

2019

# E.R.I.K.® Guide



A Boni-Vital Council for Seniors Initiative  
Manitoba e-Health Services  
3/1/2019



## EMERGENCY RESPONSE INFORMATION KIT (E.R.I.K.®)

**This kit belongs to:** \_\_\_\_\_

Know your emergency phone numbers. Keep them in a visible location or record them here :

Police \_\_\_\_\_

Ambulance \_\_\_\_\_

Fire \_\_\_\_\_

Here are a few tips to help you when calling emergency services:

- Identify yourself clearly;
- Clearly identify your place of residence (Phone number, Road or Street or legal address):  
\_\_\_\_\_
- Ensure your address is clearly visible. If it is dark, leave exterior lights on to assist emergency personnel.

The E.R.I.K.® Advisory Council has produced the implementation guide. This guide has been designed to be used as your E.R.I.K.® program’s workbook and reference manual.

The E.R.I.K.® program is registered by the Boni-Vital Council for Seniors. Any changes to E.R.I.K.® must be approved by the E.R.I.K.® Steering Committee. Where needed, you may insert your organization’s information.



## THE CHAIN OF SURVIVAL – OUR COMMUNITY'S CHALLENGE

It is 5:00am on a snowy, February morning in Manitoba. Helen has not been sleeping well during the night. It has been 6 weeks since her heart attack and she is anxious about being alone at home. This morning Helen awoke with chest pain. She remembers that her nitro pills are in the living room and decides to make her way there. As Helen makes her way down the hallway, she becomes dizzy and falls to the floor, unconscious.

At 6:30am, Helen's phone begins to ring. It is her neighbor and friend, Anne. The two promised to check on each other at this time every morning. Soon there is a knock on Helen's door. Anne is worried. She takes the key that Helen gave her and unlocks the door. Helen is in trouble and needs help fast. Anne makes the 911 call and is told that help is on the way.

The emergency response personnel arrive in minutes that feels like hours. Helen is conscious but disoriented. The decision is made to immediately transfer her to a nearby hospital. The emergency response personnel attempt to get some vital information from Helen but she is unable to answer any questions. The neighbor does not know any medical history, is quite upset by the entire event and feels helpless. The emergency response personnel are unable to find Helen's identification. The search for any medical information is time consuming. They search the kitchen cabinets and find an assortment of vials, some unreadable, that Helen has kept over the years. The paramedic notes that the labels list different doctors and some have expired. A final sweep of Helen's bedroom results in yet one more vial of tablets and they are off to the hospital with no medical history or identification and an assortment of pill bottles.

The apartment is quiet again. As the morning sun begins to filter through the curtains in Helen's bedroom, light is shed on the prescription vial of Digoxin tablets that had fallen beneath her bed...

## WHY E.R.I.K.®?

Outcomes from an emergency may be affected by the medial information available to the emergency response personnel in the field and to the nurses and doctors who will treat you at the hospital.

Therefore, E.R.I.K.® has been developed by the Boni-Vital Council for Seniors (see Appendix A) in response to community concerns regarding the availability of adequate information in emergency situation. Such a kit has the potential to facilitate care and save lives by making vital information accessible to emergency response personnel in the home.

The Boni-Vital Council for Seniors has developed E.R.I.K.® as a direct result of a grassroots effort. The Council developed partnerships with a variety of organizations including the Winnipeg Regional Health Authority, Manitoba Pharmaceutical Association, Winnipeg Fire Paramedic Service and local community organizations. This collaborative initiative will help to ensure that seniors will have a standardized package of health related information placed in a common location so that it is available to emergency response personnel and other health care providers.

Since 1987, the Kiwanis Club of South Winnipeg has distributed 50,000 K-Vials throughout the province of Manitoba. The K-Vials represented the first attempt in this province to provide independent seniors with a vital information kit in the event of an emergency. The initiative was sound. However, without a strong support system in place, the longevity of the program was compromised. The Kiwanians were approached and indicated they would be pleased to have a project such as theirs rejuvenated and given broader community support.

In December 2001, the Boni-Vital Council for Seniors decided that it was necessary to establish an E.R.I.K.® Steering Committee to oversee the implementation of E.R.I.K.® both citywide and provincially until an official E.R.I.K.® board is established.

The following document serves as a guide to ensure the success and sustainability of E.R.I.K.® in your community. It is based on the experiences of both urban and rural communities who have piloted E.R.I.K.®. Their experiences and successes are shared in this guide.

## WHAT DOES E.R.I.K.® LOOK LIKE?

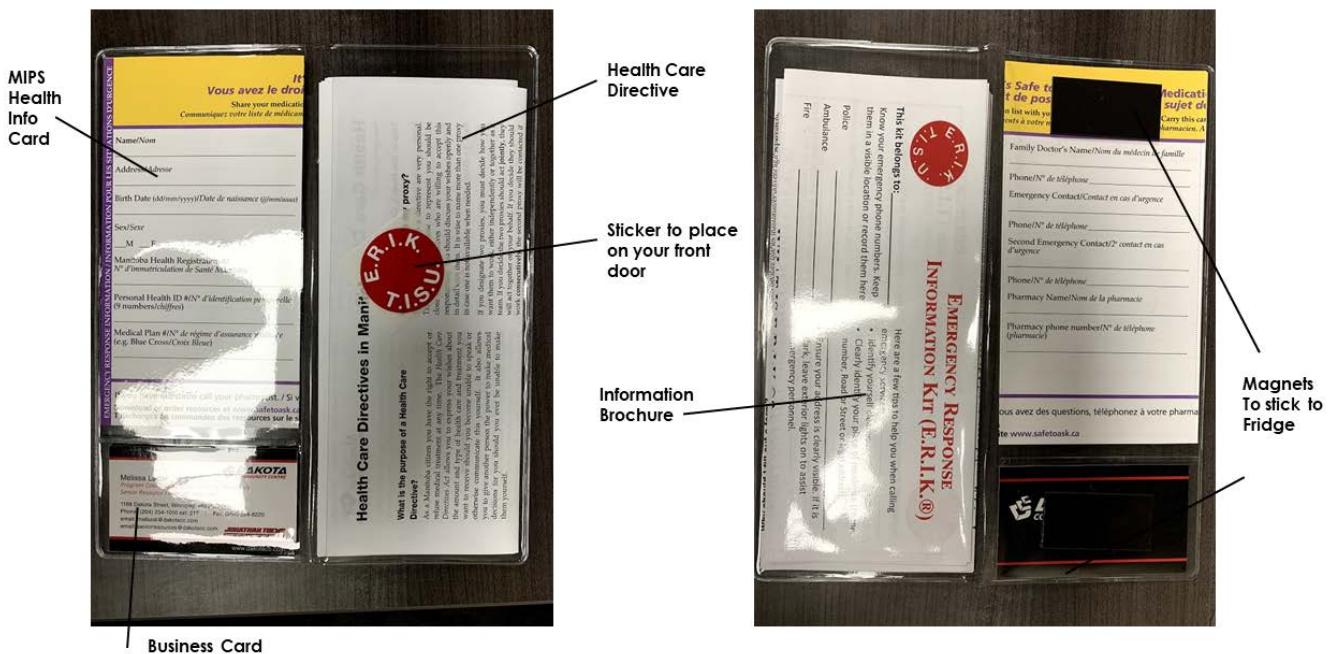
You will find in Appendix B a copy of E.R.I.K.®, which contains:

- An information brochure
- A MIPS Health Information Form
- A Health Care Directive Information Sheet and Form
- Website information for Organ Donation
- A donation slip for those who wish to support the project and ensure it's longevity
- A slot to insert a business card
- A sticker for the front door of a residence

Optional:

- A sticker to indicate that French is the preferred language to receive care with
- A sticker to indicate you are hard of hearing

E.R.I.K.® is designed to attach magnetically to the front of the user's refrigerator. **This is known as the universal location for E.R.I.K.®.**



## Trademark Encroachment Approvals

July, 2001 – re-use of **E.R.I.K.®** term  
Permission to use E.R.I.K.® received by  
Ms. Karen Irvine  
Resources Coordinator, Boni-Vital Council for Seniors  
(E.R.I.K.® is registered by BVCS – registration #4417705)

January 29, 2002 – re- E.R.I.K.® PowerPoint slide #4  
Permission to utilize **Chain of Survival™** received from  
Mr. Richard Adam,  
Director of Communications,  
Heart and Stroke Foundation of Manitoba  
204-949-2018

February 1, 2002 – re- E.R.I.K.® PowerPoint Slide #9  
Permissions to utilize MB Health pHIN Card received from  
Ms. Jackie Sul  
Manitoba Health

## ORDERING SUPPLIES

### Vendors to restock

**Jasdi Magnetics (Canada) Co. Ltd**  
 Unit #155 - 11880 Hammersmith Way  
 Richmond, BC V7A 5C8  
 Tel: 604-271-1679  
 Fax: 604-271-1666

<http://www.jasdimagnetics.com/>

- Flexible magnets – self adhesive
- 1" X 2" 0.6" thickness
- 12X12 sheets yield 72 magnets – you need 2 magnets per kit
- 1 sheet does 36 kits
- The company usually does the order that day and it will arrive in roughly 5 days
- Organization charges 7% GST tax only

0.060"	1-99 Sheets	100 Sheets	200 Sheets	300 Sheets	500 Sheets
1" x 1" x 144 pcs	<b>\$3.99</b>	<b>\$3.89</b>	<b>\$3.79</b>	<b>\$3.69</b>	<b>\$3.59</b>
0.060"	1-99 Sheets	100 Sheets	200 Sheets	300 Sheets	500 Sheets
1" x 2" x72 pcs	<b>\$3.99</b>	<b>\$3.89</b>	<b>\$3.79</b>	<b>\$3.69</b>	<b>\$3.59</b>

### **Killarney Printing Inc – Darlene Vaininkemp**

25 Otter

Winnipeg, Mb, R3T 0M7

Tel: 204-261-3537

Email [artdept@killarneyprinting.com](mailto:artdept@killarneyprinting.com)

- Stickers
  - 4" all weather stickers for apartment building doors
  - 1 ½" all weather sticker for individual (Come in roll of 1000)
- Brochures
- Health Information Sheet

### **Plastic Film (1991) Ltd**

1678 Church Ave

Winnipeg, Mb, R2X 2W9

Tel: 204-632-8344

- Vinyl Folders 8 1/8" X 9 ½" – all clear with 2 pockets 3 ¾", seal on front 7" from top
- Price varies on the amount ordered
- Same as MPI insurance folders

Health Care Directive

ENGLISH: <https://www.gov.mb.ca/health/documents/hcd.pdf>









## TROUSSE D'INFORMATION POUR LES SITUATIONS D'URGENCE (T.I.S.U.®)

La présente trousse appartient à:

Gardez bien en vue les numéros de téléphone des services d'urgences et indiquez-les ci-dessous :

Police \_\_\_\_\_

Ambulance \_\_\_\_\_

Incendie \_\_\_\_\_

Voici quelques conseils pratiques lorsque vous contactez les services d'urgences :

- Assurez-vous de bien vous identifier ;
- Assurez-vous de bien identifier votre domicile (adresse légale, numéro de téléphone ou autres renseignements essentiels): \_\_\_\_\_
- Assurez-vous que votre adresse extérieure est bien visible en tout temps.

### EN QUOI CONSISTE LA TROUSSE D'INFORMATION POUR LES SITUATIONS D'URGENCE ? (T.I.S.U.®)

Le projet T.I.S.U.® développé par l'ancien Conseil des aînés Boni-Vital (Winnipeg, MB), a comme objectif de conceptualiser une trousse spéciale pour les situations d'urgence. Reconnue par les groupes d'intervention, la trousse, une fois complétée, contient tous les renseignements essentiels pour faciliter une intervention rapide par le personnel expert aux situations d'urgence.

Étant exposé à la vue (ex.: sur la porte du réfrigérateur), la trousse est idéale pour les personnes aînées, les personnes ayant un handicap quelconque ou toutes personnes ayant des problèmes de communication. Afin de prévenir des situations fâcheuses, il serait bon que vous ayez en votre possession une copie de votre T.I.S.U.® et de vos directives en matière de soins de santé lorsque vous partez en voyage.

### COMMENT DOIS-JE COMPLÉTER MA T.I.S.U.® ?

1. Remplissez les deux côtés du formulaire d'information sur la santé. Au besoin, demandez l'aide de votre fournisseur de soins de santé, votre pharmacien ou des membres de votre famille.
2. Si vous avez rempli un formulaire Directives en matière de soins de santé ou un testament biologique, mettez-le aussi dans votre trousse. Si vous désirez donner des directives spécifiques en matière de santé, remplissez le formulaire ci-joint en compagnie de votre médecin ou de votre famille.
3. Vous pouvez vous prévaloir de l'option de don d'organe à l'adresse <http://signupforlife.ca> ou remplissant votre carte d'immatriculation de Santé Manitoba.
4. Remettez les formulaires dûment remplis dans l'enveloppe de plastique. Placez la trousse sur le devant de votre réfrigérateur.
5. Gardez constamment à jour le formulaire d'information sur la santé. Si la trousse n'est à jour, elle ne peut pas vous aider!
6. Affichez le collant ci-inclut sur votre porte d'entrée.



NB: Les secouristes médicaux d'urgence ne sont pas responsable de l'exactitude du contenu de la T.I.S.U.®

### MA CONTRIBUTION FAIT UNE DIFFÉRENCE!

Afin d'assurer la continuité de la reproduction gratuite des trousse d'information pour les situations d'urgence (T.I.S.U.®), vous pouvez faire parvenir un don monétaire en complétant le formulaire ci-bas.

Nom de famille \_\_\_\_\_ Prénom \_\_\_\_\_ Téléphone \_\_\_\_\_

Adresse \_\_\_\_\_ Ville/Village \_\_\_\_\_ Code postal \_\_\_\_\_

J'inclus un chèque de: \_\_\_\_\_ \$ Un reçu pour fin d'impôts sera remis pour tous dons de 20 \$ ou plus.

Veuillez libeller votre chèque au: Dakota Community Centre  
1188 Dakota Street  
Winnipeg, Manitoba R2N 3H4 Telephone: 204-254-1010

\*\*La ville de Winnipeg émettra les reçus de bienfaisance aux fins de l'impôt.

Mise à jour janvier 2018

2. Health Care Directive

# Health Care Directive

*Please type or print legibly*



**This is the Health Care Directive of:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Part 1 – Designation of a Health Care Proxy**

You may name one or more persons who will have the power to make decisions about your medical treatment when you lack the ability to make those decisions yourself. If you do not wish to name a proxy, you may skip this part.

I hereby designate the following person(s) as my Health Care Proxy:

**Proxy 1**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

**Proxy 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

*(Check  one choice only.) For an explanation of "consecutively" and "jointly" please see the reverse side of this form.*

**If I have named more than one proxy,**  
 I wish them to act:  
 consecutively OR  jointly

My Health Care Proxy may make medical decisions on my behalf when I lack the capacity to do so for myself *(check  one choice only):*

With no restrictions  
 With restrictions as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 2 – Treatment Instructions**

In this part, you may set out your instructions concerning medical treatment that you do or do not wish to receive and the circumstances in which you do or do not wish to receive that treatment. REMEMBER – your instructions can only be carried out if they are set out clearly and precisely. If you do not wish to provide any treatment instructions, you may skip this part.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part 3 – Signature and Date**

You must sign and date this Health Care Directive. No witness is required.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

If you are unable to sign yourself, a substitute may sign on your behalf. The substitute must sign in your presence and in the presence of a witness. The proxy or the proxy's spouse cannot be the substitute or witness.

Name of substitute: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Name of witness: \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

MG 2526 (Rev. 05/04)

## Health Care Directives in Manitoba

### What is the purpose of a Health Care Directive?

As a Manitoba citizen you have the right to accept or refuse medical treatment at any time. The *Health Care Directives Act* allows you to express your wishes about the amount and type of health care and treatment you want to receive should you become unable to speak or otherwise communicate this yourself. It also allows you to give another person the power to make medical decisions for you should you ever be unable to make them yourself.

### Why should I fill out a form?

Due to accident or illness, you may become unable to say or show what treatment you would like, and under what conditions. If you have signed a directive, those close to you and the health care professionals treating you are relieved of the burden of guessing what your wishes might be.

### How do I make a Health Care Directive?

The Manitoba government has prepared a form for your convenience (see reverse). The form serves as a guide for providing the appropriate information. However, **any paper that is signed, dated and provides the same information may be used.** A directive may be made by anyone capable of making a health care decision and understanding the consequences of that decision.

### Who do I talk to about these decisions?

It is strongly recommended you talk to your doctor before completing the directive. This will ensure your instructions are clear and easily understood by those who provide treatment. Your choices should then be clearly typed or printed.

### What is a proxy?

A proxy is someone you choose and name in your directive to act for you in the event you are not able to make such judgments and speak on your own behalf. Because it is not possible to anticipate every set of circumstances, your proxy has the power to make health care decisions for you based on what you have told your proxy about your wishes and the information in your directive.

### Who do I choose as my proxy?

The choices you make in a directive are very personal. The person(s) you choose to represent you should be close friends or relatives who are willing to accept this responsibility. You should discuss your wishes openly and in detail with them. It is wise to name more than one proxy in case one is not available when needed.

If you designate two proxies, you must decide how you want them to work, either independently or together as a team. If you decide the two proxies should act **jointly**, they will act together on your behalf. If you decide they should work **consecutively**, the second proxy will be contacted if the first is not available or is unwilling to make the required decision at the required time.

It is important to make sure that your proxy (or proxies) understand(s) what is expected and is willing to speak and act for you.

### Can I change my mind about my directive?

A Health Care Directive should be a record of your current wishes. If at any time you wish to change the content or the proxies you have listed, all copies of your old directive should be destroyed and a new directive written.

### What is the effect of a Health Care Directive?

The wishes you express in your directive are binding on your friends, relatives and health care professionals (unless they are not consistent with accepted health care practices) and will be honoured by the courts. However, health care professionals treating you are not obliged to search for or ask about a signed directive. It is important to be sure that family, friends, your doctor and your proxy know you have a directive and know where it can be found.

For more information contact:  
**your regional health authority**

**Manitoba** 




3. MIPS Health Information Card

**It's Safe to Ask! About Your Medications**  
**Vous avez le droit de poser des questions au sujet de vos médicaments**

Share your medication list with your doctor, nurse and pharmacist. Carry this card with you at all times!  
 Communiquez votre liste de médicaments à votre médecin, votre infirmière et votre pharmacien. Ayez cette carte avec vous en tout temps!

EMERGENCY RESPONSE INFORMATION / INFORMATION POUR LES SITUATIONS D'URGENCE	
<p>Name/Nom _____</p> <p>Address/Adresse _____</p> <p>Birth Date (dd/mm/yyyy)/Date de naissance (jj/mm/aaaa) _____</p> <p>Sex/Sexe M ___ F ___</p> <p>Manitoba Health Registration #/ N° d'immatriculation de Santé Manitoba _____</p> <p>Personal Health ID #/N° d'identification personnelle (9 numbers/differs) _____</p> <p>Medical Plan #/N° de régime d'assurance médicale (e.g. Blue Cross/Croix Bleue) _____</p>	<p>Family Doctor's Name/Nom du médecin de famille _____</p> <p>Phone/N° de téléphone _____</p> <p>Emergency Contact/Contact en cas d'urgence _____</p> <p>Phone/N° de téléphone _____</p> <p>Second Emergency Contact/2<sup>e</sup> contact en cas d'urgence _____</p> <p>Phone/N° de téléphone _____</p> <p>Pharmacy Name/Nom de la pharmacie _____</p> <p>Pharmacy phone number/N° de téléphone (pharmacie) _____</p>
<p>If you have questions call your pharmacist. / Si vous avez des questions, téléphonez à votre pharmacien.                  Download or order resources at <a href="http://www.safetoask.ca">www.safetoask.ca</a>                  Téléchargez ou commandez des ressources sur le site <a href="http://www.safetoask.ca">www.safetoask.ca</a></p>	<p><b>Medical History (illnesses, surgeries)/Antécédents médicaux (maladies, opérations)</b></p> <p><input type="checkbox"/> diabetes/diabète</p> <p><input type="checkbox"/> high blood pressure/hypertension</p> <p><input type="checkbox"/> heart disease/maladie du cœur</p> <p><input type="checkbox"/> breathing problems/problèmes respiratoires</p> <p><input type="checkbox"/> other medical problems (list below)/ autres problèmes médicaux (veuillez préciser)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>My allergies or bad reactions to medications</b>                  Allergies ou réactions indésirables aux médicaments</p> <p>_____</p> <p>_____</p> <p><b>List your medications on other side/Inscrivez vos médicaments au verso</b></p>



MANITOBA INSTITUTE FOR PATIENT SAFETY  
 INSTITUT POUR LA SÉCURITÉ DES PATIENTS DU MANITOBA

**E.R.I.K.®**  
**T.I.S.U.®**





#### 4. Plastic Case & Magnets



#### 5. Sticker

