



IRON BOW™
HEALTHCARE
SOLUTIONS

**EXPANDING THE
BOUNDARIES OF
HEALTHCARE**

Iron Bow MedView™ Installation and User Guide

**For use with Cisco MedView Model Number:
MEDVIEW-C-30X-A01
(Un-Switched Version)**

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Safety & Maintenance

For your protection, please read these safety instructions completely before operating the equipment and keep this manual for future reference. The information in this summary is intended for persons who operate the equipment as well as repair or servicing personnel. Carefully observe all warnings, precautions and instructions on the apparatus, or the ones described in the operating instructions and adhere to them. Also, adhere to safety guidelines found in manuals for any peripheral equipment. the equipment.

Care and Handling

- Water and moisture - Do not operate the equipment under or near water, or in areas with high humidity.
- Cleaning - Unplug the apparatus from the wall outlet before cleaning. Do not use liquid cleaners or aerosol cleaners, follow cleaning instructions provided
- Ventilation - Do not block any of the ventilation openings of the apparatus. Install in accordance with the installation instructions.
- Grounding or Polarization – use the power cord provided with this system, do not defeat the safety purpose of the grounding-type plug. A grounding type plug has two blades and a third grounding prong. The third prong is provided for your safety. If the provided plug does not fit into your outlet, consult an electrician.

	United States	Canada
Plug Type	Grounding type 3 Pole Plug	Grounding type 3 Pole Plug
Cord Type	SVT3 x 18 AWG	SVT3 x 18 AWG
Minimum Cord Set Rating	10A/125V	10A/125V
Safety Approval	UL/CSA	CSA

- Plug Acts as Disconnect Device - The socket outlet to which this apparatus is connected must be installed near the equipment and must always be readily accessible.
- Lightning - Unplug this apparatus during lightning storms or when unused for long periods of time.
- Network cables - CAUTION - To reduce the risk of fire, use only No. 26 AWG or larger telecommunication line cord.
- Power-Cord Protection - Route the power cord so as to avoid it being walked on or pinched by items placed upon or against it, paying particular attention to the plugs, receptacles, and the point where the cord exits from the apparatus.
- Attachments - Only use attachments as recommended by the manufacturer. When a cart is used, use caution when moving the cart/apparatus combination to avoid injury from tip-over.
- Storage - If you need to store the system, ensure that it is stored in a controlled environment to avoid damage:
 - Non-operating temperature: -20°C –60°C
 - Non-operating humidity (non-condensing): 10%–95%
- Repacking – Do not throw away the carton and packing materials. They may be required in the event that you need to move the system to an alternate location, or return the system for maintenance.
- “WARNING – Do not modify this equipment without authorization of the manufacturer.”
- Servicing - Do not attempt to service the apparatus yourself as opening or removing covers may expose you to dangerous voltages or other hazards, and will void the warranty. Refer all servicing to qualified service personnel. If the equipment is damaged, unplug the apparatus from the outlet and refer servicing to qualified personnel:
 - When the power cord or plug is damaged or frayed
 - If liquid has been spilled or objects have fallen into the apparatus
 - If the apparatus has been exposed to rain or moisture
 - If the apparatus has been subjected to excessive shock by being dropped, or the cabinet has been damaged
 - If the apparatus fails to operate in accordance with the operating instructions.

Cleaning Instructions

CAUTION

- Due to the close proximity of electrical power and equipment, flammable cleaners should never be used to clean these products!
- The surface materials of the unit are primarily powder-coated aluminum and are durable and easy to maintain, however they can stain and discolor, so test any cleaners in an inconspicuous place before using.
- Do not allow any liquids to enter the unit, drip down the monitor or accumulate on any surface.
- Please refer to the respective Materials Safety Data Sheets (MSDS) for detailed descriptions for each product from its manufacturer.
- Never use steel wool, Scotch-Brite™ or other abrasive materials to clean the product.
- Use extreme caution when cleaning the camera, as it is delicate and easily broken.
- Use extreme caution when cleaning a display monitor, as they are easily damaged if too much pressure is applied.

General Procedure

1. Verify the system is unplugged from the AC Power outlet before cleaning.
2. Use a soft, clean microfiber cloth or manufacturer supplied disposable cloth for all applications, particularly when cleaning lenses and monitors. Do not spray liquids directly on the surface.
3. Utilize appropriate cleaners for the surface being cleaned.
4. Allow equipment to fully dry prior to plugging into a power source.
5. To facilitate an effective infection control program and ensure proper performance, routinely clean, disinfect, and maintain products in accordance with approved procedures. Specifically, the hospital's Infection Control Administrator should be consulted for cleaning procedures and processes.

Suggested chemical cleaners/disinfectants/solutions for MedView:

- Chassis cleaning
 - Non Abrasive Soap/Detergent: Generally, water and mild non-abrasive soap/detergent or isopropyl alcohol can be used routinely on CLINiC or MedView products to maintain proper cleanliness.
 - Where infection control is required
 - A 10% or less bleach solution can be used to disinfect. Remove residue using a clean damp (water) cloth.
 - Branded chemical disinfectant products (test specific product on a sample surface before general use)
 - Metrex CaviWipes
 - Clorox Germicidal Wipes
- Camera body (not the lens)
 - Do not use any of the following chemicals or any solutions that contain: chlorine (bleach), acetone, peroxides, ammonia, ethyl alcohol, benzene, toluene, ethyl acid, or methyl chloride.
 - Branded, ammonia-free LCD cleaning products
 - Zeiss Pre-Moistened Lens Cleaning Wipes
 - CloroxPro Clean Screen Wipes
 - Up to 50:50 isopropyl alcohol to distilled water mixture for general cleaning, using soft microfiber cloth
 - Use 70:30 isopropyl alcohol and distilled water mixture for infection control, using soft microfiber cloth
- Camera Lens
 - Use only branded, ammonia-free cleaning wipes specifically designed for lens cleaning
 - Zeiss Pre-Moistened Lens Cleaning Wipes

Notes and Caution

- Use extreme caution when cleaning the camera, do not manually move the camera when it is powered. Damage caused by improper cleaning will void the Iron Bow warranty.
- Do NOT use mineral spirits, acetone, paint thinners, or abrasive cleansers, or any other flammable, harsh or toxic chemicals.
- This document provides general guidelines only. Direction for proper cleaning and infection control is the responsibility of local authority and hospital administration.
- Iron Bow is not responsible for improper cleaning or disinfection in any and all circumstances.

Electrical Safety Information

Compliance is required with respect to the voltage, frequency, and current requirements indicated on the manufacturer's label. Connection to a power source different than those specified herein will likely result in improper operation or damage to the equipment, or pose a fire hazard.

There are no user-serviceable parts inside this equipment. There are hazardous voltages generated by this equipment that constitute a safety hazard. Service should be provided by a qualified service technician only. Contact a qualified electrician or the manufacturer if there are questions about the installation prior to connecting the equipment to mains power.

Operating Guidelines

Mounting Guidelines

The system is designed for attachment to the top of a display using the optional mounting bracket system, or can be wall or ceiling mounted using the system base attachment points and suitable third party brackets / mounts. Care should be taken to ensure that any supporting device is fit for purposes and is capable of supporting the weight of the system and any attached peripherals/cables.

Connecting Peripheral Equipment

It is recommended that an AC isolation transformer is used if the system is to be used with any external peripheral that may have direct skin contact. It is also recommended that any external device that may have skin contact are individually certified for such use to avoid risk of injury.

Any AC powered peripheral device must be connected to a separate AC outlet suitable for use with the device as defined by the manufacturer's specification information. In addition, AC power strips or extension cables should not be used with this system.

Ambient Temperature Guidelines

- Operating temperature: 5°C –35°C (ambient temperature)
- Operating humidity: 20%–80% (RH)
- Non-operating temperature: -20°C –60°C
- Non-operating humidity (non-condensing): 10%–90%

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Introduction

The MedView family of products from Iron Bow Healthcare Solutions consists of purpose-built telehealth devices that integrate with existing in-room equipment to enable the delivery of clinical healthcare from a distance. This user guide covers the assembly and installation of the Iron Bow MedView, part # MEDVIEW-C-30X-A01.

The MedView includes a video codec, a high definition video camera, built-in microphone, and complete audio sub-system including full duplex echo cancellation, amplifier and dual system loudspeakers.

The basic system functions of the MedView are designed to be fully automated with optional control devices being available for different workflows. These include a multi-function tethered remote controller, as well as a simple tethered remote volume control. A standard Cisco Touch 10 controller can also be connected to the MedView, if required.

This user guide covers the functionality and installation of the Iron Bow MedView



Figure 1. Iron Bow MedView System

You can find additional MedView resources and information about support and other related telehealth services at www.ironbowhealthcare.com.

System Description

The primary components of the MedView are shown below:

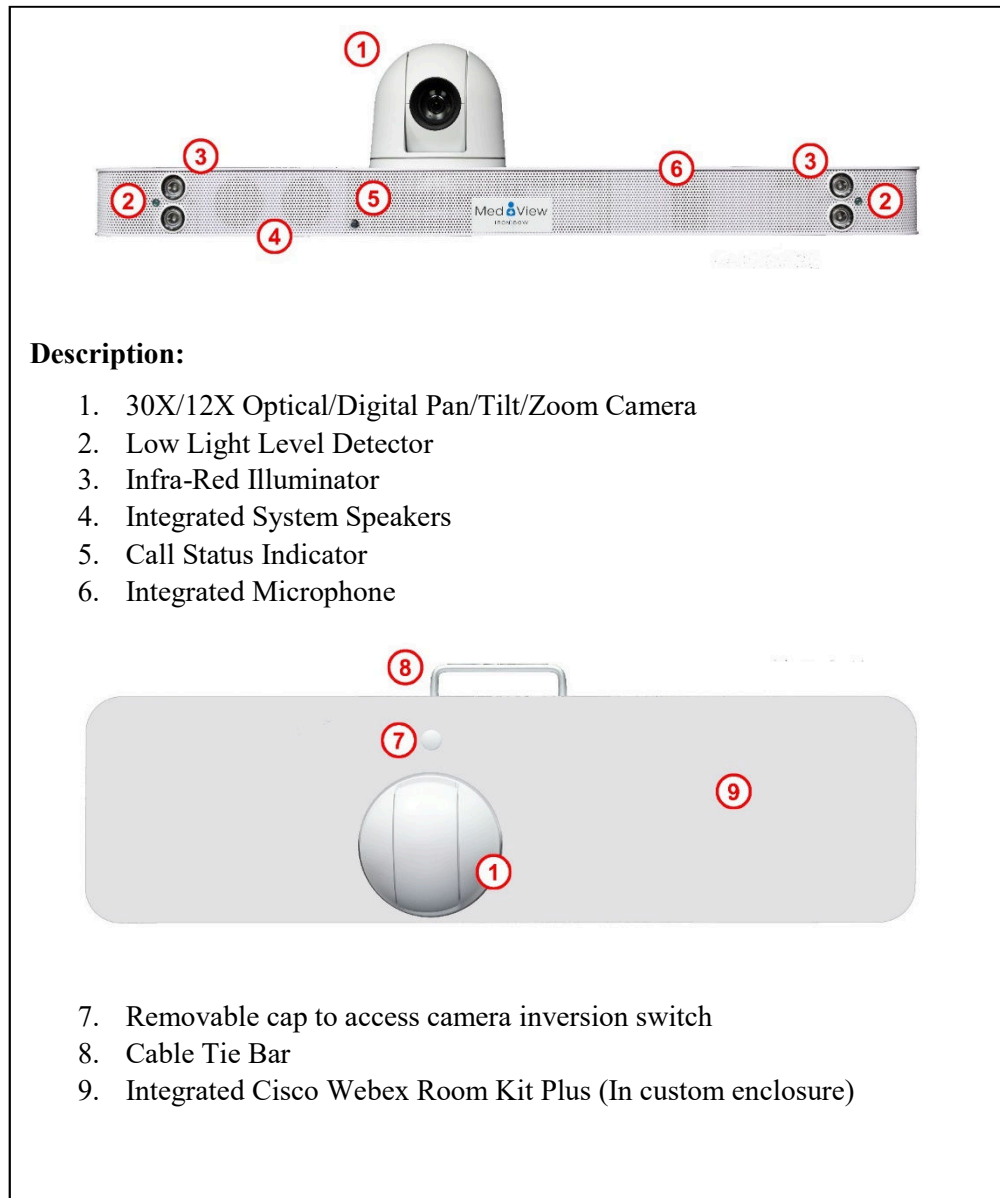


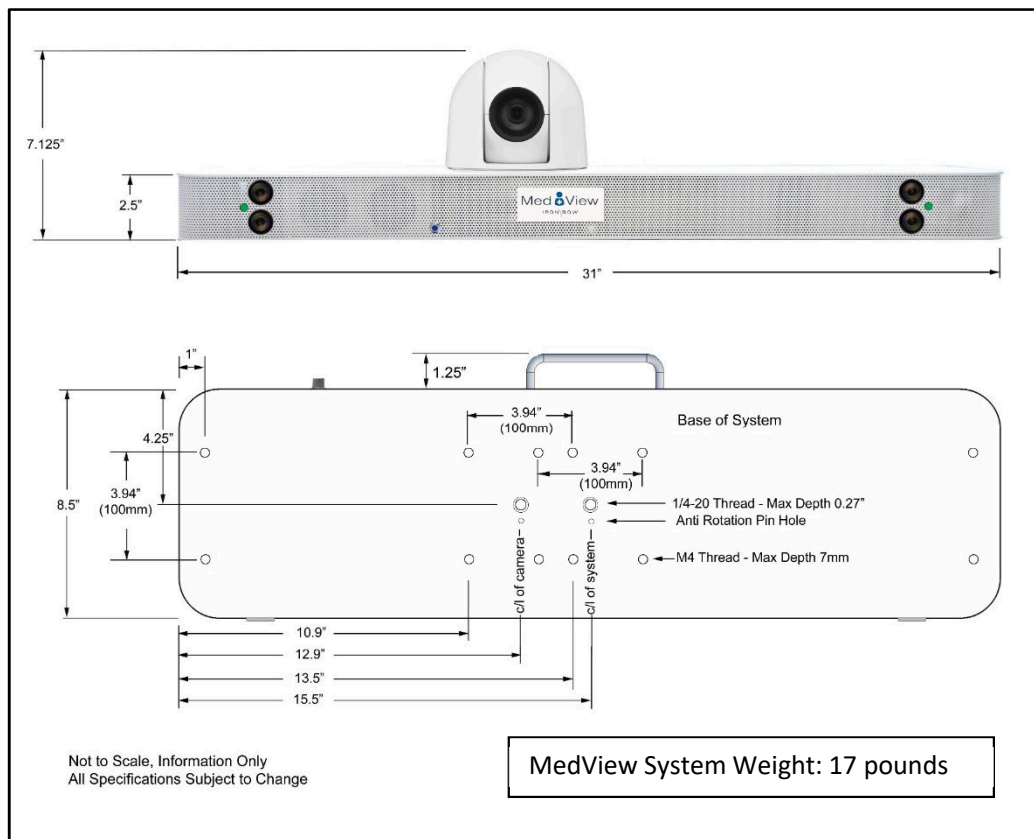
Figure 2. MedView system components

System Installation

The MedView system can be mounted above, or below, a display as well as wall or ceiling mounted. The diagram below shows the overall system dimensions plus the mounting hole pattern in the base of the system. The basic mounting arrangement utilizes standard 100mm x 100mm VESA compliant mounting holes, which are available in two locations near the middle of the MedView. The first set of mounting holes is centrally located (left to right) of the system, with a second set located directly below the camera.

These two mounting locations allow the system to be fitted directly above a monitor where, either the system can be central to the display, or the camera can be central to the display. In addition to the central VESA mounts, standard 1/4-20 mounting holes are also centrally available in two locations, as well as mounting holes at the extreme edges for custom mounting arrangements.

Figure 3. MedView System Dimensions



Please take careful note of the maximum thread depth available for the various mounting point on the base of the MedView.

Wall Mounting

The MedView flexible mounting arrangement allows a variety of commercially available ceiling and wall brackets to be used, as well as custom brackets available for Iron Bow, described below. In selecting a commercial bracket, it is strongly recommended a device that will support 20 pounds is used.



Figure 4. MedView attached to Commercial Wall Mounting Bracket

Inverted Operation

In order to mount the MedView in an inverted mode, it is necessary to electronically “Flip” the image from the camera. This is achieved by removing the cover on the top of the MedView, directly behind the camera head. Once the cover has been removed, the “Flip” switch is revealed below the chassis allowing the camera electronic orientation to be changed.

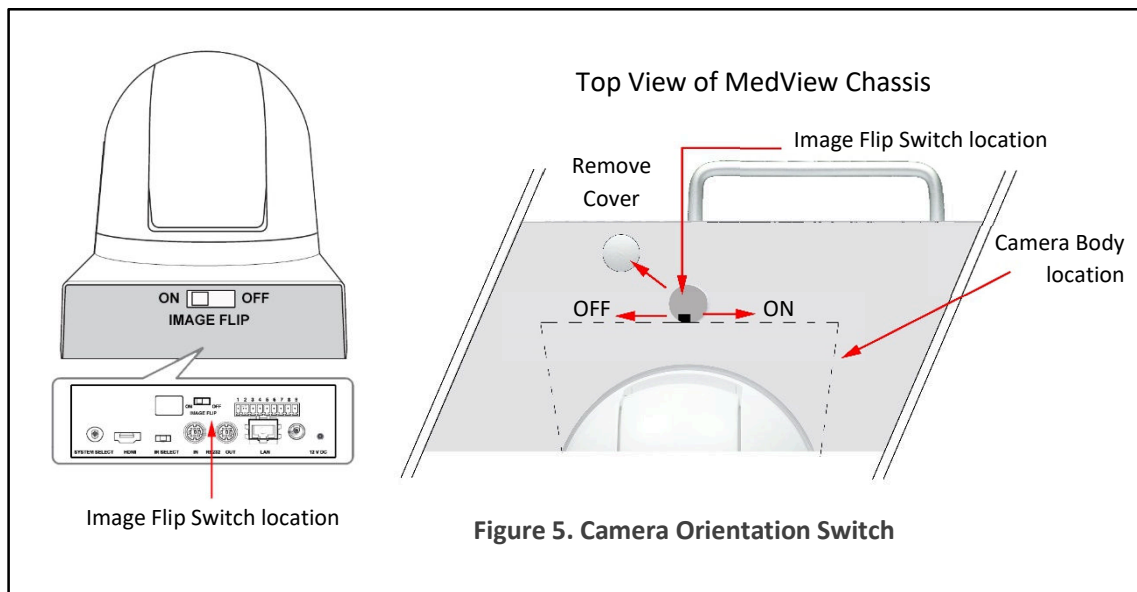


Figure 5. Camera Orientation Switch

Ceiling Mounting

Once the camera orientation has been electronically reversed, the system can now be ceiling mounted or above the room display in an alcove, or similar. Multiple ceiling or “flat” mounting brackets are commercially available that will mate with the VESA mounting holes in the base of the MedView. We highly recommend that the selected bracket should be suitable for holding a minimum of 20 pounds.



Figure 6. Typical MedView Ceiling Mount

Display Mounting

The MedView can be directly mounted to a display using the optional Iron Bow VESA mounting bracket kit, Part # MEDVIEW-C-BRKT300-A01. The mounting kit uses a flexible design which can be used with multiple standard VESA mounting patterns, including:

- 100 mm x 100 mm
- 100 mm x 200 mm
- 200 mm x 200 mm
- 200 mm x 300 mm
- 300 mm x 300 mm

The mounting bracket kit includes assembly hardware for mounting the Iron Bow MedView to the base 100 mm x 100 mm mounting bracket, plus hardware for attaching to the larger 200mm/300mm VESA adaptor plate.

Iron Bow MedView Mounting Bracket Kit, Part # MEDVIEW-C-BRKT300-A01

Qty	Description	System Attachment
1	Med View 100mm Base Mounting Bracket	Used for 100mm x 100mm VESA Mounts Only
1	Med View 200mm/300mm Adaptor Plate	Adapts 100mm bracket to 200mm/300mm
3	M4 x 8 Philips flat head screw	To mount MedView to mounting bracket
3	#10 washers	To mount MedView to mounting bracket
1	1/4-20 x 3/8" undercut flat head screw	To mount MedView to mounting bracket
3	10-32 x 1/2" Philips pan head screws	To attach 300mm adaptor to 100mm bracket



Figure 7. MedView Mounting Bracket Kit

An optional Universal Mounting Hardware Pack is available, containing a comprehensive set of screws, washers and spacers for attaching to the majority of commercially available displays.

Iron Bow Universal Mounting Hardware Pack, Part # MEDVIEW-HDWR-A01

Qty	Description
4	M4 x 12mm philips pan head screws
4	M4 x 30mm philips pan head screws
4	M5 x 12mm philips pan head screws
4	M5 x 30mm philips pan head screws
4	M6 x 16mm philips pan head screws
4	M6 x 20mm philips pan head screws
4	M6 x 30mm philips pan head screws
4	M8 x 16mm philips pan head screws
4	M8 x 20mm philips pan head screws
4	M8 x 25mm philips pan head screws
4	M8 x 30mm philips pan head screws
4	M8 x 35mm philips pan head screws
4	M8 x 40mm philips pan head screws
4	M8 x 45mm philips pan head screws
4	M8 x 50mm philips pan head screws
8	M4/M5 Washers
8	M6 Washers
4	M5/M6 (17mm) Spacers
8	M8 (2.5mm) spacers
4	M8 (10mm) spacers
4	M8 (22mm) Spacers

The MedView can be directly mounted to a display using the optional Iron Bow VESA mounting bracket kit, Part # MEDVIEW-C-BRKT300-A01. The combination of MedView and display can then be used in a tabletop configuration, or wall mounted, as required. The customer is responsible for ensuring that the maximum weight (MedView plus Monitor plus mounting brackets) can be supported by the existing wall mount.



Figure 8. MedView Mounted Above Display

Attaching MedView to Display Mounting Bracket

The 100mm x 100mm VESA mounting bracket, Figure 8. below, is designed to allow maximum adjustment of the location of the MedView when mounted on a display. The top plate of the mounting bracket, Figure 9. below, incorporates a series of attachment holes which line up with the threaded holes on the base of the MedView.



Figure 9. MedView 100mm Mounting Bracket

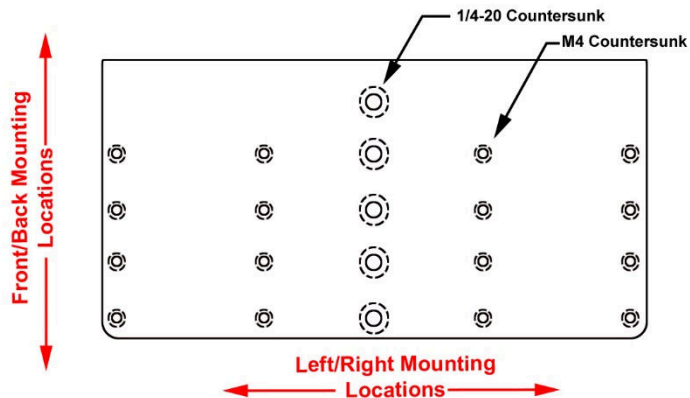


Figure 10. MedView Mounting Bracket Top Plate Access Holes

To attach the MedView to the top plate of the mounting bracket carefully place the MedView on a flat surface facing downwards being careful not to apply any pressure to the camera assembly.

The MedView is then attached to the top plate using the supplied three M4 bolts, plus one 1/4-20 bolt. When the MedView is attached to the top plate with the front of the system aligning with the front of the mounting plate, an access hole for a screwdriver is available to tighten the 1/4-20 bolt, as shown above.

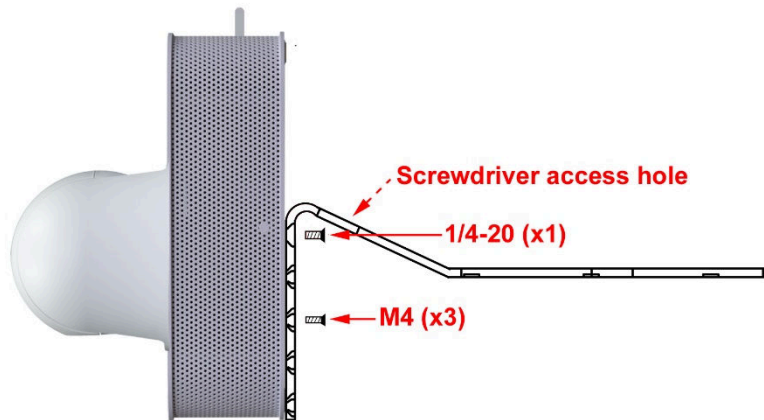


Figure 11. Attaching the MedView to the Mounting Bracket

Depending upon where the front of the MedView is required in relationship to the front of the display, the system can be attached at one of five different locations on the top mounting plate. Figure 9. Above, shows the various front to rear attachment locations on the top plate which align with the attachment holes in the base of the MedView system.

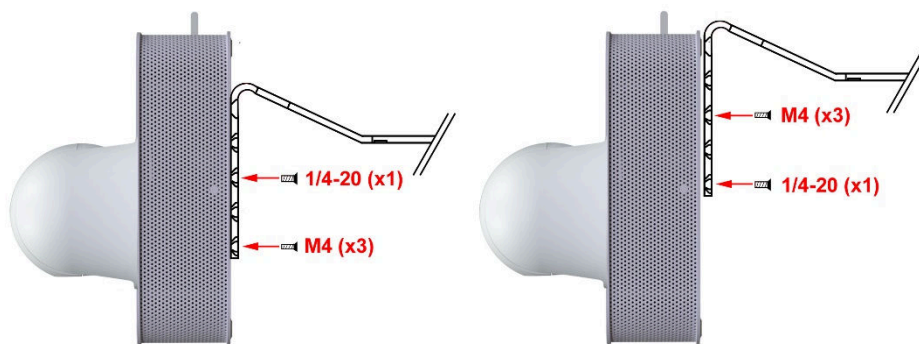


Figure 12. Alternate mounting plate attachment locations

Figure 11. shows the central and rear positions when the MedView is attached to the mounting plate. It can be seen that different locations and combinations of the M4 and 1/4-20 bolts are used dependent on the selected front to rear attachment points.

The front to rear adjustments are available to suit the best physical location for the device in relationship to the rear access for cabling, as well as to meet the aesthetic requirements of the installation.

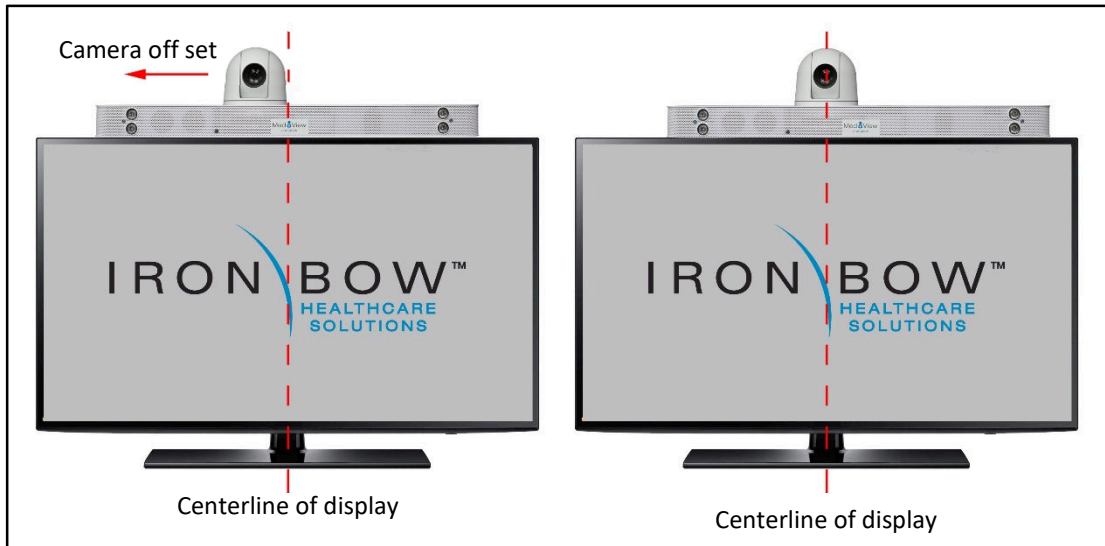


Figure 13. Center Line attachment Location

In addition to the front to rear attachment locations, the MedView can be mounted in one of two left/right locations above the display, as shown in Figure 12. The camera can be mounted central to the screen to give an optimal view at the remote location of the room. The alternate location of the MedView system being central to the screen gives a more balanced look to the system which may be more aesthetically pleasing.

The offset or central locations are available by using the left/right mounting holes available on the top plate, shown in Figure 9. above, in conjunction with the alternate attachment points on the base of the MedView system, shown in Figure 3.

It is recommended that prior to selecting a final location for the MedView, bench testing is undertaken.

Attaching MedView Mounting Bracket to Display

Once the MedView has been attached to the mounting bracket in the required location, it can be attached to the display. The bracket is designed to sandwich between the VESA mount on the display and the VESA wall bracket as shown in Figure 14. In the event that the display is being used on a table stand, or similar, the MedView bracket can simply be attached directly to the VESA mount on the rear of the display.

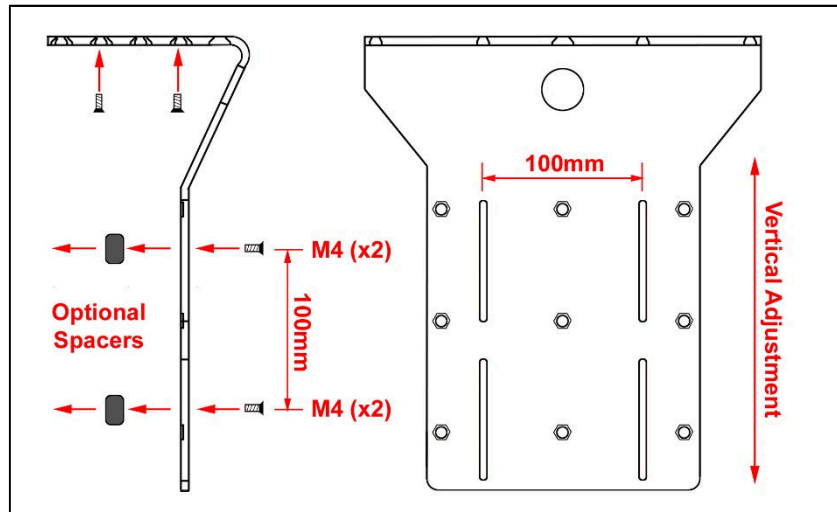


Figure 14. MedView Mounting Bracket Height Adjustment

As the actual vertical location of the VESA mount on the rear of the display will vary based on the size of the display and the manufacturer, the MedView mounting bracket incorporates a series of slots to allow vertical adjustment such that the MedView can rest on the top of the display. In addition, depending on the physical shape of the display, it may be necessary to insert spacers between the MedView bracket and the display mounting locations.

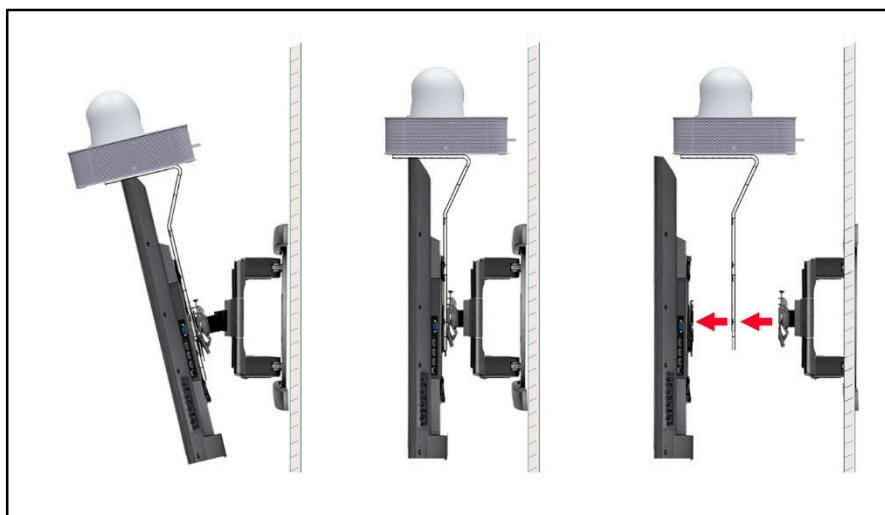


Figure 15. Mounting MedView to Display VESA Mount

Attaching MedView to Larger Displays

To mount the MedView to a display which uses a larger VESA mounting pattern than 100mm x 100mm, the 200mm/300mm adaptor plate is needed. The mounting kit includes both the standard 100mm VESA mounting bracket plus the adaptor bracket for larger mounting patterns.



Figure 16. MedView Adaptor Plate

The base 100mm x 100mm bracket is mounted to the MedView as described in the previous section. The included adaptor plate is attached to the standard 100mm x 100mm bracket to allow for larger VESA mount displays.

The standard mounting kit includes all of the necessary mounting hardware to attach the adaptor bracket, shown in Figure.11, to the standard bracket. The optional Iron Bow Universal Mounting Hardware Pack, Part # MEDVIEW-HDWR-A01 incorporates multiple screws, washers and spacers to mount the adaptor plate to the majority of commercially available displays

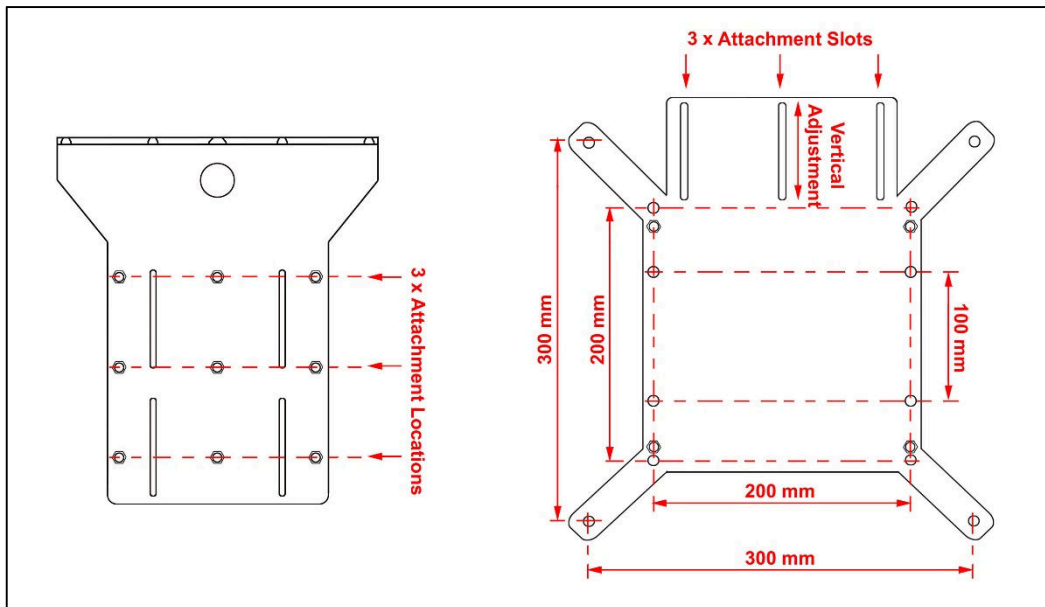


Figure 17. MedView Mounting Bracket and Adaptor Plate Layouts

Assembling the 200mm/300mm MedView Mounting Bracket

To attach the adaptor bracket to the base bracket, line up the three slots in adaptor plate with one of the sets of three attachment holes in the mounting plate using the provided bolts. As shown in Figure 12, there are three different sets of mounting holes in the base mount where the adaptor plate can be attached. As the adaptor incorporates a series of slots, fine height adjustment is available to allow the MedView to sit flat on top of the display.

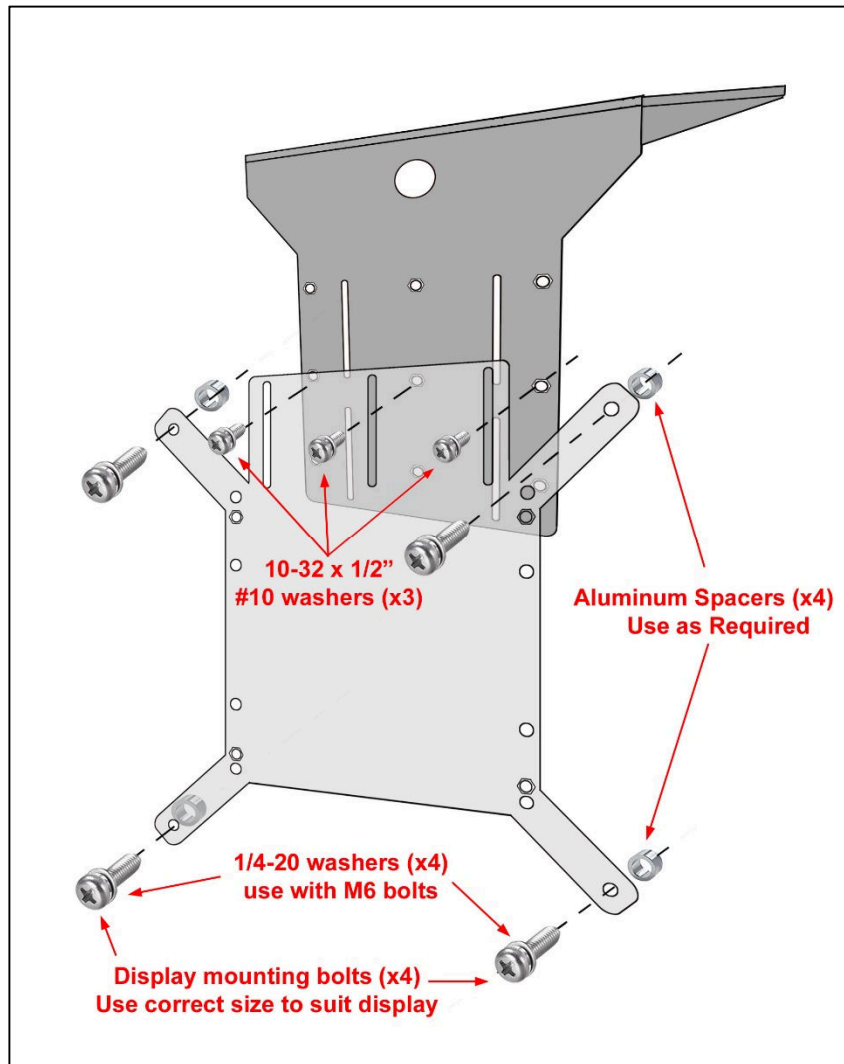


Figure 18. Assembling the 200mm/300mm Mounting Bracket

Once the best location for attaching the adaptor plate to the standard bracket has been determined to match the display height, the combined assembly is mounted either directly to the display if it is desktop mounted, or sandwiched between the wall mounting bracket and display, as shown in Figure 10, above.

Depending on the physical size and shape of the display, it may be necessary to insert spacers between the MedView bracket and the display mounting locations. The MedView adaptor plate is supplied with a variety of different size bolts and spacers which will cover the majority of installation needs.

The customer is responsible for ensuring that the maximum weight (MedView plus Monitor plus brackets) can be supported by the existing wall mount.

- MedView System Weight (without cables): 17 Pounds
- Base 100mm x 100mm Mounting Bracket: 2.4 Pounds

Please refer to Appendix 5 and 6 for detailed dimensional information on the MedView Mounting Brackets.

System Connections

The MedView incorporates multiple ports on the rear of the chassis for connecting to power, network and system signal inputs/outputs. Please note ports and controls are designated for engineering usage. The USB 2 Port is designated for optional Iron Bow peripherals and should only be used with the appropriate equipment connected. Refer to accessories for connection details.

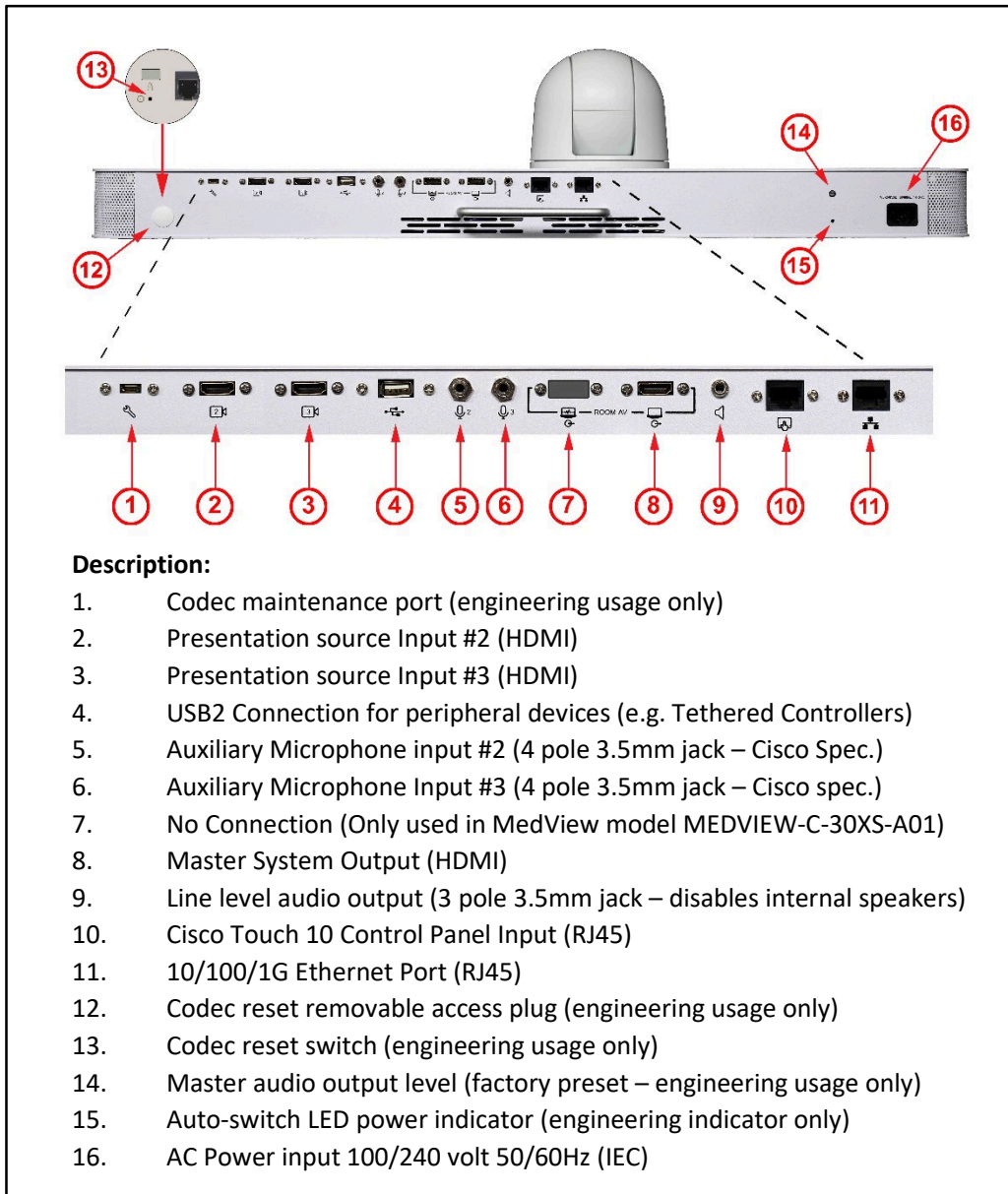


Figure 19. MedView System Connections

System Configuration

Codec Configuration

The MedView incorporates a Cisco Room Kit codec plus and for instruction how to manage the codec system settings please refer to the *Cisco Webex Codec plus Administrator Guide*:

<https://www.cisco.com/c/en/us/support/collaboration-endpoints/spark-room-kit-series/products-maintenance-guides-list.html>

NOTE: If you are managing the Cisco Webex Room Kit Plus Codec integrated into the CLINiC using Cisco Unified Communications Manager (CallManager) or TelePresence Management Suite (TMS), please ensure that the template used for the codec has the **Serial Port Login Required** set to **Disabled**.

Getting Started

Connect any required peripherals to the appropriate port(s) of the MedView before connecting to AC power.

Powering On the MedView:

- Connect the MedView to AC power. This will automatically power on the codec, camera and all electronics of the system which takes approximately 2 minutes.
- During the power up phase the camera will go through an initialization routine where it will move to the left/right and will stop at the last location it was used.
- When the system has fully powered the camera will move to a pre-defined privacy location and an image is displayed on the screen
- If it is necessary to confirm the system has been fully powered there are two LED's behind the front grill which will be illuminated, as shown in Figure 23.



Figure 20 – Internal LED Indicators

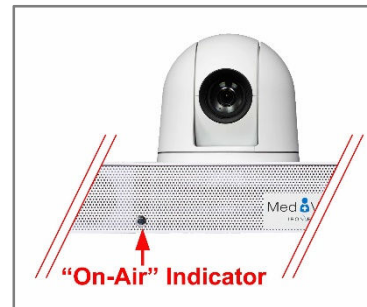
MedView Standby Mode

The system has been pre-configured to go into standby mode after a call is dropped, and the camera will also move to the privacy position. The standby delay value can be changed using the web interface of the codec (see *Error! Reference source not found.* under *MedView Administration*).

Waking Up the MedView

- The factory preset default condition of the MedView is that it is always awake. An image will only be displayed on the screen when a call is made/received.
- When a call is active the “On-Air” indicator will illuminate

Figure 21 – “On-Air” Indicator



Powering Off the MedView

Powering off the MedView is typically unnecessary. Most video endpoints remain connected to the network and in stand-by mode until a call is placed or received. If you need to move the MedView to a different location, simply disconnect and re-connect the AC power, as needed.

Handling the MedView

Care should be taken when handling the MedView if it is moved to a different location, mounted on a mobile cart as well as when cleaning. If the camera is manually moved when the system is powered, it is no longer aware where it is pointing. This creates a fault condition where the camera will not move correctly, or at all, when being controlled from the local or far end, as well as returning to its standard or privacy position.

Figure 22 – Camera Fault Condition Indicator



Confirmation of this fault condition can be seen by an amber flashing light behind the front grill of the system, as shown in Figure 25 above. This fault condition can be easily rectified by re-booting the system; remove the AC Power, wait five seconds and then re-connecting the system to the AC power outlet.

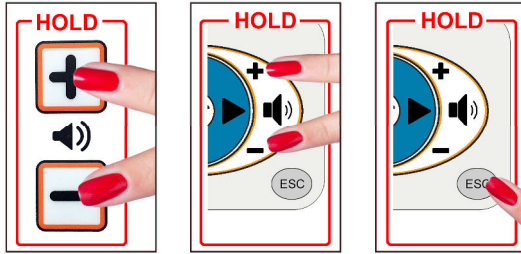


Figure 23 – Resetting the Camera

If the system has an optional Iron Bow tethered remote, the fault condition can be cleared by pressing and holding the Volume Up and Down buttons simultaneously for 5 seconds, or pressing the ESC Key for 5 seconds. The camera will then go through a short reset routine and resume normal pan/tilt operation.

MedView Administration

You can modify the default functions of the MedView codec by logging in as an administrator to the codec web interface and performing the desired changes.

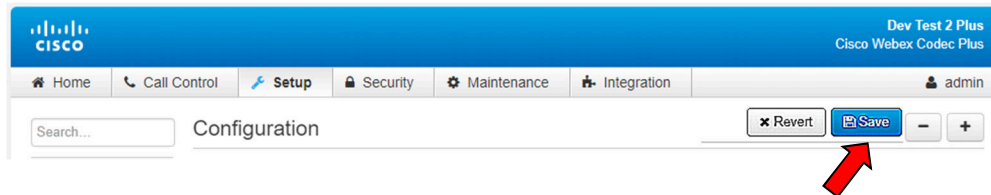
For the complete set of instructions, please refer to the *Cisco Webex Codec plus Administrator Guide*:

<https://www.cisco.com/c/en/us/support/collaboration-endpoints/spark-room-kit-series/products-maintenance-guides-list.html>

Accessing the Codec Web Interface

To access the web interface:

1. In your web browser address line, enter the system IP address, for example, `http://10.11.12.13`.
2. Enter the Admin ID as the user name (default is: `admin`), and enter the Admin Remote Access Password, if one is set.
3. The Admin screen can now be used to navigate through the menus to the required location to change a setting, as outlined in the following pages.
4. It is important that after any changes to the configuration are made these are saved using the **SAVE** button in the top right hand corner



Changing Standby Settings

The default system configuration goes into standby mode after 1 minute with no activity. You can change this setting to disable standby mode or change the delay after which the system goes into standby.

To change standby settings, navigate to **Setup>System Configuration>Standby**.

To disable stand-by mode: Set **Standby Control** to **Off**. ①

To enable stand-by mode: Set **Standby Control** to **On** and set a Standby delay time

Set Standby Delay: Input the required number of minutes between 1 and 480. ②

Save Configuration changes: Select **Save** ③

The screenshot shows the Cisco Webex Codec Plus configuration interface. The top navigation bar includes Home, Call Control, Setup, Security, Maintenance, and Integration. The left sidebar lists various configuration categories, with 'Standby' highlighted. The main content area is titled 'Configuration' and contains two sections: 'Standby' and 'Signage'. In the 'Standby' section, the 'Control' dropdown is set to 'On' (marked with ①) and the 'Delay' text input is set to '1' (marked with ②). The 'Delay' field has a range of '(1 to 480)'. Other settings in the 'Standby' section include 'BootAction' (None), 'StandbyAction' (None), 'WakeupAction' (None), and 'WakeupOnMotionDetection' (Off). In the 'Signage' section, 'Audio' and 'Mode' are set to 'Off', 'RefreshInterval' is '0' (range 0 to 1440), and 'Url' is empty (range 0 to 2000 characters). At the top right of the configuration area, there are buttons for 'Revert' and 'Save' (marked with ③).

Change Conference Settings - Optional Tethered Remote Only

The default setting is set for the MedView to auto answer incoming calls. This can be changed to manual answering using the connect button on the system control panel



To change conference call settings, navigate to Setup>Configuration>Conference.

To Disable Auto Answering of Incoming Calls: Set AutoAnswer Mode to Off.

①

To Enable Auto Answering of Incoming Calls: Set AutoAnswer Mode to On.

Save Configuration changes: Select Save


②

The screenshot displays the Cisco Webex Configuration interface. The top navigation bar includes Home, Call Control, Setup, Security, Maintenance, and Integration. The left sidebar lists various configuration categories, with 'Conference' selected. The main content area is titled 'Configuration' and contains a 'Conference' section. This section includes a list of settings with their current values and ranges. The 'AutoAnswer' section is expanded, showing 'Delay' set to 8, 'Mode' set to 'On', and 'Mute' set to 'Off'. A red circle with the number '1' highlights the 'On' mode selection. Another red circle with the number '2' highlights the 'Save' button in the top right corner of the configuration area.

Setting	Value	Range
ActiveControl Mode	Auto	
CallProtocolIPStack	Dual	
DoNotDisturb DefaultTimeout	60	(1 to 1440)
Encryption Mode	BestEffort	
FarendMessage Mode	Off	
IncomingMultisiteCall Mode	Allow	
MaxReceiveCallRate	1536	(64 to 6000)
MaxTotalReceiveCallRate	6000	(64 to 6000)
MaxTotalTransmitCallRate	6000	(64 to 6000)
MaxTransmitCallRate	1536	(64 to 6000)
MicUnmuteOnDisconnect Mode	On	
Multipoint Mode	Auto	
MultiStream Mode	Off	
VideoBandwidth Mode	Dynamic	

Setting	Value	Range
Delay	8	(0 to 50)
Mode	On	
Mute	Off	

System Auto-Dial - Optional Tethered Remote Only

A single contact can be auto-dialed from the MedView using the connect  key

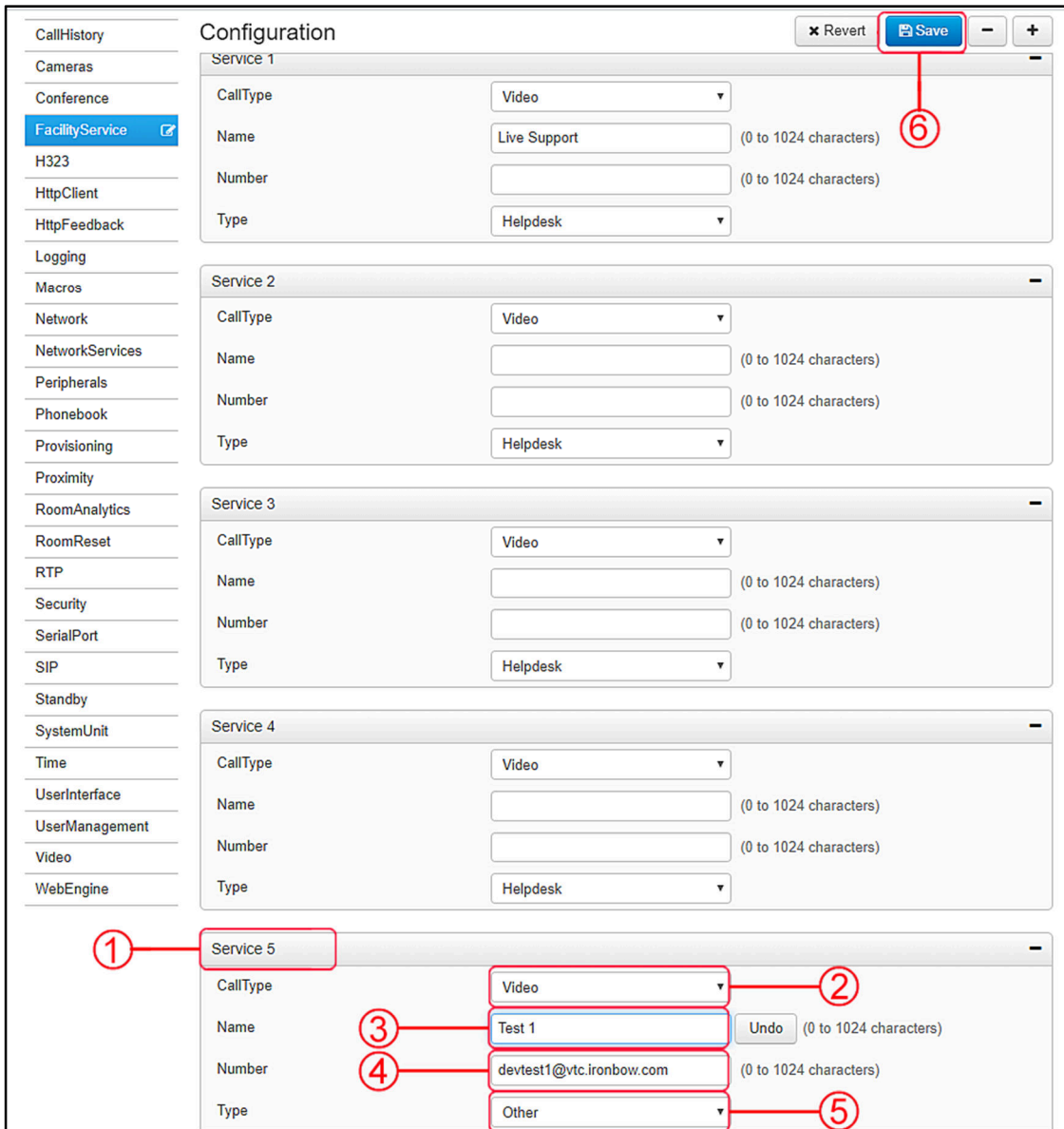
To add an auto-dial contact, navigate to Setup>Configuration>Facility/Service.

Locate Service 5 and select Call Type: Video ① + ②

Input a identifying User name and associated URL ③ + ④

Select Type: Other ⑤

Select: Save ⑥

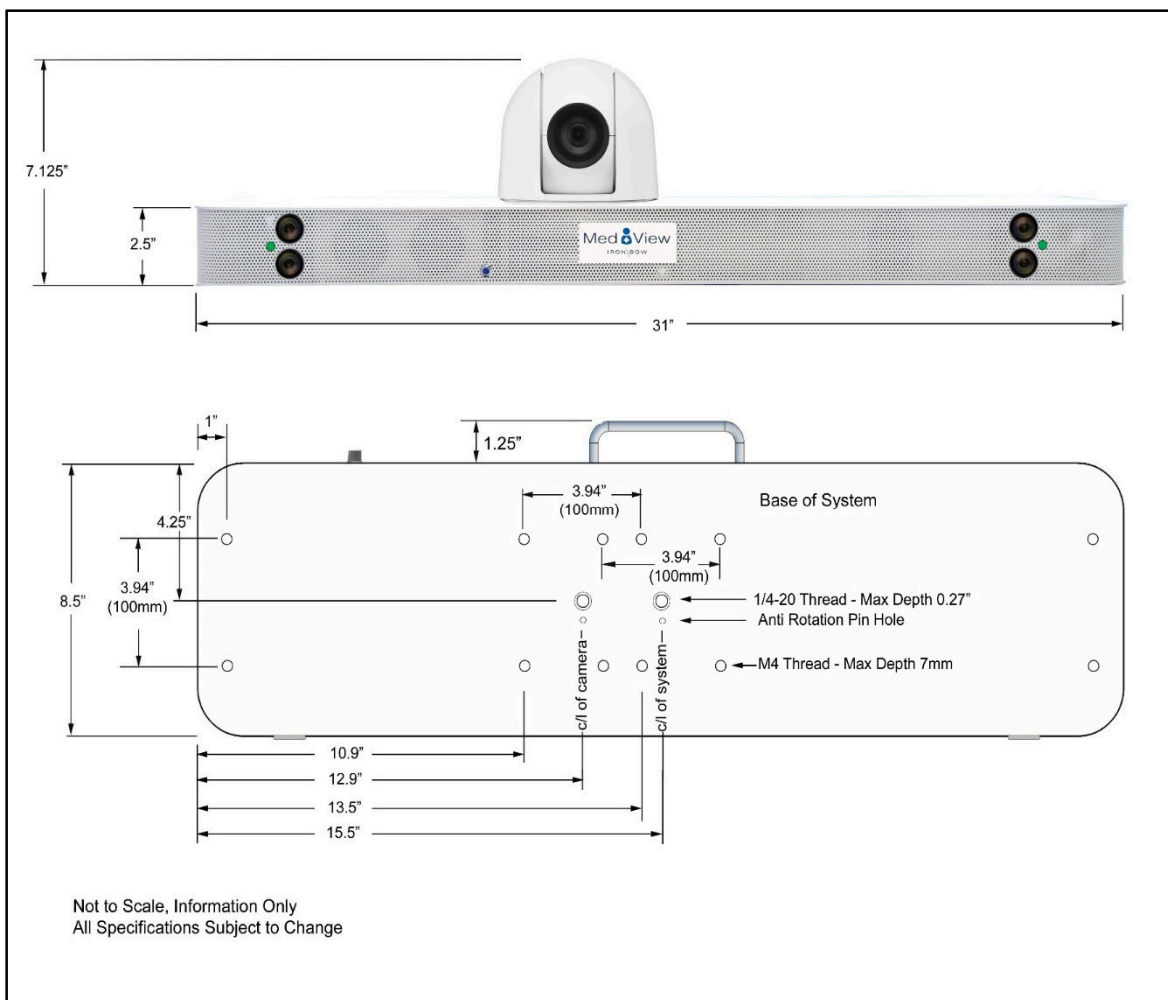


The screenshot shows the 'Configuration' window with a sidebar on the left containing various system settings. The 'FacilityService' option is selected. The main area displays configuration for five services. Service 5 is highlighted with a red box and a red circle ①. Within Service 5's configuration, the 'CallType' dropdown is set to 'Video' (circled ②), the 'Name' field contains 'Test 1' (circled ③), the 'Number' field contains 'devtest1@vtc.ironbow.com' (circled ④), and the 'Type' dropdown is set to 'Other' (circled ⑤). A red box and red circle ⑥ point to the 'Save' button in the top right corner of the configuration area.

Service	CallType	Name	Number	Type
Service 1	Video	Live Support		Helpdesk
Service 2	Video			Helpdesk
Service 3	Video			Helpdesk
Service 4	Video			Helpdesk
Service 5	Video	Test 1	devtest1@vtc.ironbow.com	Other

Appendix.1. Physical & Electrical Specifications

Dimensions	
	<ul style="list-style-type: none"> • 31" Wide • 7.125" High (Includes camera) • 8.5" Deep (Chassis only – Excludes cable tie bar adds 1.25")
Weight	
	17 lbs. (Excluding external cabling and mounting brackets)
Mounting	
	Multiple base mounting points (see below) Compatible with 100mm x 100mm VESA mounts (refer to System Installation section of this manual)
Electrical	
	Integrated auto sensing power supply 00-240V~50/60Hz, 1.4A – .07A



Appendix.2. – Tethered Remote Volume Control

The MedView is often used in an environment where it is wall mounted above a display and is set to auto answer an incoming call. In this configuration, there may be a requirement for the volume level of the system to be adjusted within the room.

The Tethered Remote Volume control has a volume up and down button, which when pressed, raises or lowers the volume until the button is released. A volume indicator bar is displayed on the top right hand side of the screen showing the volume level when either of the + or – keys are being pressed.

As the Volume control is tethered and uses a Tactile Membrane panel, it does not require batteries, is not easily lost or misplaced and can easily be cleaned.



Figure 24 – Tethered Volume Control

Connecting Tethered Remote Volume Control to MedView System

The Tethered Remote Volume Control is connected to the USB 2 port on the rear of the MedView system, as shown in Figure 28.

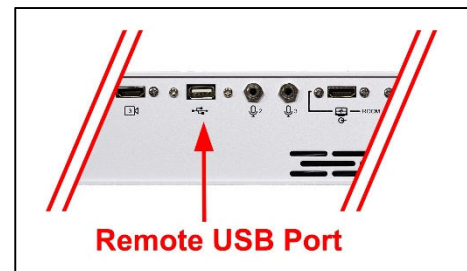


Figure 25 – Connecting the Tethered Remote Volume Control

Camera Reset Function

In locations where the MedView system is mounted at high level when the system is being cleaned, it is possible that the camera can be jolted out of position such that it is not aware of where it is pointing. In this event, the camera can be reset by selecting and Holding both the Volume + and Volume – buttons simultaneously for 5 seconds. The camera will then go through a short reset routine and resume normal pan/tilt operation.

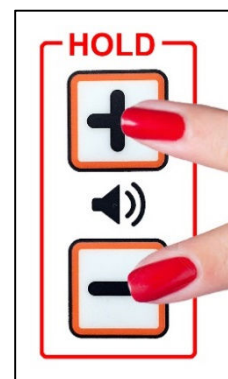


Figure 26 – Camera Reset

Appendix. 3. – Tethered Remote Control

As an option for the MedView, a tethered remote control is available that can be used within the room for controlling basic system functions, as outlined below. The tethered remote control is fitted with a coiled cable which is a nominal 28” in length when fully closed and can expand to approximately 60” when fully extended.

As the Tethered Remote Controller is tethered and uses a Tactile Membrane panel, it does not require batteries, is not easily lost or misplaced and can easily be cleaned.



Figure 27 – Tethered Remote Controller System

The Tethered Remote Controller is supplied as standard with a wall mounting holder. The dimensions of the wall mounting holder are shown in Figure 31.

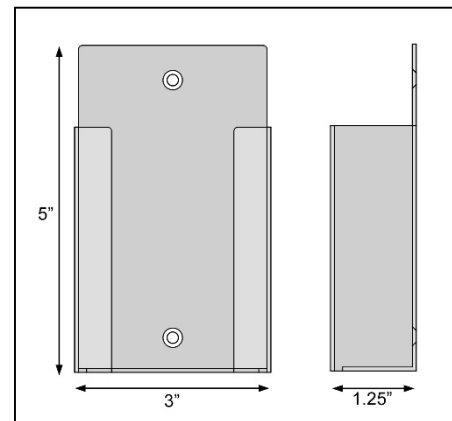


Figure 28 – Tethered Remote Controller Holder

Control Panel Functions

The MedView Tethered Remote control panel buttons functions are described below:

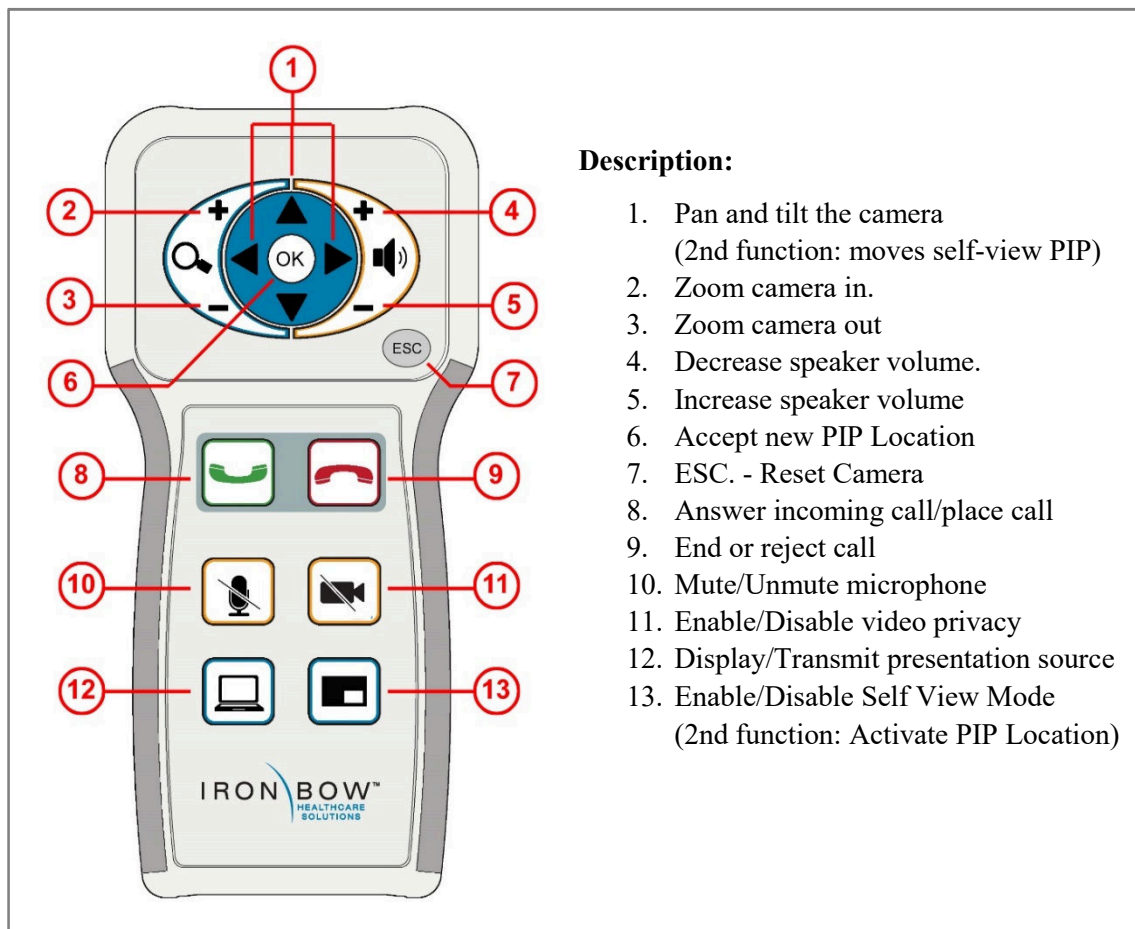


Figure 29 – Tethered Remote Control Functions

Connecting Tethered Remote Control to MedView System

The Tethered Remote Control is connected to the USB 2 port on the rear of the MedView system as shown in Figure 31. Ensure the Control Panel is connected before powering the MedView system.

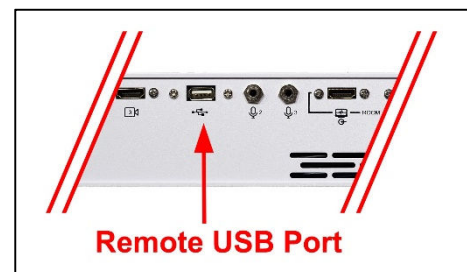


Figure 30 – Connecting the Tethered Remote Control

Managing Calls

This section describes how to manage calls by using the Tethered Remote Control. For instructions on how to manage calls using the optional Cisco Touch 10 Control Panel, please refer to the *Cisco Webex Codec User Guide*:

<https://www.cisco.com/c/dam/en/us/td/docs/telepresence/endpoint/ce98/touch10-sx10-sx20-sx80-mx200g2-mx300g2-mx700-mx800-room-kit-user-guide-ce98.pdf>

NOTE: If you are managing the Cisco Webex Room Kit Plus Codec integrated into the CLINiC using Cisco Unified Communications Manager (CallManager) or TelePresence Management Suite (TMS), please ensure that the template used for the codec has the **Serial Port Login Required** set to **Disabled**.

Answering a Call

The default behavior of the MedView is to answer all incoming calls automatically.

This behavior can be changed from the web interface to the codec (see *Change Conference Settings* under *MedView Administration*).



The **Connect** control is used to make a call and accept an incoming call. You may place a call to a pre-defined address. Before you can place a call to an address, it must be added in the codec as a favorite contact, see

under *MedView Administration*. If the system is not in auto-answer, the connect



The **Hang Up** control is used to end a call. If the system is not in auto answer mode, then the Hang Up control can be used to reject an incoming call from a remote site.

Managing Video Settings

This section describes how to manage video settings by using the Tethered Remote Control. For instructions on how to manage video settings please refer to the *Cisco Webex Codec plus Administrator Guide*:

<https://www.cisco.com/c/en/us/support/collaboration-endpoints/spark-room-kit-series/products-maintenance-guides-list.html>

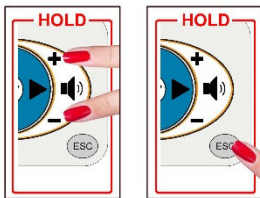
Enabling and Disabling Video Privacy Mode



Video Privacy selection stops the image from the system main camera being transmission. Video from a connected PC, medical video device, or other video peripheral will still be shown to local and remote participants.

System Camera Reset Function

Care should be taken when handling the MedView if it is moved to a different location, mounted on a mobile cart as well as when cleaning. If the camera is manually moved when the system is powered, it is no longer aware where it is pointing. This creates a fault condition where the camera will not move correctly, or at all, when being controlled from the local or far end, as well as returning to its standard or privacy position



The fault condition can be cleared by pressing and holding the Volume Up and Down buttons simultaneously for 5 seconds, or pressing the ESC Key for 5 seconds. The camera will then go through a short reset routine and resume normal pan/tilt operation.

Main Camera Pan/Tilt and Zoom Functions



The Arrow keys control the MedView system camera up, down, left and right movement



The MedView system camera zoom in and out functions are controlled by the + and - signs

Enabling and Disabling Self-View Mode



Self -View selection brings up a small window on the main screen showing the image being transmitted from the main system camera. A second selection removes the self-view window.

Self-View Mode Image Location “PIP Location Mode”



Pressing and holding the **Self -View** control for 5 seconds, then releasing, activates the PIP location mode which is indicated by an on screen message:
Use the arrows to move the pip, press the 'self view' button to exit



The arrow keys can now be used to move the self-view PIP to the required location on the screen.



Selection of the “OK” key will confirm the required location and deactivate PIP location mode. The PIP will stay in the selected location every time self-view is activated.

Sharing Content from Connected Devices



Transmit PC sends the image from a PC or HDMI device connected to Presentation source Input #2, to the remote site. The presentation source will be sent as a second image in conjunction with the main system camera. The image will automatically be shown as a window on the main screen. A second selection will end the transmission.

If the HDMI Source signal has embedded audio, this will be transmitted along with the video signal to the remote location(s), and will also be heard on the MedView system speakers. (NOTE: Presentation source Input #3 cannot be selected from the Tethered Remote Control)

Managing Audio Settings

This section describes how to manage audio settings by using the integrated control panel. For instructions on how to manage audio settings, please refer to the *Cisco Webex Codec plus Administrator Guide*:

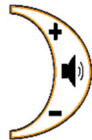
<https://www.cisco.com/c/en/us/support/collaboration-endpoints/spark-room-kit-series/products-maintenance-guides-list.html>

Enabling and Disabling Microphone Mute Mode



Microphone Mute selection stops the room audio from being transmitted to the remote site. A second selection resumes the room audio transmission. This function mutes both the integrated microphone and all optional auxiliary Cisco microphone, if connected.

Adjusting Speaker Volume



The volume functions are controlled by the + and – signs. A volume indicator bar is displayed on the top right hand side of the screen indicating the volume level

Appendix.4. – Optional Ceiling Microphone

A Ceiling Microphone assembly is available as an option for the MedView, which has been designed to increase the audio pick up of a specific location within the room.

The complete assembly is normally ceiling mounted in a location that give an optimal pick up angle to maximize the audio captured by the internal microphone. Figure 35, below, outlines an ideal mounting location with a patient room. Please note, that the maximum cable length between the microphone assembly and the MedView system is 25 feet.

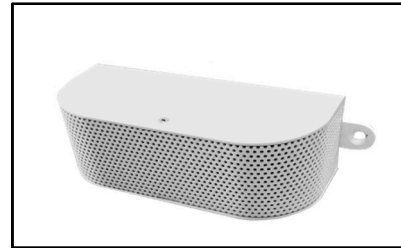


Figure 31 – Ceiling Microphone Assembly

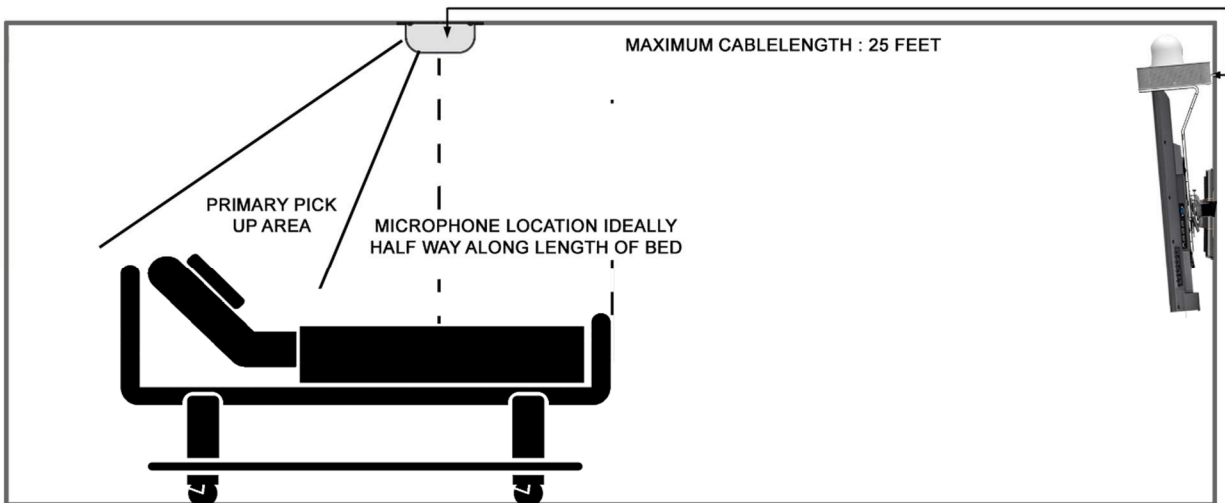


Figure 32 – Ceiling Microphone Mounting Location

The microphone assembly is supplied with a captive 25 feet cable, plus 2 x Drywall anchor (#8 x 15/8" nylon) and 2 x #8-3/4" sheet metal screws for mounting to the ceiling.

There are many alternate mounting arrangements that can be used as the microphone assembly has two mounting holes, one at either end, to allow for attaching to drop ceiling "T" bar with suitable clips, or hard wall mounting at ceiling level using an "L" shaped bracket. (T Bar clips, L brackets and similar mounting components are supplied by the client to suit their specific mounting requirements)

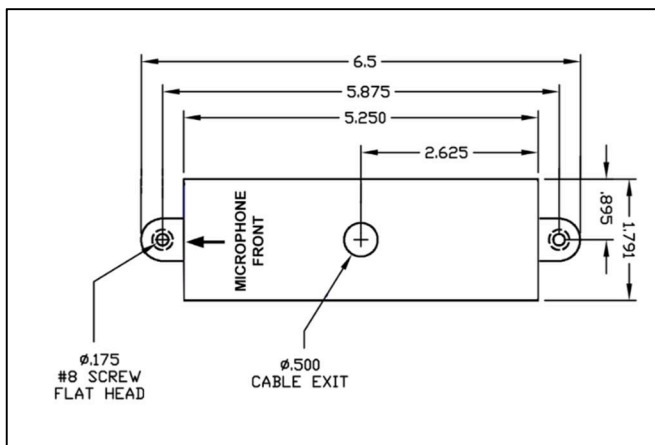
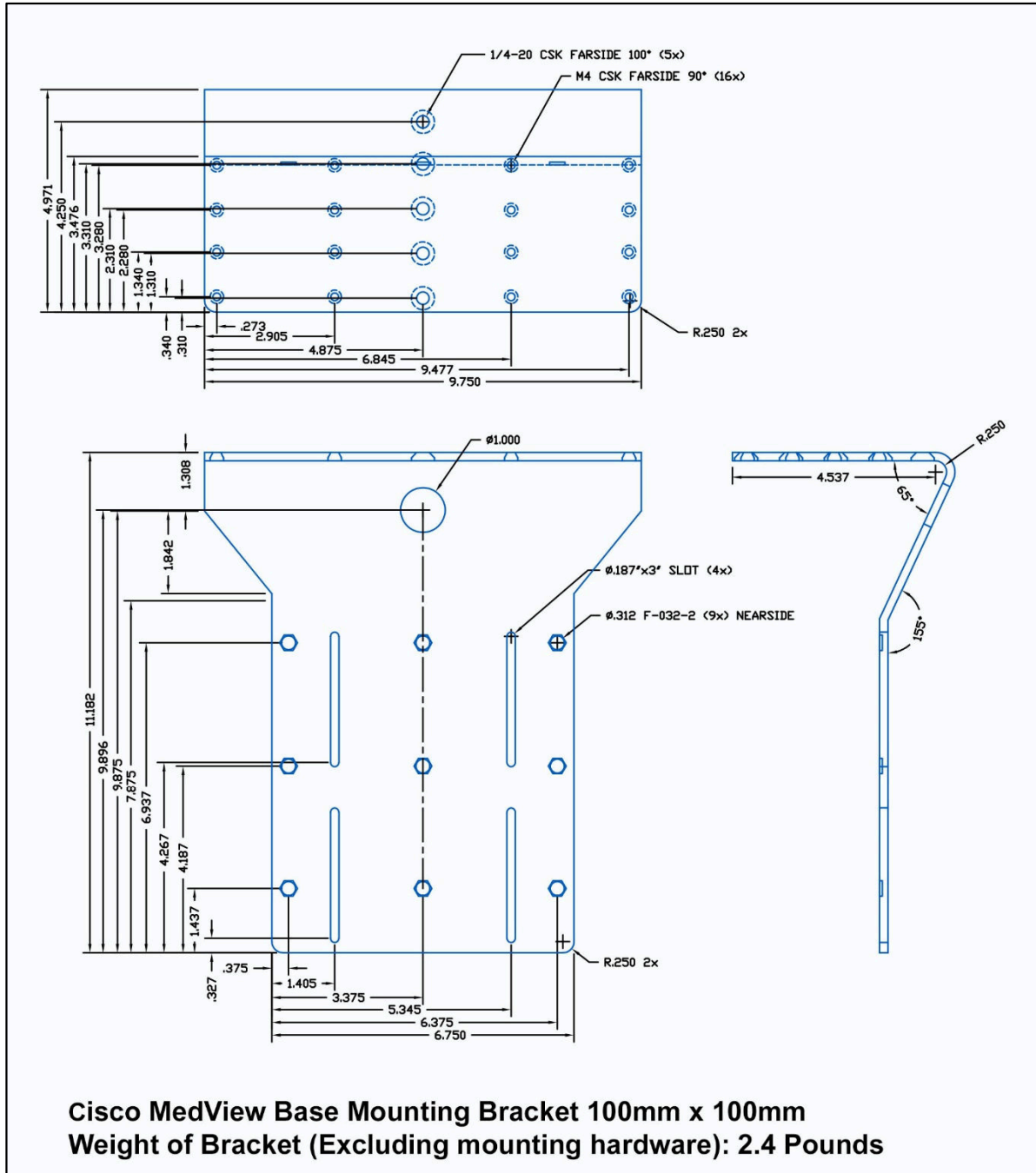
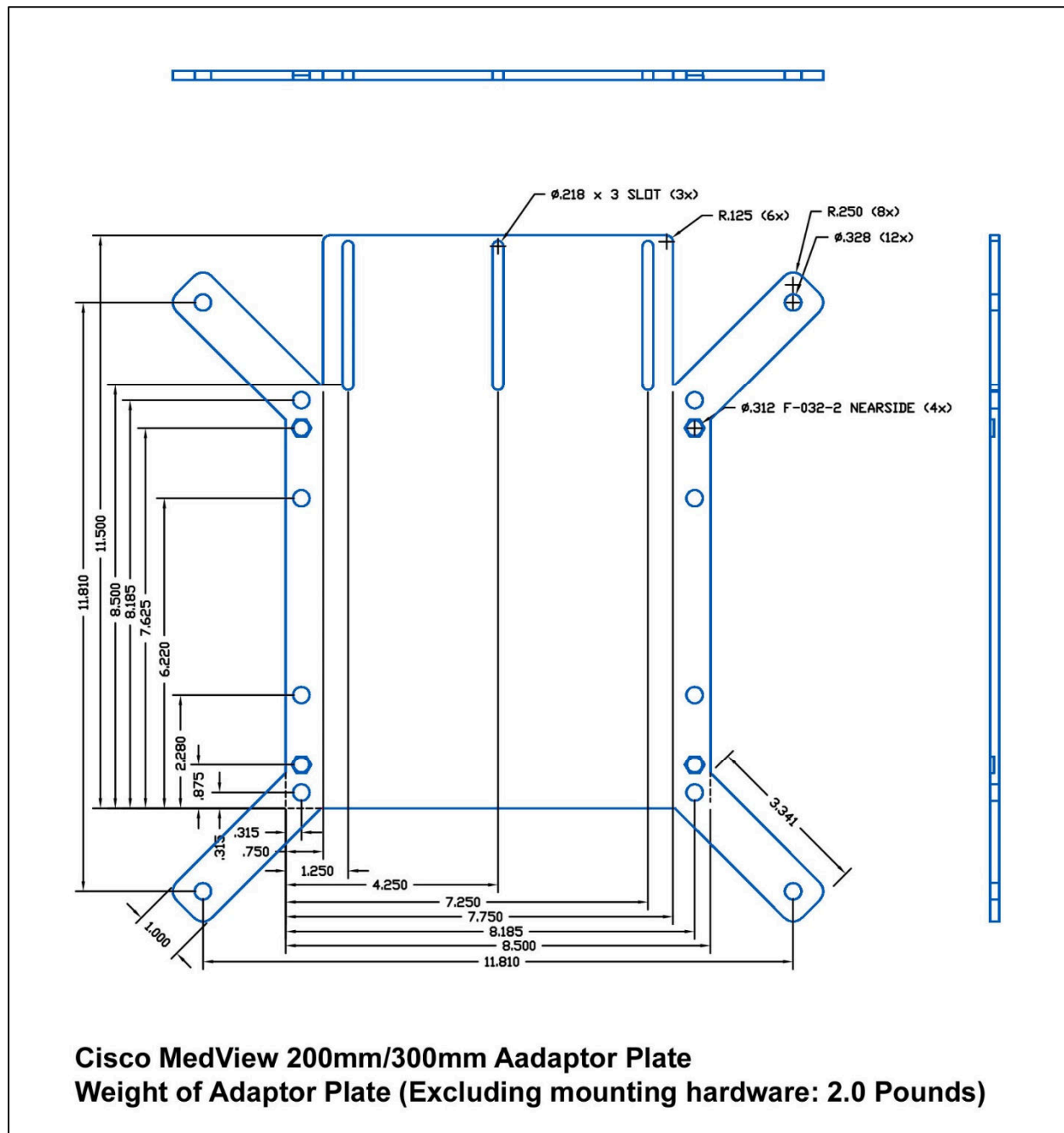


Figure 33 – Ceiling Microphone Mounting Dimensions

Appendix. 5. – Cisco MedView Base Mounting Bracket



Appendix. 6. – Cisco MedView 200mm/300m Adaptor Plate





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