INSTRUCTIONS FOR USE



6 and 8 castor version







WARNING

To avoid injury, always read this Instructions for use and accompanied documents before using the product.

Mandatory to read the Instructions for use.

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Foreword

Thank you for purchasing Evenda® long term care bed.

Customer contact information

For questions regarding this product, supplies, maintenance, or additional information about Arjo products and service, contact Arjo, an Arjo authorised representative or visit www.arjo.com.

Read and fully understand this IFU before using the product

Information in this Instructions For Use (IFU) is necessary to perform the proper operation and maintenance of the equipment. It will help to protect your product and make sure that the equipment performs to your satisfaction. The information in this IFU is important for your safety and must be read and understood to help prevent possible injury. Unauthorised modifications on any Arjo equipment can affect safety. Arjo will not be held responsible for any accidents, incidents or lack of performance that occur as a result of any unauthorised modification to its products.

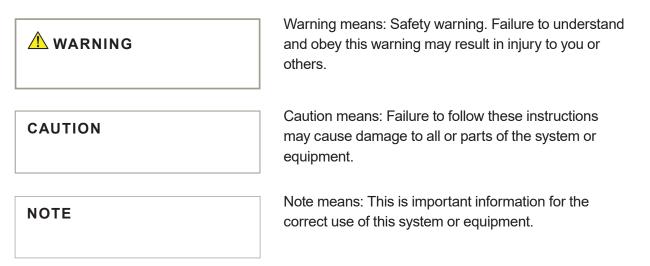
Service and support

Routine maintenance must be performed on your product every week to maintain safety and reliability of the equipment. See section Care and preventive maintenance for more information. If you require further information or spare parts, see Customer contact information.

Serious incident

If a serious incident occurs in relation to this medical device, affecting the user, or the patient, then the user or patient should report the serious incident to the medical device manufacturer or the distributor. In the European Union, the user should also report the serious incident to the Competent Authority in the member state where they are located.

Definitions in this IFU



Intended use

The Evenda bed is a height and contour adjustable bed for use in a long-term professional care setting where medical supervision is provided. The bed is to be operated by appropriately trained caregivers attending to the care of residents/patients and by residents/patients determined to be clinically capable.

The Evenda bed is suitable for long-term care in a medical area where medical supervision is required and monitoring is provided if necessary, e.g. nursing homes and geriatric facilities.

The bed is intended for use by residents/patients having a height between 146 cm (4'10") and 210 cm (6'10") and between a weight of 40 kg (88 lb) and 195 kg (430 lb).

The Evenda bed with 6-wheel or 8-wheel configuration is not intended for transportation of residents/ patients.

The Evenda bed must be used by appropriately trained caregivers with adequate knowledge of the care environment, its common practices and procedures, and in accordance with the guidelines in the Instructions for Use.

The Evenda bed should only be used for the purpose specified in the Instructions for Use. Any other use is prohibited.

Indications for use

The bed is indicated for medical purposes to aid the patient and/or staff during the performance of routine care.

The bed is appropriate for situations where assistance is required in positioning the patient, or in reducing lifting and manual handling stresses on the caregiver.

Resident/patient assessment

We recommend that facilities establish regular assessment routines. Caregivers should assess each resident/patient according to the criteria provided and defined in the intended use above.

Contraindications

The Evenda bed is not suitable for use in the following situations:

- Residents/patients weighing less than 40 kg (88 lb)
- Residents/patients weighing more than 195 kg (430 lb)
- Residents/patients height is not in the range of 146 cm (4'10") and 210 cm (6'10")
- Residents/patients BMI less than 17
- Homecare setting
- Residents/patients transportation with 6-wheel or 8-wheel bed configuration

The recommended patient height is between 146 cm (4'10") and 210 cm (6'10"). At the discretion of the caregiver, patients taller than 190 cm (6'3") may be accommodated by extending the bed. The patient's height must not exceed the in-bed length.

The age, size and condition of the patient should be assessed by a clinically qualified healthcare professional to ensure they can use the bed safely.

If the patient/resident does not meet these criteria an alternative equipment/system shall be used.

Safe Working Load

The safe working load of the bed is	230 kg (507 lb)
The safe working load is calculated as follows (in accordance with EN 60601-2-52):	
Maximum resident/patient weight:	195 kg (430 lb)
Mattress:	20 kg (44 lb)
Accessories (including attached loads):	15 kg (33 lb)
TOTAL:	230 kg (507 lb)

If the combined weight of the mattress and accessories exceeds 35 kg (77 lb), the maximum resident/ patient weight must be reduced accordingly.

Installation requirements

The equipment must be installed in accordance with guidance provided in the Instructions for Use.

Expected Service Life

The expected service life of the Evenda bed is 10 years.

Service life is defined as the period during which the product will maintain the specified performance and safety, provided it has been maintained and operated in conditions of normal use in accordance with the requirements in the Instruction for Use.

Safety instructions

WARNING

To avoid injury, each patient should be clinically assessed by a qualified person before using the bed.

WARNING

To avoid injury and unintentional activation, each patient should be clinically assessed by a qualified person before being allowed to operate the hand control.

WARNING

To avoid injury, each patient should be clinically assessed by a qualified person before allowing the use of bed rails.

WARNING

To reduce the risk of falling, always assess how prone to falls the patient is and adjust the bed height accordingly when the patient is unattended. For patients prone to falls, leave the bed in the lowest practical position. For patients with better mobility, leave the bed at a suitable egress height.

WARNING

To avoid entrapment, keep the patient's hair, arms and feet close to the body when operating the bed.



To avoid injury make sure that patient weight, accessory weight and mattress weight do not exceed the Safe Working Load of the bed. If the maximum patient weight for the mattress is different than that specified for the bed, the lower value applies.

WARNING

To avoid fire and electric shock, do not let the power cord get damaged. Do NOT use the equipment if the power cord is damaged or if any electrical components are exposed. If damaged, the complete assembly must be replaced.

WARNING

To avoid injury, avoid squeezing and disrupting cables, tubing and invasive lines when operating the bed.



WARNING

To avoid injury and unintentional activation, position the hand control correctly using the hand control clip.

WARNING

To avoid strangulation or impaired circulation, use the hand control clip and position the hand control and the cable correctly.

🔼 warning

To avoid tripping, do not allow the power cord or the hand control cable to trail on the floor where it may pose a trip hazard.

To avoid injury, make sure the bed movement is not restricted by obstacles such as bedside furniture.

🗥 warning

To avoid explosion or fire, never use the bed in oxygen-rich environment, in presence of heat source or near flammable anaesthetic qases.

WARNING

This product contains small parts that may present a choking hazard to children if inhaled or swallowed.



Keep pets and children away from the bed unless they are supervised by an adult.

CAUTION

To avoid equipment damage, do not let the hand control cable get damaged by the bed or other objects being moved over it.

CAUTION

To avoid equipment damage, do not leave the bed and accessories for extended periods of time in humid or wet areas.

CAUTION

To avoid equipment damage, avoid spillage or excessive cleaning of the bed.

NOTE

Lay users such as visitors need to be informed about the safety instructions for the bed in order to use the following functions:

- Hand control (unlocked functions only)
- Mobility assist handle
- Bed rails

Preparation

Before first use

- 1. Check the package for damage. If the package looks damaged, contact the transport agency. Do NOT use the product.
- 2. Check that all items are intact.
- 3. Recycle the packaging according to local regulations.
- 4. Read this IFU.
- 5. Configure the bed as required. Add suitable equipment, accessories and mattress. If necessary, adjust the bed length and install bed rail gap fillers as needed. See Extending the bed frame on page 33 and Installing bed rail gap fillers on page 35. Only use accessories that have been approved for use with the bed.
- 6. Follow the instructions for initial startup. See Initial startup on page 12.
- 7. Store the IFU in a designated area, where it is easily accessible at all times.

Before every use

- 1. Inspect the Evenda bed according to the Care and preventive maintenance chapter in this IFU. If any item is damaged do NOT use the product.
- 2. A patient assessment should be performed by a clinically qualified person before each new patient.

After each patient

Clean and disinfect the product after each patient according to Cleaning and disinfection on page 47.

Mattress size selection

Suitable mattress sizes are shown in the table. When choosing bed and mattress combinations, consider the use of bed rails (if any) based on clinical assessment of each individual patient and according to local policy. See respective mattress IFU.

If the bed is extended 20 cm, place a mattress squab at the foot end.

To avoid injury or falling, always use a mattress of the correct size and type. Be aware that entrapment risks may exist when using a very soft mattress, even if it is the correct size.

To avoid entrapment when the bed is extended 20 cm, place a mattress squab at the foot end.

	MATTRESS WIDTH	MATTRESS LENGTH*	MATTRESS THICKNESS
Standard Evenda bed	90 cm (35.4 in)	• 200 cm (78.7 in)	10 00 cm
Wide Evenda bed	107 cm (42.1 in)	 210 cm (82.7 in) 220 cm (86.6 in) 	12 - 22 cm (4.7 - 8.7 in)

*Suitable mattress length depends on if the Evenda bed has been extended.

Powered air mattressess

Powered air/foam mattresses might be thicker than a foam mattress. Replacement to a powered air/ foam mattress must be assessed individually prior to use to verify that enough space for the bed rails is maintained.

If a powered air/foam mattress is used, place the mattress squab at the head end.

For more information on appropriate mattresses and mattress replacements, contact your local Arjo office or approved distributor.



Turning on/off the bed

CAUTION

To ensure proper performance, leave the bed connected to a power outlet for at least 10 hours after plugging it in for the first time with the battery installed.

NOTE

If using a power outlet controlled by a power switch, make sure the power switch is set to ON.

- 1. Plug the power cord into a power outlet. See Figure 1.
- 2. Position the bed so that the mains plug is easily reached to disconnect from the power outlet.
- To turn off the bed, disconnect the power cord from the power outlet. If the bed is equipped with a battery, the bed still operates after disconnecting the power cord.

Hand control startup

The Power indicator light on the standard hand control lights up when a button is pressed for the first time. See Figure 2.

Some glitches may occur the first time the hand control is turned on. If using the standard hand control, perform the following checks.

• If the height adjustment LED is flashing, raise the bed to the maximum height, then lower it to the desired height.

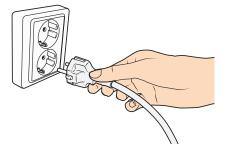


Figure 1



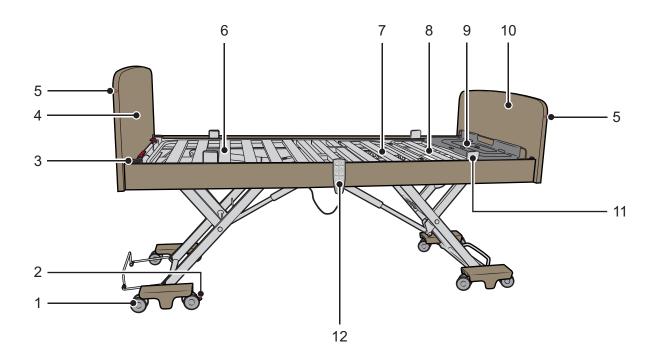
- If the backrest adjustment LED is flashing, lower the backrest section all the way down, then raise it to the desired position.
- If the thigh section adjustment LED is flashing, lower the thigh section all the way down, then raise it to the desired postition.

If using the optional hand control with tilt function, press every button after plugging in the bed. If any button is not functioning as expected, perform the same checks as for the standard hand control to initialize the controls.

See also Troubleshooting on page 51.

Parts designation

Bed

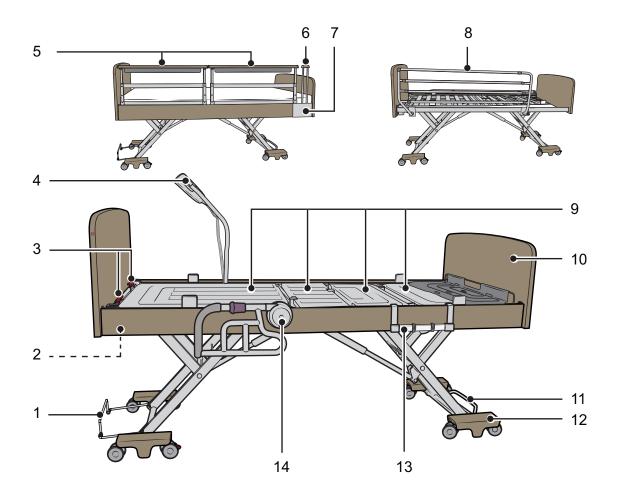


- 1. Castor
- 2. Brake pedal
- 3. Accessory socket (one on each side)
- 4. Headboard
- 5. Magnet for lockout (one on each side of the headboard and footboard)
- 6. Backrest

- 7. Thigh section
- 8. Calf section
- 9. Mattress platform extension
- 10. Footboard
- 11. Mattress retainer (two per side)
- 12. Hand control with clip

Accessories

All accessories are optional.

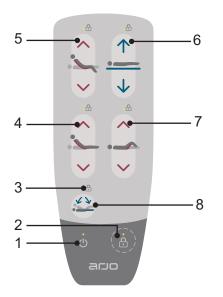


- 1. Wall spacer
- 2. Battery
- 3. CPR release handle
- 4. Flexible hand control holder
- 5. Telescopic bed rails
- 6. Bed rail gap filler
- 7. Side panel extension

- 8. ³/₄ Folding bed rails
- 9. Plastic covers for the mattress platform
- 10. Footboard (different designs)
- 11. Brake bar
- 12. Castor cover
- 13. DIN rail with hooks
- 14. Mobility assist handle

Hand controls

Standard hand control

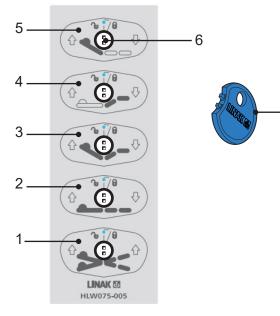


- 1. Power indicator
- 2. Lockout indicator and magnetic sensor area
- 3. Function LED indicator
- 4. Backrest adjustment
- 5. Comfort chair adjustment
- 6. Height adjustment

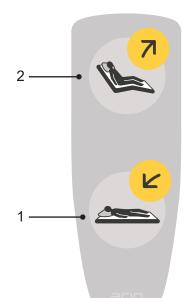
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- 7. Thigh section adjustment
- 8. Flat and programmed height

Optional hand control with tilt function



- 1. Tilt (Trendelenburg / reverse Trendelenburg position)
- 2. Height adjustment
- 3. Comfort chair adjustment
- 4. Thigh section adjument
- 5. Backrest adjustment
- 6. Keyhole for lockout (one keyhole per function)
- 7. Locking key



Simplified hand control

- 1. Flatten bed
- 2. Anti-slide position

Product description - Bed

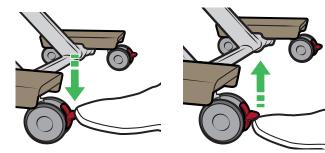
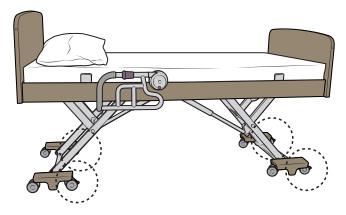


Figure 3





Castors

The Evenda bed is equipped with 6-castor or 8-castor configuration. See Brake pedals on page 17 for different brake locations.

Brake pedals

There are four brake pedals, two at the head end and two at the foot end depending on configuration.

Apply and release brakes with brake pedal

- To apply the brakes, press down the brake pedal on each castor.
- To release the brakes, lift up the brake pedal on each castor.

See Figure 3.

The bed can also be equipped with a brake bar at the foot end. See Brake bar (optional) on page 23.

Brake location

6-castor bed configuration: Brakes are located at the foot end, as two brake pedals or a brake bar. Both sides must be locked to avoid unintentional bed movement.

8-castor bed configuration: Brakes are located both at the head end, as two brake pedals, and at the foot end, as two brake pedals or a brake bar. See Figure 4.

At least three corners must be locked to avoid unintentional bed movement.

Accessory socket (one per side)

The Accessory socket holds the IV pole (ENT-ACC02, ACC24) or lifting pole (EV-ACC01).

Headboard

The headboard is not adjustable.

Magnets for function lockout

See Figure 5

There are four magnets: one on each side of the headboard and footboard. The magnets are used for function lockout on the standard hand control. See Lockout on the standard hand control on page 30.

Backrest

The backrest is adjusted with the hand control. See Backrest adjustment on page 26.

Thigh section

The thigh section is adjusted with the hand control. See Thigh section adjustment on page 27.

Calf section

See Figure 6.

The calf section is adjusted manually.

NOTE

The calf section should only be adjusted when the thigh section is raised. See Thigh section adjustment on page 27

For patient positioning, see Additional patient positions on page 46.



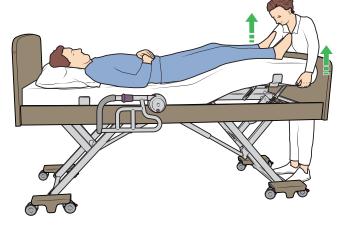
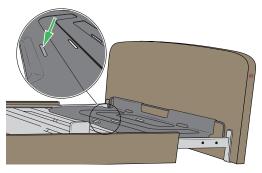


Figure 6



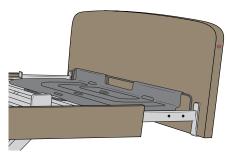
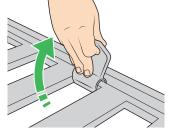


Figure 8



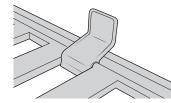


Figure 9

Mattress platform extension

The mattress platform extension supports the mattress when the bed is extended. The mattress platform extension has three slots for different positions. A stopper locks the position. See Figure 7. See Extending the bed frame on page 33.

Footboard

See Figure 8

The footboard has three positions to allow the caregiver to adjust the bed length for tall patients. See Extending the bed frame on page 33. The footboard cannot be removed.

Mattress retainers

To avoid unintentional mattress movement and falling, make sure that all four mattress retainers are installed correctly and that the mattress sits within all mattress retainers.

The mattress retainers keep the mattress in place on the bed.

Attach and detach mattress retainers

- To attach, snap the mattress retainer onto the bed frame and rotate it in place. See Figure 9.
- To detach, rotate the mattress retainer inwards and pull it off the bed frame.

Hand control with clip

The hand control has a clip on the back for correct positioning when not in use. See Figure 10.

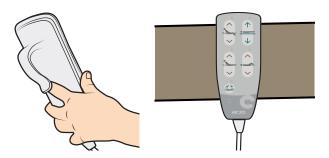


Figure 10

Product description - Accessories

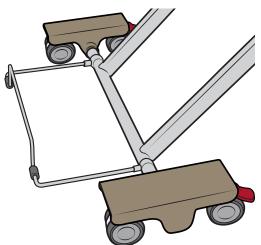


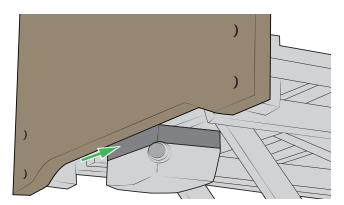
Figure 11

Wall spacer (optional)

See Figure 11

The wall spacer prevents the power cord and any electrical outlets from being damaged by the bed.

- When the bed is stationary, keep the wall spacer lowered.
- For transport, keep the wall spacer raised against the bed legs.



Battery (optional)

See Figure 12

The bed can be equipped with a battery under the head end of the bed. The battery allows the bed to be operated when disconnected from a power outlet.

Figure 12

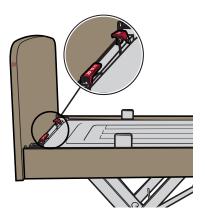


Figure 13

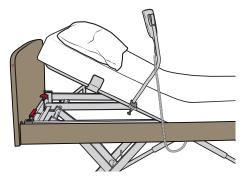
CPR release handle (optional)

See Figure 13

In the event of a cardiac arrest, use either the CPR release handle or the Flat and programmed height button on the hand control to return the bed to a flat and level position.

NOTE

If equipped, a CPR release handle is located on both sides of the head end of the bed.



Flexible hand control holder (optional)

See Figure 14

The hand control holder can be installed onto either side of the backrest frame. It provides the patient with easy access to the hand control.

To avoid collision with other accessories, the hand control holder should be positioned between the second and third bar. See Figure 15.

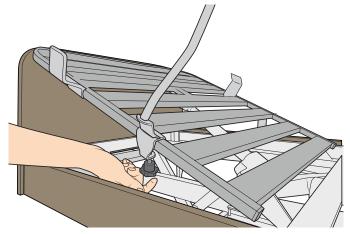


Figure 15

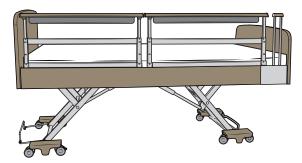


Figure 16

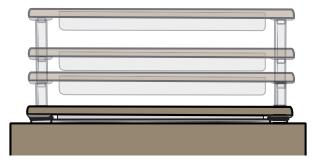


Figure 17

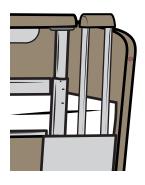
Telescopic bed rails (optional)

See Figure 16

The bed can be equipped with telescopic bed rails to secure the patient along the full bed length.

When raised, the telescopic bed rails can be locked in the highest position or in one of several middle positions. See Figure 17.

See Telescopic bed rails on page 36.





See Figure 18

The bed rail gap filler protects the patient by closing the gap between the bed rail and the footboard when the bed is extended.

If the bed is equipped with telescopic bed rails, always install bed rail gap fillers after extending the bed.

See Installing bed rail gap fillers on page 35.

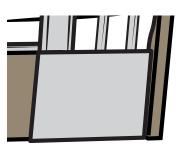


Figure 19



Figure 20

Side panel extension (optional)

See Figure 19

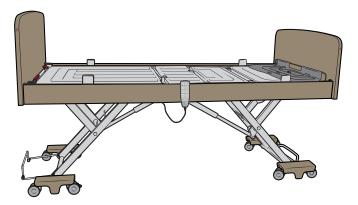
If the bed is extended, side panel extensions can be added to cover the exposed bed frame. See Extending the bed frame on page 33.

3/4 Folding bed rails (optional)

See Figure 20

The bed can be equipped with $\frac{3}{4}$ folding bed rails to secure the patient along $\frac{3}{4}$ of the bed length.

See Telescopic bed rails on page 36.



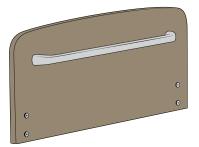
platform for easy cleaning of bed surfaces. Once fitted, the mattress platform extension should be placed on top of the plastic cover.

The plastic covers can be placed on the mattress

Plastic covers for the mattress

platform (optional)

See Figure 21

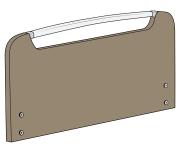


Footboard with accessory rail (optional)

See Figure 22

The accessory rail can be used for hanging accessories and equipment such as a pump.

Figure 22

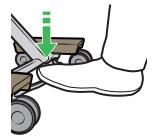


Footboard with guiding rail (optional)

See Figure 23

The guiding rail can be used by the patient as a grab handle when moving around.

Figure 23



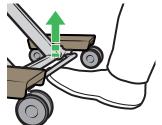


Figure 24

Brake bar (optional)

The brake bar is located at the foot end.

Apply and release brakes with brake bar

- To apply the brakes, press down the brake bar.
- To release the brakes, lift up the brake bar fully. See Figure 24.

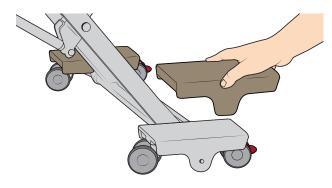


Figure 26

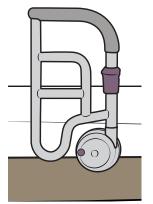


Figure 27

Castor covers (optional)

CAUTION

To avoid equipment damage, do not stand or place objects on the castor covers.

Attach the castor cover

Align the castor cover above the castor and push the covers on until it snaps into place. See Figure 25.

DIN rail with hooks (optional)

See Figure 26

CAUTION

To avoid damage to the DIN rail, do not exceed its Safe Working Load.

CAUTION

To avoid damage to the drainage bag by compression, pay attention when lowering the bed to the lowest position.

The DIN rail can be hung on the bed frame or side panel using clipping hooks. The DIN rail has two hooks that can support urine bags or drainage bags. Each hook can support 2 kg (4.4 lb). The Safe Working Load for the DIN rail is 10 kg (22 lb).

Mobility assist handle (optional)

See Figure 27

The mobility assist handle can be used as support for the patient. See Mobility assist handle on page 40.

Product description - Hand controls

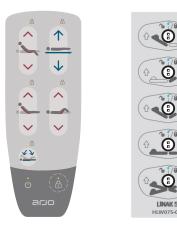


Figure 28

Figure 29

Figure 30

NOTE

When any button is pressed on the Standard hand control, a backlight turns on and stays on for 15 seconds.

Standard hand control and Optional hand control with tilt function

See Figure 28

Power indicator (standard hand control only)

See Figure 29

The Power indicator light is green when the bed is plugged into a power outlet.

In battery mode, the Power indicator is off while the bed is in standby mode, and flashing when performing a function.

Lockout indicator and magnetic sensor (standard hand control only)

See Figure 30

The circle indicates the magnetic sensor area, which is used for function lockout. The Lockout indicator flashes and there is a beep during the procedure of setting the lockout configuration. See Lockout on the standard hand control on page 30.



Figure 31

Function LED indicator (standard hand control only) See Figure 31

Indicates which functions are locked.



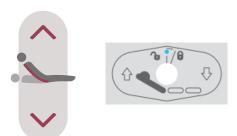




Figure 33

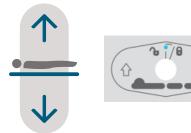


Figure 34

Backrest adjustment

See Figure 32

The Backrest adjustment buttons raise and lower the backrest.

The backrest pauses briefly at 30° and at 45°.

Comfort chair adjustment

See Figure 33

The Comfort chair up button first raises the backrest and the thigh section, then tilts the bed forwards into in a chair position.

If the bed is too low for Comfort chair, the mattress platform is first raised to 350 mm (13 $\frac{3}{4}$ in).

The Comfort chair down button returns the mattress platform to a flat and horizontal position.

The backrest pauses briefly at 30°.

Height adjustment

See Figure 34

To avoid entrapment, make sure the space underneath the bed is clear before lowering the bed, especially if the telescopic bed rails are lowered. Keep feet away from the bed.

The Height adjustment buttons raise and lower the mattress platform.

As a precaution during lowering, the bed stops at 250 mm (9 $\frac{3}{4}$ in) height. Press the button again to continue lowering at a reduced speed.





Figure 36



Figure 37

Thigh section adjustment

See Figure 35

The Thigh adjustment buttons raise and lower the thigh section.

The thigh section pauses briefly at 30°.

To adjust the calf section, see Additional patient positions on page 46.

Flat and programmed height (standard hand control only)

See Figure 36

The Flat and programmed height button returns the mattress platform to a flat and horizontal position and at the same time lowers it to a height of 250 mm (9 $\frac{3}{4}$ in).

The Flat and programmed height button brings the bed to the CPR position.

See CPR position on page 43.

Tilting (optional hand control with tilt function only)

See Figure 37

The Tilt buttons lower the head end (Trendelenburg position) or the foot end (reverse Trendelenburg position).

If the bed is too low for tilting, the mattress platform is raised to 350 mm (13 $\frac{3}{4}$ in).

Under bed light (optional)

When the bed is plugged in, the under bed light is constantly turned on.

If the bed operates on battery power, the under bed light only turns on when the hand control is used. The light turns off automatically after 2 minutes if no action is performed.

To manually turn it off or on, press the Comfort chair up button and the Height up button simultaneously and hold for 2 seconds.

Simplified hand control (optional)

See Figure 38

The simplified hand control provides the patient with a limited number of bed functions. It can only be installed in addition to a standard hand control with full functionality.



To avoid injury, each patient should be clinically assessed by a qualified person before being allowed to use the simplified hand control.

To avoid risks of injury, be aware that locking functions on the main hand control does not lock these functions on the simplified hand control.

NOTE

The simplified hand control only works when the bed is plugged into a power outlet.



Figure 38





Figure 40

Anti-slide position

See Figure 39

The Anti-slide position button raises the backrest and the thigh section to help prevent the patient from sliding.

If the function is activated when the bed is tilted, the mattress platform is first brought to a horizontal position.

Flatten bed

See Figure 40

The Flatten bed button returns the mattress platform to a flat and horizontal position.

Product functions

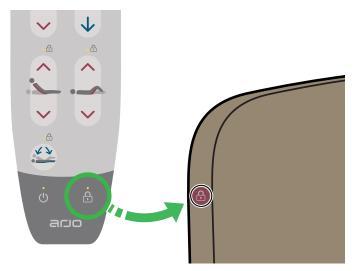


Figure 41



Figure 42

Lockout on the standard hand control

\rm WARNING

To avoid injury and unintentional activation, each patient should be clinically assessed by a qualified person before being allowed to operate the hand control.

By setting the lockout configuration, the caregiver can select bed functions to be locked for use. During daily use, all functions can be instantly accessed using Temporary unlocking.

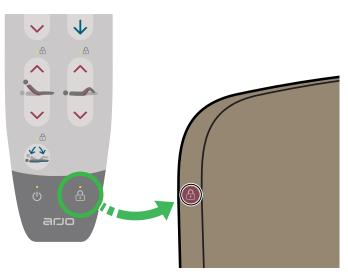
Setting lockout configuration on the standard hand control

- Hold the hand control sensor against the magnet for 5 to 10 seconds. See Figure 41.
 Both the front and the back of the hand control are possible to use. See Figure 42.
 The lockout indicator flashes and there is a beep.
- Press the function buttons to lock or unlock functions. The status is indicated by an indicator light above each function. No bed movement is possible during configuration.
 - Function LED indicator on = function locked
 - Function LED indicator off = function unlocked
- 3. When finished, hold the hand control magnetic sensor over the magnet for 1 second.

The lockout configuration is exited and saved automatically after 30 seconds if no action is performed.

NOTE

Function lockout settings are retained if the bed is disconnected from the power supply.







NOTE

If a function button is pressed while the function is locked, the lockout indicator flashes.

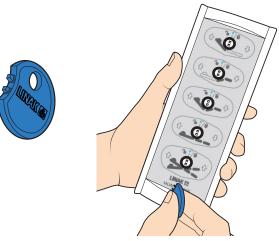
Temporary unlocking on the standard hand control

- Hold the hand control magnetic sensor against the magnet for 1 second. See Figure 43.
 Both the front and the back of the hand control are possible to use. See Figure 44.
 All indicators flash.
- 2. Use the functions as needed.
- 3. When finished, hold the hand control magnetic sensor over the magnet for 1 second.

The temporary unlocking is exited automatically after 30 seconds if no action is performed. All functions return to their previous lockout status.

Lockout combinations

- Locking the Chair function also locks the Thigh and Backrest functions.
- Locking the Thigh or Backrest functions also locks the Chair function.
- Unlocking the Chair function also unlocks the Thigh and Backrest functions.
- Unlocking the Thigh function also unlocks the Chair function if the Backrest function is already unlocked.
- Unlocking the Backrest function also unlocks the Chair function if the Thigh function is already unlocked.



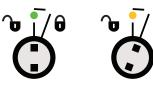


Figure 46

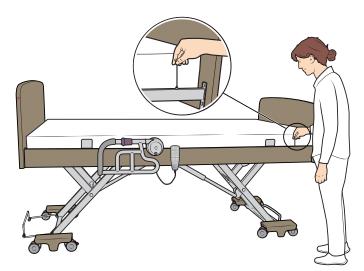
Lockout on the optional hand control with tilt function

To avoid injury and unintentional activation, each patient should be clinically assessed by a qualified person before being allowed to operate the hand control.

By setting the lockout configuration, the caregiver can select bed functions to be locked for use. All functions are locked separately.

Setting lockout configuration on the optional hand control with tilt function

- Insert the plastic locking key into the keyhole next to the function to be locked or unlocked. See Figure 45.
- 2. Turn the locking key to lock or unlock the function. See Figure 46.
 - Function indicator green = function unlocked
 - Function indicator yellow = function locked



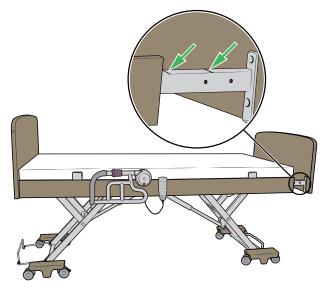


Figure 48

Extending the bed frame

To avoid entrapment, adjust the footboard and the calf section to the same length and make sure both are securely tightened in position.

The bed can be extended from 200 cm (78 $\frac{1}{2}$ in) to 210 cm (82 $\frac{1}{2}$ in) or to 220 cm (86 $\frac{1}{2}$ in).

- 1. Loosen the screw on both sides of the foot end with a hex key S4. See Figure 47.
- Pull out the footboard to the desired bed length. See markings on the bracket. See Figure 48.
 - First mark = 10 cm extension
 - Second mark = 20 cm extension
- 3. To secure the footboard, tighten the screws on **both** sides of the foot end. See Figure 49.
- If the bed has telescopic bed rails, install bed rail gap fillers. See Installing bed rail gap fillers on page 35.

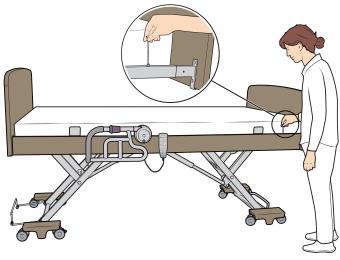


Figure 49

Instructions continue on the next page

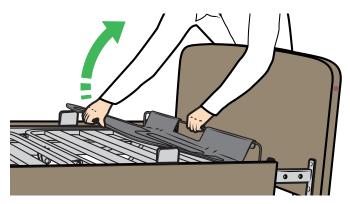


Figure 50

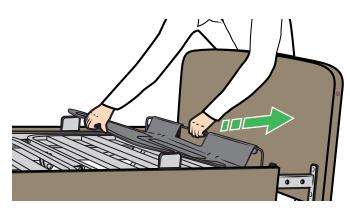


Figure 51

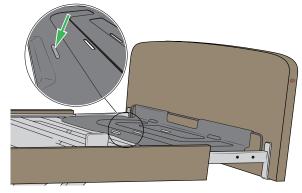


Figure 52

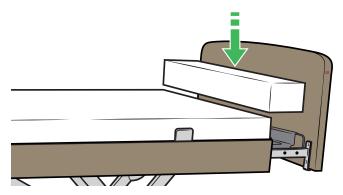
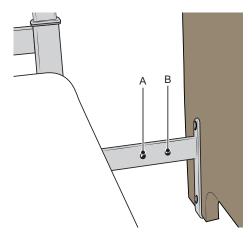


Figure 53

- 5. Lift the plastic end of the mattress platform extension. See Figure 50.
- 6. Pull the metal frame to the same length as the footboard. See Figure 51.
- 7. Put down the mattress platform extension over the stopper to lock the position. See Figure 52.
- 8. Select correct mattress size for the extended bed. See Mattress size selection on page 10.

To avoid entrapment when the bed is extended 20 cm, place a mattress squab at the foot end.

- If the bed is extended 20 cm place a mattress squab at the **foot end**. See Figure 53.
- If a powered air/foam mattress is used, place a mattress squab at the **head end**.



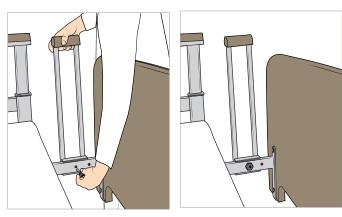


Figure 55

Installing bed rail gap fillers

To avoid entrapment, always install bed rail gap fillers after extending the mattress platform if the bed is equipped with telescopic bed rails.

- With the mattress platform extended, position the bed rail gap filler over one of the holes in the footboard bracket. See Figure 54.
 - A: For length 220 cm (86 ¹/₂ in)
 - B: For length 210 cm (82 ¹/₂ in):
- 2. Tighten the knob on the inside of the bed frame. See Figure 55.
- 3. Repeat the steps on the other side of the bed.

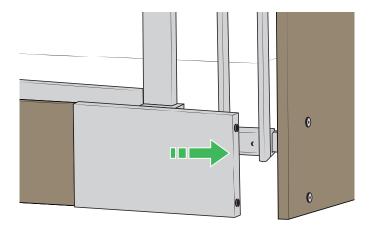
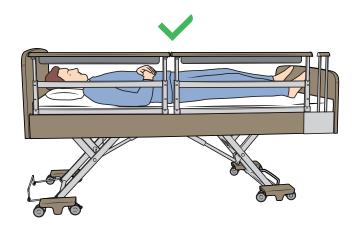


Figure 56

Installing side panel extensions

- 1. With the mattress platform extended, place the side panel extension on the side panel.
- 2. Remove the protective film from the two hookand-loop fasteners. Recycle the film according to local regulations.
- 3. Slide the side panel extension all the way towards the footboard. See Figure 56.
- 4. Press the side panel extension and the footboard together to attach the hook-and-loop fastener.
- 5. Repeat the steps on the other side of the bed.





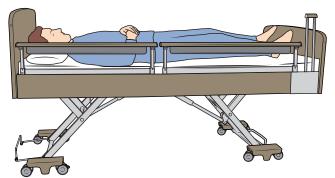


Figure 58

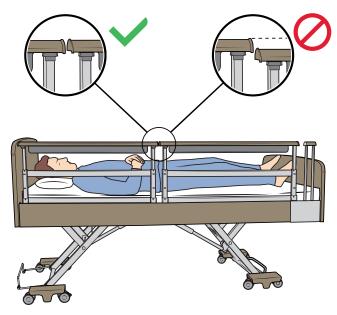


Figure 59

Telescopic bed rails



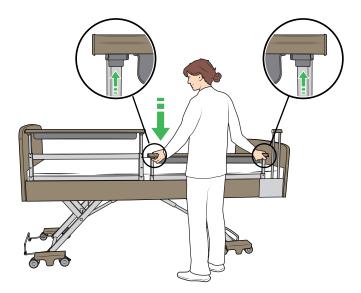
To avoid risks of falls, always assess how prone to falls the patient is. If the patient is at risk of falling, leave the telescopic rails in the highest position while the patient is unattended. The middle position is not sufficient to prevent falls. See Figure 57, Figure 58.

To avoid falling, the patient must not put their full weight on the bed rail.

To avoid entrapment, only use bed rails designed and specified for use with this bed.

To avoid pinching, be careful when adjusting and operating the bed rails.

To avoid injury, make sure that both ends of the bed rails are locked and that the bed rails are aligned. See Figure 59.



NOTE

Install bed rail gap fillers if the telescopic bed rails are used when the bed is extended. See Installing bed rail gap fillers on page 35

Lowering the telescopic bed rails

1. Press and hold the buttons and lower the telescopic bed rail to the lowest position. See Figure 60.



Figure 60

Raising the telescopic bed rails - Highest position

- 1. Press and hold the buttons and raise the telescopic bed rail to the highest position. See Figure 61.
- 2. Release the buttons and make sure that both ends of the bed rail are locked.



Figure 62

Figure 61

Raising the telescopic bed rails - Middle position

- 1. If the bed rail is in the highest position, lower it to the lowest position.
- 2. Raise the telescopic bed rail until it locks in the middle position. See Figure 62.
- 3. To use a different middle position, press and hold the buttons and adjust the height. Release the buttons.
- 4. Make sure that both ends of the bed rail are locked.

³/₄ Folding bed rails

To avoid entrapment, only use bed rails designed and specified for use with this bed.



To avoid falling, the patient must not put their full weight on the bed rail.



To avoid pinching, be careful when adjusting and operating the bed rails.

NOTE

For the ³/₄ folding bed rails' detailed installation instructions, please refer to the **EV-ACC09** Accessory instructions.

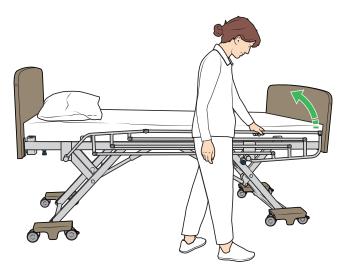


Figure 63



Figure 64



Figure 65



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Figure 66
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Raising the ³/₄ folding bed rail

1. Hold the top rail.

2.

To avoid falling, make sure the locking mechanism is securely engaged when the bed rail is raised. Do not leave the bed rail in the raised position if the locking bolt is visible behind the blue operating knob.

Pull up the bed rail until it locks in the raised position. See Figure 63.

 Make sure the locking bolt on the blue operating knob is not visible. See Figure 64.

Lowering the ³/₄ folding bed rail

- 1. Hold the top rail.
- 2.

To avoid pinching, keep hands away from the bed rail when lowering.

Pull out the blue operating knob and lower the bed rail towards the foot end of the bed. See Figure 65 and Figure 66





Mobility assist handle

See Figure 67

To avoid falling when using the mobility assist handle, make sure it is fully raised or lowered, opened or closed, not in between positions.

To avoid falling, do not use the plastic ring as a grab point when repositioning or transferring.

To avoid falling, the patient must not put their full weight on the mobility assist handle. Do not exceed the safe working load of 38 kg (83 lb).

To avoid pinching, be careful when adjusting and operating the mobility assist handle.

NOTE

For the Mobility assist handle's detailed installation instructions, please refer to the EV-ACC05, EV-ACC06 Accessory instructions.

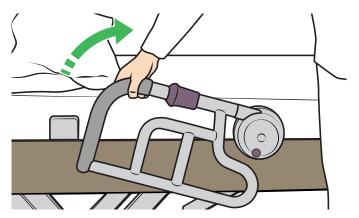


Figure 68



Figure 69

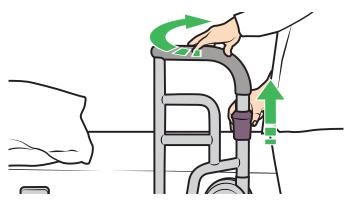
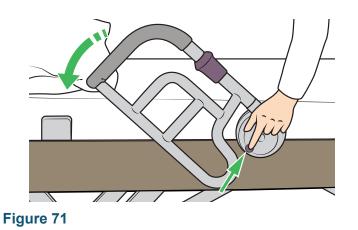


Figure 70



Use the mobility assist handle in the following situations:

- Changing positions in bed
- Sitting up or laying down in bed
- Standing up from seated position
- Sitting down on the bed
- Transferring to or from wheelchair, walker or similar device.

For extra support, raise the backrest.

Raising the mobility handle

Grab the handle and rotate upwards until it locks in place with a click. See Figure 68.

Opening the mobility handle

- 1. Pull up the purple plastic ring.
- 2. Rotate the handle out until it locks in place.

See Figure 69.

Closing the mobility handle

- 1. Pull up the purple plastic ring.
- 2. Rotate the handle in until it locks in place.
- See Figure 70.

Folding the mobility handle

Push the purple button on the base to lower the mobility assist handle. See Figure 71.

Battery

If the bed is disconnected from a power outlet, the bed is powered by the battery (if equipped). When operating the bed on battery power, the backlight and the function indicators are off. The Power indicator flashes when performing a function.

The bed turns off after 2 minutes if no action is performed. To turn it on, press any button on the hand control.

The battery is meant to be used for short periods only. Keep the bed plugged in when possible.

Charging the battery

If there is a constant beep when operating the bed, the battery needs to be charged. Connect the bed to a power outlet.

The battery indicator on the battery indicates the charging status of the battery.

- Solid yellow: Charging
- Off: Fully charged
- Flashing yellow: Error during charging.

To avoid risks of injury, never use a battery past its expiry date.

NOTE

If the bed is stored for a long time, it should be plugged in to a power outlet for 10 hours every 12 months to recharge the battery, or the battery may become unserviceable.

CPR position

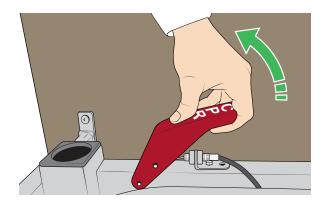


Figure 72

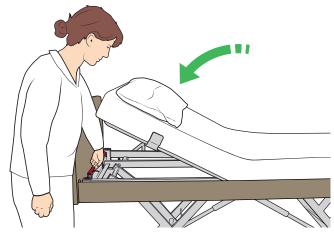
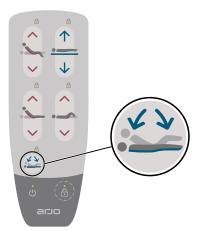


Figure 73





CAUTION

To avoid equipment damage, only use the CPR release handle in an emergency. Repeated everyday use can cause permanent wear.

CPR position with CPR handle

- 1. Lower any bed rails or mobility assist handles.
- 2.

To avoid entrapment, keep hands clear when using the CPR release handle.

Pull the CPR release handle until the bed is flat. See Figure 72 and Figure 73.

CPR position without CPR handle

- 1. Lower any bed rails or mobility assist handles.
- 2. Press and hold the Flat and programmed height button on the hand control. See Figure 74.

Preparing the bed for a patient

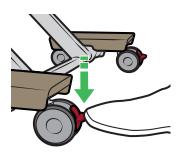


Figure 75

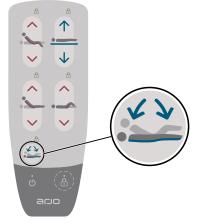


Figure 76

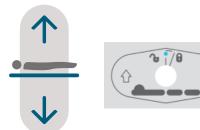


Figure 77

Preparing the bed

(15 steps)

- 1. Turn on the bed, see Turning on/off the bed on page 12.
- 2.

To avoid falling during unintentional bed movement, apply the brakes when the bed is stationary.

Apply the brakes on the bed. See Figure 75. For brake locations, see Brake pedals on page 17.

- 3. Make sure the patient surface is level. See Figure 76.
- 4. Adjust the bed to a comfortable working height. See Figure 77.
- Set up the bed, for example extend the bed, attach the gap filler, mattress retainer or other bed accessories.
 See Product description - Accessories on page 20.
- 6. Select and place the mattress. See Mattress size selection on page 10.
- 7. To add other accessories, see Parts and accessories on page 63.

8. NOTE

At minimum height, clearance underneath the bed is reduced. Take extra care when using hoists or similar equipment.

Adjust the bed to a suitable height for patient transfer.

- 9. Place the transfer unit near the bed.
- Make sure the brakes on the transfer unit are in correct position, applied or not applied.
 See IFU for respective transfer unit.
- 11. Lower the bed rails or mobility assist handles, if any.

12.

To avoid entrapment, make sure the space underneath the bed is clear before lowering the bed, especially if the telescopic bed rails are lowered. Keep feet away from the bed.

Transfer the patient following local regulations, proceedures, safety rules, protocols and patient placement instructions for the mattress used with the bed.

13. Based on the patient assessment, raise and lock bed rails or mobility assist handles on both sides of the bed, if any.

Instructions continue on the next page

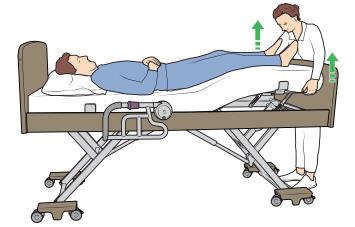


Figure 78

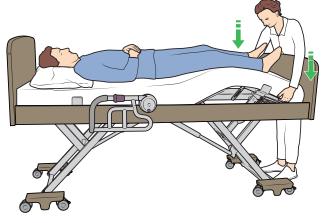


Figure 79

14.

To avoid falling, apply brakes when the patient is left unattended.

Make sure the brakes are applied on the bed. See Brake pedals on page 17.

15.

To avoid injury from falling, always leave the bed in the lowest practical position when the patient is unattended.

Lower the bed to the lowest practical position.

Additional patient positions

Calf section adjustment

- To raise the calf section, lift the calf section until it locks at the desired height. See Figure 78.
- To lower the calf section, lift the calf section to the maximum height and then lower it. See Figure 79.

Straight leg position

- To reach a raised straight leg position, use the hand control to raise the thigh section and raise the calf section manually. Then lower the thigh section with the hand control.
- To lower from a raised straight leg position, first raise the thigh section.

Transporting patients

The Evenda bed with 6-castor or 8-castor configuration is not intended for transportation of patients.

Cleaning and disinfection

To avoid cross-contamination or equipment damage, Arjo recommends that the bed be cleaned during use and between patients according to the instructions in this IFU. Local protocols and regulations / procedures for blood borne pathogens may be used provided the manufacturer's instructions are followed.

🔔 warning

To avoid electric shock, always disconnect the bed from the power outlet before cleaning.

CAUTION

To avoid equipment damage, always disconnect the bed from the power outlet before cleaning.

To avoid equipment damage, do not allow fluid to penetrate the bed's electrical components or hand control.

Do not allow the mains plug or power cord to get wet.

Do not use abrasive compounds or pads, or phenol-based disinfectants.

Do not use jet stream cleaning or wash tunnels.

Do not remove grease from the actuator pistons.

The bed should be cleaned and disinfected before a new patient is placed on the bed. Frequent touch points such as bed rails and controls should be cleaned daily. These cleaning and disinfection instructions also apply to accessories. For cleaning of lifting straps, handles, mattresses and padded textile accessories, refer to manufacturer's instructions.

Accessories needed:

- Protective clothing
- Disposable cloths
- Neutral detergent or disposable cleaning wipes
- 70% alcohol solution or 10 000 ppm bleach

Although bleach may be used for wipe-down disinfection, be aware that if used extensively, discolouration and fading of the fabrics and labels may occur.





Figure 80

Cleaning and disinfecting the bed (9 steps)

Cleaning (7 steps)

- 1. Disconnect the power cord from the power outlet.
- 2. Remove the mattress and the accessories from the bed. Do not remove bed rails or mobility assist handle.
- Wearing suitable protective clothing, clean all surfaces with a disposable cloth moistened in hand-hot water and a neutral detergent, or an appropriate disposable cleaning wipe. See Figure 80.
- 4. Start by cleaning the upper sections of the bed and work along all horizontal surfaces. Work methodically towards the lower sections of the bed and clean the wheels last.
- 5. Take extra care to clean areas that may trap dust or dirt.
- 6. Clean the accessories in the same way. If the accessory has a separate cleaning instruction, clean according to manufacturer's instructions.
- 7. Allow the cleaned parts to dry completely.

Disinfection (2 steps)

- Wipe all surfaces using a wipe down approach with a 70% alcohol solution or bleach 10 000 ppm.
- 9. Allow all disinfected parts to dry completely.

Daily cleaning when patient is in bed

When the patient is in bed, clean the bed by wiping down all touch points (such as bed rails and hand controls) using a disposable cloth moistened in handhot water and a neutral detergent or an appropriate disposable cleaning wipe.

Care and preventive maintenance

This product is subject to wear and tear during use. To make sure that it continues to perform within its original specification, functionality checks should be carried out at the intervals shown. More frequent checks should be carried out when the product is subjected to heavy use, aggressive environments or where required by local regulations.

Failure to carry out these checks, or continuing to use the product if a fault is found, may compromise the safety of both the patient and caregiver.

Care and preventive maintenance schedule

CAREGIVER OBLIGATION	DAILY	BETWEEN PATIENTS	EVERY MONTH
Wipe frequent touch points	•		
Examine the lifting pole, strap and handle (if any).	•		
Clean and disinfect		•	
Make sure all knobs and screws that secure accessories (length extension, side panels, bed rails, etc.) are firmly tightened.			•
Check that the hand control operates correctly.			•
Check all electrical bed movement functions (backrest adjustment, height adjustment, thigh adjustment, etc.).			•
Visually check castors.			•
Visually check that power cord is not damaged or kinked.			•
Check operation of the mobility assist handles (if any).			•
Check operation of bed rails (if any).			•
Check operation of the manual CPR release handles on both sides of the bed (if any).			•

Yearly checks by qualified service personnel only

To avoid injury or electric shock, always disconnect the bed from the power outlet before starting any maintenance activity.

To avoid injury and/or unsafe product, the maintenance activities must be carried out at the correct frequency by qualified personnel using correct tools, parts and knowledge of procedure. Qualified personnel must have documented training in maintenance of this device.

ACTIONS TO BE DONE BY QUALIFIED PERSONNEL	EVERY YEAR
Check that the latest updates have been implemented	•
If equipped with battery backup, check that the bed operates correctly using the backup battery.	•
Check all vital parts for corrosion and damage	•
Examine all product labelling to ensure that it is easily readable.	•
Check operation of the castors, paying special attention to braking.	•
Check that the bed extension locks securely in all positions.	•
Examine the power cord and plug; if damaged, replace the complete assembly; do not use a rewireable plug.	•
Examine all accessible flexible cables for damage and deterioration.	•
Check all accessible nuts, bolts and other fasteners to ensure they are present and correctly tightened.	•
Check any accessories fitted to the bed, paying particular attention to fasteners and moving parts.	•
Perform a full feature functionality test	•

For details, refer to the Maintenance and Repair Manual.

Troubleshooting

If the equipment fails to operate correctly, the table below suggests some simple checks and corrective actions. If these steps fail to resolve the problem, contact Arjo or an Arjo-approved service agent.

PROBLEM DESCRIPTION	POSSIBLE CAUSE	ACTION
Bed does not respond when buttons are pushed on hand control.	Functions are locked on the hand control.	Follow the hand control unlocking procedure. See Lockout on the standard hand control on page 30
	Power cord is not plugged into an electrical outlet.	Make sure that the power cord is plugged in and the electricity supply is functioning correctly.
	Hand control cable or power cord is not properly connected to the control box.	Make sure that the cables are properly connected to the control box.
	Actuator cables are not properly connected to the control box or the actuators.	Make sure that the actuator cables are connected to the control box and to the actuators.
	Duty Cycle of Actuators exceeded.	Wait for at least 18 minutes then follow the hand control unlocking procedure. See Lockout on the standard hand control on page 30
	The control box is overheated, indicated by the power indicator being turned off even if the bed is connected to a power outlet.	Wait until the control box has cooled down.
	Fatal Error, indicated by flashing of the Lockout Indicator and all function indicators on the hand control.	Contact Arjo or an Arjo representative.

Table continues on the next page

PROBLEM DESCRIPTION	POSSIBLE CAUSE	ACTION
The height, thigh section or backrest section of the bed cannot be adjusted over their full range. The LEDs above the affected functions on the standard hand control are flashing.	The functions have lost their position and need to be initialized or reset.	Raise the bed to the maximum height and lower the thigh section and backrest section all the way down.
Cannot activate or deactivate the Lockout function.	Standard hand control is not aligned over the magnet properly or is not held over the magnet for long enough time.	Make sure that the lock icon on the standard hand control is held directly over the magnet for as long as the instructions state. See Lockout on the standard hand control on page 30
Bed does not operate on battery power, but does function when plugged into power outlet.	Battery does not hold enough charge to operate the bed.	Plug the power cord into an electrical outlet for at least eight hours.
	Battery Charging Error, indicated by flashing yellow Battery Indicator.	Contact Arjo or an Arjo representative.
	Battery is not properly connected to the control box.	Contact Arjo or an Arjo representative.
	Bed does not have the battery accessory installed.	Contact Arjo or an Arjo representative if you want to install a battery accessory.
	Battery is past its expiry date.	Contact Arjo or an Arjo representative to order a new battery.
Backrest does not lower using the manual CPR release handle (if any).	Mis-adjustment of the CPR release cable.	Push the backrest down to initiate lowering. Contact your service representative for proper service of the part.
Backrest does not raise.	CPR release handle is raised.	Push down the CPR release handle.

PROBLEM DESCRIPTION	POSSIBLE CAUSE	ACTION
Cannot adjust footboard.	Screws are tightened.	Loosen the screws. If the screws are too tight to remove by hand, contact your service representative.
Headboard or footboard are loose.	Screws are loose.	Tighten the screws the underside of the bed frame. Tighten the screws connecting the board to the bracket.
Bed is difficult to manoeuvre	One or more brake pedals are activated.	Release brakes.
or castors do not rotate/ swivel.	Foreign debris, such as hair, dirt, and small objects could be trapped around the wheels.	Inspect the wheels for foreign objects and small debris, and carefully remove them.
Clicking sound from castors when moving the bed.	Brake bar is not fully raised.	Raise the brake bar fully.
Mobility assist handle does not open / close in the right direction.	There are 2 different versions of the Mobility assist Handle (patient left / patient right) - the handle could be fitted to the incorrect side of the bed.	Ensure the handle is fitted to the correct side of the bed (patient left / patient right). The grip handle should be positioned towards the head end of the bed. The attachment point should be positioned towards the foot end.
Mobility assist handle plastic ring does not release the handle to its open or closed position.	Plastic ring could be jammed, faulty, or broken.	Do not attempt to disassemble the latch. Contact your service representative for proper service of the accessory.

Table continues on the next page

PROBLEM DESCRIPTION	POSSIBLE CAUSE	ACTION
	Loose fabric, such as clothing, bed sheets/ linen, and towels could be tangled or caught around the mechanism.	Ensure any loose fabric and clothing are kept away from the mechanism.
Mobility assist handle does not raise / lower.	Foreign debris, such as hair, dirt, and small objects could be trapped around the mechanism.	Inspect the mechanism for foreign objects and small debris, and carefully remove them. If debris cannot be removed, do not attempt to disassemble the handle. Contact your service representative for proper cleaning of the accessory. If mechanism has no signs of obstruction, do not attempt to disassemble the handle. Contact your service representative for proper service of the accessory.
Mobility assist handle push button does not lower the mobility assist handle.	Button could be jammed, faulty, or broken.	Do not attempt to disassemble the button. Contact your service representative for proper service of the accessory.

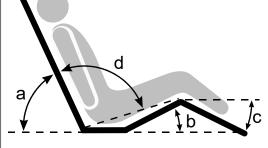
Technical specifications

GENERAL	
Safe working load	230 kg (507 lb)
Maximum patient weight	195 kg (430 lb)
Product weight	137 kg (302 lb) - Fully assembled standard bed 145 kg (320 lb) - Fully assembled wide bed < 15.8 kg (34.8 lb) - Headboard < 15.8 kg (34.8 lb) - Footboard
Total weight of equipment, including Safe working load	367 kg (809 lb) - Standard bed 375 kg (827 lb) - Wide bed
Sound level	45 dBA
Charging time for battery	Approximately 10 hours

ELECTRICAL DATA		
Input voltage	100-240 VAC, 50/60 Hz	
Power input	420 VA	
Duty cycle	10 % max (2 min on, 18 min off) - connected to a power outlet 10 % max (2 min on, 18 min off) - running on battery	
Electric shock protection	Class I or II (depends on variant) Type B Applied Part	
Ingress protection	IP24	
Battery type	Li-ion	
Battery capacity	2.1 Ah or 2.85 Ah (refer to battery label)	
Battery voltage	25.2 V DC or 25.7 V DC (refer to battery label)	

ALLOWED COMBINATIONS	
Hygiene lifts	Alenti, Miranti, Bolero, Calypso, Carevo
Floor lifts	Maxi Move, Maxi Twin, Maxi Twin Compact, Maxi 500, Minstrel, Tenor, Sara Stedy, Sara Flex, Sara 3000, Sara Light, Sara Plus, Walker
Mattresses	See Mattress size selection on page 10

BED ADJUSTMENTS	
Bed height (distance from floor to the top of the mattress platform)	170 to 750 mm (6 ³ ⁄ ₄ to 29 ¹ ⁄ ₂ in)
Mattress platform tilt	-12° to 12°
Backrest angle (a)	0° to 70°
Thigh section angle (b)	0° to 40°
Calf section angle (c) (with raised thigh section)	0° to 18°
Angle between backrest and knees (d)	90° to 180°
	·



DIMENSIONS		
Width	Bed with no bed rails	990 mm (39 in) - Standard bed 1160 mm (45 ¾ in) - Wide bed
	Bed with ³ / ₄ folding bed rails	1012 mm (39 ¾ in) - Standard bed 1182 mm (45 ½ in) - Wide bed
	Bed with telescopic bed rails	1040 mm (41 in) - Standard bed 1210 mm (47 ¾ in) - Wide bed
Length	Bed is not extended	2146 mm (84 $\frac{1}{2}$ in) - footboard with accessory rail 2100 mm (82 $\frac{3}{4}$ in) - footboard without accessory rail
	Bed is fully extended	2346 mm (92 $\frac{1}{4}$ in) - footboard with accessory rail 2300 mm (90 $\frac{1}{2}$ in) - footboard without accessory rail

SITE REQUIREMENTS	
Indoor/outdoor use	Indoor use
Maximum floor slope	6°
Door passages width	Min 1000 mm (39.4 in) - Standard bed Min 1170 mm (46.1 in) - Wide bed
Voltages	100 - 240 VAC
Frequency	50 Hz, 60 Hz
Power input	420 VA
Number of phases	Single phase AC
Protective earth	Class I: Yes Power requires Live and Neutral. Bed frame is grounded directly by the mains cable's PE pigtail.
	Class II: No Power requires Live and Neutral.

FORCES		
Manoeuvering forces (without load)		
Start force	Less than 160 N	
Rolling force (0.4 m/s)	Less than 85 N	
Operating forces		
Push buttons on hand control	Max 5 N	
CPR release handle	Max 107 N	
Brakes activation force	Max 130 N	
Brakes deactivation force	Max 121 N	
Bed rails (max)	Max 103 N (extend force)	
Mobility assist handle	Max 116 N (open-close force) Max 103 N (down-up position force) Max 76 N (unlock force)	

OPERATING CONDITIONS		
Temperature	+5 °C to +30 °C (+41 °F to +86 °F)	
Relative humidity	20 % to 80 % non-condensing	
Atmospheric pressure	700 to 1060 hPa	

TRANSPORT AND STORAGE CONDITIONS

Temperature	-25 °C to +50 °C (-13°F to +122 °F)	
Relative humidity 20 % to 90 % non-condensing		
Atmospheric pressure	700 to 1060 hPa	

Handle with care. Do not drop. Avoid shock or impact. Do not stack or store product close to other equipment. Store in a clean, dry and well-ventilated area.

For long-term conditions between bed usage, for safety reasons and to preserve the good performance and lifetime of the battery, the battery should be transported and stored in temperature range -10°C to +40°C (+14 °F to +104 °F) and humidity range 20% to 80% - non-condensing. The battery must be stored in an applicable storage room without direct sunlight.

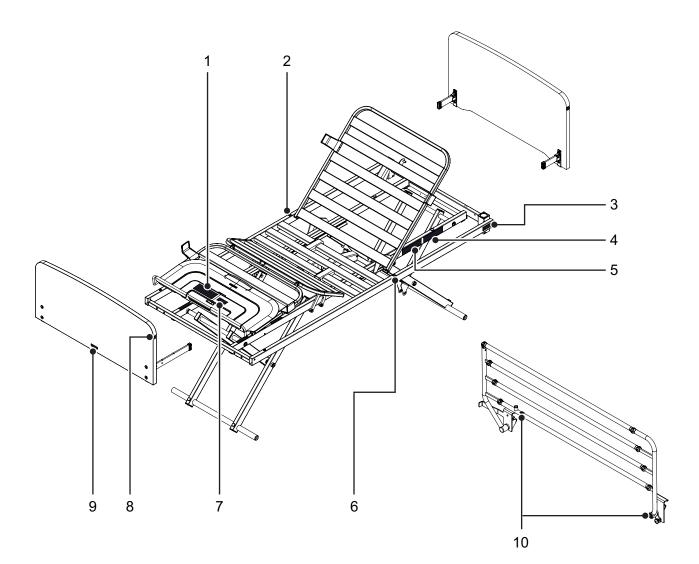
If the bed is stored for a long time, it should be connected to the electricity supply for 10 hours every 12 months to recharge the backup battery, otherwise it may become unserviceable.

END OF LIFE DISPOSAL

- Equipment that has electrical and electronic components should be disassembled and recycled per Waste of Electrical and Electronic Equipment (WEEE) or in accordance with local and national regulation.
- All batteries in the product must be recycled separately. Batteries are to be disposed in accordance with national or local regulations.
- Components that are primarily made up of different kinds of metal (containing more than 90 % metal by weight) for example bed frame, should be recycled as metals.

Packaging	Wood and corrugated cardboard, recyclable

Labels



- 1. Mattress size label
- 2. Right side label
- 3. Bed rails warning label (2 in total)
- 4. Product label States the product identification and technical specification.
- 5. Patient size label

- 6. Left side label
- 7. Gap filler label
- 8. Magnet label (4 in total)
- 9. Product name label
- 10. Hazard label

SYMBOL EXPLAN	ΝΑΤΙΟΝ	
(Refer to instruction manual/booklet (Instructions for use)	
	Operating instructions (Instructions for use)	
CE	CE marking indicating conformity with European Community harmonised legislation.	
MD	Indicates the product is a Medical Device according to EU Medical Device Regulation 2017/745.	
SN	Serial number	
REF	Reference number	
UDI	Unique device identifier	
	Name and address of the manufacturer	
	Manufacturing date	
	General warning	
X	Separate electrical and electronic components for recycling in accordance with the European Directive 2012/19/EU (WEEE)	
	Maximum patient weight	
	Safe working load (bed)	
	Safe working load (accessories)	
	Total weight of the equipment including its Safe working load	
Å	Weight	

SYMBOL EXPLAN	IATION	
*	Type B Applied Part. Applied parts are considered to be: upper frame section, bed controls, bed rails, headboard and footboard.	
	Class II equipment	
X	Temperature limits	
A	Indicates the location of a magnet for function lockout	
IP24	Degree of ingress protection	
	Only use bed rails that are designed and specified for use with this bed	
$ \begin{array}{c} \hline \\ \\ \\ $	Recommended patient size and weight	
	Install bed rail gap fillers	
	AS TO ELECTRICAL SHOCK, FIRE AND MECHANICAL HAZARDS ONLY Certified by UL according to standards:	
AAMI ES60601-1 (2005) + AMD1 (2012) CSA-C22.2 No. 60601-1 (2014) IEC 60601-1-6:2010 + AMD1:2013 CAN-C22.2 No. 60601-1-6:2011 + AMD1:2015 ANSI/AAMI HA60601-1-11:2015* CSA C22.2 No. 60601-1-11:2015* IEC 60601-2-52:2009 + AMD1:2015 CSA-C22.2 No. 60601-2-52:2011 + AMD1:2015		
	* The Evenda bed is not a home use device. Hence the application of the standards ANSI/AAMI HA60601-1-11:2015 and CSA C22.2 No. 60601-1-11:2015 does not apply to the home environment. Home environment is not considered to be environment providing professional healthcare. Please refer to Intended Use section of this IFU.	

UK SYMBOL EXPLANATION

This section is only applicable to United Kingdom (UK) market when UK marking is applied to the Arjo medical device labelling.



UK marking indicating conformity with UK Medical Devices Regulations 2002 (SI 2002 No 618, as amended)

UK Responsible Person & UK Importer:

Arjo (UK) Ltd, ArjoHuntleigh House, Houghton Regis. LU5 5XF

Is the appointed UK Responsible Person as defined in UK Medical Devices Regulations 2002 (SI 2002 No 618, as amended).

For Northern Ireland (NI) CE marking will still apply until further amendment to applicable regulations.

Parts and accessories

ACCESSORY	PRODUCT CODE
Lifting pole with strap and handle	EV-ACC01
Gap filler for telescopic bed rails (pair)	EV-ACC02
Wallspacer	EV-ACC03
IV pole	ENT-ACC02
Angled IV pole	ENT-ACC04
Heavy duty IV pole	ENT-ACC24
Battery Backup	EV-ACC21
DIN rail with 2 hooks	EV-ACC04
Mobility Assist Handle Left	EV-ACC05
Mobility Assist Handle Right	EV-ACC06
Urine Bottle Holder	EV-ACC07
Flexible Handset Holder	EV-ACC08
3/4 folding bed rails	EV-ACC09
Side panel extension for use with telescopic bed rails (pair)	EV-ACC10
Side panel extension for low side panel (pair)	EV-ACC11
Textile pocket for personal items	EV-ACC12
Padded textile cover for headboard for regular bed	EV-ACC13
Padded textile covers for telescopic bed rails - 50/50 split	EV-ACC14
Plastic covers for regular mattress support platform	EV-ACC15
Plastic covers for wide mattress support platform	EV-ACC16
Padded textile cover for headboard for wide bed	EV-ACC17
Padded textile cover for headboard for regular bed with telescopic bed rails	EV-ACC18
Padded textile cover for headboard for wide bed with telescopic bed rails	EV-ACC19
Padded textile covers for telescopic bed rails - 40/60 split	EV-ACC20

Electromagnetic compatibility

The product has been tested for compliance with current regulatory standards regarding electromagnetic interference in accordance with the information provided in this document.

The Evenda long term care bed is intended for use in the following electromagnetic environments:

Home healthcare environment.

The customer or the user of the product should assure that it is used in an environment compliant with this specification. Make sure that other devices in patient-monitoring and/or life-support areas comply with applicable standards concerning electromagnetic disturbances.

Use of accessories, transducers and cables other than those specified or provided by the manufacturer of this equipment could result in increased electromagnetic emissions or decreased electromagnetic immunity of this equipment and result in improper operation.

Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the product, including cables specified by the manufacturer. Otherwise, degradation of the performance of this equipment could result.

Use of this equipment adjacent to or stacked with other equipment should be avoided because it could result in improper operation. If such use is necessary, this equipment and the other equipment should be observed to verify that they are operating normally.

GUIDANCE AND MANUFACTURER'S DECLARATION - ELECTROMAGNETIC EMISSION

Emissions test	Compliance	Guidance	
Conducted disturbances (conducted emissions) CISPR 11	Class B, group I	This equipment is suitable for use in all establishments, including domestic	
Electromagnetic radiation disturbance (radiated emissions) CISPR 11	Class B, group I	establishments and those directly connecte to the public low voltage power supply network that supplies buildings used for	
Harmonic current emissions IEC 61000-3-2	Class A	domestic purposes.	
Voltage changes, voltage fluctuations and flicker emissions IEC 61000-3-3	Complies		

GUIDANCE AND MANUFACTURER'S DECLARATION – ELECTROMAGNETIC EMISSION			
Immunity test	IEC60601 test level	Compliance level	Electromagnetic environment – guidance
Electrostatic discharge (ESD) IEC 61000-4-2	± 2 kV, ± 4 kV, ± 8 kV, ± 15 kV air, ± 4 kV, ± 6 kV, ± 8 kV contact	± 15 kV air, ± 8 kV contact	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material the relative humidity level should be at least 30%
Conducted disturbances inducted by RF fields IEC 61000-4-6	3 V in 0.15 MHz to 80 MHz, 6 V in ISM and amateur radio bands between 0.15 MHz and 80 MHz, 80% AM at 1 kHz	3 V in 0.15 MHz to 80 MHz, 6 V in ISM and amateur radio bands between 0.15 MHz and 80 MHz, 80% AM at 1 kHz	Portable and mobile RF communications equipment should be used no closer to any part of the product, including cables, than 1.0 m, if the transmitter's output power rating exceeds 1W ^a . Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range ^b . Interference may occur in the vicinity of equipment marked with this symbol $(((\bullet)))$
Radiated RF electromagnetic field IEC 61000-4-3	10 V/m 80 MHz to 2.7 GHz 80% AM at 1 kHz	10 V/m 80 MHz to 2.7 GHz 80% AM at 1 kHz	
Proximity fields from RF wireless communications equipment IEC 61000-4-3 (interim method)	385 MHz 27 V/m 450 MHz 28 V/m	385 MHz 27 V/m 450 MHz 28 V/m	
	{710, 745, 780} MHz 9 V/m	{710, 745, 780} MHz 9 V/m	
	{810, 870, 930} MHz 28 V/m	{810, 870, 930} MHz 28 V/m	
	{1720, 1845, 1970, 2450} MHz 28 V/m	{1720, 1845, 1970, 2450} MHz 28 V/m	
	{5240, 5500, 5785} MHz 9 V/m	{5240, 5500, 5785} MHz 9 V/m	

GUIDANCE AND MANUFACTURER'S DECLARATION – ELECTROMAGNETIC EMISSION			
Immunity test	IEC60601 test level	Compliance level	Electromagnetic environment – guidance
Electrical fast transient/burst IEC 61000-4-4	± 1 kV SIP/SOP ports, ± 2 kV AC port 100 kHz repetition frequency	± 1 kV SIP/SOP ports, ± 2 kV AC port 100 kHz repetition frequency	Mains power supply should be that of a typical commercial or hospital environment.
Power frequency magnetic field IEC 61000-4-8	30 A/m at 50 Hz	30 A/m at 50 Hz	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.
Surge IEC 61000-4-5	± 0.5 kV, ± 1 kV line to line	± 0.5 kV, ± 1 kV line to line	
	\pm 0.5 kV, \pm 1 kV, \pm 2 kV line to ground	\pm 0.5 kV, \pm 1 kV, \pm 2 kV line to ground	
Voltage dips, interruptions and voltage variations IEC 61000-4-11	0% U ₇ ; 0.5 cycle at 0°, 45°, 90°, 135°, 180°, 225°, 270° and 315°.	0% U _⊤ ; 0.5 cycle at 0°, 45°, 90°, 135°, 180°, 225°, 270° and 315°.	
	$0\% U_{T}$; 1 cycle and 70% U _T ; 25/30 cycles Single phase: at 0°	0% U _τ ; 1 cycle and 70% U _τ ; 25/30 cycles Single phase: at 0°	
	Interruptions: 0% U _T ; 250/300 cycles	Interruptions: 0% U _⊤ ; 250/300 cycles	

NOTE - U_{τ} is the AC mains voltage prior to application of the test level.

^a 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 product is used exceeds the applicable RF compliance level above, the product should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary.

^b Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 1 V/m.

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At Arjo, we believe that empowering movement within healthcare environments is essential to quality care. Our products and solutions are designed to promote a safe and dignified experience through patient handling, medical beds, personal hygiene, disinfection, diagnostics, and the prevention of pressure injuries and venous thromboembolism. With over 6500 people worldwide and 65 years caring for patients and healthcare professionals, we are committed to driving healthier outcomes for people facing mobility challenges.



