



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 CRH60352

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

VENDOR

\*A06133933  
 BLACKBURNS PHYSICIANS PHARMACY  
 301 CORBET ST  
  
 TARENTUM PA 15084

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - COMMUNITY & RURAL HEALTH  
  
 350 CAPITOL STREET, ROOM 515  
 CHARLESTON, WV  
 25301-3716 304-558-4109

DATE PRINTED 05/30/2006	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 06/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>*****ADDENDUM NO. 1*****</p> <p>1. THIS ADDENDUM IS TO RESPOND TO VENDOR QUESTIONS PER THE ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>PLEASE NOTE THE FOLLOWING ATTACHMENTS:</p> <p>1. Q&amp;A'S FOR CRH60352</p> <p>2. ADDENDUM ACKNOWLEDGEMENT</p> <p>*****END OF ADDENDUM NO. 1*****</p> <p><i>Signature: [Handwritten Signature]</i>  <i>FOR W.V.A.</i></p> <p><i>RADDA MENDOZA MS ATC</i>  <i>Coordinator Pediatrics</i>  <i>West Virginia University</i>  <i>PO Box 0877</i>  <i>MORGANTOWN, W.V.A.</i></p> <p><i>304-293-2737</i></p> <p><i>26509</i></p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	PERN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Page 2  
CRH60352/Addendum #1  
DHHR/BPH/Office Community Health Systems  
350 Capitol St. Rm 515  
Charleston, WV 25301

Questions from vendors:

1) Q - The RFQ states that the State of WV is looking for "90 Automatic External Defibrillators to be Zoll AED or Equal." Will you in fact consider an award a contract to a vendor/manufacture who is not offering a Zoll AED Plus?

Answer: We follow all State Purchasing Requirements. If the specific Automatic External Defibrillator meets all of the specifications of the Zoll AED Plus, it will be considered.

2) Q - Is this funded by the Federal Rural Grant Program?

Answer: Yes.

3) Q - As we have a couple of new Powerheart AED G3 devices out that are configured with the new AHA protocols, are you looking for that type of product for this bid.

Answer: We did not specify new AHA protocols for this bid. If an AED meets all specifications set forth in the bid it will be considered during review.

4) Q - Is there any value to the State of WV or preference going to be given for a device that has a longer warranty on the AED and on the battery system. (Cost of ownership may be significantly lower than some devices due to longer, more inclusive warranties surrounding their products)

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

5) Q - Is there any value to the State of WV or preference going to be given for a device that performs an automatic, daily self-test of all three critical AED components (i.e. battery, functionality of electrodes, and internal circuitry)

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

6) Q - Is there any value to the State of WV or preference going to be given for a device that would offer non-polarized electrodes? This allows the rescuer to place either electrode pad in either position on the person's chest enabling a quicker response.

Answer: If an AED meets all specifications set forth in the bid it will be considered during review.

7) Q - The Zoll device requires a simulator to run the AED Plus through some self-testing yet I do not see your request for simulators on the bid. How are you handling that issue.

Answer: A simulator is not required to complete a self-test. The self test is conducted by holding the on/off switch down to initiate the self test.

8) Q - Is there any preference for a device that has a backlit text screen that would offer a disabled (hard of hearing) person the ability to be involved as a rescuer. Some AEDs do not have a text screen and can therefore be seen as discriminatory to a hard-of-hearing person's desire to be included as an otherwise capable rescuer

Answer: I am unsure what a backlit text screen has to do with assisting someone who is hard-of-hearing in using the AED. If an AED meets all specifications set forth in the bid, it will be considered during review.

9) Q - Is there any value to the State of WV or preference going to be given for a device that would utilize the same escalating energy protocol as used in most hospitals. (i.e. escalating energy up to a full 360 joules).

Answer: If an AED meet all specifications set forth in the bid it will be considered during review.

10) Q - Is there any preference or benefit to the State of WV to do business with a vendor who can offer credits as a Female Minority Owned Business.

Answer: The only preference we currently allow is one for resident vendors.

11) Q - We are trying to determine if you need an infant child key. This adjusts the system to respond to an infant or child. Also do you require a case for the unit? I do not have specifics from Zoll and want to be sure you are quoted the correct unit for your application.

Answer: We did not request any infant child key. It is not part of the specifications. The Zoll AED Plus unit is a hard case, it does not require an additional case.

WV-35b STATE OF WEST VIRGINIA PURCHASING CONTINUATION SHEET	Buyer:	Page	Req. or P. O. No.:
Vendor:	Spending Unit:		

Requisition No.: CRH60352

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

No. 1 CRH60352

No. 2 \_\_\_\_\_

No. 3 \_\_\_\_\_

No. 4 \_\_\_\_\_

No. 5 \_\_\_\_\_

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

*James H. Stewart*  
Signature

*Blackburn, Okey, Ramsey*  
Company

6/05/06  
Date

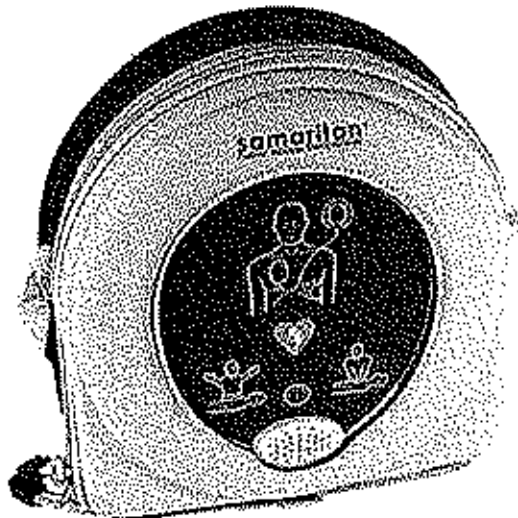


# BLACKBURN'S

Since 1936

## AUTOMATED EXTERNAL DEFIBRILLATOR

*New Concept, Simple, & Easy-To-Use for Anyone, Anywhere, Anytime.*



*So advanced, it's actually simple.*

**Affordable**

*Extra Battery-Pak, Carrying Case,  
Training CD Rom, Users manual, Data recovery cable,  
And Quick Reference Instruction Guide,  
+ Standard 5 year warranty*

Blackburn's and Heartsine will:

1. Delivery and set up units as required.
2. Conduct CPR/AED training as needed, conforming to the American Heart Association HeartSaver AED standards—at no additional cost!
3. Provide Medical direction where required.

**samaritan PAD**



- ▶ Only (2 lbs), 8" x 7"
- ▶ Simple operation
- ▶ Easy STEP-BY-STEP voice instructions
- ▶ Visual (illuminated) graphical interface
- ▶ PAD-PAK™ Innovative pre-connected electrode pads
- ▶ Always ready-for-use
- ▶ Ready status indicator
- ▶ SCOPE™ Advanced Auto-Adjusting Escalating Energy
- ▶ Automatic daily self-test
- ▶ No maintenance required
- ▶ Built-in data recording memory card
- ▶ Perfect for all applications and environments

Other features include:

- ▶ Voice PLUS Graphical interface
- ▶ Flashing Icons as Visual Prompts

*2006 RNA Guidelines  
Installed 6/10/06*

**For more details, contact us at**

**800.472.2440**

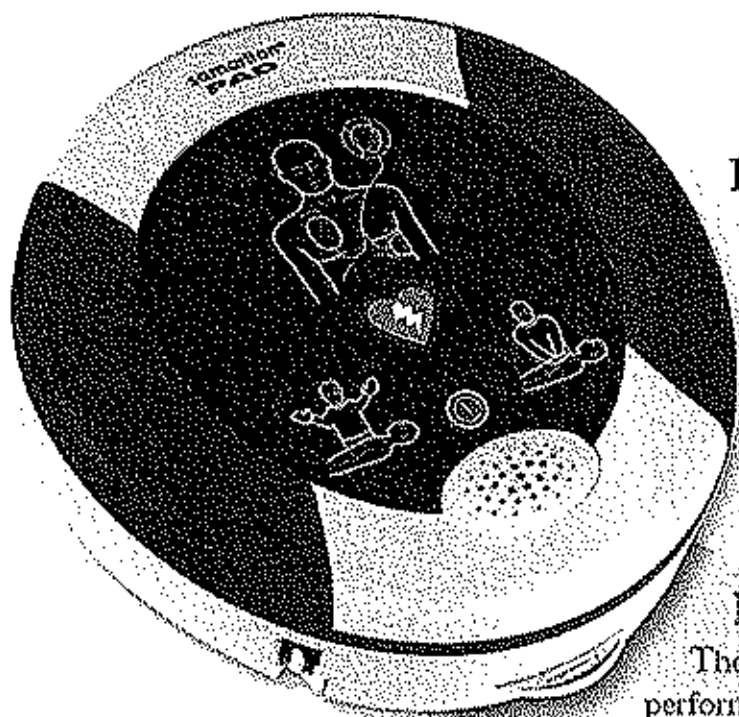


BLACKBURN'S  
301 Corbet Street  
Tarentum, PA 15084

Phone: 724.224.9100 ext 287  
Fax: 724.224.6108  
Email: [jim.heffran@blackburnsmed.com](mailto:jim.heffran@blackburnsmed.com)

Visit our website to learn more at [www.blackburnsmed.com](http://www.blackburnsmed.com)

# samaritan® PAD



## Interactive Graphical Interface

With everyday people in mind, HeartSine designed an interface that guides even the most inexperienced user throughout the rescue process. Using three simple icons and verbal instructions, the samaritan® PAD will clearly guide the rescuer through each step.

## Ready...Set...Go!

The samaritan® PAD will automatically perform critical systems self testing. The status indicator will blink, letting you know the samaritan® PAD is ready for use.

## Helping you... Help someone.

- Only 2 lbs (1 kg)
- Simple operation
- Graphical interface to guide user
- Clear voice instruction
- Always ready-for-use
- Auto self-test
- Perfect for home, business, travel, public areas and facilities



## Clinically Safe and Effective

The samaritan® PAD is built on many years of research, development and patented technology. The samaritan® PAD uses HeartSine's SCOPE™ Biphasic technology (a low-energy, escalating waveform that adjusts for the differences in each person's physical make-up) to deliver optimal defibrillation to every patient.

## Only One Expiration Date to Monitor

With the samaritan® PAD there is only one expiration date to be concerned about. The battery and pad system has been packaged together. This new innovative battery & electrode system, reduces the maintenance in half and helps ensure an optimal state of readiness. Just one expiration to track.



HEARTSINE  
technology

## SPECIFICATIONS > samaritan® PAD



Samaritan® PAD



Pad-Pak™



Soft Carry Case

### PHYSICAL

Size: 8.0in x 7.25in x 1.9in  
(205mm x 184mm x 48mm)

Weight: 1.1 kg (2.4 lbs) including Pad-Pak™ Battery.

### DEFIBRILLATOR

Waveform: SCOPPE® (self-compensating output pulse envelope) Biphasic Escalating waveform. Optimized biphasic waveform compensates energy, slope and envelope for patient impedance.

Energy Selection: Pre-configured automated protocol (escalating from 100J, 150J, to 200J).

Charge Time: Less than 7 seconds (100J) and less than 12 seconds (200J) from a SA message with new Pad-Pak™.

Shock Cycle Time: <60 seconds for three analyze/shock cycles.

Controls: On/Off and Shock button

### PATIENT ANALYSIS SYSTEM

Method: Evaluates patient's ECG, signal quality, electrode contact integrity and patient impedance to determine if defibrillation is required.

Sensitivity / Specificity: Meets AAMI 10F 80.

### DISPLAY

Visual Prompts: Attach Pads, Stand Clear, Perform CPR, Shock Now, Soft Toss Pad - Ready State.

Indicators: Low battery, (at least 10 discharges remaining), audible prompt alerts user of electrode disconnection, service icon stops flashing if self-test fail, no battery, or when service required.

Voice and Icon prompts: Extensive voice and icon prompts guide the user through the operation sequence.

Languages: English

### ENVIRONMENTAL

Operating Temperature: 0° to 50° C (+32° to +112°F)

Storage Temperature: -10° to 50° C

Relative Humidity: 5% to 95% (non-condensing)

Water Resistance: IEC 60529/EN 60529 IP44

Altitude: 0 to 15,000 feet (0 - 4,575 meters)

Shock: MIL-STD 810F Method 516.5, Procedure I (40°C)

Vibration: MIL-STD 810F Method 514.5

Category 4 Truck Transportation - US Highways

Category 7 Aircraft - J4 (747 & Ground Airlifted Equipment)

### EMC

EN 60601-1-2, Second Edition 2001

Radiated Emissions:

(CISPR11: 1997 +1A:1999+A2:2001) Group 1 Class B

Electrostatic Discharge Immunity:

EN61000-4-2:1995 (SIV)+A1:1998+A2:2000

RF Immunity:

EN61000-4-3:1998, 80 MHz - 2.5 GHz

(10V/m)+A1:1998+A2:2000

Magnetic Field Immunity:

EN61000-4-8:1995 (3 A/m)+A1:2000

Alcatel

ETSI / IEC - 16010: 1997, Section 21 (Category M)

### EVENT DOCUMENTATION

Type: Internal memory

Memory Capacity: 45 minutes of ECG (full disclosure) and event/incident recording.

Playback Capabilities: Custom USB cable directly connected to PC and SAVER™ windows-based data review software.

### Pad-Pak™ BATTERY

#### PAK

Shelf Life: 3 years

Weight: 0.44 lbs (0.2kg)

Size: 3.93in x 5.24in x .94in  
(100mm x 133mm x 24mm)

#### BATTERY

Type: Lithium Manganese Dioxide (LiMnO<sub>2</sub>) 18V, 0.8 Amp Hrs

Capacity: >30 shocks at 200J or 6 hours of continuous monitoring.

Standby Life: 3 years

#### ELECTRODES

Electrodes: Samaritan® disposable defibrillation electrodes are supplied standard with each Pad-Pak™. Active Gel Area: 100 cm<sup>2</sup>

Cable Length: 3.5 ft (1m)

Shelf Life: 3 years



The products described in this brochure all meet the applicable European Medical Device Directive requirements.



HEARTSINE®  
TECHNOLOGIES

1.866.HEARTSINE

(1.866.478.7493)

sales@heartsine.com

www.heartsine.com

#### Corporate Headquarters:

HeartSine Technologies, Inc.  
940 Calle Amanecer - Suite E  
San Clemente, CA 92673 - USA  
Tel: 1.949.218.0092  
Fax: 1.949.218.0093

#### European Operations:

HeartSine Technologies, Ltd.  
203 Airport Road West  
Belfast, BT3 9ED - N. Ireland  
Tel: +44 (0)28 9093 9400  
Fax: +44 (0)28 9093 9401

These specifications are subject to change without notice.

Samaritan®, Pad-Pak™ and Soft™ are trademarks or registered trademarks of HeartSine Technologies, Inc. Patent pending. 11001-006-007-0

FSS Contract# V797P4865A  
 Duns #065635193  
 Schedule # 65 VA  
 Cage# 45EB9  
 TIN# 251619077

Date 6/6/2006  
 Contact Jim Heffran  
 Quote #  
 GSA# V797P4865A



**BILL TO:** PO# 1

Company	
Contact	
Address	
City	
State	
Zip	
Telephone	
Accls Pybl	
Fax	

**SHIP TO:**

Company	
Address 1	
Address 2	
City	
State	
Zip	
Telephone	
Fax	

ITEMS ORDERED: Free shipping with UPS ground

QTY	PRODUCT #	DESCRIPTION	LIST PRICE	QUOTE PRICE	EXTENDED
	SAM003	Sam/AED w Text Only	\$2,495.00	\$1,495.00	\$ -
	SAM002	Sam/AED w ECG/Text	\$2,595.00	\$1,495.00	\$ -
	SAM001	Sam/AED w ECG/Text/Override	\$2,697.00	\$1,495.00	\$ -
	SPB001	AED Data Batt/Pakw32MBmemory	\$ 245.00	\$ 245.00	\$ -
	SDU001	SDRU Data Recovery Unit	\$395.00	\$295.00	\$ -
	SAC-010	3-lead ECG monitor Adaptor-IEC Code	\$155.00	\$130.00	\$ -
	SDE201	AED Defib / 1 set of pads	\$25.00	\$26.00	\$ -
	SDE210	AED DEfib PAD set of 10 pads	\$250.00	\$199.00	\$ -
	SSS001	AED soft carrying case	\$95.00	FREE	\$ -
	STU001	Sam AED Trainer	\$499.00	\$395.00	\$ -
	CPR/AED	Training AHA (por person)	\$ 36.00	Free	\$ -
	SAM 300	SAM PAD Unit	\$ 1,595.00	\$895.00	\$ -
					\$ -
	SAM301	Sam PAD Pad-Pak	\$99.00	\$99.00	\$ -
	NEW	SAM PAD Trainer	\$495.00	\$395.00	\$ -
	SAC011	AED prep kit	\$20.00	FREE	\$ -
	SSS014	Vehicle Bracket	\$155.00	\$129.00	\$ -
	SSS021	AED Wall Sign(triangular)	\$ 49.00	\$ 39.00	\$ -
	CAB-S-1-A	Rescue Wall Cabinets/w Alarm	\$299.00	\$129.00	\$ -
					\$ -
				<b>Total \$\$\$</b>	\$ -

Training set for:

Customer agrees to the terms and conditions of sale as indicated above.

AED serial#:

Signature: *Jim Heffran* Category Sales Manager

Contact info: Cell#724-321-5634 Mail To: Blackburns  
 FAX# 724-224-9124 Toll Free#800-472-2440 c/o Jim Heffran  
 E-Mail: jim.heffran@blackburnsmed.com 301 Corbet Street  
 <http://www.blackburnsmed.com/aed\_info.html> Tarentum, Pa. 16084







## Medical Authorization for AED Placement

Page 1 of 2

State law and FDA regulations require a prescription for an AED from an authorizing physician. Please have the physician complete and sign the section below.

### PHYSICIAN'S STATEMENT

Authorization for the purchase of (Qty) \_\_\_\_\_ AED(s)

AED Purchased By:

AED Placement Location:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

State/Zip \_\_\_\_\_

AED Serial Number(s) \_\_\_\_\_  
(if known)

By signing below, I agree to serve as medical oversight for this AED program. My responsibilities will include, but not be limited to: [1] ensuring that targeted AED users are trained in CPR and AED use and that a schedule for refresher training is established, [2] ensuring that the local EMS is notified of the recipient's PAD program, [3] providing follow-up data on any use of the AED to the EMS for their data collection purposes, [4] establishing a protocol specific to the recipient (i.e., where to place the AED, how to notify trained users in the event of a cardiac arrest, how to deal with any security systems which may slow EMS, etc.), and [5] determining a maintenance schedule consistent with the AED manufacturer's specifications.

Physician Name: Dr. Lawrence Ferlan / Ferlan Medical Group  
Work Address: 317 First Avenue  
Tarentum, PA 15084

Work Phone: 724-224-6396 Work Fax: 724-226-3435

Signature: \_\_\_\_\_

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



## Medical Authorization for AED Placement

Page 2 of 2

### 1. CPR Training and Refresher Schedule

Training Company

Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Refresher Training Schedule; within \_\_\_\_\_ months of last training.

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

### 2. EMS Notification

EMS Company

Name: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

3. Follow-up data will be provided to the above names EMS service for data collections purposes after any use of this AED. YES \_\_\_\_\_ NO \_\_\_\_\_

### 4. Protocol for Use

A) Recommended placement of the AED(s)

\_\_\_\_\_  
\_\_\_\_\_

B) Recommendation for how to notify a trained user when cardiac arrest occurs;

\_\_\_\_\_  
\_\_\_\_\_

C) Special instructions such as: (EMS entry instructions and security alarms)

\_\_\_\_\_  
\_\_\_\_\_

D) AED Maintenance Schedule

\_\_\_\_\_  
\_\_\_\_\_

301 Corbet Street  
Tarentum, PA 15084  
724.224.9100 800.472.2440  
Fax: 724.224.9124



308 East Sixth Street  
Erie, PA 16507  
814.454.2863 800.328.9325  
Fax: 814.454.2706

## ***EMS Notification-AED Placement***

***Date: 03/01/06      Placement of Samaritan PAD and AED Units***  
**To:**

*As part of our facility's commitment to the health and well being of our customers ,clients and visitors , we have developed a public access defibrillation PAD Unit for distribution. The brand is Samaritan AED and Samaritan PAD units. Please visit [www.heartsine.com](http://www.heartsine.com) for additional information. We have worked with the American Heart Association to obtain CPR/AED training and have secured Medical Authorization for distribution. Please accept this letter as confirmation of our participation. If you are in need of software to download event data, please advise.*

*We have implemented the following according to the American Heart Association's guidelines: Physicians Oversight has been secured. His/Her name is Lawrence Ferlan MD, Tarentum, Pa. 15084*

*An AED has been positioned at this location:*

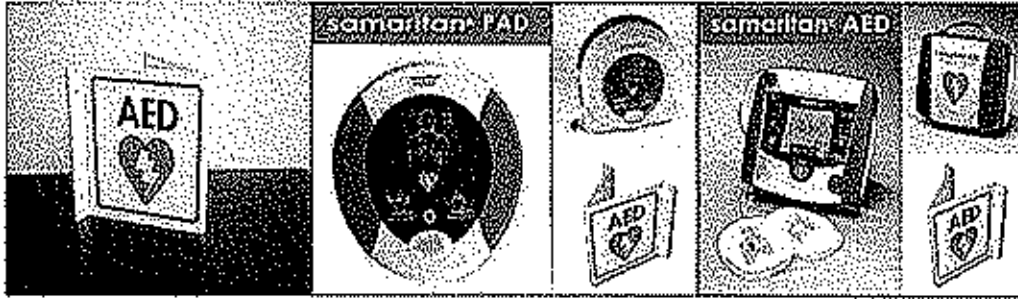
*The AED unit at this location was placed there with the locations lay responders in mind. The American Heart Association HeartSaver AED course and all necessary orientation were provided to the lay responders. A planned refresher course and ongoing maintenance of the equipment has been implemented. If you have any questions or needs, please contact- Jim Heffran @ 724-321-5634, or 724-224-9100 ext 287 at Blackburns Physician's Pharmacy.*

*Thanks you in advance,  
Sincerely,*

***Jim Heffran***  
Category Sales Manager  
Blackburns Physicians Pharmacy  
301 Corbet St.  
Tarentum, Pa. 15084  
Email- [jim.heffran@blackburnsmcd.com](mailto:jim.heffran@blackburnsmcd.com)  
Phone- 724-224-9100 Ext#287  
Cell - 724-321-5634



# Operational Checklist



Samaritan Model \_\_\_\_\_  
 Samaritan Serial Number \_\_\_\_\_  
 Samaritan AED Location \_\_\_\_\_  
 Date \_\_\_\_\_

TESTS TO BE PERFORMED	Insert Date Checked		
	#1	#2	#3
<b>Status Indicator Light</b>			
<ul style="list-style-type: none"> <li>• Visually inspect the Status Indicator Light and verify light is blinking</li> </ul>			
<ul style="list-style-type: none"> <li>• Ensure that nothing is impairing clear view of the Status Light</li> </ul>			

<b>Inspection</b>			
<ul style="list-style-type: none"> <li>• Verify that the battery/data pak has not expired, if expired, replace with backup battery/data pak and order new backup pak.</li> </ul>			
<ul style="list-style-type: none"> <li>• Ensure unit is clean and void of any cracks, or other signs of abuse or damage.</li> </ul>			
<ul style="list-style-type: none"> <li>• Ensure cables and software (if available) are clean and working</li> </ul>			

<b>Supplies</b>			
<ul style="list-style-type: none"> <li>• Do you have an extra backup battery and Data Pak for the unit?</li> </ul>			
<ul style="list-style-type: none"> <li>• Is the carrying case in good working condition?</li> </ul>			

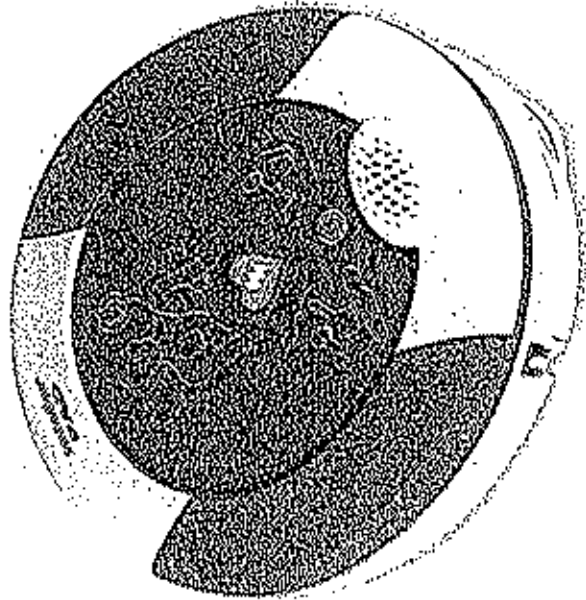
<b>Inspected by:</b>			
<ul style="list-style-type: none"> <li>• Enter Initials and Date Inspected</li> </ul>			

<b>Comments, Observations</b>			

# samaritan® PAD

Automatic external defibrillator

## Using your samaritan® PAD



PAD

samaritan<sup>®</sup>

Automatic external defibrillator

## Access for SCA

- Unconscious
- Not Breathing
- Has no signs of normal circulation



# samcritan® PAD

Automatic external defibrillator

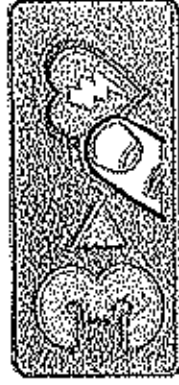
## Follow 3 simple Steps



Turn On



Follow Prompts



Press Shock  
Button



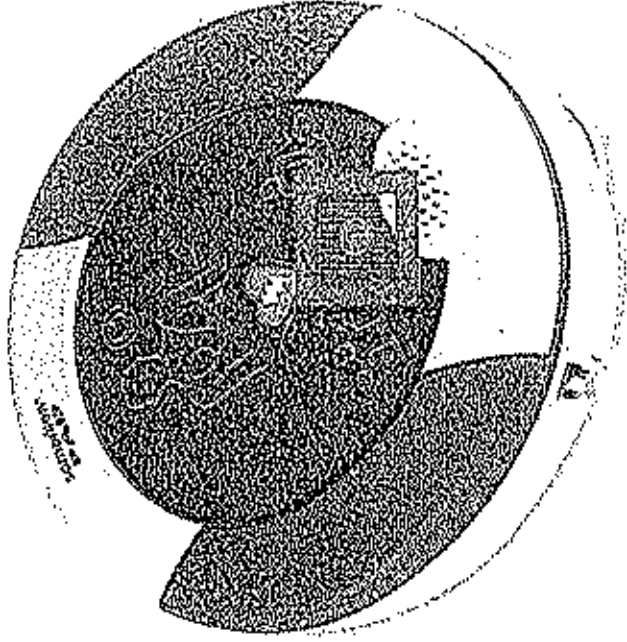
# samaritan® PAD

Automatic external defibrillator



## Turn On samaritan® PAD

- Pressing the Green On button will “turn on” the samaritan® PAD.
- Voice and visual instructions will immediately occur.



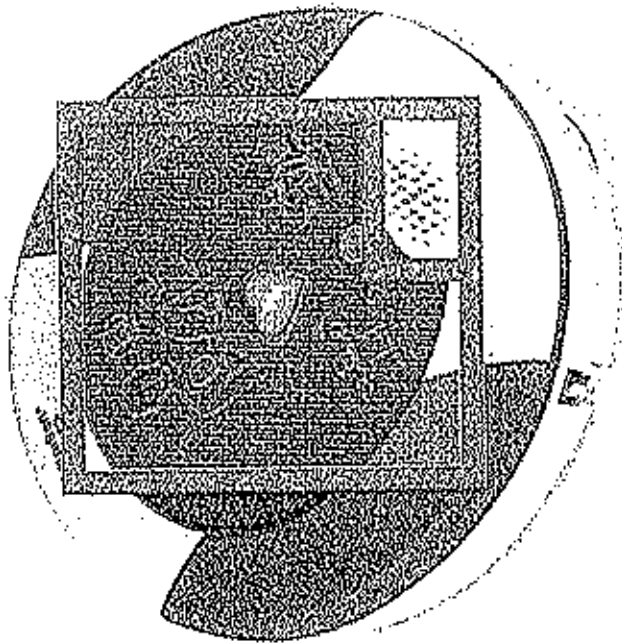
# samaritan® PAD

Automatic external defibrillator



## Follow Instructions

- The samaritan® PAD will guide the user with visual and voice instructions.



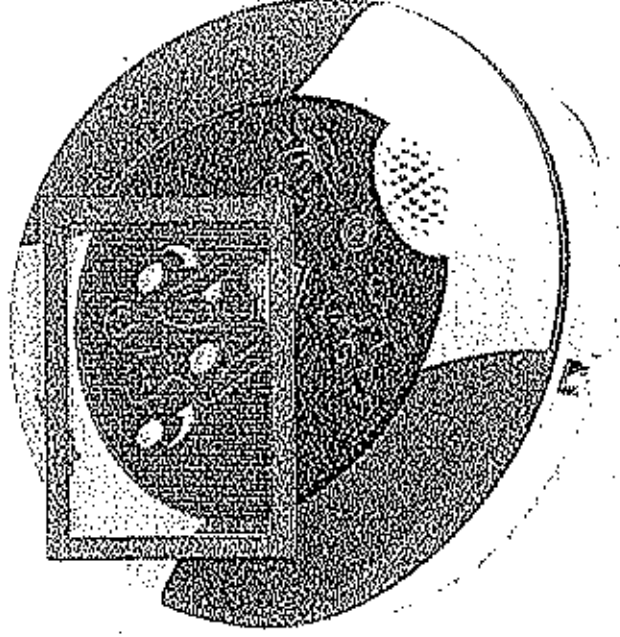
# samaritan® PAD

Automatic external defibrillator



Apply pads to bare chest

- Icon arrows will illuminate to visually guide user through each step.
- Voice instructions will be heard as well.



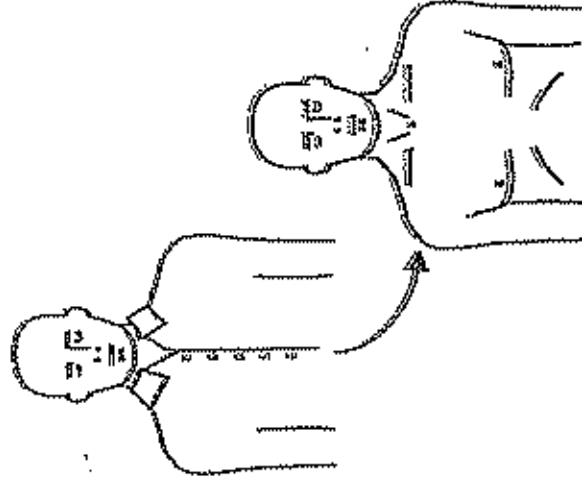
# samaritan<sup>®</sup> PAD

Automatic external defibrillator



## Apply pads to bare chest

- Start by removing clothes from victims chest area
  - IF NEEDED: Dry chest if wet. Shave area where pads will be placed if chest is hairy.



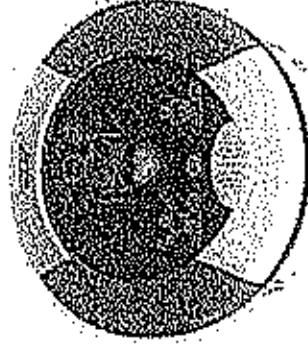
# samaritan® PAD

Automatic external defibrillator



## Remove pads

- Pull out defibrillation pads pouch.



1523



# samaritan® PAD

Automatic external defibrillator



## Tear open pad package

- The pads are located within the defibrillation pouch.
- Tear pouch open and remove pads.

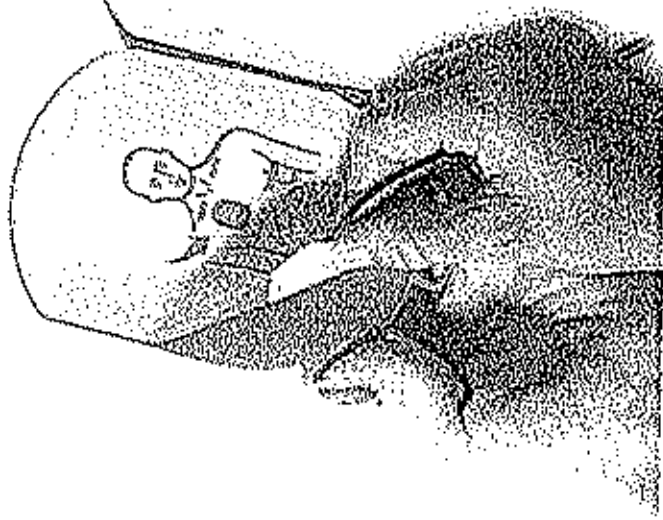
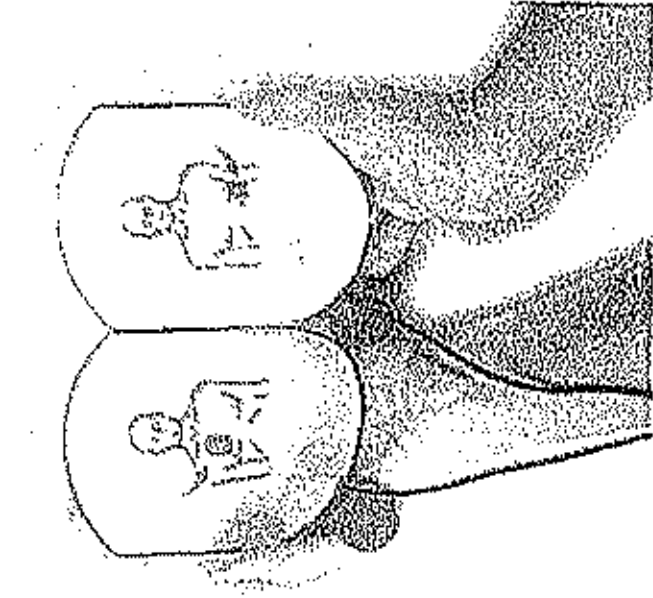


# samaritan® PAD

Automatic external defibrillator



## Peel pads from blue liner





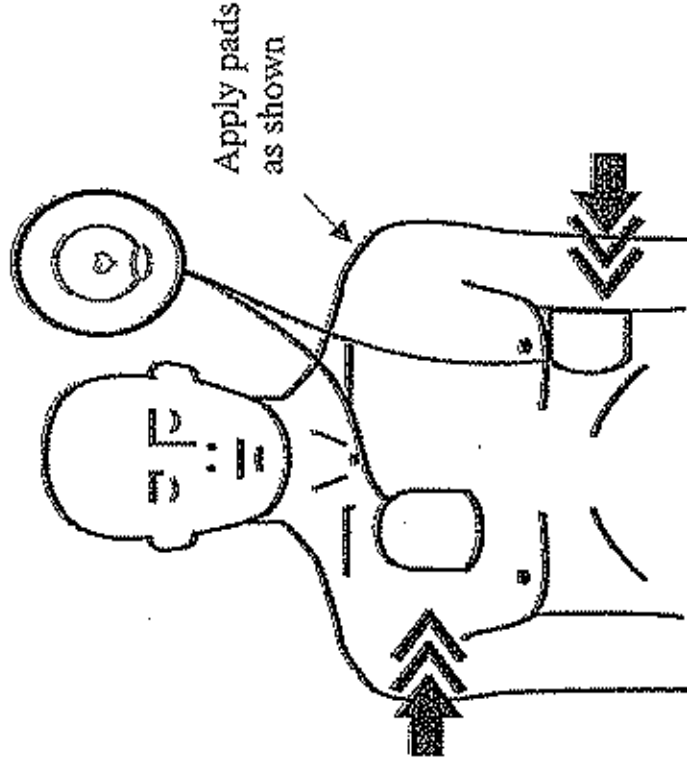
PAD

Automatic external defibrillator



## Place Pads on bare chest

- “Apply pads to patient’s bare chest as shown in picture.”
- “Press pads firmly to patient’s bare skin.”



Only use on patients  
8 yrs. and older



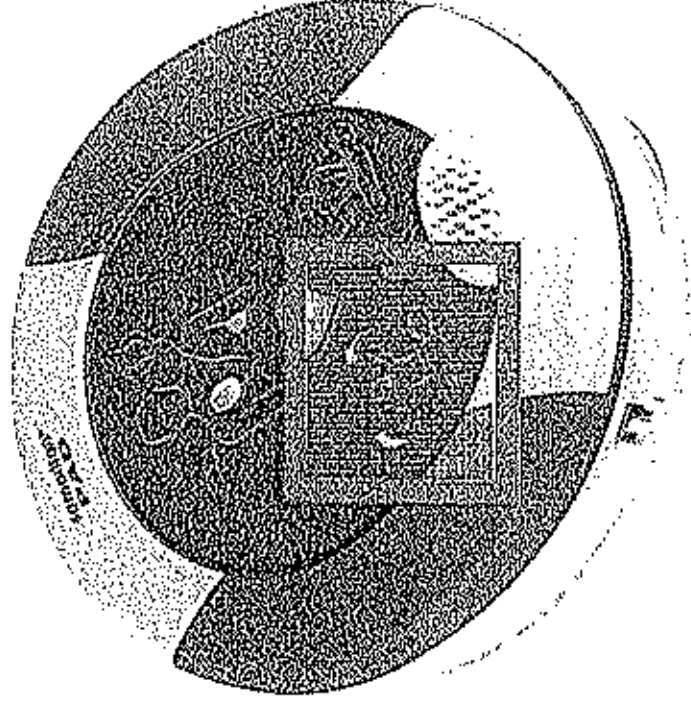
# samaritan® PAD

Automatic external defibrillator



Analyzing, Do Not Touch the Patient

- When pads are attached to the patient the samaritan® PAD will begin to monitor the patient. “Assessing heart rhythm, do not touch the patient.”



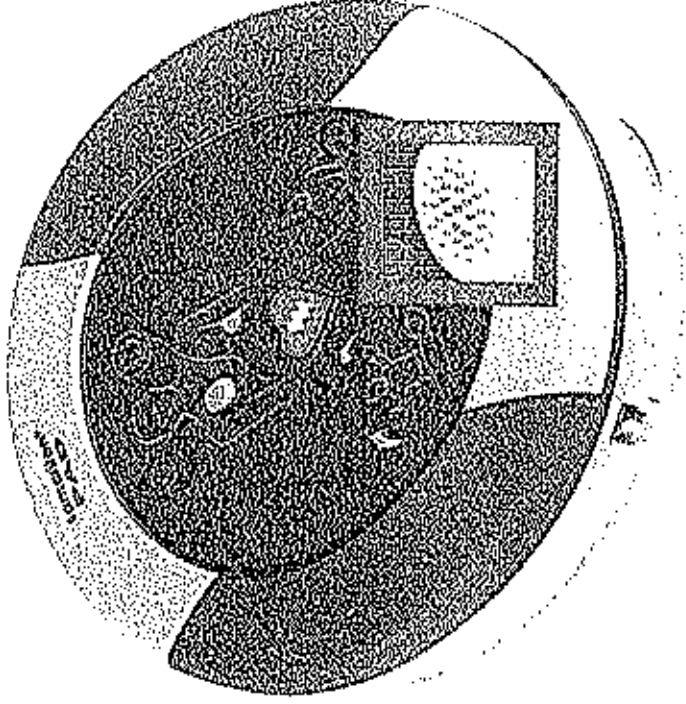
# samaritan® PAD

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Shock Advised, Stand Clear

- If a shockable heart rhythm is found, the samaritan® PAD will tell the rescuer “shock advised” and to “stand clear”



# samaritan® PAD

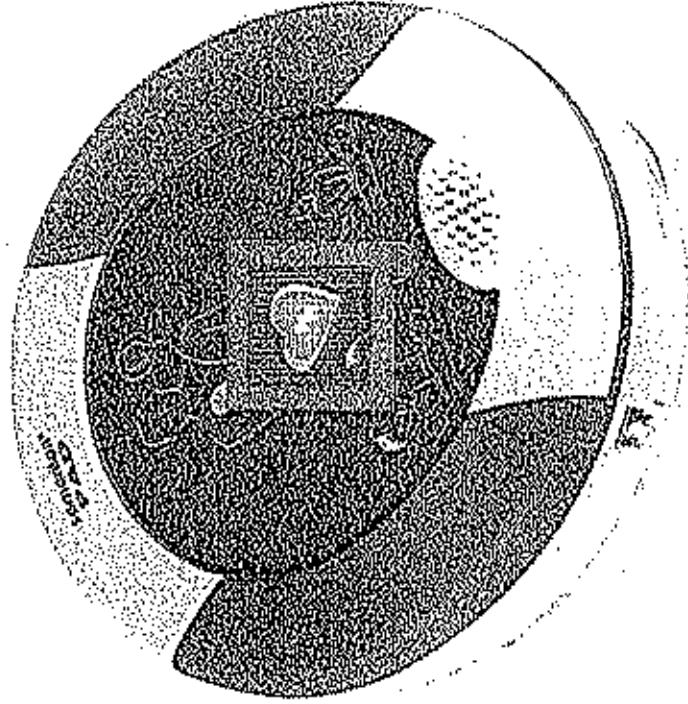
Automatic external defibrillator



Stand Clear!  
Press the shock button now!

- Once the samaritan® PAD is ready to deliver the shock, it will instruct the rescuer to “Stand Clear” and to “Press the shock button”

– **IMPORTANT:** Visually and verbally clear the patient before pressing the shock button.

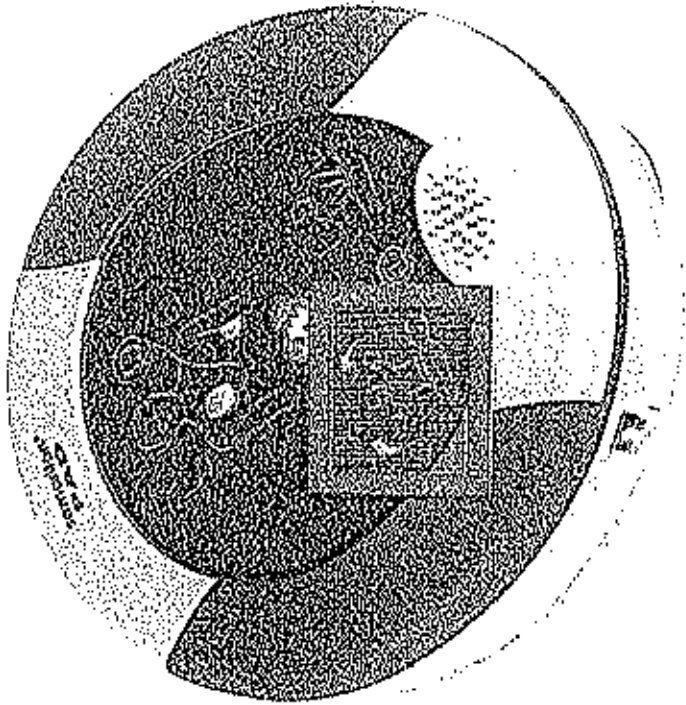


# samaritan® PAD

Automatic external defibrillator

## SHOCK DELIVERED

- Once the shock is delivered the samaritan® PAD will reanalyze the heart rhythm to check for a normal rhythm.
- Don't touch patient



# samaritan® PAD

Automatic external defibrillator

## NO Shock Advised

- If no shock is needed the samaritan® PAD will tell you it is safe to touch the patient and tell you to:
  - CHECK AIRWAY
  - CHECK BREATHING
  - CHECK FOR CIRCULATION
  - IF NEEDED BEGIN CPR

