Field Installation and Usage Instructions

Part No.
TMA20-15  Dual Side Wrist Rest
TMA167-15  Anterior Wrist Rest
TMA192-15  Anterior Wrist Rest -Tall
TMA194-15  Pediatric Anterior Wrist Rest
TMA198-15  Anterior Wrist Rest

For All Model TMM5 Chairs

5516 S.W. 1st Lane – Ocala, FL 34474-9307
Phone: 1-800-237-3377 - Fax: 1-352-854-9544
www.transmotionmedical.com
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>2</td>
</tr>
<tr>
<td>IMPORTANT NOTES ABOUT THIS MANUAL</td>
<td>3</td>
</tr>
<tr>
<td>SPECIAL NOTES - SIGNAL WORDS</td>
<td>3</td>
</tr>
<tr>
<td>TOOLS REQUIRED</td>
<td>4</td>
</tr>
<tr>
<td>PARTS INCLUDED IN KITS</td>
<td>4</td>
</tr>
<tr>
<td>PREPARING HEAD REST FOR DUAL SIDE WRIST RESTS</td>
<td>5</td>
</tr>
<tr>
<td>INSTALLING WRIST REST</td>
<td>7</td>
</tr>
<tr>
<td>USING WRIST REST</td>
<td>9</td>
</tr>
<tr>
<td>CAUTIONARY USAGE INSTRUCTIONS</td>
<td>11</td>
</tr>
<tr>
<td>PREVENTIVE MAINTENANCE</td>
<td>11</td>
</tr>
<tr>
<td>CLEANING INSTRUCTIONS</td>
<td>12</td>
</tr>
<tr>
<td>SERVICE INFORMATION</td>
<td>14</td>
</tr>
</tbody>
</table>
IMPORTANT NOTES ABOUT THIS MANUAL

This Field Installation and Usage Instruction document is designed to assist you with installation of the TransMotion Medical Product. Carefully read this document thoroughly before using the equipment or doing service/maintenance on it. If you are unable to understand the WARNINGS and CAUTIONS and instructions, contact TransMotion Medical customer service before attempting to operate or service the equipment otherwise injury or damage may result.

To assure safe operation of this device, it is essential that methods and procedures be established for educating and training staff on the safe and effective operation of the product.

TransMotion Medical reserves the right to change specifications without notice.

The information contained in this document is subject to change without notice.

Specifications listed are nominal and may vary slightly from unit to unit due to tolerance variations or power supply variations.

Photographs and illustrations contained within this document may not depict exactly the model you have. This document can cover many closely related models.

SPECIAL NOTES - SIGNAL WORDS

Signal words are used in this manual and apply to hazards which could result in injury or property damage. The following is a definition of those signal words as used in this document:

⚠️ DANGER

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

⚠️ WARNING

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

⚠️ CAUTION

Indicates a potentially hazardous situation which, if not avoided, may result in minor or moderate injury. It may also be used to alert against unsafe practices or potential property damage hazards.

⚠️ NOTICE

Provides important information, makes special instructions clearer, or provides service personnel information to make maintenance easier.
TOOLS REQUIRED

If installing TMA20-15, a removable thread locker, and a 5/32 hex key or ratchet are required.

PARTS INCLUDED IN KITS

Verify that you have one of the accessories shown. If not, contact TMM Service at 1-800-237-3377.

TMA20-15 Dual Side Wrist Rest
TMA167-15 Anterior Wrist Rest

TMA192-15 Anterior Wrist Rest-Tall

TMA194-15 Pediatric Anterior Wrist Rest
TMA198-15 Anterior Wrist Rest
# PREPARING HEAD REST FOR DUAL SIDE WRIST RESTS

Remove head extension as instructed in chair operation manual.

Arrange chair in stretcher position.

## For TMA20-15:

Remove four white hole plugs from holes.

Position side sockets as shown on the back of the head extension.

Apply a thread locker such as Loctite® 242 to screw. Repeat with three remaining screws.
Turning clockwise, tighten screw. Repeat with remaining screw and opposite side of head extension.

**INSTALLING WRIST REST**

Loosen head attachment knob until wrist rest will slide into mounting bracket.
Slide wrist rest completely into mounting bracket.

Tighten head attachment knob until wrist rest is securely fastened.
USING WRIST REST

To adjust wrist rest height, loosen height adjust handle.

Once located at preferred height, tighten height adjustment handle.

**CAUTION** Ensure adjustment handle is tightened securely, failure to do so could allow wrist rest to fall during procedure.
To adjust wrist rest slope (TMA167-15, TMA192-15 and TMA194-15 Only), loosen slope fastening knob.

Rotate wrist rest slope adjustment knob until desired position is achieved.

**CAUTION** Ensure handle is tightened securely, failure to do so could allow wrist rest to fall during procedure.
CAUTIONARY USAGE INSTRUCTIONS

When using this accessory, please follow these cautionary usage instructions:

![CAUTION]

TO PREVENT PERSONAL INJURY TO MEDICAL PERSONNEL AND / OR PATIENT, ENSURE WRIST REST SYSTEM IS PROPERLY INSTALLED AND SECURELY ENGAGED PRIOR TO TRANSPORTING PATIENT / CHAIR, AND PRIOR TO USE.

PREVENTIVE MAINTENANCE

To ensure proper operation, this accessory should be inspected and maintained as described below.

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>FREQUENCY</th>
<th>PROCEDURE</th>
<th>TOOL</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locking Mechanism</td>
<td>Every three months</td>
<td>Inspect locking mechanism for proper tightening capability.</td>
<td>-</td>
<td>Replace Wrist Rest as Required.</td>
</tr>
</tbody>
</table>
## CLEANING INSTRUCTIONS

**CAUTION** STEAM AND/OR PRESSURE CLEANING CHAIR WILL VOID WARRANTY

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>FREQUENCY</th>
<th>PROCEDURE</th>
<th>CLEANING AGENT</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Rails and Painted Metal</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Check for chipped paint/chrome</td>
</tr>
<tr>
<td>Base Cover</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Check for peeling or missing labels</td>
</tr>
<tr>
<td>Actuators and Battery Pack</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Clean exterior surfaces only with minimal water</td>
</tr>
<tr>
<td>Pendants</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Clean exterior surfaces only with minimal water</td>
</tr>
<tr>
<td>All Other Surfaces</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Check for damage</td>
</tr>
<tr>
<td>TransMotion Medical Accessories</td>
<td>As required/in accordance with facility policies</td>
<td>Wipe with damp cloth and allow to air dry</td>
<td>Facility approved detergents, disinfectants &amp; water</td>
<td>Check for damage</td>
</tr>
<tr>
<td>3rd Party Accessories</td>
<td>As required/in accordance with facility policies</td>
<td>Consult manual provided by accessory manufacturer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Use of Facility approved detergents and disinfectants must comply with the instructions provided by the manufacturer(s) of those products.
Upholstery Care & Cleaning Instructions

Proper care is essential in ensuring the durability and reliability of TransMotion Medical upholstery. In general, all products should be:

1. Cleaned
2. Disinfected (in accordance with facility policy)
3. Rinsed
4. Allowed to air dry

It is important to note that the terms “disinfecting” and “cleaning” should not be used interchangeably. Disinfectants alone will not provide adequate cleaning since they do not have the appropriate properties to cut grease or oil and remove grime, hair or skin oils. The appearance, feel and performance of your upholstery may diminish if not cleaned properly.

Cleaning:

Remove hair, grime and body oils. Your upholstery should be cleaned on a regular basis with a damp cloth soaked in a mild soap and water solution. Avoid harsh detergents or chemicals that could damage the finish of your product. If disinfecting with manufacturer approved chemicals or bleach, the upholstery MUST be wiped off using clean water on a damp cloth and allowed to air-dry as a final step. Failure to rinse upholstery with clean water can result in a build-up of residues that, over time, may lead to drying, cracking or other undesirable changes to appearance, feel and performance.

Retain all instructional tags for future use.

Contact the manufacturer of the fabric used in your upholstery for a current list of approved disinfectants. TransMotion Medical Customer Care can assist with identifying which upholstery was used with your Stretcher-Chair.

For customer supplied and non-standard materials, please refer to the individual manufacturer’s cleaning instructions.
SERVICE INFORMATION

Customer service and support are important aspects of each TransMotion Medical product.

Prior to contacting TransMotion Medical for assistance with your accessory, please HAVE YOUR CHAIR'S SERIAL NUMBER HANDY.

Contact TransMotion Medical Service at:

TransMotion Medical
ATTN: Customer Service
5516 S.W. 1st Lane
Ocala, FL 34474-9307
United States of America

Phone: 1-800-237-3377
1-352-854-2929

Fax: 1-352-854-9544

Manufacturer of Device:
TransMotion Medical
5516 S.W. 1st Lane
Ocala, FL 34474-9307
United States of America

Authorized Representative in Europe:
Emergo Europe
Molenstraat 15
2513 BH, The Hague
The Netherlands
## Field Installation and Usage Instructions

**Description:**
Wrist Rest Accessories

**Document No.:**
IM TMA(20,167,192,194)-15

**Prepared By:** Zachary McKee

**Date Originated:** 2/3/2011

### Revision History

<table>
<thead>
<tr>
<th>Revision Letter</th>
<th>Date</th>
<th>Changed by</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>9/18/13</td>
<td>CAB</td>
<td>Added two side sockets for TMA20-15 per ECN 1897.</td>
</tr>
<tr>
<td>B</td>
<td>10/30/13</td>
<td>CAB</td>
<td>Removed TMA19-15 and TMA48-15 (obsolete) and added TMA167-15 per ECN 1816.</td>
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<tr>
<td>C</td>
<td>10/15/14</td>
<td>EAM</td>
<td>Added TMA192-15 (Anterior Wrist Rest-Tall)</td>
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<tr>
<td>D</td>
<td>3/18/15</td>
<td>TBY</td>
<td>Per ECN 2170, added manufacturers address, authorized rep information &amp; CE mark.</td>
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<tr>
<td>E</td>
<td>10/1/15</td>
<td>BWH</td>
<td>ECN 2360 – Rebranding to TMM / Winco</td>
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<tr>
<td>F</td>
<td>04/07/16</td>
<td>AK</td>
<td>DCC 16-010 Update address, phone number &amp; cleaning instructions.</td>
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<tr>
<td>G</td>
<td>06/22/16</td>
<td>AK</td>
<td>DCC 16-100 Add TMA194-15 – Pediatric Anterior Wrist Rest</td>
</tr>
<tr>
<td>H</td>
<td>01/16/18</td>
<td>NCG</td>
<td>ECN 17-100 Add TMA 198-15</td>
</tr>
</tbody>
</table>