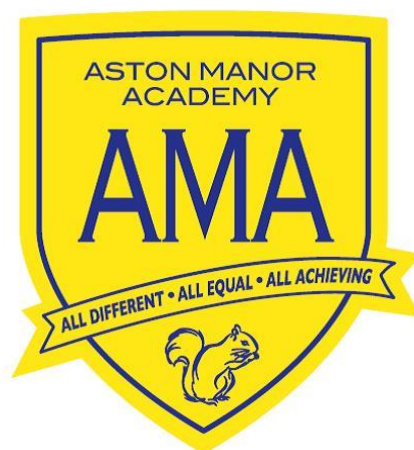


EQUITAS ACADEMIES TRUST



Chilwell Croft
Academy

Intimate Care and Bodily Fluid Hygiene Policy

Review Date: January 2019
To be Reviewed: January 2020
Agreed: Policy Lead
Policy Lead: Pravina Patel/Sandra
Coleman

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Statement of intent

Equitas Trust takes the health and wellbeing of its pupils very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

Pupils may require assistance with intimate care as a result of their age or due to having special educational needs and disabilities (SEND). In all instances, effective safeguarding procedures are of paramount importance.

The Trust recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

1. Legal framework

1.1. This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- DfE (2018) 'Keeping children safe in education'
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010

1.2. This policy will be implemented in conjunction with the school's:

- **Health and Safety Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **First Aid Policy**
- **Child Protection and Safeguarding Policy**

- **Staff Code of Conduct**
- **Whistleblowing Policy**
- **Administering Medications Policy**

2. Definitions

- 2.1. For the purpose of this policy, **“intimate care”** is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.
- 2.2. Intimate care may include the following:
- Washing -Body bathing other than to the arms, face and legs below the knee
 - Touching -Application of medical treatment other than to the arms, face and legs below the knee
 - Carrying out an invasive procedure -Dressing and undressing
 - Changing a child who has soiled themselves- Toileting, wiping and care in the genital and anal areas
 - Providing oral care
 - Feeding
 - Providing comfort to an upset or distressed pupil
- 2.3. Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.
- 2.4. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.
- 2.5. Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

3. Health and safety

- 3.1. Equitas Trust’s cleaning bodily fluids policy_lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.
- 3.2. Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.
- 3.3. Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.

- 3.4. Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately, in line with the cleaning bodily fluids procedures.
- 3.5. Where one pupil requires intimate care/toileting, nappies, incontinence pads and medical bags will be disposed of in an ordinary bin, as per health and safety guidelines.
- 3.6. Where more than one pupil requires intimate care, nappies, incontinence pads and medical bags will be disposed as follows:
 - In the nappy sani bin
- 3.7. The changing area or toilet will be left clean.
- 3.8. Hot water and soap are available to wash hands.
- 3.9. Paper towels are available to dry hands.

4. Staff and facilities

- 4.1. Staff members who provide intimate care are trained to do so and are fully aware of best practice. Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment. This may include the following:
 - Adjustable bed
 - Changing mat
 - Non-slip step
 - Cupboard
 - Adapted toilet seat or commode seat
 - Hoist
 - Swivel mat
 - Disposable gloves/aprons
 - Nappies, pads and medical bags
 - Tissue rolls (for changing mat/cleansing)
 - Supply of hot water
 - Soap
 - Barrier creams
 - Antiseptic cleanser for staff
 - Antiseptic cleanser for the changing bed/mat
 - Clinical waste bag
 - Spillage kit

- 4.2. Equitas Trust has disabled toilet facilities with a washbasin and designated medical areas with wash basins.
- 4.3. Mobile pupils will be changed while standing up.
- 4.4. Pupils who are not mobile will be changed on a mat on the floor.
- 4.5. Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty or menstruation.

5. School responsibilities

- 5.1. The headteacher is responsible for ensuring that intimate care is conducted professionally and sensitively by all appropriate members of staff.
- 5.2. The headteacher is responsible via delegation of duties for ensuring that the intimate care of all children is carefully planned, including individual plans following discussions with the parent/carer and the child.
- 5.3. The headteacher via delegation of duties is responsible for communicating with parents/carers in order to establish effective partnerships when providing intimate care to children.
- 5.4. The headteacher via delegation of duties is responsible for handling any complaints about the provision of intimate care in line with the school's Complaints Procedure Policy.
- 5.5. All members of staff who provide intimate care are responsible for undergoing annual training for provision of intimate care.
- 5.6. Arrangements will be made with a multi-agency to discuss the personal care needs of any pupil prior to them attending the school.
- 5.7. In liaison with the pupil and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.
- 5.8. Regular consultations will be arranged with all parents/carers and pupils regarding toilet facilities.
- 5.9. The privacy and dignity of any pupil who requires intimate care will be respected at all times.
- 5.10. A trained member of staff will change the pupil or assist them in changing themselves if they become wet, or soil themselves.
- 5.11. Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.

- 5.12. Members of staff will react to accidents in a calm and sympathetic manner.
- 5.13. Accurate records of times, staff, and any other details of incidents of intimate care will be kept, and they will be stored with the child's records in the school office.
- 5.14. Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day and will be changed by a designated member of staff.
- 5.15. A minimum number of changes will be agreed.
- 5.16. The family's cultural practices will always be taken into account for cases of intimate care.
- 5.17. Where possible, only same-sex intimate care will be carried out.
- 5.18. Parents/carers will be contacted if the pupil refuses to be changed or becomes distressed during the process.
- 5.19. Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

6. Parental engagement and responsibilities

- 6.1. The school will liaise closely with parents/carers to establish individual intimate care programmes for each child which will set out the following:
- What care is required
 - Number of staff needed to carry out the care
 - Any additional equipment needed
 - The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
 - The child's level of ability, i.e. what procedures of intimate care the child can do themselves
 - Any adjustments necessary in respect to cultural or religious views
 - The procedure for monitoring and reviewing the intimate care plan
- 6.2. The information concerning the child's intimate care plan will be stored confidentially in the school office and a copy will be placed with the child's care package, and only the parents/carers and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.
- 6.3. The parents/carers of the child are required to sign the [Intimate Care Parental Consent Form](#) to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

- 6.4. In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents/carers will be contacted by phone in order to gain consent.
- 6.5. Any changes that may need to be made to a child's intimate care plan will be discussed with the parents/carers to gain consent and will then be recorded in the written intimate care plan.
- 6.6. Parents/carers will be asked to supply the following items for their child's individual storage box:
 - Spare nappies
 - Wipes, creams, nappy sacks, etc.
 - Spare clothing
 - Spare underwear
 - Training seat for the toilet
- 6.7. Parents/carers are responsible for liaising with the school to communicate their wishes in regard to the child's intimate care.
- 6.8. Parents/carers are responsible for providing their consent to the school's provision of their child's intimate care.
- 6.9. Parents/carers are responsible for adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.
- 6.10. Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.
- 6.11. A copy of this policy will be read and signed by parents/carers to ensure that they understand the policies and procedures surrounding intimate care.
- 6.12. Parents/carers will inform the school should their child have any marks/rashes.

7. Procedures for intimate care

- 7.1. Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will always be adhered to and will be shared with parents/carers daily.
- 7.2. Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.
- 7.3. If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child adhering to the arranged times.

- 7.4. Each child using nappies will have a clearly labelled box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
- 7.5. Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using disposable blue roll paper and soap and hot water or sanitiser.
- 7.6. The changing areas are warm and comfortable for the children and are private from others. At Chilwell Croft Academy we would use the school's first aid room as this room provides the most space. Changing will occur on a mat which will be placed on the floor for the child's safety.
- 7.7. Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using disposable blue roll paper and soap and hot water or sanitiser.
- 7.8. The changing area has a hot air dryer and paper towels available for members of staff to dry their hands.
- 7.9. Any soiled clothing will be placed in a tied plastic bag and put with the child's personal belongings and will be returned to parents/carers at the end of the school day.
- 7.10. Any used nappies will be placed in a tied plastic bag and disposed of in accordance with the school's Hygiene Policy.
- 7.11. Any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the Bodily Fluid Hygiene Policy.
- 7.12. If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy, and full parental consent will be gained prior to this.
- 7.13. Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.
- 7.14. Members of staff will use the [Toilet Introduction Procedures](#), as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.
- 7.15. Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

8. Safeguarding

- 8.1. The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

- 8.2. The school will ensure that all adults providing intimate care have undergone an enhanced Disclosure and Barring Service (DBS) check enabling them to work with children.
- 8.3. All members of staff will receive safeguarding training on an annual basis and will receive further training and support where necessary.
- 8.4. All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the designated safeguarding lead (DSL), Miss Young, in accordance with the school's safeguarding policy.
- 8.5. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.
- 8.6. Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.
- 8.7. Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.

9. Swimming

- 9.1. Pupils in Years 5 regularly participate in swimming lessons at Newtown swimming baths: during these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing.
- 9.2. Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons.
- 9.3. Special consideration will be taken to ensure that cases of bullying or teasing do not occur.
- 9.4. Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

10. Offsite visits

- 10.1. Before offsite visits, including residential trips, the pupil's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.
- 10.2. Staff will apply all the procedures described in this policy during residential and off-site visits.
- 10.3. Meetings with pupils away from the school premises, where a chaperone is not present, will not be permitted, unless approval has been obtained by the headteacher.

10.4. Consent from a parent/carer will be obtained and recorded prior to any offsite visit.

11. Bodily fluid hygiene procedures

Within the Equitas Trust, we believe that maintaining a clean and hygienic environment is an essential part of our health and safety duty. Bodily fluids are a source of infectious micro-organisms, such as bacteria and viruses. Any bodily fluids incidents must be reported to site staff who will endeavour to clean up the area immediately.

Any member of staff who discovers bodily fluids will follow the procedures outlined in this policy. The aim of the procedure outlined in this policy is to ensure pupils and staff are safe from infection.

12. Equipment

12.1. The following equipment will always be kept on the premises:

- Anti-bacterial disinfectant
- Bleach
- Mops
- Dustpans and brushes
- Closable containers for disposal
- Refuse bags
- Buckets
- Short and long-handled brushes
- Plastic gloves, aprons and head covers
- Waterproof plasters

12.2. The site manager will be responsible for ensuring all the equipment is fit for use and replenished.

12.3. The site manager will undertake an inventory check every six months.

12.4. Any equipment that is used during cleaning will be thoroughly cleaned, using anti-bacterial disinfectant before it is placed back into storage.

12.5. Any disposable equipment will be treated as clinical waste.

13. Contact with the skin

13.1. Any cuts or scrapes will be covered with a waterproof plaster providing the person is not allergic to them.

13.2. If the plaster starts to come off, it will be taken off and replaced with a new one, after the affected area has been cleaned and dried.

13.3. If any member of staff develops a skin irritation after dealing with bodily fluids, they will consult a doctor at the earliest opportunity.

13.4. If a member of staff is splashed by bodily fluid on an area of unbroken skin, they will wash it off immediately using hot soapy water for three to five minutes, and then rinse and dry well.

13.5. If staff are allergic to soap, they should use plenty of plain water.

13.6. If any member of staff develops a skin condition, such as eczema or dermatitis, they will consult a doctor at the earliest opportunity.

14. Protective clothing

14.1. All protective clothing, such as disposable gloves and aprons, will be disposed of after use.

14.2. Protective clothing will not be used more than once.

14.3. Disposal plastic gloves will always be worn when dealing with bodily fluids.

14.4. When dealing with larger incidents, which cover more than 1 metre squared, a plastic apron will also be worn.

14.5. If any item of protective clothing is torn or damaged, it will be replaced before continuing with cleaning.

15. Spillages

15.1. Any spillage on a flat surface will be covered with an absorbent material, such as newspaper, kitchen roll, paper towels or saw dust.

15.2. Where possible, the use of mops will be avoided, and paper towels will be used to clean up spillages.

15.3. If a surface is not flat, a handful of absorbent material dipped in disinfectant solution will be used to wipe up the spillage.

15.4. A solution of hot water and anti-bacterial disinfectant will be used to clean the affected area.

15.5. Disinfectant will be added to hot water, not the water to the disinfectant. This is to minimise splash from the disinfectant.

15.6. If a member of staff gets disinfectant on their skin, they will wash it off as soon as possible, using soap and hot water.

15.7. If the disinfectant is likely to damage the surface, hot water and soap will be used.

16. Extensive spillages

16.1. In the case of extensive spillages, the area will be cordoned off.

16.2. Where possible, the room will be made unavailable for use until the cleaning process is complete.

16.3. In cases of extensive spillages, a mop will be used to clear excess liquid before anti-bacterial disinfectant is used.

16.4. Any mops that are used to clear up bodily fluids will be disposed of as clinical waste after use and not reused.

17. Bodily fluids

17.1. Dried vomit will be soaked with hot water and anti-bacterial disinfectant, left to soften, and then disposed of as infected waste. An alternative could be that a spill kit is used

17.2. Faeces will be scraped up using a dust pan and brush and disposed of in a toilet.

17.3. Diarrhoea will be treated the same way as dried vomit.

17.4. After bodily fluids have been disposed of the affected area will be cleaned using anti-bacterial disinfectant.

18. Disposal

18.1. All infected waste will be disposed of in a clinical waste sack or container.

18.2. When clinical waste sacks are two thirds full, they will be sealed and stored safely until they are collected.

18.3. Clinical waste will never be disposed of with ordinary waste.

19. Disinfection

19.1. All surfaces immediately surrounding the affected area will also be cleaned, using hot water and disinfectant.

19.2. A warning sign will be used to show that the area is wet.

19.3. All areas will be dried after cleaning.

19.4. Any pupil's soiled clothing will be hygienically bagged and given to the parent/carer to take home. Soiled clothing will never be washed by hand.

19.5. Any other clothing which has been splashed by bodily fluids will be washed separately from other laundry.

19.6. Any equipment used to clean up bodily fluids, such as dust pans or shovels, will be thoroughly washed with hot soapy water, before they are placed back into storage.

20. Cuts

20.1. If a member of staff is cut by a sharp object, the cut will be encouraged to bleed by pinching the affected area.

20.2. If a member of staff cuts themselves, they will place the affected area under cold water.

20.3. A clean absorbent pad will then be applied to the wound with firm pressure until the bleeding stops; if the bleeding does not stop a first aider will be called.

20.4. Any blood around the wound will be washed off, before a waterproof plaster is applied.

21. Reporting

21.1. Any incident involving injury or discovery of bodily fluids will be reported at the earliest opportunity.

21.2. A report form will be completed and returned to the site manager.

21.3. Report forms can be found on shared drive or from the school office.

22. Training

22.1. All members of staff will receive training related to the cleaning of bodily fluids.

22.2. The school business manager or site staff is responsible for arranging training during the induction of new staff, and at regular intervals during their employment.

23. Policy review

23.1. This policy is reviewed every two years by the headteacher.

23.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.

23.3. The scheduled review date for this policy is February 2020.

Intimate Care Parental Consent Form

This form is to be completed by the early years foundation stage lead or designated person and signed by parents/carers.

Name of child:		Date of birth:	
Name of class teacher:		Class:	

Care requirements, including frequency:

The table below outlines the member of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member:	
Name of staff member (in the above staff member's absence):	

Where will the intimate care be carried out?

What equipment/resources will be required?

What infection control procedures are in place?

What disposal procedures are in place?

What actions will be taken if any concerns arise?

What do parents/carers need to provide?

What are the reporting procedures for parents/carers?

I have read the Early Years Intimate Care Policy provided by **Equitas Trust** and I agree to the intimate care plan outlined above:

Signature of parent/carer:		Date:	
Signature of early years foundation stage lead:		Date:	

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and is able to alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and reference other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them

Toilet Management Plan

Pupil's name:		Class/year group:	
Name of personal assistant:			
Date:		Review date:	
Area of need			
Equipment required			
Locations of suitable toilet facilities			
Support required		Frequency of support	

Working towards independence

Pupil will try to	Personal assistant will	Parents/carers will	Target achieved date

Signed _____ Parent/carer

Signed _____ Personal assistant

Signed _____ Second member of staff

Signed _____ Pupil (where appropriate)

Agreement between Pupil and Personal Assistant

Pupil's name: _____ Class/year group: _____

Name of support staff involved: _____

Date: _____

Review date: _____

Support staff

As the personal assistant helping you with intimate care, you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will listen carefully if there is something you would like to change about your Intimate Care Plan.

Pupil

As the pupil who requires help with intimate care, you can expect me to do the following:

- I will try, whenever possible, to let you know a few minutes in advance that I am going to need help with intimate care, so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time, or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Signed: _____ Personal assistant

Signed: _____ Pupil

Bodily fluid incidents reporting form

When an incident occurs in a school environment, staff should ensure that it is adequately reported to maintain an accurate record of any health and safety incidents at the school – this encompasses those relating to bodily fluids, including spillages. Under [RIDDOR](#) regulations, schools also have a duty to report certain injuries or diseases if they meet the specified criteria.

Using this template, staff can ensure the important information relating to a bodily fluid incident is recorded, including the date, time, location of the incident, plus details on the action taken, the exposure, and whether it needed to be reported under RIDDOR.

Name of individual recording incident:		Role:	
Time of incident:		Date of incident:	
Names of all individuals involved:			
Type of bodily fluid (please tick):	<input type="checkbox"/> Blood <input type="checkbox"/> Vomit <input type="checkbox"/> Faeces <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other (specify) _____		
Exposure to the bodily fluid (please tick):	What body part was exposed? <input type="checkbox"/> Intact skin (specify) _____ <input type="checkbox"/> Non-intact skin (specify) _____ <input type="checkbox"/> Eyes <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Other (specify) _____		
	How long was the body part exposed for? <input type="checkbox"/> < 5 minutes <input type="checkbox"/> 5-15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> > 60 minutes		
Further details of the incident:	[Include the location of the incident and other details you deem necessary.]		