HeartSine Technologies' Position with respect to 2005 AHA Guidelines on CPR and ECC

Dear Distributors:

As you know the new 2005 AHA recommendations are now being published. HeartSine is committed to supporting the latest in emergency cardiac research and is actively reviewing the published AHA recommended guidelines. HeartSine's goal is to provide the best product to help save lives. Below are answers to some Frequently Asked Questions that will help you better understand and explain how the new recommendations affect the HeartSine product line.

Frequently Asked Questions (FAQ):

- Is my current AED safe to use?
  - Yes, the protocols which your AED currently uses are safe and effective. Every samaritan® defibrillator meets applicable performance standards. The new guidelines described recommendations to improve upon current protocols.
- Should I wait for a new unit with that incorporates the new recommendations?
  - No, you should not wait to purchase a defibrillator. The samaritan® unit you purchase today can be upgraded in the future with any new software that is released. Hesitating to implement your AED program could prevent you also from saving a life.
- Do the new guidelines affect the use of Biphasic waveforms?
  - No, biphasic waveforms are still the preferred and supported waveform of AEDs.
- If HeartSine modifies its AED and/or PAD software in response to the new recommended guidelines, can my samaritan® AED or PAD be updated accordingly?
  - Yes, because of the innovative design of HeartSine defibrillators, the samaritan® AED and PAD are field upgradeable.
- Do other companies' AEDs conform to the new guidelines?
  - We are not aware of any at this time.

Key Excerpts from the New Guidelines:

For your information, on the following page are some key statements taken from the "Major Changes in the 2005 AHA Guidelines for CPR and ECC – Reaching the Tipping Point for Change", December 2005. The published guidelines can be found at the following link:

http://www.americanheart.org/presenter.jhtml?identifier=3035517

The sections of the guidelines most relevant to defibrillation appear to be sections 3, 4, and 5:

http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.105.166552v1
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H009-002-019-0

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Changes to CPR:

- There was unanimous support for increased emphasis on ensuring that rescuers deliver high-quality CPR. Rescuers need to provide an adequate number and depth of compressions, allow complete chest recoil after each compression, and minimize interruptions in chest compressions.
- To achieve optimal compression rates and reduce the frequency of interruptions in compressions, a universal compression-ventilation ratio of 30:2 for all lone rescuers of victims from infancy (excluding newborns) through adulthood is recommended by consensus, based on integration of the best human, animal, manikin, and theoretical data available.
- The consensus was that there was insufficient data to recommend CPR before defibrillation for all victims of VF SCA.
- Experts recommend that rescuers resume CPR, beginning with chest compressions, immediately after attempted defibrillation. Rescuers should not interrupt chest compressions to check circulation (eg, evaluate rhythm or pulse) until after about 5 cycles or approximately 2 minutes of CPR.

Changes to shock delivery:

- Evidence created the tipping point for a change from a 3-shock sequence to 1 shock followed immediately by CPR. (Modern biphasic defibrillators have a high first-shock efficacy (defined as termination of VF for at least 5 seconds after the shock), so that VF is likely to be eliminated with 1 shock.)
- To minimize interruptions in chest compressions, the 2005 AHA Guidelines for CPR and ECC recommend that rescuers resume CPR beginning with chest compressions immediately after a shock, without an intervening rhythm (or pulse) check.

Remember:

- The HeartSine samaritan® AED and PAD are safe to use.
- Continue to use your AED or PAD as you are currently trained.
- Do not delay implementing an AED program.
- Training to the new guidelines will take time.

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