AB 1639: California Drowning Prevention and Rescue Act

Assemblymember Laurie Davies

IN BRIEF

AB 1639 strengthens California's drowning-prevention framework by clarifying CPR guidance for drowning emergencies and improving statewide CPR education. It also begins the first comprehensive effort to understand and recognize California's lifeguard workforce as a critical public safety resource.

THE ISSUE

Drowning is a leading cause of death for California's children ages 1-4, second cause of death for children ages 5-14, and third cause of death for teenagers and youth ages 15-24. Children with autism have a drowning rate 160% higher than their peers and is one of the leading causes of brain injury leading to cerebral palsy. For every fatal drowning there are ten other non-fatal drowning victims with a significant number of non-fatal drowning victims suffering permanent brain damage due to hypoxia (lack of oxygen to the brain). Drowning occurs at all ages and overall, 400 Californians suffer fatal drownings incidents each year in our state. Trained lifeguards are proven to dramatically reduce this risk at professionally guarded beaches, pools, lakes, and river swim beaches. Despite their lifesaving impact and the thousands of rescues and preventative actions they perform each year, California lacks comprehensive statewide data on its lifeguard workforce. At the same time, CPR training and public awareness remain inconsistent with only 54% of the states population having knowledge about CPR. And, California lacks a uniform statute regarding the emergency medical instructions our 911 call center operators must accurately reflect regarding best practices for drowning response, which requires both rescue breathing and chest compressions.

CURRENT LAW

California law requires lifeguards to be trained in first aid and CPR and to hold recognized certifications when guarding against drowning occurring at public pools. Certain public swimming pools must provide lifeguard services. Existing law also requires public safety agencies that provide 911 medical call processing to deliver prearrival medical instructions, including CPR, by January 1, 2027, but does not clearly specify that CPR instructions for drowning incidents must include both ventilation and chest compressions. Current statutes do not require statewide reporting or analysis of the lifeguard workforce.

THE SOLUTION

AB 1639 addresses these drowning prevention strategy gaps through targeted, practical steps. The bill clarifies that CPR instructions provided by 911 operators for drowning emergencies must include both rescue breathing and chest compressions, aligning emergency dispatch guidance with established drowning-response science. It directs the State Department of Public Health, in coordination with other agencies, to strengthen statewide public education efforts around CPR and access to CPR training, with the goal of significantly increasing knowledge and training rates by 2030.

Importantly, AB 1639 requires the Emergency Medical Services Authority to

produce a biennial report on California's lifeguard workforce beginning in 2028. This report will collect data on workforce size, training, certification levels, work settings, compensation, demographics, oversight, and discipline, and will examine how lifeguards fit into California's emergency medical services system. By improving data, visibility, and coordination without imposing new mandates on lifeguards the bill lays the groundwork for better drowning prevention outcomes and stronger public safety across California.

FOR MORE INFORMATION

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