Full Length Bed Rail - Model G29

I General

Check all parts for shipping damage. In case of damage, DO NOT use. Contact Carrier/Invacare for further instructions.

To ensure the safe use of the full-length bed rail, these instructions MUST be followed:

I.1 Symbols

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

![DANGER](image)

**DANGER**

Danger indicates an imminently hazardous situation which, if not avoided, will result in death or serious injury.

![WARNING](image)

**WARNING**

Warning indicates a potentially hazardous situation which, if not avoided, could result in death or serious injury.

![CAUTION](image)

**CAUTION**

Caution indicates a potentially hazardous situation which, if not avoided, may result in property damage or minor injury or both.

![Gives useful tips](image)

Gives useful tips, recommendations and information for efficient, trouble-free use.

I.2 Service Life

The expected service life of the G29 Full Length Bed Rail is 2 years from the date of purchase.
2 Safety

DANGER

Risk of Injury or Death
Bed accessories designed by other manufacturers have NOT been tested by Invacare. Use of NON-Invacare bed accessories may result in injury or death.
- Use ONLY Invacare rails, mattresses, bed extenders and other accessories with Invacare bed products.

WARNING

Risk of Injury or Damage
Improper use of this product may cause injury or damage.
- If you are unable to understand the warnings, cautions or instructions, contact a healthcare professional, dealer or technical personnel before attempting to use this equipment.
- Do not use this product or any available optional equipment without first completely reading and understanding these instructions and any additional instructional material such as user manuals, service manuals or instruction sheets supplied with this product or optional equipment.
Proper patient assessment and monitoring, and proper maintenance and use of equipment is required to reduce the risk of entrapment. Variations in bed rail dimensions, and mattress thickness, size or density could increase the risk of entrapment
To avoid injury or damage due to incorrect installation of the bed rails:
- Unless the bed rail is in the lowest position, ensure that the plunger pins fully protrude through the adjustment hole of each bed rail tube. This ensures that the bed rail is securely locked in position. (The lowest position for the bed rail occurs when the bed rail rests against the bed rail stop. Spring loaded pins do not engage into an adjustment hole when the bed rail in the lowest position.)
- Install bed rails fully extended on bed. DO NOT use full length bed rails as half rails.
- After any adjustments, repair or service and before use, make sure all attaching hardware is tightened securely.
3 Installing the Mounting Brackets

For this procedure, refer to FIGURE 1 on page 3.

1. Remove the mattress from the bed.

When performing steps 2 and 3, ensure the plunger pin is facing the center of the bed.

2. Secure one mounting bracket with two mounting screws and threaded angle plate to the right side of the bed frame at the head end in the mounting locations shown. Securely tighten.

3. Secure one mounting bracket with two mounting screws and threaded angle plate to the right side of the bed frame at the foot end in the mounting locations shown. Securely tighten.

4. Repeat STEPS 2-3 for left side of bed frame.

4 Installing/Operating the Bed Rails

For this procedure, refer to FIGURE 2 on page 5.

4.1 Installing

1. Extend one bed rail to reach the head end and foot mounting brackets.

2. Insert the outer telescoping tube of the bed rail into the barrel of the head end mounting brackets.

3. Pull and hold the plunger knob on the barrel while lowering the bed rail.

4. Release the plunger knob on the barrel.

5. Raise or lower the bed rail until the plunger pin clicks securely into the adjustment hole or until the bed rail stop rests against the barrel.

6. Insert the inner telescoping tube of the bed rail into the barrel of the foot end mounting brackets.

7. Repeat STEPS 3-5 for the inner telescoping tube of the bed rail, adjusting the bed rail to the position reached in STEP 5.

8. Repeat STEPS 1-7 to install the other bed rail onto the opposite side of the bed.
4.2 Operating

**WARNING**

**Risk of Injury or Damage**

To avoid crush hazards from lowering bed rail to lowest level
- DO NOT place any objects or let any individual between bed rail and floor.

1. Hold bed rail while pulling the plunger knob.
2. Lower/raise bed rail.
3. Release plunger knob and lower/raise the bed rail until the plunger pin clicks into position unless the bed rail is at the lowest position.

   The lowest position for the bed rail is when the bed rail rests against the bed rail stop. Spring loaded pins DO NOT have an adjustment hole to engage into when the bed rail is in the lowest position.

4. Repeat STEPS 1-3 for opposite end of bed rail.

   Ensure head end and foot end of bed rails are adjusted to the same height.
Hold bed rail with one hand while pulling the plunger knob with the other hand. Gently, lower the bedrail down.

FIGURE 2 Installing/Operating the Bed Rails
5 Warranty

PLEASE NOTE: THE WARRANTY BELOW HAS BEEN DRAFTED TO COMPLY WITH FEDERAL LAW APPLICABLE TO PRODUCTS MANUFACTURED AFTER JULY 4, 1975.

This warranty is extended only to the original purchaser/user of our products. This warranty gives you specific legal rights and you may also have other legal rights which vary from state to state.

Invacare warrants its product to be free from defects in materials and workmanship for one year for the original purchaser. If within such warranty period any such product shall be proven to be defective, such product shall be repaired or replaced, at Invacare’s option. This warranty does not include any labor or shipping charges incurred in replacement part installation or repair of any such product. Invacare’s sole obligation and your exclusive remedy under this warranty shall be limited to such repair and/or replacement.

For warranty service, please contact the dealer from whom you purchased your Invacare product. In the event you do not receive satisfactory warranty service, please write directly to Invacare at the address on the back page. Provide dealer’s name, address, model number, and the date of purchase, indicate nature of the defect and, if the product is serialized, indicate the serial number.

Invacare Corporation will issue a return authorization. The defective unit or parts must be returned for warranty inspection using the serial number, when applicable, as identification within thirty (30) days of return authorization date. DO NOT return products to our factory without our prior consent. C.O.D. shipments will be refused; please prepay shipping charges.

LIMITATIONS AND EXCLUSIONS: THE WARRANTY SHALL NOT APPLY TO PROBLEMS ARISING FROM NORMAL WEAR OR FAILURE TO ADHERE TO THE ENCLOSED INSTRUCTIONS. IN ADDITION, THE FOREGOING WARRANTY SHALL NOT APPLY TO SERIAL NUMBERED PRODUCTS IF THE SERIAL NUMBER HAS BEEN REMOVED OR DEFACED; PRODUCTS SUBJECTED TO NEGLIGENCE, ACCIDENT, IMPROPER OPERATION, MAINTENANCE OR STORAGE; OR PRODUCTS MODIFIED WITHOUT INVACARE’S EXPRESS WRITTEN CONSENT INCLUDING, BUT NOT LIMITED TO: MODIFICATION THROUGH THE USE OF UNAUTHORIZED PARTS OR ATTACHMENTS; PRODUCTS DAMAGED BY REASON OF REPAIRS MADE TO ANY COMPONENT WITHOUT THE SPECIFIC CONSENT OF INVACARE; PRODUCTS DAMAGED BY CIRCUMSTANCES BEYOND INVACARE’S CONTROL; PRODUCTS REPAIRED BY ANYONE OTHER THAN AN INVACARE DEALER, SUCH EVALUATION SHALL BE SOLELY DETERMINED BY INVACARE.

THE FOREGOING EXPRESS WARRANTY IS EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES WHATSOEVER, WHETHER EXPRESS OR IMPLIED, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE AND THE SOLE REMEDY FOR VIOLATIONS OF ANY WARRANTY WHATSOEVER, SHALL BE LIMITED TO REPAIR OR REPLACEMENT OF THE DEFECTIVE PRODUCT PURSUANT TO THE TERMS CONTAINED HEREIN. THE APPLICATION OF ANY IMPLIED WARRANTY WHATSOEVER SHALL NOT EXTEND BEYOND THE DURATION OF THE EXPRESS WARRANTY PROVIDED HEREIN. INVACARE SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES WHATSOEVER. THIS WARRANTY SHALL BE EXTENDED TO COMPLY WITH STATE/PROVINCIAL LAWS AND REQUIREMENTS.
6 Usability Survey

Please complete the survey below to evaluate this manual. Your participation in the evaluation assists in the development of effective and usable manuals for our customers.

The survey is also available online:

1. Please indicate your primary involvement with the product
   (Choose one):
   ☐ Product User/Owner
   ☐ User Assistant
   ☐ Product Dealer
   ☐ Product Service Technician
   ☐ Health Care Provider
   ☐ Other (Please specify):

2. Please indicate which product manual you are evaluating:
   ______________________________________

3. Evaluate the content:
   YES NO
   After reading this document, do you have a better understanding of how to use the product?
   □ Yes □ No
   Do you have a better understanding of any limitations on the use of this product?
   □ Yes □ No
   Is there any irrelevant information?
   □ Yes □ No
   Is the Table of Contents useful?
   □ Yes □ No
   Does any information seem inaccurate/misleading?
   □ Yes □ No
   Do you understand that misuse of the product can cause injury or damage?
   □ Yes □ No
   Explain:
   ______________________________________

4. Evaluate the style:
   YES NO
   Is anything hard to locate/follow?
   □ Yes □ No
   Are any headings missing/confusing?
   □ Yes □ No
   Are there too many headings?
   □ Yes □ No
   Should any material be a bulleted list or checklist instead of numbered steps or a paragraph?
   □ Yes □ No
   Is there material that might be clarified by a visual?
   □ Yes □ No
   Explain:
   ______________________________________

5. Evaluate the illustrations:
   YES NO
   Are the illustrations useful?
   □ Yes □ No
   Do the illustrations need more or less detail?
   □ Yes □ No
   Is the number/size of illustrations adequate?
   □ Yes □ No
   Explain:
   ______________________________________

6. Do you have suggestions for other ways of making this document easier to use?
   □ Yes □ No
   Explain:
   ______________________________________

Thank You!

Thank you for completing this survey. If you have any questions or we may be of assistance to you, please feel free to contact us. Send your survey to:
Invacare Technical Writing Department
Invacare Corporation
One Invacare Way Elyria, OH 44035
TechnicalWriting@invacare.com
FAX: 440-329-6975