention
 - Brittle bones
 - Friction effects on the skin



Severe challenging behaviour
Gastrostomy/colostomy bags
Hernia
Stress incontinence
Reflux

Consent

Formal consent from the **parent or adult** with parental responsibility **must be** obtained prior to the learner starting the therapy programme.

Consent from the **individual must be** obtained prior to each session. If the individual is unable to give consent verbally, other ways of obtaining it must be explored, e.g. blinking, squeezing of the hand or facial expression.

Policy drafted: October 2011

Policy approved by Staff: 9th November 2011

Policy approved by Governors: _____

Signed: _____

(Chair of Governors)

(Headteacher)

RBT commenced Autumn 2017

Review date: Spring Term 2019



Trampoline Screening Form

NAME:

DATE:

MEDICAL CONDITION/DISABILITIES.....
.....
.....
.....

Please tick or highlight all that apply.

- | | | | |
|--|-------|-----------------------------------|-------|
| Cardiac or circulatory problems | ..... | Respiratory Problems. | ..... |
| Vertigo, Blackouts or Nausea | ..... | Epilepsy | ..... |
| Spinal Cord or Neck problems | ..... | Spinal Rodding | ..... |
| Open Wounds | ..... | Any recent medical attention | ..... |
| Brittle Bones/ Osteoporosis | ..... | Friction effects on the skin | ..... |
| Unstable /Painful Joints | ..... | Severe challenging behaviour..... | |
| Gastrostomy/Colostomy Bags | ..... | Hernia | ..... |
| Stress Incontinence | ..... | Pregnancy | ..... |
| Joint Replacement/Implant Surgery..... | | | |



Other relevant information:

Declaration:

I, (please print).....as parent/carer of the individual, **give /do not give** my permission for..... to participate in **Senmove Trampoline** activities during their physical development programme.

I understand that **Pendle Community High School & College** will endeavour to maintain the required safety standards but **cannot** be held responsible for any accidents occurred during the teaching of trampoline activities.

Signed.....**Date**.....