

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

"A" Shift Night Dive



Operational Period

**Date From: 11/14/2023
Time From: 1730 Hours**

**Date To: 11/14/2023
Time To: 1930 Hours**

Approved By Incident Commander:

Rank, First Initial, Last Name

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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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
			<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
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input 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			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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Long Beach Fire Department Dive Team Dive Plan

Date: 11-14-2023

Location: LB Break Wall

Dive Supervisor: Wawrzynski

Depth: 50'	Visibility: 5-10ft	Temp: 55 deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Break Wall Search	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input type="checkbox"/> Entanglement	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1		Time: 1745
Divers: Reinheimer, Gonzales		
RIC: Jimenez		
Start P.G.:	A	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	E	
Surface Interval:		
Coverage:	RB-1	ABM
	RB-2	DTM

Dive 2		Time: 1815
Divers: Bradley, Farnell		
RIC: Jimenez		
Start P.G.:	E	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	J	
Surface Interval:		
Coverage:	RB-1	ABM
	RB-2	DTM

Dive 3		Time:
Divers:		
RIC:		
Start P.G.:		
Depth:		
Bottom Time:		
Safety Stop:		
End P.G.:		
Surface Interval:		
Coverage:		

Notifications: USCG (310) 521-3815 Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

Set 2 Marker buoys near the sand/rock interface of the breakwall, approximately 25 yds apart. Nearest to one marker buoy, descend to 10 feet deep on the wall, with partner at arms length, deeper, and facing the furthest marker buoy. Conduct a search pattern parallel to the breakwall, in between marker buoys, with topmost diver maintaining the 10 foot depth. Advance the pattern by moving the topmost diver below the bottom diver. Reverse direction and continue the parallel pattern between the buoys, with topmost diver maintaining the depth. Reverse direction and advance the pattern deeper in a similar fashion.

Coverage Assignments:

- 1700 LG-7 (Buso) Cover the beach (Normal EOW)
- 1700 LG-6 (Gonzales) Off the beach at Sta. 21
- 1730 RB-1, RB-2, RB-3 meet at the East End



NOAA NO-DECOMPRESSION TABLE MULTIPLE AIR DIVES

WARNING: EVEN STRICT COMPLIANCE WITH THESE CHARTS WILL NOT GUARANTEE AVOIDANCE OF DECOMPRESSION SICKNESS. CONSERVATIVE USAGE IS STRONGLY RECOMMENDED.

RNT RESIDUAL NITROGEN TIME
 + ABT ACTUAL BOTTOM TIME
 ESDT EQUIVALENT SINGLE DIVE TIME
 (USE ESDT TO DETERMINE END-OF-DIVE LETTER GROUP)

THESE CHARTS ARE BASED ON THE U.S. NAVY AIR DECOMPRESSION TABLES 7, 8, & 9 REV. 6

CHART 1 – DIVE TIMES WITH END-OF-DIVE GROUP LETTER

DEPTH	msw		DIVE TIME REQUIRING DECOMPRESSION STOP																00
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180		
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150		
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130		
16.8	55	8	14	19	25	31	37	43	50	56	63	71	74	80	90	100			
18.3	60	7	12	17	22	28	33	39	45	51	57	60	65	67	70	74			
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80			
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70			
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70			
30.5	100	4	6	9	12	15	18	21	25	28	33	38	43	48	55	65			
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	55	65			
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	55	65			
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	55	65	75			

fsw	msw																GROUP LETTER
	12.2	13.7	15.2	16.8	18.3	21.3	24.4	27.4	30.5	33.5	36.6	39.6					
13	12	11	10	9	8	7	6	5	5	5	4	4	4	4	4	4	←A
150	113	81	64	51	40	32	24	20	15	10	6	6	6	6	6	6	←B
21	18	17	15	14	12	10	9	8	8	7	6	6	6	6	6	6	←C
142	107	75	59	46	36	29	21	17	12	8	4	4	4	4	4	4	←D
29	25	23	20	19	16	14	12	11	10	9	9	9	9	9	9	9	←E
134	100	69	54	41	32	25	18	14	10	6	1	1	1	1	1	1	←F
37	32	29	26	24	20	18	16	14	13	12	12	12	12	12	12	12	←G
126	93	63	48	36	28	21	14	11	7	3	3	3	3	3	3	3	←H
45	40	35	32	29	25	22	19	17	16	14	14	14	14	14	14	14	←I
118	85	57	42	31	23	17	11	8	4	1	1	1	1	1	1	1	←J
55	48	42	38	35	29	25	22	20	18	18	18	18	18	18	18	18	←K
108	77	50	36	25	19	14	8	5	2	2	2	2	2	2	2	2	←L
64	56	49	44	40	34	29	26	23	23	23	23	23	23	23	23	23	←M
99	69	43	30	20	14	10	4	2	2	2	2	2	2	2	2	2	←N
74	64	57	51	46	39	33	29	29	29	29	29	29	29	29	29	29	←O
89	61	35	23	14	9	6	1	1	1	1	1	1	1	1	1	1	←P
85	73	65	58	52	44	38	33	33	33	33	33	33	33	33	33	33	←Q
78	52	27	16	8	4	1	1	1	1	1	1	1	1	1	1	1	←R
97	83	73	65	58	44	38	33	33	33	33	33	33	33	33	33	33	←S
66	42	19	9	2	2	2	2	2	2	2	2	2	2	2	2	2	←T
109	93	81	72	65	58	52	44	38	33	33	33	33	33	33	33	33	←U
54	32	11	2	2	2	2	2	2	2	2	2	2	2	2	2	2	←V
122	104	90	72	65	58	52	44	38	33	33	33	33	33	33	33	33	←W
41	21	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	←X
136	115	100	82	72	65	58	52	44	38	33	33	33	33	33	33	33	←Y
27	10	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	←Z
152	11	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	←Z

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
2:20 :10	3:36 1:17	4:31 2:12	5:23 3:04	6:15 3:56	7:08 4:49	8:00 5:41	8:52 6:33	9:44 7:25	10:36 8:17	11:29 9:10	12:21 10:02	13:13 10:54	14:05 11:46	14:58 12:38	15:50 13:31
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