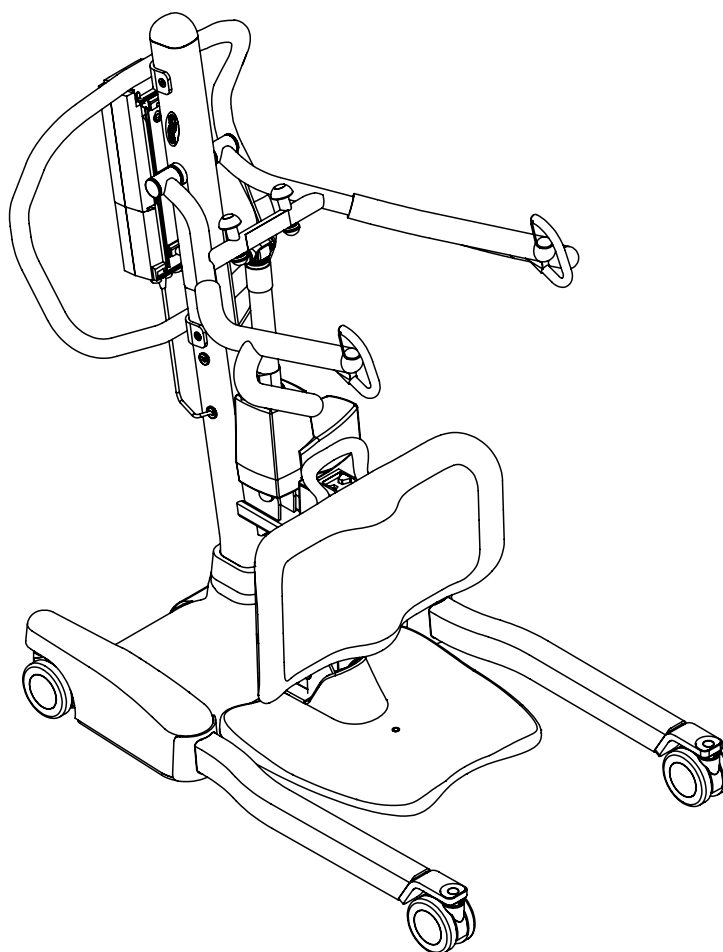


Roze™ Stand Up Patient Lift



DEALER: This manual **MUST** be given to the user of this product.

USER: **BEFORE** using this product, read this manual and save for future reference.

For more information regarding
Invacare products, parts, and services,
please visit www.invacare.com.au



Yes, you can.®

WARNING

DO NOT OPERATE THIS EQUIPMENT WITHOUT FIRST READING AND UNDERSTANDING THIS MANUAL. IF YOU ARE UNABLE TO UNDERSTAND THE WARNINGS, CAUTIONS AND INSTRUCTIONS CONTACT A QUALIFIED DEALER OR INVACARE TECHNICAL SUPPORT BEFORE ATTEMPTING TO USE THIS EQUIPMENT - OTHERWISE INJURY OR DAMAGE MAY RESULT.

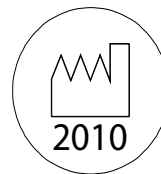
ACCESSORIES WARNING

Invacare products are specifically designed and manufactured for use in conjunction with Invacare accessories. Accessories designed by other manufacturers have not been tested by Invacare and are not recommended for use with Invacare products.

SYMBOL LEGEND

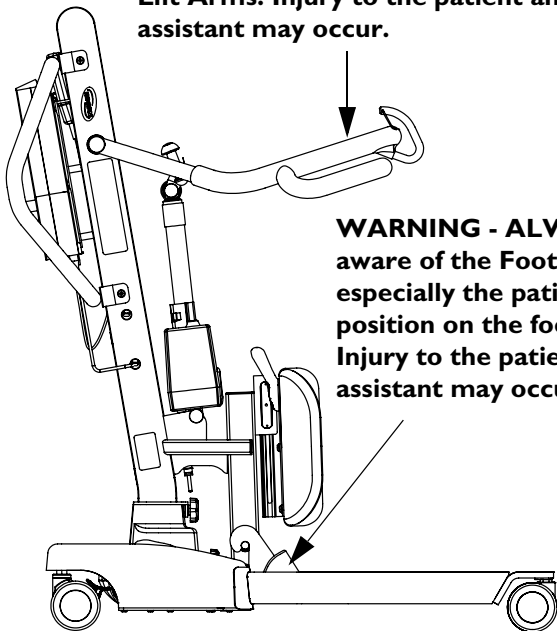


"ATTENTION, see instructions for use".



"Date of Manufacture"

WARNING - ALWAYS be aware of the Lift Arms. Injury to the patient and/or assistant may occur.



WARNING - ALWAYS be aware of the Footrest, especially the patient's position on the footrest. Injury to the patient and/or assistant may occur.



Device contains Lead Acid batteries. **DO NOT** dispose of batteries in normal household waste. They **MUST** be taken to a proper disposal site. Contact your local waste management company for information.

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SPECIAL NOTES

Signal words are used in this manual and apply to hazards or unsafe practices which could result in personal injury or property damage. Refer to the table below for definitions of the signal words.

SIGNAL WORD	MEANING
DANGER	Danger indicates an imminently hazardous situation which, if not avoided, will result in death or serious injury.
WARNING	Warning indicates a potentially hazardous situation which, if not avoided, could result in death or serious injury.
CAUTION	Caution indicates a potentially hazardous situation which, if not avoided, may result in property damage or minor injury or both.

NOTICE

THE INFORMATION CONTAINED IN THIS DOCUMENT IS SUBJECT TO CHANGE WITHOUT NOTICE.

RADIO FREQUENCY INTERFERENCE

Most electronic equipment is influenced by Radio Frequency Interference (RFI). **CAUTION** should be exercised with regard to the use of portable communication equipment in the area around such equipment. If RFI causes erratic behavior, **PUSH** the **RED** Emergency Stop Button **IMMEDIATELY**. **DO NOT** turn the Red Emergency Stop Button **OFF** while transmission is in progress.

MAINTENANCE

Maintenance **MUST** be performed **ONLY** by qualified personnel.

LABEL LOCATION

! WARNING



BEFORE using the Patient Lift, READ AND UNDERSTAND the User Manual for proper operation and safety procedures.

! WARNING

WEIGHT LIMITATION 200 kg (440 lbs)

The Invacare Patient Lift is NOT a transport device. DO NOT roll casterbase over uneven surfaces that may cause the Patient Lift to tip over. DO NOT lock the casters of the Patient Lift when lifting an individual. Casters MUST be left unlocked to allow the Patient Lift to stabilize during lifting procedures.

USE ONLY INVACARE SLINGS and LIFT ACCESSORIES. USE ONLY the appropriate Patient Lift components for maintenance and replacement. Refer to Owner's Manual for periodic maintenance procedures.

Customer Service:
Invacare Australia Pty Ltd.
61 2 8839 5333

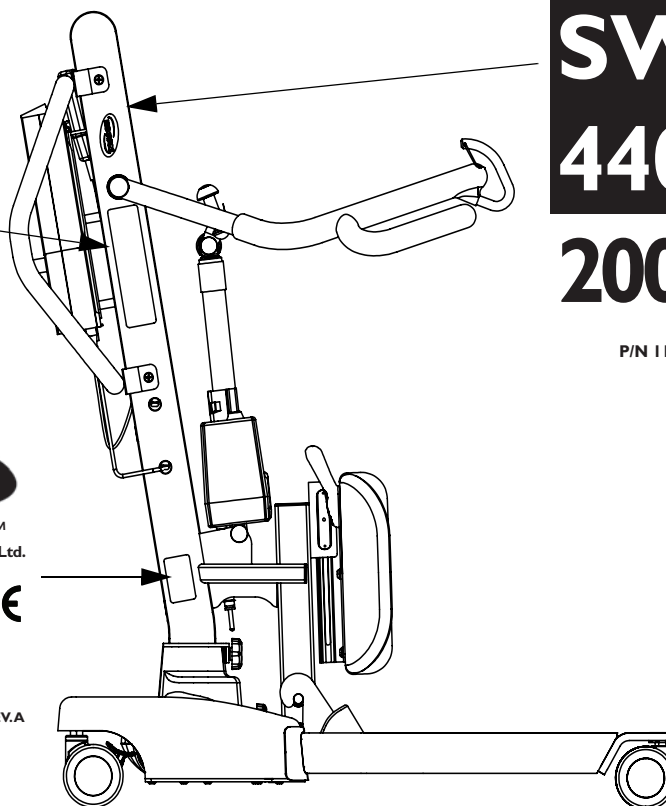
1155598 REV. A



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P/N 1155395 REV.A



SWL
440lb
200kg

P/N 1155396 REV.A

NOTE: Sling Size label located on cross bar (not shown).

SLING SIZE COLOUR KEY

XS S M L XL XXL

P/N 1155397 REV.A

PRODUCT PARAMETERS

NOTE: Refer to FIGURE 2.1 on page 8.

Height at Sling Hook-up - MAX.: (k)	161 cm
Height at Sling Hook-up - MIN.: (l)	94 cm
Base Width OPEN:	114 cm
Base Width CLOSED:	66 cm
Base Length:	103.6 cm
Overall Height:	124.7 cm
Overall Length:	111.7 cm
Overall Width:	66 cm
Caster Size (FRONT/REAR):	10 cm
Sling Options:	Standing or Transfer
Sling Material:	Polyester
Weight Capacity:	200 kg
Weight Out of Carton:	53 kg
Minimum Internal Width (r)	53.8 cm
Internal Width at Maximum Reach (q)	86.5 cm
Total Width (OPEN) Centre to Centre of castor: (p)	109 cm
Maximum Reach at 60 cm (a)	17.5 cm
Maximum Reach for Base (b)	41.4 cm
Reach from Base with Legs Spread to 70 cm (c)	22.2 cm
Hoist Range (m)	64.1 cm
Minimum Clearance of Base from the Floor (s)	3.7 cm
Maximum Clearance of Base from the Floor (t)	12 cm
Maximum External Length of the Base (u)	110.6 cm
Maximum Internal Length of the Base (v)	62.4 cm
Maximum External Width of Legs (y)	115.5 cm
Minimum Internal Width of Legs (z)	104.5 cm
Maximum Internal Width of Legs (w)	66.2 cm
Minimum Internal Width of Legs (x)	53.4 cm
Turning Radius	138 cm
Weight, Mast including battery	18.5 kg
Weight, Base (mass of heaviest part)	20.5 kg
Weight, Knee Pad	7.5 kg
Weight, Foot Plate	6.0 kg
Total Weight	52.5 kg
Battery:	24V DC (RCHBL)
Charger Input:	100-240V AC
Charger Output/Charging Time:	29.5V DC Max 6 hours
Audio/Visual Low Battery Alarm:	Yes
Motor Safety Devices:	Anti-Entrapment
*Approx. Lifts per Charge:	*100-200 Cycles per charge
Limited Warranty Lift/Electronics:	3 Years/2 Years
Emergency Stop Button:	Yes

*NOTE: Varies depending upon load and stroke.

Technical Specifications

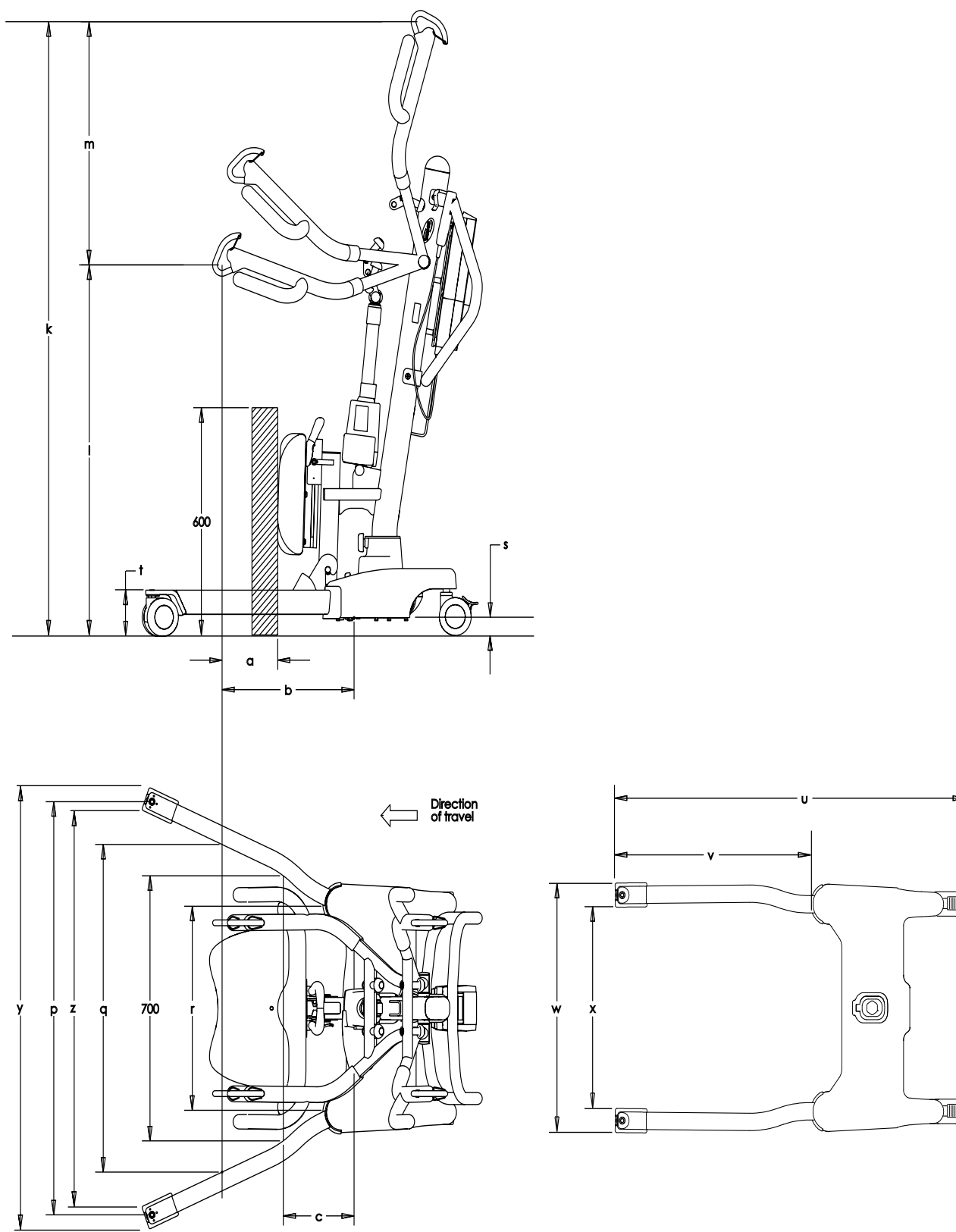


FIGURE 2.1 Roze Stand Up Patient Lift

SECTION I—GENERAL GUIDELINES

WARNING

SECTION I - GENERAL GUIDELINES contains important information for the safe operation and use of this product.

Check all parts for shipping damage before using. In case of damage, DO NOT use the equipment. Contact the Dealer for further instructions.

The Invacare patient lift is NOT a transport device. It is intended to transfer an individual from one seated surface to another (such as a bed to a wheelchair).

DO NOT attempt any transfer without approval of the patient's physician, nurse or medical assistant. Thoroughly read the instructions in this User Manual, observe a trained team of experts perform the lifting procedures and then perform the entire lift procedure several times with proper supervision and a capable individual acting as a patient.

Invacare Stand Assist and Transfer slings are specifically designed to be used in conjunction with Invacare patient lifts. Slings and accessories designed by other manufacturers are not to be utilized as a component of Invacare's patient lift system. Use of these products is prohibited and will void the lift's warranty. Use the sling that is recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual that is being lifted.

If the patient lift is used in the area of a shower or bath, ensure that the patient lift is wiped clean of any moisture after use. DO NOT store the lift in a damp area or in a damp condition. Periodically inspect all components of the patient lift for signs of corrosion. Replace all parts that are corroded or damaged.

Weight Limitation

DO NOT exceed maximum weight limitation of the patient lift. The weight limitation for the Roze Patient Lift is 200 kg.

Assembling the Lift

DO NOT overtighten mounting hardware. This will damage mounting brackets.

Using the Sling

Individuals that use the Stand Assist Sling MUST be able to support the majority of their own weight, otherwise injury may occur. Stand Assist Slings: DO NOT use the stand assist sling in combination with the patient lift as a transport device. It is intended to transfer an individual from one resting surface to another (such as a bed to a wheelchair).

Stand Assist Slings: Before lifting the patient, make sure the bottom edge of the stand assist sling is positioned on the lower back of the patient and the patient's arms are outside the stand assist sling.

Stand Assist Slings: The belt MUST be snug, but comfortable on the patient, otherwise the patient can slide out of the sling during transfer, possibly causing injury.

Transfer Slings: Before lifting the patient, make sure the bottom edge of the transfer sling is at the base of the spine and the patient's arms are outside the transfer sling.

Transfer Slings: DO NOT raise the patient to a full standing position while using the transfer sling, otherwise injury may occur.

After each laundering (in accordance with instructions on the sling), inspect sling(s) for wear, tears, and loose stitching.

Bleached, torn, cut, frayed, or broken slings are unsafe and could result in injury. Discard immediately.

DO NOT alter slings.

Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode).

If the patient is in a wheelchair, secure the wheel locks in place to prevent the chair from moving forwards or backwards.

Operating the Lift

Make sure there is an audible click when mounting battery on the battery charger to confirm proper mounting. Otherwise, injury or damage may occur.

Use the handles to push or pull the patient lift.

Lifting the Patient

Before positioning the legs of the stand up lift around the patient, make sure that the patient's feet are out of the way of the foot plate, otherwise injury may occur.

Adjustments for safety and comfort should be made before moving the patient. Patient's arms should be outside of the sling straps.

Before lifting a patient from a stationary object (wheelchair, commode or bed), slightly raise the patient off the stationary object and check that all sling attachments are secure. If any attachment is not correct, lower the patient and correct the problem, then raise the patient and check again.

During transfer, with the patient suspended in a sling attached to the lift, DO NOT roll caster base over uneven surfaces that would create an imbalance of the patient lift and could cause the patient lift to tip over. Use steering handle on the mast at ALL times to push or pull the patient lift.

Invacare recommends locking the rear swivel casters ONLY when positioning or removing the sling (stand assist or transfer) from around the patient.

Invacare does NOT recommend locking of the rear casters of the patient lift when lifting an individual. Doing so could cause the lift to tip and endanger the patient and assistants. Invacare DOES recommend that the rear casters be left unlocked during lifting procedures to allow the patient lift to stabilize itself when the patient is initially lifted from a chair, bed or any stationary object.

Transferring the Patient

Before transferring, check that the product's weight capacity can withstand the patient's weight.

Wheelchair wheel locks MUST be in a locked position before lowering the patient into the wheelchair for transport.

Performing Maintenance

Regular maintenance of patient lifts and accessories is necessary to assure proper operation.

After the first 12 months of operation, inspect all pivot points and fasteners for wear. If the metal is worn, the parts MUST be replaced. Perform this inspection every six months thereafter.

DO NOT overtighten mounting hardware. This will damage mounting brackets.

Casters and axle bolts require inspections every six months to check for tightness and wear.

SECTION 2—ASSEMBLY

Assembling the Patient Lift

Assembling the Mast Assembly to the Base

NOTE: The mast assembly may be removed from the base for storage or transporting. The mast assembly MUST be properly secured to the base assembly before use.

NOTE: For this procedure, refer to FIGURE 2.1.

1. Put the base on a level surface so all casters make contact with the floor.
2. Lock the rear casters (Detail "A").
3. Unscrew the top knob and remove it from the base.
4. Loosen the bottom knob, but leave it screwed into the base.
5. Put the tube of the mast assembly into the hole in the base.
6. While supporting the mast assembly, tighten the bottom plastic knob.
7. Screw the top plastic knob into the hole in the base.

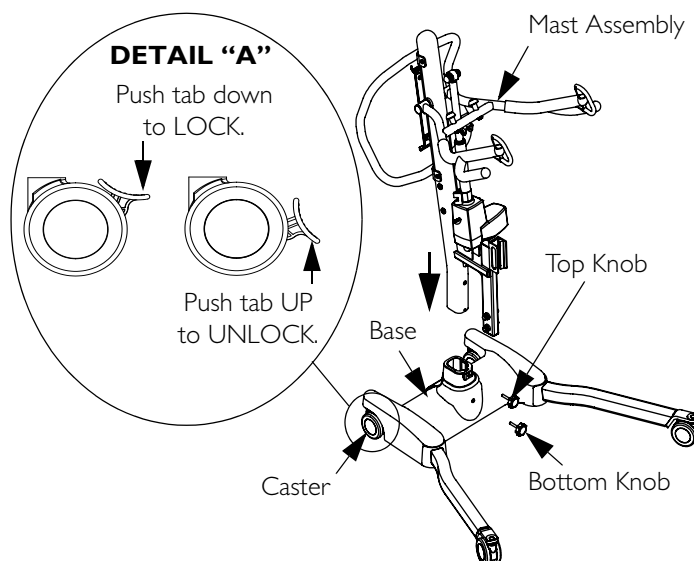


FIGURE 2.1 Assembling the Mast Assembly to the Base

Assembling the Knee Pad to the Mast Assembly

NOTE: For this procedure, refer to FIGURE 2.2.

NOTE: The knee pad may be removed from the patient lift for storage or transporting. The knee pad MUST be properly secured to the mast assembly before use.

1. Push the knee pad down into position on the knee pad mounting bracket on the mast assembly.
2. Put the fix block in place on the knee pad mounting bracket.
3. Insert the quick release knob through the mounting bracket, knee pad and fix block.
4. Tighten the quick release knob.

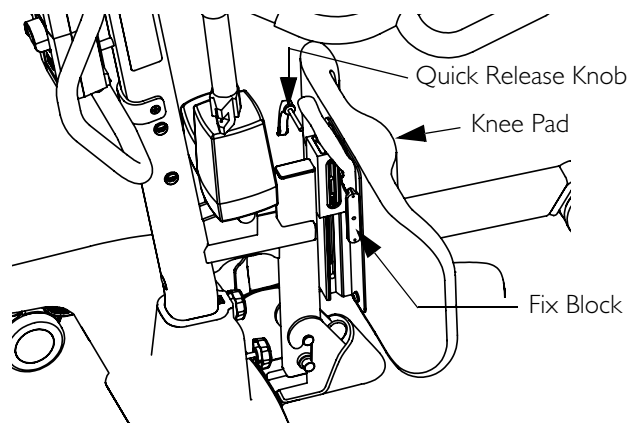


FIGURE 2.2 Assembling the Knee Pad to the Mast Assembly

Assembling the Foot Plate to the Mast Assembly

NOTE: For this procedure, refer to FIGURE 2.3.

1. Rotate the foot plate up and place the hooks on the foot plate onto the top mounting bolts in the mast assembly.
2. Rotate the foot plate down towards the mast assembly. The bottom of the foot plate will rest against the bottom bolts on the mast assembly.
3. Ensure that the foot plate is level and secure.

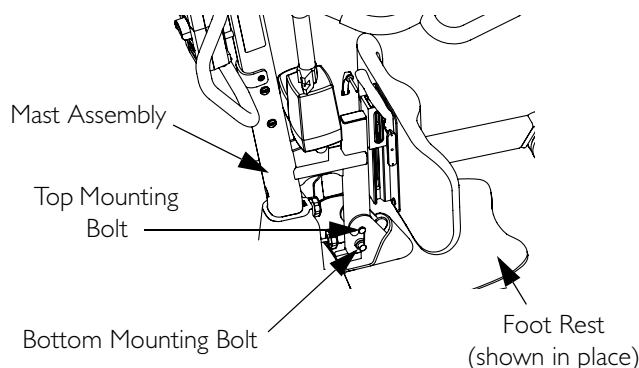


FIGURE 2.3 Assembling the Foot Plate to the Mast Assembly

Attaching the Battery Charger Mounting Bracket to the Wall

NOTE: For this procedure, refer to FIGURE 2.4.

1. Place the battery charger mounting bracket on the wall at the desired position.
2. With a pencil, mark the middle hole position.
3. Measure down 6½ inches from the pencil mark and drill one mounting hole.
4. Install the bottom mounting screw until there is an approximate 1/8-inch gap between the screw head and the wall.
5. Put the battery charger mounting bracket onto the bottom mounting screw.
6. Drill the other two mounting holes.
7. Screw the mounting screws through the battery charger mounting bracket and into the wall. Tighten securely.

CAUTION

Make sure there is an audible click when mounting battery on the battery charger to confirm proper mounting. Otherwise, injury or damage may occur.

8. Put the battery charger in place on the mounting bracket.
9. Plug the battery charger into an electrical outlet.

NOTE: An LED will illuminate when power is applied to battery charger.

Attaching the Battery Charger to the Mast Assembly

⚠ WARNING

If the battery charger is attached to the mast assembly and is plugged into a wall outlet, make sure to unplug the battery charger from the wall outlet BEFORE using the patient lift. Failure to unplug the battery charger may result in injury or damage.

NOTE: For this procedure, refer to FIGURE 2.5.

1. Remove the two mylar pieces covering the mounting holes on the back of the mast assembly.
2. Insert the hook screws into mounting holes.
3. Tighten the hook screws.
4. Mount the battery charger mounting bracket on the hook screws.
5. Charge the battery. Refer to [Primary Emergency Release](#) on page 14.

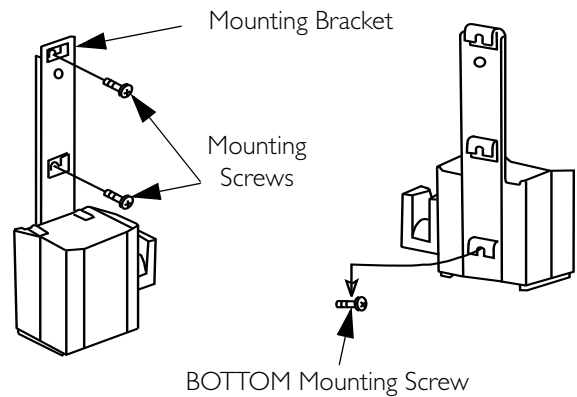


FIGURE 2.4 Attaching the Battery Charger Mounting Bracket to the Wall

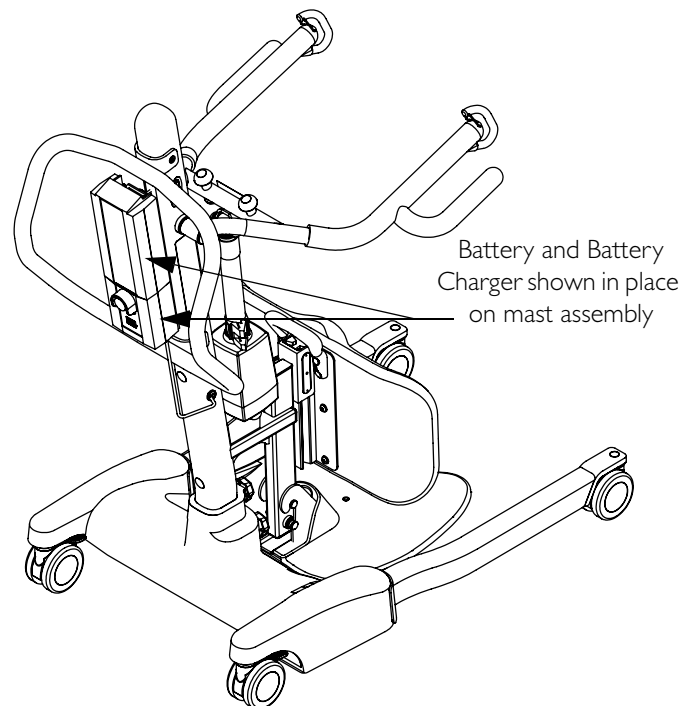


FIGURE 2.5 Attaching the Battery Charger to the Mast Assembly

SECTION 3— OPERATION

⚠ WARNING

DO NOT attempt to transfer a patient without approval of the patient's physician, nurse, or medical assistant. Thoroughly read the instructions in this user manual, observe a trained team of experts performing the lifting procedures and then perform the entire lift procedure several times with proper supervision and a capable individual acting as a patient.

The legs of the stand up lift **MUST** be in the maximum open position for optimum stability and safety. If the patient is in a sling and it becomes necessary to move through a narrow passage, close the legs of the stand up lift only as long as it takes to move through the passage. When the stand up lift is through the passage, return the legs to the maximum open position.

NOTE: The use of the patient lift by one assistant should be based on the evaluation of the health care professional for each individual case.

Operating the Patient Lift

NOTE: For this procedure, refer to FIGURE 3.1.

Locking/Unlocking the Rear Casters

NOTE: For this procedure, refer to Detail "A".

- To lock the caster, push tab down.
- To unlock the caster, push tab up.

Raising/Lowering the Patient Lift

NOTE: For this procedure, refer to Detail "B".

- Press the up (↑) button on the hand control to raise the patient lift.

NOTE: If the patient lift is raised to the highest level, it may be necessary to pull down gently on the lift arms before the mast will begin to lower. Pull down gently on both arms at the same time to avoid making the lift unstable.

- Press the down button (↓) on the hand control to lower the patient lift.

Closing/Opening the Legs

NOTE: For this procedure, refer to Detail "B".

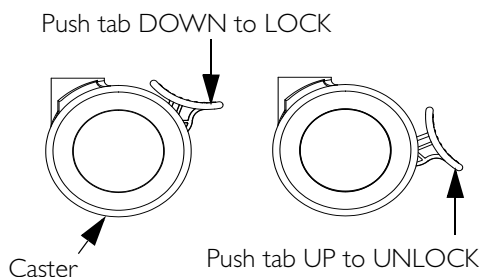
- Press the close button on the hand control to close the legs.
- Press the open button on the hand control to open the legs.

Using the Emergency Stop

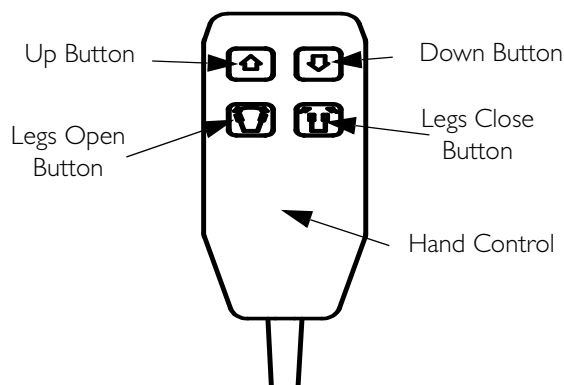
NOTE: For this procedure, refer to Detail "C".

- Push the RED emergency button in to stop the lift arms from raising or lowering.
- To reset, rotate the emergency button clockwise.

DETAIL "A" LOCKING/UNLOCKING THE REAR CASTERS



DETAIL "B" - HAND CONTROL DETAILS



DETAIL "C" - EMERGENCY STOP

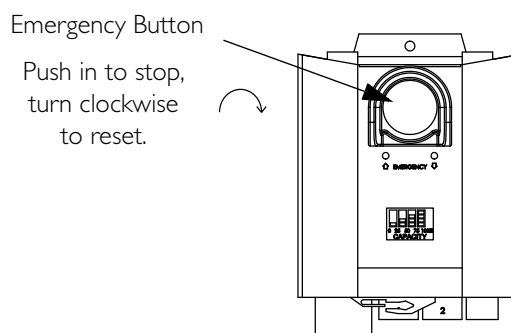


FIGURE 3.1 Operating the Patient Lift

Activating a Mechanical Emergency Release

Primary Emergency Release

NOTE: For this procedure, refer to FIGURE 3.2.

NOTE: This procedure will bring the boom down or lift it up if the hand control is not functioning properly.

To activate the primary emergency release, insert a pen into the hole labeled Emergency Up or Emergency Down on the control box.

Secondary Emergency Release

NOTE: For this procedure, refer to FIGURE 3.3.

NOTE: All patient lift actuators are equipped with a mechanical emergency release. The mechanical release will enable the actuator to retract without power.

NOTE: Use the primary emergency release first before using the secondary emergency release procedure. This procedure should only be used if the primary emergency release procedure is not functioning or is unreachable.

NOTE: The lift MUST be under a load for the mechanical release to function.

To activate the secondary emergency release, pull up on the RED emergency grip and pull down on the boom at the same time.

Charging the Battery

NOTE: For this procedure, refer to FIGURE 3.4.

NOTE: Invacare recommends the battery be recharged daily to prolong battery life.

NOTE: An audible alarm will sound when battery is low.

1. Lift UP on the handle on the back of the battery.
2. Lift the battery up and away from the control box.

CAUTION

Make sure there is an audible click when mounting battery on the battery charger. Otherwise, injury or damage may occur.

3. Place the battery on the battery charger. Push the top of the battery against the mounting bracket until there is an audible click.

NOTE: The charge LED will illuminate. When charged, the LED will stop illuminating.

NOTE: It will take approximately four hours to charge a battery that requires a full charge.

4. Lift UP on the handle on the back of the battery.
5. Lift the battery up and away from the battery charger.

CAUTION

Make sure there is an audible click when mounting battery on the control box. Otherwise, injury or damage may occur.

6. Place the battery on the control box. Push the top of the battery against the mounting bracket until there is an audible click.

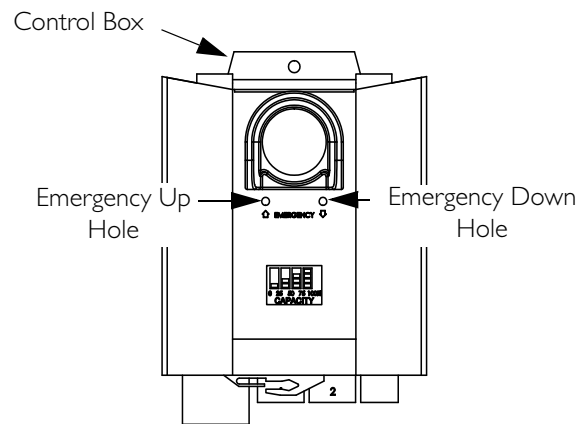


FIGURE 3.2 Primary Emergency Release

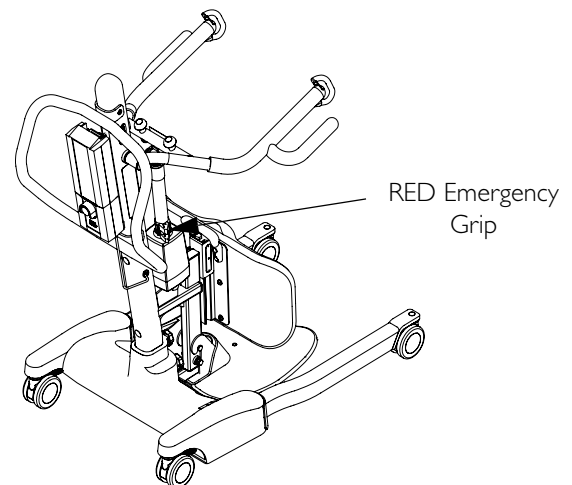


FIGURE 3.3 Primary Emergency Release

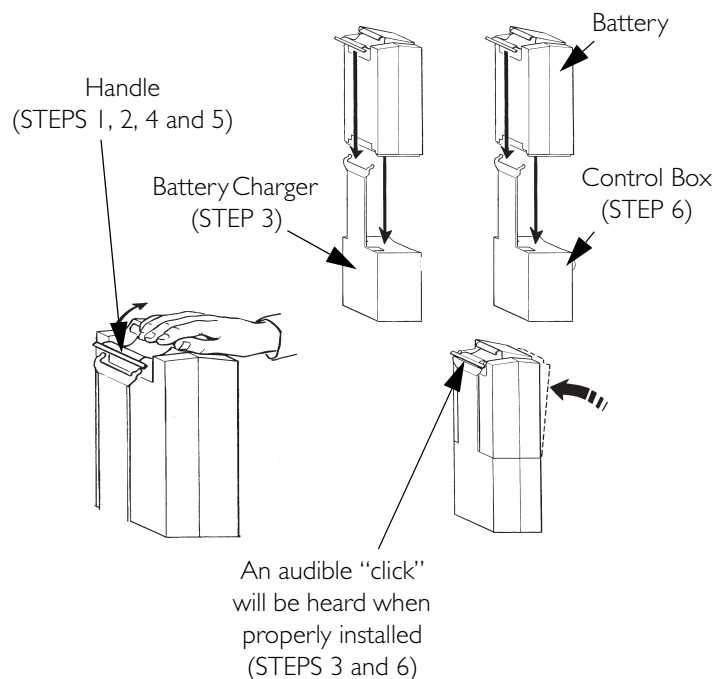


FIGURE 3.4 Primary Emergency Release

SECTION 4—LIFTING THE PATIENT

⚠ WARNING

DO NOT exceed the maximum weight limitation of 200 kg.

DO NOT attempt to any transfer without approval of the patient's physician, nurse or medical assistant.

ALWAYS keep hands and fingers clear of moving parts to avoid injury.

Invacare patient slings are made specifically for use with Invacare patient lifts. For the safety of the patient, **DO NOT** intermix patient slings and patient lifts of different manufacturers.

Individuals that use the standing patient sling **MUST** be able to support the majority of their own weight, otherwise injury may occur.

Before lifting the patient, make sure the bottom edge of the standing patient sling is positioned on the lower back of the patient and the patient's arms are outside the standing patient sling. The belt **MUST** be snug, but comfortable on the patient, otherwise the patient can slide out of the patient sling during transfer possibly causing injury.

After **EACH** laundering (in accordance with laundering instructions on the patient sling), inspect the patient sling for wear, tears and loose stitching. Discard any patient sling that meets these criteria **IMMEDIATELY**.

Bleached, torn, cut, frayed or broken slings are unsafe and their use could result in injury or damage. Discard any patient sling that meets these criteria **IMMEDIATELY**.

DO NOT alter patient slings.

DO NOT move the patient if the patient sling is not properly connected to the attachment points on the patient lift. Check that the patient sling is properly connected to the attachment points **BEFORE** lifting the patient.

During transfer, with the patient suspended in the patient sling, **DO NOT** roll the base of the patient lift over any uneven surfaces that would cause the patient lift to become unstable.

Use the steering handle on the mast assembly at all times to push or pull the stand up lift.

NOTE: Refer to the patient sling Owner's Manual, P/N 102891, for more information.

Positioning the Stand Up Lift

NOTE: For this procedure, refer to FIGURE 4.1.

NOTE: Refer to General Guidelines on page 9 before proceeding and observe all warnings indicated.

NOTE: Before positioning the legs of the patient lift under a bed, make sure that the area is clear of any obstructions.

⚠ WARNING

The legs of the stand up lift **MUST** be in the maximum open position for optimum stability and safety. If it is necessary to close the legs to maneuver the stand up lift under a bed, close the legs only as long as it takes to position the stand up lift over the patient and lift the patient off the surface of the bed. When the legs of the stand up lift are no longer under the bed, return the legs to the maximum open position.

1. Press the legs open button on the hand control to open the legs of the stand up lift to the maximum open position.

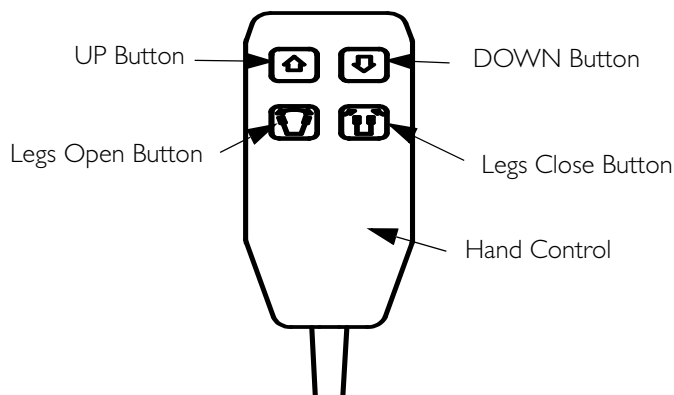


FIGURE 4.1 Hand Control Buttons

2. Position the stand up lift using the mast handle.
3. Press the down arrow button on the hand control to lower the lift arms for easy attachment to the sling.
4. Lower the patient lift for easy attachment of the patient sling.

Lifting the Patient

WARNING

DO NOT exceed the maximum weight limitation of 200 kg.

Individuals that use the standing patient sling **MUST** be able to support the majority of their own weight, otherwise injury may occur.

DO NOT lock the rear casters of the stand up lift when lifting an individual. Locking the rear casters could cause the stand up lift to tip and endanger the patient and assistants. Unlocking the rear casters during lifting procedures allows the lift to stabilize itself while the patient is initially lifted from a wheelchair, bed of any stationary object.

DO NOT move the patient if the sling is not properly attached to the attachment points on the stand up lift. Make sure that the sling is properly attached **BEFORE** lifting the patient. If any attachments are not properly in place, correct the problem. When the sling is elevated a few inches off the stationary surface and before moving the patient, check again to make sure the sling and all attachments are securely in place. If any problem is found, lower the patient back onto the stationary surface and correct the problem - otherwise, injury or damage may occur.

Adjustments for safety and comfort should be made before moving the patient.

Invacare patient slings are made specifically for use with Invacare patient lifts. For the safety of the patient, **DO NOT** intermix patient slings and patient lifts of different manufacturers.

NOTE: For this procedure, refer to FIGURE 4.2 on page 17.

*NOTE: The patient **MUST** be in a seated position first. Use the head section of the bed to get the patient upright then move legs over the side of the bed.*

1. Instruct the patient to hold onto the hand grips on both sides of the stand up lift (Detail "A" of FIGURE 4.2).
 2. Instruct the patient to lean back into the standing or transfer sling.
-

WARNING

Standing Slings - Before lifting the patient, make sure the bottom edge of the standing sling is positioned on the lower back of the patient and the patient's arms are outside the sling.

Transfer Slings - Before lifting the patient, make sure the bottom edge of the transfer sling is at the base of the spine and the patient's arms are outside the sling.

3. Ensure the following:
 - A. The patient's knees are secure against the knee pad.
 - B. The patient's feet are properly positioned on the foot plate.
 - C. Slings:
 - Standing Sling - the bottom edge of the standing sling is positioned on the patient's lower back.
 - Transfer Sling - the bottom edge of the transfer sling is at the base of the patient's spine.
 - Either Sling Style - the patient's arms are outside the sling.
 - D. The rear casters are unlocked.
 - E. The legs are in the maximum open position.
-

⚠ WARNING

If transferring a patient from a wheelchair, the wheelchair wheel locks **MUST be in the locked position before lowering the patient into the wheelchair. Otherwise, injury may occur.**

4. If transferring from a wheelchair, lock the wheel locks on the wheelchair (Detail “B” of FIGURE 4.2).
5. Press the UP arrow button on the hand control to raise the patient above the surface (bed, wheelchair or commode). The patient’s weight will be fully supported by the stand up lift (Detail “C” of FIGURE 4.2).

NOTE: The lower center of gravity provides stability making the patient feel more secure and the lift easier to move.

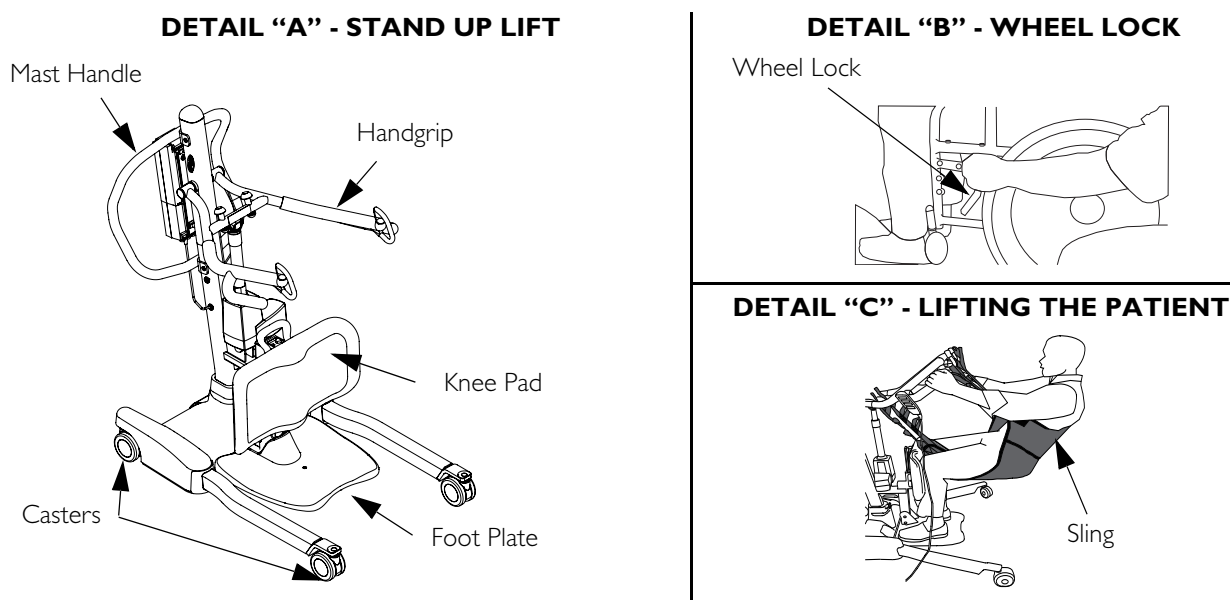


FIGURE 4.2 Lifting the Patient

Moving the Patient

⚠ WARNING

The legs of the stand up lift **MUST** be in the maximum open position for optimum stability and safety. If the patient is in a sling and it becomes necessary to move through a narrow passage, close the legs of the stand up lift only as long as it takes to move through the passage. When the stand up lift is through the passage, return the legs to the maximum open position.

DO NOT, during transfer of a patient suspended in the lift sling, roll caster base over uneven surfaces that would create an imbalance of the lift. This could cause the lift to tip over. Use the mast handle at all times to push or pull the lift.

1. Ensure the legs of the stand up lift are in the maximum open position. If not, press the OPEN LEGS button on the hand control to move the legs to the maximum open position.
2. Move the stand up lift away from the surface they were lifted from.
3. Slowly move the patient to the desired surface.

SECTION 5—TRANSFERRING THE PATIENT

WARNING

DO NOT attempt any transfer of a patient without the approval of the patient's physician, nurse or medical assistant.

DO NOT move the patient if the sling is not properly connected to the attachment points of the stand up lift. Check that the sling is properly connected to the attachment points prior to lifting a patient. If any attachments are not properly in place, correct the problem. When the sling is elevated a few inches off the stationary surface and before moving the patient, check again to make sure that all sling attachments are secure. If any attachments are not properly in place, lower the patient back onto the stationary surface and correct this problem - otherwise, injury or damage may occur.

Adjustments for safety and comfort should be made before moving the patient. The patient's arms should be inside the straps.

DO NOT use slings and stand up lifts of different manufacturers. Invacare slings are made specifically for use with Invacare stand up lifts. Otherwise, injury or damage may occur.

DO NOT lock the rear casters of the stand up lift when lifting an individual. Locking the rear casters could cause the stand up lift to tip and endanger the patient and assistants.

The legs of the stand up lift **MUST** be in the maximum open position for optimum stability and safety. If the patient is in a sling and it becomes necessary to move through a narrow passage, close the legs of the stand up lift only as long as it takes to move through the passage. When the stand up lift is through the passage, return the legs to the maximum open position. If it is necessary to close the legs to maneuver the stand up lift under a bed, close the legs only as long as it takes to position the stand up lift over the patient and lift the patient off the surface of the bed. When the legs of the stand up lift are no longer under the bed, return the legs to the maximum open position.

Be sure to check the sling attachments each time the sling is removed and replaced to ensure that it is properly attached before the patient is removed from a surface.

The use of one assistant is based on the evaluation of the health care professional for each individual case.

Transferring to a Commode

⚠ WARNING

Invacare recommends locking the rear swivel casters only when positioning or removing the sling from around the patient.

NOTE: For this procedure, refer to FIGURE 5.1.

1. Lift the patient from the side of the bed.
2. Press the UP button on the hand control to elevate the patient high enough to clear the arms of the commode chair. Their weight will be supported by the stand up lift.
3. Guide the patient onto the commode chair. This may require two assistants.
4. Press the down arrow button to lower the patient onto the commode chair.
5. Lock the rear swivel casters on the stand up lift.
6. Perform one of the following:
 - Standing Sling - unhook the standing sling from the attachment points on the stand up lift.
 - Transport Sling -
 - i. Unhook the transport sling from the bottom attachment points on the stand up lift.
 - ii. Lift up on the patient's legs and remove the thigh supports from underneath the patient.
 - iii. If desired, unhook the transport sling from the top attachment points on the stand up lift.

NOTE: The patient can remain in the upper portion of the transfer sling while using the commode.

7. Instruct or assist the patient in lifting their feet off the foot plate.
8. Remove the sling from around the patient.
9. Unlock the rear casters and pull the stand up lift away from the commode.
10. When complete, recheck the sling for correct attachments.
11. To lift the patient from the commode.

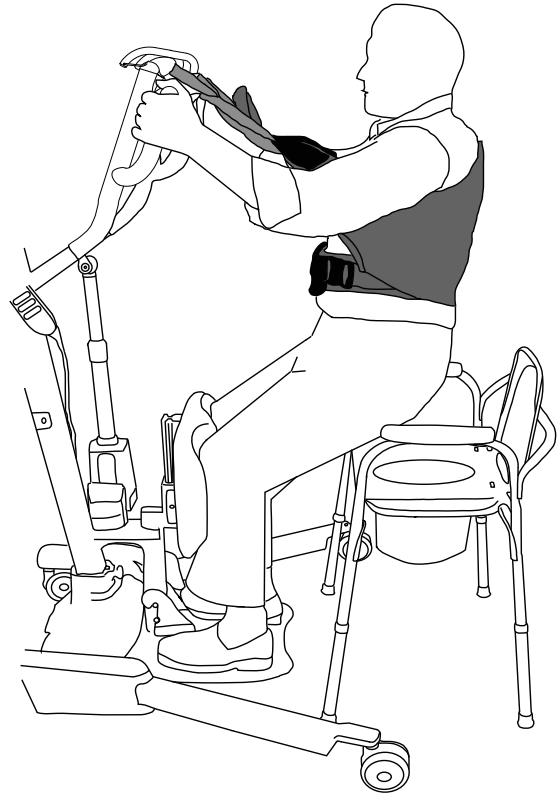


FIGURE 5.1 Transferring to a Commode

Transferring to a Wheelchair

NOTE: For this procedure, refer to FIGURE 5.2.

1. Ensure the legs of the lift with the patient in the sling are in the open position. Press the legs open button until in maximum open position.
2. Move the wheelchair into position.
3. Engage the wheel locks of the wheelchair to prevent movement of the chair (Detail “A”).

⚠ WARNING

DO NOT place the patient in the wheelchair if the locks are not engaged. The wheelchair wheel locks MUST be in a locked position before lowering the patient into the wheelchair for transport. Otherwise, injury may result.

4. Position the patient over the wheelchair (Detail “B”).
5. Press the down arrow button and lower the patient into the wheelchair.

⚠ WARNING

Lock the rear swivel casters ONLY when positioning or removing the sling (standing or transfer) from around the patient. Otherwise, injury may occur.

6. Lock the rear swivel casters.
7. Unhook the sling from all attachment points on the lift.
8. Instruct patient to lift their feet off the foot plate. Assist the patient if necessary.
9. Remove the sling from around the patient.
10. Unlock the rear casters and pull the stand up lift away from the wheelchair.

Transferring to a Bed

NOTE: The lower center of gravity provides stability making the patient feel more secure and the lift easier to move.

1. Position the patient as far over the bed as possible.

NOTE: If patient is being transferred from a surface that is lower than the bed, press the up arrow button to raise the patient above the surface of the bed. The patient should be elevated just high enough to clear the bed with their weight fully supported by the lift.

2. Press the down arrow button and lower the patient onto the bed.

⚠ WARNING

Invacare recommends locking the rear swivel casters ONLY when positioning or removing the sling from around the patient.

3. Lock the rear swivel casters.
4. Unhook the standing or transport sling from all attachment points on the stand up lift.
5. Instruct the patient to lift their feet off of the foot plate.

NOTE: Assist the patient if necessary.

6. Remove the standing or transport sling from around the patient.
7. Unlock the rear casters and pull the stand up lift away from the bed.

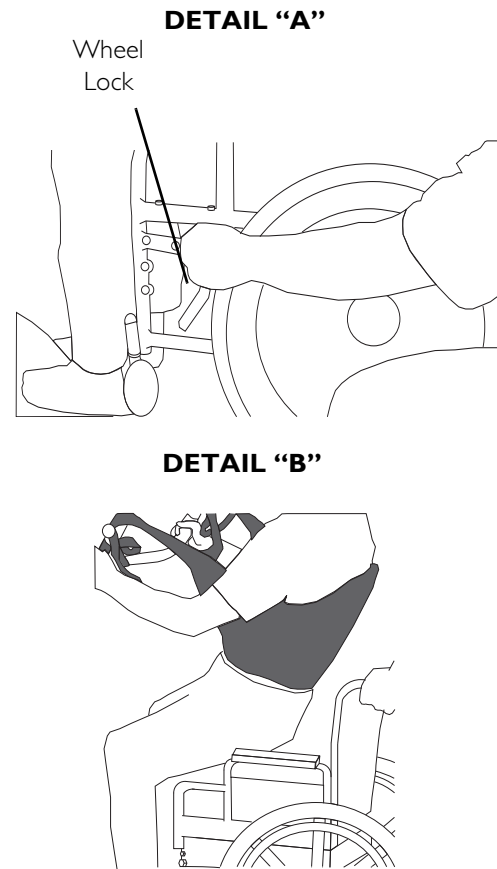


FIGURE 5.2 Transferring the Patient to a Wheelchair

SECTION 6—TROUBLESHOOTING

SYMPTOMS	FAULTS	SOLUTION
Noisy or dry sound from pivots.	Needs lubrication.	Refer to Lubricating the Lift on page 23.
Electric actuator fails to lift when button is pressed.	<p>Hand-control or actuator connector loose.</p> <p>Battery low.</p> <p>RED emergency stop button pressed IN.</p> <p>Battery not connected properly to control box.</p> <p>The connecting terminals are damaged.</p> <p>Electric actuator in need of service or load is too high.</p>	<p>Charge batteries. Refer to Primary Emergency Release on page 14.</p> <p>Rotate RED emergency stop button CLOCKWISE until it pops out.</p> <p>Reconnect the battery to the control box. Refer to Primary Emergency Release on page 14.</p> <p>Replace the battery pack. Refer to Primary Emergency Release on page 14.</p> <p>Refer to Replacing the Electric Actuator on page 23.</p>
Unusual noise from lift arm actuator.	Actuator is worn or damaged or spindle is bent.	Refer to Replacing the Electric Actuator on page 23.
Lift arms will not lower in uppermost position.	Lift arms require a minimum weight load to lower from the uppermost position.	Pull down slightly on the lift arms.
Legs don't open and close properly.	Leg actuators may be worn or damaged or spindle is bent.	Refer to Replacing the Leg Actuators on page 25.

NOTE: If problems are not remedied by the suggested means, please contact your dealer or Invacare.

SECTION 7—MAINTENANCE

NOTE: Follow the maintenance procedures described in this manual to keep your patient lift in continuous service. Invacare permits servicing only by an Authorized Service Agent. Contact our Customer Service Team on 1800 460 460 for more information.

The Invacare Patient Lift is designed to provide a maximum of safe, efficient and satisfactory service with minimum care and maintenance. All parts of the Invacare Lift are made of the best grades of steel, but metal to metal contact will wear after considerable use.

Daily Inspections

The patient lift should be checked each time it is used. Perform the following checks in addition to those at the appropriate time listed in the table below. If you question the safety of any part of the lift **DO NOT** use. Contact your Dealer **IMMEDIATELY**.

1. Visually inspect the patient lift. Check all parts for external damage or wear. If damage is found **DO NOT** use. Contact your Dealer **IMMEDIATELY**.
2. Check the emergency lowering function (both electrical and/or mechanical). If damage is found **DO NOT** use. Contact your Dealer **IMMEDIATELY**.
3. Check that all hardware and attachment points for damage or wear. If damage is found **DO NOT** use. Contact your Dealer **IMMEDIATELY**.
4. Check that the safety clips on the sling attachment points are working properly.
5. Verify that the hand control is functioning (lifting and leg movements).
6. Check battery charger function.
7. Charge the battery every day the lift is used.

Maintenance Safety Inspections

A person who is suitably and properly qualified and well acquainted with the design, use and care of the hoist should perform periodic inspections.

Inspections should be carried out routinely (at least as often as specified) and, as necessary, a full service under-taken by an authorized service agent every 12 months (a minimum requirement). All defects, damage and resulting actions should be reported in writing to your supplier.

COMPONENT	INITIAL INSPECTION	INSTITUTIONAL INSPECT MONTHLY	IN-HOME INSPECT EVERY SIX (6) MONTHS
THE BASE Inspect for missing hardware. Legs open/close with ease. Inspect casters and axle bolts for tightness and wear. Inspect casters for smooth swivel and roll. Inspect wheels are clear of debris.	X X X X X	X X X X X	X X X X X
THE MAST Mast MUST be securely assembled to lift arms. Inspect for bends or deflections.	X X	X X	X X
THE LIFT ARMS AND LINKAGE Check all hardware and attachment points. Inspect for bends or deflections. Inspect bolted joints of lift arms for wear. Inspect to ensure that the lift arms are centered between the base legs.	X X X X	X X X X	X X X X
ELECTRIC ACTUATOR Check for wear or deterioration. (IF DAMAGED, CONTACT DEALER) Cycle to ensure smooth quiet operation.	X X	X X	X X
CLEANING Whenever necessary.	X	X	X
SLINGS CHECK ALL SLING ATTACHMENTS each time it is used to ensure proper connection and patient safety. Inspect sling material for wear. Inspect straps for wear.	X X X	X X X	X X X

*NOTE: There is no adjustment or maintenance of the casters, other than cleaning, lubrication and checking axle and swivel bolts for tightness. Remove all debris, etc. from the wheel and swivel bearings. If any parts are worn, replace these parts **IMMEDIATELY**.*

Cleaning the Sling and the Lift

The sling should be washed regularly in water temperature not exceeding 180°F (82°C) and a biological solution. A soft cloth, dampened with water and a small amount of mild detergent, is all that is needed to clean the patient lift. The lift can be cleaned with non-abrasive cleaners.

Detecting Wear and Damage

It is important to inspect all stressed parts, such as slings, lifting arm and any pivot for slings for signs of cracking, fraying, deformation or deterioration. Replace any defective parts IMMEDIATELY and ensure that the lift is not used until repairs are made.

Lubricating the Lift

The Invacare lift is designed for minimum maintenance. However, a six month check and lubrication should ensure continued safety and reliability.

Keep lift and slings clean and in good working order. Any defect should be noted and reported to your dealer as soon as possible.

The casters MUST swivel and roll smoothly. A light grease (waterproof auto lubricant) may be applied to the ball bearing swivel of the casters once a year. Apply more frequently if the casters are exposed to extreme moist conditions.

Replacing the Electric Actuator

NOTE: For this procedure, refer to FIGURE 7.1 on page 24.

1. Unplug the electric actuator from the control box on the mast assembly. Thread the actuator lead through the actuator lead routing hole in the mast assembly.
2. Remove the hardware that secures the top of the electric actuator to the lift arm actuator mounting bracket.
 - A. Remove the rubber caps from the nut and screw that attach the electric actuator to the lift arm actuator mounting bracket.
 - B. Remove the screw, washer, bearing, nylon washer, actuator cap, bushing, nylon washer, bearing, washer, flat washer and nut.

NOTE: The actuator cap will become loose when the attaching hardware is removed. Inspect the actuator cap for damage. Replace the actuator cap if damage is found.

3. Remove the hardware that secures the bottom of the electric actuator to the mast assembly actuator mounting bracket.
 - A. Remove the rubber caps from the nut and screw that attach the electric actuator to the mast assembly actuator mounting bracket.
 - B. Remove the screw, washer, bearing, nylon washer, bushing, nylon washer, bearing, washer, flat washer, and nut.
4. To replace the electric actuator, reverse STEPS 1-3.

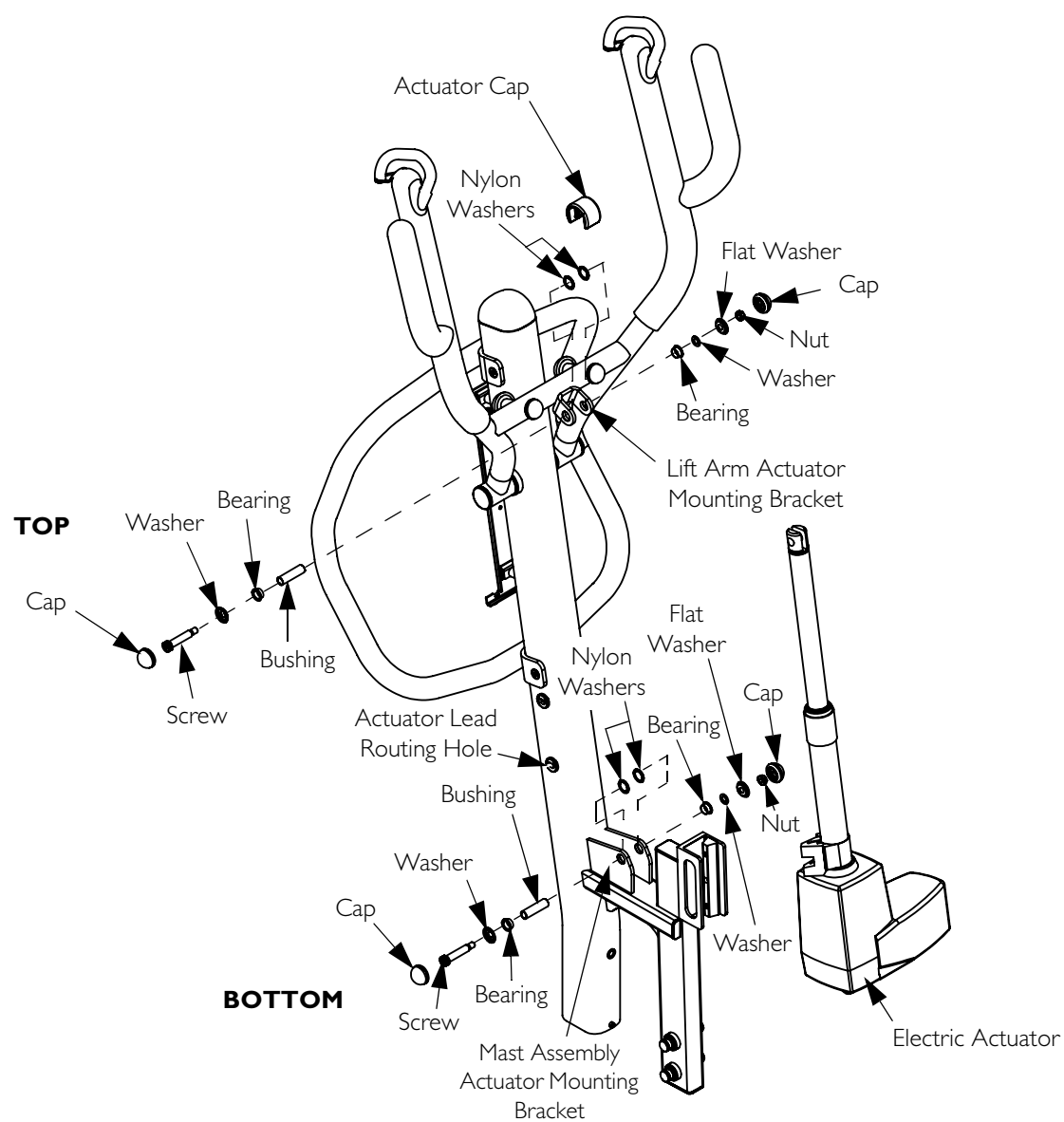


FIGURE 7.1 Replacing the Electric Actuator

Replacing the Leg Actuators

NOTE: For this procedure, refer to FIGURE 7.2 on page 25.

NOTE: If the legs of the patient lift do not open and close properly, it may be necessary to replace one or both of the leg actuators.

1. Test the operation of the legs:
 - Press the CLOSE button on the hand control to close the legs.
 - Press the OPEN button on the hand control to open the legs.
2. While holding on to the mast handles, carefully tip the patient lift back until it rests on the floor.

NOTE: It is necessary to remove both small base covers before removing the large base cover.

3. Remove the sixteen screws that attach the small base covers to the base.
4. Remove the eight pan head screws that attach the large base cover to the base.

NOTE: If the left or the right leg of the patient lift does not operate properly, perform the following steps on the side of the base necessary to replace the actuator. If both legs do not operate properly, perform this replacement procedure on both sides of the base.

5. Locate and disconnect the leg actuator lead wires.

NOTE: The actuator lead wires will be visible after the large base cover is removed.

6. Remove the socket head screw and washer that attach the leg actuator to the base.
7. At the other end of the actuator, remove the socket head screw and nut that attach the leg actuator to the leg bracket.
8. If necessary, repeat STEPS 5-7 on the opposite side of the base to remove the other leg actuator.
9. To replace the actuator(s), reverse STEPS 5-7.

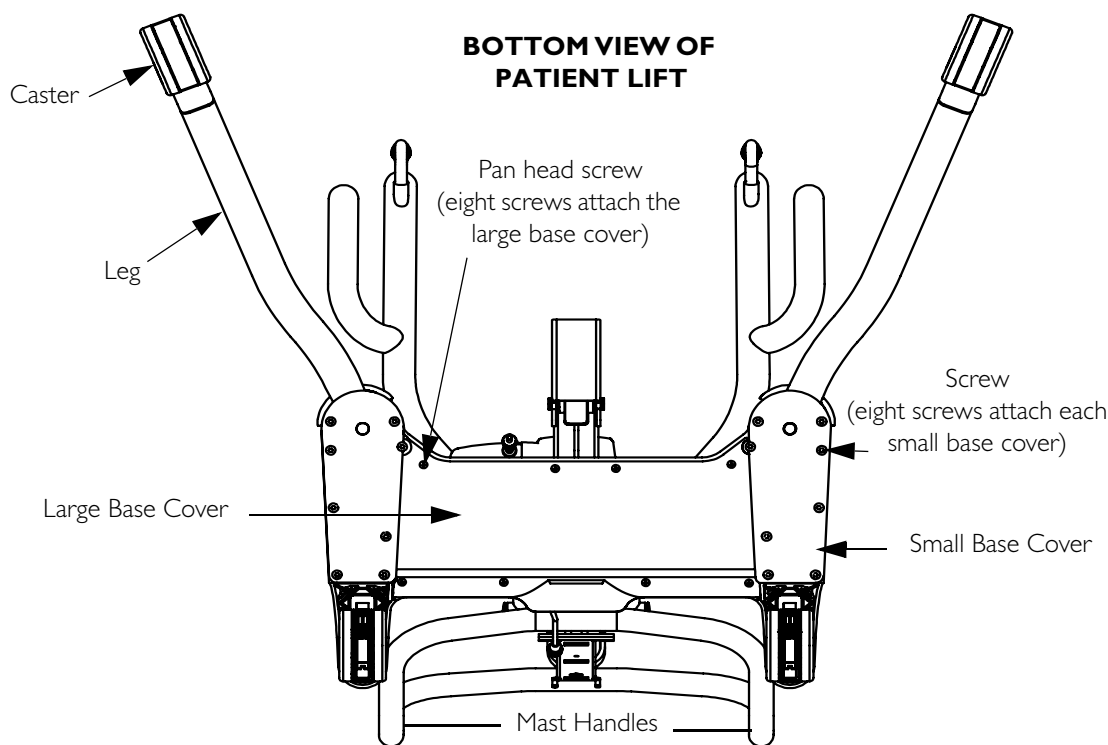


FIGURE 7.2 Replacing the Leg Actuators

Adjusting the Knee Pad Height

NOTE: For this procedure, refer to FIGURE 7.3.

NOTE: When adjusted properly, the patient's knee will make contact at the center of the knee pad.

1. While supporting the knee pad, disengage the quick release knob on the side of the knee pad mounting bracket.
2. Choose a height adjustment that will be comfortable for the patient and will provide the necessary support. Engage the quick release knob into position until the knee pad is secure in place.

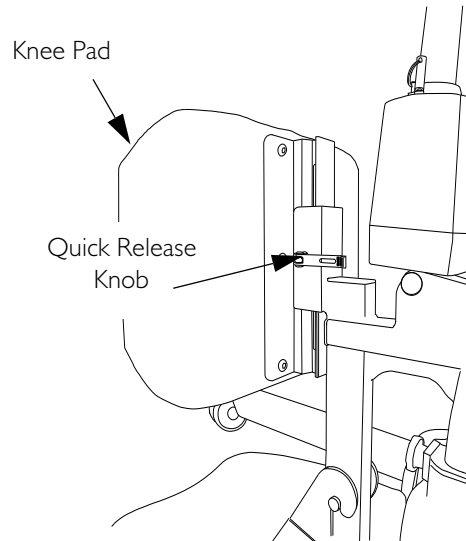


FIGURE 7.3 Adjusting the Knee Pad Height

NOTES

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