On April 9, 2020, Trinity Health Incident Command updated their surge planning guidance. The RHMs were asked to plan for 50% of their total beds at surge capacity to be ICU-like beds. In addition to calculate ventilator demand, it was assumed that 50% of ICU-like beds will need a ventilator.

An ICU-like bed has different minimum requirements than a traditional ICU bed. For the purposes of surge planning, previously identified med-surge beds may "count" as an ICU-like bed (vent capable), depending on the physical constraints required to care for a critical patient. Minimal requirements for creating vent capable beds include:

- Emergency / Critical Power outlet
- An O2 connection
  - Either 50 PSI or a headwall connection
- Vacuum availability for maintaining a clean ventilator circuit
- Medical air - a head wall connection is preferable
  - A ventilator with an air compressor can be used
    - Note that when using a ventilator with a compressor, additional heat and noise will occur.
  - Some ventilators can run without medical air or a compressor on straight O2. These ventilators require more O2 usage and may result in a reduction of flow or minute volume.
- Ventilator space with the following standoff distances:
  - 6" from headwall, 10" if rear facing compressor is used
  - 3" from items on each side
  - Clear in the front for access