

■ ■ wissner-
■ ■ bosserhoff

sentida

Niedrigpflegebett

Low nursing bed

Lit de soins bas

Lage verpleegbed

Letto basso per lungodegenti

Camas bajas



Gebrauchsanweisung

Instruction manual

Notice d'utilisation

Gebruiksaanwijzing

Istruzioni d'uso

Manual de Instrucciones



ENGLISH

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2. Introduction

2.1 About these instructions for use

In this section, you will find information about the structure of these instructions for use and a description of the signs and symbols used. These instructions for use contain instructions for the operation of the nursing home bed.

These instructions for use may contain inaccuracies and typographical errors. The information provided in these instructions for use is updated at regular intervals, and changes resulting from product maintenance are implemented in future editions. Changes or improvements are possible at any time without previous notice. Contact our customer service in case you have any questions.

The instructions for use have to be read and observed by every person operating the low nursing bed. Apart from the instructions for use and the accident prevention regulations valid for the respective country and area of use, the commonly accepted regulations for safe and professional work must also be adhered to.

2.2 Symbols used in the text

In these instructions for use, the following terms and symbols are used for important notes:



Danger!

Safety notes on people being in danger are marked with this symbol. This symbol is used when there is imminent danger of death or severe injuries.



Attention!

This symbol is used when there might be the danger of unsafe situations or minor injuries.



Caution!

This symbol precedes warnings when there is the danger of damage to the equipment or other things.



This symbol precedes additional helpful advice.

- A hyphen preceding the text means: This is part of an itemization.
- A dot preceding the text means: You have to adhere to this instruction.
Indented text means that this is the result of your actions.



2.3 Intended purpose

The sentida low-set nursing home bed is intended for use in retirement and nursing homes, in the outpatient care sector and comparable facilities or in the home environment in accordance with application environments 3 and 5 as per IEC 60601-2-52 (current version). It is a Class I medical device intended for human medical use only.

The sentida nursing home bed moves on castors, has infinitely variable motorized height adjustment and a patient surface that can be adjusted by multiple motors, for example, to set a sitting or exit position.

The sentida nursing home bed is designed for a safe working load of 270 kg, with a maximum resident weight of up to 235 kg and a mattress and accessories weight of 35 kg. If other heavier, loose or attached accessories are used, adjust the maximum resident weight accordingly. (See the technical data.)

We cannot accept liability for any product or personal damage caused by third-party accessories or in the event of mutual nullification of the intended purpose.

The specified possible use is the purpose. For the operator or user, it is derived completely from the labeling and the instructions for use.

Indication and target patient group

By means of motorized adjustment options, the sentida medical nursing home bed relieves caregivers of patients who are no longer spontaneously mobile and/or who are bedridden in the inpatient or outpatient environment for care carried out wholly or partly in bed.

The nursing home bed is intended for persons who have a height of at least 146 cm, a weight of at least 40 kg and a BMI > 17.

Other applications must be agreed in writing with wissner-bosserhoff GmbH in advance. The product is to be used as work equipment for care applications and is subject to the regulations of the responsible professional associations.

Application restrictions and contraindications

Use only under medical supervision. The determining factor as to whether or not care is medically supervised is whether that care is provided under the direction of medical personnel.

Use of the bed is not recommended for fresh spinal injuries and extensive burns.

Intended users

The bed may only be used by persons who, based on their training or knowledge and practical experience, can guarantee proper handling.

In addition, the user of the low-set nursing home bed must have been instructed in its correct use and must have familiarized himself with the product on the basis of these instructions for use. Common users include: nursing staff, physicians, physical and occupational therapists, family members, house technicians, the person being cared for/resident and cleaning staff.

2.4 General safety notes

The low nursing bed sentida is designed in accordance with state-of-the-art technology and the approved safety regulations. Nevertheless, improper use can endanger life and limb of the user or third parties and/or have adverse effects on the sentida low nursing bed and other property.

Only use the sentida low nursing bed if it is in perfect working order. Only use it according to its intended use, keeping safety and potential dangers in mind and in accordance with these instructions for use! Malfunctions that may affect safety must be eliminated immediately in particular!

Always keep these instructions for use at hand at the location where the low nursing bed is used. In addition to the instructions for use, please observe the generally applicable standards and commonly accepted regulations on accident prevention and environmental protection!

Do not make any changes, attachments to and conversions of the low nursing bed without the manufacturer's approval. Spare parts have to comply with the manufacturer's requirements. For original spare parts, this is always guaranteed. Adhere to the prescribed checks and tests!

Make sure that operating and auxiliary materials and replacement parts are recycled safely and in an environment-friendly manner. Before operating the bed, ensure the functional safety and the proper condition of the bed.

Always leave the castors braked; this avoids the risk of falls for the patient/resident when getting in or out of the bed. Adjust the height of the patient surface to the size of the patient to avoid the risk of falls.

If an incontinent resident occupies the bed, incontinence protection must be used for the mattress.

2.5 User help/ pdf Download

As an addition to the instructions for use, you can watch user videos on how to operate the handset and the SafeFree® divided side guards:

Watch the videos:
(scan the QR code)



The instructions are available here in .pdf form:

The instructions can be found here:
(scan QR-Code)



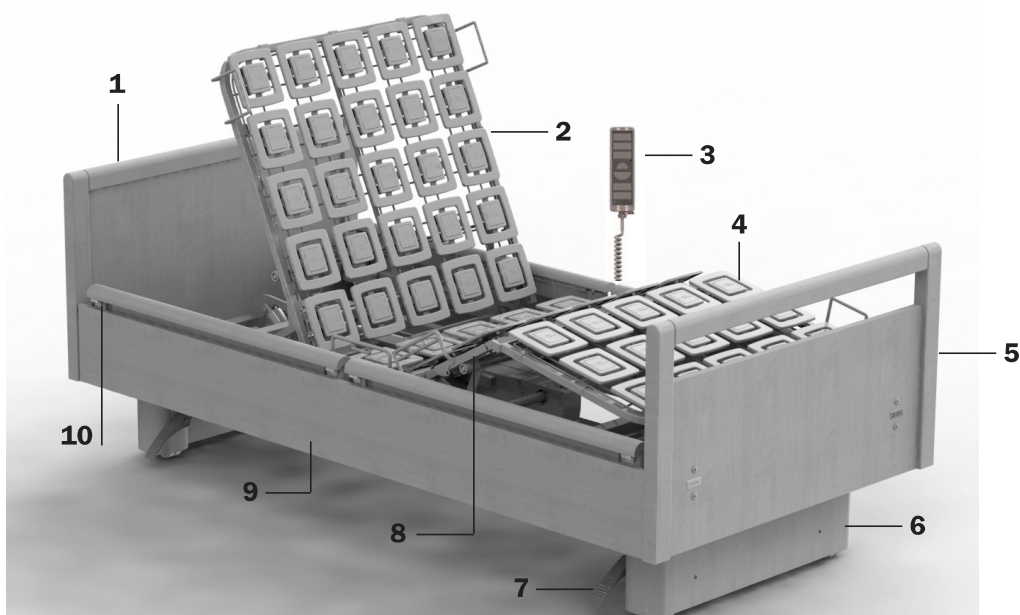
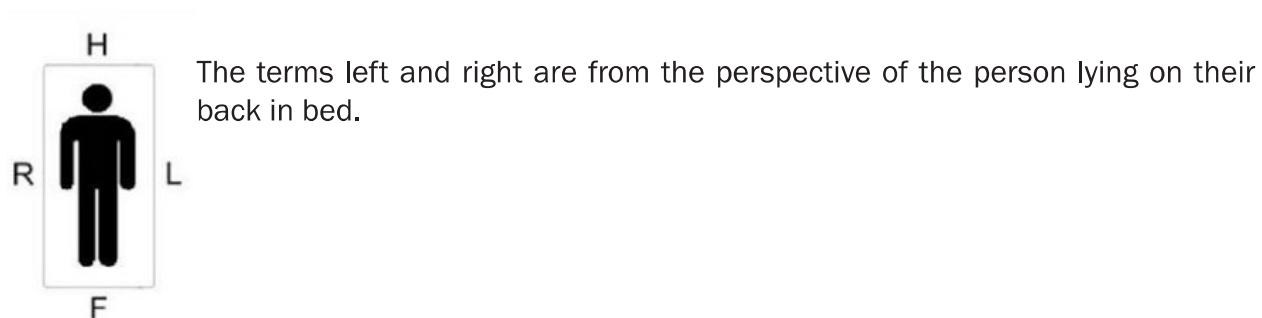


2.6 Abbreviations used

SWL	Safe working load
AI	Assembly instructions
IU	Instructions for use

3. Product overview

In the following, the sentida low nursing bed is also referred to as the low nursing bed or bed.



- | | | |
|-----------------|---------------------------|------------------|
| 1. Head section | 5. Foot section | 8. Thigh section |
| 2. Backrest | 6. Undercarriage cladding | 9. Side panel |
| 3. Handset | 7. Brake lever | 10. Side guard |
| 4. Calf section | | |

4. Models in the product family

With the sentida range of low nursing beds, wissner-bosserhoff has achieved a consequent and above all uncompromising implementation of the requirements of modern nursing care: Maximum safety hand in hand with a homely design. Innovative solutions such as the 3-stop strategy and the patented SafeFree® side guard concept reduce falls as well as the consequences associated with them and set standards in terms of safety, mobility, height adjustability and coziness.

Model	Main product features
sentida 1	Movable in low position, two feet at the foot end, two 100 mm fixed castors at the head end, can be braked using the handset
sentida 3	Movable at every bed height, four 50 or 75 mm double castors at the foot end, two 100 or 160 mm fixed castors at the head end, foot-end brake bar
sentida 4	Movable at every bed height, 50 or 75 mm double castors, foot-end and head-end brake bar
sentida 5	Movable at every bed height, 50 mm double castors, homely castor covers, one pedal brake for each axle with 2-castor central braking system
sentida 5-le	All product features of the sentida 5 but without tilting function and without automatic intermediate stop
sentida 5-m	All product features of the sentida 5 but with a shorter patient surface
sentida 5-xl	All product features of the sentida 5 but with a wider patient surface
sentida 5-xxl	All product features of sentida 5 with a wider, longer patient surface
sentida 6	Movable at every bed height, 100, 125 oder 150 mm easy-roll castors or 125 mm double or design castors, foot-end brake bar with 4-castor central braking system
sentida 6-le	All product features of the sentida 6 but without tilting function and without automatic intermediate stop
sentida 6-xs	All product features of the sentida 6 but with a narrower and shorter patient surface
sentida 6-s	All product features of the sentida 6 but with a narrower patient surface
sentida 6-m	All product features of the sentida 6 but with a shorter patient surface
sentida 6-xl	All product features of the sentida 6 but with a wider patient surface
sentida 6-d	All product features of the sentida 6 but can be disassembled



The texts and graphical representations in these instructions for use do not necessarily correspond to the scope of delivery, as they are designed for all variations of the model ranges. The drawings and graphics are not to scale.



5. Setting up

5.1 Delivery

The nursing home bed is generally completely assembled when delivered, or is assembled by specialists on site.

- Check the delivery for completeness by consulting the delivery papers.
- Write down potential defects or damage on the delivery note.
- Inform your responsible service partner immediately about possible transport damage or defects. The address and phone number are noted on the last page of this manual.

5.2 Setting up the bed

Make sure that the floor surface is suitable, so that the floor is not damaged. Not suitable are floors that are, for example, too soft, unsealed or with imperfections. Soft wooden floors, porous and soft stone floors, carpets with foam backing, soft linoleum or similar flooring are mostly unsuitable. If in doubt, please contact your flooring company and the technical customer service of wissner-bosserhoff GmbH.

Ensure that the bed stands freely in the room so that there is a sufficient safety clearance all around the bed for all adjustment positions (including the tilting function). For the extreme positions of the bed, an additional safety clearance of 2.5 cm from objects, walls and installations must be taken into account, as protection from entrapment. The safety clearance of the head end from objects, walls and installations is at least 20 cm.

Check for the existence of mechanical and electrotechnical protective measures, such as wall-mounted bumpers and corner guards, RCB switches etc.

Pay attention to the whereabouts of useful wall sockets for the power connection for the bed. Unsuitable are positions that could lead to collisions or stretching when the bed is adjusted, or in which the power cable stretches too far across the floor or even under the bed.

In general, the use of extension cables or multiple adapters that may lie unsecured on the floor of the room should be avoided. For the power source, a 220/230 volt, 50 Hz power socket in accordance with VDE regulation must be used (VDE = German Electrical Engineering Association).

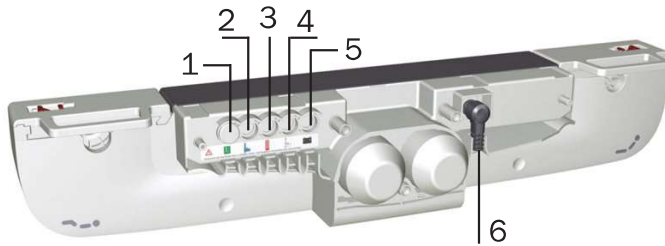
Magnetic objects or magnetic fields must be kept at a distance.

➔ The nursing home bed has to be positioned in the room in a way that it can be easily disconnected from the power supply.

➔ The nursing home bed is usually not equipped with an equipotential connection. A combination with other electro-medical equipment is therefore not permitted without further safety measures. An equipotential connection can be optionally provided, if required. For further information, get in touch with the technical customer service.

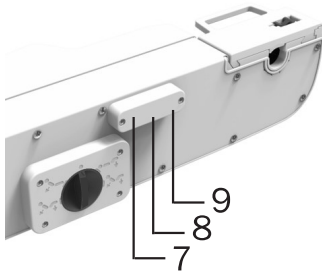
5.3 Duomat 9 motor connections

Front side



- 1 Special control elements
- 2 Lifting motor
- 3 Handset
- 4 Lifting motor
- 5 Battery
- 6 Plug-in power cable

Rear side



- 7 Configuration
- 8 LED
- 9 Free connection

5.4 Battery operation

The bed can be optionally equipped with a battery that allows for motor adjustment of the bed independent of the power supply. The number of possible adjustments depends on the charge status of the battery. Complete discharge of the battery significantly reduces its service life. To prevent deep discharge, the bed should remain connected to the power supply. The battery charges automatically via an integrated charging board.

- The battery is maintenance-free.
- It is a lead gel battery which can be operated irrespective of its location.
- Nominal data: 24V, 1.2Ah
- Depending on the usage, the service life of the battery is approx. 5 years.
- Disposal is only permitted at special collection points.



Attention!

Harmful chemicals can leak from opened batteries and cause injuries. Never open the battery box.

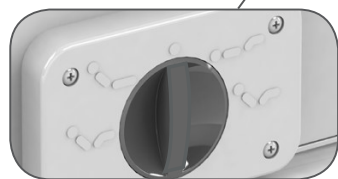
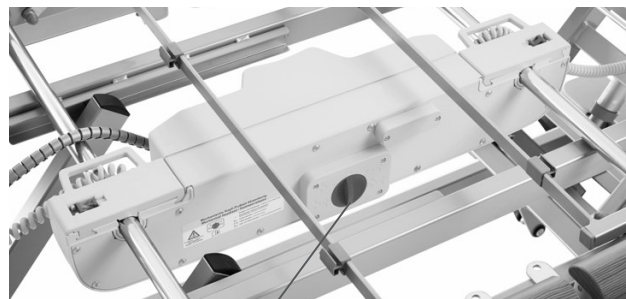
Exchanging the batteries may only be performed by trained personnel.





The service life of the battery strongly depends on its use. Complete discharging of the battery significantly reduces its service life.



5.5 Emergency lowering of the backrest / thigh rest Duomat 9

The backrest and the thigh rest can be lowered manually and quickly without handset in the case of power failure. There is a rotary knob on the housing of the patient surface motor for this:



-  Normal operation (middle position)
-  Backrest is lowered
-  Thigh rest is lowered
-  Backrest and thigh rest are lowered



Attention!

To reduce the load on the bed and to prevent jerky movements, always hold the backrest or thigh rest at the mattress restricting bar when lowering it.

Backrest procedure (perform with 2 persons):

- Hold the backrest firmly in the set position and slightly relieve the load. Turn the red lever on the motor in the direction of the backrest symbol.
- Lower the backrest carefully.

Thigh rest procedure (perform with 2 persons):

- Hold the thigh rest firmly in the set position and slightly relieve the load. Turn the red lever on the motor in the direction of the thigh rest symbol.
- Lower the thigh rest carefully.

Backrest and thigh rest procedure (perform with 2 persons):

- Hold the backrest and thigh rest firmly in raised position and slightly relieve the load. Turn the red lever on the motor in the direction of the backrest and thigh rest symbol.
- Lower the backrest and thigh rest carefully.



The manual emergency lowering is only intended for use in the event of power failure. Only use if the situation requires it.



Once the patient surface has been lowered, the red lever must be returned to its original position (upper middle position).

6. Handset SafeControl

First-fault safety of the handset:

The handset of the nursing home beds has a first-fault safety feature. This means that adjusting the bed by accidentally pressing a button or playing with the handset is prevented. The functions of the handset are explained in detail in the following chapters.



Danger!

When moving the bed to the various positions, make sure that there are no persons, body parts or objects in the adjustment range or between the head part/ footrest and the floor or underneath the patient surface.



Attention!

All electrical functions can be faulty. Unless you lock them and release them for the duration of the function.



Attention!

Other devices emitting electromagnetic radiation (e.g., DECT cordless telephones) may affect electrical bed functions. Therefore, bed functions that are not required must be locked for safety. The use of such devices in the environment should be avoided if possible.

Locking mode

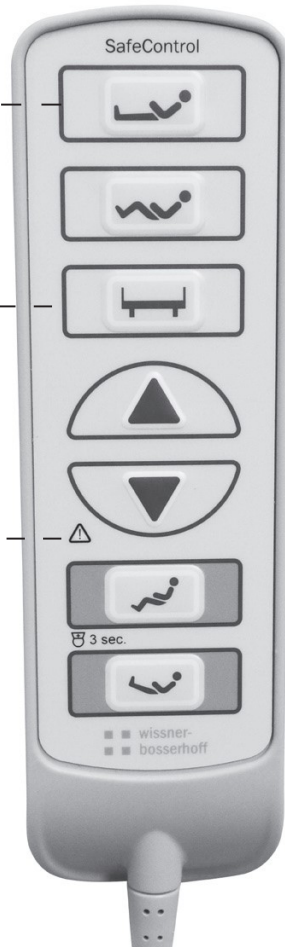
When the handset is moved, the first and third buttons flash green to indicate lock mode.

Description of the LED display

Green: No action key pressed or System is ready for operation or in locking mode.

Unlit: Bed is not connected to the mains

Yellow for 2 sec.: Locking mode is switched on or off; continuous: Bed is being moved, or: Error (even if no button is pressed)



Functions in resident mode

Backrest

Seating position

Height adjustment

Up

Down

Arrow buttons flash after a function key is selected

Functions in nursing mode

Automatic comfort seating

Automatic prevention



6.1 Basic functions of the handset

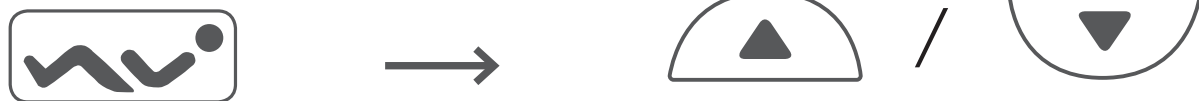
→ To carry out adjustment functions with the handset, a function key must always be activated first before the adjustment can be carried out using the action keys up/down (first-fault safety).

Backrest



Adjustment of the backrest (individual)

Seating position



Synchronous adjustment of the backrest and legrest

Height adjustment



Height adjustment of the entire bed. This function has no influence on the position of the patient surface.



Attention!

Since two independent drives are used for height adjustment in the sentida nursing home bed series, the patient surface must be moved to the end position (highest or lowest position) at least once a day, depending on the adjustment cycle. In this way, the potential height differences of the patient surface are compensated.

→ Please observe the warning notes on height adjustment in chapter 8!

Handset reset



The three buttons shown above must be pressed simultaneously for 6 seconds. Alternatively, disconnect the bed from the power supply and reconnect after 3 minutes.



Automatic comfort seating (not available for sentida 5-le and 6-le)



The bed moves to the preset seating position.



Caution!

Particularly in connection with a bed extension, a risk of getting caught between the bed and the floor may arise or the head or foot end may touch down on the floor! Before adjusting the bed, always move the patient surface to an appropriate height! The same applies in combination with a linen holder!



Attention!

If the nursing home bed is operated in facilities with medical supervision, this position may be enabled only by medical personnel or only „under medical supervision“ for safety reasons! Due to the intended purpose, a Trendelenburg position is not required!

Automatic prevention (not available for sentida 5-le and 6-le)



First press the button for automatic prevention and then the up or down button.



Attention!

If the low-set nursing home bed is operated in facilities with medical supervision, this position may be enabled only by medical personnel or only „under medical supervision“ for safety reasons! Enabling is done by pressing the corresponding button for a minimum of 3 seconds. Due to the intended purpose, a Trendelenburg position is not required!



Caution!

The leg elevation function is not used for acute care in emergency/shock positioning in low-set nursing home beds. Primarily, this function only serves to effortlessly set the leg elevation for therapeutic reasons! To avoid the risk of an unintentional Trendelenburg position, we strongly recommended that the backrest be raised approximately one hand width at the same time as the legs are raised. It is important that the resident's head is higher than the orthostatic point of the body.



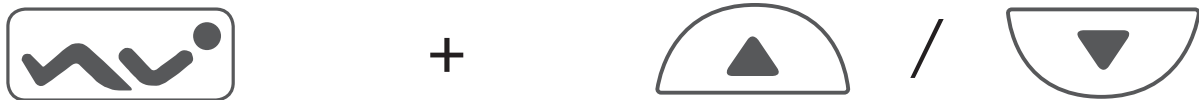
6.2 Additional functions of the handset

Switching the underbed lighting (option) on and off



First press the button for the backrest and then simultaneously the Up and Down button for at least 3 seconds.

Individual thighrest



Hold down the seating position button and press the Up or Down button simultaneously.

Nursing position



Press the height adjustment button and the Up button simultaneously.

Castor release (sentida 1, see Chapter 7.1)



Press the height adjustment button and the Down button simultaneously.

Reading light (accessory)



First press the seating position button and then the Up and Down button simultaneously.



6.3 Mode change, activation time and 3-stop

Changing modes

Activating care mode



Press and hold the comfort position or prevention automatic button for at least 3 seconds.

Locking the handset



Press and hold the backrest and height adjustment button simultaneously for at least 5 seconds until the LED briefly lights up yellow and then permanently lights up green.

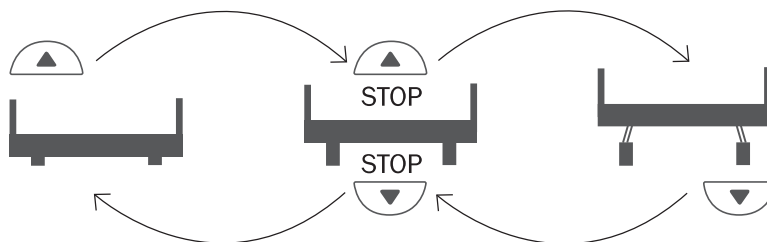
Activation times

→ The activation time is the time in which an adjustment can be made after the handset or a specific function has been activated.

- When moving the handset approx. 20 sec.
- Selection of a function approx. 16 sec.
- Activation of care mode approx. 2 min.

Comfort exit / 3-stop strategy

When the height is being adjusted up or down, the bed stops in the comfort exit position. To continue the movement, the corresponding adjustment button on the handset must be released and then pressed again.





7. SD-Handset

Single fault tolerance of the handset:

The handset of the low nursing beds is single fault tolerant. This means that any adjustment of the bed by accidentally pressing a button or by playing with the handset is prevented. The functions of the handset are explained in detail in the following chapters.



Caution!

All electrical functions can be faulty - unless you lock them and just release them for the duration of the function.



Caution!

Other devices that emit electromagnetic radiation (e.g. DECT radio telephones) can have an influence on electrical bed functions. Therefore, bed functions that are not required must be locked for safety reasons. The use of such devices in the vicinity of the bed should be avoided as far as possible.

7.1 Making adjustments using the handset



In order to perform adjustment functions with the handset, a function key must first be activated before the adjustment can be performed using the Up / Down action buttons (single fault tolerance).

The flashing green LED on the function key indicates an activation. The function key remains activated for approx. 5 sec. before switching automatically to locking mode.

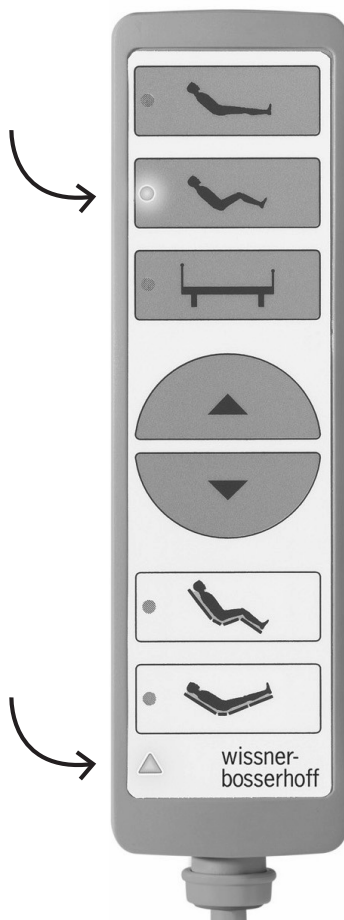
Diode = single fault tolerance check

If locking areas are released: LED lights up green.

In the case of drive movement, LED lights red while any of the action buttons is pressed.

Display of malfunctions:

- LED lights red continuously
- no LED display or beep sounds when button is pressed
- End position reached: LED does not light and beep sounds when button is pressed



Function key: Backrest

Function key: Auto contour

Function key: Height adjustment

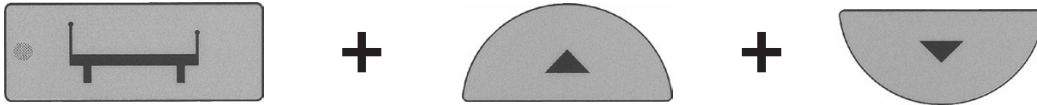
Action keys up/down

Function key: Comfort seating position
(not available with le models)

Function key: Legs up position
(not available with le models)

**Danger!**

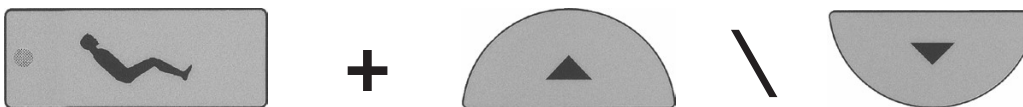
When moving the bed to different positions, it must be ensured that no persons, body parts or objects are in the adjustment area or between the head / foot end and under the patient surface.

Handset reset

To reset the handset, the three buttons shown above must be pressed simultaneously until the LEDs for the function keys have flashed. The handset software is reloaded. Alternatively, disconnect the bed from the power supply and reconnect after 3 minutes.

Backrest

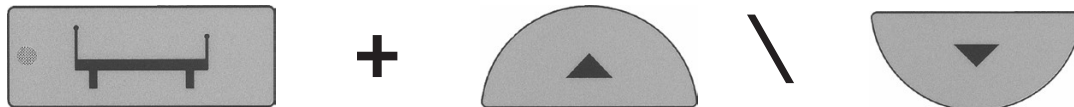
The adjustment is made via the corresponding buttons of the handset. The back rest moves towards the head end of the bed during the upward motion. This function enables patients/residents to find a comfortable position without the feeling of becoming restricted in the upper body area. The natural movement of the body is thus supported by this technology.

Auto contour

The adjustment is made via the corresponding buttons of the handset.



Height adjustment



The adjustment is made via the corresponding buttons of the handset.



Caution!

As two drives independent of each other are used for height adjustment for the sentida series of nursing home beds, it is, depending on the adjustment cycle, necessary to move the patient surface to the end position (highest or lowest position) at least once per day. This evens out potential height differences in the patient surface.



Please observe the warning notes on height adjustment in chapter 8!

Comfort seating position (not available with sentida 5-le and 6-le)



The adjustment is made via the corresponding buttons of the handset.



Attention!

Particularly In conjunction with a bed extension, there is a danger of entrapment between the extension and the floor and of the head / foot section lying on the floor. It is essential that the patient surface is moved to an appropriate height before every adjustment of the bed. The same applies when a linen holder is used!



Caution!

If the nursing home bed is operated in institutions with medical supervision, this position may only be released by medical personnel or only "under medical supervision" for safety reasons. The handset keys are released via the safety key! A Trendelenburg position is not required due to the intended use.

Legs up position (not available with sentida 5-le and 6-le)



The adjustment is made via the corresponding buttons of the handset.

**Caution!**

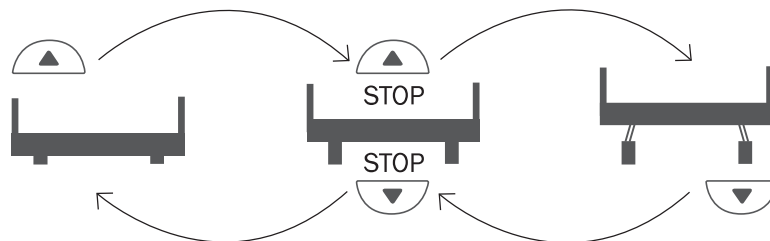
If the low nursing bed is operated in institutions with medical supervision, this position may only be released by medical personnel or only "under medical supervision" for safety reasons. The handset keys are released via the safety key! A Trendelenburg position is not required due to the intended use.

**Attention!**

For low nursing beds, the legs up position is not used for acute care in an emergency/shock position. Primarily, this function is used only for effortlessly setting the legs up position for therapeutic reasons! To avoid the risk of accidentally moving the bed to the Trendelenburg position, it is strongly recommended that the backrest is raised by about the width of a hand simultaneously with the legs up position. It is important that the head of the resident remains higher than the orthostatic point of the body.

7.2 Comfort bed egress / 3-stop strategy

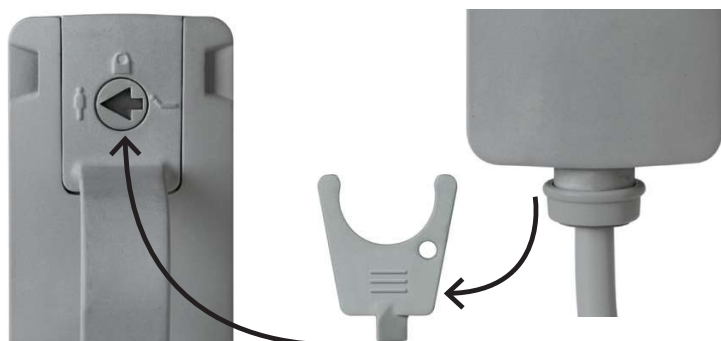
When adjusting the bed height up or down, the bed stops in the bed egress position. To continue adjusting the bed, release the corresponding function key on the handset and then press it again.



Place the handset in the holder provided (optional) or on the bed so that the keys cannot be pressed by being caught between two objects, e.g. between the side guards and bedside cabinet.

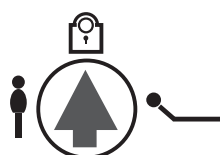


7.3 Locking functions of the handset



A small key that is attached at the bottom on the handset must be used to lock and release the various modes on the handset.

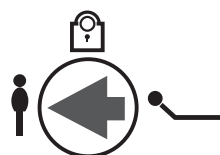
The following modes can be set by turning the lock on the top rear side of the handset:



Locking mode: All functions are locked
Basic settings



Resident mode: Functions highlighted in blue are free to be used
May only be released by authorized nursing staff and after the resident has been instructed



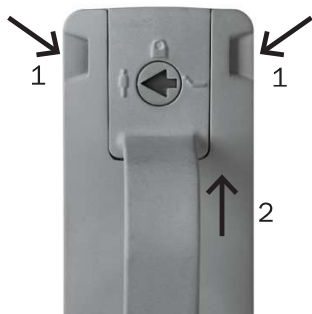
Nursing mode: All functions are available
Use only by authorized nursing staff who have been instructed



Attention!

This key is only intended for use by authorized nursing staff. Do not fail to remove it after setting up the nursing home bed.

7.4 Replacing handset holding hook



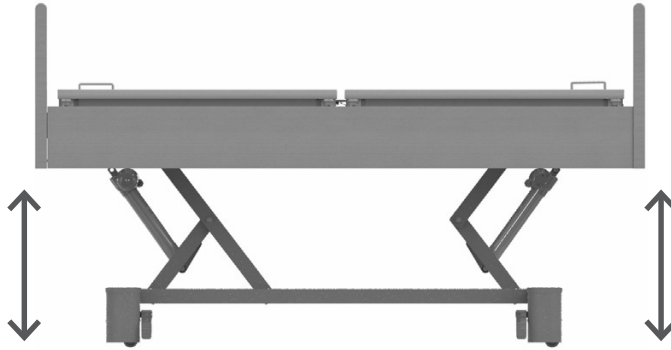
Press retaining tabs at the marked points inwards (1) and pull handset holding hook upwards (2).



Attention!

Pay attention to loose parts when replacing the handset holding hook.

8. Safety notes for height adjustment



Danger!

Before every height adjustment of the bed, you must make sure that there are no persons, animals or objects in the danger area. Always leave the handset in the locked position so that no unauthorized persons can manipulate the height adjustment of the bed.



Attention!

When lowering the bed or tilting it to the seating position, make sure not to get your feet in the danger area (at the bed ends or under the bed).



Attention!

Comfort seating position / legs up position: Particularly in conjunction with a bed extension, there is a danger of entrapment between the extension and the floor – and of the foot section or head section coming into contact with the floor. Move the patient surface to an appropriate height before every adjustment of the bed. The same applies when a linen holder is used!



Attention!

Due to its design as a low nursing bed, there is a clearance of less than 150 mm. Prior to every height adjustment of the bed, you must make sure that there are no persons, objects or anything else in the entrapment area beneath the bed! Always leave the handset in the locked position so that no unauthorized persons may adjust the height of the bed.



Due to its design as a low nursing bed, there is a clearance of less than 150 mm. Make sure before each use of movable lifting equipment that the free space beneath the low nursing bed is sufficient for the movable lifting equipment. In any other case, adjust the height before using movable lifting equipment.



9. Plug & Play for the handset (option)

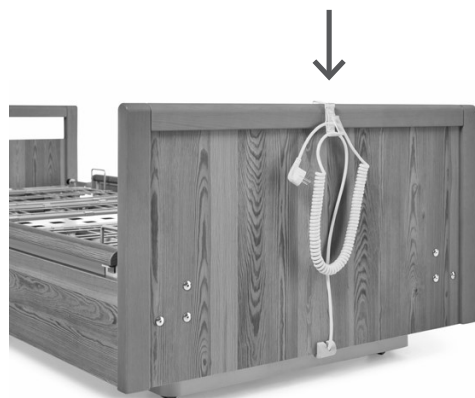
It is possible using the plug & play option to relocate the handset quickly and conveniently from one side of the bed to the other side:

- Unplug the power plug of the bed from the mains power outlet
- If the handset should be moved from the left to the right side, unplug the the multi-pin connector from the left connection and seal the socket with the attached plug.
- Connect the connector to the right connection after the plug has been removed from the socket.
- The buttons of the handset are illuminated when the bed is connected to the power supply.

10. Handling the power cable correctly

The sentida low nursing bed is equipped with a coiled cable with a plastic hook attached to it.

- ➔ When moving the bed, make absolutely sure not to drag the power cable across the floor, squash it or run over it with the bed castors. Also keep this in mind when operating/adjusting the bed. The cable must be able to follow each of the bed's movements freely. Put any excess length of cable on the plastic hook in a figure-of-eight loop.
- ➔ Do not touch the power cable with wet hands and always hold the plug when pulling it out of the socket.



- If you want to move the sentida low nursing bed, hang the power cable hook on the top edge of the head section. This prevents running over the cable accidentally.
- Regularly check the mains power supply connection cable, the correct insertion of the power plug, the power plug case and the case inlets on the bed for damage to rule out hazards.

11. Moving and braking

The bed can be moved and therefore the easy positioning within the room ensures easy cleaning of the low nursing bed and the space underneath. However, the low nursing bed is not suitable for the transport of residents. The low nursing bed may only be moved in its lowest position and without a resident. Moving the low nursing bed to other rooms with a resident still in it does not comply with the intended use.



Attention!

Injuries could be caused if feet or other body parts get caught in the moving castors or the undercarriage cladding when moving the bed. When moving the bed, make sure that your foot does not get caught under the moving castors or under the undercarriage cladding.



Attention!

A bed without the brakes engaged can pose a risk of falling. Always engage the bed's brakes before leaving. If the resident is unsupervised, move the bed to the low position.



Caution!

Running over power cables can damage them. Never run over power cables or other cables.



Caution!

The side panels' anchoring could come loose under high load. To move the bed, always push or pull it at the head or foot section only.



Caution!

The bed can only be moved if the brakes are released correctly. If still braked castors are moved across the floor contrary to the instructions, this can result in damage to the flooring and braking system.

11.1 Moving and braking (sentida 1)

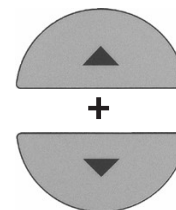


At the foot end, the sentida 1 has foot blocks and four small castors attached to the top frame.

The bed can only be moved in the low position, as only then are the castors in contact with the floor. As soon as you adjust it to another position, the bed brakes are automatically engaged and it cannot be moved.



- To move the sentida 1, first adjust it to the low position using the handset.
- Then, press the arrow buttons of the handset simultaneously to lower the castors to the floor.
You can now move the bed freely.
- To brake the bed, you have to raise it from the low position.



11.2 Moving and braking (sentida 3 und 4)

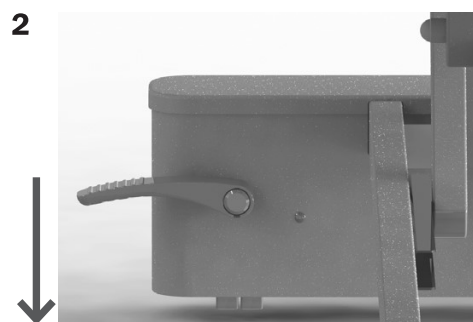


The sentida 3 model variant is equipped with castor feet at the foot end. sentida 4 is equipped with castor feet at the head and foot end.

To brake the sentida 3, push the foot-end brake bar down. To brake the sentida 4, push both the head-end and foot-end brake bar down.

11.3 Moving and braking (sentida 5, 5-le, 5-m, 5-xl, 5-xxl)

There is a covered axle with lockable castors beneath the head and foot end. On the inner side of this undercarriage cover, there is a braking lever located at the left and right side of the bed. With this lever, you can release or lock the castors for each axle.



1. Pull the brake lever up to release the brakes.
2. Press the brake lever down to brake the bed.

11.4 Moving and braking (sentida 6, 6-le, 6-xs, 6-s, 6-m, 6-xl, 6-d)

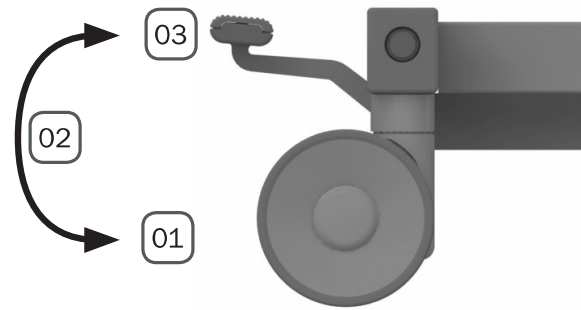
To activate the brake bar, move the bed into the bed egress position or higher. The brake bar can now be activated with the foot in three positions.

Position 01: Brake

Position 02: Can be moved

Position 03: Direction locking

(In this case, the tilting movement of the left castor at the head end is blocked, thereby making it easier to maneuver the bed.)

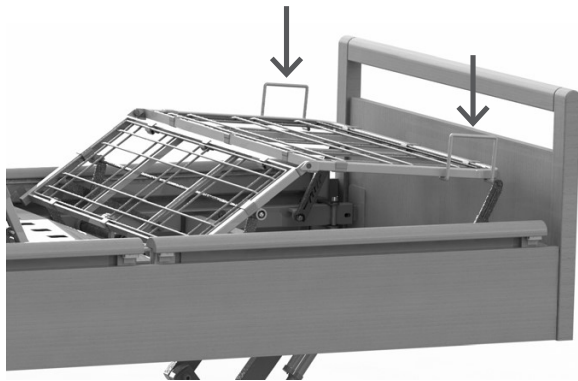


When moving the bed, please adhere to the following steps:

- Release the brakes.
- At its head or foot end, move the bed to the desired position.
- Then, activate the castors again by pushing the brake bar.

11.5 Mechanically adjusting calf section

The height of the calf section can be adjusted by using ratchets.



- If you want to raise the calf section manually, hold it at the mattress restricting bars (see arrows) and lift it.
It clicks into the desired position.
- If you want to lower the calf section manually, hold it at the mattress restricting bars, lift it as high as possible and then lower it.

➔ Ensure that both sides of the calf rest are pulled as far as the stop.



12. Side guards

Particular care and caution should be taken when using side guards. Side guards are used mainly for patient protection. Never use the side guards as a means of restraining the patient.

- ➔ As soon as the mobility of the resident is restricted by the side guards, a court order is required for their use. Only divided side guards or side guards that can be individually lowered with only the head-end section raised and used as an aid for getting in and out of the bed are a permissible exception for mobile residents.
- ➔ When using side guards, always check their suitability taking into account the physical and mental state of the respective resident. In particular, the clearances between the panels and supports in relation to the body shape of or resident must be taken into account, so that entrapment or slipping through is ruled out. If necessary, additional side guard cushioning must be used which reduces the size of the gap or closes it. This decision is exclusively the responsibility of the medical supervision in charge.



Attention!

Side guards not locked correctly can slide down and cause the resident to fall. By shaking the side guard, make sure that it has clicked into the right position. The correct engagement can also be visually inspected (for divided sideguards): The yellow locking buttons in the locking recess of the telescope mechanism must be recognizable on both sides.



Attention!

If necessary, use a side guard extension to increase the height when using raised mattress systems. Also use the side guard cushioning available for this (accessories) as an important additional safety and protection feature.



Attention!

When lowering or raising the side guards, fingers, hands, or other body parts of the resident could be squashed. Raise or lower the side guards with the highest care. Only hold the side guards at the positions indicated in the instructions for use.



Attention!

Restless and disoriented people can become trapped in the free spaces of the side guard. Protect these by using side guard padding.



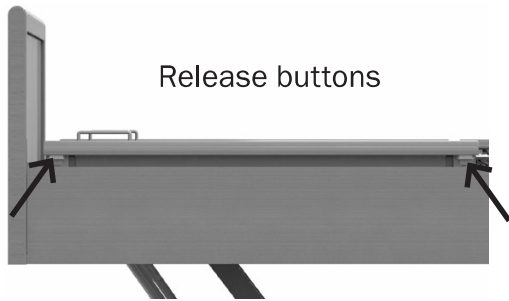
Caution!

The side guards can be overloaded and damaged by heavy loads, leaning or pulling. Avoid this kind of load.

12.1 Divided side guard SafeFree®

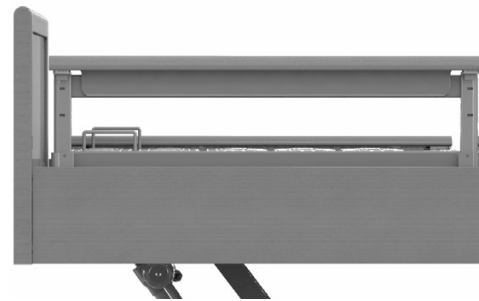
At each side of the bed, the SafeFree® side guard is divided into two parts. There is a release button on the bottom side of both ends of the handrail, with which the lock can be unlocked. It can be extended in 4 steps up to the height of 400 mm.

→ Move the side guard with both hands to ensure smooth lowering/raising in both guide rails.



1. level: Barrier-free

Side guard is in the lowered position.



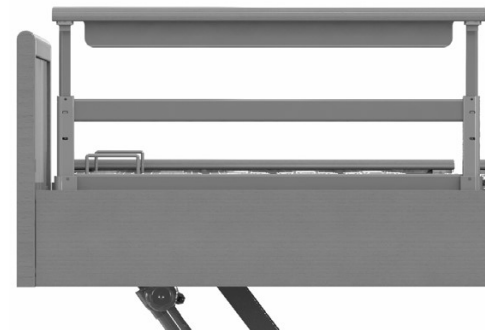
2. level: Mobilization

3/4 protection at a height of 242 mm.



3. level: Safety

Complete protection at a height of 340 mm.



4. level: Increased safety

More safety at a height of 400 mm for thicker mattresses.

In case you want to raise the SafeFree® side guard, follow these instructions:

- Grab the SafeFree® side guard at its handrail and lift it until you hear the SafeFree® side guard click into the next position.
- To raise the SafeFree® side guard further, press both release buttons simultaneously and pull the side guard upwards at its handrail until you hear the SafeFree® side guard click into the next position.

To lower the SafeFree® side guard, proceed in reverse order.

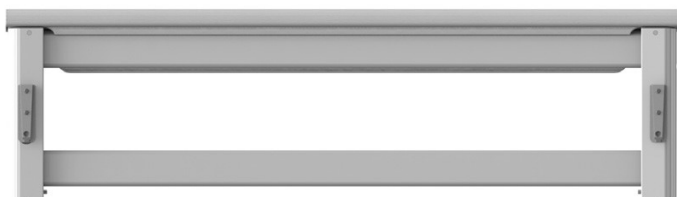
- Press both release buttons **simultaneously** and lower the SafeFree® side guard at its handrail to the desired position.



12.2 SafeFree® Flex

SafeFree® Flex is a supplement to the SafeFree® concept with flexible and individually retrofittable side guard elements.

Variations



Full SafeFree® side guard. For operation see chapter 8.1.



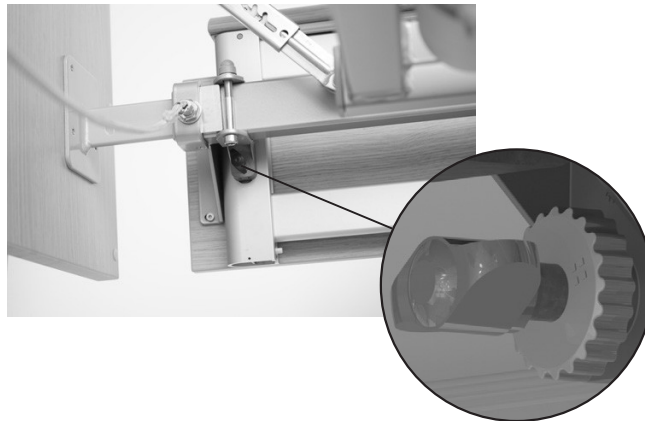
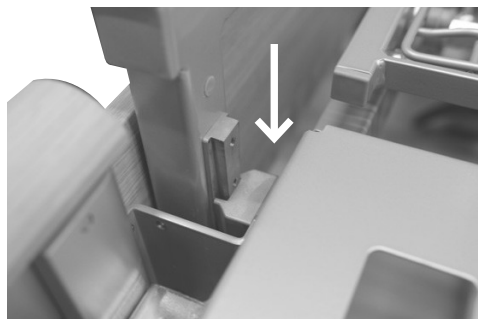
Dummy with handrail for attachment between patient surface and side panel, including the handrail incl. maintaining the appearance.



Dummy for attachment between patient surface and side panel.

To attach/remove elements (identical for all variants):

- Insert the element with the rails into the corresponding guides on the side beam of the top frame.
- Tighten element with butterfly screw on the attachment strap.
- To remove an element, loosen the butterfly screw and pull the element upwards.

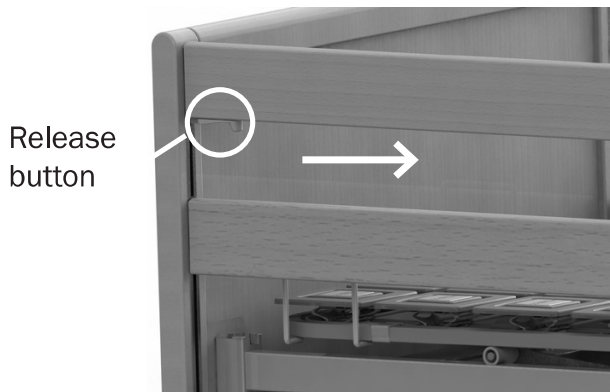


Attention!

In order to prevent an imperceptible loosening of the thumbscrews, these must be regularly checked for their tightness!

12.3 Continuous side guards (09)

The continuous side guards are available with two panels (09 2-part) or three panels (09 3-part). Both versions are raised/lowered the same.



Side guard (09 2-part)



Side guard (09 3-part)

To raise a lowered side guard (09):

- Hold the side guard on its lower edge and pull it upwards until you hear the release button click into position.

To lower a side guard (09):

- Pull the side guard up pressing the release button, slide the latter in the direction of the arrow and hold it down.
- Slowly lower the side guard.



Attention!

Placing the side guards at an inclination does not provide suitable or sufficient protection from falling out of the bed.



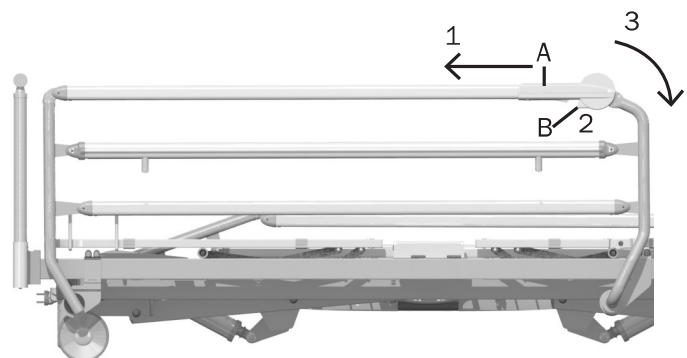
Attention!

For some model variants, there is a locking mechanism for the side guard in the "central position". This position does not provide sufficient protection from falling out.

12.4 3/4 siderails

Lowering: To lower, grasp the handle (A) and pull it slightly in the direction of the head part (1). Now press button (B) to release the lock (2) and lower the side board (3).

Lifting: Grasp the siderail by the handle (A) and pull it upwards until it audibly engages.





13. Equipment options for sentida 6 hospital

CPR release on the backrest



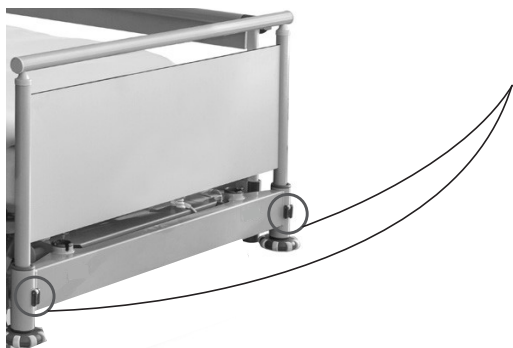
The CPR release is located at the top of the backrest. To release, first hold the backrest with one hand near the mattress retainer and then pull the CPR lever upwards with the other hand.



Caution!

To prevent the backrest from suddenly dropping, always hold it by the mattress restraining bar before activating the CPR release and bring it down slowly after the release.

Removable head- and footboard LE



LOCKED



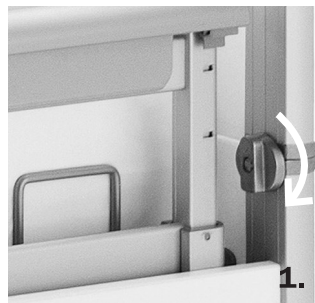
REMOVABLE



To remove the head- part and footboard, open the quick-release fasteners on both sides and pull the board out upwards.

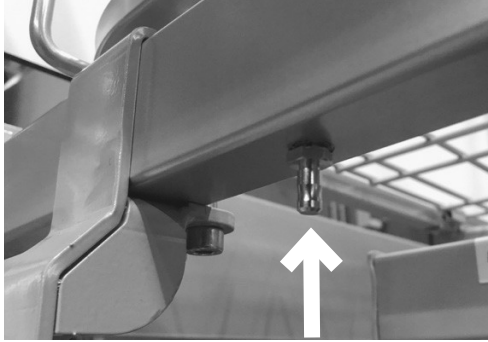
Foldable headboard A-k

To fold down the headboard A-k, first turn the release knobs on the inside of the head part on both sides by 90° and then lower the headboard outwards.



Caution!

There is a risk of jamming when lowering or folding down the headboard. Do not reach into the clamping area with your hands.



Symbol for equipotential bonding according to IEC 60417-5021

Protection class/equipotential bonding

—► **The requirements for protection class I can be met on a model-specific basis.**

The connection plug for the equipotential bonding is located on the longitudinal tie bar of the top frame. If required, the existing equipotential bonding cable can be connected here.



14. Compatible accessories



Danger!

The use of accessories and combination of products not authorized for the product can lead to serious hazards. This is why only accessories released by wissner-bosserhoff GmbH and products released for combination may be used.

14.1 Mattresses

Only use the bed with a suitable compatible mattress.



Caution!

Do not use water mattresses. If the safe working load is exceeded, the drives and other components may fail and cause accidents. Never exceed the safe working load.



Caution!

Only replace wissner-bosserhoff mattresses with equivalent mattresses of the same dimensions. Make sure that only mattresses with incisions on the underside that allow for movement are used, as a mattress without these could affect the adjustment functions or overload the drives. Do not use spring mattresses.

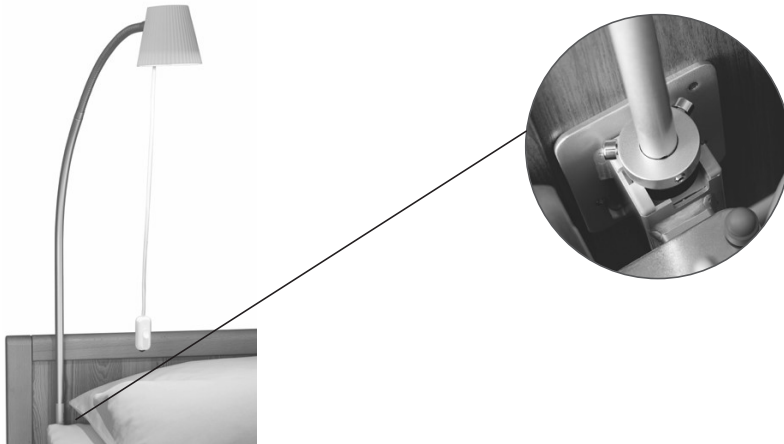
We recommend to use mattresses manufactured with a minimum volume weight of 40 kg/m³ (density 40 kg/m³). All original wissner-bosserhoff standard mattresses fulfill this requirement. Please refer to the following overview for the suitable mattress dimensions for the corresponding patient surfaces.

Model	Mattress dimensions
Beds with standard patient surface: sentida 1/3/4/5/6/5-le/6-le/6-d	Aero/Easyclean patient surface 12-18 cm x 87 cm x 200 cm
	Comfort patient surface 12-15 cm x 87 cm x 200 cm
Beds with a wider patient surface: sentida 5-xl/6-xl	Aero/Easyclean patient surface 12-18 cm x 100 cm x 200 cm
	Comfort patient surface 12-15 cm x 100 cm x 200 cm
Beds with wider and longer patient surface: sentida 5-xxl	Aero-/Easyclean-Liegefläche 14-18 cm x 114 cm x 210 cm
	Komfort-Liegefläche 14-15 cm x 114 cm x 210 cm
Beds with short patient surface: sentida 5-m/6-m	Aero/Easyclean patient surface 12-18 cm x 87 cm x 190 cm
	Comfort patient surface 12-15 cm x 87 cm x 190 cm
Beds with narrow patient surface: sentida 6-s	Aero/Easyclean patient surface 12-18 cm x 80 cm x 200 cm
	Comfort patient surface 12-15 cm x 80 cm x 200 cm
Beds with narrow and short patient surface: sentida 6-xs	Aero/Easyclean patient surface 12-18 cm x 80 cm x 190 cm
	Comfort patient surface 12-15 cm x 80 cm x 190 cm

14.2 Lights / lighting

14.2.1 Reading light soluna LED

The reading light soluna LED can be put in the head-end accessory holder of the bed just like a lifting pole or infusion holder.

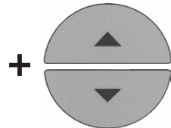


LED output switching function (for Duomat 9)

Only for sentida 1-6 with the exception of le models



1.



2.

To switch the LED output on/off, first press the auto contour and then the up/down arrows simultaneously.



If the bed has been disconnected from the power supply, you have to activate the output first (beds without battery).

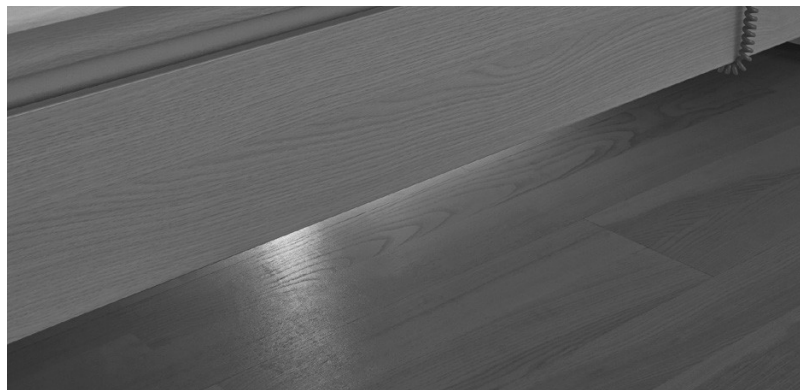
Variants

Item	Designation	Art. no.	Reference
1	Design halogen light "soluna" including an external plug-in power supply unit	50-0789	AI 01-011120
2	Design light "soluna LED" without transformer	50-0550	AI 01-011120
3	Comfort reading light "lymera LED"	50-0677	IU 01-011671 AI 01-011120
4	External plug-in power supply unit for LED comfort reading light "lymera"	01-010790	AI 01-011120



14.2.2 Switchable underbed light for DUO 9

The underbed light is plugged into the slot of the handset on the motor. The handset is then plugged into the free slot on the underbed light.



Variants

Item	Designation	Art. no.	Reference
1	Switchable underbed light for DUO 9 (night light function)	01-010812	AI 01-012187
2	Switchable underbed light for DUO 9 (night light function)	01-010813	AI 01-012187

14.3 Mobilization

14.3.1 SafeLift

In addition to the hand control, SafeLift serves as an ergonomic mobilization aid for residents, which can provide orientation at night by means of underbed lighting at the same time. By promoting self-mobilization, SafeLift is also a useful support for the nursing staff. For details on operation and installation, see IU 01-011484.



The operation and assembly of the SafeLift is described in the provided IU.

Variants

Item	Designation	Art. no.
1	SafeLift set	10-0799
2	SafeLift controller	10-0811
3	SafeLift box	10-0808
4	Retaining plate for DUO 9	01-011193
5	Retaining plate for Q 7	01-011194
6	Retaining plates for DUO 9 and Q 7	01-011193/ 01-011194
7	Retaining plate set if SafeSense® is also used on the bed	02-001004



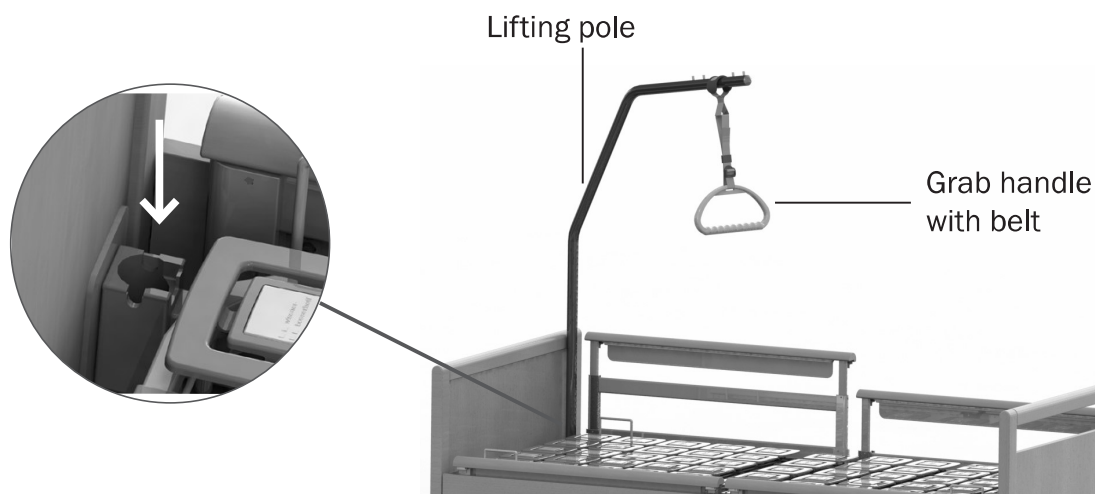
14.3.2 Lifting pole

The holder for the lifting pole is located at the head end of the patient surface frame.



Attention!

Grab handle and belt consist of high-quality plastic. However, all plastics are not unconditionally resistant to aging, so that grab handle and belt can break or tear after long usage. This can cause injuries. Replace grab handle and strap after 4–5 years at the latest. The year of manufacture is imprinted on the product.



If you want to attach a patient lifting pole:

- From above, insert the patient lifting pole into the holder. It is held in its height position by a bolt.
- Turn the lifting pole so that the bolt lies in one of the notches provided in the holder. Vertical and horizontal adjustment is possible.



Attention!

Under high load, the grab handle and belt can break or tear and cause injuries. Only use a patient lifting pole under a maximum load of 75 kg.

- Attach the grab handle to the lifting pole using the strap.



Do not use distorted lifting poles and replace them immediately.

Variants

Item	Designation	Art. no.
1	Lifting pole with 4 retaining pins, white aluminum (RAL 9006)	04-0674-0000
2	Heavy-duty lifting pole (load capacity up to 100 kg)	10-0857
3	Trapezoidal handle for lifting pole, light gray	01-009160
4	Oval trapezoidal handle II with retractable strap, light gray	10-0502
5	Oval trapezoidal handle EVOLution with retractable strap, light gray	10-0902
6	Heavy-duty handle (load capacity up to 90 kg)	10-0861

14.3.3 Standing aid

The holder for the lifting pole is located on the head side of the patient surface frame.



Item	Designation	Art. no.	Reference
1	Standing aid for attachment to accessory holder 10-0728	10-0715	AI 01-007671
2	Accessory holder for standing aid 10-0715	10-0728	AI 01-007671



14.3.4 Mobi Stick 2 (10-0634)

MobiStick 2 is a bedside controller for the resident. Its ergonomic shape makes it easy and intuitive to use and universally applicable. It promotes individual mobilization. MobiStick 2 can be attached to both sides of the bed without tools, is suitable for any resident size and can be retrofitted to wissner-bosserhoff beds from 2004 onwards. For details on assembly, see AI 01-011669.

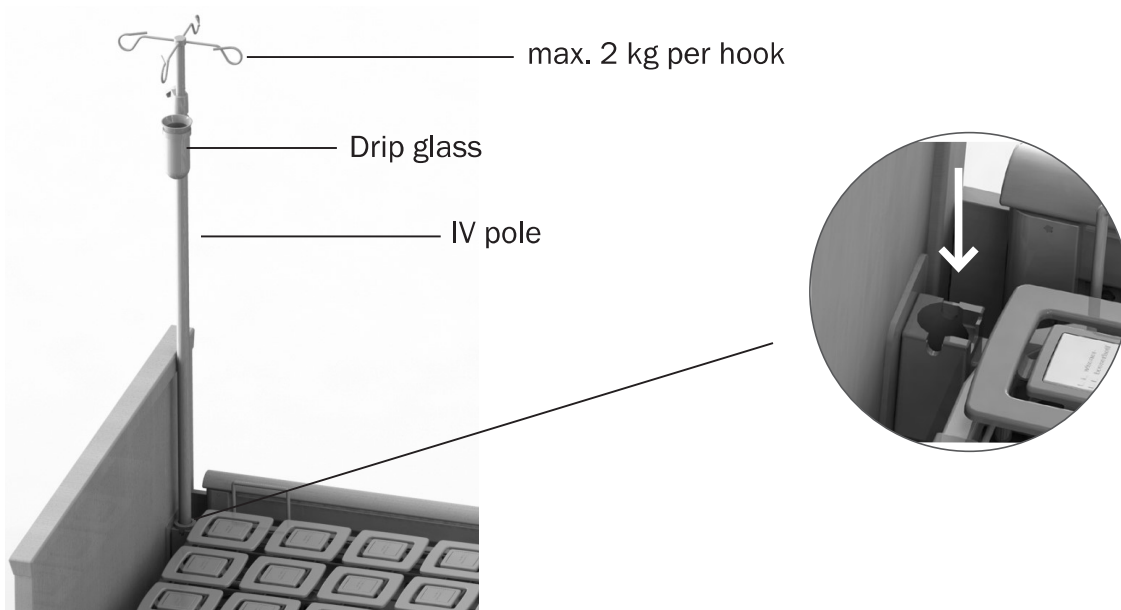


14.4 Treatment

14.4.1 IV pole

The IV pole is only intended for attaching infusions. Do not attach infusion pumps here.

➔ The maximum load for the IV pole is 8 kg. Each hook can be loaded with 2 kg.



The holder for the IV pole is located at the head end of the patient surface frame.

If you want to attach an IV pole:

- Insert the IV pole into the holder from above.
- Turn the IV pole so that the bolt of the holder sleeve lies in one of the notches provided in the lifting pole holder.

Variants

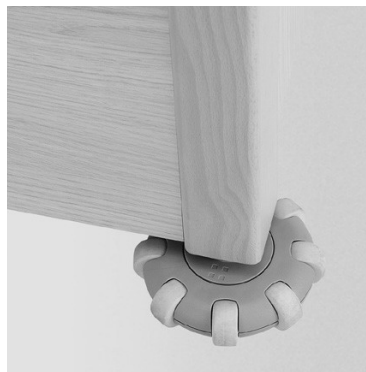
Item	Designation	Art. no.	Reference
1	IV pole, straight	50-0694	AI 01-010949
2	IV pole, 45° angled	50-0693	AI 01-010949
3	Drip glass for IV poles 50-0694 and 50-0693	01-006094	-
4	IV clip for lifting pole, powder-coated	50-0003	-



14.5 Wall spacing solutions

14.5.1 Protective bumpers

As an option, the bed can be equipped with protective bumpers. These bumpers are already installed on delivery and do not require active operation by the user.



3D protective bumpers, reinforced design



Reinforced protective bumpers for divided siderails (type 10), as well as for continuous 2-way and 3-way siderails (type 9)



Vertical protective bumpers

Variants

Item	Designation	Art. no.
1	3D protective bumper, reinforced design	10-0682
2	3D protective bumper, on cleat, wood A	10-0683
3	Protective bumpers, horizontal, reinforced version (for type 10 siderails)	10-0485
4	Protective bumpers, horizontal, reinforced version (for type 09 siderails)	10-0486
5	Protective bumper, vertical	10-0626
6	Protective bumper, vertically extended (22 cm)	10-0507
7	Protective bumper, extended (12 cm)	19-0494
8	Protective bumper, extended (9 cm)	19-0480
9	Cover for long-side tie bar	10-0012

14.5.2 Telescopic wall spacers

The telescopic wall spacers are available for both undercarriage options (comfort and extra-mobile) in short, medium and long versions.

head end



side-mounted



The wall spacers are placed on the undercarriage of the bed and screwed in place.

- To adjust the length, open and remove the tube folding plug, extend the telescopic arm to the desired length and then reinsert and tighten the tube folding plug.

Variants

Item	Designation	Art. no.	Reference
1	Telescopic head-end wall spacer (1x20mm)	10-0801	AI 01-011315
2	Telescopic head-end wall spacer (4x20mm)	10-0802	AI 01-011315
3	Telescopic head-end wall spacer (8x20mm)	10-0803	AI 01-011315
4	Telescopic side-mounted wall spacer (1x20mm)	10-0804	AI 01-011315
5	Telescopic side-mounted wall spacer (4x20mm)	10-0805	AI 01-011315
6	Telescopic side-mounted wall spacer (8x20mm)	10-0806	AI 01-011315
7	Telescopic head-end wall spacer (1x20mm)	10-0632	AI 01-011314
8	Telescopic head-end wall spacer (4x20mm)	10-0622	AI 01-011314
9	Telescopic head-end wall spacer (8x20mm)	10-0612	AI 01-011314
10	Telescopic side-mounted wall spacer (1x20mm)	10-0633	AI 01-011314
11	Telescopic side-mounted wall spacer (4x20mm)	10-0623	AI 01-011314
12	Telescopic side-mounted wall spacer (8x20mm)	10-0613	AI 01-011314
13	Head-end wall spacer, short	10-0707	AI 01-010698
14	Side-mounted wall spacer, short	10-0708	AI 01-010698



15	Head-end wall spacer, long (including swiveling range)	10-0709	AI 01-010698
16	Side-mounted wall spacer, long	10-0710	AI 01-010698

14.5.3 Wall spacer bar for sentida 1 und 3 (10-0787)

The telescopic wall spacers are available for both undercarriage options (comfort and extra-mobile) in short, medium and long versions. For details on assembly, see AI 01-011093.



14.6 Bed extensions and matching accessories

14.6.1 Patient surface extensions

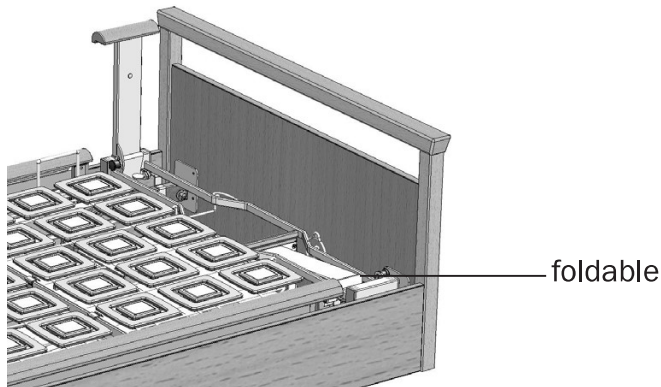
There are two options to extend the patient surface of the sentida low nursing bed. A permanent (fixed) patient surface extension installed by the manufacturer or an optional temporary one.



Danger!

If you fail to close the foot-end gap resulting from the patient surface extension with a protector and extension padding, there is a danger of entrapment! This applies to both the temporary and the permanent patient surface extension. As an alternative to the extension padding, you can also use a longer mattress.

Long-term (fixed) extension for the patient surface

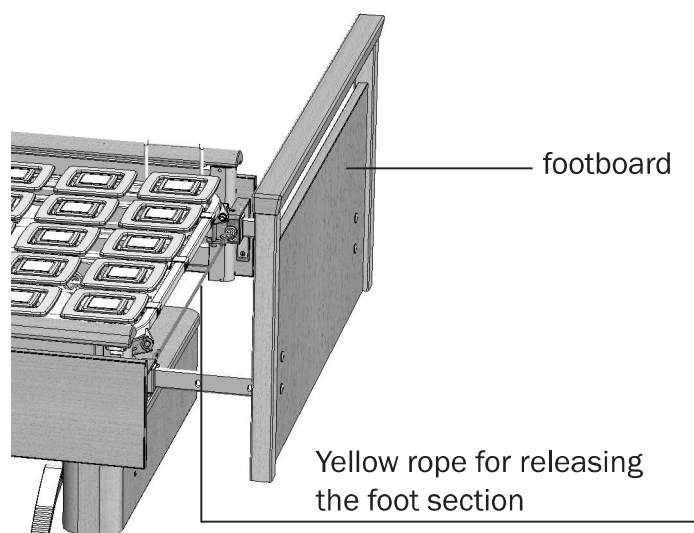


The sentida low nursing bed is available with a 10 cm or 20 cm patient surface extension. This patient surface extension can also be implemented afterwards in the factory or by authorized qualified personnel. To close the resulting foot-end gap, a corresponding protector needs to be inserted. If you want to have the patient surface of your sentida low nursing bed extended, please contact your service partner. You can find the address at the end of these instructions for use.



Temporary patient surface extension by cable pull

If the bed is equipped accordingly, the patient surface of the bed can be extended and shortened again by 10 cm, 20 cm or 32 cm at the foot end without tools. This is why the foot end of the bed is retractable and can be locked at three levels. The foot end can be unlocked with a yellow rope, which is attached between the side panels at the left and right lock of the foot end. You can unlock the foot end by pulling the yellow rope slightly upwards. You need to insert a protector to close the resulting foot-end gap in this case as well.



To extend the patient surface of the sentida low nursing bed:

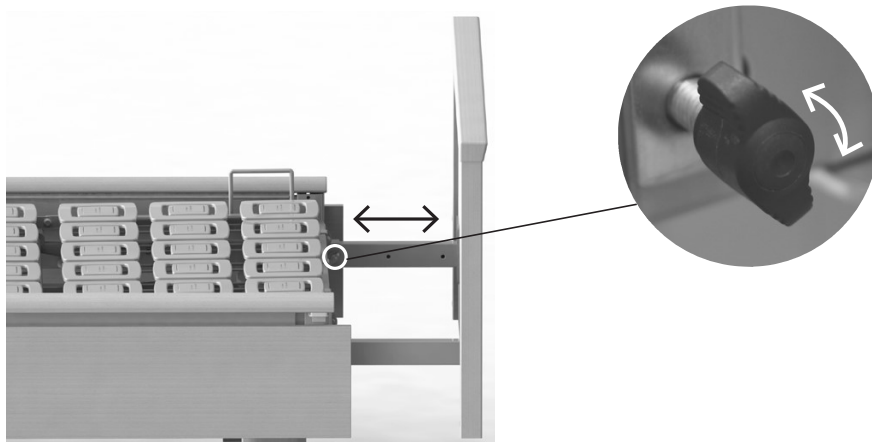
- Pull the yellow rope at the inner side of the foot section up slightly.
The foot section is now released.
- Pull on the foot section until you hear it click in the correct position with the rope loose.

To shorten the patient surface of the sentida low nursing bed again, proceed in reverse order:

- Unlock the foot section by pulling the yellow rope and push it back in.

Temporary patient surface extension by butterfly screw

If the bed is equipped accordingly, the patient surface of the bed can be extended and shortened again by 10 cm, 20 cm or 32 cm at the foot end without tools. This is why the foot section of the bed can be extended and locked in three positions. The foot section can be unlocked with two butterfly screws located on the left and right locking mechanism of the foot section. You need to insert a protector to close the resulting foot-end gap in this case as well.



To extend the patient surface of the sentida low nursing bed:

- Loosen and remove the butterfly screws on both sides.
The foot section is now released.
- Pull the foot section to the correct position and lock it in place by inserting and tightening the butterfly screws. Align the holes to do so.

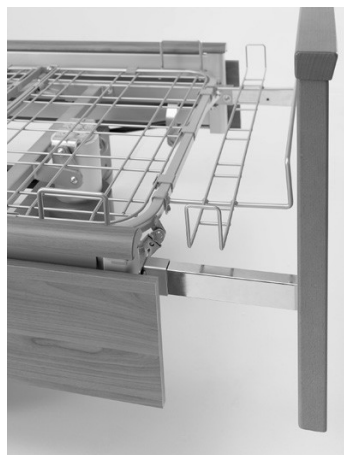
To shorten the patient surface of the sentida low nursing bed again, proceed in reverse order.

Variants

Item	Designation	Art. no.
1	For type 10 siderails, without padding, without protector	10-0595
2	For type 09 2-part siderails, without padding	10-0595
3	For type 09 3-part siderails, without padding	10-0595
4	For type 10 siderails, without padding, without protector	10-0595
5	For type 09 2-part siderails, without padding	10-0595
6	For type 09 3-part siderails, without padding	10-0595



14.6.2 Extension elements and protectors



Variants

Item	Designation	Art. no.	Reference
1	Extension element to extend the lower calfrest (20 cm)	10-0497	-
2	Extension element to extend the calfrest (318 mm)	10-0588	-
3	Extension element for extending the calfrest (20 cm) for beds with a width of 100 cm	10-0573	-
4	Protector to close the gap at the footboard of beds in 220cm, RAL 9006 (firmly screwed patient surface pull-out)	10-0570	AI 01-008585
5	Protector to close the gap at the footboard of beds in 220cm, RAL 9006 (extension by cable pull)	10-0580	AI 01-008585
6	Protector to close the gap at the footboard of beds in 210cm, RAL 9006 (firmly screwed patient surface pull-out)	10-0762	-
7	Protector to close the gap at the footboard for beds in 220cm and a patient surface width of 100 cm (extension by cable pull)	10-0780	-
8	Protector to close the gap at the footboard for beds in 220cm and a patient surface width of 100 cm (firmly screwed patient surface pull-out)	10-0628	-

14.7 Protection and safety

14.7.1 SafeSense®

In the area of nursing and care, SafeSense® informs the nursing staff when the patient leaves the bed. For night-time orientation, it offers the resident automatic under-bed lighting. Other applications must be agreed in writing with wissner-bosserhoff GmbH in advance. For details on operation and installation, see IU 01-010136.



The operation and assembly of the SafeSense® is described in the provided instructions for use.

Variants

Item	Designation	Art. no.
1	Bed-exit system SafeSense® 1 (cabled)	10-0871
2	Bed-exit system SafeSense® 2 (radio-controlled)	10-0872
3	Call receiver (for connection to the nurse call system)	50-0681-000 (EU), 50-0772-0000 (Australia), 50-0772-0001 (Canada)
4	Socket call transmitter	01-010091
5	Socket receiver	50-0633
6	Adapter cable with or without ON / OFF switch for connection to nurse call system (always necessary), customer-specific configuration	04-1508 / 04-1608
7	With retaining plate for DUO 9	01-011193
8	With retaining plate set if SafeSense® is also used on the bed	02-001004
	Radio receiver RCL07	



14.7.2 SafeSense® 3

SafeSense® 3 is an assistance system for continuous resident monitoring in real time, using non-contact data collection and visualization via sensor pads and software. Differentiated call management let nursing staff prioritize calls more quickly and indicates whether the resident is in the bed. For details on operation and installation, see IU 01-012189.

Ready for



Art. no. 10-0827
For use on sentida 1-6

Stand-Alone



Art. no. 50-0880
For use on multiple nursing home beds

Variants

Item	Designation	Art. no.
1	SafeSense® 3 Ready for	10-0827
2	SafeSense® 3 Standalone	50-0880
3	SafeSense 3 Box including holder	10-0833
4	Holder SafeSense 3 Box	01-012158 Blech 1 01-012151 Blech 2 01-010783 Rändel
5	Sensor pad, complete	10-0831
6	Signal line, cut to size	10-0834

14.7.3 Radio transmitter

Variants

Item	Designation	Art. no.
1	Wrist transmitter	50-0629
2	Collar transmitter	50-0634
3	Touch transmitter	50-0635
4	Holder for touch transmitter (article 50-0635)	50-0636
5	Impulse telephone including wrist transmitter	50-0628

14.7.4 Fixation belt holder



Variants

Item	Designation	Art. no.	Reference
1	Segufix holders for backrest or calfrest (1 pair)	10-0533	AI 01-007430
2	Segufix holders for seat sections (1 pair)	10-0521	AI 01-012178
3	Segufix holders for thighrest (1 pair)	10-0563	AI 01-008279



14.7.5 Extension for the SafeFree® side guards (10-0597)

An attachment is available as an accessory for the SafeFree® side guard to increase side protection by approx. 60 mm. For details on assembly, see AI 01-009185.



Attention!

An unsuitable extension, which is not intended for the SafeFree® side guards, could come loose and cause a fall of the patient or resident. Also ascertain yourself that the extension is suitable for the SafeFree® side guard. Ensure the secure attachment of the extension on the SafeFree® side guard.



If you want to attach an extension to the SafeFree® side guard,

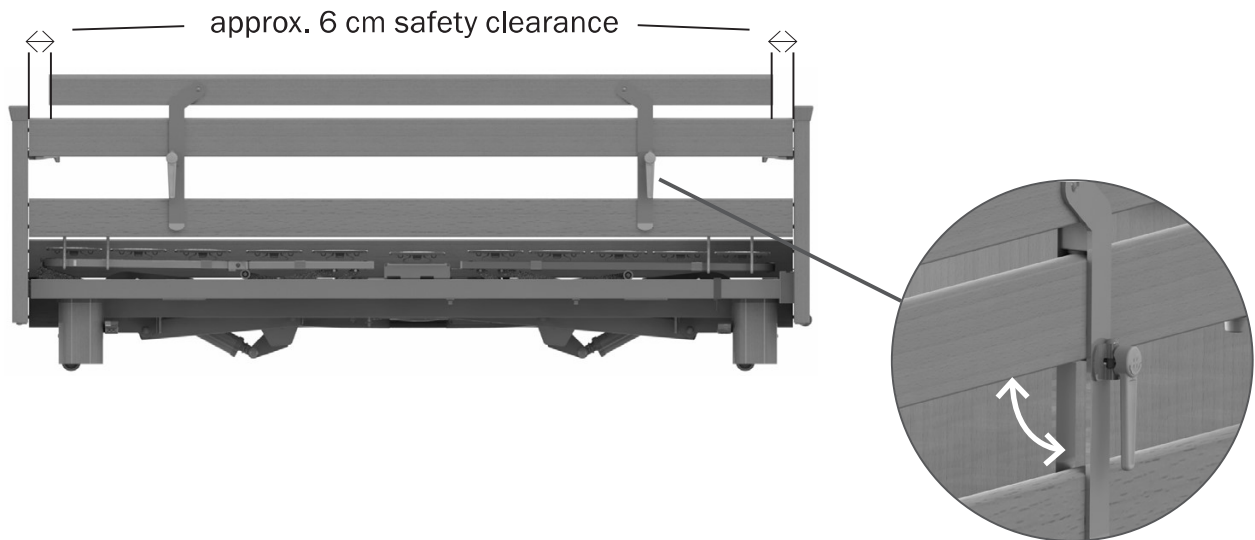
- Raise the SafeFree® side guard to the highest position.
- Place the extension centrally on the handrail of the side guard.
- Press down the mounting clamps on the handrail until they engage and fix the extension.

If you want to remove an extension from the SafeFree® side guard:

- Position the SafeFree® side guards on one side at different heights.
- Press the release button of the SafeFree®- side guard and push out the extension sideways over the hand rail.



14.7.6 Extension for side guards (09)



If you want to attach an extension to the side guard (09):

- Raise the side guards of the nursing home bed to the highest position.
- Release the clamping lever by turning it by 90° and twist out the mushroom head screw.
- Put the side guard extension onto the side guard of the nursing home bed as pictured.
- Twist the mushroom head screw in and tighten the clamping lever by turning it by 90°.
- Perform a functional test of the side guard with the side guard extension attached.

If you want to remove an extension from the side guard (09):

- Perform the steps described above in reverse order.



Attention!

The side safety clearance from the head and foot ends must each be approx. 6 cm. Rule of thumb: The clearance must be equally distributed at both ends. For nursing home beds of special length (longer than 2 m), a side guard extension of special length must be used.



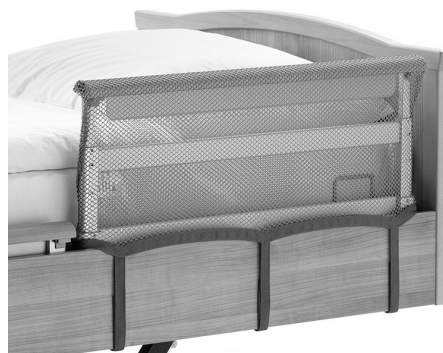
Attention!

Please also use the available side guard cushioning (accessories) for side guards with extensions as an important additional safety and protection feature.



14.7.7 Side section padding, side section net

Protective padding or nets are available for the SafeFree® side guards. They can provide additional protection to the resident by reducing or closing gaps or gaps.



- To fit the padding, slip it onto the side guard and close the press studs at the bottom of the padding.
- To attach the net, slip the net onto the side guard and pass the hook-and-loop fasteners around the side guard and fasten.

Variants

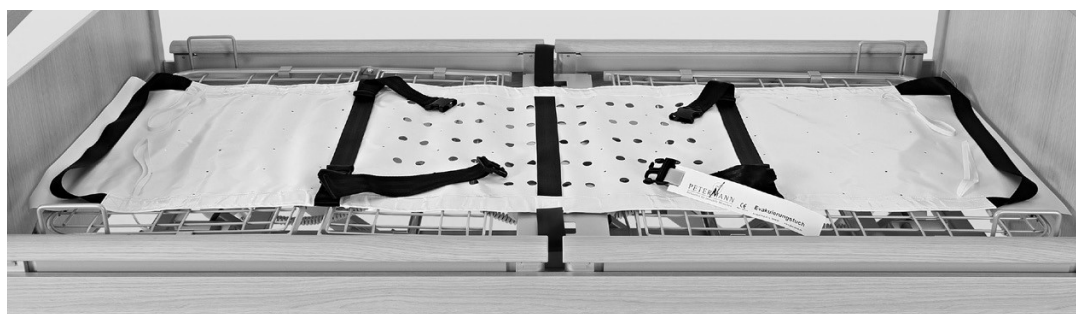
Item	Designation	Art. no.
1	Siderail net type 10	50-0207
2	Siderail type 10 with push buttons	50-0155
3	Siderail type 10 closed version	50-0174
4	Siderail type 10 short with push buttons	50-0749
5	Siderail type 10 short closed version	50-0748
6	Siderail type 11 closed version	50-0357
7	Siderail type 11 with push buttons	50-0354
8	Siderail type 09, number of tie bars 2, bed length 200/210 cm	50-0338
9	Siderail type 09, number of tie bars 2, bed length 220 cm	50-0339
10	Siderail type 09, number of tie bars 3, bed length 200/210 cm	50-0340
11	Siderail type 09, number of tie bars 3, bed length 220 cm	50-0703
12	Siderail type 09, number of tie bars 2 +10- 0597, bed length 200/210 cm	50-0341

14.7.8 Side guard lock (10-0866)

The side guard lock is attached to the fully retracted side guard from the inside and locked with a wrench. For details on assembly, see AI 01-010841.



14.7.9 Further protective elements



Variants

Item	Designation	Art. no.
1	Falls prevention mat, gray (ideal for sentida)	50-0206
2	Falls prevention mat with anti-slip protection, gray	50-0771
3	Retrofit kit for 50-0771 for beds with low position of 27cm	50-0796
4	Evacuation sheet with belt and fixation straps, white	50-0544



14.8 Further accessories

14.8.1 Handset holder (SafeControl, SD handset, IPROXX 2)

**Attention!**

Since the handset holder is flexible, it may not be used as assistance in standing up or as a handle.

For divided SafeFree® side guards:

The handset holder is used to place the handset where the resident can reach it. Attach it to the handrail of the side guard panel, as shown in the illustration on the right.

**For continuous side guards (09):**

The handset holder is used to place the handset where the resident can reach it. Attach it to the upper side guard panel and fix it with a rubber band, as shown in the illustration on the right.



Variants

Item	Designation	Art. no.
1	SafeControl handset holder	10-0790
2	Handset holder short, IPROXX 2 / SM+ handset	10-0903



14.8.2 Accessory holders

The accessory holder serves for hanging urine bag holders (50-0164), urine bottle holders (50-0345) or similar accessories on it. Attach it to the side panel or side guard panel.

For divided SafeFree® side guards:



→ The maximum permitted load of the accessory holder is 2 kg.

For continuous side guards (09):



Attach the accessory holder to the upper side guard panel and fix it with a rubber band.

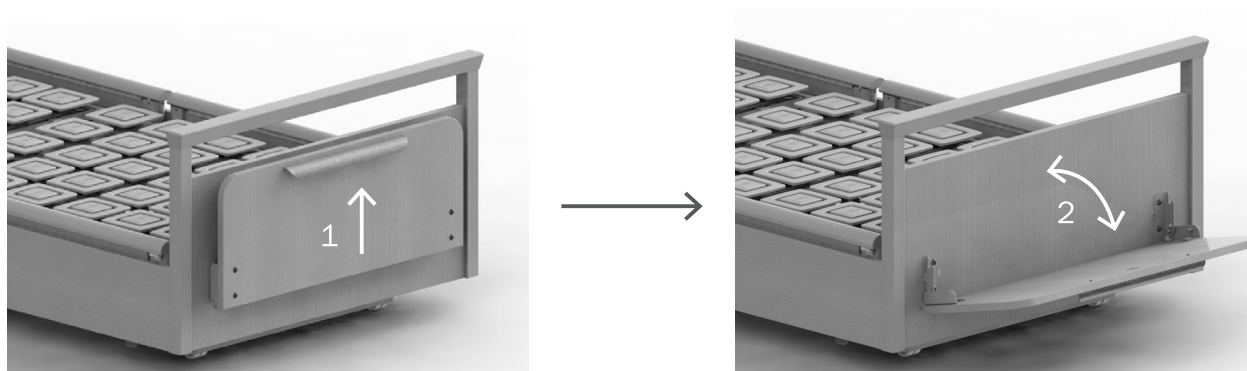
→ The maximum permitted load of the accessory holder is 2 kg.



14.8.3 Foldable linen holder (10-0719)

For the installation of the linen holder, see AI 01-010522.

At the outer side of the foot end, a linen holder can be attached as accessory. The linen holder is connected to the foot end with a folding hinge. It serves for temporarily putting linen or other objects down during the nursing care process. Assembly instructions are available from wissner-bosserhoff for later extension.



- To open the linen holder, grab it at the top, pull it upwards and flap it down.
- To close the linen holder, fold it upwards and lower it in the folding hinge.



Attention!

With moving accessories, there is a risk of entrapment. Move the accessories carefully in order to avoid squeezing.



Do not load the linen holder with more than 15 kg.

14.8.4 Soft cover for head- and footboard

For the attachment of the soft covers for the head part and footrest, see AI 01-011724.



Variants

Item	Designation	Art. no.
1	Soft cover for headboard Df for sentida nursing home beds for type 87 patient surface	50-0818
2	Soft cover for footboard Df for beds with standard extension for type 87 patient surface	50-0819
3	Soft cover for footboard Df for beds with express extension for type 87 patient surface	50-0820
4	Soft cover for headboard DF for sentida 7-i / movita / movita casa for type 87 patient surface	50-0828
5	Soft cover for headboard Df for sentida nursing home beds for type 100 patient surface	50-0829
6	Soft cover for footboard Df for beds with standard extension for type 100 patient surface	50-0830
7	Soft cover for footboard Df for beds with express extension for type 100 patient surface	50-0831

Further accessories

Item	Designation	Art. no.	Reference
1	Battery for DUO 9	01-010731	-
2	Retaining plate for battery DUO 9	05-0841	-
3	Bed transport trolley, type A (for assembled beds)	10-0511	AI 01-010910
4	Name tag holder	50-0108	-
5	Serving tray with bookholding rails	10-0586	-



15. Cleaning and disinfection

The nursing home bed must be cleaned and disinfected at regular intervals (e.g. as specified in the hygiene plan), as circumstances dictate (e.g. soiling after a particular episode) or at least before each change of resident as per the hygiene plan.



Danger!

If electrical components come into contact with fluids, this can significantly increase the risk of electric shock or fire. This means you must disconnect the bed from the power supply prior to cleaning/disinfection.



Attention!

Damaged surfaces should be repaired/replaced immediately as they cannot be cleaned/disinfected properly and allow fluids to penetrate. This creates a risk of infection and damage to the bed.



Please note!

The nursing home bed may not be cleaned/disinfected in automatic washing units or with spray water. Only wipe cleaning/wipe disinfection is permitted.



Please note!

If you are unsure, check first whether the cleaning agent/disinfectant is suitable for the relevant surface by applying some to an area out of sight.



Please note!

Following cleaning/disinfection, it is important to ensure things are properly neutralized and there is no moisture or cleaning agent residue on any surfaces.

15.1 Cleaning

The surfaces of wissner-bosserhoff furniture products comply with the requirements of EN 12720 for the surfaces of furniture in terms of resistance to chemicals and are therefore highly resilient to the normal kinds of stress they might typically encounter.

It is essential, however, not to use any cleaning products or cleaning agents that contain corrosive or abrasive ingredients and act like a scouring agent.

Only all-purpose, weakly alkaline cleaning products (that create soap suds), with tensides or phosphates as the active cleaning ingredient, should be used. Dose the all-purpose cleaner in accordance with the specifications of the cleaning agent manufacturer.

15.2 General procedure for cleaning/disinfection

Preparation

- Move the bed to its highest position and adjust the backrest slightly.
- Disconnect the bed from the power supply.
- Lock the brakes and pull up the siderails.
- Make sure that the product is free of coarse impurities and dirt particles that could damage the surface during cleaning/disinfection.
- Dose cleaning agents or disinfectants exactly according to the manufacturer's instructions.
- Use a soft cloth lightly moistened with all-purpose cleaner/disinfectant solution.

Sequence of components for cleaning/disinfection

- Handrails of the head part and footrest
- Inside and outside of head part and footrest
- Handrails and release buttons of the siderails
- Front and rear siderails and telescopic mechanism
- Handset including handset hook and holder, if applicable
- All accessories attached to the bed
- Side panels inside and outside
- Top and bottom of the mattress
- Patient surface elements, top frame
- Scissor frame (undercarriage), brake bracket

Post-preparation

- Then wipe the product thoroughly with a soft, slightly damp cloth (water only) to neutralize it.
- Make sure that the product is free of cleaning and disinfectant residues.
- Dry the product with an absorbent, non-linting cloth.
- Make sure that no moisture/wetness has remained on the surfaces or penetrated into gaps.
- Reconnect the bed to the power supply.



15.3 Disinfection

Disinfection will only be effective if the bed has been cleaned beforehand.

Only suitable disinfectants equivalent to the disinfectants described in Annex 1 to EN 12720 Part 1 or the agents in the list drawn up by the German Society of Hygiene and Microbiology or the Robert Koch Institute may be used. The disinfectant should be used (e.g. concentration) precisely as specified by the respective disinfectant manufacturer.

If you have any doubts about the suitability of a given disinfectant, please contact us.

15.4 Special information regarding real wood parts

We have used materials of the highest quality to create a product for you with a high level of benefits and homely real wood character. Slight differences in shade, contrast and color between veneer surfaces, solid wood parts or decorative surfaces (melamine, HPL), as well as anything showing up in real wood materials as a result of the growth process, do not count as defects.

Varnished real wood parts (profiles at the head and foot ends) need to be cleaned/disinfected with special care as they are very sensitive to moisture. No moisture may be left on these surfaces or this may damage the varnish and wood.

15.5 Recommended cleaning/disinfection intervals

Daily cleaning

We recommend that you clean all parts of the bed that are frequently touched by the resident or staff (e.g. siderails, bed ends, handsets, lifting pole, etc.).

Cleaning at resident change

We recommend that you completely clean and disinfect all parts of the bed that are frequently touched by the resident or staff (see daily cleaning), patient surface, columns, undercarriage shelters and mattress.

Complete cleaning/cleaning before first use

We recommend that you clean the bed completely before its first use and then at least once every 4 to 8 weeks.

Removing spilled liquids

Spills should be cleaned up as soon as possible. Always disconnect the bed from the mains before cleaning up spills. Some liquids used in healthcare can cause permanent stains.

15.6 Padding cleaning



Attention!

Soiling on padding should always be removed immediately.



When cleaning with a brush or cloth, always treat the stain from the outside inwards so as not to enlarge it!

Imitation leather

- Remove coarse soiling (food or liquid residues) with a cloth.
- Remove stains with lukewarm water and a damp cloth (cotton or microfiber).
- For heavier soiling, use a warm, mild soapy water solution and a soft hand brush.
- Then wipe off the remains of the cleaning agent with a damp cloth and lukewarm water and dry the padding carefully.



Attention!

Do not use any cleaning agents containing oil and grease. Furthermore, dry cleaning and the use of solvents, chlorides, polishing agents, washing polishes and aerosol sprays are not suitable.



If necessary, the imitation leather padding can be disinfected. You can view a list of agents approved for purchase here:
<http://www.wi-bo.com/de/Kontakt/BDA>

Fabrics

- Remove coarse soiling (food or liquid residues) with a cloth.
- Apply warm water and some dishwashing liquid to the stain and leave it for a short time.
- Gently rub the fabric with a soft brush or cloth and repeat this process 2-3 times as needed.
- Wipe with warm water and dry with a cotton cloth.
- Allow velour fabrics to dry first and then brush them on in the direction of the line.



16. Maintenance and service

In accordance with

- the applicable national regulations for medical devices and medical beds
- the current national health and safety regulations and national repetitive testing standards for electrically operated equipment

operators of beds for medical use are required to ensure the safe condition of the medical devices throughout the entire service life. This includes professional maintenance and safety inspections at regular intervals.

The nursing home beds from wissner-bosserhoff GmbH are designed for a service life up to 15 years. The beds require very little servicing. This is because, during product development, care was taken to reduce that servicing work to a minimum, with low operating costs.

In daily use, however, experience shows that products are also sometimes handled carelessly, and rough handling can also contribute to them aging more quickly and to the wear of certain components, on which the manufacturer can have no direct influence.

The manufacturer assumes liability for the safety and reliability of the product only if it is regularly maintained and used in accordance with the operating, usage and safety notes in these instructions for use.

If severe defects that cannot be rectified are detected in visual inspection, functional testing, checks, measurement or during maintenance, the product must be taken out of use. In addition to the comprehensive inspections by professional technicians, users (nursing staff, family carers, etc.) should perform visual inspections and functional tests at shorter, regular intervals. This is especially important when a bed is used for a new resident.

RECOMMENDATION: The safety inspection in accordance with IEC 62353 should take place every 12 months in conjunction with mechanical maintenance.

Observe the following order of inspections and tests according to IEC 62353-VDE 0751-1:

1. Visual inspection
2. Electrical measurement
3. Functional test



Visual inspection and functional test

- In accordance with the IEC 62353-VDE 0751-1, these inspections/tests must only be performed by qualified persons who have received adequate training and have access to the required equipment.

Electrical measurement

- Electrical measurements according to IEC 62353-VDE 0751-1 may also be performed by specially trained and technically authorized persons (e.g. in-house technicians) with additional medical and bed-specific knowledge if suitable measurement equipment is available.
- Only a qualified electrician with additional medical and bed-specific knowledge may evaluate and document the test results.

IEC 62353-VDE 0751-1 a short checklist

Visual inspection

- Mechanical components: (undercarriage, side guards, wooden frame, patient surface frame, lifting pole socket)
- Electrical components: power and handset cable, handset
- Leakage current test (difference ΔI without load)

Functional test:

- Mechanical components: castors, emergency lowering of the backrest, side guards, calf rest, motor bolts, screws
- Electrical components: Handset

Documentation:

- Test protocol, non-conformity report, inventory list, instructions for use

16.1 Spare parts



Danger!

There is a highly increased risk of electric shock or fire when using incompatible electric components. Only replace electrical components with original spare parts.

Only wissner-bosserhoff GmbH original spare parts may be used. Contact our customer service, sales and technical consultation department for information concerning spare part deliveries. On request, please provide the details on the nameplate and the order number.

Our qualified technical customer service will be happy to help:

Phone +49 2377 784-456
Fax +49 2377 784-150



16.2 Troubleshooting

Problem	Possible cause	Remedy
Electric motor adjustments do not function correctly	Mechanisms are blocked	Check moving parts and remove any foreign bodies
Electric motor adjustments do not function	Handset faulty or not plugged in correctly	- Pull the power plug, wait for 3 minutes and plug it back in - Reset the handset - Contact the wi-bo customer service
	Plug not connected to the power supply and battery (if applicable) empty	Connect the power plug to the mains power supply
	The system was overloaded and the thermal fuse has disconnected; the fuse has tripped	Wait for the system to cool down (up to 18 min.). If the system still does not work, contact our customer service.
Error message sounds during height adjustment. Height, comfort seating and automatic prophylaxis cannot be adjusted	Motor operation fault	Contact our technical customer service
The SafeFree® side guard can no longer be correctly adjusted	Mechanisms are blocked	Check moving parts and remove any foreign bodies
	Mechanical parts are bent	Contact our customer service
The castors do not brake or do not roll	Foreign bodies have accumulated in the castors over time	Remove foreign bodies
	The castor system is defective	Contact our customer service
Handset does not work	Handset locked, not plugged in correctly or faulty	- Pull the power plug, wait for 3 minutes and plug it back in - Reset the handset - Unlock the handset, check the plug connection or contact wi-bo customer service

16.3 Storage

When stored, the sentida low nursing bed may be exposed to environmental conditions that are within the following limit values:

Ambient temperature	+10 °C to +40 °C
Relative humidity	30 % to 75 %
Air pressure	800 hPa to 1060 hPa



Caution!

If the sentida low nursing bed has been stored or transported at low temperatures, it needs a certain time and temperature to adjust before use. If the adjustment time is too short or the temperature is not suitable, the sentida low nursing bed can be damaged and fail. After strong temperature fluctuations, let the sentida low nursing bed adjust its temperature for at least 12 hours.

For storage of the low nursing, make the following preparations:

Unplug the power supply.

- Remove all accessories such as the lifting pole, serving tray etc.
- Remove the battery.
- Cover the low nursing bed so that it is protected from damage.
- Note down the storage date so that you can comply with the maintenance intervals.



17. Disposal

This device falls within the scope of the EC Directive 2002/96/EC (WEEE). It is not registered for use in private households. Disposal at municipal collection points for discarded electrical devices is not permitted. wissner-bosserhoff GmbH is responsible for legal compliance concerning the disposal of this device. For further information, please contact your responsible sales partner, or our company, if you are situated within Germany.

When transferring the equipment to an industrial third party, you are bound by contract to point out that after the end of use, proper disposal must be undertaken or arranged. If you do not point this out to the third party, you are responsible for the proper disposal of the equipment after the end of use.

The low nursing bed contains lead gel batteries, electrical parts and metal parts. It can also contain plastic parts made of ABS, PA, PUR or PE.

The metal and plastic parts that accumulate during service and repairs must be disposed of properly and professionally in accordance with the applicable laws and regulations. Specifically the electric motors and electrical controls may only be disposed of through specialist firms authorized to do this, or through the respective waste management facilities.

18. Warranty

Statutory warranty provisions apply.


This warranty covers all malfunctions and defects associated with materials and manufacture. Malfunctions and defects arising from incorrect handling and external influences are excluded from this. If there are grounds for justified complaints during the warranty period, these shall be dealt with free of charge. This warranty can be enforced with the sales receipt, which bears the date of purchase. Our general terms and conditions of delivery apply.

19. Technical data

Outer dimensions	
sentida 1/3/4/5/6/5-le/6-le/6-d	208 × 106 cm
sentida 5xl/6-xl	208 × 116 cm
sentida 5-xxl	216 x 128 cm
sentida 5-m/6-m	198 x 106 cm
sentida 6-s	208 x 95 cm
sentida 6-xs	198 x 95 cm
Nominal dimensions of patient surface	
sentida 1/3/4/5/6/5-le/6-le/6-d	87 × 200 cm
sentida 5xl/6-xl	100 x 200 cm
sentida 5-xxl	120 x 210 cm
sentida 5-m/6-m	87 x 190 cm
sentida 6-s	80 x 200 cm
sentida 6-xs	80 x 190 cm
Height adjustment	
sentida 1/3/4	25 to 80 cm
All further models	27 to 80 cm
Backrest adjustment	65° ± 5° incl. backrest retraction by approx. 11,5 cm
Thigh rest adjustment	30° ± 5° incl. thigh rest retraction by approx. 4.8 cm
Tilting (not possible with -le models)	
sentida 1/3/4	Head-end approx. 17° / foot-end approx. 17°
All further models	Head-end approx. 15° / foot-end approx. 15°
Safe working load* (Duomat 9 motor)	
sentida 1/3/4/5-m/6-m/6-s/6-xs	225 kg (Resident weight 190 kg, 35 kg mattress + accessories)
sentida 5-le/6-le	205 kg (Resident weight 170 kg, 35 kg mattress + accessories)
sentida 5/ 5-xl /5-xxl/6/6-xl/6-d	270 kg (Resident weight 235 kg, 35 kg mattress + accessories)

* **Manufacturer's recommendation:** depending on the weight of the mattress and accessories used, the maximum resident weight may be increased. For example: safe working load 270 kg - mattress 10 kg - accessories 10 kg = max. patient weight 250 kg. When using heavier mattresses/accessories, the maximum resident weight changes accordingly!



Bed weight	Approx. 115 to 130 kg depending on the model
Protection type	IPX4
Protection class	II (Protection class I for sentida 6 hospitel)
Lifter underbed clearance	14 cm (sentida 1/3/4 depending on patient surface)
Operating time	INT 2 min./18 min. The equipment is not designed for continuous operation. After 2 minutes of operation at full load, a break of 18 minutes is recommended.
Noise level, maximum	approx. 57 dB/A
Application environment	3 and 5
Humidity	30% – 75%
Atmospheric pressure	800–1060 hPa
Environment temperature	+10 °C – +40 °C
Manufacturer	 <p>wissner-bosserhoff GmbH Hauptstraße 4 – 6 58739 Wickede (Ruhr) GERMANY Phone +49 2377 784-0</p>

Height adjustment motors	
Electrical connection	24 V DC
Protection type	IP44
Adjustment speed	max. 28 mm/s (max. 9.5 mm/s for sentida 5-le/6-le)
Compression force	max. 6,000 N (max. 8,000 N for sentida 5-le/6-le)

Patient surface motors	
Electrical connection	24 V DC
Protection type	IP44
Adjustment speed	6 mm/s (at the head end) 9 mm/s (at the foot end)
Compression force	2 x 6,000 N - max. lifting force (without emergency lowering) 2 x 4,500 N - max. lifting force (with emergency lowering) 2 x 3,000 N - max. tensile load

Data handsets	SafeControl	SD Handset
Electrical connection	24 V DC	24 V DC
Supply	14 - 38 V DC	14 - 38 V DC
Standby current	9 mA	14 mA
Application environment	3 und 5	3 und 5
Humidity	30 % - 75 %	30 % - 75 %
Ambient temperature	+ 10 °C - 40 °C	+ 10 °C - 40 °C
Protection rating	IPX7	IPX4

20. Classification and applied standards








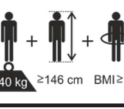
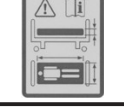



According to Annex VIII, #13 of the Medical Device Regulation (MDR) 2017/745, the sentida low-set nursing home bed is a Class I medical device.

Designation	Comment
MDR 2017/745	EU regulation for medical devices
Medical Device Law Implementation Act	MPDG (national implementation)
DIN EN ISO 14971	Application of risk management to medical devices
DIN EN 60601-1 (relevant sections)	Medical electrical equipment
DIN EN 60601-2-52 (relevant sections)	Medical beds
BfArM (German Federal Institute for Drugs and Medical Devices) recommendations	Recommendations of the German Federal Institute for Drugs and Medical Devices
DIN 33402-2	Human body dimensions
DIN 68861-12011-01 DIN EN 12720	Furniture surfaces - Behaviour at chemical influence Assessment of surface resistance to cold liquids
DIN EN 60529 VDE 0470-1	Degrees of protection provided by enclosures IP code (protection against moisture)
DIN EN 12530 (relevant sections)	Castors and wheels - Castors and wheels for manually propelled institutional applications
EN 50419 Directive 2002/96/EC (WEEE)	Marking of electrical and electronic equipment

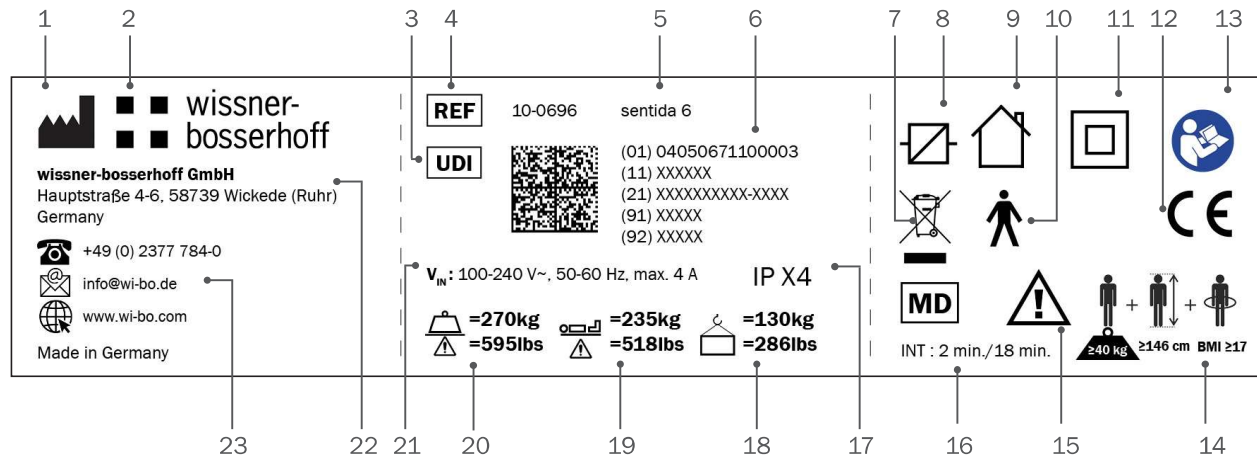


21. Product identification

21.1 Symbols used

	General warning!	Black exclamation mark in yellow triangle
	Follow the instructions for use!	White person on blue background
	Caution: Possible cable entrapment hazard!	Black power cable in yellow triangle
	Caution: Possible foot entrapment hazard!	Black foot in yellow triangle
	Caution: Possible hand entrapment hazard!	Black hand in yellow triangle
	Type B applied part	
	Among others the device is subject to the EC Directive 2002/96/EC (WEEE). It was launched on the market on August 13, 2005.	
	Adult detection, minimum weight, minimum height, minimum BMI)	
	Safety note regarding specified mattress height	
	QR code to watch user videos	
	UDI (Unique Device Identification) symbol	
	MD (Medical Device) symbol	

21.2 Bed nameplate



1	Manufacturer symbol
2	Company logo
3	UDI Symbol
4	Article number
5	Model name
6	Data matrix code, including plain text: GTIN, manufacturing date, serial number, internal data
7	Caution: Electrical waste - statutory requirements for the disposal of old equipment must be complied with!
8	Switching power supply
9	For indoor application only
10	Type B applied part (classified according to the degree of protection from electric shock)
11	Protection class II device (classified according to the type of protection from electric shock)
12	CE marking
13	Mandatory sign "Observe instructions for use"
14	Adult detection, minimum weight, minimum height, minimum BMI)
15	General warning
16	Operating time (2 min. operation, 18 min. pause)
17	Code letters for degree of protection in accordance with DIN EN IEC 60529 (VDE 0470-1)
18	Bed weight
19	max. resident weight
20	Safe working load
21	Input voltage/frequency/apparent power
22	Company name, address/contact
23	Contact data of manufacturer



22. Electromagnetic compatibility

Table 1: Guidelines and manufacturer's declaration – Electromagnetic emissions – For all ME devices and ME systems


The sentida nursing home bed is intended for operation in an electromagnetic environment as specified below. The customer or user of the sentida nursing home bed should ensure that it is operated in such an environment.		
Interference emission measurements	Compliance	Electromagnetic environment – Guideline
High-frequency emissions according to CISPR 11	Group 1	The sentida nursing home bed uses high-frequency energy exclusively for its internal function. Therefore, its high-frequency emissions are very low and unlikely to interfere with neighboring electronic devices.
High-frequency emissions according to CISPR 11	Class [B]	The sentida nursing home bed is suitable for use in all facilities, including those in residential areas and those directly connected to the public supply network, which also supplies buildings used for residential purposes.
Harmonic emissions IEC 61000-3-2	[compliant]	
Emission of voltage fluctuations / flicker IEC 61000-3-3	[compliant]	

Table 2: Guidelines and manufacturer's declaration – Electromagnetic immunity – For all ME devices and ME systems

The sentida nursing home bed is intended for operation in an electromagnetic environment as specified below.			
IMMUNITY TESTS	IEC 60601 TEST LEVEL	COMPLIANCE LEVEL	ELECTROMAGNETIC ENVIRONMENT – GUIDELINES
Electrostatic discharge (ESD) (IEC 61000-4-2)	± 8 kV contact discharge ± 15 kV air discharge	± 8 kV contact discharge ± 15 kV air discharge	Floors should be wood, concrete, or ceramic tile. If the floor is covered with synthetic material, the relative humidity must be at least 30%.
Fast transient electrical disturbances / bursts (IEC 61000-4-4)	± 2 kV for mains lines ± 1 kV for input and output lines	± 2 kV for mains lines ± 1 kV for input and output lines	The quality of the supply voltage should be that of a typical business or hospital environment.
Surges (IEC 61000-4-5)	± 1 kV outer conductor-outer conductor voltage ± 2 kV outer conductor-ground voltage	± 1 kV outer conductor-outer conductor voltage ± 2 kV outer conductor-ground voltage	The quality of the supply voltage should be that of a typical business or hospital environment.
Voltage dips, short-term interruptions and fluctuations in the supply voltage (IEC 61000-4-11)	< 5 % UT (>95% dip of UT) for ½ period 40% UT (60% dip of UT) for 5 periods 70% UT (30% dip of UT) for 25 periods < 5% UT (>95% dip of UT) for 5 sec.	< 5 % UT (>95% dip of UT) for ½ period 40% UT (60% dip of UT) for 5 periods 70% UT (30% dip of UT) for 25 periods < 5% UT (>95% dip of UT) for 5 sec.	The quality of the supply voltage should be that of a typical business or hospital environment. If the user of the sentida nursing home bed requires continuous operation even in case of power supply interruptions, it is recommended that the sentida nursing home bed is powered by an uninterruptible power supply or battery.
Magnetic field at the supply frequency (50/60 Hz) (IEC 61000-4-8)	30 A/m	30 A/m	Magnetfelder bei der Netzfrequenz sollten den typischen Werten, wie sie in der Geschäfts- und Krankenhausumgebung vorzufinden sind, entsprechen.
NOTE: U_T is the mains AC voltage before applying the test levels			



Table 3: Guidelines and manufacturer's declaration – Electromagnetic immunity – For all ME devices and ME systems that are not intended for life support

The sentida nursing home bed is intended for operation in an electromagnetic environment as specified below. The customer or user of the sentida nursing home bed should ensure that it is operated in such an environment.			
IMMUNITY TESTS	IEC 60601 TEST LEVEL	COMPLIANCE LEVEL	ELECTROMAGNETIC ENVIRONMENT – GUIDELINES
Conducted high-frequency disturbances (IEC 61000-4-6)	3 Vrms 150kHz to 80MHz	3 Vrms	Portable and mobile radios should not be used at a short distance from the sentida care bed, including the lines, less than the recommended safety distance calculated according to the equation applicable to the transmission frequency. Recommended safety distance $d=0,35*\sqrt{P}$ $d=0,35*\sqrt{P}$ 80 MHz to 800 MHz $d=0,35*\sqrt{P}$ 800 MHz to 2,7 GHz Where P is the rated power of the transmitter in watt (W) as specified by the transmitter manufacturer and d is the recommended safety distance in meters (m). The field strength of stationary radio transmitters should be less than the compliance level ^b at all frequencies according to a study conducted on site ^a . Interference is possible in the vicinity of devices bearing the following symbol.
	6 Vrms 150kHz to 80MHz	6 Vrms	
Radiated high-frequency disturbances (IEC 61000-4-3)	3 V/m 80MHz to 2,7GHz	3 V/m	
	10 V/m 80MHz to 2,7GHz	10 V/m	
NOTE 1:	At 80 MHz and 800 MHz, the higher frequency range applies.		
NOTE 2:	These guidelines may not be applicable in all cases. The propagation of electromagnetic quantities is influenced by absorption and reflections of the buildings, objects and people.		

- a The field strength of stationary transmitters, such as base stations of radio telephones and land mobile radios, amateur radio stations, AM and FM radio and television transmitters, cannot theoretically be accurately predicted. To determine the electromagnetic environment with respect to stationary transmitters, a study of the electromagnetic phenomena of the site should be considered. If the measured field strength at the location where the sentida nursing home bed is used exceeds the above compliance levels, the sentida nursing home bed should be observed to prove that it is functioning as intended. If unusual performance characteristics are observed, additional measures may be required, such as changing the orientation or location of the sentida nursing home bed.
- b Over the frequency range from 150 kHz to 80 MHz, the field strength should be less than 3 V/m.

Table 4: Recommended safety distances between portable and mobile high-frequency telecommunication devices and the ME device or ME system – for ME devices or ME systems that do not provide life support

Recommended safety distances between portable and mobile high-frequency telecommunication devices and the sentida nursing home bed.			
The sentida nursing home bed is intended for operation in an electromagnetic environment in which high-frequency disturbances are monitored. The customer or the user of the sentida nursing home bed can help to avoid electromagnetic interference by maintaining the minimum distance between portable and mobile high-frequency telecommunication devices (transmitters) and the sentida nursing home bed – depending on the output power of the communication device, as indicated below.			
Rate power of the transmitter [W]	Safety distance, depending on the transmission frequency [m]		
	150 kHz to 80 MHz $d=0,35*\sqrt{P}$	80 MHz to 800 MHz $d=0,35*\sqrt{P}$	800 MHz to 2,7 GHz $d=0,35*\sqrt{P}$
0,01	0,12	0,12	0,23
0,1	0,37	0,37	0,74
1	1,17	1,17	2,33
10	3,69	3,69	7,38
100	11,67	11,67	23,33
For transmitters whose maximum power rating is not specified in the table above, the recommended safety distance d in meters (m) can be determined using the equation associated with the respective column, where P is the maximum power rating of the transmitter in watt (W) as specified by the transmitter manufacturer.			
NOTE 1:	At 80 MHz and 800 MHz, the higher frequency range applies.		
NOTE 2:	These guidelines may not be applicable in all cases. The propagation of electromagnetic quantities is influenced by absorption and reflections of the buildings, objects and people.		



23. Safety instructions and residual risks

- 1) The details on the nameplate must be observed.
- 2) The bed may not be operated in case of malfunctions that could pose a risk to persons.
- 3) Before operating the bed, the user must verify the functional safety and proper condition of the bed.
- 4) The bed must be subjected to a functional test, daily or with each change of shift, so that it is guaranteed that the bed can be used as intended without danger to the patient or the user.
- 5) Only authorized staff may adjust the side guards. When adjusting the patient surface position, nursing staff must make sure the patient does not come into contact with the side guards to avoid crush injuries to the hands, legs or other body parts.
- 6) Avoid leaning the upper body to the side extremely.
- 7) Do not load the side guards with more than 75 kg in a vertical and more than 50 kg in a horizontal direction.
- 8) Lock/release the functions of the handset depending on the physical and mental state of the patient. Check the locking functions with the handset.
- 9) Since the system can be used in battery operation, it is not enough just to pull out the plug in case of the motors functioning incorrectly. In case of a malfunction, please contact our customer service.
- 10) Position the power and connection cable to the handset so that they are not crushed and do not place any objects on the power and connection cables.
- 11) If the positioning and height adjustment functions are used, ensure that the safety key is not in the lock or in the vicinity of the handset (in the range of the resident). If released with the safety key unintentionally, positions that may pose a risk to the resident might be activated, such as an incorrectly applied Trendelenburg position.

12) In case of improper use of the bed, danger can occur through:

- Unauthorized operation of electrical functions during uncontrolled bed adjustments,
- Operation of bed functions by the patient without prior instruction,
- Simultaneous operation of electrical functions by several persons,
- Connection of incompatible electrical devices to the bed,
- Moving the bed by pulling the power cable or side guards,
- Pulling the power cable to remove the power plug from the power supply,
- Lack of protection of the power and connection cables from sharp edges or other mechanical strains (e.g. running over the power cable),
- Moving the bed on an unstable surface,
- Using the bed on a sloped surface with an angle of 10° or more,
- Devices that create strong electromagnetic fields and that may possibly influence the control elements of the bed are not permitted in the direct vicinity of the bed (e.g. mobile phones).
- Failure to remove the power plug from the power supply before cleaning or servicing the bed,
- Continuously dripping fluid in the motor unit area (e.g. in case of incontinence),
- Improper repair of electrical installations

13) Safety notes – measures for the safe operation of hospital and nursing home beds:

- Electrical components on hospital and nursing home beds may only be repaired and serviced by the manufacturer or by specialized personnel trained by the manufacturer. Otherwise, individual procedures may not be performed correctly due to lack of knowledge of the product functions, thereby increasing the risk of electric shock or fire.
- Define a safe location on the bed for the handset to prevent playing with the handset.
- If immobile patients/residents lie in the bed permanently, bedsores can occur if no additional positioning aids (e.g. anti-bedsores mattresses) or other special nursing measures for bedsores prevention are used. Under no circumstances is this the responsibility of the manufacturer of the bed.
- The product is not suitable for permanent use. If the specified operating time is exceeded, the drive can heat up, causing it to switch off automatically. The drive must then cool down for at least two hours and can only be put into operation again after this time has elapsed.
- A blockage of the bed or mechanical parts of the bed must be avoided, as this can lead to damage and complete failure of the drive through overheating.
- It is absolutely essential that the safe working load is not exceeded, as this can lead to damage and complete failure of the drive.



24. Instructions on operating nursing home beds

INTENDED USE AND PURPOSE OF NURSING HOME BEDS

A nursing home bed may only be put into operation and used in accordance with its intended purpose in compliance with the provisions of the medical devices legislation, the accompanying rules and regulations, the generally recognized rules of technology and the regulations on occupational safety and accident prevention. A nursing home bed may not be operated in a defective condition in which the bed could be a hazard to patients, nursing staff or third parties.

The conditions of the respective instructions for use of the product shall apply.

The following points must be observed:


- In general, the professional judgment of the nursing staff responsible (medical supervision) is required to ensure safe use of the nursing home beds. The physical, psychological and medical needs and conditions of patients must be observed. Accordingly, the bed functions must be individually released or locked for each patient/resident. This applies particularly to products with special tilting options for the patient surface, and when using side guards.
- The nursing home beds are not protected from explosions and may not be used in application rooms in which flammable anesthetics, cleaning or solvent agents or possible ignitable substances mixed with air and can be found. The regulations of the professional associations must be observed in this respect.
- Possible use deviating from this intended purpose represents a non-intended use and is excluded from all claims of liability.

25. Basic functions and uses of nursing home beds

Modern nursing home beds have numerous positioning functions, which are described in detail in the instructions for use for the respective product. The full benefits of a nursing home bed can only be achieved through careful training of the users and inhabitants of a nursing home. Please repeat these training sessions as often as possible and pay particular attention to the applicable safety regulations.

In general, there is always a risk of unintended or wrong adjustment of the bed. For example, pressing switches accidentally or unintended release of functions can be a hazard to certain patients/residents! To ensure a high degree of protection, it is absolutely essential to use locking functions and/or the release keys selectively. Under no circumstances may the release key remain on the handset or on the bed! Release keys are intended exclusively for use by nursing staff.

The use of the locking functions and if required, the intentional separation of the bed from the power supply – as an absolute locking measure for the maximum protection of a possibly endangered patient / resident – lies exclusively at the discretion of and in the responsibility



of the medical supervision and nursing staff in charge. Corresponding measures should be noted in the shift report to guarantee a correct shift handover.

- Only medical supervisory staff may use special positions, such as Trendelenburg, Anti-Trendelenburg, supine position with knee flexion or relative lowered head position as a shock position. These functions must be locked for patients and residents, since this could otherwise result in hazards.

The safety notes in the specific product instructions for use must be observed, since hazards could otherwise occur.

- Only side guards may be used on the beds which are also permitted for that particular bed type, since increased risk of accident could otherwise occur.

- The side rails/side guards must be checked for possible damage each time before they are used, and checked that they are securely attached to the bed and that the safety lock functions correctly! Details on the correct handling of the side guards can be found in the respective product instructions for use.

- The use of the handset by the resident/patient himself lies exclusively at the discretion of and in the responsibility of the medical supervision and nursing staff in charge. Corresponding measures should be noted in the shift report or in the nursing documentation to guarantee a correct shift handover and traceability of usage rights.

If the handset is not to be used by the resident/patient himself, then it must be protected from being accessed by this person and from becoming trapped, for example by attaching it to the foot end of the bed.

The handset must not fall on the ground, be subject to heavy weight or have liquids poured on it. It should be cleaned with cleaning cloths used for computer keyboards. If there is damage to the mechanics or from dampness, the handset must be replaced immediately. The cables must also be checked at frequent regular intervals.



ENGLISH