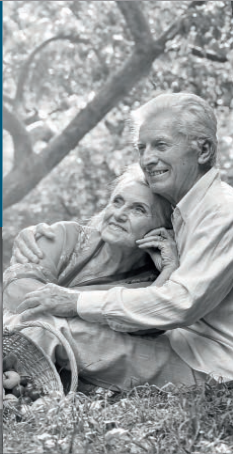
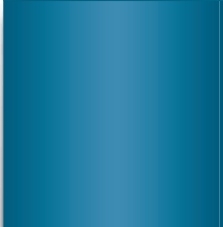




# WINNCARE NURSING HOME



Care

Safety

Comfort



**WINCARE**  
g r o u p



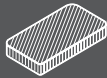
The success of WinnCare Group is the result of skills and experiences gained over 40 years within the healthcare sector. We perform together to create, design, manufacture and improve our customers' service expectation.

*A Bouquet of Services to Support You Better*

## WINNCARE GLOBAL OFFER



30,000  
beds



130,000  
mattresses



80,000  
cushions



5,000  
lifts



3,500  
Ceiling Track Systems

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# MEDICAL BEDS

A bed is a furniture intended for rest and sleep, usually consisting of a mattress placed on a frame which is dressed with sheets and blankets.

A medical bed, thanks to its functionalities, facilitates access to care to bed-ridden patients whilst ensuring their safety and comfort. It is a medical device that is only provided by healthcare professionals when a person is losing autonomy.

Medical advice must always be sought before changing any of the bed features.



# MEDICAL BEDS

---

**EN 60601-2 38** and **NF EN 1970** standards converged **in 2009**

**in 2010**, the **EN 60601-2-52** standard has been completed with specific requirement in terms of basic safety and essential performance of medical beds. This standard has to be applied for all institutions.

Medical beds for adults require two non-manual functions height adjustment and backrest.  
Medical beds for children must also have a knee break.

The choice of the product generally depends on the **morphology of the patient** (size and weight). If the patient is too tall, a frame extension might be suggested. There are also XXL beds for bariatric patients. These solutions reduce the risk of developing pressure ulcers. Pediatric beds are available for children. The size of the bed must fit the child to ensure his/her safety and comfort.



The bed's height must be considered.

The patient must be able to get up to keep a certain mobility: the bed-to-ground height must be the same as the heel-to-knee height when the feet are flat on the floor and the hips are bent at 90°.

For some patients with dementia, lowering the bed to a minimum level minimizes the risk of injury in the event of a fall.

The use of side rails is recommended **ONLY** with advice of healthcare professionals. Side rails are there to prevent falls in the event of uncontrolled patient movements. Caregivers must also be able to adjust the height of the bed when administering care: the best ergonomic setup is sought to avoid musculoskeletal disorders during handling, provide more autonomy to the patient or simplify transfers.



## FALL PREVENTION

Falls are multifactorial events of which the frequency increases with age. Every year, one third of the people over 65 years and half over 85 years experience it at least once. These result in physical and psychological consequences leading to decreased mobility and increased dependence. The screening and evaluation of the risk of falls is multidisciplinary, based on tests of balance and walking, clinical examination, (...) and the implementation of preventive measures.



450,000

falls per year

10,000 deaths

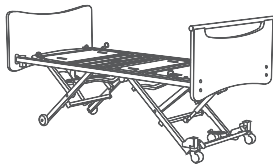
Main cause of nearly 10,000 deaths of people over 65 years old.

1/3

One-third of people 65 years of age and over living at home fall each year

50%

50% of people over 85 fall one or more times per year.



Because residents are at high risk of falling, prevention plays a key role. This is why Winnicare offers beds with variable height going down below 25 cm.



Lifting aids such as the System Aiding Mobility (SAM) brings safety and autonomy to residents.





**AERY'S**® RANGE





## INTELLIGENCE, STYLE, SAFETY

The range was designed based on several themes:

- ▶ The PATIENT'S comfort
- ▶ The CAREGIVER'S AND PATIENT'S ergonomics
- ▶ The PATIENT'S autonomy
- ▶ SAVINGS that can come from certain functions
- ▶ SAFETY around the bed

## SAFETY

With prescribed side rails/NF EN 60601-2-52/NF EN 60601-1 V3.0 / NF EN 60601-1-2 V2.0/NF EN 60601-1-11 Level of electrical protection Class II BF/protection index IPX6 with TC HB020







EASY MOVE board fastening

▶ ERGONOMICS

Mobility Aid System enabling patient mobility

▶ AUTONOMY

▶ ECONOMY



Option(s):  
multi-directional trolley  
with an audible warning  
starting at 72 cm

▶ SAFETY



Compatible  
with frame extension

▶ ERGONOMICS



TENTE castors

▶ SAFETY

▶ COMFORT



Easy seating position with one touch

- ▶ ERGONOMICS
- ▶ ECONOMY



Storing of the height adjustment to facilitate getting out of bed

- ▶ AUTONOMY
- ▶ ECONOMY
- ▶ ERGONOMICS



Stops at  $-5^\circ$

help with raising

- ▶ ERGONOMICS



Stops at  $-12^\circ$

for emergencies

- ▶ SAFETY



Underbed clearance for easy maintenance

- ▶ ERGONOMICS
- ▶ ECONOMY

# A COMPLETE RANGE

**AERYS® STANDARD**



**90 cm**

A SOLUTION TO STANDARD NEEDS

Your well-being improved

**AERYS® COMFORT**



**100 cm**

A COMFORT SOLUTION

A bed with a wider mattress provides more restorative sleep

**AERYS® XXL**



**120 cm**

A SOLUTION FOR RESIDENTS OVER 135 KG

A wider bed supporting residents up to 270 kg



## ACCESSORIES FOR PROTECTION AND ASSISTANCE TO AUTONOMY

BECAUSE EACH PATIENT DESERVES SPECIAL ATTENTION, WE OFFER 4 DIFFERENT ACCESSORIES:



# SIDE RAILS RANGE

## REGULATORY AND MEDICAL INFORMATION



### PRINCIPLE

Side rails are **specific means of physical restraint**. Used under advice from a healthcare professional with a justified medical advice.

The benefit/risk ratio of their use is to be re-evaluated every 24 hours.

They are **designed to prevent the person from falling** while sleeping or being transported, and **NOT to** prevent the person from voluntarily leaving the bed. In this case, full-length side rails should be used with a justified medical prescription.



### INDICATIONS

Restriction of patients free movements for safety purposes. People with risky behavior or failure of other implemented alternatives. Maintaining or improving the functional status of the patient.

Risks of falls, excessive walking or agitation often due to dementia, cerebral, tumoral or vascular pathologies.



### CONTRA-INDICATIONS

Major agitation with risk of falling from the bed and/or injuries.

Compensating for a lack of staff or for the convenience of relatives or caregivers.




### SIDE EFFECTS

Appearance or aggravation of confusion or agitation, trophic disorders, injuries, trapping between the bed rail and the mattress, fractures, sphincter incontinence, muscle deconditioning, loss of appetite, loss of autonomy, pressure ulcers.



 Side rails limit the free movement of the person, induce risks of deterioration of his/her general condition and increase the severity of falls. When lowered, the side rail impairs the seated postural balance.

 All side rails for adult medical beds are bound to comply with the requirements of the NF EN 60601-2-52 (/A1) standard on medical beds.

## ALUMINUM AND WOODEN ½ SIDE RAILS

They are sliding side rails, composed of 2 segments of identical dimensions. They are equipped with a patented locking/unlocking system guaranteeing the safety of its users. The metal part is aluminum, the upper part (handrail) is solid wood.

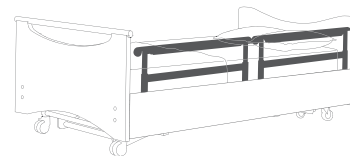
These side rails are removable and compatible with

- ▶ All our beds
- ▶ The boards in our range
- ▶ Our bedding.

They comply with the EN 60 601-2-52 requirements on spacing.

They are available in 2 finishes for the handrail:

- ▶ Paint varnished according to the colors of the color chart
- ▶ Gloss paint according to the colors of the color chart





\* Class I medical devices



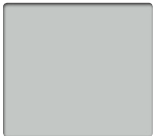
## ¾ EPOXY SIDE RAILS

These retractable side rails are compatible with all our beds. The rails are equipped with a fixation system in order to prevent bad installations and comply, they comply with the EN 60 601-2-52 requirements on spacing. They are compatible with our bedding (photos opposite) and available in 4 colors according to the colour of the bed frame.



Fixing  
system  
by indexing

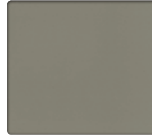
### EPOXY PAINTS AVAILABLE



RAL 7035



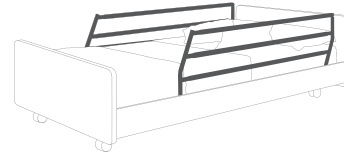
RAL 7016



RAL 7030



RAL 1013





\* Class I medical devices



## FULL-LENGTH WOODEN SIDERAILS

These are sliding side rails fixed in the headboards and footboards.  
They can be positioned on our entire bed line (width of 90/100/120/140/160 cm).

These side rails are compatible with 3 boards of our range:

- ▶ Carmen II
- ▶ Val de vie
- ▶ Côte de lumière

They comply with the EN 60 601-2-52 requirements on spacing.



CARMEN II



VAL DE VIE

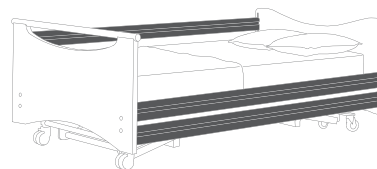


CÔTE DE LUMIÈRE



They are available in 3 finishes:

- ▶ Light beech polymer coating.
- ▶ Paint varnished according to the colors of the color chart
- ▶ Gloss paint according to the colors of the color chart







\* Class I medical devices



# TECHNICAL AIDS



These are bed accessories providing new features to improve patients' mobility while facilitating the work of caregivers.

This range has been developed in collaboration with experts (occupational therapists and designers). Systems Aiding Mobility are patented accessories.

The SAM range is compatible with all our beds.

They comply with the 60 601-2-52 requirements on spacing.

## PRINCIPLE:

The SAM range improves the motor pattern of the patient during his/her "lying-seated" movement and contributes take part in daily life activities by mobilizing these functional abilities. It improves caregiver safety postures and creates a free space for caregivers.



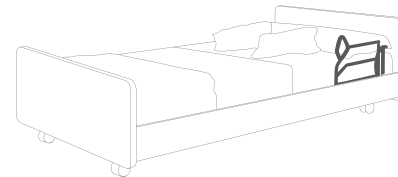
SAM ACTIV



SAM ERGONOM



SAM EVOLUTION





\* Class I medical devices



# TECHNICAL AIDS



FUNCTIONS	PROBLEMS	OBJECTIVES	BENEFITS
<p><b>SAM SITTING UP "FROM LYING TO SITTING"</b></p>	<p>For the resident or patient Psychomotor dis-adaptation (e.g.: psychomotor regression) Stasobasophobia Abdominopelvic muscle weakness</p> <p>For the caregiver: Psychomotor retardation (e.g. Parkinson's) Unstable balance while sitting Spinal biomechanical pressure +++ (compression, torsions) MSD<sup>(1)</sup> risk ++</p> <div style="border: 1px solid yellow; padding: 5px; margin-top: 10px;"> <p>Prevalence of difficulties sitting up in bed: 40% of elderly residents in care settings.</p> </div>	<p>Adapt to changes in psychomotor and postural capabilities</p> <p>Reduce the risk of falling</p> <p>For the caregiver: Prevention of musculoskeletal disorder Reduction of the workload Secure mobility around the bed</p>	<p>Maintain the patient's independence (self-esteem) Balance and muscle reinforcement Effective, safe transfers prior to sitting upright, Lowers anxiety Caregiver's satisfaction Maintains and improves the patient's mobility (occupational techniques and postures) Reduces work load and pain (Ergonomics) Trust</p>
<p><b>SIDE ROLLING</b></p>	<p>Routine care procedures for caregivers (washing, changing, dressings, etc.) Spinal biomechanical pressure ++ (leading forward, compression) MSD<sup>(1)</sup> risk ++ Usefulness of side rails for patients who, though weak, are calm, coherent and communicative. Inconvenience of side rails for caregivers</p>	<p>Help bedside care procedures to be performed effectively Reduce dorso-lumbar pressure during bedside care procedures</p> <p>Improve patients' mobility by encouraging them to get involved in their daily care procedures</p>	<p>Caregiver productivity and wellbeing Patients participate in their care Muscle reinforcement</p>



## Method

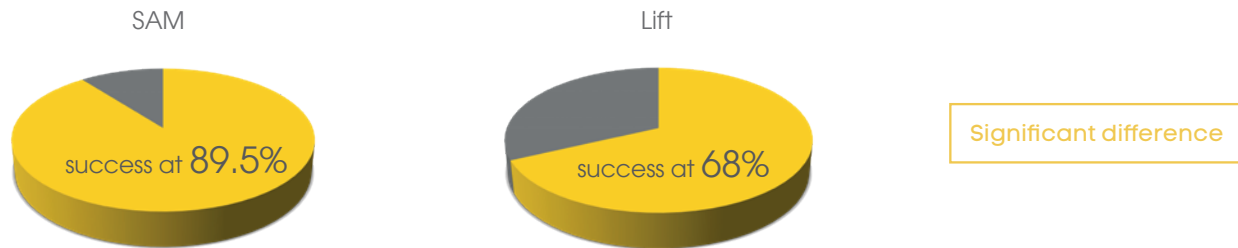
- Prospective, monocentric, randomized study, comparing 2 medical devices (SAM Ergonom versus standing lift)
- Consenting patients, over **65 years of age**, stable medical condition, no cognitive impairment
- Patients with difficulties switching between lying and seated positions in less than 10 seconds, with a postural balance of 2 out of 41
- Positioning of the patient during the experiment: bedridden, pelvis centered, great trochanter at the level of the articulation of the backrest
- 2 consecutive attempts: learning, timed observation phase
- Main criterion: successful transfer from a lying position to a seated position
- Secondary criterion: time to sit (min) and assessment of center of mass displacement when standing up
- Number of patients included: 38, 19 in the exposed group (SAM) and 19 in the control group
- Average age 84.7 years (71; 93); female to male ratio 1.92

<sup>1</sup>. Postural Balance Scale, Level 2 - Postural balance, seated, maintained without posterior support, but imbalance when shoved, whatever the direction.

## Results

The use of SAM Ergonom improves the motor pattern of going from a lying to a seated position of the patients enrolled in the study. SAM can influence motor strategy during psychomotor regression syndrome by bringing the center of mass into a anterior rotation in 90% of cases during the first 5 seconds (against 50% in retropulsion among patients using a lift)

### ► Main CRITERIA : successful transfer



### ► Secondary CRITERIA : time taken to sit down

- SAM: 12.5 seconds (4; 24)
- Lift: 12 seconds (5; 20)
- Insignificant difference

Insignificant difference

## BED ACCESSORIES



FOLDING EPOXY SAIDE RAIL



WOODEN SIDE RAIL



BED EXTENSION



IV POLE WITH CASTERS



TELESCOPIC IV POLE



FLEXIBLE REMOTE CONTROL SUPPORT





URINE HOLDER



URINE BAG HOLDER



LIFTING POLE



LIFTING POLE



# FURNITURE

## COLLECTIONS





# MEDIDOM ROOM ATMOSPHERE

## COMFORTABLE

---



Bedside cabinet



Bedside unit with 2 compartments



Bedroom table



Desk



Dresser



Table with dresser



Single-door wardrobe



Two-door wardrobe



# CARMEN ROOM ATMOSPHERE

## SIMPLE AND RESTFUL

---



Bedside cabinet

---



Bedroom table

---



Desk

---



Dresser

---



Table with dresser

---



Single-door wardrobe

---



Two-door wardrobe

---



Chair

---



Bridge

---





# DAGONE ROOM ATMOSPHERE

## CONTEMPORARY LINES

---



Bedside cabinet



Bedroom table



Desk



Boards



Dresser



Table with dresser



Single-door wardrobe



Two-door wardrobe



# AUZENCE ROOM ATMOSPHERE

## GENTLE CURVES

---



Bedside cabinet



Bedroom table



Desk



Boards



Dresser



Table with dresser



Single-door wardrobe



Two-door wardrobe



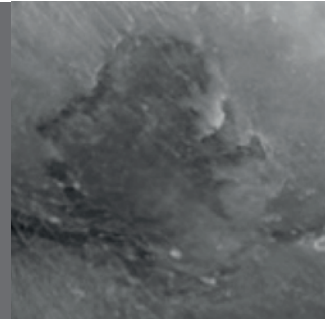
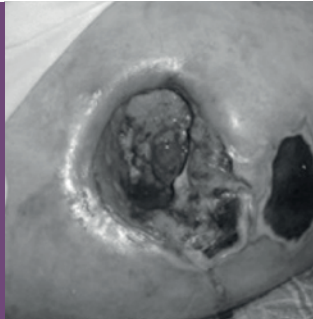
# PRESSURE ULCERS

## WHAT IS A PRESSURE ULCER ?

A pressure ulcer is a lesion of the skin and/or underlying tissues usually located over a bony prominence, resulting from intense and/or prolonged pressure combined with shear.

A large number of factors are associated with the development of pressure ulcers but their occurrence remains something to be determined.

Elderly persons are more concerned by pressure ulcers than younger ones.



## FACTORS CONTRIBUTING OR AGGRAVATING THE OCCURRENCE OF PRESSURE ULCERS.

---

- ▶ Intrinsic factors (clinical: undernutrition, immobilization, pathology)
- ▶ Extrinsic factors (mechanical: pressure, shear, friction)
- ▶ Psychosocial factors
- ▶ Patient and caregiver's lack of education

## CAUSES

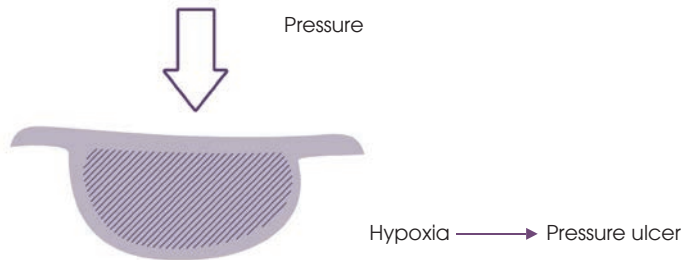
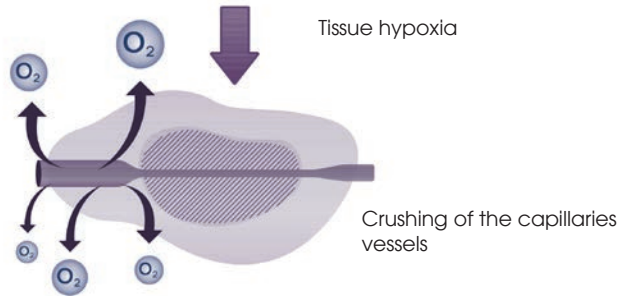
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A pressure ulcer is a wound due to tissue hypoxia caused by excessive and/or prolonged pressure in patients with a severe impairment of their mobility (pathologies, conditions).

Blood can no longer circulate properly in the affected areas, impeding the supply of oxygen and tissue nutrients. Subcutaneous tissues suffer, cutaneous tissues (skin) eventually die (necrosis).

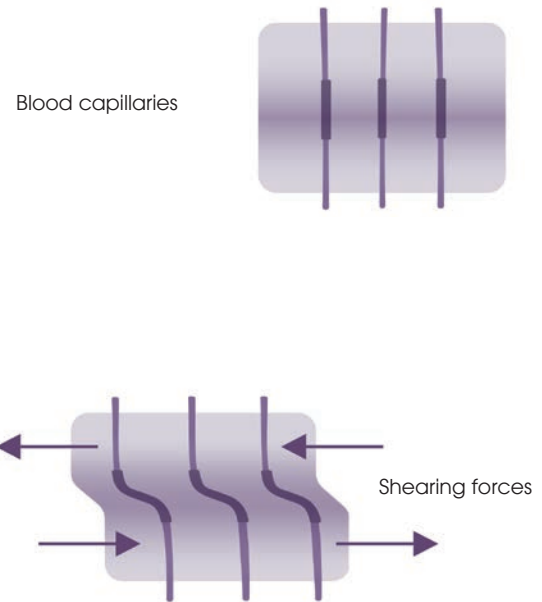
## PRESSURE MECHANISM

Capillaries are closed by crushing due to pressure, leading to tissue hypoxia.



## SHEARING MECHANISM

When capillaries are subject to horizontal opposing forces causing their occlusion or rupture, it can lead to tissue hypoxia.



# THE CLASSIFICATION OF PRESSURE ULCERS STAGES <sup>1</sup>

Pressure ulcers are classified into four stages according to a classification: anatomical, anatomo-clinical and clinical. This will determine how they will be handled.

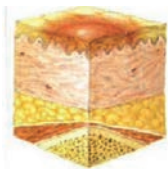
**Braden scale** was recommended by the 2001 pressure ulcer consensus conference.

## STAGE I

Non-blanchable erythema of intact skin

Intact skin with non-blanchable redness of a localized area usually over a bony prominence.

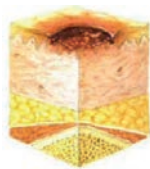
Darkly pigmented skin may not have visible blanching; Stage I may be difficult to diagnose in individuals with dark skin tones.



## STAGE II

Partial-thickness skin loss with exposed dermis

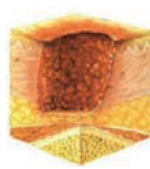
Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising.



## STAGE III

Full-thickness skin loss

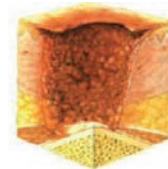
Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed, visible or palpable. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.



## STAGE IV

Complete tissue loss

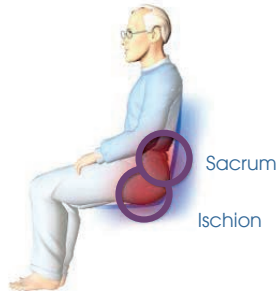
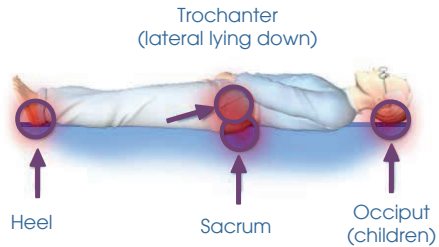
Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling. The depth of Stage IV pressure ulcer varies by anatomical location. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.



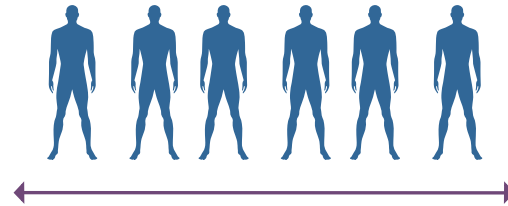
<sup>1</sup> EPUAP, NPUAP, PPPIA. *Prevention and Treatment of Pressure Ulcers: Clinical practice guideline, 2014*



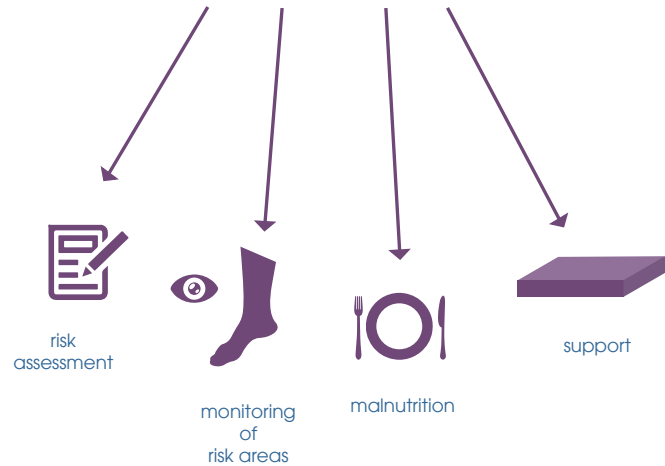
# LOCATION



# ALL PATIENTS

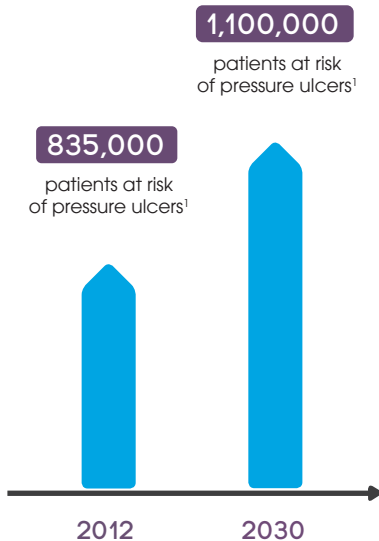


# MINIMUM PREVENTION



# PRESSURE ULCERS, A PUBLIC HEALTH ISSUE

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## AN ECONOMIC IMPACT

---

3.35 billion €

Annual overall cost of treating pressure ulcers at homes and hospitals in 2011<sup>2</sup>.

## THE IMPORTANCE OF USING AN EFFECTIVE AND ADAPTED SUPPORT TO PREVENT OR TREAT PRESSURE ULCERS

---

50 billion

A reduction in the prevalence of pressure ulcers by 5% would result in savings of 50 million euros in institutions<sup>3</sup>.

Sources:

<sup>1</sup> France. Official Journal from July 21, 2005, Notice of Proposed Amendment to the Conditions for the Registration of "medical devices for the prevention of pressure ulcers", to the list of reimbursable products and services provided for in Article L. 165-1 of the Social Security code (LPP in France), appendix VII.

<sup>2</sup> SFFPC, Pressure ulcers: Consequences and scarring at high cost (Internet). 2005. (Cited on March 1, 2005). Available at: <http://www.sffpc.org/index.php?pg=info3>.

<sup>3</sup> France. CNAMTS, Improving the quality of the health system and controlling spending: Health Insurance proposals for 2014. CNAMTS; Jul. 2013.

## INSTITUTIONS FACING OLDER, SICKER AND MORE DEPENDENT RESIDENTS <sup>4</sup>

---



500 000

EHPADs host more than 500,000 elderly people in France.



86 years old

Average age of nursing home residents.

7



Number of chronic pathologies diagnosed associated with a poly medication (when taking more than 6 drugs per day).

54.5 %

Percentage of rated resident from GIR 1 to 2.

5 %

Prevalence rate of pressure ulcers in nursing homes.

30 %

30% of pressure ulcers in nursing homes are from stage 3 to 4.

“A GROWING NEED TO HAVE SOLUTIONS THAT COMBINE THERAPY & COMFORT”

Sources:

<sup>4</sup> Barrois B., Allaert FA., Enquête nationale décennale de prévalence des escarres (National 10-year survey on the prevalence of pressure ulcers), PERSE, Revue L'escarre, Sept. 2015; No. 67: 5-7.

## BRADEN SCALE

---

Prevention of pressure ulcers is meant for all patients whose skin condition is intact but also for patients who already suffered from pressure ulcers.

Preventive measures must be implemented as soon as the level of risk is identified and adapted according to each identified patient. Thus, different scales exist to evaluate this risk and to adapt care protocols: Norton Scale, Braden Scale, Waterlow Scale.

“The Braden Scale is a validated pressure ulcer risk assessment method that considers factors such as sensory perception, moisture, activity, mobility, nutrition, friction and shear, which are responsible for the occurrence of a pressure ulcer.”







## RESULTS ANALYSIS

---

BRADEN score 1	Risk level	Indications 2
23 - 18	Risk low to none	Patient bedridden for a few days, moving alone and without problem.
17 - 13	Risk low to medium	Patient bedridden from 10 to 15 hours moving alone with difficulty, without significant neurological disorder, without arterial disease, general condition good to medium.
12 - 8	Risk medium to high	Patient up during the day, bedridden for more than 15 hours.
< 8	High risk	Patient not up during the day, in poor general condition and/or with an arterial disease, and/or a recent severe neurological disorder.

## Evaluation of risk factors for pressure ulcers according to Braden scores

► Check the box corresponding to the situation of the person at risk for each of the 6 criteria below

	<b>SENSORY PERCEPTION</b> Ability to respond appropriately to the discomfort caused by pressure	Completely limited	1	<input type="checkbox"/>
		Very limited	2	<input type="checkbox"/>
		Slightly diminished	3	<input type="checkbox"/>
		No impairment	4	<input type="checkbox"/>
	<b>MOISTURE</b> Degree of moisture to which the skin is exposed	Constantly moist	1	<input type="checkbox"/>
		Very moist	2	<input type="checkbox"/>
		Occasionally moist	3	<input type="checkbox"/>
		Rarely moist	4	<input type="checkbox"/>
	<b>ACTIVITY</b> Degree of physical activity	Confined to bed	1	<input type="checkbox"/>
		Confined to chair	2	<input type="checkbox"/>
		Walks occasionally	3	<input type="checkbox"/>
		Walks frequently	4	<input type="checkbox"/>
	<b>MOBILITY</b> Ability to change and control body position	Completely immobile	1	<input type="checkbox"/>
		Very limited	2	<input type="checkbox"/>
		Slightly limited	3	<input type="checkbox"/>
		No limitation	4	<input type="checkbox"/>
	<b>NUTRITION</b> Eating habits	Very poor	1	<input type="checkbox"/>
		Probably inadequate	2	<input type="checkbox"/>
		Adequate	3	<input type="checkbox"/>
		Excellent	4	<input type="checkbox"/>
	<b>FRICION AND SHEARING FORCES</b>	Problem	1	<input type="checkbox"/>
		Potential problem	2	<input type="checkbox"/>
		No apparent problem	3	<input type="checkbox"/>

► Add the scores of each criterion to obtain the total score

**TOTAL SCORE**

# MATTRESS SELECTION GUIDE

## RISK OF PRESSURE ULCERS

**NULL LOW TO MEDIUM**<sup>1</sup>



**Bed-ridden**<sup>2</sup>  
**≤ 15 hours/day**

- Patient who mobilizes alone with difficulty
- Without significant neurological disorder
- Without arterial disease
- Patient in good general conditions<sup>2</sup>

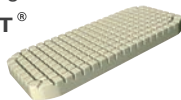
**STATIC  
MATTRESS**



**HIGH-RESILIENCE FOAM**

40 ≤ 120 kg

**APLOT**<sup>®</sup>



30 ≤ 120 kg

**EPSUS**<sup>®</sup>



## RISK OF PRESSURE ULCERS

**MEDIUM TO HIGH**<sup>1</sup>



**Bed-ridden**<sup>2</sup>  
**> 15 hours/day**

**PATIENT UP DURING THE DAY**<sup>2</sup>

(frequency of position changes<sup>5</sup>)

(≥ 6 x per day)

**STATIC MATTRESS**

**NO PRESSURE ULCERS**<sup>3</sup>



**HISTORY OF PRESSURE ULCERS**<sup>3</sup>



**VISCOELASTIC FOAM**

20 ≤ 180 kg

**ALOVA**<sup>®</sup>

Viscoelastic<sup>3</sup>



1: according to validated scale and clinical opinion

2: according to the opinion of the CNEDIMTS from 12/22/2009

3: VMA62 weight ≤ 120 kg; VMA63 weight ≤ 150 kg; VMA64 weight ≤ 180 kg

4: different versions of the ALOVA mattress are available: with stabilizing edges, in XL, DUO and pediatric sizes

5: EPUAP-NPUAP-PPPIA recommendations. 2014

# RISK OF PRESSURE ULCERS

**HIGH<sup>1</sup>**



**Bed-ridden<sup>2</sup>  
24/7**

Patient in poor general condition, and/or with an arterial disease, and/or a recent severe neurological disorder<sup>2</sup>

## DYNAMIC AIR MATTRESS



SEVERAL PRESSURE ULCERS  
Stage 1 to 2 IN area at risk  
WITHOUT DATP - if bed-ridden 24/7: AT15

SEVERAL PRESSURE ULCERS  
Stage 1 to 4 IN area at risk  
WITHOUT DATP - if bed-ridden 24/7: AT15

**POOR GENERAL CONDITION**



(< 6 x per day)

## DYNAMIC AIR MATTRESS



1 PRESSURE ULCER (in pressure area)

**STAGE 1 to 2\***

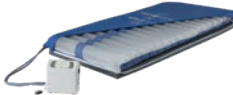
**STAGE 1 to 4\***



AUTOMATIC

30 ≤ 150 kg

axtairone<sup>®</sup>plur



30 ≤ 165 kg

axtair automorpho<sup>®</sup>plur



30 ≤ 165 kg



30 ≤ 180 kg



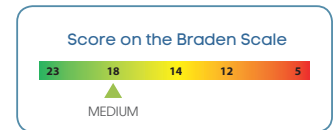
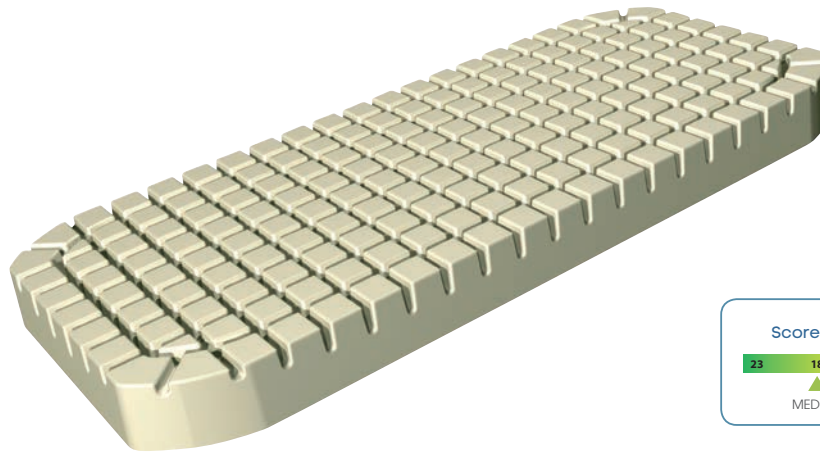
30 ≤ 200 kg



axtair automorpho<sup>®</sup> canror<sup>®</sup>



# APLOT<sup>®</sup>



Prevention of pressure ulcers for patient at **low to medium risk**

Treatment of pressure ulcers from **stage 1 to 2** with technical aid devices

Patient weight: **40 to 120 kg**



# CLINICAL APLOT

## Method

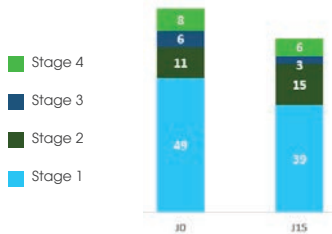
- 3 Observational, prospective, multicenter studies with descriptive analysis
- Studies conducted in **1993 and 1994** in health institutions; 2 follow-ups on D0 and D15
- **184** multi-pathological patients with an average age of 77 years; sex ratio F/M 2.43; weight 58 kg; height: 1.61 m
- Main diseases: neurological and traumatological
- 74 patients with pressure ulcers (40.2%); **74 pressure ulcers**: 81% stage 1-2, 19% stage 3-4
- Practice of massages and turns (Total population: 95% at least 3 times/day)

## Results

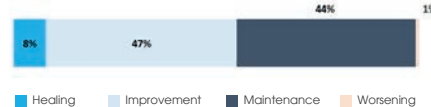
► **MAIN CRITERIA:** preservation or improvement of the skin condition

► **SECONDARY CRITERIA:** appreciations

✓ Type and progression of pressure ulcers

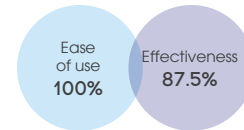


✓ Progression of the scar

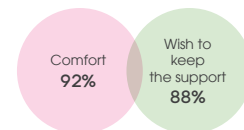


- 15% of people with pressure ulcers
- 10% of stage 1-2 pressure ulcers
- 36% of stage 3-4 pressure ulcers

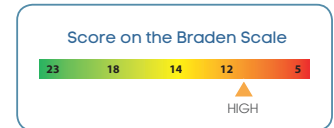
✓ Appreciation for caregivers



✓ Appreciation for patients



# EPSUS<sup>®</sup>



Prevention of pressure ulcers for patient at **medium to high risk**

Treatment of pressure ulcers from **stage 1 to 2** with technical aid devices

Patient weight: **30 to 120 kg**

# CLINICAL EPSUS

## Method

- 3 Observational, prospective, multicenter studies with descriptive analysis
- Studies conducted in 1995 in health institutions; 2 follow-ups on D0 and D15
- 93 multi-pathological patients with an average age of 76 years; sex ratio F/M 1.35; weight 62 kg; height: 1.65 m
- 60 patients at risk of pressure ulcers (65%): 16% risk, 44% high risk, 39% very high risk of pressure ulcers
- 33 patients with pressure ulcers (35%); pressure ulcers formed: 49% stage 1, 51% stage 2-3
- Daily practice of massages and turns (patients at risk: 97% at least 3 times/day; patients with pressure ulcers: 84% at least 3 times/day)

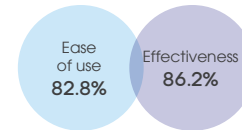
## Results

► **MAIN CRITERIA:** preservation or improvement of the skin condition

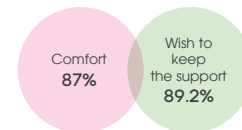
	Effec- tiveness	Evolution favorable	Stationary states	Evolution unfavorable
Patients at risk	100%	20%	80%	0
Patients at high risk	81.4%	25.9%	55.5%	18.6%
Patients at very high risk	87.5%	0	87.5%	12.5%
Patients with stage 1 pres- sure ulcer(s)	100%	87.5%	12.5%	0
Patients with stage 2-3 pressure ulcer(s)	100%	35.3%	64.7%	0

► **SECONDARY CRITERIA:** appreciations

✓ Appreciation for caregivers

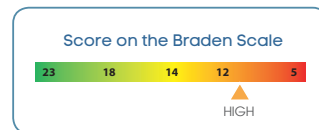


✓ Appreciation for patients



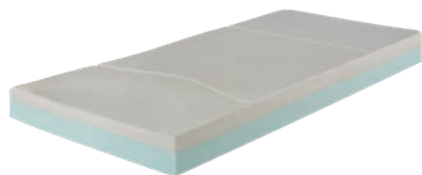
# ALOVA<sup>®</sup> RANGE

Welcoming, light, soft, the viscoelastic material invites you to rest. Born of alchemy, its medical properties protect your skin from the pressures applied to it. Your skin is fragile, let's protect it!





VMA63



VMA64



VMABS



Solution for chair ▶ **ALOVA®** Contoured cushion



Prevention of pressure ulcers for patient at **medium to high risk**

Treatment of pressure ulcers from **stage 1 to 2** with technical aid devices

Patient weight: **30 to 180 kg**

# CLINICAL STUDY ON THE ALOVA MATTRESS

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## Method

- Observational, longitudinal, prospective, multicenter study with descriptive analysis: clinical follow-up after being sold
- Study conducted in **2004** in health institutions: 30% Medicine, 33% Specialized Medicine, 20% Extended Stay, 12% Surgery, 5% Resuscitation
- **40** patients included: average age 71.38 years; sex ratio M/F 0.86; starting average BMI 16.25
- Patients bedridden on average 18 hours a day with 3 daily repositionings, up at least once a day
- 2 follow-ups done on D0 and DEND, average duration of follow-up 25.27 days
- 20 patients with pressure ulcers (50%), 24 pressure ulcers including 76% stage 1-2 and 24% stage 3-4
  
- Mobility: **45%** good to medium, **50%** none
- Awareness: **87.50%** good to medium, 10% bad
- Continence: 35.50% yes, **57.50%** no
- Nutrition: 20% good, **52.50%** medium, 25% bad
- Pain: 37.50% yes, **50%** no

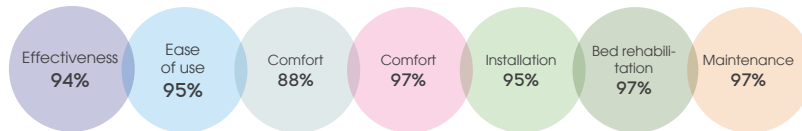
## Results

▶ **MAIN CRITERIA:** Appearance of stage 1 to 4 pressure ulcers

✓ No pressure ulcers appearing

▶ **SECONDARY CRITERIA:** Tolerance, results considering the actual responses (especially patients able to respond)

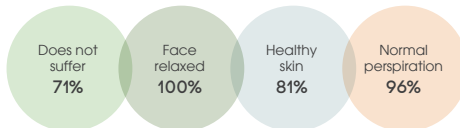
Level of caregiver satisfaction: **95%**



Level of patient satisfaction: **76%**



Patient tolerance level: **87%**



# DYNAMIC AIR IS 7.57 TIMES MORE EFFECTIVE THAN VISCOELASTIC FOAM TO PREVENT



## Method

- Gold standard: randomized, controlled, superior, in parallel groups, open and multicenter study
- Study conducted from February 2004 to March 2015 in 9 medium and long-stay French institutions
- 76 randomized patients  $\geq 70$  years, without pressure ulcers, bedridden  $\geq 15$ h/d, reduced mobility, zero to low positioning capacity, Braden  $< 14$ , MNA  $> 12$ , Karnofsky  $< 40\%$

## Objective

To demonstrate the superiority of the Axtair One Alternating Pressure Air Mattress (APAM) over a viscoelastic foam mattress (VFM) in elderly patients at moderate to high risk of developing a pressure ulcers

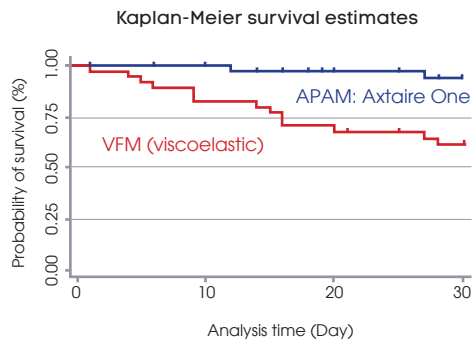
- **Primary evaluation criteria:** development of pressure ulcers during a 30-day follow-up period
- **Static hypothesis:** to show a 50% reduction of the instant risk of pressure ulcers in the APAM group versus VFM



# PRESSURE ULCERS

## Results

- E<sup>2</sup>MAO shows a reduction of over 50% of the instant risk of pressure ulcers in the APAM group (Axtair One) versus VFM
- Early separation of Kaplan-Meier survival curves illustrates the temporal evolution of Axtair One's preventive benefits



- Kaplan-Meier survival curves
- Illustrate the probability of being free of pressure ulcers
- Each level corresponds to the appearance of a pressure ulcer

### Early separation of survival curves

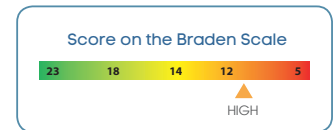
- ▶ Fewer pressure ulcers appeared in the APAM group than in the VFM group
- ▶ Pressure ulcers appeared later in the APAM group

## Conclusion

The Axtair One alternating pressure air mattress was superior to a viscoelastic foam mattress for the prevention of pressure ulcers in elderly patients, bedridden more than 15 hours a day, severely dependent, at medium to very high risk of pressure ulcers with an instant risk of pressure ulcer occurrence 7.57 times higher in the VFM group than in the APAM group.

# axtair one® plus

FOR EARLY STAGES OF PRESSURE ULCERS



Prevention of pressure ulcers for patient at **medium to high risk**

Treatment of pressure ulcers from **stage 1 to 2** with technical aid devices

Patient weight: **30 to 150 kg**



## EFFICIENT

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- ▶ Patient weight from 30 to 150 kg
- ▶ Therapeutic mode: alternating 1 cell in 2



## COMFORTABLE

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- ▶ Comfort adjustment



## EASY-TO-USE

---

- ▶ Patented system of automatic and continuous calculation of inflation pressure
- ▶ Easy-to-use pump's interface
- ▶ Technical autodiagnostic by QR code
- ▶ Simplified instructions on the pump



## SAFETY

---

- ▶ Management of the sitting position
- ▶ Visual and audible alarms



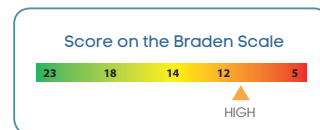
## ECO-FRIENDLY

---

- ▶ Designed and manufactured in France
- ▶ Eco-designed

# axtar automorpho<sup>®</sup> plus

THERAPY & COMFORT IN SIMPLICITY



Prevention of pressure ulcers for patient at **medium to high risk**, patient bedridden from 10 to 15 hours a day.

Treatment of pressure ulcers from **stage 1 to 4** with technical aid devices

Patient weight: **30 to 165 kg**



## EFFICIENT

---

- ▶ Patient weight from 30 to 165 kg
- ▶ Management of the sitting position
- ▶ Patented system of automatic and continuous calculation of inflation pressure
- ▶ 4 heel reliefs as standard



## COMFORTABLE

---

- ▶ Comfort adjustment whatever the mode used and the patient's position
- ▶ Several widths available



## EASY-TO-USE

---

- ▶ Easy-to-use pump's interface
- ▶ Simplified instructions on the pump
- ▶ Technical autodiagnostic by QR code



## SAFETY

---

- ▶ Automatic keyboard lock
- ▶ Optional cable protection



## ECO-FRIENDLY

---

- ▶ Designed and manufactured in France
- ▶ Eco-designed

# axtar automorpho<sup>®</sup> plus



## HEEL RELIEFS

- ▶ Allows reducing pressure ulcer located in heel area by deflating one or two cells



## CPR valve (Cardio Pulmonary Rescue)

- ▶ Easy and quick opening and closure
- ▶ Mattress can be deflated in less than 15 seconds in case of an emergency \*
- \* For a patient of 80 Kg patient in supine position

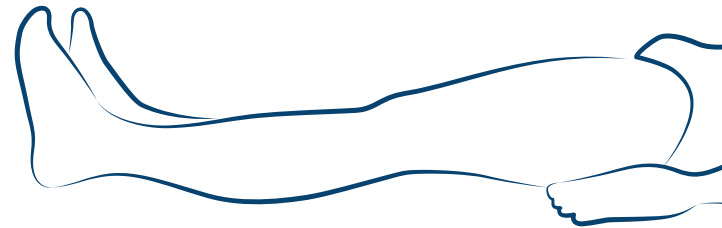


Cover

- ▶ Upper side: bi-elastic, impermeable to liquids and permeable to water vapor
- ▶ Lower side: non-slip base
- ▶ 2 covers available:

**PROMUST PU HD** (black cover)

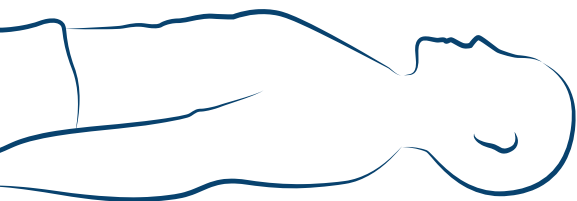
**PROMUST CIC** (blue cover) with antibacterial treatment with silver ions





## Cells

- ▶ 18 Polyurethane Ether cells, 12 cm high



## PUMP

- ▶ Patented system for the automatic and continuous calculation of the inflation pressure according to the morphology of the patient
- ▶ 3 modes of functioning: dynamic, static (low pressure), care
- ▶ Management of the sitting position
- ▶ Comfort adjustment whatever the mode used or the patient's position
- ▶ Visual and audible alarms
- ▶ Serial number on the pump's back, simplified
- ▶ instruction and QR code on both sides.

# CLINICAL STUDY OF THE AXTAIR AUTOMORPHO® PLUS MATTRESS

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## Method

- Observational, prospective, multicenter study with descriptive analysis
- Study conducted from **2007 to 2008** by the Réseau Ville Hôpital du Languedoc Roussillon in home care settings (40%), in EHPADs in collective care settings (60%)
- **30** patients included: average age 78 years; sex ratio F/M 2.3; average baseline BMI 22.5 (13.8, 42.2); average baseline Karnofsky score 36%
- Patients with pressure ulcers at baseline: Average Norton score at D0: 8.47; **48 pressure ulcers**: 48% sacral, 37% heels; 39% stage 1-2, 61% stage 3-4
- Types of major pathologies: oncology, associated with aging, orthopedics, neurology, pneumology
- Clinical states: 70% worsening, 10% improving, 20% in stationary states
- 4 follow-ups done at D0, D10, D20 and D30
- Efficacy criteria: wound status, volumetric and surface measurements, distinction of viable and non-viable tissue, exudate proportion, clinical status

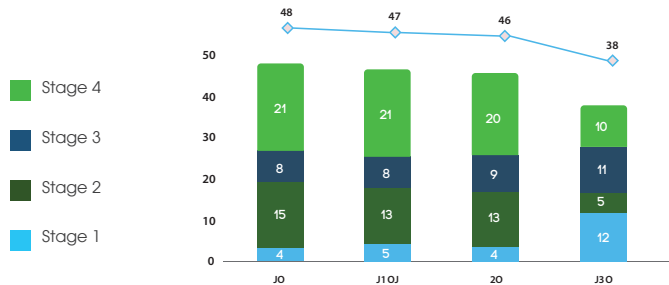


## Results

MAIN CRITERIA: Help in the healing process of pressure ulcers evolving unfavorably

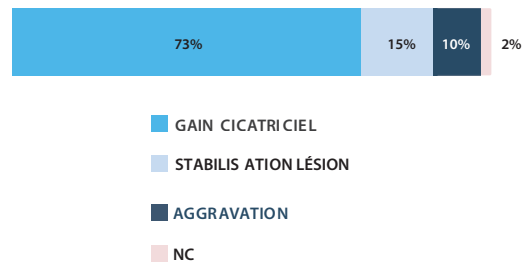
✓ Helps prevent and heal stage 1 to 4 pressure ulcer

Type and progression of pressure ulcers



Scarring improvements  
According to respective formulas from Kundin and Schubert

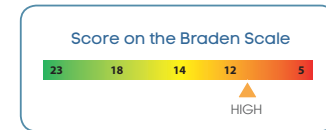
Progression of the scar



Average surface gain: 0.44 cm<sup>2</sup>/day  
I and/or Average volumetric gain: 0.86 cm<sup>3</sup>/day

# axtar automorpho<sup>®</sup> xensor<sup>®</sup>

INNOVATIVE AND COMMUNICATING RANGE  
OF DYNAMIC MATTRESSES



CONTINUITY OF CARE FROM SUPINE  
TO SEATING POSITION

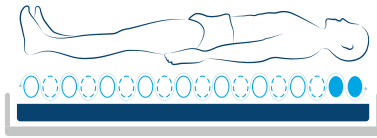
- ▶ Alternating pressure air cushion with CIC cover

Prevention of pressure ulcers for patient at **medium to high risk**, patient up during the day, bedridden for more than 15 hours a day.

Help in treatment of pressure ulcers from **stage 1 to 4**

Patient weight: **30 to 200 kg**

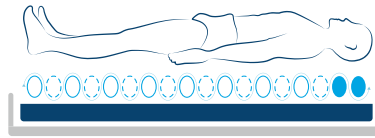
# Because each patient deserves special attention, we offer 4 MODELS



## AT12

Maximum patient weight: **165 kg**

12 cm height therapeutic air cells  
dynamic mattress fitted with a 5 cm  
foam base



## AT15

Maximum patient weight: **180 kg**

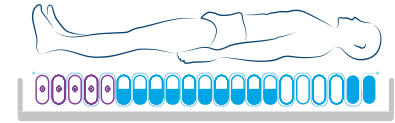
15.5 cm height therapeutic air cells  
dynamic mattress fitted with a 5 cm  
foam base

### 3 therapeutic areas:

- ▶ 2 static air cells located in head area
- ▶ 4 independent heel reliefs located in foot area

Ventral decubitus option

NEW



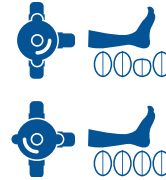
## AT20

Maximum patient weight: **200 kg**

20 cm air mattress

### 4 therapeutic areas:

- ▶ 2 static air cells located in head area
- ▶ 4 cervico-dorsal cells
- ▶ 10 cells around the sacrum area with an air base to ensure stability
- ▶ 5 independent heel reliefs located in foot area



### Automatic and continuous calculation of the inflation pressure

The automatic adjustment sensor of inflation pressure associated with the Axensor Technology allows to modify continuously the pressure level to adapt it to the patient's morphology and position in bed according to the backrest's angulation.

### Heel reliefs

can relieve pressure in the heel zone by discharging one or more cells in the foot of the mattress

### Optional prone position

Selective deflation of cells to prevent skin lesions and facilitate drainage of bronchial secretions in mechanically ventilated patients



### "Dynamic" mode

Alternating pressures helps prevent prolonged vascular compression, which can lead to tissue hypoxia and thus prevent the development of pressure ulcers in individuals at risk and treat patients with stage 1 to 4 pressure ulcers



### "Static" mode

Allows the management of people requiring immobilization, to reduce secondary pains related to trauma to a minimum, to guarantee the patient's comfort, to wean out the patient before setting up a static support

## Connector mattress-pump

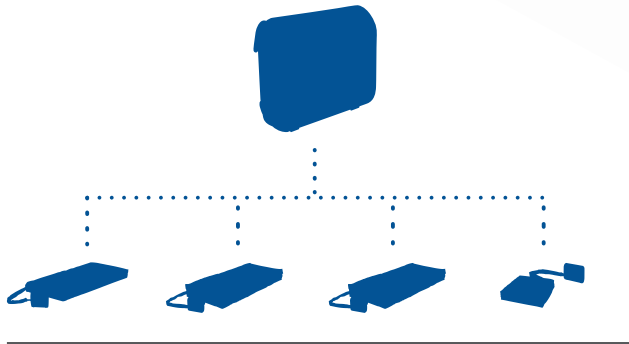
- ▶ Automatic shut-off of air circuits during disconnections
- Transport autonomy: 8 hours



**PATENTED**

## Innovative Axensor system

- ▶ Automatic recognition of the connected mattress
- 1 pump compatible with 4 different devices



## Pump's interface

- ▶ Provides an easy and intuitive use of the support by quickly accessing the various features available.





## Care mode

- ▶ Facilitates the handling of patients during care and transfers

Timed mode (30 minutes)

After 30 minutes, the pump automatically switches to the previously selected therapeutic mode



## Visual and audible alarms

- ▶ Communicates the cause of the last recorded alarm using a coding system



## Lockable keyboard

- ▶ Secures the compressor interface by manually or automatically locking the keyboard and access to the various functions

## CIC welded cover with bacteriostatic Ag+ ion treatment

▶ Prevents the risk of cross-contamination



## Fluid impermeability

▶ Prevents liquid penetration



## Permeability to water vapor

▶ Minimizes the risk of perspiration-induced maceration and keeps the skin in contact with the drier surface

# CLINICAL STUDY OF THE AXTAIR AUTOMORPHO® AXENSOR MATTRESS

## Method

- Observational, longitudinal, prospective, single-center study with descriptive analysis: clinical follow-up after being sold done in 2016
- 19 patients included in an intensive care unit in Belgium: average age 70.4 years; sex ratio F/M 1.4; average BMI 28.5
- Patients bedridden > 15h (100%) and up to 24/7 (89% not up), with mostly > 3 daily turns (79%) and low use of DATP (11%)
- Patients included without pressure ulcers and at high risk of pressure ulcers according to an average Norton score of 8
- 2 follow-ups done on D0 and DEND with an average follow-up duration of 9.61 days



## Characteristics of the patients included

- General state: 47% good to average, 53% bad
- AOMI: 63% Null, 37% low to severe
- Neurological disorder: 53% Null to low, 47% moderate to severe
- Skin flare-ups/day: 68% < 3 and 32% > 3
- Physical condition: 89% very poor to poor
- Mental condition: 89.5% stupor or confusion
- Activity: 100% bedridden
- Mobility: 79% Immobile to Very limited
- Incontinence: 89.5% Urinary and/or fecal



## Results

### ► CRITERIA: Appearance of stage 1 to 4 pressure ulcers

- ✓ 4 appearance of stage 1 pressure ulcers
- ✓ 3 patients concerned
- ✓ 1 sacral pressure ulcer, 3 at the heels

84% preventive effectiveness:

16/19 patients without the appearance of pressure ulcers

#### NOTES:

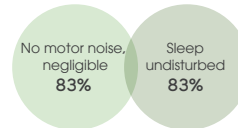
7 deaths occurred during the study including 1 of the patients with pressure ulcers

### ► SECONDARY CRITERIA: Results considering the 12 patients able to respond

#### Comfort satisfaction



#### No discomfort



# POSTURA<sup>®</sup>

## TECHNICAL AID DEVICES IN SUPINE POSITION

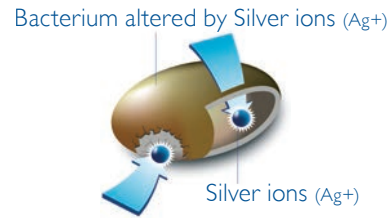
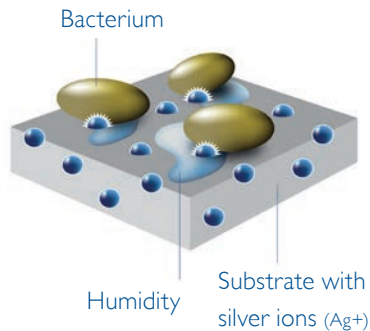


The technical aid devices for patients with multiple disabilities allow, in a lying position, to ensure the simple and rapid implementation of a postural support of the lower limbs whose purpose is to support and/or correct and/or prevent harmful postures and to help prevent or treat pressure ulcers by reducing the pressure on the skin in areas at risk of pressure ulcers.

THE POSITIONING CUSHIONS ALLOW A SIMPLE AND QUICK SETUP OF THE PATIENT IN DIFFERENT POSTURES, ALL THE WHILE CONTRIBUTING TO REDUCING THE PRESSURE EXERTED ON THE SKIN AND THE TISSUES IN THE ANATOMICAL AREAS AT RISK OF PRESSURE ULCERS.

## FOR SUSTAINABLE RISK MANAGEMENT

- ▶ Ultrasonic welding to avoid liquid penetration.
- ▶ Silver ( $\text{Ag}^+$ ) ions to protect against microorganism development.
- ▶ PU-Polycarbonate coating on nylon mesh for superior durability.
- ▶ Certified Oeko-Tex class 1 for direct skin contact.
- ▶ Microbeads in self-extinguishable PES to secure the use of products in bed.
- ▶ Vacuum Touch™ principle for stable distribution of the microbeads in their protectors





## HELP IN PREVENTING PRESSURE ULCERS IN TROCHANTER AREA

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Pressure ulcers in trochanter area are infrequent and dangerous. They occur mainly in patients strictly confined to bed in supine position.

Experts recommend the lateral positioning cushion at 30° to relief pressure ulcers in trochanter and sacrum areas.

**Our solution: the 30° lateral positioning cushion**



## HELP IN PREVENTING PRESSURE ULCERS IN ELBOW AND HEEL AREAS

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Pressure ulcers in elbow area are infrequent but common in heel area especially with bedridden patients. Experts recommend positioning cushions for hand and feet.

**Our solution: Hand and feet positioning cushions**



## HELP IN PREVENTING PRESSURE ULCERS IN KNEES AND MALLEOLI AREAS

---

Pressure ulcers in knees and malleoli areas are very frequent in patients with muscle and tendons retractions of lower limbs.

Experts recommend abduction of lower limbs to relieve pressure in knees, condyles and malleoli areas as well as sacrum, ischium and heels areas.

**Our solution: Cylindrical and circular positioning cushions**

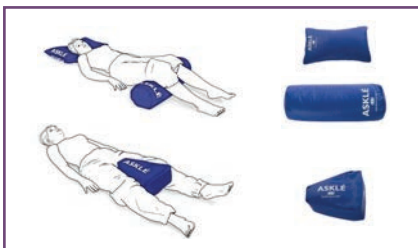


## HELP IN PREVENTING PRESSURE ULCERS IN SACRUM, ISCHIUM AND HEELS AREAS

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Sacral and ischial pressure ulcers can appear when patients in seated positions slump forward or are being poorly positioned in half-seated postures. Ischial pressure ulcer is common in seated patients. This is the most common pressure ulcer in paraplegic patients. Experts recommend the so-called Semi Fowler's position to relieve pressure on the sacral, ischial and heel areas.

**Our solution: Half-moon and cylindrical positioning cushions**



## HELP IN PREVENTING INCORRECT POSTURES OF HIPS AND KNEES

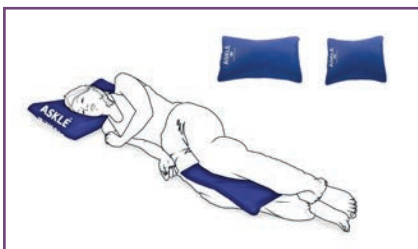
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KNEES FLEXION

**Our solution: cylindrical positioning cushion under patient's knees**

STABLE POSITION OF HIP ABDUCTION

**Our solution: hip abduction positioning cushion**



## HELP IN PREVENTING INCORRECT POSTURES OF HIPS AND KNEES

---

**Our solution: T1 AND T2 UNIVERSAL CUSHIONS**

- ▶ Suited for all care situations (to be used alone or with other positioning cushions)
- ▶ Can be used as a pillow in keeping with prevention of cross-infection risks
- ▶ Facilitate installation or turning over during care

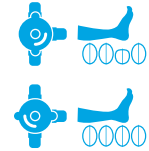
## MANAGEMENT OF HEEL PRESSURE ULCERS

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Pressure ulcers located on the heels: frequent repositioning of patients in the decubitus dorsal position



Rate of pressure ulcers located on the heels



## WHO IS AFFECTED BY HEEL PRESSURE ULCERS?

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- Patients with a low to medium pressure ulcer risk, bedridden for more than 10 hours per 24 hours, with limited mobility of the lower limbs associated with a specific risk factor of pressure ulcers: vascular or neurological involvement of the lower limbs (diabetes, etc.), agitation, confusion, lack of response, edema of a lower limb, knee flexion deformity
- Patient with stage 1 to 2 heel pressure ulcer, associated with uncontrolled involuntary motor function of the lower limbs
- Patient requiring strict immobilization: acute phase of a medullary injury in polytrauma patients for example
- Patient whose nutritional status and hydration status cannot be corrected or maintained to a satisfactory level
- Patients who are terminally ill
- Bedridden patients

# HOW TO PREVENT HEEL PRESSURE ULCERS

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## IDENTIFYING RISKS

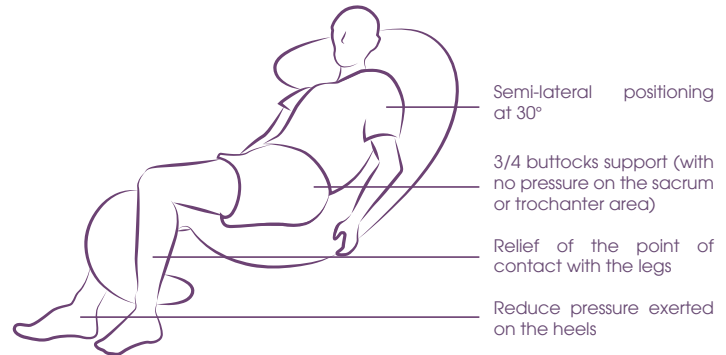
There are several pressure ulcer assessment tools, such as the Norton, Braden or Waterlow scales that weight the dominant risk factors, each one divided into different criteria, depending on the patient's condition. The risk level of the building up of one or more pressure ulcers is determined by the calculation of an overall score. Preventive measures must be implemented as soon as the level of risk is identified. These measures apply to all patients whose skin is intact, but also to those who already suffer from pressure ulcers, in order to prevent new pressure ulcers from developing..

## RELIEVING PRESSURE AREAS

Pressure is the main factor contributing to the formation of pressure ulcers. Therefore relieving the pressure in the heel area is on itself an effective preventive measure.

For patients requiring prolonged bed rest, positional changes should be made every 2 to 3 hours by alternating supine position with oblique decubitus at 30° right and left.

The use of mattresses for the prevention of pressure ulcers is a valuable aid, but it does not replace positional changes and other preventive measures.



## OBSERVING AND PROTECTING THE SKIN

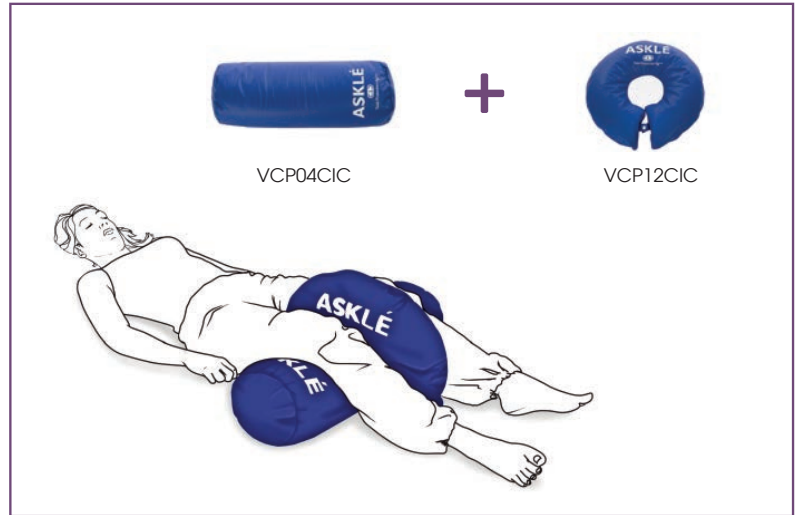
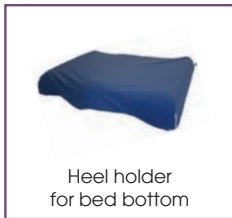
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Regular observation of the patient's skin condition is useful to detect early signs of skin damage. Thus, any change of position or hygiene care can be an opportunity to thoroughly inspect areas presenting a risk, such as the heels.

# THE WINNCARE SOLUTIONS TO PREVENTING HEEL PRESSURE ULCERS

## ► Positioning in the supine position

Heel pressure ulcers are common in bedridden patients in the strict supine position. Experts recommend completely or partially relieving all pressure on the heels.





## ► Semi-Fowler positioning

Many patients have both heel and sacrum pressure ulcers.

Experts recommend the semi-fowler position which ensures, by transferring support points, a better distribution of the pressures at the level of the heels and the sacrum area. It also allows a reduction of shearing forces.



## ► Semi-lateral positioning at 30°

The semi-lateral position at 30° helps preserve the risk areas (sacrum, trochanters) by switching the pressures on areas with low risk of pressure ulcers without bone projections and that are well vascularized. A heel pressure relieving device may also be used for high risk patients.





# TRANSFER



# Stellar/160

DANISH  
DESIGN



A participatory transfer system for patients with a loss of autonomy



Patented system  
(Patent no. EP 1445791 B1)  
to secure straps

Simple and safe



Variable height

# SAFETY/ERGONOMICS/PRACTICAL

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## DESIGN

- Electric variable height
- Lifting height: from 697 to 1683 mm
- Lifting capacity (160 kg)
- Electric opening/closing of the base
- Leg support adjustable in height and depth
- Removable footrest, ideal for rehabilitation

## SAFETY

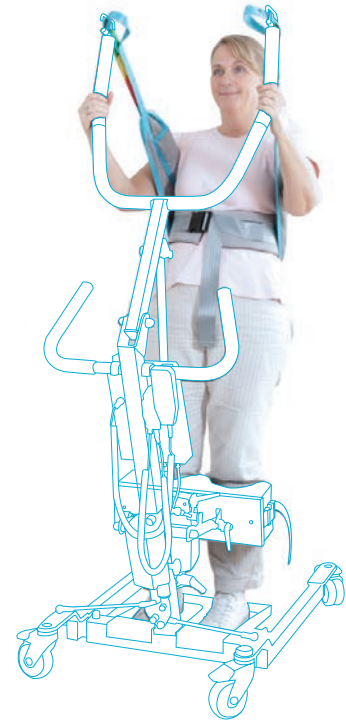
- Patented strap attachment system
- Battery status indicator on the remote control
- Anti-overload system
- Maintenance help



# Slings **ergo** slings

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VERTICALISATION SLINGS  
1 BUCKLE



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VERTICALIZATION SLINGS  
2 BUCKLES (for large patients)



# Solar/175

DANISH  
DESIGN



A passive transfer system for patients dependents



Patented system  
(Patent no. EP 1445791 B1)  
to secure straps

Simple and safe



Ground lift



## SAFETY/ERGONOMICS/DESIGN

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### CONVENIENT

- Electric variable height
- Ground lift height:  
600 to 1,970 mm
- Lifting capacity: 175 kg
- Electric opening/closing of the base
- Low resistance castors

### SAFETY

- Patented strap attachment system
- Heavy-duty structure for intensive use
- Battery status indicator on the remote control
- Anti-overload alarm
- Maintenance help



# Slings **ergo** slings

## Universal Basic

For the transfer of patients with trunk instability



WITHOUT HEAD  
SUPPORT



WITH HEAD  
SUPPORT



## Universal Comfort

For the transfer of patients with heavy handicaps



## Universal Amputees

For the transfer of amputee patients



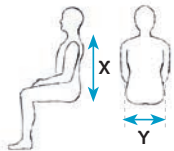


**Toilet** (without head support)  
transfer to the toilet



**Low back** (without head support)  
Transfer of patients with trunk and  
head support

## DIFFERENT SIZES AVAILABLE



	XS	S	M	L	XL
<b>Y</b> (distance between the hips)	37 cm	42 cm	48 cm	52 cm	68 cm
<b>X</b> (distance between neck and seat)	50 cm	55 cm	66 cm	75 cm	75 cm

LIFT ON RAILS

# LUNA

DANISH  
DESIGN



## LIFT MODULE



## THE PRODUCTS

- Ultra light
- Compact, discreet, stylish
- 2 in 1: can be used in fixed mode or in nomad mode
- Choice of high lifting capacity of 200 or 275 Kg
- Electric variable height

# CEILING TRACKS RANGE

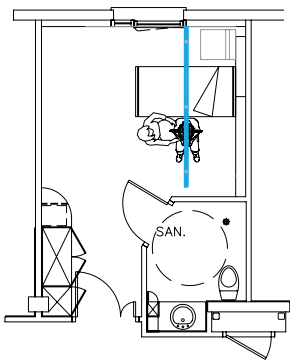
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## THE PRODUCTS

- Perfect finishes: invisible rail attachments, white lacquered aluminum rail ends
- Small visual clutter: rail mounted against the ceiling, without space, to blend in with discretion
- Respect for the environment: aluminum rail, 100% recyclable
- Rail available with a ceiling board for integration in false ceilings

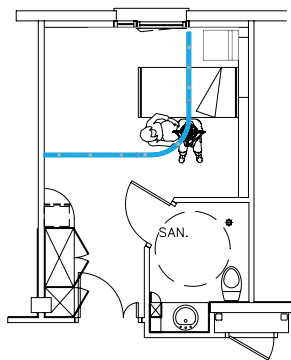


## 4 EXAMPLES OF ARRANGEMENTS



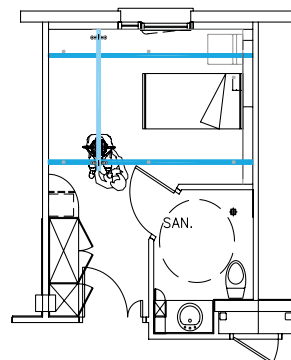
### STRAIGHT RAIL

Basic setup



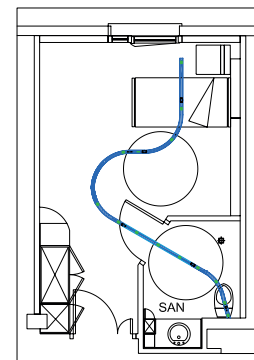
### L-RAIL

Provides an unobstructed transfer area in the room



### H-RAIL

This setup covers the entire surface of the room



### H-RAIL

This setup covers the entire surface of the room

# CEILING TRACK WALL MOUNTING

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## THE PRODUCTS

The wall panel consists of two bands attached along the walls, in which slides a movable rail.

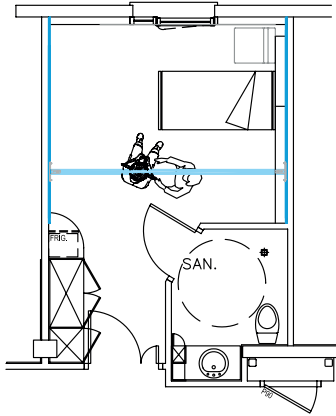
This system allows the motor to be moved over the entire surface of the room. The installation is possible on all types of supports: load-bearing wall, drywall, thanks to an exclusive process of distribution of loads.

An innovative system that makes you invisible and ensures safe and comfortable transfers on a daily basis.



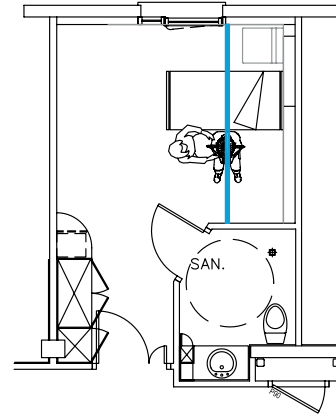


2 SETUPS AVAILABLE



H-RAIL  
ON WALL BANDS

This setup covers the entire  
surface of the room



STRAIGHT RAIL  
ON A WALL MOUNT

Basic setup  
(perpendicular mount  
to the wall, or diagonal)

# SHOWER TROLLEY



The hydraulic shower trolley is used for transferring the patient from the bed to the shower. The person is transferred onto the shower trolley easily and comfortably.



Patient transfer is facilitated by the low 52 cm position. By placing the shower trolley close to the bed, patient transfer can be performed by one person alone

## COMFORT

- ▶ The variable height from 52 to 88 cm enables the caregiver to work in an ideal position, avoiding the risk of lumbar pain.

## SAFETY

- ▶ The 20 cm-high protective side rails guarantee complete safety for patients.

## ROBUST

- ▶ For patients up to 155 kg.

# LAMBDA/175KG



The LAMBDA shower trolley is of Scandinavian influence with its sleek design and clean lines.



Used for transferring from the bed to the shower and toileting while laying down

## ERGONOMICS

- ▶ Variable height range, with an electrical adjustment from 60 cm to 105 cm, able to adapt to all caregiver sizes.

## SAFETY

- ▶ The side, head and foot rails are retractable.

## COMFORT

- ▶ Inclination adjustment (anti-Trendelenburg position) from 0° to 10°.

## RESISTANCE TO MOISTURE

- ▶ Stainless steel coated with epoxy paint.

# WINNCARE SOLUTIONS FOR NURSING HOMES

## THE BEDS

**AERYS® STANDARD**



**AERYS® CONFORT**



**AERYS® XXL**



A FULL SIDE RAILS RANGE



## PRESSURE ULCERS

MATTRESS **A PLOT®**



MATTRESS **EPSUS®**



MATTRESS **ALOVA®**  
VMA63



MATTRESS **ALOVA®**  
VMA64



MATTRESS **ALOVA®**  
VMABS



CUSHION **ALOVA®**  
CURVED



## TRANSFER

Stellar/160



Solar/175



LUNA



SLINGS



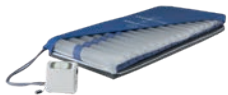
SHOWER TROLLEY



s.a.m



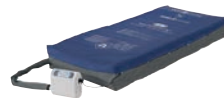
MATTRESS **aktairone<sup>®</sup> plus**



MATTRESS **aktair automorpho<sup>®</sup> plus**



MATTRESS **aktair automorpho<sup>®</sup> sensor<sup>®</sup>**



**POSTURA<sup>®</sup>**



LAMBDA/175kg





[www.winnicare.fr](http://www.winnicare.fr)