

DO YOU KNOW ERIK?



Are you familiar with E.R.I.K.®, which is the acronym for *Emergency Response Information Kit*, or en français T.I.S.U.® for *trousse d'information sur les interventions d'urgence*? This is a kit developed by the Winnipeg Fire Paramedic Service (WFPS) for seniors, care givers, independent residents with medications and/or who are chronically

ill, and for residents that have language or communication issues. The kit contains information that can be used by WFPS personnel in emergency situations at your home, allowing them to more quickly provide appropriate medical attention. More information is available on the City of Winnipeg website https://www.winnipeg.ca/fps/Public_Education/EMS_Presentations/E.R.I.K.stm along with links to instructions and the associated forms.

Basically you fill out the form with your personal information, your emergency contacts, medical history, medication list, health care directive, etc and place the form in a clear plastic pouch on your fridge. As well, you place the red E.R.I.K. / T.I.S.U. sticker on the outside of your home by the front door. In case of an emergency,

the responding WFPS personnel will see the sticker upon arrival and go to the fridge to review the information. This can save precious minutes in an emergency. You can obtain the kits from any WFPS station. 🇨🇦

Emergency Response Information Kit – Health Information Form Trousse d'information pour les situations d'urgence – Formulaire d'information sur la santé (Please print and keep information updated / S.V.P. imprimer et mettre à jour régulièrement)	
Personal Information	
First Name / Prénom	Middle Name / Autres noms
Address (Street, Apt. #, Box #, Civic # / Adresse (rue, app. C.P., n° mun)	
City or Town / Ville ou Village	Province / Province
Phone # / N° de téléphone	Birth Date (dd/mm/yyyy) / Date de naissance (jj/mm/aaaa)
Manitoba Health Registration # / N° d'immatriculation Santé Manitoba (68)	Personal Health ID # / N° d'identification personnelle (99)
Other Medical Plan & No./Autre nom et n° d'assurance santé (eg. Blue Cross/Croix bleue)	
Contacts	
Family Doctor(s) / Médecin(s) de famille	Phone # / N° de téléphone
First Emergency Contact Person / Première personne contact en cas d'urgence	
Address / Adresse	
Phone (home & work) / N° de tél. (maison et travail)	Relationship / Lien de parenté
Second Emergency Contact Persons / Deuxième personne contact en cas d'urgence	
Address / Adresse	
Phone (home & work) / N° de tél. (maison et travail)	Relationship / Lien de parenté
Medical History	
Do you have / Souffrez-vous	
☐ heart disease / d'une maladie de coeur	☐ diabetes / de diabète
☐ high blood pressure / d'hypertension artérielle	☐ breathing problems / d'une maladie pulmonaire
☐ other medical concerns (provide detail below) / autres problèmes médicaux (précisez ci-bas)	
Past Medical History (illnesses, surgeries) / Antécédents médicaux (maladies, chirurgies)	
Allergies / Allergies	

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