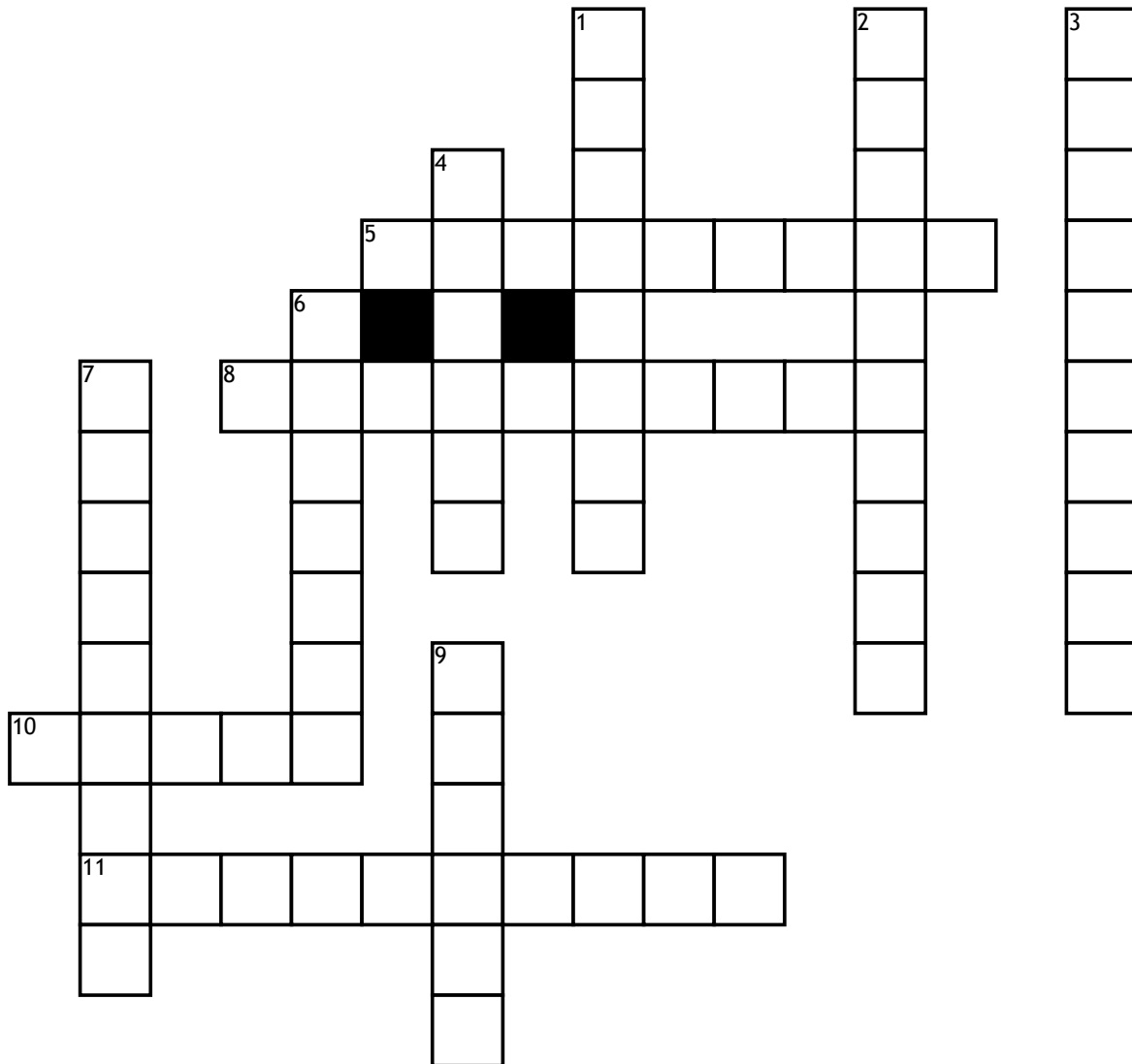


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency Codes



## Across

- 5. Chemical Spill
- 8. Patient location Alert
- 10. Disaster
- 11. Out-of-control -person

## Down

- 1. Infant Abduction

- 2. Evacuation
- 3. Threat of Violence
- 4. Trauma
- 6. Fire
- 7. Bomb Threat
- 9. Medical Emergency