

<b>Document #:</b>	 <b>Shared health Soins communs Manitoba</b>	<b>Status: v0.8</b>  Revised: Nov 24, 2025 Owner: HSC Director of Health Services, Adult Critical Care
<b>Title: HSC Critical Care Bed Capacity realignment for the opening of High Consequence Pathogen Unit</b>		Page 1 of 2

<b>Purpose</b>	Provide an Adult Critical Care bed capacity adjustment to accommodate the High Consequence Pathogen Unit (HCPU) opening at HSC.
<b>Background</b>	<ul style="list-style-type: none"> <li>• High Consequence Pathogens (HCP) are infectious diseases that are a public health concern, cause severe illness or death, are primarily untreatable/unpreventable and may have endemic or pandemic potential and spread rapidly through a population in a short time.</li> <li>• The presence of the NML is the primary driver for the creation of the unit, however non NML exposures may also occur.</li> <li>• The HCPU is a resource intensive specialized unit for the management of persons under investigation for or confirmed to have an HCP.</li> <li>• Each occupied HCPU bed requires two dedicated nurses with critical care training (MOVE IN) and a dedicated medical staff model.</li> </ul>
<b>Operational Directives</b>	<ul style="list-style-type: none"> <li>• The activation of the HCPU will necessitate a unified and immediate Provincial Response to ensure efficient patient flow and effectively manage the increased system risk, with site wide notification at HSC RAVE notification to the relevant stakeholders (see distribution list)</li> <li>• The provincial bed management response will be coordinated through the Manitoba Patient Flow Steering Alliance.</li> <li>• All transferable patients in critical care beds (within sites and repatriations) will be prioritized.</li> <li>• Site wide support to manage staffing and equipment needs will be required.</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>• Following notification of a possible patient exposure to a High Consequence Pathogen (HCP) and subsequent risk assessment by the HCP Infectious Disease (ID) Physician a consensus decision is reached with key stakeholders that the patient requires admission to HCPU.</li> <li>• This decision activates the initiation of the HSC HCPU Activation SOP and the Clinical Decant Process for JK3.</li> <li>• The initial process of activating the HCPU is expected to be completed within 4 hours, and the unit will minimally be open between four to thirty days.</li> <li>• An urgent meeting of the Manitoba Patient Flow Steering Alliance will be scheduled as soon as realistically possible</li> </ul>
<b>Definitions</b>	<ol style="list-style-type: none"> <li>1. <b>Temporary Bed closure:</b> a temporary reduction in bed capacity with no ability to admit internal or external patients</li> <li>2. <b>Transferable patients:</b> a patient who has been identified to no longer require critical care services and is ready to be transferred to a lower level of service.</li> <li>3. <b>Provincial Capacity Management Dashboard:</b> Reporting dashboard, which provides show real-time information on capacity across all acute care facilities by unit and service type</li> </ol>

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<b>Step</b>	<b>1) Assess current Critical Care Site Census</b>
1.1	The Provincial Medical Specialty Lead – Adult Critical Care / HSC Site lead for Adult Critical Care or designate will assess the Critical Care capacity at HSC. The <a href="#">Provincial Capacity Management Dashboard</a> shall be used to support this assessment.
1.2	Provincial Medical Specialty Lead – Adult Critical Care / HSC Site lead for Adult Critical Care or designate will advise on the number of beds that shall be closed at HSC based on HCP patients requiring admission. (2 Critical Care beds per HCP admission.)

<b>Step</b>	<b>2) HSC and System Critical Care Capacity Determination</b>
2.1	System capacity is reviewed by the HCPU implementation group inclusive of Provincial Patient Flow in partnership with Shared Health Critical Care Medical Lead, all on- call critical care attendings, Provincial CC Director and HSC CC Director. The review includes open ICU capacity at all sites, transferrable patient volumes, known incoming ICU demand, other areas of risk in the system and specific care needs of current ICU patients are to be identified and will be called by the Shared Health Critical Care Medical Lead.
2.2	The HCPU implementation group identified in 2.1 establishes the plan to accommodate the required bed closures following the principles of the Provincial Capacity Management Standard and Provincial ICU Capacity Management Plan (RVS plan), recognizing the reduced capacity of the HSC to accommodate the HCPU.
2.3	The HCPU implementation group provides direction to membership of the Patient Flow Steering Alliance for immediate action (includes regional bed doctors).
2.4	The HCPU implementation group, POAP, and VECTRS support implementation of the plan as identified and provides updates on progress, with regular touch points established until all patient moves have been completed and the HCPU is operational.