



SERVICE AUX LARYNGECTOMISÉS ET
PROGRAMME D'AIDE À LA COMMUNICATION
(SAL-PAC)

Professional's Guide

**This document was revised by
Les Services d'orthophonie
du CHU de Québec-Université Laval et du CHUM**

2020 Revision

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1. DESCRIPTION

Major ENT surgeries can lead to significant communication difficulties for patients. Because of this, the ministère de la Santé et des Services sociaux du Québec designed two programs to distribute communication aids to people who have undergone these types of surgery: the *Service aux laryngectomisés (SAL)* and the *Programme d'aide à la communication (PAC)*. They also provide some rehabilitation and support services, as well as care products.

These programs are managed by the speech-language pathology services of two hospital centres:

- The CHU de Québec-Université Laval (CHU de Québec) for patients in eastern Québec
- The Centre hospitalier de l'Université de Montréal (CHUM) for patients in western Québec

The SAL-PAC also provide support to professionals to help them care for users in their regions.

In addition to this guide, the *User's Guide* is available on the webpages of the supraregional distribution centres.

The terms and conditions in this guide will remain in force until the publication of a subsequent version.

2. CLIENTELE

The Service aux laryngectomisés (SAL) serves people who have undergone a total laryngectomy.

The Programme d'aide à la communication (PAC) is for people experiencing speech difficulties (voice, articulation, resonance) because of

- head and neck cancer
- a major and persistent ENT medical impairment that is not related to a central neurological, neurodegenerative or pulmonary disorder.

The SAL-PAC are only available to people covered by the Régie de l'assurance maladie du Québec (RAMQ), i.e., those who hold a valid Québec health insurance card.

The SAL-PAC are also available to members of the Canadian armed forces residing in the province of Québec and who hold a valid Blue Cross card. The SAL-PAC only cover the holder and do not cover healthcare for family members and dependants.

The services provided under the SAL-PAC are offered to non-hospitalized patients. However, some communication devices may be loaned to SAL users during their hospitalization.

Those who are covered by the following are excluded from the SAL-PAC:

- Provincial government:
 - Commission des normes, de l'équité, de la santé et de la sécurité au travail (CNESST)
 - Indemnisation des victimes d'actes criminels (IVAC)
 - Société de l'assurance automobile du Québec (SAAQ)
 - Programme ministériel des aides techniques à la communication (PMATCOM)
- Federal government:
 - Veterans Affairs
 - Indigenous Services Canada
 - Correctional Service Canada
 - Any other program for immigrants or refugees

Where appropriate, SAL-PAC professionals may take steps to ensure complementarity among the various programs.

3. SAL-PAC REGISTRATION

To access the SAL-PAC, users must be registered by an authorized healthcare professional.

Given the major impact of surgeries on oral communication, ideally, speech-language pathologists are the healthcare professionals who act as the link with the SAL-PAC and who monitor users.

These professionals act as the contact between users and the relevant supraregional distribution centres. Their responsibilities are

- to ensure that users are eligible for the SAL-PAC, that they have a valid RAMQ health insurance card, and that they are not covered by any other governmental program;
- to provide users or their guardians with the *User's Guide* and ensure that they understand, accept and undertake to respect the terms of the SAL-PAC;
- to have users or their guardians sign the *Declaration of Commitment to the SAL-PAC* form;
- to complete the SAL-PAC registration form and return it to the appropriate supraregional distribution centre with the signed *Declaration of Commitment* form.

4. FILE CLOSURE

For the *Service aux laryngectomisés*, the file remains open throughout the user's life.

For the *Programme d'aide à la communication*, the user will be notified in writing of the closure of a file that has remained inactive for one year.

5. SERVICES PROVIDED BY THE SAL-PAC

The SAL-PAC divide the material into two categories:

- Loaned: communication aid device
- Given: communication supplies and care products

Each user is entitled to the loan of one communication aid device. Supplies and care products are distributed according to the amounts allowed.

In addition to supplying material, the supraregional distribution centres offer re-education services to users and support to professionals.

6. MATERIAL PROVIDED

6.1. COMMUNICATION AID DEVICES

To obtain a device, the professional must complete the *Communication Aid Request* form. Devices that will be used for the first time are sent directly to the professional.

When professionals loan devices to users they must

- complete the *Communication Aid Device Loan* form. This document, signed by the user, must be returned to the supraregional distribution centre. It is important that a copy of the signed form also be issued to the user;
- deliver the device, program it and explain its operation to the user;
- ensure that the user can use the device autonomously;
- teach the user how to look after the communication aid device;
- monitor users' needs;
- when possible, inform the supraregional distribution centre (or ensure that the user does so) of any changes to users' contact information;
- complete the *Communication Aid Return* form, and give it to the user or family member when they receive a device in order to exchange it or for a final return;
- immediately return any communication aid that is not being used to the supraregional distribution centre.

When the type of device is changed, a new *Communication Aid Device Loan* form must be signed by the user and sent to the supraregional distribution centre. A copy must also be provided to the user.

When a device used by a user is defective, it is replaced or repaired and the costs are assumed by the SAL-PAC, unless it was stolen, lost or damaged through negligence or abuse,

or as a result of a fire or an act of vandalism. Arrangements for such exchanges or repairs can be carried out directly between the user and the supraregional distribution centres.

6.1.1. Artificial Larynges

Artificial larynges are loaned to patients who are usually aphonic following a total laryngectomy, or to certain patients who have undergone a tracheotomy (without laryngectomy). For patients who have undergone a laryngectomy, artificial larynges are usually provided immediately after surgery to assist with functional communication when they return home.

Two types of artificial larynges are available:

- Intra-oral artificial larynx;
- neck-held artificial larynx.

The intra-oral artificial larynx is generally used immediately after surgery. The neck-held artificial larynx is usually suggested when the condition of the neck allows it and for long-term use. We recommend checking with the user's ENT physician if there are contraindications to the use of a neck-held artificial larynx.

For laryngectomees, the use of an artificial larynx may precede the learning of another means of communication. If a user develops another form of functional communication (e.g., esophageal speech, tracheoesophageal speech), that person must return the device to the supraregional distribution centre. If the communication abilities of the laryngectomized user change, an artificial larynx can be loaned again.

6.1.2. Speech Generating Communication Devices

Speech generating communication devices are for users with anarthria (such as following a total glossectomy) or certain users affected with a severe articulation disorder that significantly affects the comprehensibility of their speech.

Different types of speech generating devices are available:

- Dedicated speech generating devices: keyboards with a speech synthesizer;
- Electronic tablets with a speech synthesis application;
- Laptop computers with speech synthesis software.

Speech generating communication devices are atypical aid devices. To obtain one, the *Atypical Communication Aid Request* form must be completed. To request a tablet, the *Electronic Tablet Loan Request* form must also be completed.

6.1.3. Voice Amplifiers

These devices are for people with hypophonia (such as following a cordectomy). These are small speakers worn on a belt and attached to a microphone. They do not generate speech, but amplify the user's voice.

6.1.4. Telephones with Voice Amplifiers

These devices are also for people with hypophonia. They are table telephones integrated with a voice amplifier, so that the person can be better heard on the other end of the line. Again, these devices do not generate speech and do not amplify the sound heard by the user.

6.1.5. Teletypewriters (TTY)

These devices are for people who are aphonic or who cannot functionally speak over the telephone. They make it possible to use a telephone by typing a message and sending it via the message relay service of a telecommunication company.

6.2. COMMUNICATION SUPPLIES

Supplies are provided to users. Users may need several types of different communication supplies at the same time. However, they must respect the quantities allowed for each item they use (see *List of Products and Quantities Allowed*).

Supplies may be sent to the professional or directly to the user. Supplies for each user are mailed out once a month.

If supplies must be changed (such as a change in type or length of a tracheoesophageal prosthesis), the professional must inform the supraregional distribution centre so that subsequent mailings match the user's new needs. For supplies that require it (see the *Communication Aid Request* form), a new medical prescription must also be sent to the supraregional distribution centre. The change will be applied only at the next mailing. No request for a change coming directly from the user will be accepted.

6.2.1. Tracheoesophageal Voice Protheses (TEP Prosthesis)

Each institution that performs tracheoesophageal punctures (TEP) for laryngectomized patients must procure the basic supplies required to initiate these procedures and to respond to their patients' emergencies.

The SAL-PAC can provide patient-changeable or long-term indwelling TEP devices as well as certain accessories related to the wearing and maintenance of the protheses.

The TEP prosthesis may have specific characteristics (such as a large esophageal flange, large tracheal and esophageal flanges, increased resistance). However, certain types of TEP devices are not held in inventory by the supraregional

distribution centres. Therefore, a longer delivery time is to be expected for some requests.

6.2.2. Hands-free Valves for Tracheoesophageal Prostheses

Hands-free valves are devices that are attached to the user's stoma. They enable patients to use their tracheoesophageal voice without having to block the stoma with a finger. Before suggesting this type of communication aid to a user, you must ensure that users are eligible, motivated and capable of caring and maintaining this type of aid.

Certain types of valve require the use of HME-type filters. These are not supplied by the SAL-PAC. The costs of these filters are borne by the user. It is therefore important to ensure that users are able to assume the costs associated with these types of valves before trying them.

6.2.3. Flexible Tubes, Stoma Buttons and Tube Holders

With a medical prescription, the centres can provide a flexible tube or stoma button to people using a tracheoesophageal prosthesis. The prescription must specify the brand, the diameter of the product and, if necessary, the length required. Tube holders for these supplies are also available.

6.2.4. Speaking Valves for Tracheostomy Tubes

With a medical prescription, the distribution centres can provide a speaking valve for tracheostomized users who have not undergone a laryngectomy. This unidirectional valve is placed at the end of the tracheostomy tube and can replace digital occlusion to enable speech. The *List of Products and Quantities Allowed* enumerates the models of speaking valves available.

6.3. CARE PRODUCTS

The SAL-PAC also provide their clientele with care products that have no communication purpose (see *List of Products and Quantities Allowed*).

6.4. ATYPICAL OR ADDITIONAL DEVICES AND SUPPLIES

As communication needs are variable and not all surgeries have the same impact, the supraregional distribution centres will accept special requests. When professionals ask for a particular item to assist in communication that is not provided under the programs, they must complete the *Atypical Communication Aid Request* form.

These specific requests are reviewed by a provincial committee that manages exceptions (comité provincial de gestion des exceptions (CPGE)) for the SAL-PAC. The committee then responds with a written decision to the health professional who made the request. The professional will pass on that information to the user.

If consumption is higher than the allowable amounts established, the supraregional distribution centre will direct the user to his or her speech-language pathologist to assess the situation. If deemed relevant, the professional must complete the *Additional Communication Aid Request* form, which will also be studied by the CPGE.

In the case of refusal by the CPGE, a professional may make a written request for review by providing additional documentation to back up the request.

7. REHABILITATION AND SUPPORT SERVICES

The SAL-PAC prefer that users undergo rehabilitation at the institution where the surgery was performed. If it is impossible for the institution to provide this service, agreements are drawn up between the supraregional distribution centre and the referring institution's personnel (nurse, physician, social worker or other authorized person) so that users can receive the services they need. The supraregional centre can then suggest a resource in the region or receive patients upon request.

The supraregional distribution centres provide the following support services to professionals:

- Telephone or email exchanges;
- Teleconsultation;
- Training for speech-language pathologists in the network as required;
- Specific interaction with a user, with or without the presence of the referring speech-language pathologist.

CONTACT INFORMATION FOR SAL-PAC SUPRAREGIONAL DISTRIBUTION CENTRES



FOR EASTERN QUÉBEC

CHU de Québec-Université Laval–Hôtel-Dieu de Québec
Service aux laryngectomisés, Programme d'aide à la communication
11 Côte du Palais, room 1565
Québec City, Québec G1R 2J6
Telephone: 418 691-5095
Fax: 418 691-5377
Email: programmesalpac@chudequebec.ca



FOR WESTERN QUÉBEC

Service aux laryngectomisés, Programme d'aide à la communication
Centre hospitalier de l'Université de Montréal
Pavillon C, 9e étage
1000, rue Saint-Denis
Montréal QC H2X 0C1
Telephone. : 514 890-8236
Fax : 514 412-7899
Email: sal-pac.chum@ssss.gouv.qc.ca

You can contact the distribution centres during regular clinic hours.

IMPORTANT INFORMATION

ASSOCIATION QUÉBÉCOISE DES LARYNGECTOMISÉS

The association has the goal of establishing links among the members and their areas. To that end, the Association organizes activities to periodically bring their members and their loved ones together. It is thus the perfect place to receive information, support, and certain supplies, in addition to giving laryngectomees a chance to practice their “new voice.” In addition, the Association’s volunteers actively participate in the rehabilitation of people who have recently undergone surgery by visiting them, before and after surgery.

Contact information:

École Marguerite-de-Lajemmerais
5556 Sherbrooke St. East
Montréal, Québec H1N 1A2
Telephone: 514 259-5113
Website: <http://fqlar.qc.ca>
Email: fqlar@fqlar.qc.ca

INFORMATION DOCUMENTS

“New Voice, New Life: Guide for Laryngectomees”

PRINTABLE DOCUMENTS:

chumontreal.qc.ca/patients/salpac

INFORMATION ABOUT THE SAL-PAC PROGRAMS IS AVAILABLE ON THE FOLLOWING WEBSITES:

CHU de Québec-Université Laval: chudequebec.ca/salpac

CHUM: chumontreal.qc.ca/patients/salpac



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DECLARATION OF COMMITMENT

In Québec, two institutions administer the SAL-PAC. In your case, you will deal with the following supraregional distribution centre (check)

- CHU de Québec-Université Laval
 CHUM

You hereby acknowledge that the devices that may be loaned to you remain the property of your distribution centre. You also acknowledge that your distribution centre may control the amount and type of supplies and care products that could be provided to you.

Furthermore, you may not sell, exchange, modify or repair any device or product yourself. If there is breakage or if the device or products are no longer being used, the devices and their parts must be returned to the distribution centre. In the event of your death, one of your loved ones or a resource person who you have designated must return the device and all its parts to your distribution centre.

We wish to inform you that the devices, communication supplies and care products are very expensive and it is essential that good use be made of them. This is a shared responsibility between yourself and the distribution centre. Please inform yourself of the extent of your responsibilities and those of the distribution centres (verso).

The distribution centres will directly contact users who do not respect their commitments in order to correct the situation. The managers of the programs reserve the right to exclude any users who do not to respect their commitments towards the SAL-PAC following this process. In that case, the user will receive a letter explaining the reasons for his or her exclusion from the programs.

I certify that I am aware of the care policies and my responsibilities.

Initials: _____



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MANAGEMENT OF DEVICES, SUPPLIES AND CARE PRODUCTS: A SHARED RESPONSIBILITY

RESPONSIBILITIES OF THE SUPRAREGIONAL DISTRIBUTION CENTRE:

- Provide services (devices, supplies, clinical support) to optimize communication
- Ensure that the material supplied responds to the actual needs of the user
- Provide care products
- Repair or replace devices that are worn out or damaged through normal use
- Provide a spare tracheoesophageal prosthesis for future use
- Periodically contact users to verify that they are regularly using the type of communication device they received from the SAL-PAC
- Control the quantities of supplies and care products provided

RESPONSIBILITIES OF USERS OR THEIR REPRESENTATIVES

- Identify at least one resource-person and
 - Inform that person of the responsibilities described in this document;
 - Inform that person if a communication device has been loaned.
- Notify the SAL-PAC distribution centre of any change in contact information (mailing address, telephone, email).
- Apply the action plan established with the speech-language pathologist or the ENT physician.
- Be aware of the quantities of products allowed and respect what is allowed (see the *List of Products and Quantities Allowed*).
- Accept that a loaned device will not always be new.
- Respect all safety rules pertaining to the use of communication aids and care products.
- Use the material correctly, and for the purpose for which it was provided.
- Regularly maintain the communication aids that have been loaned or given and follow the instructions provided to that end.
- Keep the assigned material and do not trade, give away or sell it.
- Return the loaned device to the distribution centre if it is no longer being used or if another means of communication is chosen.
- Notify the distribution centre if the communication device breaks. In case of breakage of the device or a part, return it to the distribution centre.
- Pay the replacement costs for any communication aid and its parts if it is stolen, lost or damaged through negligence or abuse, fire or vandalism.
- Provide the distribution centre with a medical prescription or a recommendation from the speech-language pathologist for any request or change related to tracheoesophageal prostheses, flexible tubes and speaking valves.

***I certify that I am aware of the conditions of care and my responsibilities. Initials:* _____**

User's name (block letters): _____

RAMQ: _____ **Expiry date:** _____

User's signature (or his/her representative): _____ **Date:** _____



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REGISTRATION FORM

PATIENT'S IDENTIFICATION

Name: _____

Date of birth: (DD/MM/YYYY): _____

RAMQ no.: _____ Expiry date (MM/YY): _____

Address: _____

Language spoken: _____

Home telephone: _____

Work telephone: _____

MEDICAL INFORMATION	SPEECH PROBLEM
Diagnosis: _____	<input type="checkbox"/> Aphonia
Head and neck cancer yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> Dysphonia
Surgery (including tracheotomy) yes <input type="checkbox"/> no <input type="checkbox"/>	<input type="checkbox"/> Articulation disorder
Type: _____	<input type="checkbox"/> Resonance disorder
Date of surgery: _____	Another disability that could alter communication abilities: _____
Presence of tracheotomy: yes <input type="checkbox"/> no <input type="checkbox"/>	
Reason for the tracheotomy: _____	
Surgeon: _____	Eligible for another program? yes <input type="checkbox"/> no <input type="checkbox"/>
Hospital: _____	If yes, specify: _____

Referring professional (name and title): _____

Workplace: _____

Telephone: _____

Signature of the referring professional: _____

Date: _____



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COMMUNICATION AID REQUEST

Patient's name: _____ RAMQ: _____ Expiry: _____

DEVICES

Intra-oral artificial larynx

- Sound generator
- Adapted sound generator (*Extended grip*)
- Cord for sound generator
- Tubes: flexible rigid

Neck-held artificial larynx

Brand:

- Oral adapter
- Tubes: flexible rigid
- Charger
- Charger cord
- Storage bag

Voice amplifier

Type of microphone:

- Lapel Headset Gooseneck
- Carry bag

Telephone with voice amplifier

Teletypewriter (TTY)

* medical prescription required
** TEP prosthesis wearer only

SUPPLIES

Tracheoesophageal prosthesis (TEP prosthesis)

Brand: _____ *Type:* _____

Diameter: _____ *Length:* _____

Catheter _____ Fr

Brush for prosthesis Pipette for prosthesis

Plug insert for TEP:

Diameter: _____ *Brand:* _____

TEP occluder:

Length: _____ *Diameter:* _____

Valved insert for TEP

Hands-free valve for TEP prosthesis

InHealth Blom-Singer

Provox *Type:* _____

Replacement diaphragm (InHealth valve)

Arch for hands-free valve (Provox)

Flexible valve housing

Brand: _____ *Type:* _____

Rigid valve housing: Standard Large

Foam discs: Standard Large

Thin discs: Standard Large

Bottle of adhesive

Skin-prep pads

Adhesive pads

Adhesive remover pads

Silicone tubes* **/Stoma buttons* **

Brand: _____ *Model:* _____ *Size:* _____

Tube holder

Speaking valve*

Brand/type: _____

Accessories: _____

Foam filters (adhesive)

Professional: _____ Date: _____

This list is subject to change without notice.



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COMMUNICATION AID DEVICE LOAN FORM

User's Identification

Last name: _____ First name: _____

RAMQ: _____ Expiry date: _____

Name of device: _____ Device number: _____

Accessory _____

(1): _____ Number (if applicable): _____

(2): _____ Number (if applicable): _____

Approximate replacement value: _____

1 year

Loan duration: (renewable) or _____ month(s)

The device remains the property of CHUM

CHU de Québec-Université Laval

Speech-language pathologist: _____

Workplace: _____ Telephone: _____

Resource person (1): _____ Relationship: _____

Telephone: home*: _____ mobile: _____

Resource person (2): _____ Relationship: _____

Telephone: home*: _____ mobile: _____

User's signature: _____

Date: _____

** must be different from that of the user*



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ADDITIONAL COMMUNICATION AID REQUEST

User's identification

Last name: _____ First name: _____

RAMQ: _____ Expiry date: _____

Additional communication aid requested:

Reason(s) for the request and description of attempts to resolve the problem(s)*:

Speech-language pathologist: _____ Telephone: _____

Workplace: _____ Date: _____

* Attach a copy of the speech-language pathology assessment or follow-up notes if relevant.



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ATYPICAL COMMUNICATION AID REQUEST

User's identification

Last name: _____ First name: _____

RAMQ: _____ Expiry date: _____

Description of the difficulty (or difficulties) encountered by the patient*:

Attempt(s) to resolve the problem(s)*:

Requested atypical communication aid **: _____

Speech-language pathologist: _____ Telephone: _____

Workplace: _____ Date: _____

* Attach a copy of the speech-language pathology assessment or follow-up notes if relevant.

** Attach manufacturer's name, product number and available documentation.



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ELECTRONIC TABLET LOAN REQUEST

User's identification

Last name: _____ First name: _____

RAMQ: _____ Expiry date: _____

It is the responsibility of the professional making the request to deliver the tablet and train the user in how to use it. However, because the tablet remains the property of the supraregional centre and because it could be loaned to another user at a later date, its initial configuration will be carried out by the distribution centre, including the choice of PIN (personal identification number) to unlock it. In order to enable the device to be easily reinitialized after it is returned to the distribution centre, the user must be warned by the responsible professional **not to change the predetermined PIN.**

Tablet:

Tablet, approximately 10", Android operating system, with case

Application:

Text-to-speech app:

Speech Assistant AAC

Synthesized speech gender:

Male
 Female

Synthesized speech language:

French
 English
 Other: _____

Justification for the loan of another type of tablet or application:

Speech-language pathologist: _____ Telephone: _____

Workplace: _____ Date: _____



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 11 Côte du Palais, room 1565
 Québec City, QC G1R 2J6
 Tel.: 418 691-5095
 Fax: 418 691-5377



Service aux laryngectomisés,
 Programme d'aide à la communication
 CHUM
 Pavillon C, 9e étage
 1000, rue Saint-Denis
 Montréal QC H2X 0C1
 Tel. : 514 890-8236
 Fax : 514 412-7899

COMMUNICATION AID RETURN

Date: _____

User's name: _____

DESCRIPTION OF THE COMMUNICATION AID:

- Device: _____ Number: _____
- Accessory: _____
- Accessory: _____
- Accessory: _____

Returned by: _____
 Relationship with user: _____

Telephone no.: _____

Reason for return: _____

Received by (name): _____

Contact information: _____

I understand that, by accepting this communication aid, I am responsible for returning it to the distribution centre within 10 days.

Signature: _____

Date: _____



SERVICE AUX LARYNGECTOMISÉS,
PROGRAMME D'AIDE À LA COMMUNICATION

CARE PRODUCTS
ORDER FORM

CHU DE QUÉBEC-UNIVERSITÉ LAVAL

Orders are shipped once a month only. Orders are not systematically renewed. For all repeat orders, please complete this form and return it to us by mail, email or fax to

Service aux laryngectomisés, Programme
d'aide à la communication (SAL-PAC)
CHU de Québec-Université Laval
Hôtel-Dieu de Québec
11 Côte du Palais, room 1565
Québec City, QC G1R 2J6

Telephone: 418 691-5095
Fax: 418 691-5377
Email: programmesalpac@chudequebec.ca

*Please note that there is a time delay for
delivery and there are no rush orders.*

Please enter the amount of material required for a 4-week period:

MATERIAL	MAXIMUM AMOUNT PERMITTED	QUANTITY
Tracheo ribbon (100m)	6 rolls of 100m or 12 rolls of 50m per year	
15.2cm non-sterile cotton tip applicators	3 bags of 100 units per month	
Small 6" tracheal brushes	4 per month	
0.9%5 ml NACL saline solution	1 box of 100 units per month	
10cm x 10cm drain sponges	2 boxes of 50 units per month	
10cm x 10cm non-sterile sponges	2 boxes of 100 units per month	
1.25cm hypoallergenic cloth tape	2 rolls per month	
2.5cm hypoallergenic cloth tape	2 rolls per month	
Cotton filters for laryngectomees	4 per month	
Foam filters for laryngectomees	4 per month	
Adhesive foam squares	1 package of 30 units per month	
Servox battery	2 per year	
9V Cooper Rand battery	2 per month	

The SAL-PAC reserves the right to limit quantities.

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ DATE OF BIRTH: _____

If you have provided us with a change of address, is this a permanent change? YES NO

Other requests: _____



SERVICE AUX LARYNGECTOMISÉS,
PROGRAMME D'AIDE À LA COMMUNICATION

CARE PRODUCTS
ORDER FORM
CHUM

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CHUM
Pavillon C, 9e étage
1000, rue Saint-Denis
Montréal QC H2X 0C1

Telephone: 514 890-8236
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Email: sal-pac.chum@ssss.gouv.qc.ca

*Please note that there is a time delay for
delivery and there are no rush orders.*

Please enter the amount of material required for a 4-week period:

MATERIAL	MAXIMUM AMOUNT PERMITTED	QUANTITY
Tracheo ribbon	6 rolls of 100m or 12 rolls of 50m per year	
15.2cm non-sterile cotton tip applicators	3 bags of 100 units per month	
Small 6" tracheal brushes	4 per month	
0.9% 5ml NACL saline solution	1 box of 100 units per month	
10cm x 10cm drain sponges	2 boxes of 50 units per month	
10cm x 10cm non-sterile sponges	2 boxes of 100 units per month	
1.25cm hypoallergenic cloth tape	2 rolls per month	
2.5cm hypoallergenic cloth tape	2 rolls per month	
Cotton filters for laryngectomees	4 per month	
Foam filters for laryngectomees	4 per month	
Adhesive foam squares	1 package of 30 units per month	
Servox battery	2 per year	
9V Cooper Rand battery	2 per month	

The SAL-PAC program reserves the right to limit quantities.

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ DATE OF BIRTH: _____

If you have provided us with a change of address, is this a permanent change? YES NO

Other requests: _____

LIST OF PRODUCTS AND QUANTITIES ALLOWED

The brands are listed for information purposes only and are not intended to be restrictive. Moreover, this list is subject to change without notice.

Communication devices	Quantities allowed
Voice amplifiers and accessories	
Voice amplifier	1 per 5 years or according to the product's lifespan
Microphone (lapel, headset or goose neck) for voice amplifier	1 per 5 years
Foam microphone cover	2 per year
Cloth carrying bag for amplifier	1 per 5 years
Telephone devices	
Telephone with voice amplifier	1 per 10 years or according to the product's lifespan
Teletypewriter (TTY)	1 per 10 years or according to the product's lifespan
Artificial larynges	
Intra-oral or neck-held artificial larynx	1 per 5 years or according to the product's lifespan
Flexible or rigid tube for artificial larynx	30 per year
Regular or adapted (extended grip) sound generator	2 per year
Cord for sound generator	4 per year
Oral adapter for neck-held artificial larynx	1 per 2 years
Charger for neck-held artificial larynx	1 per 10 years
Case for neck-held artificial larynx	1 per 5 years

Communication supplies	Quantities allowed
Standard tracheoesophageal prostheses	
Patient-changeable prostheses (Blom-Singer Duckbill, Blom-Singer Low pressure, or Provox NID)	8 per year
Indwelling tracheoesophageal prostheses	
Indwelling prostheses (all types of Blom-Singer Indwelling, Provox 2, or Provox Vega)	6 per year
Occluder-type tracheoesophageal prostheses	
TEP occluder	4 per year
Accessories for tracheoesophageal prostheses	
Catheter	6 per year
Dilator	1 per year
Pipette to clean tracheoesophageal prostheses	6 per year
Brush to clean tracheoesophageal prosthesis	12 per year
Insertion capsule for tracheoesophageal prosthesis	90 capsules per year
Plug insert for tracheoesophageal prosthesis	3 per year
Silicone flange (Provox XtraFlange)	8 per year
Hands-free valves and accessories	
InHealth hands-free valve	1 per year

Replacement diaphragm for InHealth valve	1 per year
Provox hands-free valve	1 per year
Arch for Provox FlexiVoice hands-free valve	1 per year
Rigid valve housing	2 per year
Foam discs or thin discs for rigid valve housing	12 boxes of 30 units per year
Adhesive housing	12 boxes of 30 units per year
Skin prep pads	8 boxes of 50 units per year (max. 1/day)
Skin TAC adhesive barrier wipes	8 boxes of 50 units per year (max. 1/day)
Bottle of adhesive	12 per year
Adhesive remover wipes (Remove)	8 boxes of 50 units per year
Speaking valves	
Passy Muir, Portex <u>or</u> Shiley speaking valves for tracheotomized patients	6 to 8 per year depending on model
Flexible tubes, stoma buttons and accessories	
Stoma button or flexible tube Inhealth laryngectomy tube, Provox Lary Button, Provox Lary tube (standard, fenestrated or with ring), Bentec T Vent, <u>or</u> Bivona T Vent	3 per year
Tube holder for stoma button or flexible tube	12 per year
Other supplies	
Adhesive foam squares (Kapitex laryngofoam)	12 packages of 30 units per year

Care products	Quantities allowed
Cotton filters for laryngectomy with ties	48 per year
Foam filters for laryngectomy with ties	48 per year
Tracheo ribbon (50 or 100m rolls)	6 rolls of 100m or 12 rolls of 50m per year
15.2cm non-sterile cotton tip applicators	36 bags of 100 units per year
Small 6" tracheal brushes	48 brushes per year
0.9% 5ml NAACL saline solution	12 boxes of 100 per year
10cm x 10cm non-sterile sponges	200 units per month
Drain sponges	100 units per month
1.25cm hypoallergenic cloth tape	24 rolls per year
2.5cm hypoallergenic cloth tape	24 rolls per year
Batteries for Servox artificial larynx	2 batteries per year
9V batteries for Cooper Rand artificial larynx	24 batteries per year

Devices and supplies requiring an atypical request	Quantities allowed
Dedicated speech synthesizer	1 per 10 years or according to the product's lifespan
Electronic tablet or computer with speech synthesis	1 per 10 years
Bag or case for speech synthesizer	1 per 5 years
Flexible tube attachment system with clips (LaryClips)	12 boxes per year
Housing for hands-free valve with metal ring (Provox FreeHands Support)	6 per year
Provox FreeHands Support Adhesive	12 boxes per year