11718-H: HEADWALLS

GENERAL

In general, follow the guidelines below when designing and specifying medical headwalls. Unless specifically indicated otherwise, these guidelines are not intended to restrict or replace professional judgment. All headwalls must comply with all applicable codes and regulatory requirements, as listed in SID-F and SID-F-H.

1. HEADWALL ASSEMBLIES: The decision to install a prefabricated headwall, headwall column, or mount all utilities into the architectural wall shall be made on a case-by-case basis in consultation with the UMHHC Design Manager and the entire design team.

2. INVESTIGATIVE HEADWALL MEETING: During the Investigative phase of the project, an investigative headwall meeting is required. This meeting will be an overall discussion of what utilities are required in the headwall, and in what quantities, so that a detailed cost estimate can be completed. A preliminary decision regarding prefabricated headwalls or columns should be made during the investigation.

3. HEADWALL DESIGN MEETING: A minimum of one mandatory headwall design meeting shall take place in the Design (Design Development/Construction Document) phase of the project, with the following mandatory attendees:
   a. Departmental Representatives
   b. UMHHC Project Design Manager
   c. UMHHC Capital Equipment Planner
   d. UMHHC Interior Designer
   e. UMHHC Project Electrical Engineer
   f. UMHHC Project Mechanical Engineer
   g. UMHHC Biomedical Engineering Staff (monitoring, TV, nurse call representatives)
   h. Consulting Architect
   i. Consulting Electrical Engineer
   j. Consulting Mechanical Engineer
   k. UMHHC Maintenance Staff

4. MOCKUP: A mandatory mock up must be conducted for any new headwall. Where a proposed headwall is to be an exact duplication of an existing headwall, the existing headwall can serve as the mockup. A full scale (1” = 1”) line drawing shall be mounted to the wall in the location identified for the mockup, and actual equipment will be brought into the mock up space for review and comment. Clearances around actual equipment and accessories (for example, above vacuum slides), mounting heights, quantities and locations will be reviewed. Comments from the following reviewers shall be solicited and reviewed at a final mockup review meeting:
   a. Departmental Representatives
   b. UMHHC Project Design Manager
   c. UMHHC Capital Equipment Planner
   d. UMHHC Interior Designer
   e. UMHHC Project Electrical Engineer
   f. UMHHC Project Mechanical Engineer
   g. UMHHC Biomedical Engineering Staff (monitoring, TV, nurse call representatives)
   h. Consulting Architect
   i. Consulting Electrical Engineer
   j. Consulting Mechanical Engineer
   k. UMHHC Maintenance Staff

5. UTILITIES, EQUIPMENT AND ACCESSORIES: A number of utilities, including the following, may be included in the headwall. This list will be customized to each project, with both additions and subtractions. Many of these items are discussed in other Design Guideline divisions.
   a. Power (normal and emergency)
   b. Nurse call
   c. Code Blue
d. Television Controls
e. Lighting Controls
f. Medical gases
g. Vacuum slides
h. Clocks
i. Elapsed time indicator
j. Telephone
k. Data Receptacles
l. RO Water
m. Wall protection
n. Cabinetry
o. Medical Rails
p. Accessories
q. Monitoring
r. OMP

6. **WALL PROTECTION**: The protection of the headwall from damage by beds, equipment, carts, fluids and ongoing wear and tear should be carefully reviewed. A system should be installed to keep beds and equipment from touching the wall, while still permitting staff and equipment full access to the head of the patient and not becoming a trip hazard. The use of PVC or Non-PVC wall protection systems is encouraged. Where bed and cart impact is anticipated, impact resistant gypsum board, and/or plywood behind the gypsum board, should be provided.