2019

E.R.I.K.® Guide



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

4. 7	ERGENCY RESPONSE MATION 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	 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):
Ambulance	• 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?

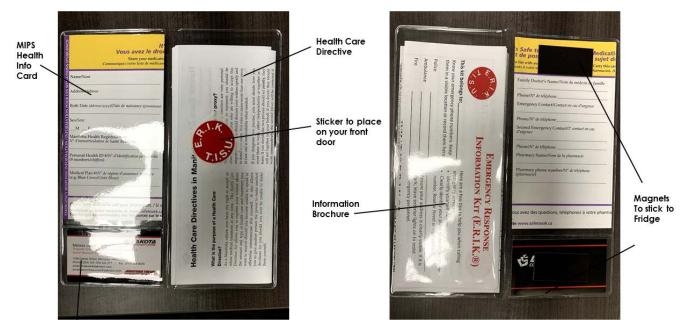
You will find in Appendix B a copy of E.R.I.K. ®, which contains:

- 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. ®.



Business Card

Trademark Encroachment Approvals

July, 2001 – re-use of <u>E.R.I.K. ®</u> 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 <u>Chain of Survival™</u> 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	\$3.99	\$3.89	\$3.79	\$3.69	\$3.59
0.060"	1-99 Sheets	100 Sheets	200 Sheets	300 Sheets	500 Sheets
1" x 2" x72 pcs	\$3.99	\$3.89	\$3.79	\$3.69	\$3.59

Killarney Printing Inc – Darlene Vaininkemp 25 Otter Winnipeg, Mb, R3T 0M7 Tel: 204-261-3537 Email artdept@killarneyprinting.com

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

Plastic Film (1991) Itd 1678 Church Ave Winnipeg, Mb, R2X 2W9 Tel: 204-632-8344

- Vinyl Folders 8 1/8" X 9 1/2" all clear with 2 pockets 3 3/4", 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

CONTENTS

1. E.R.I.K.® Brochure

EM EM	iergency Response
	MATION KIT (E.R.I.K.®)
This kit belongs to:	Here are a few tips to help you when calling
Know your emergency phone numbers. Keep them in a visible location or record them here :	emergency services: Identify yourself clearly; Clearly identify your place of residence (Phone
Police	number, Road or Street or legal address):
Ambulance	Ensure your address is clearly visible. If it is
Fire	dark, leave exterior lights on to assist emergency personnel.
WHAT IS	E.R.I.K.®?
The kit is ideal for seniors, chronically ill persons, th others who have speech difficulties or communicat E.R.I.K® with you when you travel, or go to the hos	ion barriers. You may want to take a copy of
HOW DO I COM	PLETE E.R.I.K.® ?
 Complete both sides of the <u>Health Information F</u> pharmacist or your family may be of assistance. If you have a <u>Health Care Directive</u> or <u>Living Will</u>, existing form. If you wish to make a Health Care form with your doctor and your family. You may access an organ donation option by acc your Manitoba Health Card. Return the completed forms to the plastic folder <u>your fridge</u>. <u>Update</u> the information form as your information rent, it cannot help you. Once your kit is complete, place the E.R.I.K. stick 	place it in the kit and remove the Directive, complete the enclosed essing http://signupforlife.ca or and place the kit <u>on the front of</u> on changes, if the kit is not cur- er on your main entrance door.
** Please note that EMS personnel are not respo	nsible for the accuracy of the contents of E.R.I.K.®
Donations are graciously accepted so that this val	MAKES A DIFFERENCE! uable program can continue. E.R.I.K. [®] is provided free in you can do so by filling out the donation form below.
Last name First name	Telephone #
Address City/Town	Postal code
Please accept my donation of: \$ Ir o	come tax receipts provided for all donations f \$20 or more.
Make cheque payable to: Dakota Community Cer	ntre
1188 Dakota Street Winning Manitoba R	2N 3H4 Telephone 204-254-1010
**A charitable tax receipt will be issued by the Cit	
L	Revised January 2018

	R.A	Trousse d	INFORMA	TION P	OUR LES
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	d'assurer la continuité de la repr gence (T.I.S.U.®), vous pouvez f				
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				Mise à jour	ianvier 2018

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This is the Health Care Directive of:	
Name	
Province Postal Code	lelephone ()
Part 1 – Designation of a Health Care Proxy	Part 2 – Treatment Instructions
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.	In this part, you may set out your instructions concernin medical treatment that you do or do not wish to receive and the circumstances in which you do or do not wish to receive the treatment. REMEMBER – your instructions can only be carried
I hereby designate the following person(s) as my Health Care Proxy:	out if they are set out clearly and precisely. If you do not wish provide any treatment instructions, you may skip this part.
Proxy 1	
Name	
Address	
City	
Province Postal Code	
Telephone ()	
	Part 3 – Signature and Date
Proxy 2 Name	You must sign and date this Health Care Directive. No witness is required.
Address	Signature
	Date
City	If you are unable to sign yourself, a substitute may sign
Province Postal Code	If you are unable to sign yourself, a substitute may sign on your behalf. The substitute must sign in your presence
Telephone ()	and in the presence of a witness. The proxy or the proxy's spouse cannot be the substitute or witness.
(Check ✓ one choice only.) For an explanation of "consecutively"	Protection of the constitute of withers.
and "jointly" please see the reverse side of this form).	Name of substitute:
If I have named more than one proxy,	Address
l wish them to act: Consecutively OR D jointly	
	Signature
My Health Care Proxy may make medical decisions on my behalt when I lack the capacity to do so for myselt (check \checkmark one choice only):	Date
With no restrictions	Name of witness:
➡ With restrictions as follows:	Address
	5
	Signature

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 tamily, triends, 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



3. MIPS Health Information Card

E If you have questions call your pharmacist. / Si yous avez des questions Download or order resources at www.safetoask.ca Téléchargez ou commandez des ressources sur le site www.safetoask.ca	CT ALSI	o numersociajres) Medical Plan #/N° de régime d'assurance médicale (e.g. Blue Cross/Croix Bleue)	Personal Health ID #/N° d'identification personnelle	A Manitoba Health Registration #/ N° d'immatriculation de Santé Manitoba	FORMATIC Sex/Sexre	De Birth Date (dd/mm/yyyy)/Date de naissance (jj/mm/aaaa)	R LES SIT	UATION Name/Nom	S D'URGENCE Vous avez le droi Share your medicatio Communiquez votre liste de médican
If you have questions call your pharmacist. / Si yous avez des questions, téléphonez à votre pharmacien. Download or order resources at www.safetoask.ca Téléchargez ou commandez des ressources sur le site www.safetoask.ca		Pharmacy phone number/N° de téléphone (pharmacie)	Pharmacy Name/Nom de la pharmacie	Phone/N° de téléphone	Second Emergency Contact/2" contact en cas d'urgence	Phone/N° de téléphone	Phone/N° de téléphone Emergency Contact/Contact en cas d'urgence	Family Doctor's Name/Nom du médecin de famille	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! 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!
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4. Plastic Case & Magnets



5. Sticker

