

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

B-Shift Full Scuba Vehicle In The Water



Operational Period

Date From: 03/07/2025 Date To: 03/07/2025
Time From: 0830 Hours Time To: 1300 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: 03-07-2025

Location: Marine Park Dock

Dive Supervisor: Wawrzynski

Depth: 15'-20'	Visibility: 5-8ft	Temp: 58 Deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Vehicle in the water	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input checked="" type="checkbox"/> Entanglement	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1 **Time:**0900

Divers: Fletcher, Beebe		
RIC: Morimoto		
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/RB2	DTM/ Bay
	LG-7	Beach

Dive 2 **Time:**1000

Divers: Morimoto		
RIC: Beebe		
Start P.G.:	B	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	E	
Surface Interval:		
Coverage:	RB3/RB2	DTM/Bay
	LG-7	Beach

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: Full Scuba Primary Search for Simulated Submerged Vehicle

Objectives:

- Don PPE and Full Scuba,
- Enter water from the rescue boat
- Set PLS marker buoy,
- Primary search around the PLS
- Locate SWET Trainer,
- 360 search around SWET Trainer
- Simulate punching a window,
- Extricate victim and recover to the surface
- Reset the victim

Coverage Assignments:

0830 RB-2/ RB-3 Switch ends

0845 RB-1, RB-2, LG-6 Meet at MP Dock.

LG-7 Cover the Beach, RB-3 Cover DTM, RB-2 Cover the bay.

