FINAL REPORT GUIDE

Incident & Near-Miss Reporting System (INRS): An Initiative by the Outdoor Adventure Education (OAE) Council



DISCLAIMER

- The Incident & Near-Miss Reporting System (INRS) and its supporting resources have been prepared with care and in good faith to support organisations in the consistent documentation of incidents and near-misses in Outdoor Adventure Education.
- The INRS is a reporting resource. It does not replace an organisation's Emergency Action Plan (EAP), crisis management arrangements, emergency response procedures, incident escalation or investigation processes. Organisations remain responsible for determining and implementing the appropriate response to each occurrence.
- The materials do not constitute legal, medical or other professional advice. Injury, illness, presenting symptom and severity guidance is intended to support consistent reporting and classification and should not be used as a substitute for assessment or advice by an appropriately qualified professional.
- The guidance is not intended to cover every possible occurrence or operating context. Organisations should apply appropriate judgement, seek professional advice where necessary, and comply with applicable laws, standards, policies and other requirements relevant to their operations.
- Organisations are responsible for the access, storage, sharing and management of information collected through INRS, in accordance with their applicable data-management and privacy requirements.
- While reasonable care has been taken in preparing these materials, no guarantee is given that the information is complete, accurate or current. The members of the Outdoor Adventure Education Council do not accept liability or responsibility for loss or damage arising from reliance on or use of these materials.

ABOUT THE INCIDENT AND NEAR-MISS REPORTING SYSTEM (INRS)

The INRS is a digital incident and near-miss reporting system developed by the OAE Council for providers offering outdoor education programmes. It provides a structured and consistent way to record incidents and near-misses, supporting post-occurrence documentation, follow-up, and organisational learning.

Built on Google Workspace, the system consists of two forms – a Statement Form for capturing individual witness accounts, and a Final Report Form for the Camp Chief to consolidate available information into a single comprehensive report.

The INRS sits within a broader safety management framework, complementing organisations' Emergency Action Plans (EAPs) and crisis management processes. It supports providers in meeting the incident documentation requirements set out in the Singapore Standard Code of Practice for OAE Activities (SS 710), providing a structured and auditable record of occurrences.

INRS was developed through a user-centred approach, with pilot testing conducted by local OAE providers. Their feedback directly shaped the forms, reporting workflow, and supporting resources to ensure the system reflects how reporting works in practice. The OAE Council extends its sincere appreciation to all providers[1] and practitioners who contributed their time and insights to the development of INRS.

PURPOSE

Use this guide to complete the Final Report Form accurately and objectively.

The Final Report is the official consolidated account of an occurrence. It brings together key information from available Statement Form(s), programme records, response details, medical information where available, and other relevant sources.

Your role is to turn these sources into one clear account of:

- what happened;
- who was affected;
- what impact (e.g., injury, illness, damage) was observed;
- what actions were taken in response; and
- what outcome or follow-up action was taken at the time of reporting

A well-written Final Report should enable any reader to understand the occurrence clearly and accurately.

[1] *Participating organisations include AmplitudeU, Aktivate, HA Academy, Innotrek, SerendipET, and Ventured.*

QUICK START GUIDE

- Complete the Final Report as soon as possible after the immediate situation has been managed.
- Review all available information before completing the report, noting details that are unknown, unclear or unconfirmed.
- Verify any conflicting, incomplete or unclear information.
- Synthesise the available information into a coherent and accurate account.

If you are...	Go to...
Unsure about combining different accounts or writing the consolidated account	Key Principles
Unsure about selecting the primary issue	Choosing the Primary Issue and Category
Unsure about selecting injury category	Annex A – Injury Category Guide
Unsure about selecting injury severity	Annex B – Injury Severity Guide
Unsure about selecting illness category	Annex C – Illness / Presenting Symptoms Guide
Stuck on a particular section of the form	How to Complete the Final Report Form
About to submit the report	Quick Check Before You Submit
Looking for guidance on the wider reporting process	INRS FAQ

KEY PRINCIPLES

1. Use the best verified information available

Base the report on information that has been verified as far as reasonably possible. This may include Statement Forms, programme or activity records, time logs, relevant weather information, and medical information where available.

Where information comes from a formal or external source, identify the source rather than presenting it as your own finding. For example:

"Clinic memo dated 18 September recorded a right ankle sprain."

Where information is incomplete or uncertain, state this clearly rather than guessing. You may use phrases such as:

- "Unknown at time of reporting" — when the information is not yet available.

- "Based on available witness statements" — when summarising information from Statement Forms.
- "Reported by participant" — when recording what the affected person said.

2. Reconcile and consolidate the available information

Different people may observe or remember different parts of the same occurrence. Where accounts differ, identify what is consistent, compare differences against other available information, and consider whether people observed the occurrence from different positions or at different times.

Use your best judgement based on the available information, then bring the relevant details together into one chronological account. Avoid reproducing individual Statement Forms verbatim.

3. Be factual, objective, and clear about your assessment

Use clear, neutral, and specific descriptions. Identify individuals by name and role where known and avoid vague statements or unsupported assumptions.

A Final Report may contain different types of information:

- Observed — what a person directly saw or noticed.
- Reported — what a participant, staff member, or other person said.
- Confirmed — information supported by an available record or other reliable source.
- Assessed — a reasonable conclusion made by the Camp Chief after reviewing the available information.

4. Write in sequence: separate event, impact, response, and outcome

Keep the different parts of the occurrence distinct.

- Event — what happened leading up to and during the occurrence.
- Impact — what injury, illness, symptom, damage, or other effect was observed.
- Response — what was done to manage the situation.
- Outcome — what was known afterwards, such as referral, handover, follow-up, or the status of the affected person.

For example:

Event — Participant slipped on a wet slope during the trek.
Impact — Participant reported pain in the right ankle; swelling was observed.
Response — First aid was provided and the participant was assisted out of the area.
Outcome — Participant was referred to a clinic for further assessment.

CHOOSING THE PRIMARY ISSUE AND CATEGORY

Choose the issue that best reflects the main concern or event that drove the response, escalation, or activity stoppage. In some cases, it may require careful judgement. Discuss with experienced colleagues if required. A single primary issue supports future incident trend analysis.

- Injury
- Illness / Presenting Symptoms
- Near-miss

Injury

Select when the main concern is physical harm caused by an event or exposure.

Type of Injury	Examples
Body injury / impact	Contusion / Bruising; Facial / Dental / Eye injury; Head injury; Internal bleeding; Wounds
Movement / impact-related injury	Musculoskeletal injury – Fracture and dislocated bones; Musculoskeletal injury – Sprains and strains
Exposure / external factors	Drowning; Bites & Stings; Burn; Exertional heat injury; UV exposure

If more than one injury is present, select the injury that was most serious or drove the main response. Refer to **Annex A for Injury Category Guide** and **Annex B for Injury Severity Guide**.

Illness / Presenting Symptoms

Select when the main concern is a health condition, symptom, or illness rather than an injury caused by a specific event.

Types of Illness / Presenting Symptoms	Examples
General Symptoms	Abdominal pain; Chest pain; Constipation; Diarrhoea; Fever; Headache / Migraine; Loss of consciousness / Syncope; Motion sickness / Sea sickness; Nausea and/or vomiting
Breathing / respiratory issues	Asthma; Hyperventilation; Shortness of breath / Difficulty breathing; Respiratory illness such as cough, flu, runny nose, or sore throat
Skin Issues	Allergic reaction; Infection; Rashes or itch

Refer to **Annex C for Illness / Presenting Symptoms Guide**.

Near-miss

Select when an unplanned event occurred with no sustained injury or damage, but has the potential to result in harm. For example:

- A participant slipped and almost fell off the abseil tower but was not injured.
- A climbing tile dropped from 5 metres and landed near a participant.
- A participant dashed across a road, causing a car to brake abruptly.

The report should still describe what happened, why there was potential for harm, and what actions were taken to manage or prevent further risk.

HOW TO COMPLETE THE FINAL REPORT FORM

Section A – Report Identifiers

This section establishes when and where the occurrence took place. Accurate identifiers help distinguish the occurrence from other reports and support follow-up, review, or investigation.

Where the exact time is uncertain, use the best estimate supported by available information, such as Statement Forms, programme schedules, or timestamps.

Section B – Who

This section establishes who was involved and their role in the occurrence. The name and role of affected persons, staff, first responders, eyewitnesses, and other relevant parties should be recorded to clarify the scale of involvement, the source and perspective of information, and who may require follow-up

Section C – Incident Details

This section establishes the context and main issue of the occurrence.

Select the primary issue that best reflects the occurrence. Where multiple people were affected, record the most severely affected person first and capture the others in the relevant section. Refer to **Choosing the Primary Issue and Category**, as well as the relevant Annex, where needed.

Section D – Sequence of Events

This section creates one consolidated account of what happened and what the available information reasonably indicates. This supports follow-up, identifies emerging concerns, and provides a clear basis for review.

Bring together relevant verified information from Statement Forms, programme records, and other available sources in chronological order. Do not repeat individual accounts.

As Camp Chief, you may need to make a reasonable assessment to classify the occurrence or identify a pattern requiring action. Record what your assessment was based on and distinguish it clearly from confirmed information.

Section E – Response Summary and Outcome

This section establishes how the occurrence was managed and what was known afterwards. This helps show the level of response required and any further action arising from the occurrence.

Record the response taken, known outcome, handover, and follow-up. Do not repeat the event account or assessment from Section D.

Where follow-up arises from an assessment made in Section D, record the action taken here. For example:

Section D: *"A possible common source was identified for further investigation."*

Section E: *"The meal service was stopped, affected participants were monitored, and the relevant personnel were informed for further investigation."*

BEST PRACTICES: CHECKLIST AND EXAMPLES

Quick check before you submit

Before submitting, run through this checklist:

- Have I reviewed all relevant information available at the time of reporting?
- Have I consolidated the available accounts rather than repeated individual witness statements?
- Have I identified and clearly explained any differences, gaps or uncertainties?
- Have I selected the appropriate primary issue and category?
- Have I explained the basis for any assessments made?
- Have I clearly distinguished the sequence of events, impact, response and outcome?
- Is the report clear, factual and neutral?

Best Practice Examples

These examples show how to consolidate and assess available information while keeping the Final Report factual, neutral, and clear.

Example type	Less useful	Why	Useful
Consolidating witness accounts	*"Participant slipped and injured her ankle."*	Does not show which information was established from the available accounts and may imply the full occurrence was directly confirmed.	*"During the forest trek, Group Facilitator Sarah Lim reported seeing the participant slip on a wet rock. Teacher Alan Wong arrived after the fall and observed the participant seated on the ground holding her left ankle. First Aid Officer subsequently observed swelling around the left ankle."*
Different accounts / uncertain information	*"The participant fell at 2.15 pm."*	Presents the time as confirmed even though witness accounts differed.	*"Witness accounts placed the fall between 1410 and 1420 hrs. Based on the programme schedule and available statements, the occurrence was estimated to have taken place at approximately 1415 hrs."*
Illness / reasonable assessment	*"Participant had an asthma attack."*	States a diagnosis without showing the information supporting the classification.	*"The participant, with pre-existing asthma condition, was reported to be wheezing and experiencing difficulty breathing. He took two puffs of his Ventolin inhaler and subsequently reported feeling better. Based on the available information, the occurrence was classified under Asthma."*
Recognising an emerging pattern	*"Twenty participants had food poisoning after lunch."*	Presents the cause as confirmed when the available information only establishes a cluster of similar symptoms.	*"Between 1400 and 1600 hrs, 20 participants reported diarrhoea and/or vomiting after consuming the same lunch. A possible common source was identified for further investigation."*
Staff response	*"The EFI did not manage the activity properly."*	Assigns blame without describing what the staff member did or did not do.	*"Following the fall, the activity was stopped. The EFI provided first aid and moved the group to the sheltered area."*

--END-

ANNEX A: INJURY CATEGORY GUIDE

Use this section to classify the injury type. If more than one injury is present, select the injury that was most serious or drove the main response.

Injury category	Use this for	Include details such as
Bites & Stings	Bites or stings from insects, animals or sea creatures.	Affected body part and any visible reaction, such as swelling, redness, bleeding, or rash.
Burn	Cold (frostbite), thermal (fire, steam, hot surfaces, scald), friction, electricity, or chemicals.	Location, size, appearance, and whether there was blistering, redness, peeling, or open skin.
Contusion / Bruising	Bruising or swelling after impact.	Body part affected, colour change or tenderness.
Drowning	Submersion, water inhalation, or medical review after a water-related event.	Whether the person inhaled water, coughed, needed rescue, or required further assessment.
Exertional heat injury	Harm due to heat and exertion.	Dizziness, weakness, flushed skin, confusion, faintness, collapse, or temperature if taken.
Facial / Eye / Dental injuries	Physical trauma to the face, eye area, or mouth. Do not use it for eye irritation or infection without impact.	Cuts, swelling, bleeding, eye trauma, foreign object from impact, or loose / broken teeth.
Head Injury	Physical trauma to scalp, skull or brain. Do not diagnose concussion unless confirmed by a medical professional.	Type of impact such as direct, indirect, blunt or penetrating force, and severity such as closed (skin remains intact) or open (internal tissues exposed) head injury.
Musculoskeletal injury – Fracture and dislocated bones	A crack or break in a bone or a bone that is out of its normal position within a joint.	Body part affected, severe pain, swelling, deformity, inability to bear weight, or need for medical review.
Musculoskeletal injury – Sprains and strains	Joint, muscle, or ligament twisted or overstretched.	Body part affected, swelling, pain on movement, reduced mobility, limping, or inability to continue.

Injury category	Use this for	Include details such as
UV exposure	Harm caused by sunlight or UV exposure.	Sunburn, red or painful skin, eye irritation, watering eyes, or sensitivity to light.
Wounds	Open injuries to the skin, such as scrapes, blisters, or avulsions.	Location, size, depth, bleeding, and whether the wound needed dressing, clinic review, or evacuation.
Others	Use only if none of the listed injury categories fit clearly.	Explain the injury in the relevant text field.

Use the text field to describe the injury and list any other injuries/ symptoms present.

Example type	Less useful	Why	Useful
Wounds	*"Participant had a wound."*	Does not describe the type, location, size, or severity of the injury.	*"Laceration approximately 5 cm long on the right eyebrow, with visible bleeding. Additionally, participant had a small (around 3 cm) bruise on his right knee."*

ANNEX B: INJURY SEVERITY GUIDE

Choose the severity that best reflects the overall seriousness of the injury at the time of reporting.

If unsure, consider the highest level of response required, such as first aid, clinic referral, hospital referral, ambulance activation, or emergency service involvement.

Severity[2]	Use this for	Examples
Minor / Superficial	Injuries that can usually be managed with basic first aid on-site.	Minor cuts, scrapes, small bruises, minor blisters, mild swelling, or discomfort without major functional limitation.
Major / Significant	Injuries requiring clinic or hospital review, or significantly affect daily function temporarily.	Suspected fracture, significant swelling, deep wound, reduced mobility, head injury requiring medical review, burn requiring medical assessment, or injury requiring evacuation.
Life-threatening	Injuries involving immediate risk to life or requiring emergency activation.	Severe bleeding, major trauma, serious loss of consciousness, severe breathing difficulty after injury, suspected spinal injury with serious symptoms, or ambulance / emergency service activation.

[2] Referenced from the SingaporeOAE Emergency Action Plan Guidebook. For more information on emergency levels and emergency action planning, refer to the *Guidebook: Best Practices on Emergency Action Plans for OAE Programmes and Operations*.

ANNEX C: ILLNESS / PRESENTING SYMPTOMS GUIDE

Use this guide to record the illness or presenting symptoms based on the available information. Select all that apply. Where a known condition is reasonably supported by the available information, such as asthma, select the condition together with any relevant presenting symptoms. For example:

A participant with known asthma was wheezing and experiencing difficulty breathing, used their prescribed inhaler and subsequently improved. Select**:** Asthma; Shortness of breath / Difficulty breathing

Or:

A participant reported vomiting three times, diarrhoea, and abdominal pain. Select**:** Nausea and/or vomiting; Diarrhoea; Abdominal pain

Illness / presenting symptom	**Use this for…**	**Include details such as**
Abdominal pain	Pain or discomfort in the stomach / abdominal area	Location; onset or duration if known; whether constant or intermittent; related symptoms such as vomiting or diarrhoea.
Allergic reaction	Hives, rash, swelling, itch or breathing difficulty associated with a possible allergen	Symptoms observed/reported; suspected trigger if known or reported; swelling or breathing difficulty; medication used and response, where relevant.
Anxiety-related	Anxiety, fear, panic or distress	What the person reported and observable signs such as trembling, crying or rapid breathing. Describe behaviour factually and avoid assumptions about the person's emotional state.
Asthma	Known asthma with symptoms such as wheezing or breathing difficulty, or use of a prescribed inhaler	Symptoms observed/reported; known asthma history; inhaler use and response. If asthma is not supported by the available information, select the relevant presenting breathing symptom(s) without assuming asthma.
Chest pain	Pain, tightness, pressure or discomfort in the chest	What the person reported; onset if known; related symptoms such as breathing difficulty, dizziness or nausea. Do not infer the underlying medical cause.

Illness / presenting symptom	Use this for...	Include details such as
Constipation	Difficulty, pain or reduced frequency in passing stool	Duration if known; abdominal discomfort and other related symptoms.
Diarrhoea	Repeated loose or watery stools	Frequency and onset if known; related symptoms such as abdominal pain, vomiting or fever. Do not infer the cause from the symptoms alone.
Eye infection	Non-traumatic redness, discharge, swelling, itch or pain affecting the eye	Eye affected; redness, discharge, swelling or other signs observed/reported**.** If the problem resulted from impact, a foreign object, or other trauma, use Facial / Eye / Dental Injury instead.
Fever	Raised measured temperature or feeling feverish	Temperature if measured and related symptoms If no temperature was taken, state that the participant reported feeling feverish. If symptoms followed significant heat exposure or exertion, refer to Exertional Heat Injury in Annex A.
Headache / Migraine	Head pain, migraine symptoms or sensitivity to light	Onset if known; location/nature if reported; related symptoms such as dizziness, nausea or light sensitivity. If the headache followed an impact to the head, use Head Injury instead.
Hyperventilation	Rapid or unusually deep breathing	Breathing pattern; onset/context; what the person reported; related symptoms such as dizziness or tingling. Where another known condition better explains the breathing difficulty, record that condition instead.
Loss of consciousness / Syncope	Fainting or temporary loss of consciousness	What happened immediately before; approximate duration if known; recovery afterwards; related symptoms. If loss of consciousness followed a head impact, use Head Injury instead.
Motion sickness / Sea sickness	Nausea, vomiting or dizziness associated with vehicle, boat or other motion	Main symptoms; onset; vomiting, if any; whether symptoms improved after the motion stopped or the person rested.

Illness / presenting symptom	Use this for...	Include details such as
Nausea and/or vomiting	Feeling like vomiting, vomiting, or both	Onset/context if known; frequency of vomiting; related symptoms such as abdominal pain, diarrhoea, dizziness or fever.
Skin – Infection	Redness, warmth, swelling, pain or discharge suggesting possible skin infection	Affected area and signs observed/reported. If infection is not confirmed, describe the signs rather than presenting the infection as confirmed.
Skin – Rash / itch	Rash or itch	Location and appearance; whether it spread; itch/discomfort; known or reported trigger, if any.
Shortness of breath / Difficulty breathing	Breathlessness, difficulty breathing, or inability to take a comfortable breath	What the person reported; breathing signs observed; onset/context; related symptoms such as chest pain, wheezing or dizziness.
Respiratory illness	Cough, runny nose, sore throat, or other flu-like / respiratory symptoms	Main symptom(s); onset if known; whether fever was measured or reported; related symptoms such as fatigue, body aches or breathing difficulty.
Pre-existing condition	Existing condition that is relevant to the occurrence or has worsened / flared up	Known condition; symptoms or changes observed/reported; how this differed from the person's usual condition, if known.
Others	Illness or presenting symptom not adequately captured above	Describe the illness/symptoms clearly, including relevant observations, what the person reported, and any known context.

Example type	Less useful	Why	Useful
Fever	*"Participant had a fever."*	Does not show whether the fever was reported or measured, or provide other relevant symptoms.	*"Participant reported feeling hot and tired, appeared flushed, and had a measured temperature of 38.5°C. No other symptoms were reported or observed."*