

Incident Action Plan Mud Lake WPA

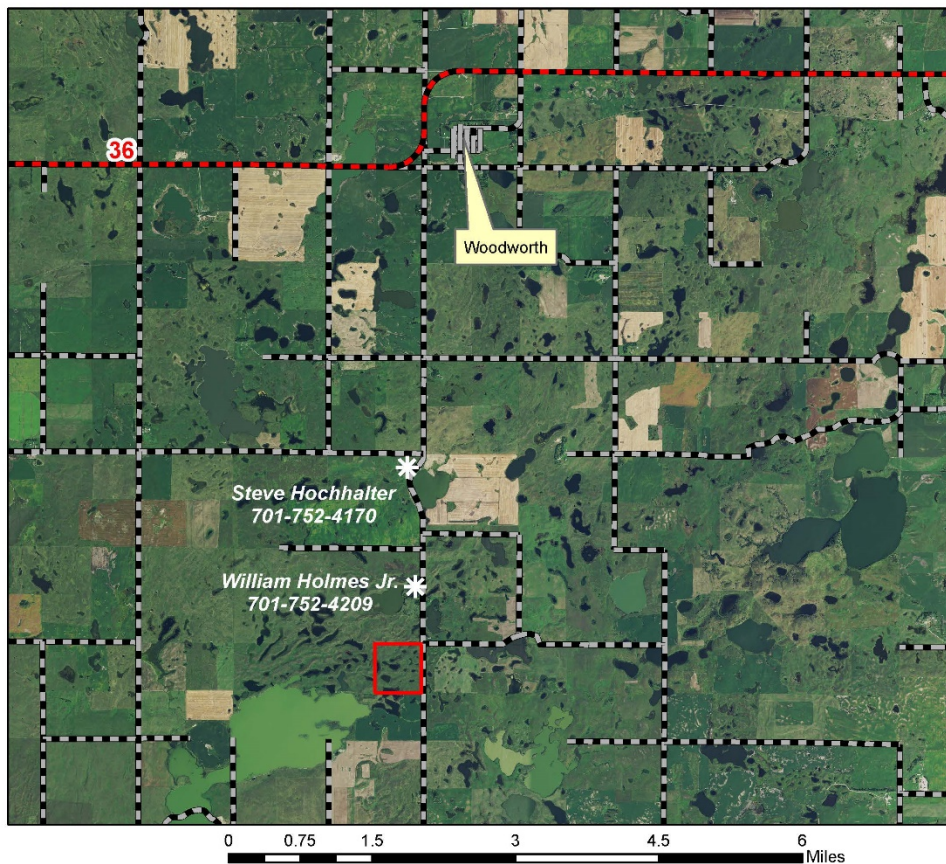
DOI Unified Region 5

North Dakota Fire Zone

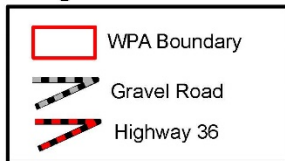
Chase Lake WMD



Mud Lake WPA Vicinity Map



Legend



The burn unit is located 5 miles south of Woodworth

*Prepared by; Terry Gwilliams 01/22/2020
141N 68W Sec. 5*



1. Incident Name: Chase Lake WMD, Mud Lake WPA	2. Incident Location: Stutsman County. Iosco Twp. Burn unit is 5.5 miles south of Woodworth ND, along 56 th Ave SE Intersection of 24 th St SE & 56 th Ave SE, Woodworth, ND 58496 47.0633° -99.3174°	3. Operational Period:
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INCIDENT OBJECTIVES

Objective(s): 1. Resource objectives: <ol style="list-style-type: none"> 1. Actively manage units using prescribed fire with 1-2 treatments every 5-10 years. 2. Reduce or maintain presence of non-native invasive species including smooth brome, Kentucky bluegrass, absinth wormwood and Canada thistle. 3. Reduce accumulated litter by 70% - 100% to increases soil nutrients, stimulates plant growth and rejuvenate native grasses. B. Prescribed fire objectives: <ol style="list-style-type: none"> 1. Treat 80% - 100% of unit with fire providing for a natural or mosaic fire pattern where possible. 2. Reduce litter accumulation by 70% - 100%. 	Operational Period Command Emphasis The burn boss is responsible for determining if an escape has become a wildfire. <u>Stay ALERT. Keep CALM. THINK clearly. ACT decisively.</u> Priorities in the event of a wildfire are as follows: <ol style="list-style-type: none"> 1. Protection of public and fire line personnel life safety 2. Protection of privately owned primary residences 3. Protection of private property and lands 4. Minimize any damage to natural resources
General Situational Awareness Safety Hazards: <ul style="list-style-type: none"> • Traffic on gravel roads • Wetlands on boundary - Driving interior of unit & access around water. Smoke-Sensitive Receptors: <ul style="list-style-type: none"> • Residences within 2 miles of unit 	Leaders Intent <ol style="list-style-type: none"> 1. Task: Ignite, hold, patrol, mop-up the perimeter, and protect values at risk within and adjacent to the burn unit. 2. Purpose: protect private property, reduce hazardous fuels, and enhance wildlife habitat 3. End State: Fire stays on FWS lands, within containment lines. Damage to natural resources do not occur or are minimized. No injuries occur. No vehicles get stuck.

SPOT WEATHER FORECAST

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ICS 204/207		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
RXB2		1		UTV Pumper
FFT1		2		UTV Pumper's
ENGB, FFT2		2		Type 6
FFT2		2		Igniter
FFT2		2		UTV Pumper's

Work Assignments:

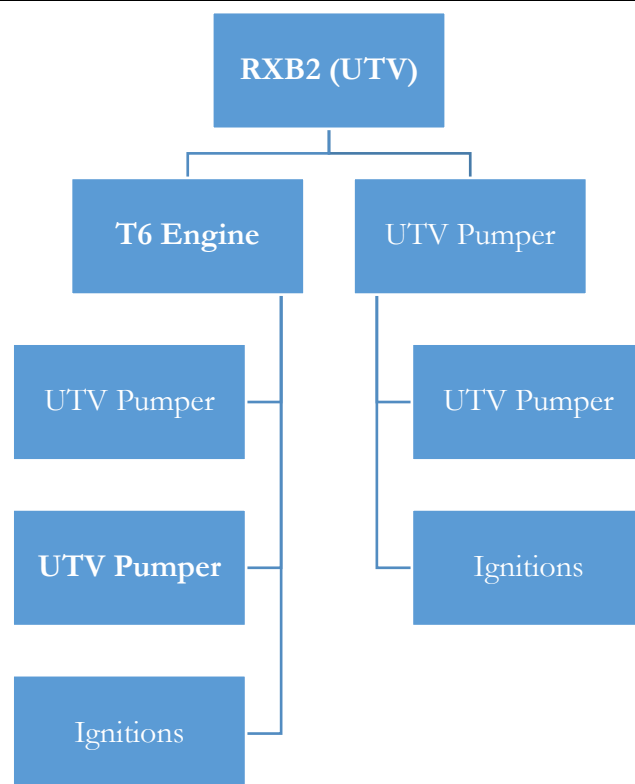
Ignite, hold and patrol line along the boundary. Continually patrol between ignition and test fire to ensure line is secure.

Special Instructions:

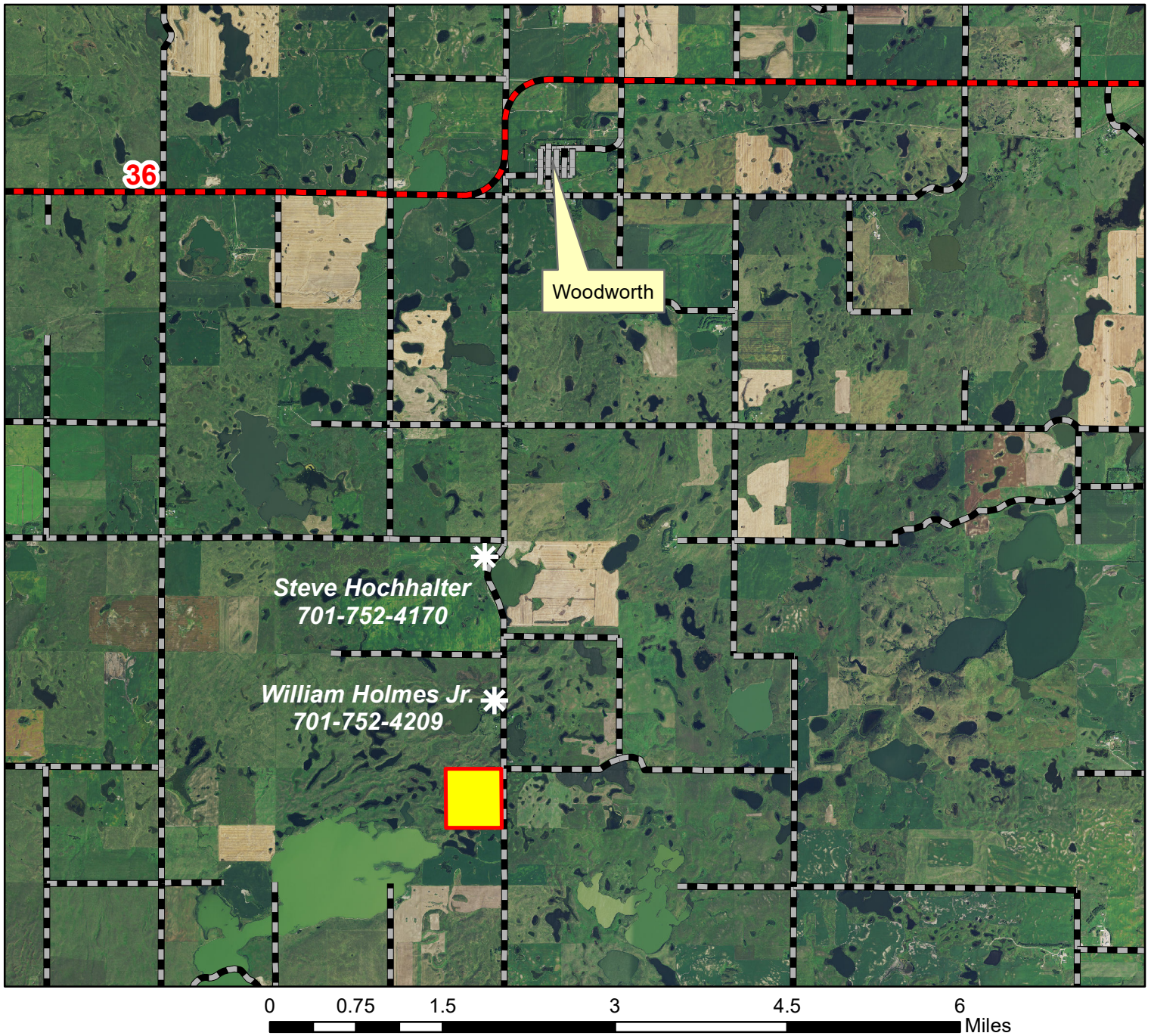
Critical holding areas: any portion of the border that requires a mowed fire break. Patrol until line is secure to ensure there is no possibility of fire creeping outside the unit.

Communications (radio and/or phone contact numbers needed for this assignment):

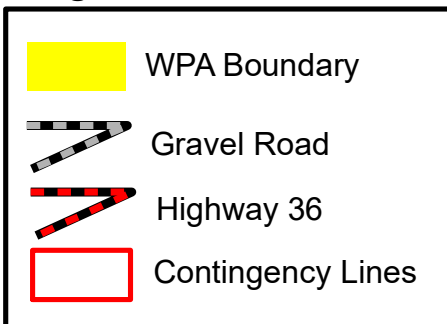
Name	Function	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mod	Remarks
FWS FIRE	Tac	168.3500	CSq	168.3500	CSq	D	FWS RX Fire TA
ST2-EMER	Command	155.4750	CSq	158.4750	156.7	A	County Dispatch
VFIRE23	Tac	154.2950	CSq	154.2950	CSq	A	State Fire Mutual
AIR2GRND	Tac	167.4250	CSq	167.4250	CSq	A	ND01 AirtoGround



Mud Lake WPA Contingency Map



Legend



The burn unit is located 5 miles south of Woodworth

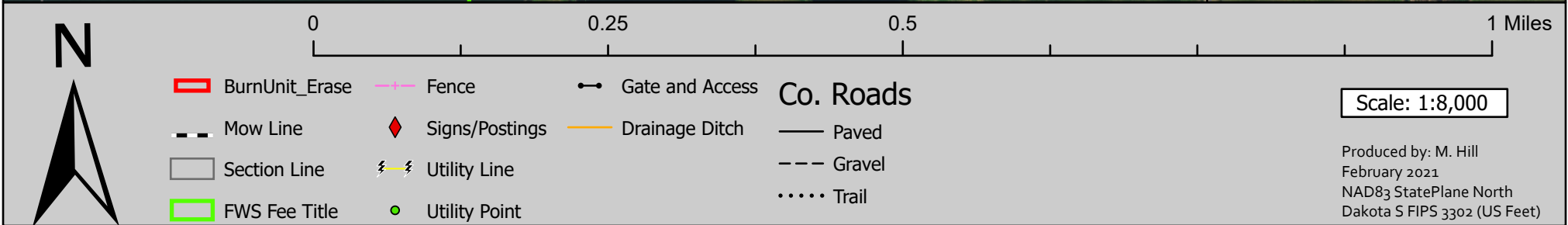
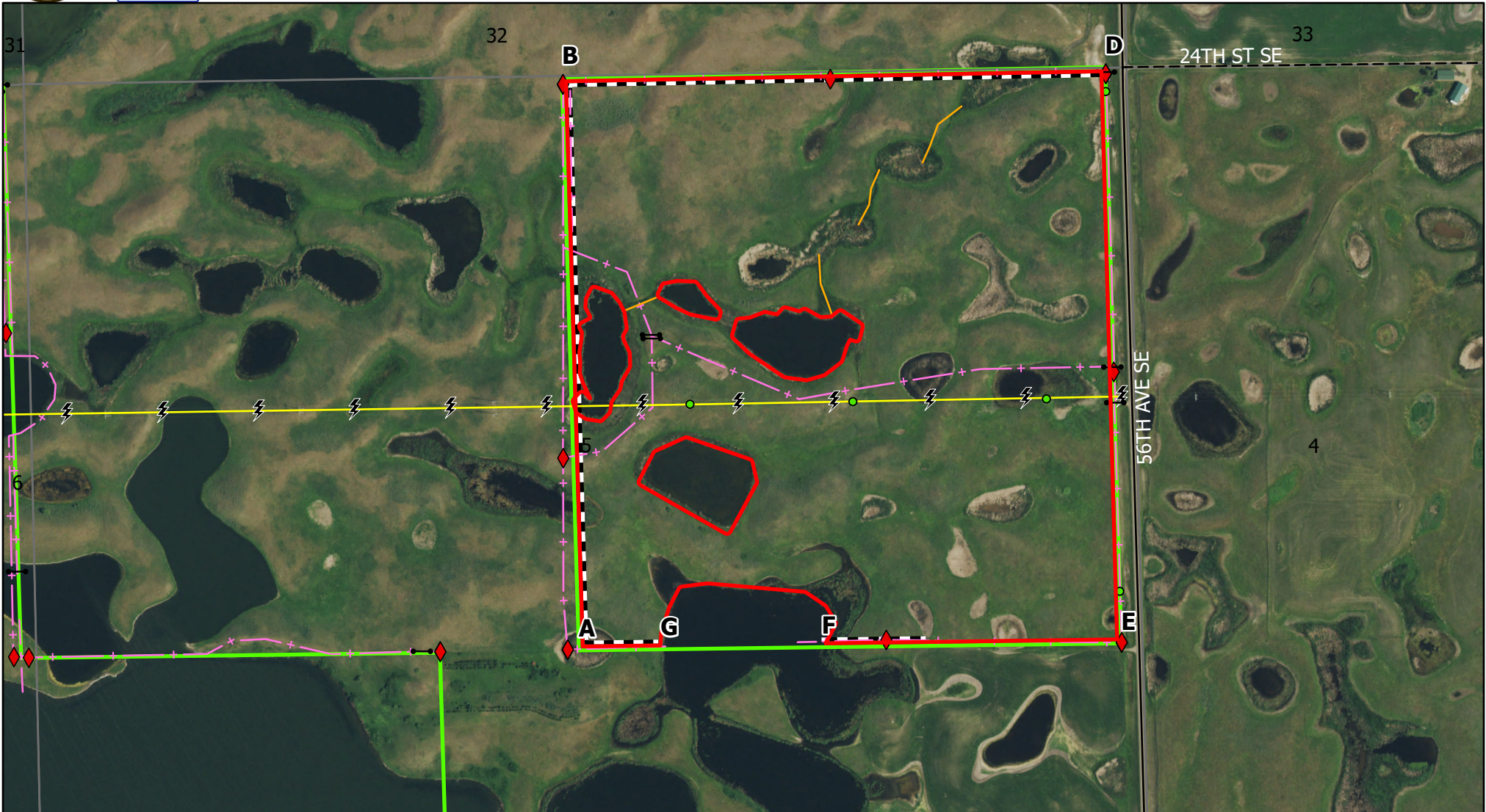
*Prepared by; Terry Gwilliams 01/22/2020
141N 68W Sec. 5*





US FISH & WILDLIFE SERVICE

Chase Lake WMD - Mud Lake WPA - Project Map 148 Acres



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MEDICAL PLAN (ICS 206)

1. Incident Name: Woodworth Station WPA Unit 3		2. Incident Location: The unit is 2.5 miles east of Woodworth in Stutsman County 142N 68W Sec. 1					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Barnes County Ambulance	Valley City	845-2220	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Jamestown Ambulance	Jamestown	252-1231	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Bowdon Ambulance	Bowdon	962-3646	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Jamestown Hospital	Jamestown, ND	252-1050		35 min	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Merit Care Medical Center	Fargo, ND	234-2000	20 min	60 min	<input checked="" type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Regions Hospital	St. Paul, MN	800-922-2876	1.5 hr	8 hr	<input checked="" type="checkbox"/> Yes Level: ____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<p>Declare the nature of the emergency. Closest Medical Aid personnel respond. Burn Boss will identify Medical Point of Contact (POC). Determine if transport is needed. If so, contact State Radio Dispatch by 911 or ST2-EMER.</p> <p>Use Patient Assessment found on pink page #100 of the IRPG to assess patient and provide information to Dispatch. Document all information in log unit.</p>							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.