

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

A-Shift Submersion Drill



Operational Period

Date From: 06/18/2026

Date To: 06/18/2026

Time From: 0900 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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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 <input type="checkbox"/> No <input type="checkbox"/> 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: 06-18-2026

Location: East Beach / West Beach

Dive Supervisor: Wawrzynski

Depth: 15'	Visibility: 2 to 6 Ft.	Temp: 65 deg
Equipment: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> RDU <input type="checkbox"/> SCUBA <input type="checkbox"/> Surface Comms		
Dive Type: Training		
Hazards: <input checked="" type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current		
<input type="checkbox"/> Other:		

Dive 1		Time: 0915
Divers:	Buso	
RIC:	Wawrzynski	
Start P.G.:	A	
Depth:	15 Ft.	
Bottom Time:	10 Min.	
Safety Stop:	N/A	
End P.G.:	A	
Surface Interval:		
Coverage:	RB3	ABM
		Beach

Dive 2		Time: 1115
Divers:	Farnell	
RIC:	Wawrzynski	
Start P.G.:	A	
Depth:	15 Ft.	
Bottom Time:	10 Min.	
Safety Stop:	N/A	
End P.G.:	A	
Surface Interval:		
Coverage:	RB3	ABM
	LG7	Beach

Dive 3		Time: 1215
Divers:	Johnson	
RIC:	Wawrzynski	
Start P.G.:		
Depth:		
Bottom Time:		
Safety Stop:	N/A	
End P.G.:		
Surface Interval:		
Coverage:	RB3	ABM
	LG6	Beach

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:

- 1100 LG7 cover west and east
- 1200 LG6 cover east and west



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																NO-STOP TIME	
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00	00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180	00	14	
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	00	25	
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	00	34	
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	74	80	90			
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70					
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					
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60					
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	50						
36.6	120	3	5	7	10	12	15	20	25	30	35	40	50	60						
39.6	130	2	4	6	9	10	15	20	25	30	35	40	50	60						

GROUP LETTER	fsw												
	40	45	50	55	60	70	80	90	100	110	120	130	GROUP LETTER
A	13	12	11	10	9	8	7	6	5	5	5	4	←A
B	150	113	81	64	51	40	32	24	20	15	10	6	←B
C	21	18	17	15	14	12	10	9	8	8	7	6	←C
D	142	107	75	59	46	36	29	21	17	12	8	4	←D
E	29	25	23	20	19	16	14	12	11	10	9	9	←E
F	134	100	69	54	41	32	25	18	14	10	6	1	←F
G	37	32	29	26	24	20	18	16	14	13	12		←G
H	126	93	63	48	36	28	21	14	11	7	3		←H
I	45	40	35	32	29	25	22	19	17	16	14	1	←I
J	118	85	57	42	31	23	17	11	8	4	1		←J
K	55	48	42	38	35	29	25	22	20	18			←K
L	108	77	50	36	25	19	14	8	5	2			←L
M	64	56	49	44	40	34	29	26	23				←M
N	99	69	43	30	20	14	10	4	2				←N
O	74	64	57	51	46	39	33	29					←O
P	89	61	35	23	14	9	6	1					←P
Q	85	73	65	58	52	44	38						←Q
R	78	52	27	16	8	4	1						←R
S	97	83	73	65	58								←S
T	66	42	19	9	2								←T
U	109	93	81	72									←U
V	54	32	11	2									←V
W	122	104	90										←W
X	41	21	2										←X
Y	136	115											←Y
Z	27	10											←Z
	152	11											←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
	1:16 :10	2:11 :06	3:03 1:48	3:55 2:40	4:48 3:32	5:40 4:24	6:32 5:17	7:24 6:09	8:16 7:01	9:09 7:53	10:01 8:45	10:53 9:38	11:45 10:30	12:37 11:22	13:30 12:14
		:55 :10	1:47 :53	2:39 1:45	3:31 2:38	4:23 3:30	5:16 4:22	6:08 5:14	7:00 6:07	7:52 6:59	8:44 7:51	9:37 8:43	10:29 9:35	11:21 10:28	12:13 11:20
			:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43	10:27 9:35	11:19 10:28
				:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43	10:27 9:35
					:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43
						:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51
							:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59
								:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07
									:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14
										:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22
											:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30
												:52 :10	1:44 :53	2:37 1:45	3:29 2:38
													:52 :10	1:44 :53	2:37 1:45
														:52 :10	1:44 :53

CHART 3 – REPETITIVE DIVE TIME

00 RED NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT)
 00 BLACK NUMBERS (BOTTOM) ARE ADJUSTED
 NO-STOP REPETITIVE DIVE TIMES
 ACTUAL DIVE TIME SHOULD NOT EXCEED THIS NUMBER

CHART 2 – SURFACE INTERVAL TIME

Time Ranges in hours: minutes
 Enter Chart 2 from the top,
 move down to find surface interval time,
 move left to find the next repetitive group letter.

