

# Nursecall 800



*Nursecall 800 is a cost-effective call system designed primarily for use in nursing and residential homes. Two types of system are available - standard (for patient to nurse calls) and emergency (for patient to nurse and nurse to nurse calls).*

*Hard-wired for total reliability, calls can be made from a variety of devices including ceiling pulls, tail call leads, pressure pads and door monitoring points. All calls are indicated visually and audibly at a centrally located indicator panel and are reset at the room from which they were made via a button or magnetic key.*

- Tried, trusted and respected - part of C-TEC's popular 800 Series of Call Systems.
- Simple to use call facilities - one level on standard system, two levels on emergency.
- Attractive slimline metal indicator cabinet with wipe clean polycarbonate front. Discreet call points blend perfectly into any sort of decor.
- Easy to install - four core stranded security cable ideal for most applications.
- No limit to system size, indicator panels available in multiples of 10 zones.
- Button or magnetic key reset.
- Complete with stand-by battery charger and relay outputs for ancillary equipment.
- Optional datalogger remembers all calls.
- Optional pagers display full room details for nurses on the move.
- Wide range of ancillaries available including repeater panels, door monitoring points, overdoor lights, remote sounders, portable movement detectors and presence indicators.
- New infra-red call facility allows patients and staff to remotely trigger calls without having to visit a call point (requires optional infra-red call points, ceiling receivers and transmitters).
- Can also be used as a 'service call' system for hotels, supermarkets, directors boxes, etc.
- All components normally available ex-stock.



## PRODUCT OVERVIEW

Tried, tested and trusted by users and installers alike, Nursecall 800 is one of the longest-established call systems in the UK. Its popularity (over 8,000 systems are currently installed) can be attributed to its competitive price, ease of installation and uncompromising reliability.

## THE STANDARD SYSTEM

The standard system works as follows:

- (1) It allows residents to call for assistance by pressing the button on a wall call point, pulling the cord on a ceiling pull unit or operating the remote button on a tail call lead.
- (2) It confirms that a call has been made via a red confidence light on the call point or ceiling pull from which the call was made.
- (3) It informs staff that a call is on the system by illuminating overdoor lights (if fitted) and the relevant indicator window on the indicator panel(s). A sounder inside the panel also sounds continuously until the call is reset.
- (4) It ensures the caller is visited by a member of staff who must reset the call via a button (which is out of reach of the resident) or by using a magnetic key.

## THE EMERGENCY SYSTEM

The emergency system does exactly the same as above, **plus**:

- (1) It provides a sounder mute facility which can silence standard calls until another call is made.
- (2) It also allows staff to make an additional, distinct type of call for extra help. (When an 'emergency' call is activated - via a button or magnetic key - the call point's confidence light flashes, the panel indicator light flashes and a distinctive 'emergency' tone sounds. Any overdoor lights and area indicators on the system also pulse).

## WHICH SYSTEM SHOULD YOU CHOOSE?

Rules vary, but for residential homes the standard system is usually ideal as the authorities' main requirement is for the reset point to be within sight of the caller. With nursing homes, although the standard system is often satisfactory, some health authorities insist on the emergency facility. If in doubt, check with the relevant body before work commences.

## WHAT TYPE OF RESET & EMERGENCY ACTIVATION?

Magnetic keys prevent confused residents from cancelling or making emergency calls. Reset buttons may be preferred as there is no key to carry, but call points should be sited out of reach of residents.

## PLANNING A SYSTEM

Call points should be fitted in bedrooms, bathrooms, WCs, sitting rooms, etc. If necessary, several call points can be fitted in each room. Door monitoring points are advised for external doors, fire exits and, if required, drugs cupboards.

Where rooms are grouped around hallways we suggest panels are fitted centrally near the main staircase. Where rooms are on long corridors we recommended overdoor lights are fitted to save unnecessary walking to the master panel or repeater panel(s).

In large disjointed sites, area indicator lights can be fitted to show which direction calls are coming from and optional display pagers can be very cost effective (see 'paging' section for details). An optional datalogger can also be fitted for improved staff management.

## INSTALLING A SYSTEM

Wiring is simple and for most installations, four core stranded security cable is ideal as the system operates at 12 VDC and very low current. As a guide, four core cable from the nearest panel to each room will allow one spare core. Wiring between panels should allow for one core per zone plus about 20% spares.

**For further details please refer to our 'Guide to Nursecall 800' leaflet.**

## ANCILLARIES

Wall mounted accessories can be flush or surface mounted on shallow light switch boxes. Ceiling pulls mount on BESA centres.

- **Wall mounted call points** comprise a call button, confidence light, reset button or magnetic 'target' and a tail call socket.
- **Tail call leads** consist of a pear push and lead and connect to a call point via a right angled plug. A call is made by pressing the button. For safety reasons a call is also made if the lead is inadvertently removed from the socket.

- **Hand/foot operated pneumatic pads** are ideal for residents who find it difficult to press buttons. They must be used in conjunction with a remote airswitch which connects to a call point's remote socket.

- **Ceiling pulls** feature a length of cord, twin confidence lights and a large open sided triangular pull for ease of use by the infirm. They are reset via a reset point or wall call point.

- **Portable movement detectors** are simple to operate adjustable weight sensors which sit under the leg of a bed and connect directly to a call point's remote socket. A call is triggered when the bed is vacated, thus alerting staff to the prospect of a wandering patient.

- **Overdoor lights** use ultra-bright LEDs for long life and low current consumption. In addition to indicating the precise room from which a call has been made, they can also be used in conjunction with input expanders to provide area indication.

- **Remote sounders** use low current beepers with an insistent tone. Switched and unswitched versions are available.

- **Door monitoring points** have an (optional) isolation keyswitch, confidence light and reset 'target' or button and connect to magnetic contacts which fit to the door.

- **Call latch modules** allow any device with a switch output, such as a passive infra-red sensor, pressure mat, etc, to be connected to the system as if it were a call point.

- **Infra-red ceiling receivers and infra-red call points** can be used in conjunction with the NC312 range of **infra-red transmitters** to remotely trigger standard or emergency calls. Patients can use transmitters in shared bedrooms, TV lounges, etc, to remotely trigger standard calls whilst staff can use transmitters throughout a building to remotely trigger emergency calls on encountering disturbed patients, aggressive visitors and/or intruders.

- **Datalogging:** In a care environment, it is common for staff to be accused of not answering calls quickly enough. Unless a reliable source of evidence is available, it is difficult to support staff in this predicament. The solution is to install a Datalogger which not only records the time, location and type of call but also the time at which it was reset. This information can be printed via the datalogger's on-board printer.

- **Paging:** Two paging options are available – single channel ('tone-only') paging and 'alphanumeric' paging. Single channel paging operates a tone pager when a standard and/or emergency call is made. Alphanumeric paging can be provided in conjunction with a datalogger and gives a full description of the room calling together with the type of call.

## TECHNICAL SPECIFICATIONS & DIMENSIONS

Supply .....	240V AC
Operating Voltage .....	13.8 VDC normal
Quiescent Drain .....	10mA per panel
Battery (supplied with emergency system only) ....	12V 2.1 Ahr sealed lead acid
Standby Timer .....	24 hrs nominal up to 90 zones (depends on usage)
10, 20, 30 zone master/repeater panels .....	408 x 191 x 83mm
40, 50, 60 zone master/repeater panels .....	408 x 382 x 83mm
70, 80, 90 zones master/repeater panels .....	408 x 567 x 83mm
Call Points / Sounders .....	87 x 87 x 32 mm
Reset Points .....	87 x 87 x 13 mm
Ceiling Pulls .....	89mm diameter x 27mm deep
Overdoor Lights .....	87 x 87 x 64 mm

**NEW**

## MULTI-PURPOSE 1-8 ZONE INDICATOR PANELS

In addition to Nursecall 800's 10-90 emergency indicator panels, a range of small double gang call controllers and power supplies are now available which are compatible with all standard and emergency system components. The **NC944** four zone emergency call controller includes a buzzer, four zonal alarm LEDs, a MUTE button to silence standard calls and a RESET button to globally cancel all standard calls (MUTE and/or RESET can be disabled).

The NC944 derives its power from the **NC930** power supply to which up to two NC944's can be connected for a maximum 8 zones.

**For further details on these and other 800 Series products (including Disabled Persons Toilet Alarms, Waiting Room Call Systems and Infra-Red Staff Protection Systems) contact the Sales Office.**

