Date of Exercise: [MM/	'DD/YYYY] Casualt	y #:
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VISIBLE SYMPTOMS:

Child on ground with seizure activity
Swollen eyes, tearing
Pallor and diaphoresis

PHYSICAL FINDINGS:

Resp: 6 and shallow Audible wheezing Pulse: 50 BP: 82/76

OTHER PATIENT INFORMATION:

Unresponsive
Moaning
Excessive salivation and runny
nose

Chemical - Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	eld Assessment and Treatment:	
1.	Initial Contact and Triage	
	a. How long did it take response personnel to contact	you?
	b. How long did it take response personnel to begin	
	decontaminating you? c. Were you examined on the scene more than once?	□ Voc □ No
	c. Were you examined on the scene more than once?d. Whom did you talk to, or whom were you assessed	
	☐ Fire ☐ EMS ☐ Police ☐ Other	by (list all):
	e. If you received a multicolored triage tag, what was t	he BOTTOM
	color when it was first given to you? ☐ Green ☐ \	
	☐ Black ☐ Never received a tag	
	f. What actions did response personnel take as a resi	ult of their
	assessment of your condition?	
2.	Treatment:	
	a. If conscious, did someone explain your treatment?	
	b. If conscious, were you given clear instructions? \square	Yes □ No
	c. What treatment was given?	
		· · · · · · · · · · · · · · · · · · ·
3.	Did you observe any outstanding actions among the resp	oonse
	personnel you observed?	
	ospital (if applicable)	
1.	Which hospital did you go to?	
2	Once at the begrital, how long was it until company ever	ninad vau?
2.	Once at the hospital, how long was it until someone exar ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐	ninea you?
	☐ Over 15 minutes ☐ I was never examined at the hos	
	- Over 10 minutes - was never examined at the nos	pitai
Exe	cercise Design: Did you observe any problems during you	r participation
-	the exercise? What improvements would you suggest?	
	, , , ,	

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, moving all extremities
Complains of difficulty breathing and blurred vision

PHYSICAL FINDINGS:

Resp: 32 and shallow Audible drooling and wheezing Pulse: 132 BP: 150/90

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Talking but salivating

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d Assessment and Treatment:	
1.	Initial Contact and Triage	
	a. How long did it take response personnel to contact you?	
	b. How long did it take response personnel to begin	_
	decontaminating you?	
	c. Were you examined on the scene more than once? \square Yes \square N	lo
	d. Whom did you talk to, or whom were you assessed by (list all)?	
	☐ Fire ☐ EMS ☐ Police ☐ Other	
	e. If you received a multicolored triage tag, what was the BOTTOM	
	color when it was first given to you? ☐ Green ☐ Yellow ☐ Re	Ч
	☐ Black ☐ Never received a tag	u
	f. What actions did response personnel take as a result of their	
	assessment of your condition?	
	assessment of your condition:	
		-
		-
		_
2.	Treatment:	
	a. If conscious, did someone explain your treatment? \square Yes \square N	0
	b. If conscious, were you given clear instructions? ☐ Yes ☐ No	
	c. What treatment was given?	
		_
		-
		-
3.	Did you observe any outstanding actions among the response personnel you observed?	
		-
		-
	mital (if annii achia)	_
	pital (if applicable)	
1.	Which hospital did you go to?	-
2.	Once at the hospital, how long was it until someone examined you?	
	□ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes	
	☐ Over 15 minutes ☐ I was never examined at the hospital	
Fve	rcise Design: Did you observe any problems during your participation	
	e exercise? What improvements would you suggest?	
41	2 character than improvements trouted you daggeot.	
		_
		-
		_

DO NOT LOSE THIS CARD!
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Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, moving
Marked respiratory distress
with obvious abdominal
discomfort
Tearing

PHYSICAL FINDINGS:

Resp: 25 and erratic audible upper airway noise and wheezing Pulse: 64

BP: 80/62

OTHER PATIENT INFORMATION:

Responsive, anxious
Able to follow commands
Cannot walk with constricted
pupils

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d As	sessment and Treatment:
1.	Initi	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? \square Yes \square No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.		atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? \square Yes \square No
	C.	What treatment was given?
3.		you observe any outstanding actions among the response sonnel you observed?
امد	nital	(if applicable)
1.		ch hospital did you go to?
2.	Onc	ce at the hospital, how long was it until someone examined you?
۷.		ess than 5 minutes \square 5 minutes \square 10 minutes \square 15 minutes
		Over 15 minutes
		over 10 minutes T was never examined at the hospital
Exe in th	rcise ne ex	<u>• Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?

DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise	: [MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Complaints of severe respiratory
distress
Raspy voice
Whites of eyes are reddened and
watering
Extremely pale and sweating

PHYSICAL FINDINGS:

Resp: 32, shallow

Pulse: 80 BP: 82/62

OTHER PATIENT INFORMATION:

Aware; knows name and location only Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

<u>Fiel</u>	<u>ld As</u>	sessment and Treatment:
1.	Initi	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? \square Yes \square No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their
		assessment of your condition?
2.	Tre	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
		•
3.		you observe any outstanding actions among the response sonnel you observed?
<u>Hos</u> 1.		l (if applicable) ich hospital did you go to?
١.	V V I I	on nospital did you go to:
2.	Onc	ce at the hospital, how long was it until someone examined you?
		ess than 5 minutes \square 5 minutes \square 10 minutes \square 15 minutes
		Over 15 minutes
Fxe	rcise	Design: Did you observe any problems during your participation
in th	ne ex	ercise? What improvements would you suggest?
		_

DO NOT LOSE THIS CARD!
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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child with active seizure
Skin diaphoretic with loss of
bowel and bladder control
Tearing and marked salivation

PHYSICAL FINDINGS:

Resp: 24 and shallow Audible wheezing Pulse: 54

BP: 72/54

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel 1.		sessment and Treatment:
1.	ınııı a.	al Contact and Triage How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin decontaminating you?
	C.	Were you examined on the scene more than once? \square Yes \square No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
	e.	☐ Fire ☐ EMS ☐ Police ☐ Other
	С.	color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
	f.	What actions did response personnel take as a result of their assessment of your condition?
2.	Tre	atment:
	a.	If conscious, did someone explain your treatment? \square Yes \square No
	b. c.	If conscious, were you given clear instructions? \square Yes \square No What treatment was given?
3.		you observe any outstanding actions among the response sonnel you observed?
۵os	nita	l (if applicable)
1.		ich hospital did you go to?
2.	Ond	ce at the hospital, how long was it until someone examined you?
		Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes Diver 15 minutes ☐ I was never examined at the hospital
Exe in th	rcise ne ex	<u>• Design:</u> Did you observe any problems during your participation ercise? What improvements would you suggest?

A ride has been scheduled to return you to the exercise site.

If you are not picked up, please call: [Insert number].

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Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child with marked tearing with complaint of blurred vision Wheezing with associated abdominal cramping

PHYSICAL FINDINGS:

Resp: 28; audible wheezing

Pulse: 62 BP: 90/60

OTHER PATIENT INFORMATION:

Responsive
Follows commands
Oriented
Able to walk but weak

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

	ld As	sessment and Treatment:
1.	Initi	al Contact and Triage
	a.	How long did it take response personnel to contact you?
	b.	How long did it take response personnel to begin
		decontaminating you?
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No
	d.	Whom did you talk to, or whom were you assessed by (list all)?
		☐ Fire ☐ EMS ☐ Police ☐ Other
	e.	If you received a multicolored triage tag, what was the BOTTOM
	٥.	color when it was first given to you? ☐ Green ☐ Yellow ☐ Red
		□ Black □ Never received a tag
	f.	What actions did response personnel take as a result of their
	١.	assessment of your condition?
		assessment of your condition:
2	Tro	otmost.
2.		atment:
	a.	If conscious, did someone explain your treatment? Yes No
	b.	If conscious, were you given clear instructions? ☐ Yes ☐ No
	C.	What treatment was given?
3.	Did pers	you observe any outstanding actions among the response sonnel you observed?
Hos	nital	(if applicable)
1.		ich hospital did you go to?
2.		ce at the hospital, how long was it until someone examined you?
		ess than 5 minutes
Eva	rcie	Design: Did you observe any problems during your participation
in th	ne ex	ercise? What improvements would you suggest?

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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise:	[MM/DD/YYYY]	Casualty #:
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VISIBLE SYMPTOMS:

Child on ground, not moving
Runny nose and
hypersalivation
Swollen eyes with tearing
Pale and diaphoretic

PHYSICAL FINDINGS:

Resp: 6 and shallow; no audible breath sounds Pulse: 32

BP: 66/40

OTHER PATIENT INFORMATION:

Unresponsive
Unable to follow commands
Moaning only
Unable to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

		sessment and Treatment:				
1.		Initial Contact and Triage				
	a.	How long did it take response personnel to contact you?				
	b.	How long did it take response personnel to begin decontaminating you?				
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No				
	d.	Whom did you talk to, or whom were you assessed by (list all)?				
	u.	☐ Fire ☐ EMS ☐ Police ☐ Other				
	e.	If you received a multicolored triage tag, what was the BOTTOM				
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red				
		☐ Black ☐ Never received a tag				
	f.	What actions did response personnel take as a result of their				
		assessment of your condition?				
2.	Tre	atment:				
۷.	a.	If conscious, did someone explain your treatment? \Box Yes \Box No				
	b.	If conscious, were you given clear instructions? \square Yes \square No				
	C.	What treatment was given?				
3.		you observe any outstanding actions among the response				
J.		sonnel you observed?				
Hos		(if applicable)				
1.		ich hospital did you go to?				
2.	Onc	ce at the hospital, how long was it until someone examined you?				
		ess than 5 minutes				
		Over 15 minutes				
Exe	rcise	Design: Did you observe any problems during your participation				
in th	ne ex	ercise? What improvements would you suggest?				

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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

VISIBLE SYMPTOMS:

Child with eyes tearing Coughing with abdominal pain and drooling

PHYSICAL FINDINGS:

Resp: 32 and shallow Audible wheezing Pulse: 64

BP: 84/78

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Able to speak
Able to walk

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel	d Assessment and Treatment:			
1.	Initial Contact and Triage			
	a. How long did it take response personnel to contact you?			
	b. How long did it take response personnel to begin decontaminating you?			
	c. Were you examined on the scene more than once? ☐ Yes ☐ No			
	d. Whom did you talk to, or whom were you assessed by (list all)?			
	☐ Fire ☐ EMS ☐ Police ☐ Other			
	e. If you received a multicolored triage tag, what was the BOTTOM			
	color when it was first given to you? ☐ Green ☐ Yellow ☐ Red			
	☐ Black ☐ Never received a tag			
	f. What actions did response personnel take as a result of their			
	assessment of your condition?			
2	Treatment			
2.	Treatment: a. If conscious, did someone explain your treatment? \square Yes \square No			
	b. If conscious, were you given clear instructions? ☐ Yes ☐ No			
	c. What treatment was given?			
	· · · · · · · · · · · · · · · · · ·			
3.	Did you observe any outstanding actions among the response			
	personnel you observed?			
Hos	pital (if applicable)			
1.	Which hospital did you go to?			
2.	Once at the hospital, how long was it until someone examined you?			
	□ Less than 5 minutes □ 5 minutes □ 10 minutes □ 15 minutes			
	\square Over 15 minutes \square I was never examined at the hospital			
Evo	rcise Design: Did you observe any problems during your participation			
	e exercise? What improvements would you suggest?			
				

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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

Date of Exercise: [MM/DD/YYYY] Casualty #: _	
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VISIBLE SYMPTOMS:

Anxious child Swollen eyes with tearing Blurred vision Cough

PHYSICAL FINDINGS:

Resp: 20 and shallow, audible

wheezing

Pulse: 128

BP: 134/88

OTHER PATIENT INFORMATION:

Responsive
Able to follow commands
Speaking in short sentences
Able to walk but weak

Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

Fiel 1		d Assessment and Treatment:			
١.	ınıu a.	al Contact and Triage How long did it take response personnel to contact you?			
	b.	How long did it take response personnel to begin			
	υ.	decontaminating you?			
	C.	Were you examined on the scene more than once? ☐ Yes ☐ No			
	d.	Whom did you talk to, or whom were you assessed by (list all)?			
		☐ Fire ☐ EMS ☐ Police ☐ Other			
	e.	If you received a multicolored triage tag, what was the BOTTOM			
		color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag			
	f.	What actions did response personnel take as a result of their			
		assessment of your condition?			
2.	Tre	atment:			
	a.	If conscious, did someone explain your treatment? \square Yes \square No			
	b.	If conscious, were you given clear instructions? \square Yes \square No			
	C.	What treatment was given?			
3.		Did you observe any outstanding actions among the response personnel you observed?			
	pital	l (if applicable)			
1.	Whi	ich hospital did you go to?			
2.	Onc	Once at the hospital, how long was it until someone examined you?			
		Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes Diver 15 minutes ☐ I was never examined at the hospital			
Fxe	rcise	<u>a Design:</u> Did you observe any problems during your participation			
		ercise? What improvements would you suggest?			

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A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].