DEPARTMENT OF CORRECTIONS

Preparedness Practicum

February 24, 2026

DOC Executive Team

Paul Schnell: Commissioner

Overview

- **Employees:** approximately 4,300
- **Total general fund budget:** $828,989,000 (FY25)
- **Prisons**: 11
- **Facility capacity:** 9,522 beds (double-bunked)
- **Current Population:** 8,300 adults; approx.
- **Square feet for facilities:** 7.5 million sq. ft.
- **DOC-provided community supervision:** 23,000
- **DOC supervision offices:** 56

**https://mn.gov/doc/about/budget/*

Facilities

MCF-Shakopee
built 1986
capacity: 656

MCF-Faribault
opened 1989
capacity: 2,026

MCF-Lino Lakes
built 1963
capacity: 1,325

MCF-Red Wing
built 1889
capacity: 45-A, 88-J

MCF-Rush City
built 2000
capacity: 1,018

MCF-Oak Park Heights
built 1982
capacity: 444

MCF-St. Cloud
built 1889
capacity: 1,058

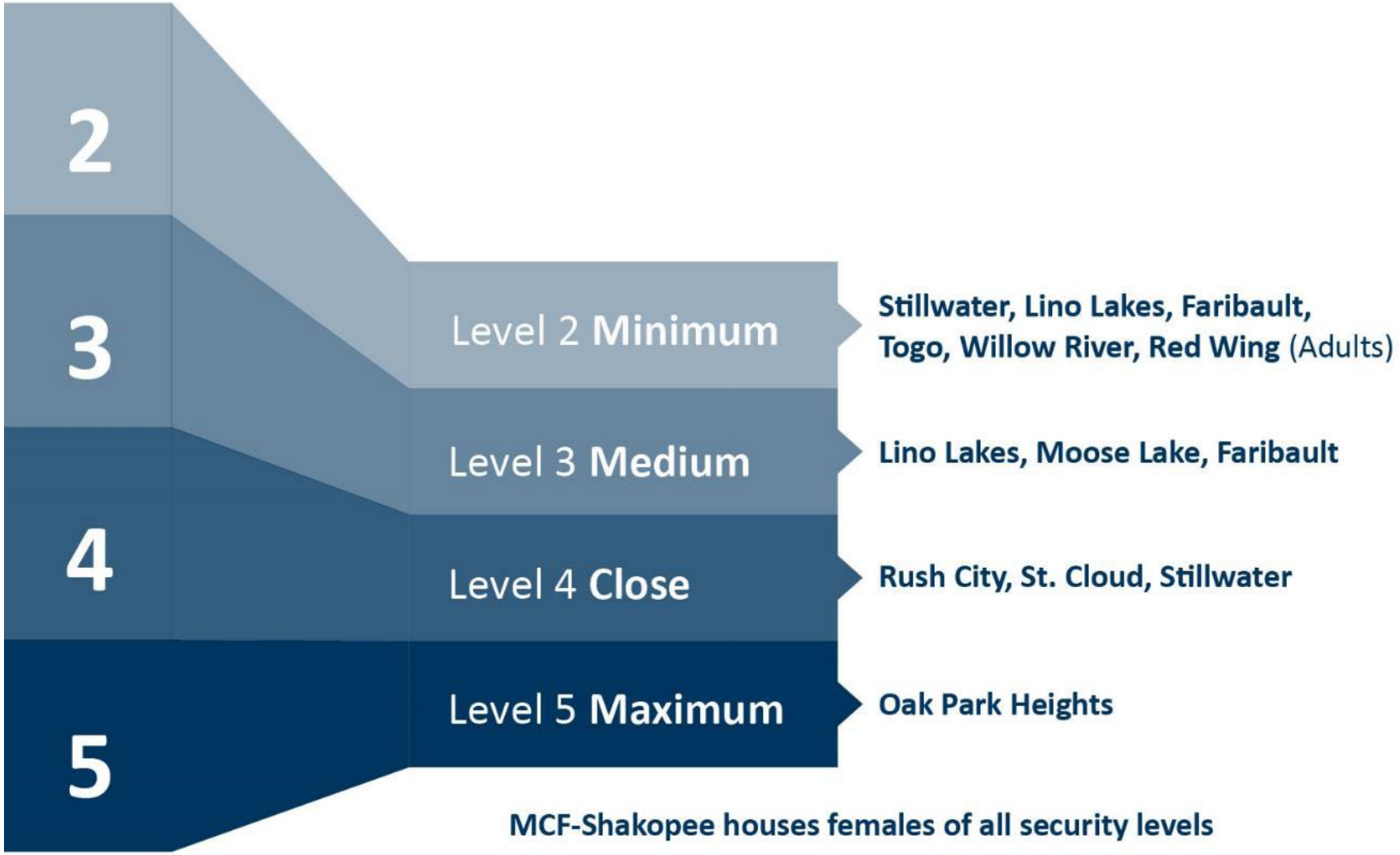
MCF-Stillwater
built 1914
capacity: 1,484

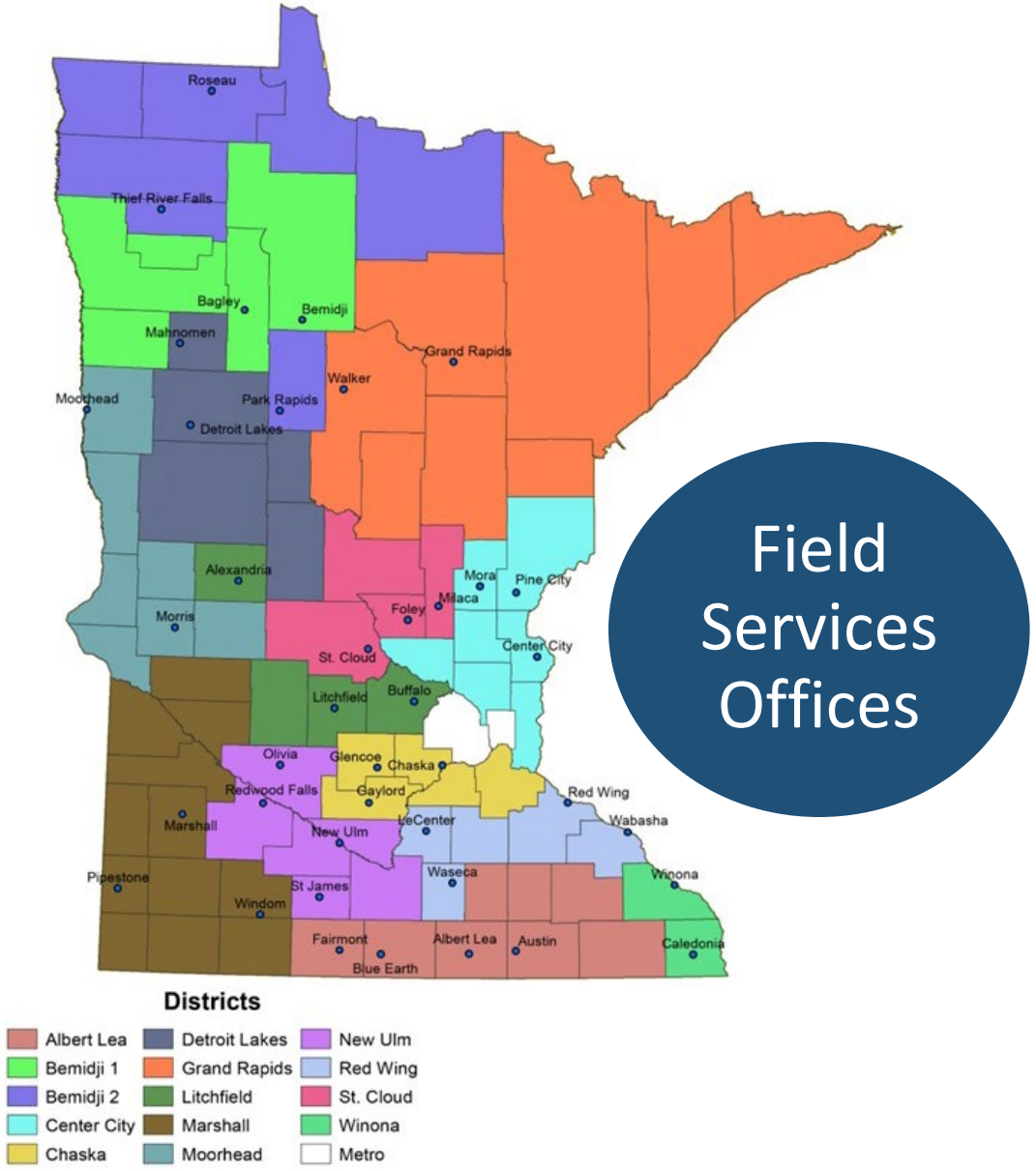
MCF-Togo
built 1955
capacity: 90

MCF-Moose Lake
built 1938
capacity: 1,057

MCF-Willow River
built 1951
capacity: 177

Adult Facilities





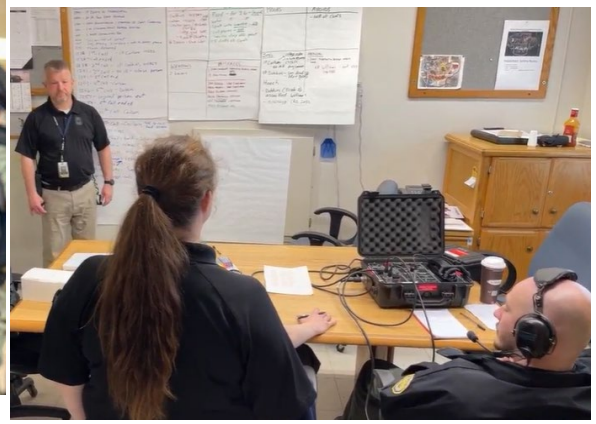
Field Services Offices

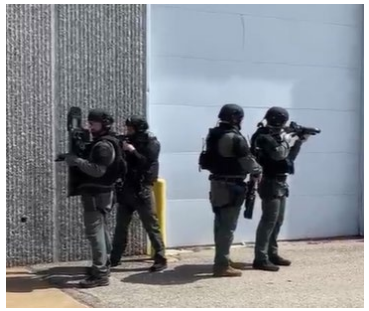
Field Services – *Director Carter Diers*

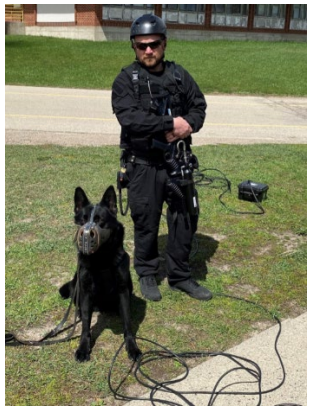
- The DOC provides adult felony probation and supervised release supervision in the 53 counties that are not part of the Minnesota Community Corrections Act.
- State-provided services are under the direction of 17 district supervisors, three of which are intensive supervision district supervisors.
- In addition to felony services, the DOC also provides juvenile and misdemeanant services to the court in 29 counties.
- The DOC also provides intensive supervised release (ISR) services in 75 counties and through contracts with some CCA agencies

Emergency Response Team (ERT) Overview

- **Crisis Negotiation Team (CNT)**
  - **35 Team Members**
- **Special Operations Group (SOG)**
  - **22 Team Members**
- **Marksman Observers (MOs)**
  - **18 Team Members**
- **Special Operations Response Team (SORT)**
  - **100 Team Members**
- **Incident Management Team (IMT)**
  - **22 Team Members**







One Team Culture (CNT, SOG, MO, SORT)

Correctional Clinical Capability Continuum

Embedded Facility Medical Capacity: Secure Correctional Environment

👩‍⚕️ Nursing Coverage
- 24/7 at designated facilities
- Limited-hour at others

🩺 On-Call Physician
- 24/7 contract MD oversight

📋 Clinical Governance
- Chief Medical Officer
- Established triage protocols

Treat-in-place when clinically appropriate

Escalation Trigger

When On-Site Capability Is Exceeded

- Major trauma
- Airway compromise
- Surgical need
- Advanced imaging
- Critical care requirement

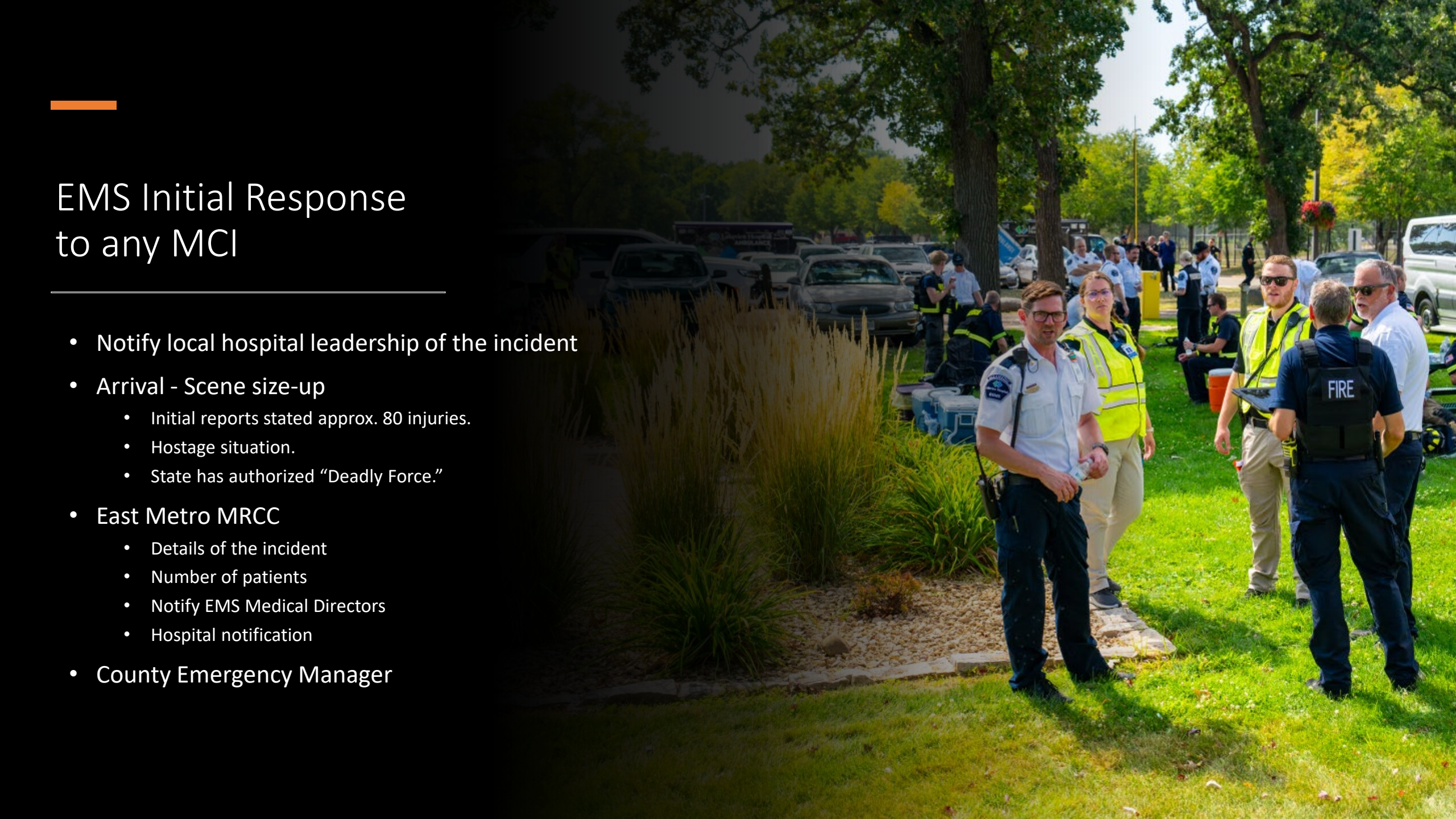
External Medical Integration

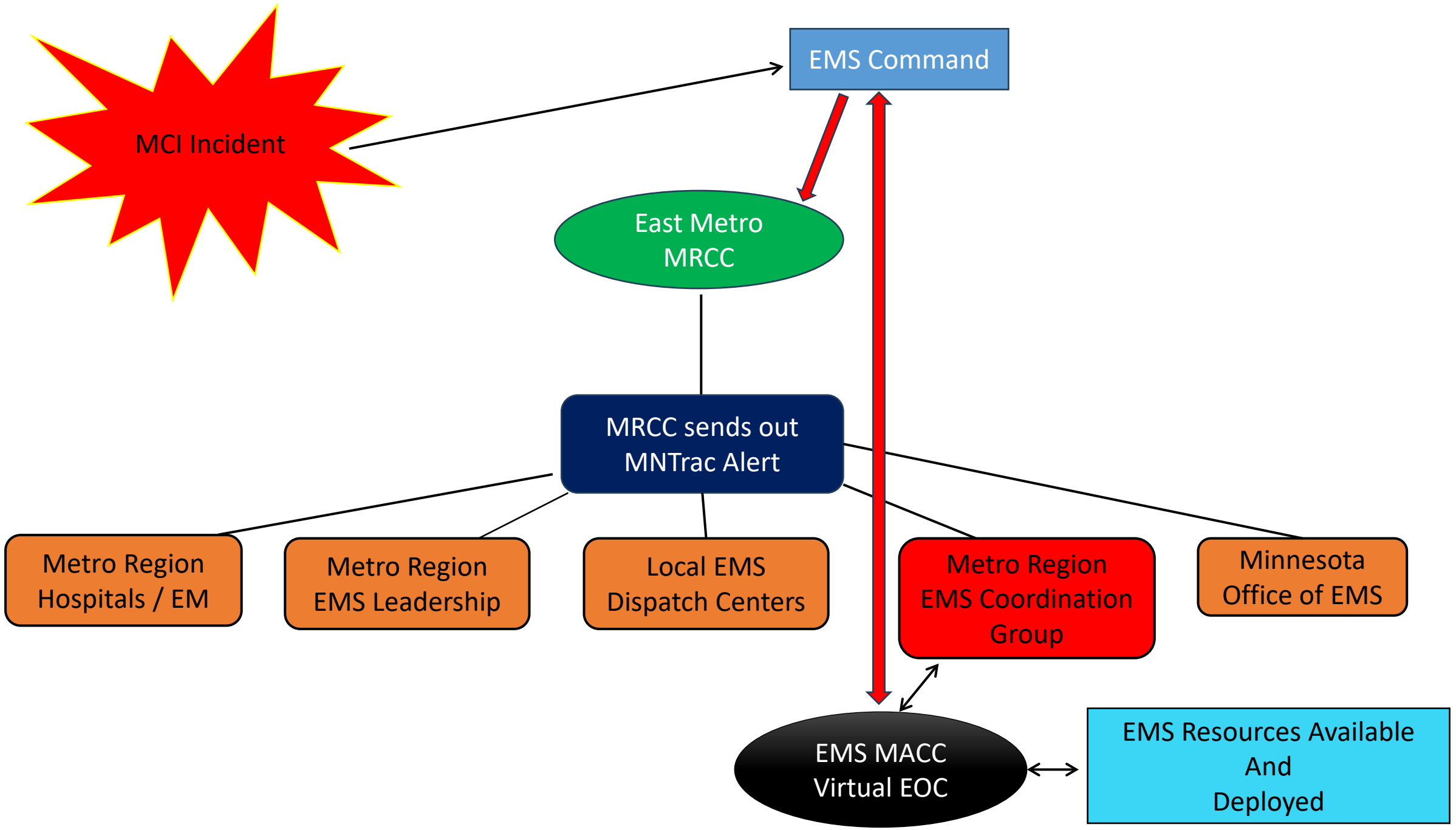
🚑 EMS Activation
🏥 Hospital Transfer
🚧 Surge Impact
🔐 Custody Escort Required

Movement requires custody resources and security planning

EMS Initial Response to any MCI

- Notify local hospital leadership of the incident
- Arrival - Scene size-up
  - Initial reports stated approx. 80 injuries.
  - Hostage situation.
  - State has authorized “Deadly Force.”
- East Metro MRCC
  - Details of the incident
  - Number of patients
  - Notify EMS Medical Directors
  - Hospital notification
- County Emergency Manager




MCI Incident
EMS Command
East Metro
MRCC
MRCC sends out
MNTrac Alert
Metro Region
Hospitals / EM
Metro Region
EMS Leadership
Local EMS
Dispatch Centers
Metro Region
EMS Coordination
Group
Minnesota
Office of EMS
EMS MACC
Virtual EOC
EMS Resources Available
And
Deployed

Metro Region EMS Incident response plan

C UNASSIGNED RESOURCES

Report to EMS Command or Staging (if established)

Notification

- Go to assigned radio talkgroup.
- Approach scene using designated route.
- Upon arrival at incident, announce arrival and await assignment from EMS Command or Staging.
- All responders will identify themselves using the following format: Dept Name, Type of Resource, and Unit Identifier.

At Staging

- Do not block entry/exit routes.
- Stay inside the vehicle until assigned a duty.

Loading Patients and Leaving the Scene

- Quickly load patients and provide treatment while transporting to the appropriate hospital.
- Provide EMS Command, or designee, the number of patients and triage category being transported.
- Contact your Communication Center and advise them of your status.
- Immediately contact MRCC/Medical Control by radio and provide a patient information report.
- In order to facilitate reunification, consider documenting patient name and/or physical description when possible.

Metro Region EMS System

EMS PLANS

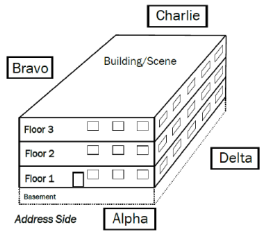
The Metro Region EMS Plans establishes a common tiered system to manage and front-load growing incidents.

- **EMS Plan 1** – 4 Ambulances, 1 Command, MNTRAC EMS System Advisory *(Initial)*
- **EMS Plan 2** – 4 Ambulances, 2 Command, System Medical Director *(Additional)*
- **EMS Plan 3** – 4 Ambulances, 2 Command, EMS Region MIR Bus *(Additional)*

**Consider move-ups/backfill for PSA.*

USING DIVISIONS & GROUPS

- In large or widely scattered scenes (ie: natural disasters) establish divisions/groups early to maintain operational control.
- Divisions are geographic areas with assigned resources.
- Groups are resources assembled to perform a specific function.
- Divisions/Groups shall have a designated leader.
- Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



METRO REGION EMERGENCY MEDICAL SERVICES

INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines outlined in national standards for incident and resource management, and promotes a collaborative multi-jurisdictional response.

The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.

- FIRST ARRIVING: Refer to Panels A & B
- UNASSIGNED RESOURCES: Refer to Panel C
- DO NOT RESPOND unless requested!

OPERATIONAL CONSIDERATIONS

- Request Tactical and/or Interoperable Radio Talkgroups early.
- Alert MRCC/Medical Control to the nature of incident and potential for patients to self-transport.
- Ensure crews are wearing proper protective equipment.

METRO REGION RESOURCES

- To request Metro Region Resources or support, contact the Medical Resource Control Center (MRCC).
- Resources include: Major Incident Response Bus, Western Shelter tents, Command Trailer, or supply caches.
- The Metro Region EMS System EOC can operate virtually or physically to support planned or unplanned events.
- The Metro Region EMS System can deploy and support Ambulance Strike Teams.

Do hospitals need to be alerted to the incident or potential patients? If yes, contact MRCC.

A EMS COMMAND

Coordinate with Incident Command/Establish Unified Command.

- The role of EMS Command will be assumed by the first arriving unit and announced on the radio. (IE. "[Unit] will be EMS Command.) *Any change in the unit filling the role must be announced.*
- Request Tactical and/or Interoperable Radio Talkgroups early.
- Announce arrival of EMS to IC via radio interop channel, or face-to-face.
- EMS Command is responsible for all unassigned Divisions/Groups within the IRP until delegated.
- EMS Command may appoint support roles such as command aide, scribe, etc.
- Radio discipline is maintained by allowing only EMS Command or designee to interface with the communications center.
- EMS Command shall give assignments by providing a specific **TASK** to be accomplished, **LOCATION** to complete the task, and **OBJECTIVE** of each task.
- EMS Command must obtain regular updates from Divisions/Groups using CAN report format.
- EMS Command is responsible for the safety and accountability of all EMS personnel.

Radio Reports / Initial & Follow-up

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to have more resources and cancel them, than to have a delayed response. Timely follow-up reports shall be provided as the incident evolves. The information should include:

- **Conditions** – Describe the scene, nature of incident, # of pts, etc.
- **Actions** – "Investigating", "Triaging", etc.
- **Needs** – Resources/EMS Plan, Medical Director, etc.
- Provide command location, staging location, ingress/egress routes.

B DIVISIONS/GROUPS

CAN report when prompted or if unable to complete objective.

TRIAGE/CASUALTY COLLECTION GROUP

- ☐ Identify & communicate triage/Casualty Collection Point(s).
- ☐ Identify, collect, and triage patients while providing life-saving interventions. Utilize first responders as needed.
- ☐ Expedite & coordinate patient movement to transport area.

TREATMENT GROUP

- ☐ Prioritize critical interventions prior to transport.
- ☐ Organize medical care in treatment area.
- ☐ Utilize first responders when caring for multiple patients.

TRANSPORTATION GROUP

- ☐ Maintain resources for immediate transport.
- ☐ Coordinate the rapid loading of transporting vehicles. **Optimize loading of patients, consider multi-load!**
- ☐ Record the triage color and number of patients transported by each vehicle.
- ☐ Remind transport units to use radio for MRCC report.
- ☐ Keep entry/exit routes open.

STAGING GROUP

- ☐ Establish staging area and keep entry/exit routes open.
- ☐ Respond to requests for resources from EMS Command.
- ☐ Provide requested resources with task, location, and objectives of assignment.

REHAB GROUP

- ☐ Establish and support a dedicated location for responder rehab.
- ☐ Provide observation, assessment, and rehabilitation in accordance with protocols.
- ☐ Rapidly move responders requiring transport to the designated transport area.

GREEN: minor, less serious illness or injury

YELLOW: delayed, stable but requires observation

RED: critical, requires immediate treatment/transport

BLACK: dead. Do NOT move.

PATIENT TRACKING

EMS Unit				Receiving Hospital

RESOURCE ACCOUNTABILITY

Resource/EMS Unit	In	Out

EXPANDED STAGING LOCATIONS

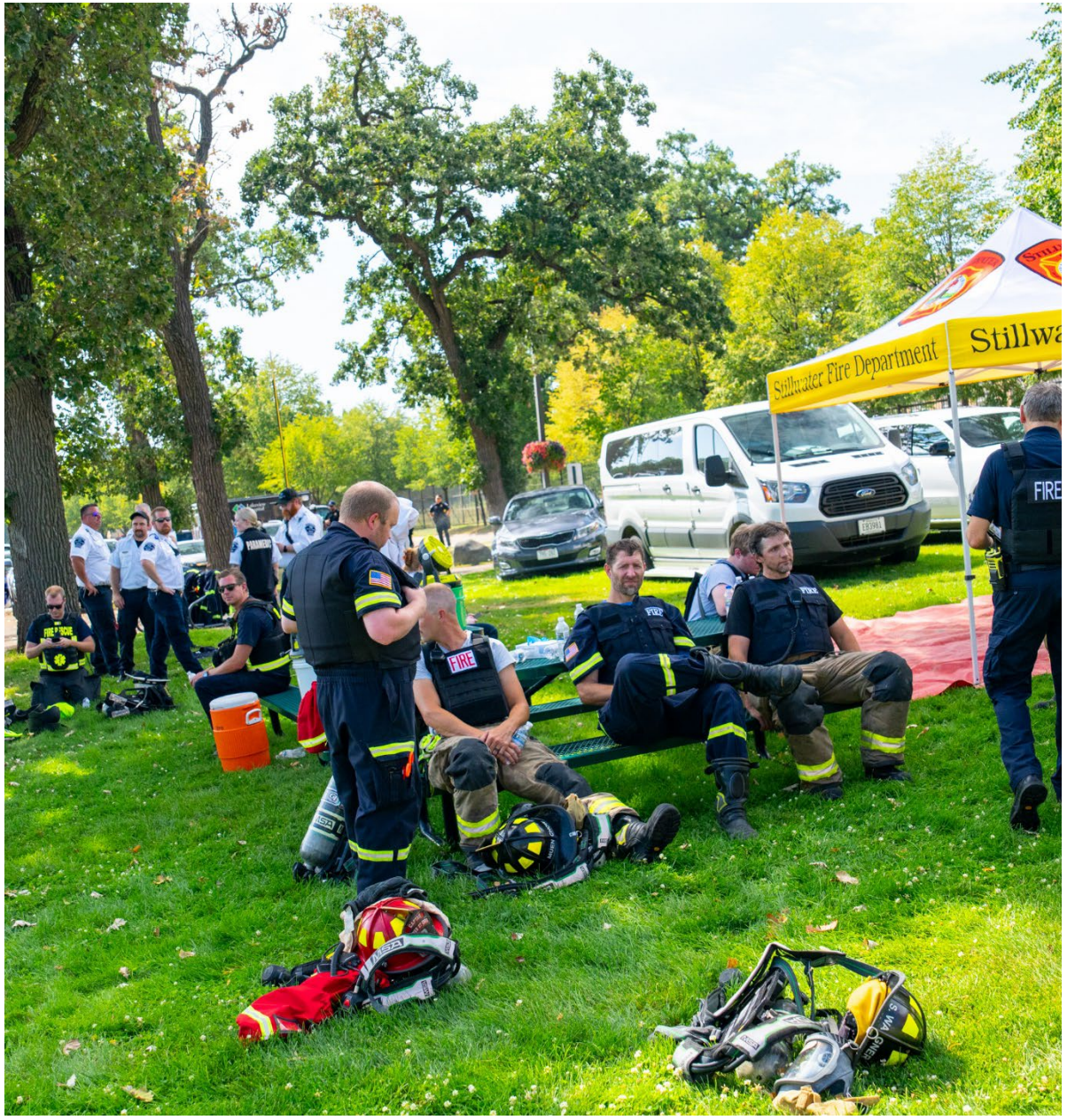
- ***"Assignment"***: Resource has been given a task, location, and objective, or may be assigned to Division/Group.
- **Level 1 Staging:** At the incident location, but not committed to assignment, or past last tactical objective. Able to relocate if needed. Team remains with vehicle.
- **Level 2 Staging:** Farther from scene. Hold resources to move up as needed.

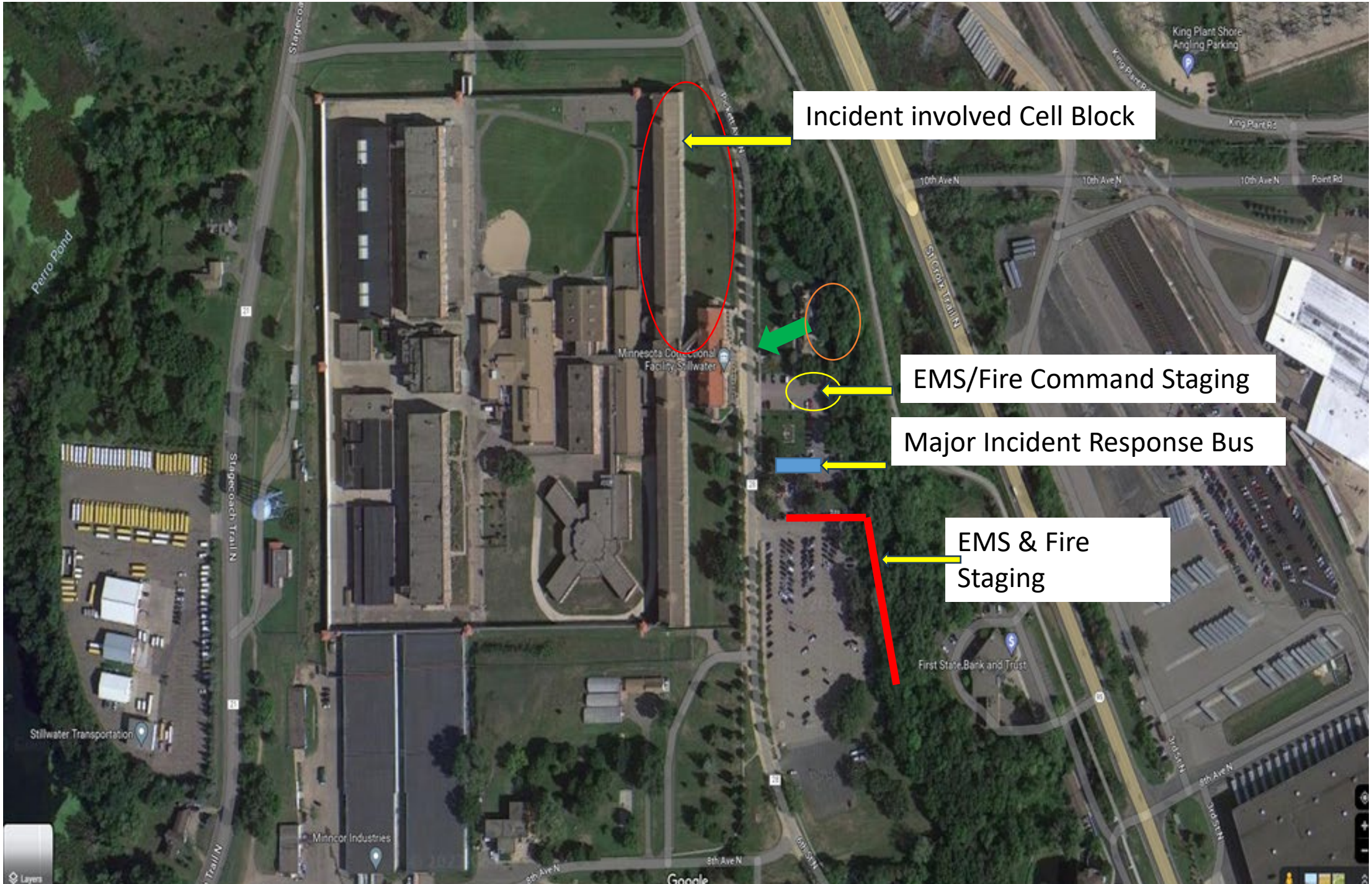

Main
Entrance


EMS
Command
FIRE


Stillwater Fire Depar


R-1


Stillwater Fire Department
FIRE


Incident involved Cell Block
EMS/Fire Command Staging
Major Incident Response Bus
EMS & Fire Staging
Perro Pond
Stagecoach Trail N
Minnesota Correctional Facility-Stillwater
King Plant Shore Angling Parking
King Plant Rd
10th Ave N
Point Rd
St Croix Trail N
First State Bank and Trust
Stillwater Transportation
Minncor Industries
8th Ave N
Google

Tactical Paramedics

- How will they be used?
- Can they be used?

Special Considerations

Safety of all responders in staging and in treatment area.

Current Weather conditions.

Access to the victims.

Treatment area for Correction Officers vs. Incarcerated population.

Patient transport plans, Officers vs. Incarcerated Person.

On-scene treatment of the incarcerated population may require outside medical providers from local hospitals.

On-scene EMS resources may be used for on-going treatment vs. EMS transports.

Major Incident Response Bus

Rehab for responders

EMS Recourses That Responded

- Lakeview 802
- Lakeview 803
- Lakeview 804
- Lakeview 805
- Lakeview 806
- Lakeview 807
- Allina 621
- Allina 3503
- Allina 524
- Burnsville Medic1
- Mhealth 1852
- U of M BLS 2518
- North Memorial 733
- North Memorial 723
- North Memorial BLS 591
- Lakes Regions 573
- Lakes Regions 4570
- Ridgeview 857
- Mahtomedi Medic 1
- Major Incident Bus
- 10 more ambulances available to respond if needed.

Key Lessons Learned

- Unified Command early communications, and preventing silos
- What is the definition of "MCI?" What do we all agree on?
- What services to ask for and what will you get?
- Need to interject DOC medical with EMS/Hospital medical care at a DOC facility vs. Hospital
  - Reversal medical response: Patients will stay in place, and do we need medical staff
  - What kinds of treatment can occur at a correctional facility and what can't?
  - DOC planning around bringing in medical professionals to aid in the facility
- Need for TTX discussion with your judicial correctional facility, either State or County.

Questions