

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

Jr. Guard Submersion Drill



Operational Period

Date From: 06/21/2024
Time From: 0900 Hours

Date To: 06/21/2024
Time To: 1030 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:	3. Operational Period:	
	Date:	Date From:	Date To:
	Time:	Time From:	Time To:

[illegible]

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: 06-21-2024

Location: East Beach

Dive Supervisor: Williams

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: 0900

Divers:	Farnell
RIC:	Balsillie
Start P.G.:	A
Depth:	15 Ft.
Bottom Time:	10 Min.
Safety Stop:	N/A
End P.G.:	A
Surface Interval:	
Coverage:	

Dive 2 Time:

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

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

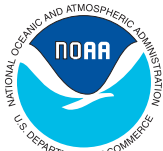
Line search and primary search for simulated submerged victims

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:

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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.

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

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

DEPTH		MAXIMUM NO-STOP TIME																		DIVE TIME REQUIRING DECOMPRESSION STOP MINUTES REQUIRED AT 20 fsw (6.1 msw)		00	
msw	fsw																					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	70	80	97							
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	14							
24.4	80	5	9	12	16	20	24	28	32	36	39	45	9	14	24								
27.4	90	4	7	11	14	17	21	24	28	30	35	40	10	17	30								
30.5	100	4	6	9	12	15	18	21	25	30	3	35	40	15	26								
33.5	110	3	6	8	11	14	16	19	20	25	3	30	14	35	27								
36.6	120	3	5	7	10	12	15	20	2	25	8	30	24										
39.6	130	2	4	6	9	10	15	20	1	25	4	17											

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: June 21, 2024

Location: East Beach / West Beach

Dive Supervisor: Williams

Tables Used: Noaa

Dive Type: Drill

Dive Description: Submersion Drill

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