INRS CHEAT SHEET FOR CAMP CHIEF

What best describes the occurrence?

INJURY

Physical harm caused by an event or exposure

More than one injury?

Select the most serious injury (injury that drove the main response). Describe other presenting symptoms/ injury in the open text field.

IMPACT / TRAUMA

Contusion / Bruising
Record body part, colour change or tenderness.

Facial / Eye / Dental injuries
Record cuts, swelling, bleeding, eye trauma / foreign object from impact, loose / broken teeth.

Head Injury
Record type of impact. Do not diagnose concussion unless medically confirmed.

Wounds
Record location, size, depth, bleeding, dressing, clinic review or evacuation.

MUSCULOSKELETAL

Musculoskeletal – Fracture and dislocated bones
Record body part, severe pain, swelling, deformity, inability to bear weight or medical review.

Musculoskeletal injury – Sprains and strains
Record body part, swelling, pain on movement, reduced mobility, limping or inability to continue.

EXPOSURE / OTHERS

Bites & Stings
Body part and visible reaction: swelling, redness, bleeding or rash.

Burn
Location, size, appearance, blistering, redness, peeling or open skin.

Drowning
Water inhalation, coughing, rescue or further assessment.

Exertional heat injury
Dizziness, weakness, flushed skin, confusion, faintness, collapse or temperature if taken.

UV exposure
Sunburn, red / painful skin, eye irritation, watering eyes or light sensitivity.

Others
Only if none fit clearly. Explain the injury in the text field.

ILLNESS / PRESENTING SYMPTOMS

A health condition, symptom or illness caused/ triggered by a specific event

SELECT ALL THAT APPLY

STOMACH / GUT

- ❑ Abdominal pain
- ❑ Constipation
- ❑ Diarrhoea
- ❑ Motion sickness / Sea sickness
- ❑ Nausea and/or vomiting

CHEST / BREATHING

- ❑ Asthma
- ❑ Chest pain
- ❑ Hyperventilation
- ❑ Respiratory illness
- ❑ Shortness of breath / Difficulty breathing

HEAD / PSYCHOLOGICAL

- ❑ Anxiety-related
- ❑ Fever
- ❑ Headache / Migraine
- ❑ Loss of consciousness / Syncope

SKIN / EYE

- ❑ Eye infection
- ❑ Skin – Infection
- ❑ Skin – Rash / itch
- ❑ Allergic reaction

OTHER

- ❑ Pre-existing condition
- ❑ Others

REMEMBER WHEN REPORTING

Be specific:
Onset · Duration · Frequency · Signs · Context

Fever:
State the temperature if measured; otherwise, record if the person felt feverish.

Unconfirmed conditions
Describe observable signs.
Include all relevant illnesses and presenting symptoms. Do not infer an unconfirmed cause.

NEAR-MISS

Unplanned event with no sustained injury or damage, but the potential to result in harm

RECORD

What happened,
why harm was possible,
actions to manage and/or prevent further risk.

NOTE

WATCH FOR PATTERNS

Similar diarrhea / vomiting in several people? Identify the pattern and consider a possible common source for follow-up. Do not confirm a cause without supporting information.

KEY DISTINCTIONS

Eye trauma → Facial / Eye / Dental injuries. Non-traumatic eye signs → Eye infection.

Headache / loss of consciousness after head impact → Head Injury.

After significant heat exposure / exertion → Exertional heat injury.

LEVEL OF DETAILS

"Participant had a wound."

"Laceration approximately 5 cm long on the right eyebrow, with visible bleeding. Additionally, participant also had a small (around 3 cm) bruise on his right knee."

INJURY SEVERITY

Choose the overall seriousness at the time of reporting. If unsure, consider the highest level of response required.

Minor / Superficial	Minor injuries usually managed with basic first aid
Major / Significant	Clinic / hospital review, or significant temporary impact on daily function
Life-threatening	Immediate risk to life or requiring emergency activation

Refer to the Final Report Guide and Annexes A–C if you need in-depth guidance.

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

OAE Council SINGAPORE