**The ALS Society of New Brunswick and Nova Scotia is a non-profit organization and is not funded by any level of government**. ***The ALS Society raises funds and works to enhance the lives of people affected by ALS through care, information, hope, and research.***

While ALS does not impair the lungs themselves, the muscles involved in breathing, coughing and swallowing safely will become affected over time. Poor breathing function leaves a person with ALS feeling tired, short of breath and increases the chances of respiratory infections. An important part of managing ALS is to have your breathing function measured regularly. At some time it may be recommended that you consider non-invasive ventilation which is achieved with machines such as a bi-pap machine. The bi-pap machine helps you breathe by providing two levels of air pressure. Some people will use this machine only at night, some will use it for short periods during the day, and some may eventually use it more frequently.

A cough assist machine will help you clear airway secretions. Some people living with ALS will benefit from the use of both of these machines during the course of the day.

A bi-pap and cough assist machine must be prescribed for you by a physician, or a member of the health care team at your local ALS Clinic. Your breathing will be assessed by either a Sleep Study or a Pulmonary Function Test. Although not difficult to learn how to use, you and your caregivers must be trained on its use and cleaning techniques with a qualified health care team member or vendor technician.

A bi-pap machine must be set up (there are prescribed measurements custom to you) by a qualified member of your health care team or vendor technician.

Bi-pap and cough assist machines cost between $3,000 - $5,000. However, there are several options to help you with the cost of obtaining these machines.

A portable ventilator (Trilogy) is a battery-operated device that helps you breathe by providing both volume and pressure ventilation. The ALS Society only provides **SIP N PUFF** ventilation for **life extending** and **non-invasive use**. If you are having difficulty breathing during the day, you can use your ventilator either in BiPAP mode with a mask or in “sip and puff” mode, which involves breathing in and out of a mouthpiece without a mask. Using your ventilator in either mode during the day gives your diaphragm a break, which may increase your energy. Additional supplies of ventilation sets can be purchased through an authorized dealer. This is at a cost to our clients but usually cost less than $50.00 per set.

1. **The ALS Society of New Brunswick and Nova Scotia have an inventory of bi-pap and cough assist** **machines.** If you are registered with the society, one will be loaned out to you (upon availability) at. The loaned machine will be delivered to you after it has been checked, sanitized, and calibrated by a qualified member of your health care team or vendor technician. **The** **machine is loaned out at no cost except for the mask and tubing (which are disposable). You will** **also be responsible for covering the cost of training and any cost for the vendor to come to** **your home and re-set your machine with new measurements**. The cost of a mask is usually $300 - $500. The ALS Society covers the cost of any repairs to the machine through normal usage (wear and tear).

To receive a machine from the ALS Society please forward your prescription via fax to 902-453-3646 or email to:

Terri Cooper [**tcooper@alsnbns.ca**](mailto:clientservices@alsnbns.ca)

If you are submitting the prescription by fax for either province please send it to: 902-453-3646. Requests for a bi-pap machine are normally filled within 24 – 48 hours (two business days).

1. You may wish to purchase or rent the machine yourself through a vendor. The purchase and rental costs usually cover the mask, tubing, and training. To purchase machines, it will cost on average $3,000 - $5,000. To rent machines it will cost on average between $350 - $500 monthly.
2. You may wish to purchase the machine through your private medical insurance. Insurance companies usually require that you pay a portion of the cost yourself (normally about 20%). The ALS Society has an annual budget to help you with the co-pay portion. Providing there is funding still in the budget the Society may take care of the co-pay amount with the agreement that the machine will be donated to the Society when you no longer require it. If the Society assists with the co-pay the Society covers the cost of any repairs to the machine through normal usage (wear and tear).
3. The government of New Brunswick operates an Oxygen and Breathing Aids program through the Department of Social Development. This program assist clients with coverage of respiratory equipment and supplies which are not covered by other agencies or private health insurance.

Not everyone qualifies for this program – you must be a resident of New Brunswick and have a valid Health Services Card – meaning that you meet the financial needs requirements. You cannot apply for this card until you have a need for equipment.

Unfortunately, at this time there is no such program in Nova Scotia.

**\*\*IMPORTANT NOTE: Please be advised that the ALS Society is not able to provide a back-up machine in the case of machine failure or power outage. Should the machine fail, the ALS Society will make every effort to replace it as soon as possible (within 48 hours). \*\*It is the responsibility of the borrower to have plans in place should they be completely dependent on the borrowed units. Please be advised that should the machine be too costly to fix or should there not be any replacement units in inventory, it is the responsibility of the borrower to source replacement. It is HIGHLY recommended that if you are using a Bi-PAP, Cough Assist, or Ventilator that you talk to your client and their caregiving teams about putting an emergency plan in place in case of equipment failure or power outage. The plan should include the emergency after hours number for the vendor, an alternate source of power (generator, friend or family member in a nearby community, a public building/hotel/church with a generator that would give you permission to go there in the event of a power outage). You may wish to contact your local EMS service to file information about your situation so that there is a record in the event of an emergency. You may wish to plan to go to the local hospital/emergency department should you experience respiratory issues due to equipment failure/power outage. You should check with your local hospital to see if there is Bi-PAP equipment available in the event of an emergency.**

**Personal Information**

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

Client’s Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requisitioned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Designation: (eg. Dr. O’Connell or Dr. Scott Worley)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client, or Client’s Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(I have read the process, requirements for training, and various options for obtaining breathing equipment).

**Delivery Information**

Please provide complete mailing information, contact name and number of approved vendor for set-up:

\*\*\*No unit will be shipped directly to a client’s home\*\*\*

|  |  |
| --- | --- |
| Quality Respiratory Care ⃝  Vitalaire ⃝  Maritime Sleep Clinic ⃝  The Snore Shop ⃝ - no home service  Breatheasy Miramichi ⃝  Extramural ⃝ | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Breathing and Suction Equipment**

⃝Bi-Pap ST Mode ⃝Bi-Pap VPAPS ⃝Bi-Pap AVAPS ⃝Cough Assist ⃝Suction Unit

Prescription: To be included at time of requisition by authorized physician