

Name: _____

Date: _____

Communication

X M O B P I J T X Y B F Q S Q P L
S V Z E D A V U A E N P S Y D O L
T R S S I W T V H Y F B F J Z G L
R G R Y S L W H U S S J Q U F H G
O F C U O I Z E O P K G R W A S Q
P I O L R E C A R G K E P K E Z M
E R M T I R N A X K E X C C Q D S
R S B X E S H P C C K N H L S Q H
T T A J N S R F J I C J S C I C O
N A T Y T T P O F T N F J Y V M G
E I I J A X M N T O Y J M A M H N
D D V G T Y M P P N B W S R E B I
I E E H I A I X N A P X H H M E B
C P H U O S T M L Y S G J L V O Z
N P S K N X Y I R C I S L I S V G
I G T F K A J A V F E E M H D M J
O N J H J D K X E E X Y A H Z G C

incident reports

pathogens

Dyspnea

PASS

CPR

Disorientation

Combative

sharps

OSHA

PPE

First Aid

Cyanotic

RACE

CVA

MI