

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

A-Shift Submersion Drill



Operational Period

Date From: 06/17/2024
Time From: 1000 Hours

Date To: 06/17/2024
Time To: 1300 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____																
3. Objective(s):																	
4. Operational Period Command Emphasis:																	
General Situational Awareness																	
5. Site Safety Plan Required? Yes ☐ No ☐ Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;">☐ ICS 203</td><td style="width: 33%;">☐ ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td>☐ ICS 204</td><td>☐ ICS 208</td><td>☐ _____</td></tr><tr><td>☐ ICS 205</td><td>☐ Map/Chart</td><td>☐ _____</td></tr><tr><td>☐ ICS 205A</td><td>☐ Weather Forecast/Tides/Currents</td><td>☐ _____</td></tr><tr><td>☐ ICS 206</td><td></td><td>☐ _____</td></tr></table>			☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>	☐ ICS 204	☐ ICS 208	☐ _____	☐ ICS 205	☐ Map/Chart	☐ _____	☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____	☐ ICS 206		☐ _____
☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>															
☐ ICS 204	☐ ICS 208	☐ _____															
☐ ICS 205	☐ Map/Chart	☐ _____															
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____															
☐ ICS 206		☐ _____															
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																	
8. Approved by Incident Commander: Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

1. Incident Name:				2. Date/Time Prepared: Date: Time:				3. Operational Period: Date From: Date To: Time From: Time To:			
4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks	
5. Special Instructions:											
6. Prepared by (Communications Unit Leader) Name: _____ Signature: _____											
ICS 205			IAP Page ____			Date/Time: _____					

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures:							
☐ 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: _____							
ICS 206		IAP Page _____		Date/Time: _____			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
4. Site Safety Plan Required? Yes ☐ No ☐ Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____



Long Beach Fire Department Dive Team Dive Plan

Date: 06-17-2024

Location: East Beach / West Beach

Dive Supervisor: Wawrzynski

Depth: 15'	Visibility: 2 to 6 Ft.	Temp: 65 deg
Equipment: ☒ Wet ☐ Dry ☒ RDU ☐ SCUBA ☐ Surface Comms		
Dive Type: Training		
Hazards: ☒ Entanglement ☐ Overhead Environment ☐ Pollution ☐ Strong Current		
☐ Other:		

Dive 1 Time:1015

Divers:	Gonzales
RIC:	Mathison
Start P.G.:	A
Depth:	15 Ft.
Bottom Time:	10 Min.
Safety Stop:	N/A
End P.G.:	A
Surface Interval:	
Coverage:	RB1 ABM LG-7 Beach

Dive 2 Time:1115

Divers:	Jimenez
RIC:	Mathison
Start P.G.:	A
Depth:	15 Ft.
Bottom Time:	10 Min.
Safety Stop:	N/A
End P.G.:	A
Surface Interval:	
Coverage:	RB1 ABM LG6 Beach

Dive 3 Time:

Divers:	
RIC:	
Start P.G.:	
Depth:	
Bottom Time:	
Safety Stop:	N/A
End P.G.:	
Surface Interval:	
Coverage:	

Notifications: ☐ USCG (310) 521-3815

☐ Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch: Submersion Drill

Line search and primary search for simulated submerged victims

Objectives:

- Conduct witness interview to determine the two PLS
- Initiate line search with area guards to recover submerged swimmer near the shore. Recover to the beach.
- Primary search conducted by area Sergeant to recover victim outside the swim area to the rescue boat.
 - Don PPE and RDU
 - Enter water from the beach
 - Set PLS marker buoy
 - Primary search around the PLS
 - Simulate response over channel 4

Coverage Assignments:

- 1000 LG7 cover west and east
- 1100 LG6 cover east and west

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: June 17, 2024

Location: East Beach / West Beach

Dive Supervisor: Wawrzynski

Tables Used: Noaa

Dive Type: Drill

Dive Description: Submersion Drill

[illegible]

[illegible]