

INJURY SURVEILLANCE GUIDELINE

January 2021

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Health
Protection
Agency

INJURY SURVEILLANCE GUIDELINE

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Health Protection Agency,
Ministry of Health

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FOREWORD

To develop effective prevention strategies, and injury prevention measures, an injury surveillance system is an essential prerequisite. Due to the lack of good data the actual weight of the problem is not depicted.

Currently, injury data is collected adhoc and is not compiled in a manner in which it can be utilized effectively for decision making in injury related policy and programs. Efforts to strengthen injury surveillance has been initiated by the injury prevention program in consultation with the relevant stakeholders. This guideline on injury surveillance is developed to guide and assist the health care professionals to collect and report accurate and standardized information on the different injuries including intentional and unintentional injuries and deaths.

Henceforth, I urge the best use of this guideline by all health care providers, especially those working at the emergency response department to collect, use and report accurate and timely data on injuries. Consequent in this endeavor is availability of reliable and consistent data and information on injuries and implement appropriate interventions to reduce disability and death due to injuries.



Ms. Maimoona Aboobakuru
Director General of Public Health

ACKNOWLEDGEMENTS

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The guideline was developed with technical assistance and guidance from Dr. Ahmed Ziyani (Consultant in Emergency Medicine/ IGMH) and Dr. Aminath Zeyba (Consultant in Emergency Medicine/ IGMH). Health Protection Agency is grateful for the continuous support given by Dr. Ahmed Ziyani and Dr. Aminath Zeyba throughout the development of the guideline.

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ACRONYMS

A&E	Accident and Emergency
ER	Emergency Response
IGMH	Indira Gandhi Memorial Hospital
HPA	Health Protection Agency
OPD	Out Patient Department
O&E	Observation and emergency
ICD	International Classification of Disease
PHU	Public Health Unit
WHO	World Health Organization

CHAPTER 1

1.1. Introduction

Every day more than 14,000 lives are cut short as a result of an injury. Fatal and non-fatal injuries are of increasing public health concern globally, particularly in low and middle income countries. According to the World Health organization (WHO), injuries constitute a major public health problem causing more than 5 million deaths and contribute to more cases of disability each year.

People from all economic groups suffer fatal injuries, although death rates due to injury tend to be higher in those in the lower income groups. Injuries sustained by individuals' leads to loss of productivity and impacts society as a whole, leading to serious economic consequences.

Injuries constitute as one of the neglected health problems in Maldives. It is a major public health problem that affects all population regardless of age, sex, income or geographical region. However, the magnitude of the problem varies considerably by sex, age and income group.

Injury surveillance includes both injury mortality and morbidity data. Both mortality and morbidity data is an important indicator to understand the burden of the health problem. It identifies the number of deaths from injuries, and injuries that result in hospitalization or treatment in emergency department.

Injuries are preventable and many effective interventions can be taken by understanding the magnitude and characteristics of the problem, such information will indicate the seriousness of the injury problem and where prevention measures are most urgently needed.

The purpose of this guideline is to establish and maintain good injury surveillance system intending to provide guidance to health professionals in recording information on individual cases of injuries including collecting, entering, collating and analyzing information and producing statistical overviews of an injury problem. This guideline provides practical steps to fill injury surveillance form, collecting

and sharing data, analyzing and disseminating the injury report. Establishing the injury surveillance system will give information to strengthen the existing injury prevention program and will help the country and communities to plan appropriate and effective preventive measures.

1.2. Objectives of the guideline

- To strengthen the injury surveillance system
- To collect accurate and consistent information on all types of injury to understand the rate of incidences and trends.
- To understand the burden of injuries leading to disabilities and deaths
- To strengthen public health measures related to injuries

CHAPTER 2

2.1. What is an injury?

An injury is damage to human body it is a general term that refers to harm caused by accidents, falls, hits, weapon and more.

According to WHO, An injury is the physical damage that results when a human body is suddenly or briefly subjected to intolerable level of energy. (1)

Injuries are often classified as unintentional and intentional. Traffic injuries, fire related injuries, falls, drowning and poisonings are classified as unintentional. Homicides, suicides and war are classified as intentional (2).

2.2. Types of injury

Injuries may be categorized in a number of ways. It is useful to categorize injuries according to whether or not injury is deliberately inflicted. Some of the commonly used categories are:

1. **Unintentional (i.e. accidental):** injuries from vehicle crashes, falls, fires and burns, drowning, poisoning etc.
2. **Intentional (i.e. deliberate):**
 - Interpersonal (eg. Assault and homicide)
 - Self - harm (eg. Abuse of drugs and alcohol, self – mutilation, suicide)
 - Legal intervention (eg. Action by police or other law enforcement personnel)
 - War, civil insurrection and disturbances (eg demonstrations and riots)
3. **Undetermined intent**

CHAPTER 3

3.1. What is surveillance

The term, “surveillance,” as used in the public health field, refers to the ongoing and systematic collection, analysis, interpretation and dissemination of health information to concerned authorities for appropriate planning, implementation and evaluation of prevention interventions.

Surveillance produces data that describes the size and characteristics of the health problem such as the mortality and morbidity rate due to injuries, the population at most risk, the risk factors leading to injuries and its trend.

The Injury surveillance data will be collected through health care providers’ nationwide including IGMH, ADK and Regional and Atoll hospitals.

Health Protection Agency (HPA) is the lead agency implementing the Injury surveillance system. Injury Prevention Program of the Environment and Occupational Health Division has the overall responsibility of managing the system.

3.2. Why do Surveillance?

Without reliable information, health care providers are severely handicapped. Injury surveillance is an essential component as it lays the foundation for injury control initiatives. Monitoring the occurrence of injuries is the first step in the process of developing an injury control intervention. Information on the injury captures the magnitude of the problem at hand; it identifies the incidence and prevalence of injuries. Apart from deaths, many more are seriously and permanently disabled and more suffer from minor, short term disabilities (1)

Effective injury control is based upon understanding the morbidity and mortality rates due to injury. Without reliable information, health care planners are unable to allocate resources to achieve the greatest impact in preventing injuries, reducing the harm they do, and treating and rehabilitating injured persons.

3.3. Attributes of a good surveillance system

3.3.1. Simplicity

The injury surveillance system should produce all the data needed, in the simplest and straightforward way possible. Forms for keeping records and compiling data should be easy to understand and complete, and will not waste staff time by requiring repeated entry of the same information. This is especially important where resources are limited and staff has many other demands on their own time.

3.3.2. Flexibility

The injury surveillances should be easy to change, especially when ongoing evaluation shows that change is necessary or desirable. For example, when ongoing processing we identify important data missing we can add information or change the information.

3.3.3. Acceptability

The injury surveillance system should only work if people are willing to participate in it. Involving staff in the design, evaluation and improvement of data entry forms may help ensure that they find them easy to fill out and understand their purpose. It is also important to ensure that end users are getting the results they need from the system and that you are always open to comments and suggestion for improvements.

3.3.4. Reliability

Anyone using the data produced by a surveillances system should have complete confidence in the accuracy of the data. This means that the system should:

- Fully record injury events (or cases) with all related information being described and classified according to stated definition.
- Exclude non-injury events (e.g a case of back pain that result from spinal deterioration or ongoing stress should not get classified as an injury)
- Detect all injury events within the relevant population. (e.g if your system is meant to collect data on all injuries in a community, you must be sure that you're not overlooking one of the community's several hospitals or clinics) or be able to detect

a representative sample of injury events that can be shown to reflect the distribution of events in the whole population.

3.3.5. Utility

The Injury surveillance system is practical and affordable. Each Atoll and island health facility has a public health unit. Data will be collected, entered and report will be sent by public health staff.

3.3.6. Sustainability

The Injury surveillance system will function with minimum effort and be easy to maintain and update, so that it continues to serve its purpose well after it has been established.

3.3.7. Timeliness

The Injury surveillance system should be able to generate up-to-date information whenever that information is needed.

Security and confidentiality are two further very important features of surveillance system. Records of individual cases should be kept entirely confidential. Surveillance reports should never reveal information or individuals. Moreover, the system should never expose personal information that embarrasses or threatens people, or that risks their jobs or their relationship.

3.3.8. Case inclusion

- All injuries presenting to the accident and emergency department, irrespective of severity are included. These being transport accidents, assaults, intentional and unintentional self-harm.
- Revisit to a hospital for a complication or mortality that had resulted from a previous injury.

3.3.9. Exclusion

- Injury caused during medical intervention and adverse effects of medical treatment.
- Re visit to the hospital for follow ups and reviews

CHAPTER 4

4.1. Injury surveillance data collection

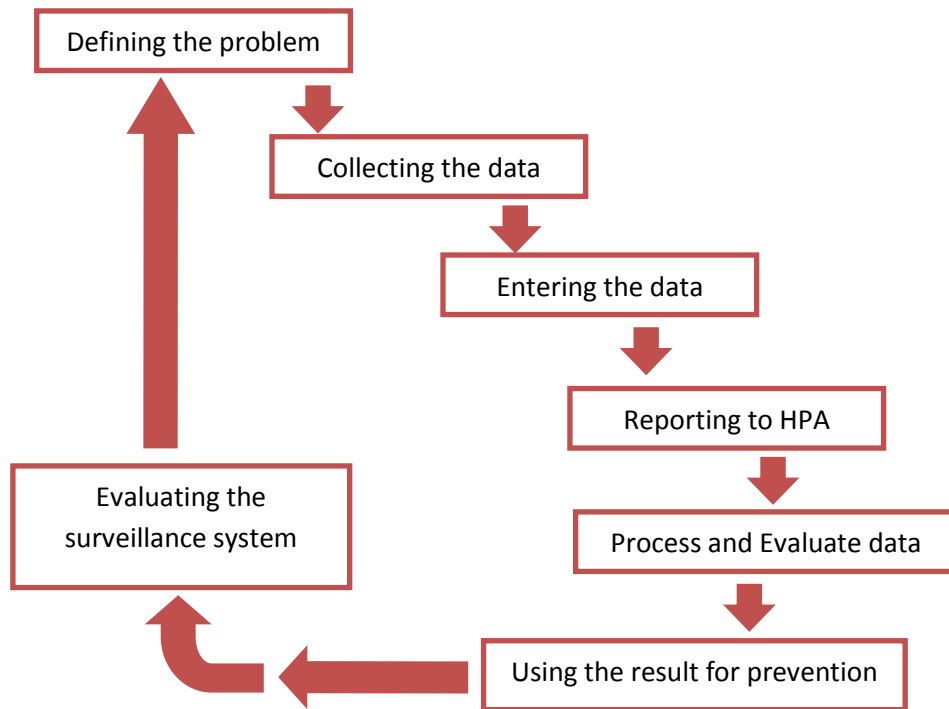
Data collection is the ongoing systematic collection, analysis and interpretation of the health data necessary for designing, implementing and evaluating public health prevention programs. (3)

Data Collection:

Injury surveillance data will be collected by Health professionals responsible in collecting data including doctors, nurses, health workers and clinical assistants, interpreters posted along with the doctors or any staff allocated (Nurse, Doctor, etc).

- ❖ Data collection starts at patient's arrival in Emergency department, hospital. Injury surveillance forms should be available in the Emergency department and the general practice OPD rooms.
- ❖ Forms are to be filled by the clinical assistants/interpreters who are posted with the doctors on duty or any person allocated (Nurse, Doctor, etc). The doctor should verify the information and signs the form.
- ❖ These forms should be collected at the end of each shift and kept in the Emergency Room of health care facility where the Nurse in charge of that shift take responsibility of the forms.
- ❖ Every morning a staff of health information and medical records section/public health units collect these forms from the Emergency department and take them to the medical record section.

4.2. Steps of Data collection



4.3. Injury surveillance data collection form

The injury surveillance data collection form consists of a single page. The front page consists of the patient demographics and variables related to the injury.

The back side of the page contains instructions to complete the form.

The injury surveillance form contains data collection which is essential data of the injured or the dead. These variables are divided into the following sections:

- **General Information**
- **Section 1: Intent**
- **Section 2: Mechanism of Injury**
 - Section 2.1: Mode of Transport (type of vehicle involved)
 - Section 2.2: Person in relation to the vehicle involved
 - Section 2.3: High risk behavior
- **Section 3: Location of Incidence**
 - Section 3.1: Workplace details
- **Section 4: Injury severity**

GENERAL INFORMATION

This segment requires data on patient demographics including:

- Patient ID card for local
- Passport number for foreigners
- Age, gender and Nationality

Details related to the incidence which includes:

- Date of incident: Date shall be entered in numerical order as follows: DD/MM/YYYY
- Place of occurrence of the injury (Country, city, island)
- Whether the injury incur during a demonstration or protest

SECTION 1: INTENT

1. **Unintentional** (accidental) – Any accidental injuries without any intention to harm self or others. Example: Falls, struck by objects, etc.
2. **Self-harm** – A self-inflicted injury on the person's body with the purpose damaging one's own body, with or without suicidal thoughts
3. **Intentional** (deliberate) – Intentional harm to another person or group of people

SECTION 2: MECHANISM OF INJURY

Refers to how the injury was inflicted, i.e. how the person was hurt. If more than one mechanism, record the one that precipitated the injury. E.g. Struck by falling objects, Poisoning (ingestion of multiple tablets e.g. Alzheimer patients, IV drug users)

1. **Road traffic accident** (also refer to SECTION 2.1, 2.2 and 2.3)

2. **Assault**

Sexual, physical by sharp or blunt object, bodily force or by unspecified means.

3. **Fall** may include;

- Fall from bed
- Fall from building; this include fall from, out of or through balcony, bridge, building, pole, roof, tower, wall, window and railing.
- Fall from chair; including wheel chair
- Fall from ladder
- Fall from stairs; this also include fall from escalator, incline and ramp.
- Fall from tree
- Fall on the same level; this also includes fall due collision of pedestrian with another pedestrian, accidentally being dropped while being carried, fall involving roller skates and fall from bumping against object.

4. **Fire, burn, scalds** may Include:

- Electric Burn: This Includes burn or other injury from electric current
- Chemical Burn
- Burn from hot liquid
- Burn from contact with hot surface
- Inhalation Injuries
- Lightning Injuries
- Burn from steam and vapors

5. **Poisoning**

Poisoning (ingestion of multiple tablets e.g.: Alzheimer patients, IV drug users)

Continuation SECTION 2: MECHANISM OF INJURY

6. Drowning

Includes:

Drowning and submersion while in bath tubs, drowning in swimming pool, drowning and submersion in natural water including open sea, pond (kulhi). Also, drowning and submersion such as in quenching tank and reservoirs.

7. Sports Injuries:

Sports injuries refers to the injuries that occur during sports/ exercise some of the most common sports injuries include; sprains-tears to the ligaments that join the ends of bones together.

8. Occupational Injuries, may be sustained from:

- exposed electrical wiring
- flammable chemicals that could lead to fires and explosions
- falls
- machinery
- Blunt object
- Caught between object; Caught, crushed, jammed or pinched in or between objects

9. Struck by falling objects

10. Others, may include but not limited to:

- Strangulation
 - Firearm injuries
 - Bite/Sting; Includes contact with spiders, scorpion, lizards and snakes, hornets wasps and bees, centipede and venomous millipedes, venomous marine animals and plants and venomous arthropods such as ants.
- Data recording; should specify the animate force involved in the injury if known.

Section 2.1 to 2.3 is to be completed if the mechanism of injury is *road traffic accident*.

SECTION 2.1: Mode of Transport (type of vehicle involved)

1. **Motorcycle**
2. **Commercial vehicle** refers to company operated vehicles
3. **Sea transport** refers speed launch, vessel, fishing vessel etc
4. **Heavy vehicle** refers forklift, tractor etc.
5. **Truck, pickups, vans**
6. **Non-motorized vehicle:** e.g. Bicycle
7. **Car** (privately owned)
8. **Others** may include but not limited to: e.g. buggies

SECTION 2.2: Person in relation to the vehicle involved

1. **Pedestrian:** Refers to any person involved in a transport injury event, who was not at that time of event riding or on a motor vehicle.
2. **Driver:** Refers to an occupant of transport vehicle, who is operating it including motor cycle.
3. **Passenger:** Occupants of three or four wheeler vehicles
4. **Pillion Rider:** Person behind the driver on a motor cycle

SECTION 2.3: High risk behavior

1. **Patient not wearing helmet** at the time of accident
2. **Injuries sustained suggest of high velocity impact:** injuries that are grievous and multiple and additionally if there is a passenger death in the same accident, may suggest that they have been caused by a high velocity impact
3. **Patient under drug influence/intoxicated:** any signs or behavior of patient that may suggest he/she is under drug influence

SECTION 3: LOCATION OF INCIDENCE

Location or place where the person was injured.

1. **Workplace** (also refer to section 3.1)
2. **Street/ Highway/link Road**
3. **Airport**
4. **Home:** Refers to the place where a person lives exchange residential institution such as hospice, reformatory, home for the sick and home under construction but not yet occupied.
5. **Institution;** Refers to place where a group of people with the same characteristic reside. It may include;
 - Military and police training camps
 - State Care Facilities (Home for People with Special Needs, Kudakudhinge Hiyaa, Fiyavathi, Halfway homes, Reformatory Centers etc.)
 - Drug Rehabilitation Center
 - Prison
 - Hostel
 - School/Day care/Colleges
6. **Sea/Recreational water;** Refers to swimming pools and public beach area it also may include:
 - Swimming track
 - Artificial beach
 - Resorts
 - Lagoons
 - Open ocean
 - Reef
7. **Others;** Refers to building and adjacent grounds used by general public or a particular group of public such as;
 - Social center
 - Mosque
 - Theater
 - Post Office
 - Museum
 - Youth Center
 - Library

Section 3.1 is to be completed if the location of the incidence is *workplace*.

SECTION 3.1: WORK PLACE DETAIL

1. **Construction site**
2. **Automobile garage**
3. **Maldives ports Limited (MPL) area**
4. **Fiberglass boatyard**
5. **Others:**
 - i. WAMCO-while at work
 - ii. Open sea-while fishing
 - iii. Occupational diving
 - iv. Healthcare facilities
 - v. Loading and unloading dockyards/harbor area

SECTION 4: INJURY SEVERITY

Assessment of the degree of injury

1. **No injury** – No signs of any visible injury
2. **Minor or superficial:** (e.g. abrasions and lacerations) not involving any organs, patient may be discharged
3. **Moderate:** requiring some skilled treatment (e.g. fractures, sutures). May require hospitalization
4. **Severe:** requiring intensive medical/surgical management (e.g. internal hemorrhage, punctured organs, and severed blood vessels). Requires hospitalization
5. **Death**

Additional Comments: Extra comments and suggestions should be clearly written

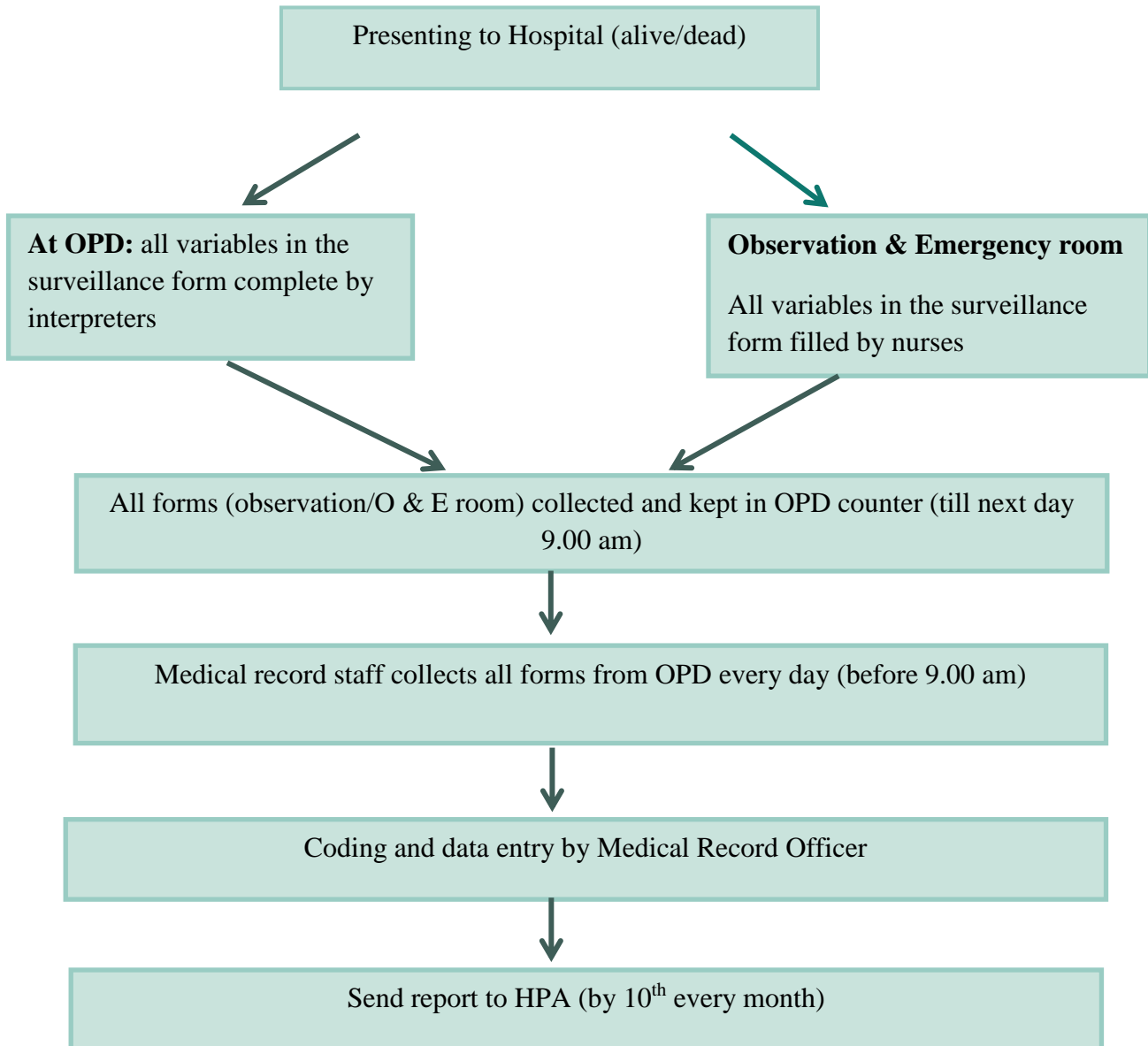
CHAPTER 6

6.1. Data entry and analysis

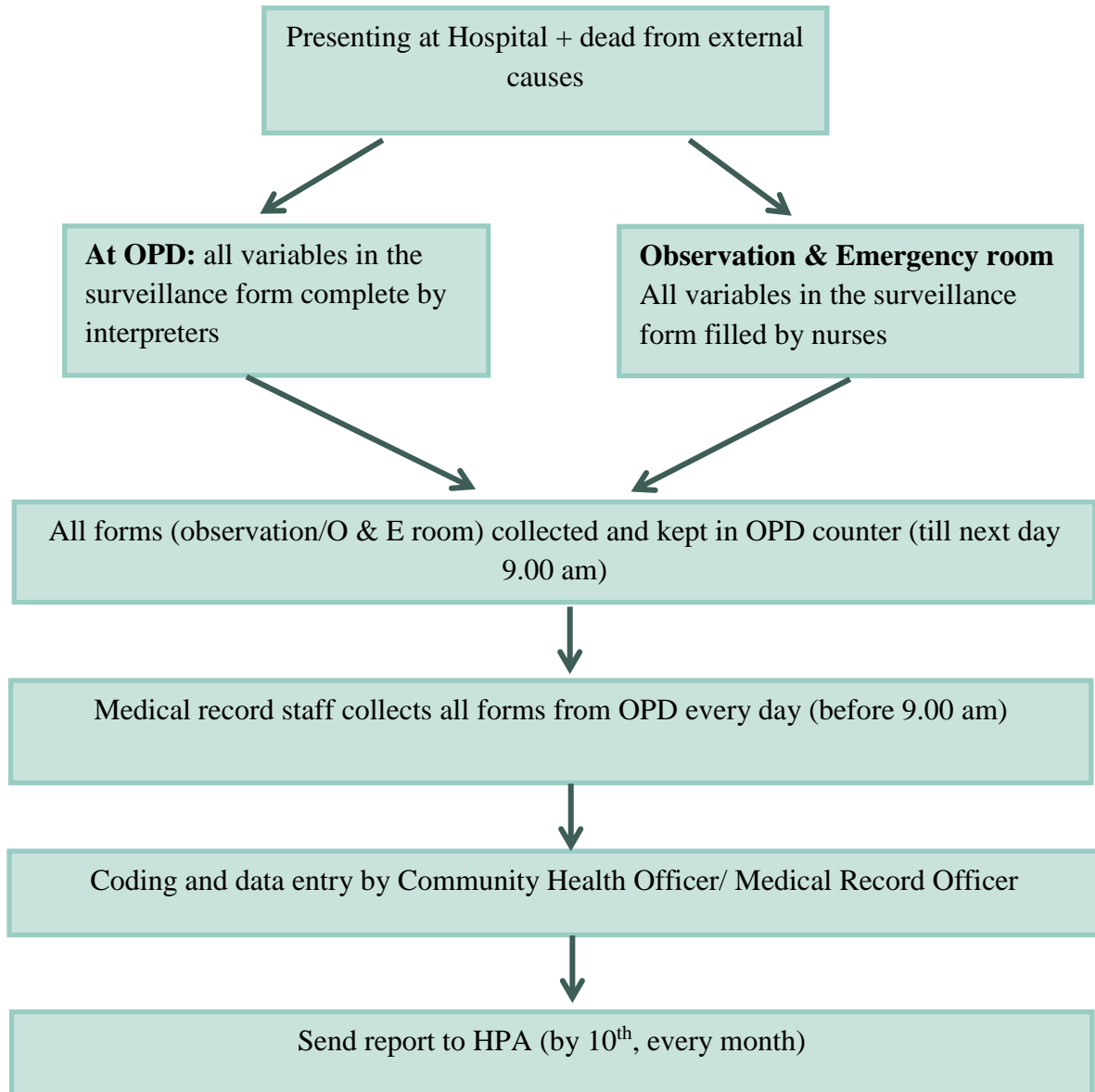
- Data entry is a process of entering data and updating information. Once the raw data has been collected it should be entered on a daily basis in to a computerized database set up to generate monthly or yearly statistical reports. Up to date data should be generated at any time, whenever needed.
- The data entered must be consistent and accurate. Reliable and clean data support in taking effective decision in injury prevention interventions.
- The data shall be entered by the health information and medical record section by a trained staff designated for data entry.

ANNEXES


Annex 1: Injury surveillance report collection from Hospitals in Male' region



Annex 2: Injury surveillance report collection from Regional/Atoll hospitals



Annex 3: Injury surveillance form

INJURY SURVEILLANCE FORM			
		HEALTH PROTECTION AGENCY	
		GENERAL INFORMATION	
ID card number/ (PP number if foreigner)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: _____ Nationality: _____
Did the injury incur during a demonstration/protest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of incidence (country/city/island): _____	Date of incidence: ____ / ____ / ____
<i>Please tick where appropriate (This form is filled for the purpose of injury surveillance program. Medico legal report (MLR) must be filled)</i>			
Section 1: INTENT			
1 <input type="checkbox"/> Unintentional (accidental)	2 <input type="checkbox"/> Self-harm	3 <input type="checkbox"/> Intentional (deliberate)	
Section 2: MECHANISM OF INJURY			
<i>More than one box can be ticked</i>			
1 <input type="checkbox"/> Road traffic accident* ¹	5 <input type="checkbox"/> Poisoning	9 <input type="checkbox"/> Struck by falling objects	
2 <input type="checkbox"/> Assault	6 <input type="checkbox"/> Drowning	10 <input type="checkbox"/> Others (Specify) _____	
3 <input type="checkbox"/> Fall	7 <input type="checkbox"/> Sports injuries		
4 <input type="checkbox"/> Fire, burn, scalds	8 <input type="checkbox"/> Occupational injuries		
*¹ If nature of accident is ROAD TRAFFIC ACCIDENTS, complete the section 2.1, 2.2 and 2.3			
Section 2.1: Mode of Transport			
1 <input type="checkbox"/> Motorcycle	4 <input type="checkbox"/> Heavy Vehicle	7 <input type="checkbox"/> Car	
2 <input type="checkbox"/> Commercial vehicle	5 <input type="checkbox"/> Truck	8 <input type="checkbox"/> Others (Specify) _____	
3 <input type="checkbox"/> Sea transport	6 <input type="checkbox"/> Non-Motorized vehicle (Bicyc _____)		
Section 2.2: Person in relation to vehicle involved			
1 <input type="checkbox"/> Pedestrian	3 <input type="checkbox"/> Driver		
2 <input type="checkbox"/> Passenger	4 <input type="checkbox"/> Pillion rider		
Section 2.3: High risk behaviour			
<i>On examination the following high risk behaviour is observed by the doctor</i>			
1 <input type="checkbox"/> Patient not wearing helmet	2 <input type="checkbox"/> Injuries sustained suggest of high velocity	3 <input type="checkbox"/> Patient under drug influence/ intoxicated	
Section 3. LOCATION OF INCIDENCE			
1 <input type="checkbox"/> Work Place* ²	4 <input type="checkbox"/> Home	6 <input type="checkbox"/> Sea/ Recreational water	
2 <input type="checkbox"/> Street/ Highway/ Link road	5 <input type="checkbox"/> Institutional (specify) _____	7 <input type="checkbox"/> Others (Specify) _____	
3 <input type="checkbox"/> Airport:			
*² If location of injury is WORKPLACE, complete the section 3.1			
Section 3.1: Workplace details			
1 <input type="checkbox"/> Construction site	3 <input type="checkbox"/> MPL yard	5 <input type="checkbox"/> Others (Specify) _____	
2 <input type="checkbox"/> Automobile garage	4 <input type="checkbox"/> Fiberglass boatyard		
Section 4. INJURY SEVERITY			
1 <input type="checkbox"/> No injury	3 <input type="checkbox"/> Minor	5 <input type="checkbox"/> Moderate	
2 <input type="checkbox"/> Severe	4 <input type="checkbox"/> Death		
Additional comments: _____			
Name and Signature of the doctor: _____			Date: _____

GUIDE TO COMPLETING INJURY FORM

Case inclusion

- All injuries presenting to the accident and emergency department, irrespective of severity are included. These being transport accidents, assaults, intentional and unintentional self-harm.
- Revisit to a hospital for a complication or mortality that had resulted from a previous injury.

Exclusion

- Injury caused during medical intervention and adverse effects of medical treatment.
- Re visit to the hospital for follow ups and reviews

Section 1: INTENT

1. **Unintentional (accidental)** – Any accidental injuries without any intention to harm self or others. Example: Falls, struck by objects, etc.
2. **Self-harm** – A self-inflicted injury on the person's body with the purpose damaging one's own body, with or without

Section 2: MECHANISM OF INJURY-Refers to how the injury was inflicted

<p>If more than one mechanism, record the one that precipitated the injury</p> <ol style="list-style-type: none"> 1. Road traffic accident (also refer to SECTION 2.1, 2.2 and 2.3) 2. Assault: Sexual, physical by sharp or blunt object, bodily force or by unspecified means. 3. Fall e.g. <ul style="list-style-type: none"> - Fall from bed - Fall from building; this include fall from, out of or through balcony, bridge, building, pole, roof, tower, wall etc - Fall from chair; including wheel chair - Fall from ladder - Fall from stairs; this also include fall from escalator, incline and ramp. - Fall from tree - Fall on the same level.e.g.. fall 	<ol style="list-style-type: none"> 4. Fire, burn, scalds e.g. <ul style="list-style-type: none"> - Electric Burn - Chemical Burn - Burn from hot liquid - Burn from contact with hot surface - Inhalation Injuries - Lightning Injuries - Burn from steam and vapors 5. Poisoning Poisoning (ingestion of multiple tablets e.g. IV drug users) 6. Drowning Includes: Drowning and submersion while in bath tubs, following fall in bath tub, drowning in swimming pool, drowning and submersion in natural water including open sea, pond (kulhi) 7. Sports Injuries 	<ol style="list-style-type: none"> 8. Occupational Injuries, e.g. <ul style="list-style-type: none"> - exposed electrical wiring - flammable chemicals that could lead to fires and explosions - falls - machinery - Blunt object - Caught between object; Caught, crushed, jammed or pinched in or between objects 9. Struck by falling objects 10. Others, may include: <ul style="list-style-type: none"> - Strangulation - Firearm injuries - Bite/Sting; Includes contact with spiders, scorpion, lizards and snakes, hornets wasps and bees, centipede and venomous millipedes, venomous marine animals and plants and
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**If nature of accident is ROAD TRAFFIC ACCIDENTS, complete the section 2.1, 2.2 and 2.3*

Section 2.1: Mode of Transport (type of vehicle involved)	Section 2.2: Person in relation to vehicle involved	Section 2.3: High risk behaviour
<ol style="list-style-type: none"> 1. Motorcycle 2. Commercial vehicle refers to company operated vehicles 3. Sea transport 4. Heavy vehicle refers forklift, tractor etc. 5. Truck, pickups, vans 6. Non-motorized vehicle: e.g. Bicycle 7. Car (privately owned) 8. Others e.g. buggies 	<ol style="list-style-type: none"> 1. Pedestrian: Refers to any person involved in a transport injury event, who was not at that time of event riding or on a motor vehicle. 2. Driver: Refers to an occupant of transport vehicle, who is operating it including motor cycle. 3. Passenger: Occupants of three or four wheeler vehicles 4. Pillion Rider: Person behind the driver on a motor cycle 	<ol style="list-style-type: none"> 1. Patient not wearing helmet at the time of accident 2. Injuries sustained suggest of high velocity impact: injuries that are grievous and multiple and additionally if there is a passenger death in the same accident, may suggest that they have been caused by a high velocity impact 3. Patient under drug influence/intoxicated: any signs or

Section 3. LOCATION OF INCIDENCE: Location or place where the person was injured.

<ol style="list-style-type: none"> 1. Workplace (also refer to section 3.1) 2. Street/ Highway/link Road 3. Airport 4. Home 5. Institution e.g. <ul style="list-style-type: none"> - Military and police training camps - State Care Facilities (Home for People with Special Needs, Kudakudhinge Hiya, Fiyavathi, etc.) - Drug Rehabilitation Center 	<ol style="list-style-type: none"> 6. Sea/Recreational water; Refers to swimming pools and public beach area it also may include: <ul style="list-style-type: none"> - Swimming track - Artificial beach - Resorts - Lagoons - Open ocean - Reef 	<ol style="list-style-type: none"> 7. Others; Refers to building and adjacent grounds used by general public or a particular group of public such as; <ul style="list-style-type: none"> - Social center - Mosque - Theater - Post Office - Museum - Youth Center - Library
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**If location of injury is WORKPLACE, comple*

Section 3.1: Workplace details	5. Others e.g.
<ol style="list-style-type: none"> 1. Construction site 2. Automobile garage 3. Maldives ports Limited (MPL) yard 4. Fiberglass boatyard 	<ol style="list-style-type: none"> i. WAMCO-while at work ii. Open sea-while fishing iii. Occupational diving iv. Healthcare facilities v. Loading and unloading dockyards/harbor area

Section 4. INJURY SEVERITY

1. **No injury** – No signs of any visible injury
2. **Minor or superficial:** (e.g. abrasions and lacerations) not involving any organs, patient may be discharged
3. **Moderate:** requiring some skilled treatment (e.g. fractures, sutures). May require hospitalization
4. **Severe:** requiring intensive medical/surgical management (e.g. internal hemorrhage, punctured organs, severed blood vessels). Requires hospitalization
5. **Death**

REFERENCES

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