

**CU Medical Systems, Inc.** 

## **Table of contents**

Introduction6					
Ove	rview	7			
1.	Introduction	8			
1.1	1 Device Description	8			
1.2	2 Indicated Use	8			
1.3	3 Intended Users	9			
1.4	4 Local Protocol	9			
1.5	5 Additional Information	9			
2.	Device Features	10			
3.	Preparation for Use	13			
3.1	1 Standard Package Contents	13			
3.2	2 Setting up the i-PAD CU-SP1	14			
4.	How to Use the i-PAD CU-SP1	16			
4.1	1 Chain of Survival	16			
4.2	2 Preparation for Defibrillation	17			
4.3	3 Defibrillation in Adult Mode	21			
S	Step 1: Place pads on the patient	21			
S	Step 2: Press the Shock Button if instructed	22			
S	Step 3: Perform CPR	24			
4.4	4 Defibrillation Procedures in Pediatric Mode	26			
5.	After Using the i-PAD CU-SP1	27			
5.1	1 Maintenance After Each Use	27			
5.2	2 Saving and Transferring Treatment Data	28			
5	5.2.1 Device Usage	28			
5	5.2.2 Transferring Treatment Data	28			
5.3	3 Device Setting	31			
5	5.3.1 CPR Guide Setting	31			
5	5.3.2 Setting the CPR Guide	31			
6.	Maintenance	34			
6 1	1 Davice Storage	24			

6.2 Mair	ntenance	
6.2.1	Device Inspection	35
6.2.2	Replacing Supplies	35
Dispos	sable Battery Pack	35
Repla	cing the Pads	37
6.2.3	Cleaning the i-PAD CU-SP1	38
7. Dispo	sal	38
8. Troub	leshooting	39
8.1 Self-	-Tests	39
8.2 Dev	ice Status	41
8.3 Trou	ubleshooting	42
8.3.1	Troubleshooting While the Device is Operating	42
8.3.2	Troubleshooting While the Device is not Operating	43
9. Devic	e Service	44
Appendix .		46
• •	Protocol	
	nd Accessories	
	lard Accessories	
B.2 Option	nal Accessories	49
C . Descrip	otion of Symbols	50
C.1 i-PAD	CU-SP1 Defibrillator	50
C.2 i-PAD	CU-SP1 Packaging	51
C.3 Acces	ssories	52
C.3.1 D	isposable Battery Pack (CUSA1103BB, CUSA1103BS)	52
C.3.2 Pa	ads (CUA1007S, CUA1102S)	53
D . Glossaı	ry	54
E . Device	Specifications	59
F . Electron	magnetic Compatibility	67

## Introduction

These Instructions for Use contain information necessary for the correct use of this device. Please contact us regarding any questions or issues on the use of the device arising from information found in these Instructions for Use [Chapter 9: Device Service].

The company or its authorized distributor is not responsible for any injury incurred by the user or patient due to any apparent negligence or improper use by the user.

Hereinafter,

"device" refers to [CU-SP1]

"We" or "Us" refers to CU Medical Systems, Inc.

"Pads" refers to defibrillation electrode pads,

"Battery Pack" refers to a disposable battery pack.

These Instructions for Use emphasizes the safety procedures and precautions for the device use by using the terms below. Please acquaint yourself with the warnings, cautions and references stated in these Instructions for Use in order to safely use the device.

## **⚠** WARNING

Conditions, hazards, or unsafe practices that can result in serious personal injury or loss of life.

## CAUTION

Conditions, hazards, or unsafe practices that can result in minor or moderate personal injury, damage to the device, or loss of treatment data stored in the device, particularly if precautionary steps are not taken.

#### NOTICE

Used to denote items that are important during installation, operation, or maintenance of the device.

## **Overview**

Thank you for purchasing the i-PAD CU-SP1. This device can be effectively and safely used for a long period if you familiarize yourself with the instructions, warnings, precautions, and notices contained in these Instructions for Use prior to its use.

## **↑** WARNING

- A defibrillator discharges electric shock with high voltage and current. You must be wellacquainted with the instructions, warnings, and precautions contained in these Instructions for Use.
- You must follow the instructions, warnings, cautions, and notices in these Instructions for Use when using this device.
- The manufacturer will not be responsible for any problems involving the device that are caused by the user's negligence.
- This device shall be serviced only by the manufacturer or its authorized service centers.
- If the Device is intended to be connected to equipment other than those stated in these Instructions for Use, contact the manufacturer.
- If this Device does not operate properly, contact the manufacturer or its authorized service center.

## 1. Introduction

#### 1.1 Device Description

**CU-SP1** is an easy-to-use Semi-Automated External Defibrillator (AED) that is small, light, and portable, and uses a battery.

The AED automatically reads the patient's electrocardiogram (ECG) and determines if a cardiac arrest that requires defibrillation has occurred, so that both medical professionals and the general public can easily operate it. Cardiac arrest can occur anytime to anyone at any place and may threaten the patient's life if the appropriate CPR and/or electric shock with a defibrillator are not applied within a few minutes.

The i-PAD CU-SP1 is a semi-automated external defibrillator (AED). If connected to a patient, the i-PAD CU-SP1 automatically acquires and analyzes the electrocardiogram (ECG) of the patient for the presence of Ventricular Fibrillation or Ventricular Tachycardia (also known as shockable rhythms). If a shockable rhythm is detected, the device automatically charges itself. Defibrillating shock is delivered when the you press the SHOCK button.

The i-PAD CU-SP1 is easy to use. It guides the you throughout a rescue operation using voice prompts and indicators (LED and graphical indicators).

The i-PAD CU-SP1 is small, light, highly portable, and battery powered. It is highly suitable for use in public, out-of-hospital settings.

#### 1.2 Indicated Use

The **i-PAD CU-SP1** is indicated for use on patients that are exhibiting the symptoms of sudden cardiac arrest (SCA) with all of the following signs:

- a) No movement and no response when shaken
- b) No normal breathing

Do not use the i-PAD CU-SP1 on patients who show either of the following signs:

- a) Movement or response when shaken
- b) Presence of normal breathing

#### 1.3 Intended Users

The **i-PAD CU-SP1** is intended for use in or out of the hospital by emergency care personnel or healthcare professionals or laypersons. The manufacturer recommends that users train on the use of the device.

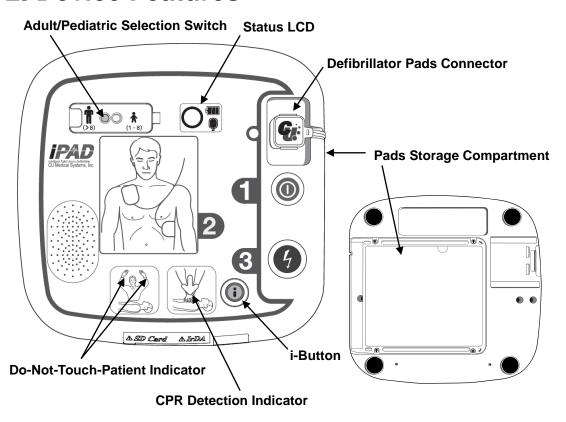
#### 1.4 Local Protocol

Please contact your local health authority for information on the requirements of ownership and usage of defibrillators.

#### 1.5 Additional Information

Please contact CU Medical Systems, Inc. or its local distributors for any additional information on the i-PAD CU-SP1.

## 2. Device Features



Pad Position Indicators

Power Button

Shock Button

Switch Cover

IrDA Port

SD Card Port

**Power Button** Turns the device on or off. (When the device is on, a green LED is lit) i-Button · Reports device usage (the total hours of the last usage and number of shocks) • checks the S/W version · downloads events and ECG data via an IrDA and SD Card • sets the CPR mode (the number of compressions, breaths and cycles; compression rate per minute; pausing time; detailed guide on/off) · and checks for errors **Status LCD** Displays the current status of the device, battery and pads. **Shock Button** Delivers defibrillating shock when pressed while flashing in orange. Adult/Pediatric Selects Adult/Pediatric modes. **Selection Switch** Adult/Pediatric Covers the Adult/Pediatric Selection Switch to prevent **Selection Switch** accidental switching. Cover **Defibrillator Pads** Connects with the connectors of the pads. Connector **Pads Connector** Indicates the connection status of the defibrillator pads **Status Indicator** connector. **Pads Position** Indicates the pads position on the patient.

Warns when not to touch the patient.

**Indicators** 

Indicator

**Do-Not-Touch-Patient** 

**CPR Detection** Indicates performance of CPR on the patient.

Indicator (The indicator is lit if CPR is performed, and flashes if CPR

is not performed)

**Battery Pack** The disposable power source of the device.

IrDA Port Transmits and receives treatment data between the device

and a personal computer.

SD Card (External

**Memory) Port** 

Port for copying device records to a SD card.

Pads Storage

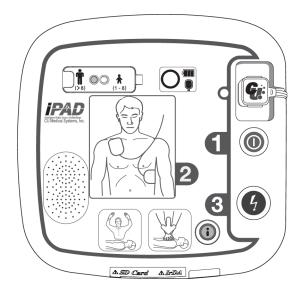
Compartment

Stores pads.

# 3. Preparation for Use

#### 3.1 Standard Package Contents

The following are the standard package contents of this device



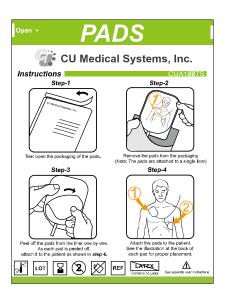
**CU-SP1 Semi-automated External Defibrillator** 



**Instructions for Use** 

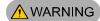


1 Battery Pack (Disposable)



1 Pack of Adult Pads (Disposable)

Please contact the manufacturer for replacement supplies (refer to [Appendix B: Parts and Accessories] of these Instructions for Use).



✓ Only parts and accessories recommended and approved by CU Medical Systems, Inc. must be used with the i-PAD CU-SP1. Using unapproved parts and accessories may compromise the safety and effectiveness of the i-PAD CU-SP1.

NOTICE

✓ Extra battery packs and pads are recommended.

### 3.2 Setting up the i-PAD CU-SP1

Do the following to set up the i-PAD CU-SP1

- ① Open the package and verify that it contains all the items listed in the packing list.
- ② Familiarize yourself with the device features by referring to [Chapter 2: Device Features] of these Instructions for Use.
- 3 Insert the battery pack into the battery compartment on the device as shown in the figure below.





As the battery pack is inserted, the device starts a self-test. If the device status is normal, is shown on the Status LCD. If  $\chi$ , or is displayed on the Status LCD after the self-test, please refer to [Chapter 8: Troubleshooting] of these Instructions for Use.

④ If you have a carrying case, please safely store the Device in the carrying case. If you want to purchase the carrying case, please contact us by referring to [Appendix A: Accessories] of these Instructions for Use.

- 5 Storage and maintenance considerations:
  - Refer to [Section 6.1: Device Storage] for proper device storage instructions.
  - When the device is in storage, check the Status LCD periodically to ensure that the device is in good condition.
  - Store the CU-SP1 in accordance with your local emergency first aid protocol.
  - Store the device in an easy-to-access location where its Status LCD can be checked periodically and its technical alarms can be easily heard (e.g. alarm on low battery or other device problems).
  - It is also recommended to place an emergency use telephone near the device's storage area so that emergency medical services can be easily called during emergencies.
  - Store the accessories along with the device in the device's carrying case for easy and quick access.

### **↑** WARNING

- Electromagnetic interference may affect the performance of the device. While the device is in use, it should be kept away from devices that cause electromagnetic interference. Devices that may cause such interference include motors, X-ray equipment, radio transmitters, and cell phones. Refer to [Appendix E: Electromagnetic Compatibility] of these Instructions for Use for more information.
- The use of accessories or cables other than those referred to in these Instructions for Use may increase electromagnetic radiation from the device or reduce the device's electromagnetic immunity. Only accessories and cables that are authorized by the manufacturer should be used with the i-PAD CU-SP1.

## 4. How to Use the i-PAD CU-SP1

#### 4.1 Chain of Survival

If you think that you are witnessing someone go down in sudden cardiac arrest, perform the chain of actions recommended by the American Heart Association (AHA) in its Chain of Survival emergency response to sudden cardiac arrest.



- 1. Immediate recognition and activation of the emergency response system.
  - Check for a response by tapping the victim on the shoulder and shouting at the victim.
  - Activate the community emergency response system (e.g. call 911 or the equivalent service in your locality)
- 2. Early CPR
  - Perform CPR.

#### 3. Early defibrillation

• Use this device (i-PAD CU-SP1).

Using this device can be summarized in 3 steps:

After pressing the Power Button,

- Step 1: Place pads on the patient.
- Step 2: Press the Shock Button if instructed by the device.
- Step 3: Perform CPR.
- 4. Effective advanced life support Perform advanced care in order to restore spontaneous circulation.
- 5. Integrated post-cardiac arrest care Transfer the patient to a medical institution or a specialized facility

#### NOTICE

• If finding and/or operating the defibrillator takes time, monitor the patient's status until the defibrillator is available, perform CPR if necessary.

### 4.2 Preparation for Defibrillation

1) Set the Adult/Pediatric Selection Switch to match the victim.

#### **Adult victim**

• Open the switch cover



• Set the switch to adult defibrillation mode as shown in the following picture



#### Child victim (victim is under 25kg or 8 years old)

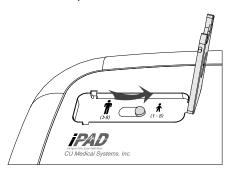
If the pediatric pads are attached, the i-PAD CU-SP1 automatically adjusts its defibrillation energy output for pediatric defibrillation regardless of the position of the Adult/Pediatric Selection Switch (i.e. the output will be pediatric even if the selection switch is set to adult)

If there are no pediatric pads for the pediatric patient, adult pads may be used. Ensure that the Adult/Pediatric Selection Switch is set to Pediatric Mode. If the switch has not been set yet, move it to Pediatric Mode as shown in the figures below

· Open the switch cover



• Set the switch to pediatric defibrillation mode as shown in the following picture



If a young victim is over 25kg or 8 years old, or if you are not sure of the exact weight or age:

- DO NOT DELAY TREATMENT
- Set the Adult/Pediatric Selection Switch to Adult mode.
- · Use the adult pads.

## **↑** WARNING

 Never perform defibrillation in pediatric mode to a patient who is either heavier than 25 kg or older than 8 years old. Ensure the slide key for Adult/Pediatric Mode is as shown on the bottom.



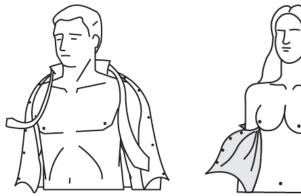
- You can switch the adult/pediatric selection switch before or after turning on the i-PAD CU-SP1. However, the defibrillation mode should be changed before placing the pads on the patient. Once the pads are in place, you cannot change the defibrillation mode anymore. When the mode is correctly selected, the defibrillation energy is set to an adult value (150 J) or pediatric value (50 J).
- 2 Turn the device on by pressing the Power Button.



When the power turns ON the following occurs in sequence:

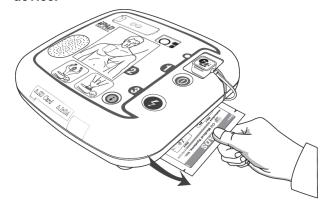
- the beeper will beep for 1 seconds
- · Voice instruction: "Call emergency Medical services, now"

3 Remove clothes from patient's chest.



## • CAUTION

- Time is essential for the cardiac arrest patient. Tear or cut clothes if removing them will take time.
- Dry the patient's skin such that pads can adhere well on the chest. Shave hair on the chest if necessary.
- Remove the pads package from the Pads Storage Compartment at the bottom of the device.



**⑤** Open the pads package.



**6** Take pads out of the pads package.



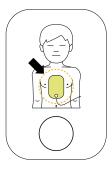
? Refer to the pictures on both pads.

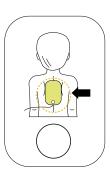
#### **Adult Pads**





#### **Pediatric Pads**





## CAUTION

• The adhesive material on the pads starts to dry out as soon as the package is opened. Use immediately after opening. Refer to [Section 6.2: Maintenance] of these Instructions for Use for procedures on how to check the expiration date of the pads and pads maintenance.

#### 4.3 Defibrillation in Adult Mode

#### Step 1: Place pads on the patient.

① Remove **pad 1** from the single liner and stick the pad to the patient's upper chest as shown below.





② Remove pad 2 from the single liner, and stick the pad to the patient's side torso as shown below.





3 If the device detects the connection with the patient after placing the pads, follow the voice instruction of the device.

#### NOTICE

- Defibrillation can be done even if the pads are reversed. If the locations of pads are switched, follow the next voice instruction without changing the directions of pads. It is more important to begin defibrillation as soon as possible.
- In the event the pad is not adhering well, check if the adhesive side of the pads is dry. Each pad has an adhesive gel. If the gel does not adhere well, replace it with a new pads.

## **⚠** WARNING

• Ensure the patient is not on a wet surface when performing defibrillation. If the patient's skin is wet, dry the skin first prior to using the device.

#### Step 2: Press the Shock Button if instructed.

The device acquires and analyzes the patient's ECG immediately after being connected. The device will instruct you not to touch the patient by flashing the Do-Not-Touch-Patient Indicator and by issuing the voice prompt: "Do not touch the patient, analyzing heart rhythm". After analyzing the ECG, the device will determine whether or not the patient needs defibrillation.



• Do not move or touch the patient during ECG analysis.

#### If the patient needs defibrillation, the device will do the following:

The device announces that a defibrillation shock is needed, and instructs you to keep away from the patient.

## CAUTION

 While the device is charging after a shockable rhythm is detected, the ECG of the patient is continuously acquired and analyzed. The device disarms itself if the ECG rhythm changes to a non-shockable rhythm before shock delivery.

#### When it is charged, the device activates the following indicators in sequence:



- continuous beep while the Shock Button flashes in orange.
- the device instructs you to press the flashing orange Shock button; you should press the Shock Button at this time.

When the Shock Button is pressed, the device delivers a defibrillating shock to the patient. If defibrillation is properly done, the device reports that an electric shock has been delivered.

After shock delivery, the device indicates that you may touch the patient, and the CPR Mode Indicator is lit. Then, the voice instruction for CPR starts.

If the flashing Shock Button is not pressed within 15 seconds, the device will cancel the shock delivery and disarm. Then, the device issues CPR instructions.

#### If the patient does not need defibrillation, the device will do the following in sequence:

- the device announces that the patient does not need a defibrillating shock and that you may touch the patient.
- the CPR Mode Indicator is lit.
- · voice instruction for CPR starts.

## **↑** WARNING

- Do not touch (you or anybody else) the patient during shock delivery.
- Before defibrillation, make sure that there is no contact between 1 and 2 below which may provide unwanted pathways for the defibrillating current.
  - the patient's body (such as exposed skin or head or limbs), conductive fluids (such as gel), blood, or saline
  - metal objects (such as bed frame or stretcher)

### **!** CAUTION

- While analyzing ECG, keep the patient still and minimize movements around the patient. Do
  not touch the patient and pads while the Do-Not-Touch-Patient Indicator is on. Electrical noise
  (interference) may delay the ECG analysis.
- As a safety measure, the device will not deliver a shock until the flashing orange SHOCK button is pressed. If the SHOCK button is not pressed within 15 seconds of the voice instruction to press the SHOCK button, the device will disarm itself (dumps the shock energy in its internal load) and will instruct you to make sure that emergency medical services have been called. The device will then instruct you to begin CPR.
- During defibrillation, disconnect other medical electrical equipment which has no defibrillationproof applied parts from the patient.
- If the device malfunctions during a rescue operation, it will instruct you to get a replacement defibrillator and will start the voice instruction for CPR. Have CPR performed until the replacement defibrillator is ready to use.

#### Step 3: Perform CPR.

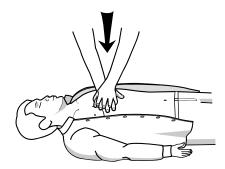
Perform CPR when the i-PAD CU-SP1 instructs you to do so.

By default, the CU-SP1 gives voice instruction for CPR during pause for CPR after a shock delivery. When voice instruction for CPR is needed outside of the default setting, press the flashing blue i-Button for at least 15 seconds.

#### [CPR Method]

#### 1. Compression Point

Place the heel of your hand in the middle of the patient's chest between nipples (which is the lower half of the sternum), and put the heel of your other hand on top of the first so that your hands are overlapped and parallel.



#### 2. Compression Speed and Depth

Compress the chest at least 5 cm deep, and at a rate of at least 100 compressions per minute.

#### 3. Opening the Airway

While lifting the patient's chin up, tilt the head backward to open the airway.

#### 4. Ventilation Method

Pinch the patient's nose as shown in the figure below, and give the patient enough breath to make the chest rise significantly.



#### NOTICE

- If you have not been trained in CPR, you should perform only chest compression or follow the instructions of the emergency medical services' agent on the phone.
- If you are trained for CPR and able to perform ventilation, perform the chest compression along with ventilation.
- The CPR guide can be set on an administrator's mode. Refer to [Section 5.3: Device Setting] for more information.

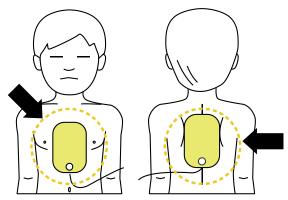
### **O**CAUTION

• While playing the CPR guide, the device does not analyze the patient's ECG. After the CPR guide, the device automatically starts the reanalysis of the patient's ECG.

#### NOTICE

• In order to turn the device off after use, press the Power Button for at least 1 second.

#### 4.4 Defibrillation Procedures in Pediatric Mode



When the patient is older than 1 year and younger than 8 years, defibrillation can be done using the pediatric pads. When the device is in pediatric mode (pediatric pads are connected to the device or the Adult/Pediatric Selection Switch is set to Pediatric), it automatically sets the defibrillation energy to 50 J and provides pediatric CPR guide.

Place pads on the middle of the chest and back as illustrated above. Pads are not specific to either chest or back.

If there are no pediatric pads for the pediatric patient, use adult pads but set the Adult/Pediatric Selection Switch to Pediatric Mode, and then perform defibrillation according to the voice instructions.

#### NOTICE

- Follow the instructions below when giving first aid during pediatric cardiac arrest.
  - When giving first aid during a pediatric cardiac arrest, ask others to call the emergency medical center and to bring the i-PAD CU-SP1 while you are performing pediatric CPR.
  - When there is no one else around, perform CPR for 1 to 2 minutes, call emergency medical services, and then get the i-PAD CU-SP1.
  - If you witnessed the child's collapse, call emergency medical services immediately, and then get the i-PAD CU-SP1.

# 5. After Using the i-PAD CU-SP1

#### 5.1 Maintenance After Each Use

- Check if the device for signs of damage and contamination.
- If there is dirt contamination, see Section 6.2.3 on how to clean the device.
- Run a battery insertion test. Refer to Section [8.1: Self-Tests] for the procedure.
  - If () is displayed on the Status LCD after running the test, the device status is normal.
- Dispose of the used pads properly. Place a new pouch of defibrillator pads into the pads storage compartment. See to it that the pads are not beyond their expiration date.

The i-PAD CU-SP1 uses disposable pads. Do not reuse them. Refer to Section [6.2.2: Replacing Supplies] on how to replace the pads.



- You should use only the defibrillator pads provided and recommended by the manufacturer.
- Do not open the pads package until immediately before use. Since the adhesive material on the pads starts to dry out as soon as the package is opened, the pads may not be usable regardless of the expiration date.

#### 5.2 Saving and Transferring Treatment Data

#### 5.2.1 Device Usage

This device automatically saves the following treatment data:

- ECG data
- Usage information

The treatment data is automatically recorded in the internal memory. This data is not erased even if the device is turned off. The recorded treatment data may be transferred to a personal computer (PC).

### **OCAUTION**

- This i-PAD CU-SP1 keeps the data of the 5 most recent treatment operations and can save up to 3 hours of ECG data for each rescue operation. ECG data beyond 3 hours will not be recorded.
- When the device is used more than 5 times, it deletes the oldest treatment data to make room
  for data from a new treatment operation. It is recommended to transfer treatment data to a PC
  after each use of the device.
- If the battery pack is removed while the device is operating, treatment data cannot be properly recorded. If you wish to remove the battery pack, turn the power off by pressing the Power Button for at least 1 second before removing the battery pack.

#### 5.2.2 Transferring Treatment Data

The treatment data may be transferred via a SD card or IrDA. The entire treatment data of all patients that is recorded on the device is transferred using only the SD card method, while the treatment data of one patient can be transferred using only the IrDA method.

#### 1. Copying Treatment Data by Using the SD Card

- 1) Format the SD card on the PC to FAT (FAT16) format.
- ② Open the SD Card Cover on the device and insert the SD card into the port.



- ③ When the i-Button is pressed for more than 1 second in standby mode, the mode changes into administrator mode with voice guide.
- The device then gives you a summary (the total hours of the last device use and the number of defibrillation shocks delivered).
- 5 The voice guide gives the S/W version of the device.
- When instructed by the voice guide to transfer the treatment history, press the i-Button to copy the data onto the SD card.

#### If there is treatment data in the device's internal memory:

- The device informs you that copying of the treatment data onto the SD card has started, and starts to copy the data.
- When copying is completed, the device mode changes to CPR guide setting mode. Refer to [Section 5.3: Device Setting] for details regarding CPR guide setting.

#### If there is no treatment data in the device's internal memory:

• The device mode changes to CPR guide setting mode after informing you that no treatment data exists.

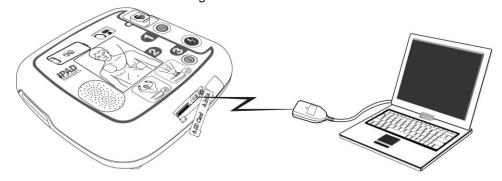
#### NOTICE

• If the file has already been transferred, the device will inform you that the same file exists in the PC. Press the Shock Button to overwrite the existing file in the PC or press the i-Button to cancel the copying of the file.

#### 2. Transferring Treatment Data via IrDA

The data may be transferred to a PC using the data management software (CU Expert Ver.3.50 or higher) from the manufacturer. CU Expert includes ECG review and printing functions.

- ① Position the IrDA adapter to face the IrDA port on the device as shown in the figure below.
- ② When the i-Button is pressed for at least 1 second in standby mode, the mode changes to administrator mode with a voice guide.



- ③ The device gives the you a summary (the total hours of the last device use and the number of defibrillation shocks delivered).
- 4 The voice guide gives the S/W version of the device.
- (5) When instructed to transfer the treatment history, press the i-Button to transfer the data.

#### If there is treatment data in the device's internal memory:

- 1) The voice guide reports the total number of individual treatment data recorded in the device.
- ② By default, of a maximum of 5 individual treatment data, the first on the list is the most recent.
- ③ In order to rearrange the order for copying to a PC, press the Shock Button to change the order to most recent last, and then press the i-Button to transfer the selected data.
- 4 Run CU Expert on the PC. Refer to the CU Expert manual for detailed information regarding how to receive data.
- ⑤ The device will be connected with the CU Expert within a few seconds, and data will be automatically transferred.
- ⑥ When copying is completed, the mode changes to CPR guide setting mode. Refer to [Section 5.3: Device Setting] for details regarding changing CPR guide setting.

#### If there is no treatment data in the device's internal memory:

The device mode changes to CPR guide setting mode after informing you that no treatment data exists.



• The distance between the IrDA port on the device and the IrDA adapter should be within 30 cm, while their angle should be within ±15°. Also, since external light source affects the IrDA, try to use it in indoors and away from fluorescent and/or incandescent lamps.

#### 5.3 Device Setting

#### 5.3.1 CPR Guide Setting

The default CPR setting on CU-SP1 is 5 cycles with 30 chest compressions and 2 breaths in accordance with the American Heart Association (AHA) 2010 CPR Guidelines. However, you may customize these.

You can set the following:

- Number of chest compressions
- · Number of ventilation
- Number of cycles
- Number of chest compressions per minute
- · Pausing time
- · Detailed guide selection

#### 5.3.2 Setting the CPR Guide

- ① When the i-Button is pressed for at least 1 second in standby mode, the mode changes into administrator mode with a voice guide.
- ② The device gives you a summary (the total hours of the last device use and the number of electric shocks).
- ③ When instructed to transfer the treatment data, do not press the i-Button, but instead wait for 5 seconds.
- When instructed to set the CPR guide, press the i-Button to enter the CPR guide setting mode.
- (5) When instructed to enter a password, enter the set password.

#### NOTICE

• Password: press the following buttons in sequence:

#### i-Button → i-Button → Shock Button → i-Button → Shock Button



- (6) The voice guide will give information regarding the current CPR guide setting.
- Press the Shock Button to change the setting, or press the i-Button to proceed to the next step.

- ® Settings can then be changed in the following order: Number of Chest Compressions, Number of Ventilation, Chest Compression rate, Pausing Time, and Detailed Guide Selection. Refer to [Table 1] CPR Guide Setting Options below.
- When the setting is completed, the voice guide will give information regarding the set CPR guide, which may be saved or canceled.
- 10 Press the i-Button to save or the Shock-Button to cancel according to voice instructions.
- (1) When the CPR guide setting is either saved or canceled, the device automatically shuts down.

[Table 1] CPR Guide Setting Options

Number	Setting Option	Range	Unit	Default	Description
	Number of				Perform 30 compressions.
1	Chest	15, 30	15	30	
	Compression				
2	Number of	0 to 2	1	2	Give 2 breaths.
2	Ventilation				
3	Number of	2 to 10	1	5	Perform 5 cycles of chest
3	Cycles				compression and ventilation.
	Chest	100 to	5	100	Compress the chest at a rate of
4	Compression				100 compressions per minute.
	Rate	120			
5	CPR Pause	30 to	20.000	120 000	Pause for 120 seconds
5	time 180 sec.	30 Sec.	30 sec. 120 sec.	(2 minutes).	
	Detailed Guide On/Off Selection	Off		Turns ON or OFF detailed voice	
6			Off	instructions for the chest	
0		OH/OH		Oli	compression and ventilation when
					performing CPR.

#### NOTICE

- By default, Detailed Guide Selection is OFF during CPR so that you can concentrate on the compression rate and ventilation guidance. If you want the Detailed Guide Selection to be ON during CPR, set it ON as outlined in the previous pages.
- If the Detailed Guide Selection is OFF and the Number of ventilation is set to 0, the CU-SP1 provides only chest compression guidance for 2 minutes. After 2 minutes, the CU-SP1 automatically reanalyzes the patient's ECG.
- The CPR Chest Compression Rate can only be set in Pediatric mode. In Adult mode, the chest compression rate is fixed at 30 regardless of the set chest compression rate.

## 6. Maintenance

#### 6.1 Device Storage

Please refer to the precautions below when storing the Device in order to avoid device damage.

 Do not operate or store the device in conditions that are beyond the following. specified limits.

#### Storage Conditions

The device is stored together with the defibrillator pads and the battery pack is inserted

- ready to be used in an emergency

Temperature:  $0^{\circ}$ C ~  $43^{\circ}$ C ( $32^{\circ}$ F ~  $109^{\circ}$ F)

Humidity: 5% ~ 95% (non condensing)

#### Transport Environment

device only, no defibrillator pads and battery pack included

Temperature:  $-20^{\circ}$ C  $\sim 60^{\circ}$ C  $(-4^{\circ}$ F  $\sim 140^{\circ}$ F)

Humidity: 5% ~ 95% (a location with no condensation)

- Do not store the device in areas that are directly exposed to sunlight
- Do not store the device in areas with highly fluctuating temperatures
- Do not store the device near heating equipment
- Do not store the device in areas where there is high vibration (in excess of Road Transportation and Helicopter Minimum Integrity of MIL-STD-810G Method 514.5C)
- Do not operate or store the device in environments with high concentration of flammable gas or anesthetics.
- Do not operate or store the device in areas with high concentration of dust
- Only personnel authorized by the manufacturer may open the device for servicing. There
  are no user serviceable components inside the device.

#### 6.2 Maintenance

#### 6.2.1 Device Inspection

The i-PAD CU-SP1 has self-testing capability. The device performs a self-test as soon as the battery is inserted, turns itself off when the test is done, and periodically wakes up to perform the daily, weekly, and monthly self-tests. To initiate a battery insertion self test, remove the battery pack and reinsert. Refer to [Section 8.1: Self-Tests] for more information.



- Inspect the i-PAD CU-SP1 daily to ensure that it is always ready for an emergency. Check the current status of the device, battery, and pads as displayed on the Status LCD.
- Refer to [Section 8.2: Device Status] for information regarding the Status LCD.

#### 6.2.2 Replacing Supplies

When the device is in storage, check the battery level indicator and the pads status on the Status LCD daily to ensure that the device is always ready for an emergency. Replace the battery pack or the defibrillator pads when it is depleted or when they go beyond their expiration date, respectively.

#### **Disposable Battery Pack**

#### Replacement of the Disposable Battery Pack

- Replace the battery pack when it becomes depleted. Refer to [Chapter 8: Troubleshooting] on how to check the battery status.
- Dispose of depleted battery packs in accordance with local environmental regulations.
- Use only the battery packs recommended and provided by the manufacturer.
- The battery pack is disposable. Do not recharge.

#### Replacing the Disposable Battery Pack

 Remove the discharged battery pack by pulling it out while pressing the lock on the bottom of the device. Refer to the figure below.







2. Insert a new battery pack in the direction of the arrow with the label facing upward as shown in the figure below.



3. Push the battery pack until you hear it click into place.







#### • Battery Pack Precautions

- Do not subject the battery pack to serious physical impact.
- Do not attempt to open or break apart the battery pack
- Do not let the battery pack come into contact with open flames or hot objects.
- Do not short-circuit the terminals of the battery pack.
- · Keep out of the reach of children.
- If any leakage gets in the eye, immediately clean the eye with water and consult with a doctor.
- Do not store the battery pack under direct sunlight.
- Do not store the battery pack in a wet or very humid place.
- Comply with local regulations when disposing of the battery pack.
- Do not destroy or incinerate the battery pack.
- Never attempt to recharge the disposable battery pack.

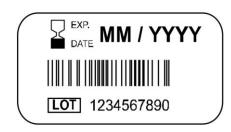
#### Replacing the Pads

- Check the pads status on the Status LCD daily. Do not use pads that are beyond the expiration date.
- · Check the pads package for damage.
- Check the cable outside the packaging pouch for possible defects.
- Only pads provided by the manufacturer should be used with the i-PAD CU-SP1.

#### **Replacing Pads**

1. Check the expiration date of the pads. Refer to the figure below for checking the expiration date.





The expiration date is marked as

The expiration date is marked to the left of the "Multifunction Defibrillation ADULT PADS" label on the pads package.

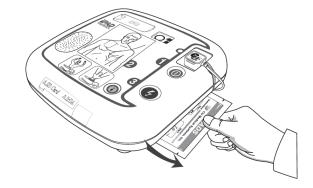
MM / YYYY YYYY - Year

MM - Month

follows:

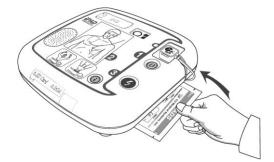
Used or expired pads should be replaced. Hold the top and bottom of the pads connector with your fingers, pull it out, and take the pads out from the Pads Storage Compartment as illustrated below.





3. Insert the pads connector of the new pads into the Defibrillator Pads Connector, and then put the pads package in the Pads Storage Compartment as illustrated below.





#### 6.2.3 Cleaning the i-PAD CU-SP1

Clean the device with a soft cloth. The following detergents may be used to clean the exterior of the device:

- · Dilute soap and water
- Dilute chlorine bleach (dilute 30 ml of chlorine bleach in one liter of water)
- · Dilute ammonia-based cleaners
- Dilute hydrogen peroxide

## CAUTION

- Do not immerse the device or its accessories in liquids.
- Be careful not to allow any liquids to get into the device.
- If the device is immersed in liquids, immediately contact the manufacturer or its authorized service center.
- Giving excessive force or shock while cleaning the device may cause damage.
- Do not use an acetone-based strong detergent or abrasive when cleaning the device. In particular, the filter on the IrDA port may be damaged.
- Do not use a detergent containing abrasive ingredients.
- Do not sterilize the i-PAD CU-SP1.

# 7. Disposal

Dispose of CU-SP1 and its accessories in accordance with local regulations.

## 8. Troubleshooting

### 8.1 Self-Tests

The following table lists the self-tests done by the device.

Self-Test Type	Description
Battery Insertion	Runs when the battery pack is inserted into the device.
Test	Perform this test:
	Before the device is deployed
	After each use
	When replacing the battery
	When the device is suspected to be damaged
	CAUTION
	Do not run this test when you are about to use the device to treat a
	sudden cardiac arrest victim because this test takes time (around 20 seconds).
	If a new battery pack is inserted just before a treatment, do the following to cancel this test:
	Press the Power Button
	Wait for the device to turn OFF.
	Press the Power Button again to turn the device ON.
	Aside from testing its internal systems, the device also tests the following during this self-test:
	Shock Button and i-Button – press the buttons one by one when instructed
	<ul> <li>Defibrillator pads status – the device tests the connection status (whether connected or not) and the expiration date of the defibrillator pads.</li> </ul>
	If no error is detected,  will be displayed on the Status LCD.
	If an error is detected, 🗶 will be displayed on the Status LCD and the i-
	Button will flash in red. When the i-Button is pressed as directed by the
	voice instructions, the device will report the error and turn itself off. Refer
	to [Section 8.3: Troubleshooting] for more information.

Self-Test Type	Description
Power ON Test	The device performs a self-diagnostic test when the Power Button is
	pressed
Run-time Test	The device monitors itself in real-time during its operation.
Periodic	This device performs self-diagnostic tests daily, weekly and monthly. The
Self-Diagnostic	periodic self-test checks important features of the device such as the
Test	battery status, pads status and internal circuits.

If the device fails to perform any self-test during use and is unable to defibrillate, it will instruct the you to replace the device and start the voice instruction for CPR. In order to check the error, turn the device off by pressing the Power Button. If you press and hold the i-button, the voice will direct the you to press the blinking red i-Button. You can verify the cause of the error via the voice instruction by pressing the i-Button. Refer to [Section 8.3: Troubleshooting] for more information.

### CAUTION

• It is recommended to run the battery insertion test only during the times enumerated in the table above. The battery insertion test consumes battery power and will shorten battery life if done more frequently than necessary.

### 8.2 Device Status

The status of the device is indicated by the following symbols:

Indicator	Description	Note
Status LCD	The device is functioning normally	
Device Operation	The device is functioning normally.	
Status LCD	The device has an error.	
Device Operation	The device has an error.	
Status LCD	The battery is fully charged.	
Battery Level Indicator	The battery is fully charged.	
Status LCD	Less than half battery power remains.	
Battery Level Indicator	Less than half battery power remains.	
Status LCD	Less than a quarter battery power remains.	
Battery Level Indicator	Less than a quarter battery power remains.	
Status LCD	Battery is low.	
Battery Level Indicator	battery is low.	
Status LCD	The expiration date of the pads is more than	
Pads Status	3 months.	
Status LCD	The pads will expire within 3 months.	
Pads Status	The pads will expire within 5 months.	
Status LCD	The pads are used or expired.	
Pads Status	The pads are ased of expired.	
Do-Not-Touch-Patient	You may touch the patient.	
Indicator: Off	Tod may todon the patient.	
Do-Not-Touch-Patient	You may not touch the patient.	
Indicator: Light	Tod may not todon the patient.	
CPR Detection Indicator: Light	Indicates that CPR is being performed.	
CPR Detection Indicator:	Indicates that CPR is not performed or not	
Flashing	properly performed.	
i-Button: Flashing in Red	The device detected an error.	
1 Datton. I lashing in Nea	Press the i-Button for more information.	
Shock Button:	The device is ready to deliver a defibrillating	
Flashing in Orange	shock.	
riadiling in Orange	Press the Shock Button to deliver a shock.	

### 8.3 Troubleshooting

The device informs you of its current status or of problems via status indicators, beeps, and/or voice instruction. Refer to the following for details:

### 8.3.1 Troubleshooting While the Device is Operating

Symptom/Voice Instruction	Cause	Resolution
Status LCD Device Operation	An error has occurred in the device.	Immediately replace the defibrillator and perform CPR if appropriate.
Status LCD  Battery Level Indicator	The battery is low.	Replace the battery with a new one.
Status LCD	The pads is expired.	Replace the pads with a
Pads Status	The pads has been used.	new one.
Voice Prompt:  "Low battery",  "Replace the battery with a new one."	The battery is low.	Replace the battery with a new one.
Voice Prompt :  "Plug the pads connector into the device."	The Pads Connector is disconnected	Ensure the Pads Connector is properly connected.
Voice Prompt:  " Used pads",  "Replace the pads with a new one"	The pads has been previously used.	Replace the pads with a new one.
Voice Prompt:  " The pads are beyond their expiration date",  "Replace the pads with a new one"	The pads has expired.	Replace the pads with a new one.
Voice Prompt :	The pads is not properly	Check if the pads is
" Press the pads firmly to the bare	attached to the patient's	securely attached to the
skin of the patient"	skin.	patient's skin.
Voice Prompt : " No shock delivered"	The pads is not properly adhering to the patient's skin.	Press the pads firmly to the patient's skin. Shave chest hair or wipe off moisture if necessary before attaching the pads.

	Although an electric shock	Deliver an electric shock by
Voice Prompt :	is needed, the Shock	pressing the Shock Button
" Shock button was not pressed"	Button was not pressed	with the next voice
	within 15 seconds.	instruction.

- If the problem cannot be solved during an emergency, you should follow the following steps:
  - ① Quickly replace the defibrillator if possible.
  - ② If no replacement device is available, check the patient's condition and perform CPR as necessary. Continuously check the patient's condition and perform CPR until the emergency medical services arrives.

#### 8.3.2 Troubleshooting While the Device is not Operating

Symptom	Cause	Resolution
Status LCD Device Operation	System error	Press the i-Button and hold for at least 1 second. The device then goes into Administration Mode.  After going into Administration Mode, the device will issue the voice instruction "Press the flashing red i-Button"  Press the flashing red i-Button and the device will then announce system error and the associated error code.  Contact us by referring to [Chapter 9: Device Service].
Status LCD	The battery is low.	Replace the battery with a new one.
Status LCD Pads Status	The pads is expired.  The pads has been used.	Replace the pads with a new one.

• If the problem is not resolved or if no replacement battery is available, contact the manufacturer (refer to [Chapter 9: Device Service])

### 9. Device Service

#### **Device Warranty**

Device Name	Model Name	
Purchase Name	Serial No.	
Distributor	Person in Charge	

- This device is warranted by CU Medical Systems, Inc. against defects in materials and workmanship for five full years from the date of original purchase. During the warranty period, we will repair or, at our option, replace at no charge a device that proves to be defective, provided you return the device, shipping prepaid, to us or to our authorized representative.
- This warranty does not apply if the device has been damaged by accident or misuse or as the
  result of service or modification by entities other than CU Medical Systems, Inc. or its
  authorized representatives. IN NO EVENT SHALL CU MEDICAL SYSTEMS BE LIABLE FOR
  CONSEQUENTIAL DAMAGES.
- Only devices with serial numbers and their accessories are covered under this warranty.
   PHYSICAL DAMAGE CAUSED BY MISUSE OR PHYSICAL ABUSE IS NOT COVERED UNDER THE WARRANTY. Items such as cables and modules without serial numbers are not covered under this warranty.

#### **Warranty Disclaimer**

The following renders this warranty null and void:

- · Servicing by unauthorized personnel.
- If the factory seal is broken without proper authorization from CU Medical Systems, Inc.
- Failure or damage caused by a fall or external shock after purchase
- Damage by natural disasters such as fire, earthquake, flood and/or lightning
- Failure or damage by environmental pollution or abnormal voltage
- Damage caused by storage in conditions beyond the specified limits.
- Failure due to depletion of consumables
- · Failure caused by sand and/or soil getting inside the device
- The purchase date, customer name, distributor name, batch number and other listed information being arbitrarily changed
- No proof of purchase provided along with the device warranty
- Usage of accessories and parts not recommended by the manufacturer.
- Other failure or damage caused by inappropriate operation.

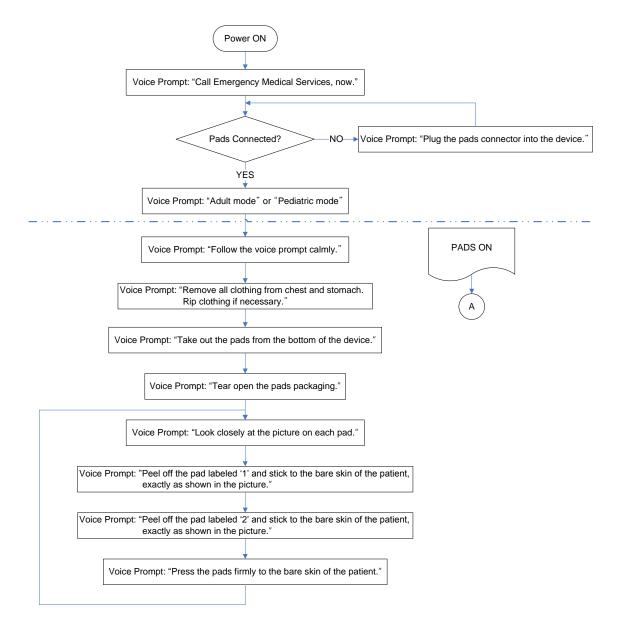
#### **Service**

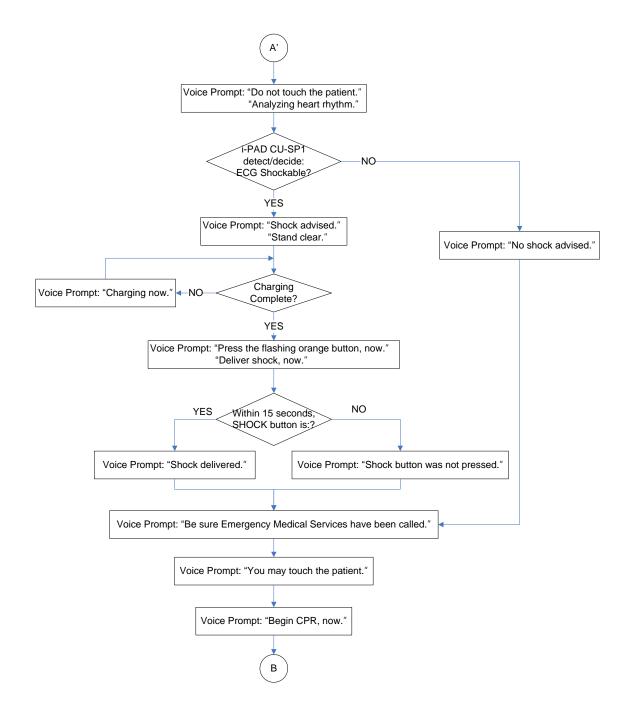
- The i-PAD CU-SP1 must be serviced only by authorized personnel.
- The i-PAD CU-SP1 will be serviced free of charge during the warranty period. After the warranty period, the cost of material and service shall be shouldered by the user.
- When the i-PAD CU-SP1 is not operating properly, immediately bring it for servicing to an authorized service center.
- Please fill out the following table with the necessary information when requesting for service.

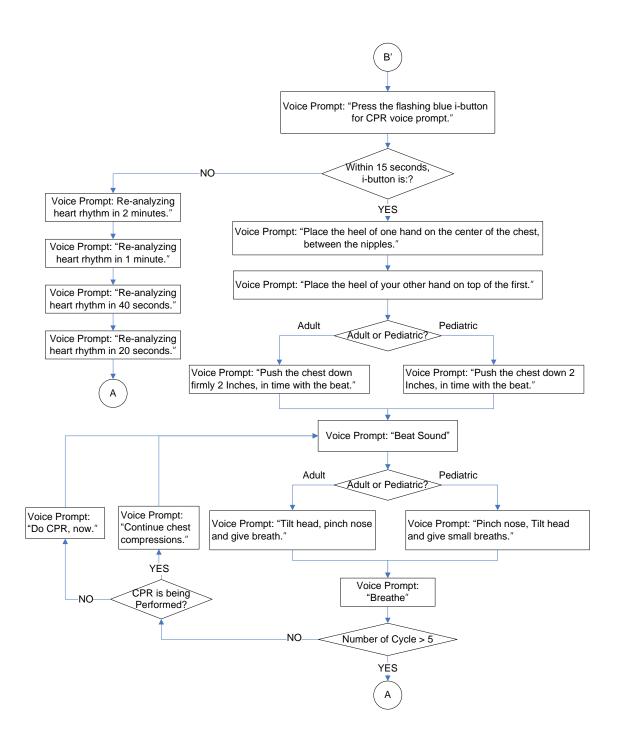
Device classification		Semi-Automated External Defibrillator		
Device Name		i-PAD	Model Number	CU-SP1
Serial N	Serial Number		Date of Purchase	
Sales Rep	resentative			
User	Name			
Information	Address			
IIIIOIIIIalioii	Contact no.			
Brief description of the problem				

## **Appendix**

### A. Rescue Protocol







### **B** . Parts and Accessories

To order replacement parts and accessories, cite the part and ordering numbers given in the following table.

B.1 Standard Accessories		
Name	Part Number	Ordering Number
Adult Pads (disposable)	CUA1007S	SP1-OA04
Disposable Battery Pack(Long-life)	CUSA1103BB	SP1-OA03
Instructions for Use	SP1-OPM-E-02	-
B.2 Optional Accessories		
Carrying Case	SP1-A-BAG-3010	SP1-OA01
Disposable Battery Pack(Standard)	CUSA1103BS	SP1-OA02
Pediatric Pads (disposable)	CUA1102S	SP1-OA05
IrDA Adapter	IR-220LPLUS	SP1-OA06
PC S/W	CU Expert ver. 3.50 or higher	SP1-OA07
SD Card	HD1-CARD-SD	SP1-OA10
SD Card Reader	HD1-CARD-READER	-

## **C** . Description of Symbols

### C.1 i-PAD CU-SP1 Defibrillator

Symbol	Description
	Power ON/OFF button
i	i-Button
4	SHOCK button
(1 - 8)	Adult / Pediatric Selection Switch
	Do-Not-Touch-Patient Indicator
Constant of the constant of th	CPR Detection Indicator
<b>┤</b> ★	BF type, defibrillation-proof equipment
À	Attention: Refer to accompanying documents.
<b>C</b> € <sub>2460</sub>	CE Mark; meets the requirements of the European Medical Device
C C 2460	Directive 2007/47/EC and its revisions.
SN	Serial Number
~~	Date of manufacture
EC REP	Authorized EU Representative
Ŕ	Do not discard the battery indiscriminately.
/_ <b>&amp;</b>	Discard in accordance with local regulations.
	Manufacturer
	Refer to instruction manual/booklet
<u>^</u>	General warning sign
	General prohibition sign

### C.2 i-PAD CU-SP1 Packaging

Symbol	Description
6	Stack up to 6 cartons high only
<u>††</u>	This side up
<b>**</b>	Keep dry
	Fragile; breakable
<b>6</b> %	Use no hooks
100°F / 43°C	Storage Temperature limits: 0°C to 43°C (32°F to 109°F)
	Recyclable
<b>C</b> € 2460	CE Mark; meets the requirements of the European Medical Device Directive 2007/47/EC and its revisions.
EC REP	Authorized EU Representative
SN	Serial Number
~~	Manufactured Date

### C.3 Accessories

### C.3.1 Disposable Battery Pack (CUSA1103BB, CUSA1103BS)

Symbol	Description
LiMnO <sub>2</sub>	Lithium Manganese Dioxide Battery
LOT	LOT Number
~~	Manufactured Date
	Manufacturer
	Do not break or apply pressure on the battery.
	Do not discard the battery indiscriminately.  Discard in accordance with local regulations.
	Refer to instruction manual/booklet
	General warning sign
	Warning: Flammable material
CE	CE Mark

### C.3.2 Pads (CUA1007S, CUA1102S)

Symbol	Description
43C 710F	Temperature limits: 0°C to 43°C (32°F to 109°F)
LOT	Lot number
	Expiration date
REF	Order reference number
2	Single use only; do not reuse
	Do not fold or bend.
Contains no Latex	Contains no latex
EXT. MM / YYYY	Expiration Date and Lot number sticker
<u></u>	Attention: Refer to accompanying documents
<b>C €</b> <sub>2460</sub>	CE Mark; meets the requirements of the applicable European directive

### D. Glossary

1 CPR

1 CPR consists of 5 cycles. (When the device is set to 5 cycles as default)

1 Cycle

Refers to 30 chest compressions followed by 2 breaths during CPR. (When the device is set to the default setting [30:2]) If you specify the number of compression and number of breath, the cycle is performed in accordance with the specified protocol. Refer to [Section 5.3: Device Setting] for detailed setting method.

**Abrasive** 

A material used to sharpen and clean the surface of metal, glass, stone and wood, which includes emery, quartz powder and glass dust. Do not use these abrasives to clean the device.

Adhesive Material on the Pads (Gel)

The adhesive material on the pads is very important for maintaining the optimum adhesion between the skin and pads. Therefore, never open the pads package when the pads is not needed, and periodically check the expiration date of the pads.

**Adult** 

The adult in these Instructions for Use is defined as a person who is older than 8 years or heavier than 25 kg.

American Heart
Association (AHA)
2010 CPR
Guidelines

The default settings of this device direct the you to perform CPR immediately after one electric shock in accordance with the 2010 CPR Guidelines. Also, the CPR guide is composed of 5 cycles with the chest compression to ventilation ratio of 30:2 (if the device is set to a default setting of 5 cycles, 30:2). If you are not trained in ventilation, perform only the chest compression. Refer to [Section 5.3: Device Setting] for the CPR setting. Please contact the manufacturer for additional information.

Arrhythmia

An abnormal heart rhythm.

**Battery Pack** 

A disposable battery that supplies power to the i-PAD CU-

SP1.

**Cardiac Arrest** 

**Patient** 

A patient with cardiac arrest symptoms. This device should be

used for the patient with the following symptoms: No

response, no movement and no normal breathing.

Communication

Port

A port that sends and receives data between the device and

PC.

Condensation Moisture has an adverse effect on the device when

condensation is formed on the device surface. The device should be stored in a dry environment without excessive

humidity.

CPR Mode The device provides guidance for CPR while pausing analysis

of the patient's ECG such that you can easily perform CPR.

The CPR mode on this device complies with AHA's 2010 CPR

Guidelines. Refer to [Section 4.3., Step 3: Perform CPR] for

more information.

**Defibrillation** Is a process in which an electronic device gives an electric

shock to the heart. This helps reestablish normal contraction rhythms in a heart having dangerous arrhythmia or in cardiac

arrest.

**Defibrillator Pads** 

Connector

A connector on the device that is used to connect the device

with defibrillator pads.

Disposable Battery

**Pack** 

A disposable battery pack that provides power to the device.

Never charge this battery pack.

ECG An abbreviation for electrocardiogram. A record of the heart's

electrical rhythm as detected by the defibrillation pads.

Electric Shock This device charges large energy in a short time and performs

defibrillation via an electric shock.

**Error** A status in which the device does not properly operate. Refer

to [Section 8.3: Troubleshooting] for more information.

**Fibrillation** Refers to an irregularity of the heart causing ineffective

circulation. Ventricular fibrillation is accompanied with an

acute cardiac arrest.

**Flashing** A status in which the indicator is flashing.

**i-Button** A button to check the most recent device usage, to report

error messages, to transfer the ECG and event data, and to

change the CPR guide settings.

IrDA Port A communication port that sends and receives data between

the device and computer. Since this IrDA port utilizes light (infrared), care needs to be taken to reduce interference.

Refer to the [CU Expert] manual for more information.

**Light** A status in which the indicator is lit.

Operation Mode An O on the Status LCD while the device is on indicating

that the device is properly operating.

Pads The pads stated in these Instructions for Use refers to a pads

(disposable) for defibrillation.

Pad 1 Refers to a pad that is placed under the right clavicle. Please

refer to the picture on the pad. (The position may be switched

with pad 2.)

Pad 2 Refers to a pad that is placed on the ribs on the patient's

lower left chest directly under the armpit. Please refer to the

picture on the pads (the position may be switched with pad 1).

Pads Connector The connector on the pads that is used to connect the pads

with the i-PAD CU-SP1.

PC S/W CU Expert

(CU-EX1)

PC software used to modify the settings of the i-PAD CU-SP1 and to manage treatment data. Refer to the appendix on

accessories if you want to purchase this software.

**Pediatric** The child in these Instructions for Use is defined as a person

who is older than 1 year and younger than 8 years as well as

lighter than 25 kg.

**Power Button** A green button on the front of the device. The device turns on

when the Power Button is pressed during Standby Mode, and it turns off when the Power Button is pressed for one second while the device is on. If the Power Button is pressed during

the battery insertion test, the battery insertion test is canceled.

**Device** The Device referred to in these Instructions for Use is the i-

PAD CU-SP1 Semi-Automated External Defibrillator (AED).

Pads liner The liner that protects the conductive gel of the pads during

storage inside the pads pouch.

SD Card An external memory card that could be used to store

treatment data (ECG and event) from the internal memory of

the device.

Self- Test Self diagnostic tests that verify the proper operation of the

subsystems of the device.

Internal discharge

(disarm)

The i-PAD CU-SP1 dumps the charge in its defibrillating capacitor into an internal load If you do not press the Shock

Button or if the device determines that the patient does not need an electric shock due to the change in the patient's

ECG.

**Semi-Automated** A device that delivers a defibrillating shock after analyzing **External** and recognizing a shockable rhythm. You must concur with Defibrillator the shock delivery by pressing the SHOCK button. (AED) **Shock Button** The button that you must press to deliver an electric shock to a cardiac arrest patient. **Standby Mode** The mode of the i-PAD CU-SP1 when the Power Button is OFF but the battery pack is inserted. If () is shown on the Status LCD while the device is in standby mode, the device is ready to be used as needed in an emergency). We Refers to CU Medical Systems Inc.

### **E**. Device Specifications

Model Name: CU-SP1

Physical |

Category Nominal Specifications

**Dimensions** 260mm x 256mm x 69.5mm (Width x Length x Height)

Weight 2.4kg (Including the battery pack and pads)

**Environmental** 

Category Nominal Specifications

Operational Status (The device is in emergency use)

**Temperature**: 0 °C ~ 43 °C (32°F ~ 109°F)

**Humidity**: 5% ~ 95% (non condensing)

Storage Status (The device is stored together with the defibrillator pads and the battery pack is

inserted - ready to be used in an emergency)

**Temperature**: 0 °C ~ 43 °C (32°F ~ 109°F)

**Humidity**: 5% ~ 95% (non condensing)

Transport Status (device only, no defibrillator pads and battery pack included)

**Temperature**: -20 °C ~ 60 °C (-4 °F ~ 140 °F)

**Humidity**: 5% ~ 95% (non condensing)

**Altitude** 0 to 15,000 feet (operational and storage)

**Drop** Withstands 1.2-meter drop to any edge, corner, or surface

**Vibration** Operating: Meets MIL-STD-810G Fig.514.6E-1, random

Standby: Meets MIL-STD-810G Fig.514.6E-2, swept sine(helicopter)

Sealing IEC 60529: IP55

**ESD** Meets IEC 61000-4-2:2001

**EMI (Radiated)** Meets IEC 60601-1-2 limits, method EN 55011:2007 +A2:2007,

Group 1, Class B

EMI (Immunity) Meets IEC 60601-1-2 limits, method EN 61000-4-3:2006 +A1:2008 Level 3

(10V/m 80MHz to 2500MHz)

**Defibrillator** 

Category Nominal Specifications

Operating Mode Semi-automated

**Waveform** e-cube biphasic (Truncated exponential type)

Output Energy 150 J at 50  $\Omega$  load for adults

50 J at 50  $\Omega$  load for children

Charge Control Controlled by an automated patient analysis system

Charging Time Within 10 seconds from when the voice instruction, "An electric shock is

needed." is issued.

Time from initiation of rhythm analysis (voice instruction: "DO NOT TOUCH PATIENT, ANALYZING HEART RHYTHM") to readiness for discharge (voice instruction: "PRESS THE FLASHING ORANGE BUTTON, NOW. DELIVER SHOCK, NOW")

New battery pack 10 Seconds, typical

New battery pack: 16<sup>th</sup> shock discharge 11 Seconds, typical

Time from Power ON to readiness for discharge (voice instruction: "PRESS THE FLASHING ORANGE BUTTON, NOW. DELIVER SHOCK, NOW")

New battery pack: 16<sup>th</sup> shock discharge 25 Seconds, typical

Charging

• Voice Instruction "Press the Flashing Orange Button, Now. Deliver Shock, Now"

Indicator

· Flashing Shock Button

Beeper

**Time from CPR to** At least 6 seconds from the completion of CPR to shock delivery **Shock** 

Discharge

The device performs a self-discharge in the following events:

- When the patient's ECG changes to a rhythm that does not require defibrillation.
- When the Shock Button is not pressed within 15 seconds from the completion of the charge.
- When the device is turned off by pressing the Power Button for at least second.
- When the pads is detached from the patient's body or the pads connector is detached from the device.
- When the impedance of the patient is out of the range of defibrillation (25  $\Omega$  ~ 175  $\Omega$ )

**Shock Delivery** 

Shock is delivered if the SHOCK button is pressed while the CU-SP1 is armed.

**Shock Delivery** 

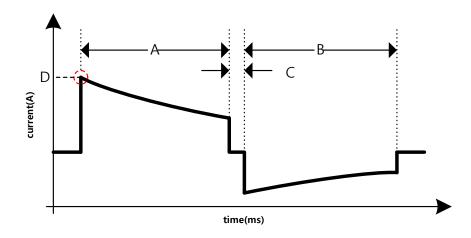
· Adult pads in the anterior-anterior position

**Vector** 

· Pediatric pads in the anterior-posterior position

**Patient Isolation** 

Type BF, defibrillation protected



#### **Biphasic Truncated Exponential Type.**

The shock waveform profile is automatically compensated for the patient's transthoracic impedance.

A = first phase duration

B = second phase duration0

C = interphase duration

D = peak current

### **Output Waveform for Adult (150 Joules)**

Patient Impedance (Ohms, Ω)	First Phase duration (milliseconds, ms)	Second Phase duration (milliseconds, ms)	Peak Current (A)	Energy (Joules, J)	Energy Accuracy (Joules, J)
25	2.4	2.4	64.5	147.8	150(±15%)
50	4.4	4.4	32.7	149.7	150(±15%)
75	6.3	6.3	22.5	151.5	150(±15%)
100	8.8	8.8	15.9	148.1	150(±15%)
125	10.7	10.7	13.0	149	150(±15%)
150	12.7	12.7	11.0	148.2	150(±15%)
175	15.0	15.0	9.5	148.8	150(±15%)

#### **Output Waveform for Child (50 Joules)**

Patient Impedance (Ohms, Ω)	First Phase duration (milliseconds, ms)	Second Phase duration (milliseconds, ms)	Peak Current (A)	Energy (Joules, J)	Energy Accuracy (Joules, J)
25	2.3	2.3	35.4	50.2	50(±15%)
50	4.3	4.3	18.4	50.7	50(±15%)
75	6.3	6.3	12.3	49.7	50(±15%)
100	8.5	8.5	9.1	49.5	50(±15%)
125	10.6	10.6	7.3	50.3	50(±15%)
150	12.7	12.7	5.8	49	50(±15%)
175	15.0	15.0	4.9	49.6	50(±15%)

**ECG Acquisition** 

Category Nominal Specifications

Acquired ECG Lead Lead II

Frequency Response 1 Hz to 30 Hz

**ECG Analysis System** 

Category Nominal Specifications

**Function** Determines the impedance of the patient and evaluates the ECG of the

patient to

determine whether it is shockable or non shockable

Impedance Range  $25\Omega$  to  $175\Omega$  (shock will not be delivered if the patient's impedance is

beyond this range).

Shockable Rhythms Ventricular Fibrillation or Fast Ventricular Tachycardia

Non Shockable ECG rhythms excluding ventricular fibrillation and ventricular tachycardia

**Rhythms** When a rhythm that does not require defibrillation is detected, the device

directs you to perform CPR.

Analysis Protocol Prepare for shock delivery of pause for CPR, depending on the results of

analysis.

Sensitivity and Meets ANSI/AAMI DF80 guidelines

Specificity

### **ECG Analysis System - ECG Database Test**

ECG Rhythm Class	Rhythms	Minimum test sample size	Performan ce goal	Test sample size	Shock Decision	No Shock Decision	Observed Performance	90% One Sided Lower Confidence Limit
<b>(ABLE</b>	Coarse VF	200	>90% sensitivity	219	213	6	97.26% (213/219) sensitivity	95%
SHOCKABLE	Fast VT	50	>75% sensitivity	137	111	26	81.02% (111/137) sensitivity	76%
	Normal Sinus Rhythm	100 minimum (arbitrary)	> 99% specificity	100	0	100	100% (100/100) specificity	97%
NON SHOCKABLE	AF,SB, SVT, heart block, idioven- tricular PVC's	30 (arbitrary)	> 95% specificity	219	1	218	99.54% (218/219) specificity	98%
	Asystole	100	> 95% specificity	132	5	127	96.21% (127/132) specificity	93%

#### **Control Devices, Indicators, Voice Instructions**

Category Nominal Specifications

Control Devices Power Button, i-Button, Shock Button, Adult/Pediatric Selection Switch

Status LCD Displays device status, battery level and pads status

Indicator Do-Not-Touch-Patient Indicator: Lights when the defibrillator is analyzing or

delivering an electric shock.

Pads Patch Position Indicators: Flashes when the defibrillator is turned on;

turns off when the pads is attached on the patient.

Pads Connector Status Indicator: Flashes when the defibrillator is turned on

and the pads connector is not connected; lights when the pads connector is

connected.

CPR Detection Indicator: Lights if CPR is detected; flashes if CPR is not

detected.

Shock Button: Flashes orange when the defibrillator is charged and ready to

deliver a shock.

Blue i-Button: Flashes when guiding CPR, transferring the treatment history

and setting the CPR mode.

Red i-Button: Flashes when an error occurs.

Speaker Plays back voice instructions. The CU-SP1 analyzes the ambient noise level

during a treatment operation. If ambient noise level is high, it automatically

increases the voice instructions volume so that you can hear them clearly.

Beeper Various beeping output

Battery Level The battery level is automatically performed during periodic self tests, power

ON self-test, and run-time self-test.

Low Battery Shown on the Status LCD, announced via voice instruction, and indicated via

**Indicator** the flashing red i-Button

**Voice Instruction** Guides the user via voice instructions.

#### **Self-Diagnostic Test**

**Auto** • Power On Self-Test, Run-time Self-Test

• Daily, Weekly, and Monthly Self-Test

Manual Battery Pack Insertion Test (done when the user inserts the battery pack into

the battery pack compartment of the device)

#### **Disposable Battery Pack**

**Category** Nominal Specifications

Battery Type 12V DC, 2.8Ah LiMnO<sub>2</sub>, Disposable: Standard

12V DC, 4.2Ah LiMnO<sub>2</sub>, Disposable: Long-life

Capacity Standard - At least 50 shocks for a new battery

or 4 hours of operating time at room temperature

Long-life - At least 200 shocks for a new battery

or 8 hours of operating time at room temperature

Standby Life (After

Inserting the Battery)

Standard - At least 3 years from the date of manufacture if stored and maintained in accordance with the instructions in this document.

Long-life - At least 5 years from the date of manufacture if stored and maintained in accordance with the instructions in this document.

**Temperature Ranges** 

Operating

Temperature:  $0^{\circ}$ C ~  $43^{\circ}$ C ( $32^{\circ}$ F ~  $109^{\circ}$ F)

• Storage

Temperature:  $-20^{\circ}\text{C} \sim 60^{\circ}\text{C} (-4^{\circ}\text{F} \sim 140^{\circ}\text{F})$ 

#### Adult Defibrillation Pads (CUA1007S)

Category Nominal Specifications

**Type** Adult

Electrode Area 120 cm<sup>2</sup>

Cable Length Total 120 cm (Inside the pouch: 95 cm, Outside the pouch: 25 cm)

**Shelf life** At least 36 months from the date of manufacture

#### Pediatric Defibrillation Pads (CUA1102S)

Category Nominal Specifications

**Type** Pediatric

Electrode Area 46.43 cm<sup>2</sup>

Cable Length Total 120 cm (Inside the pouch: 80 cm, Outside the pouch: 40 cm)

**Shelf life** At least 30 months from the date of manufacture

#### Data Storage and Transfer

Category Nominal Specifications

**IrDA** For PC communications

Internal Memory Data 5 individual treatments, up to 3 hours per treatment

Capacity

SD Card External memory. Data may be copied from the internal memory to the SD

Card.

## F. Electromagnetic Compatibility

#### Guidance and manufacturer's declaration - electromagnetic emissions

The i-PAD CU-SP1 is intended for use in the electromagnetic environment specified below. The customer or the user of the i-PAD CU-SP1 should assure that it is used in such an environment.

<b>Emissions Test</b>	Compliance	Electromagnetic environment - guidance
RF Emissions CISPR 11	Group 1	The i-PAD CU-SP1 uses RF energy only for its internal function. Therefore, its emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF Emissions CISPR 11	Class B	The i-PAD CU-SP1 is suitable for use in all
Harmonic emissions IEC 61000-3-2	Not applicable	establishments, including domestic establishments and those directly connected to the public low-
Voltage fluctuations / flicker emissions IEC 61000-3-3	Not applicable	voltage power supply network that supplies buildings used for domestic purposes.



The i-PAD CU-SP1 should not be used adjacent to or stacked with other equipment.
 If adjacent or stacked use is necessary, the i-PAD CU-SP1 should be observed to verify normal operation in the configuration in which it will be used.

### Guidance and manufacturer's declaration – electromagnetic immunity

The i-PAD CU-SP1 is intended for use in the electromagnetic environment specified below. The customer or the user of the i-PAD CU-SP1 should assure that it is used in such an environment.

Immunity Test	IEC 60601-1 test level	Complianc e level	Electromagnetic environment - guidance
Electrostatic discharge (ESD) IEC 61000-4-2	±6 kV Contact ±8 kV air	±6 kV Contact ±8 kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	Not Applicable	Mains power quality should be that of a typical commercial or hospital environment
Surge IEC 61000-4-5	±1 kV differential mode ±2 kV common mode	Not Applicable	Mains power quality should be that of a typical commercial or hospital environment.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	<5 % U <sub>T</sub> (>95% dip in U <sub>T</sub> ) for 0.5 cycles  40 % U <sub>T</sub> (60% dip in U <sub>T</sub> ) for 5 cycles  70 % U <sub>T</sub> (30% dip in U <sub>T</sub> ) for 25 cycles  <5 % U <sub>T</sub> (>95% dip in U <sub>T</sub> ) for 5 s	Not Applicable	Mains power quality should be that of a typical commercial or hospital environment. If the user of the i-PAD CU-SP1 image intensifier requires continued operation during power mains interruptions, it is recommended that the i-PAD CU-SP1 image intensifier be powered from an uninterruptible power supply.
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	3 A/m mains voltage prior to ap	3 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.

### Guidance and manufacturer's declaration - electromagnetic immunity

The i-PAD CU-SP1 is intended for use in the electromagnetic environment specified below. The customer or the user of the i-PAD CU-SP1 should assure that it is used in such an environment.

Immunity	IEC 60601 Test	Complia	
Test	level	nce level	Electromagnetic environment - guidance
			Portable and mobile RF communications equipment should be used no closer to any part of the i-PAD CU-SP1, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter.
			Recommended separation distance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz outside ISM bands <sup>a</sup>	3 Vrms	$d = \left[\frac{3.5}{V1}\right]\sqrt{P}$
	10 Vrms 150 kHz to 80 MHz in ISM bands <sup>a</sup>	10 Vrms	$d = \left[\frac{12}{V2}\right]\sqrt{P}$
Radiated RF IEC	10 V/m 80 MHz to 2,5 GHz	10 V/m	$d=[rac{12}{E1}]\sqrt{P}$ 80 MHz ~ 800 MHz
61000-4-3	20 V/m 80 MHz to 2,5 GHz	20 V/m	$d=[rac{23}{E1}]\sqrt{P}$ 800 MHz ~ 2,5 GHz
			where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in metres (m) <sup>b</sup> Field strengths from fixed RF transmitters, as deter-mined by an electromagnetic site survey <sup>c</sup> , should be less than the compliance level in each frequency range <sup>d</sup> .  Interference may occur in the vicinity of equipment marked with the following symbol:

NOTE 1. At 80 MHz and 800 MHz, the higher frequency range applies.

**NOTE 2.** These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and refection from structures, objects and people.

The ISM (industrial, scientific and medical) bands between 150 kHz and 80 MHz are 6,765

MHz to 6,795 MHz; 13,553 MHz to 13,567 MHz; 26,957 MHz to 27,283 MHz; and 40,66 MHz to 40,70 MHz

The compliance levels in the ISM frequency bands between 150 kHz and 80 MHz and in the frequency range 80 MHz to 2.5 GHz are intended to decrease the likelihood that mobile/portable communications equipment could cause interference if it is inadvertently brought into patient areas. For this reason, an additional factor of 10/3 is used in calculating the recommended separation distance for transmitters in these frequency ranges

Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the i-PAD CU-SP1 is used exceeds the applicable RF compliance level above, the CU-SP1 should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the i-PAD CU-SP1

d Over the frequency range 150 kHz to 80 MHz, field strengths should be less than [V1] V / m.

# Recommended separation distances between portable and mobile RF communications equipment and the CU-SP1

The i-PAD CU-SP1 is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the i-PAD CU-SP1 can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the i-PAD CU-SP1 as recommended below, according to the maximum output power of the communications equipment.

Dotad	Separation distance according to frequency of transmitter [m]					
Rated maximum	150 kHz to 80 MHz	150 kHz to 80	80 MHz to 800 MHz		800 MHz to 2,5	
output	outside ISM bands	MHz in ISM bands	$d = \left[\frac{12}{E1}\right]\sqrt{P}$		GHz	
power of transmitter	$d = \left[\frac{3.5}{V1}\right]\sqrt{P}$	$d = \left[\frac{12}{V2}\right]\sqrt{P}$			$d = \left[\frac{23}{E1}\right]\sqrt{P}$	
[W]	V1 = 3 Vrms	V2 = 10 Vrms	E1 = 10 V/m	E1 = 20 V/m	E1 = 10 V/m	E1 = 20 V/m
0.01	0.06	0.12	0.12	0.06	0.23	0.16
0.1	0.11	0.38	0.38	0.19	0.73	0.36
1	0.35	1.20	1.20	0.60	2.3.0	1.15
10	1.11	3.79	3.79	1.90	7.27	3.64
100	3.50	12.00	12.00	6.00	23.00	11.50

For transmitters rated at a maximum output power not listed above, the recommended separation distance d in meters (m) can be determined using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

**NOTE 1)** At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.

**NOTE 2)** The ISM (industrial, scientific and medical) bands between 150 kHz and 80 MHz are 6,765 MHz to 6,795 MHz; 13,553 MHz to 13,567 MHz; 26,957 MHz to 27,283 MHz; and 40,66 MHz to 40,70 MHz.

**NOTE 3)**An additional factor of 10/3 is used in calculating the recommended separation distance for transmitters in the ISM frequency bands between 150 kHz and 80 MHz and in the frequency range 80 MHz to 2.5 GHz to decrease the likelihood that mobile/portable communications equipment could cause interference if it is inadvertently brought into patient areas.

**NOTE 4)** These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and refection from structures, objects and people

## **Instructions for Use**

#### i-PAD CU-SP1

The information in these Instructions for Use applies to the i-PAD CU-SP1. This information is subject to change. Please contact CU Medical Systems, Inc. or its authorized representatives for information on revisions.

#### **Revision History**

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#### **Medical Device Directive**

The i-PAD CU-SP1 complies with the requirements of the Medical Device Directive 2007/47/EC and its revisions.



#### Important:

Quick defibrillation is needed if sudden cardiac arrest occurs. Since the chance of success is reduced by 7% to 10% for every minute that defibrillation is delayed, defibrillation must be performed promptly.

1

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