



U.S. Consumer Product Safety Commission

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Includes recalls from the National Highway Traffic Safety Administration

CONSUMER PRODUCT SAFETY REVIEW

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Phthalates in Children's Products

As part of its job to evaluate the safety of children's products, the U.S. Consumer Product Safety Commission (CPSC) recently released its study of "DINP," a phthalate chemical used in some children's plastic toys and products. The study concluded that few, if any, children are at risk from DINP, because the amount they might ingest does not reach a harmful level.¹

Phthalates (pronounced thāl-ātes) are chemicals used in polyvinyl chloride (PVC) children's toys and other products to make them softer. In the U.S., DINP (diisononyl phthalate) is the predominant phthalate used for this purpose.

Existing studies in laboratory animals indicate that at relatively high doses, DINP damages the liver, kidneys, and other organs in mice and rats. Other studies indicate that DINP causes liver tumors (cancer) in mice and rats. Scientists do not agree, however, about whether the animal cancer risk relates to human risk.

To estimate the potential health risk to children, CPSC staff looked at how much DINP was released from children's products when mouthed or chewed and the amount of time children put these products in their mouths. The staff concluded in its analysis, which used the best information currently available, that few, if any, children are at risk.

Because uncertainties remain in some areas, however, CPSC staff also concluded that additional scientific work needs to be done. (See *Conclusions*, page 6.) Therefore, as a precaution, CPSC staff asked manufacturers to remove phthalates from soft rattles and teethingers — products that are intended for or likely to be mouthed by children under 3 years old. Other children's products on the market likely to be mouthed for lengthy periods, like pacifiers and baby bottle nipples, are generally made from latex or silicone and do not contain phthalates. A few pacifiers and nipples that contained phthalates were recently withdrawn from the market.

About 90 percent of manufacturers have indicated they have removed or will remove phthalates from soft rattles and teethingers by early 1999. In addition, until reformulated products are available, major retailers have removed teethingers and rattles containing phthalates from store shelves. CPSC staff also has asked industry to find a substitute for phthalates in other products, such as squeeze toys, that also are likely to be mouthed or chewed by children under 3 years old.

CPSC Testing

CPSC staff spent much of the past year evaluating the potential health risks to children under 3 years old from teethingers, rattles, and toys made from PVC containing the phthalate DINP. (See *Testing Phthalates*, page 3.) To calculate these risks, CPSC staff looked at issues such as exposure, chronic toxicity, and carcinogenicity.

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For example, to determine the phthalate most commonly found in children's plastic toys, CPSC staff tested 35 children's products made from PVC. Staff found that DINP is the predominant phthalate used to soften the PVC contained in some children's products sold in this country. Thirty-one of the products tested contained DINP.

CPSC staff noted a wide variability in the amount of DINP used to soften the products. In CPSC laboratory tests of these phthalates, staff found that the amount of DINP released also varied widely. The staff discovered no relationship between the amount of DINP used in the product and the amount released when tested in the laboratory. In addition, the staff found that, based on information currently available, the method used to manufacture the product did not correlate with the amount of DINP released.

CPSC staff then investigated how the amount of DINP released in laboratory tests corresponded with the amount released when human subjects mouthed or chewed children's products containing DINP. The staff discovered that the amount of DINP released was, on average, 39.5 times greater during the human subjects testing. Accordingly, the staff applied this increased factor to calculate the DINP release rates for the 31 products found to contain DINP.

Observational Study

To estimate how much time children are likely to mouth products containing phthalates, CPSC staff relied on the best available information, which was a study released by the Dutch Consensus Panel in September 1998. CPSC staff used this data to estimate the amount of time children spend mouthing teethingers, rattles, and toys.

Children under 1 year old were found to spend considerably more time mouthing objects than children over 1. For example, the median estimated mouthing duration in the 3- to 12-month old group was 12 minutes per day. The median estimated mouthing duration for 13 to 26 month olds was 2.1 minutes per day. These times were only for toys, teethingers, and rattles that might contain DINP. (Children spent much more time mouthing pacifiers, none of which contained DINP.)

Determining Risk

CPSC staff also needed to determine the level of phthalate consumption that could put humans at risk. Animal studies had shown that DINP causes chronic toxic effects to the liver and other organs. To determine the risk level

for humans, CPSC staff calculated an acceptable daily intake (ADI) for humans. The ADI is a level below which there are not expected to be harmful health effects in humans.

Using data from animal studies, staff calculated that an acceptable ADI for humans was 150 micrograms per kilogram of body weight per day. This value is derived by taking the highest level of exposure that did not result in an adverse health effect to animals and applying a 100-fold safety factor to account for possible differences between animals and humans and for differences in the sensitivity among individuals.

Using laboratory and exposure data, CPSC staff estimated the exposure to DINP from children mouthing teethingers, rattles, and toys. The data showed that at least 95% of the daily intake estimates were below the ADI of 150 micrograms per kilogram per day. The average exposure was estimated as 5.7 micrograms per kilogram of body weight per day for 3- to 12-month olds.

Continued on page 6

Manufacturers and Retailers: No DINP

The following manufacturers have stopped or will stop using phthalates in teethingers and rattles by early 1999:

- Chicco
- Little Tikes
- Disney
- Mattel (Fisher-Price ARCOTOYS, Tyco Preschool)
- Evenflo
- Safety 1st
- The First Years
- Sassy
- Gerber
- Shelcore Toys
- Hasbro (including Playskool)

The following retailers have removed phthalate-containing teethingers, rattles, pacifiers, and bottle nipples from store shelves:

- Toys-R-Us
- Walmart
- Sears
- Target
- K-Mart
- ShopKo Stores, Inc.
- Warner Brothers Studio Stores

Testing Phthalates

Dr. Michael A. Babich, from CPSC's Directorate for Epidemiology and Health Sciences, talked about the staff's study of phthalates in this interview.

■ *Why did CPSC decide to test phthalates (DINP) in toys?*

Some work had been done in Europe on the presence of DINP in children's products. However, these studies did not consider exposure — in other words, how much DINP leached from toys or how long children mouthed toys that contained DINP. In addition, some new toxicity information became available. We decided to look more closely at these studies and to conduct our own scientific studies. Based on the work we did, we concluded that few, if any, children are at risk from this chemical.

■ *Why do you believe few, if any, children are at risk?*

We found that the amount of DINP children might typically ingest from mouthing toys containing this chemical is below a harmful level. Though DINP may be in a product, it's not hazardous unless it leaches out in harmful amounts.

■ *How did you test for the amount of DINP released from children's products?*

We did two different tests, one in the laboratory and one using human subjects. For the first test, the CPSC chemistry laboratory immersed the product to be tested in a stainless steel beaker filled with a saliva-like solution. If necessary, they cut the product to fit into the beaker. Over a period of six hours, the product was impacted by an air-driven piston at a rate of 15 times per minute with a force of six pounds. This was intended to approximate the effects of a child's biting or chewing. We then measured how much DINP was released by the product.

■ *Is the amount of DINP extracted by a machine comparable to the amount released when a person mouths an object with DINP?*

By conducting another study with 10 adults, we found that there's a substantial difference. We gave each volunteer some disks cut from a toy duck with DINP. We asked them to gently chew or mouth the disks for four 15-minute periods. The volunteers were instructed to collect their saliva in labeled bottles. We later analyzed these samples for the amount of phthalate released.

■ *What did you find out?*

We discovered that much more DINP was released in the human chewing and mouthing study than in the lab study — almost 40 times more. We used this figure to calculate the exposure to children.

■ *How did you estimate the amount of time young children spend mouthing toys each day?*

We used data from a study done last year by the Dutch Consensus Group. Though it's a small sample size, the study is the only one available that uses real-life observations of kids who are 1 to 3 years old, rather than only professional judgments of how much time children mouth objects.

The study covered 41 children, ranging in ages from 3 to 26 months. Parents observed and recorded the mouthing activity of their children for ten 15-minute periods over two days. Mouthing activity was grouped according to product, such as pacifiers, toys intended to be mouthed (like teething rings and rattles), other toys, fingers, and non-toys.

■ *How did you use the results from the studies discussed above, and other information, to determine the risk to young children from mouthing toys with phthalates?*

We calculated an acceptable daily intake (ADI) of phthalates for humans at 150 micrograms per kilogram of body weight per day. We then looked at the exposure to DINP from children's products obtained from CPSC's studies, as well as the Dutch observational study. We estimated that exposures would not exceed the ADI of 150 micrograms per kilogram per day.

■ *Does all this mean that children are safe from DINP in children's toys?*

Based on the best available information, we believe that few, if any, children are at risk of toxicity from mouthing children's products with DINP. However, there are several areas of uncertainty in our risk assessment. Therefore, we recommended further work in this area.

■ *If parents want to be extra cautious about their children's plastic toys, what should they do?*

Parents who are concerned about their children mouthing soft vinyl products, especially teething rings and rattles, may want to dispose of them. These products will be available without DINP very soon in stores. Pacifiers and bottle nipples now on the market are not made of DINP.

Helmets for Skiers and Snowboarders

In a recent study, CPSC staff concluded that using ski helmets could reduce the risk of head injury associated with skiing and snowboarding.¹

While overall ski injuries have declined in the past few years, the number of head injuries has remained essentially unchanged. Snowboarding injuries, especially head-related injuries, have increased significantly.

Overall, head injuries represent about 14% of all skiing and snowboarding injuries. Among children under 15, head injuries are 22% of total ski and snowboarding injuries, which is higher than in any other age group.

According to the National Sporting Goods Association (NSGA), an average of nearly 10 million people participated in alpine skiing more than once a year between 1993 and 1997. Snowboarding participation has increased from 1.8 million participants in 1993 to 2.5 million in 1997.

Children are especially attracted to snowboarding. Between 1993 and 1997, snowboarding participation of those between 7 and 17 years old increased 43%, from 980,000 to 1.4 million. The largest increase was in the 7 to 11 age group, up 54% from 280,000 to 430,000 participants.

Reducing Head Injuries

As part of an ongoing effort to reduce sports-related head injuries, CPSC staff conducted an in-depth study of injuries associated with skiing and snowboarding. The staff concluded that helmet use by skiers and snowboarders could prevent or reduce the severity of 44% of head injuries. For children under 15, 53% of head injuries could be addressed.

Research in other countries also has shown that helmets can help reduce the risk of head injuries to skiers. In Sweden, for example, a national study found that head injuries among skiers wearing helmets was 50% lower than for skiers not wearing helmets.

Injury Data

According to CPSC's National Electronic Injury Surveillance System (NEISS), there were an estimated 84,200 U.S. hospital emergency room-treated injuries associated with skiing in 1997. This represents a decline from 1993, with an estimated 114,400 injuries.²

Between 1993 and 1997, however, the estimated number of head injuries associated with skiing remained essentially unchanged, from 13,600 in 1993 to 12,700 in 1997.

During the same period, snowboarding injuries nearly tripled, from 12,600 to 37,600. The estimated number of head injuries associated with snowboarding increased five-fold, from 1,000 in 1993 to 5,200 in 1997.

CPSC staff also examined death data relating to these sports. From 1990 to 1997, CPSC received reports of 188 skiing and snowboarding-related deaths, or about 24 deaths a year. In 95 cases, a collision, often with a tree, was involved in the incident. More than half the reports identified head injury as part of the cause of death. Of these, 84 deaths were attributed solely to head injury.

CPSC Special Study

To investigate this subject in greater depth, CPSC staff conducted a special study of skiing and snowboarding-related head and neck injuries treated in NEISS hospitals. A key aspect of the study was to determine whether a helmet would have covered the area of injury and prevented or reduced the severity of the injury.

For the study, CPSC staff identified 124 reports of head injury for follow-up investigation. CPSC staff contacted victims or parents of victims and asked them to complete a questionnaire about the head injury, as well as provide details of the incident leading to the injury.

Skiing and Snowboarding Safety

To protect against injuries while skiing or snowboarding, plan to take the following actions.

- Wear a helmet specifically designed for skiing or snowboarding.
- Select the right equipment. Make sure items such as bindings and boots are adjusted to fit properly.
- Make sure you have the proper training. Don't ski or snowboard beyond your ability.
- Ski and snowboard in control. Follow the rules of the slopes.
- Never ski or snowboard alone. Make sure someone is there to help you if you get hurt.
- Get in shape before you hit the slopes. Making sure you are physically fit before you ski or snowboard can help prevent injuries.
- Wear warm, close-fitting clothing. Loose clothing can become entangled in lifts, tow ropes, and ski poles.

Questions were included about lighting and weather conditions, slope conditions, number of hours skiing or snowboarding before the injury occurred, ability level of the victim, the difficulty of the slope on which the injury occurred, the cause of the injury, the circumstances leading to the incident, types of equipment used, and whether the victim was wearing a helmet at the time of injury. Questionnaires were completed in 74 cases.

In addition, reporting hospitals provided additional details about the point of impact on the victim's head.

Reducing Injuries

In its special study, CPSC staff found that falls were the leading cause of head and neck injuries. Of these, 69% were caused when the victims either hit the surface or fell and hit their ski equipment. For about two-thirds of the falls, CPSC staff determined that a helmet would have prevented or lessened the severity of the head injury.

Six of the victims, all under 18, were wearing a helmet when they were injured. In five cases, the injuries appear to have been mitigated by use of a helmet.

For all causes of head injury, CPSC staff concluded that 44% of the head injuries in the study could have been prevented or reduced in severity by wearing a ski helmet. These were injuries identified as those to the top of the head, back of the head, forehead, and side of the head above the ear.

Of the remaining 56% of head injuries, 42% would not have been addressed by a helmet; 6% of the victims were wearing helmets at the time of injury; and no determination could be made for 8% of the injuries.

Based on the proportions found in this special study, CPSC staff projected that, nationally, an estimated 7,700 skiing and snowboarding injuries a year could be addressed by use of a helmet. For injuries to children under 15, the potential protection rose to about 53% of all head injuries (or about 2,600).

In its analysis of death certificate data, CPSC staff estimated that up to 11 deaths a year might have been prevented had a ski helmet been used.

Ski Helmet Use

Ski helmet usage is estimated to be about 2% to 3%. The use of helmets is rising, however, among snowboarders performing extreme tricks, students of skiing and snowboarding schools, and young children.

Although annual sales of ski helmets have not yet exceeded 100,000, helmet sales have increased 25% a year over the past five years. This makes ski helmets the fastest growing product category in the snow sports industry.

Most ski and snowboard helmets are imported from Europe, and their designs vary. Some include openings for ears to allow ease of hearing, adjustable venting systems, liners for fit and warmth, allowances for wide peripheral vision, and coverage for the back of the head. Most helmets are designed to accommodate goggles, as well as other face protection equipment.

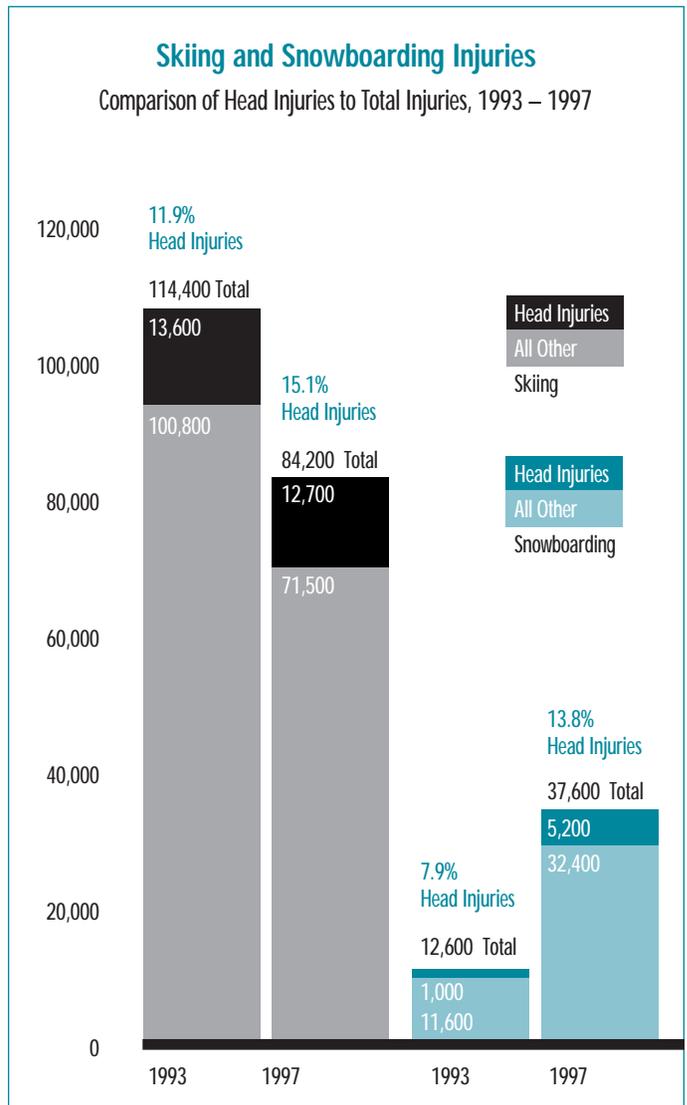
Helmet prices for adults range from about \$75 to \$300. Children's helmets cost between \$70 and \$150. Helmets may be rented at ski equipment rental stores for as low as \$4 to \$5.

Ski Helmet Laws and Safety Standards

No states currently have laws requiring the use of ski helmets for any age group.

Currently, ski helmets are tested to a European safety standard. In the future, ski helmets also may be tested to U.S. safety standards established by Snell or ASTM.

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Ski Helmets *continued from page 5*

Conclusion

CPSC staff concluded that the use of ski helmets could reduce the risk of head injury associated with skiing and snowboarding. Studies have shown that safety helmets for motorcycling and bicycling provide effective protection against head and brain injuries, including severe brain injuries. Based on this experience, as well as the study of ski injuries in Sweden (which demonstrated a reduction in head injuries among skiers wearing helmets), it is reasonable to assume that a ski helmet also could provide effective protection against head and brain injuries.

— *Linda Edwards, Directorate for Engineering Sciences*

References

1. Skiing helmets: an evaluation of the potential to reduce head injury. Washington, DC: CPSC, 1999.

2. NEISS, operated by CPSC, is a statistical sample of the hospitals nationwide that have emergency departments. Each day, NEISS hospitals report to CPSC all emergency room-treated injuries associated with consumer products and related activities.

For More Information

For a complete copy of the CPSC report *Skiing Helmets: An Evaluation of the Potential to Reduce Head Injury*, contact:

Office of the Secretary
U.S. Consumer Product Safety Commission,
Washington, DC 20207
301-504-0800
or visit CPSC's web site at www.cpsc.gov.

Phthalates in Children's Products *continued from page 2*

In addition, CPSC staff looked at the issue of possible carcinogenicity. Two animal studies had found that DINP caused an increased incidence of liver tumors in rats and mice. There is uncertainty, however, about the mechanism by which compounds such as DINP contribute to cancer in animals and whether this mechanism applies to humans. In addition, there is controversy over the appropriate method to estimate the cancer risk in humans. To help resolve this controversy, CPSC staff recommended that a Chronic Hazard Advisory Panel, a panel of independent scientists, be convened to advise CPSC.

Conclusions

Based on its testing of DINP released from children's products and other studies, CPSC concluded that few, if any, children are at risk for toxicity from mouthing teethingers, rattles, and other PVC toys that contain DINP.

To address uncertainties associated with the staff's assessment, however, CPSC will undertake additional work to address the risk to children. CPSC plans to:

- Convene a Chronic Hazard Advisory Panel (CHAP) of independent scientists to study issues related to the chronic toxicity and risk, including the possible risk of cancer, associated with exposure to DINP in children's PVC products.

- Conduct a more extensive observational study to obtain a broader range of data from which to define the amount of time children mouth products that could contain phthalates.
- Continue work to develop a laboratory test method that better estimates the amount of phthalate released when products are mouthed by children.
- Conduct additional testing of products that contain DINP intended for children under age 3.

— *Michael A. Babich, Ph.D. and Michael A. Greene, Ph.D., Directorate for Epidemiology and Health Sciences, and Shing-Bong Chen, Ph.D., Directorate for Laboratory Sciences*

Reference

1. The risk of chronic toxicity associated with exposure to diisononyl phthalate (DINP) in children's products. Washington, DC: CPSC, December 1998.

For More Information

To obtain a copy of the CPSC report on phthalates and children's products, please visit CPSC's website at www.cpsc.gov.

Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at: 1-800-638-8095. Visit our website at www.cpsc.gov. Or, fill out the form below. Send it to: U.S. Consumer Product Safety Commission/EHDS, Washington, DC 20207 or fax it to: 1-800-809-0924. We may contact you for further details. Please provide as much information as possible. Thank you.

YOUR NAME _____

YOUR ADDRESS _____

CITY _____

STATE _____

ZIP _____

YOUR TELEPHONE _____

NAME OF VICTIM (IF DIFFERENT FROM ABOVE) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

DESCRIBE THE INCIDENT OR HAZARD, INCLUDING DESCRIPTION OF INJURIES _____

VICTIM'S AGE _____

SEX _____

DATE OF INCIDENT _____

DESCRIBE PRODUCT INVOLVED _____

PRODUCT BRAND NAME/MANUFACTURER _____

IS PRODUCT INVOLVED STILL AVAILABLE?

YES

NO

PRODUCT MODEL AND SERIAL NUMBER _____

WHEN WAS THE PRODUCT PURCHASED? _____

This information is collected by authority of 15 U.S.C. 2054 and may be shared with product manufacturers, distributors, or retailers. No names or other personal information, however, will be disclosed without explicit permission.



U.S. Consumer Product Safety Commission
Washington, DC 20207

TC-49

MECAP NEWS

Medical Examiners and Coroners Alert Project and Emergency Physicians Reporting System

The MECAP-EPRS Project is designed to collect timely information on deaths and injuries involving consumer products. Please contact us whenever you encounter a death or situation that you believe should be considered during a safety evaluation of a product.

To report a case or ask for information about MECAP, please call our toll-free number, 1-800-638-8095, or our toll-free fax number, 1-800-809-0924, or send a message via Internet to AMCDONAL@CPSC.GOV.

*Indicates cases selected for CPSC follow-up investigations. Cases reported but not selected for follow-up also are important to CPSC. Every MECAP report is included in CPSC's injury data base and will be used to assess the hazards associated with consumer products.

During the months of September, October, November and December 1998, 519 cases were reported to CPSC. Included here are samples of cases to illustrate the type and nature of the reported incidents.

ASPHYXIATIONS/ SUFFOCATIONS

A male, 7 months, suffocated in his crib when he became wrapped in his flannel blanket. (Joseph Pestaner, M.D., Medical Examiner and John E. Smialek, M.D., Chief Medical Examiner, Baltimore, MD)

*A male, 11 months, was found, unresponsive, hanging through the bottom slats of a crib with the mattress pressing down on his head. The mattress had shifted and the child had fallen feet first through the slats, entrapping his head in the slats. The cause of death was asphyxia. (Patrick K. O'Neil, Coroner, Joliet, IL)

*A female, 11 months, was placed in a lightweight plastic youth bed to sleep. A wall heater prevented the bed from fitting flush against the wall. While sleeping, the victim wedged herself between the wall and the bed's mattress. The cause of death was positional asphyxia. (Vernon McCarty, Coroner, Washoe County, Reno, NV)

* A male, 19 months, was walking and chewing on a toy ice cream cone with the ice cream portion missing. The victim's mother stepped out of the room for a short period of time and returned to find the child on the floor with the cone lodged in his throat. The cause of death was asphyxia. (Kathy Blea for Thomas F. Henry, M.D., Medical Examiner, Denver, CO)

*A female, 2, was playing in her backyard and attempted to go down a slide backwards when the drawstring in the hood of her jacket caught on the sliding board. A babysitter found the child unresponsive. The cause of death was strangulation. (Anna Chang for Elizabeth K. Balraj, M.D., Coroner, Cuyahoga County, Cleveland, OH)

POISONINGS

Two males, 50 and 22, were camping and using a propane space heater in their tent. The vent flaps in the tent were closed securely. Both men died in their sleep of carbon monoxide poisoning. (Kathrine Descheneaux for Thomas A. Andrew, M.D., Chief Medical Examiner, Concord, NH)

*A male, 72, collapsed on his kitchen floor. His niece called the fire department who determined that an old furnace was emitting carbon monoxide. The niece and her baby were also overcome by CO poisoning, but survived. The cause of death was carbon monoxide poisoning. (J.G. Mabe for Joseph L. Burton, M.D., Chief Medical Examiner, Dekalb County, Decatur, GA)

A male, 57, and his son were camping in a tent that was closed with a zipper. They were using a propane lantern. The son left the tent for one hour and returned to find his father dead. The cause of death was carbon monoxide poisoning. (Robert Laughon for William Rohr, M.D., Medical Examiner, Collin County, McKinney, TX)

DROWNINGS

A male, 3, was found lying face down in a swimming pool by his mother and grandmother. The vic-

tim's mother and grandmother each thought the child was with the other adult. The victim had climbed a lattice fence surrounding the swimming pool and entered the pool. The cause of death was drowning. (Charles W. Anderson, M.D., Medical Examiner, Norfolk, VA)

A female, 2, entered her backyard from her house and fell onto a tarp covering an above-ground swimming pool. The victim's body weight pressing down on the tarp caused water to form on top of the tarp. The cause of death was drowning. (Sharon Mandel for Erik Mitchell, M.D., Medical Examiner, Shawnee County, Topeka, KS)

A female, 11, was tossing coins into the four-foot deep end of a pool and diving in after them. One of the coins fell through a drain cover in the center of the pool. The victim tried to retrieve the coin by sticking her foot into the drain. The victim's foot got stuck in the drain. Lifeguards took turns diving underwater to blow air into the victim's mouth. When firefighters arrived, the victim was unconscious. It took 25 minutes to free the victim's foot. The victim was transported to the hospital, where she later died. The cause of death was drowning. (Thomas Young, M.D., Pathologist, Jackson County, MO)

A female, 2, left her house while her parents were getting other siblings ready for bed. The victim climbed the ladder of an above-ground swimming pool and entered the pool. The child was found in approximately four feet of water. The cause of death was drowning and brain damage. (Eugene S. Bombich for R. Kik, M.D., Medical Examiner and Richard Tooker, M.D., Chief Medical Examiner, Kalamazoo County, Kalamazoo, MI)

FIRES

A male, 42, smelled smoke coming from a furnace. The victim crawled into a crawl space to examine the furnace, and it exploded. The victim managed to get out of the house, drive his car for a while, and stop a volunteer fireman for help. The victim had burns over 80% of his body and severe inhalation injuries. He died of multiple system organ failure and thermal burns. (Kenneth Ries, M.D., Medical Examiner, Richmond, VA)

*A male, 4, was playing with a multi-purpose lighter. The victim went into his bedroom, ignited the lighter, and set his bed covers on fire. The triggering mechanism of the lighter lacked any childproof control. The cause of death was carbon monoxide toxicity and lethal cyanide levels. (Phillip E. Reilly, M.D., Coroner, Fayette County, Uniontown, PA)

*A male, 66, was riding on a lawn mower when it ignited. The fire ignited the victim's clothing, and he suffered burns over 40% of his body. The cause of death was sepsis and extensive burn injuries. (Nancy Moore for Christopher S. Ingram, M.D., Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

*Two females, 6 and 3, died in a trailer fire caused by a faulty space heater. The victims' father attempted to rescue the girls, but he was unsuccessful. The cause of death was smoke inhalation. (Ross Wheeler, M.D., Medical Examiner and William H. Schutze, M.D., Medical Examiner, Fifth District, Leesburg, FL)

A female, 84, was cooking at her stove when her robe caught fire. The victim suffered burns to 55% of her body. The cause of death was thermal burns with complications. (David Schomburg for Dr. deRoux, Medical Examiner, New York City, NY)

A male, 67, was stripping and refinishing floors with a flammable solution at an apartment complex. The container filled with the solution was placed too close to a natural gas pilot light from a water heater and started a flash fire. The victim received burns over 98% of his body. The cause of death was cardiopulmonary arrest and thermal burns. (J.G. Mabe for Steven F. Dunton, M.D., Medical Examiner and Joseph L. Burton, M.D., Chief Medical Examiner, Dekalb County, Decatur, GA)

ELECTROCUTIONS

A female, 39, plugged a two-prong electrical cord from an antique lamp into an electrical outlet. The victim was holding the metal lamp in one hand when it became energized. The cause of death was electrocution. (Edward J. Bond, Coroner, Bibb County, Macon, GA)

MISCELLANEOUS

A male, 22, was moving a 400-pound soccer goal post with friends. The post fell over on top of the victim, hitting him in the head. The cause of death was blunt head injuries and a fractured skull. (Ryann Ray for John Howard, M.D., Chief Medical Examiner, Pierce County, Tacoma, WA)

— Suzanne Newman, Directorate for Epidemiology and Health Sciences



CPSC Recalls

The following product recalls were conducted by firms in cooperation with CPSC. For more information about recalls, visit CPSC's website at www.cpsc.gov.

Product: About 62,000 **crib mattresses** by Cosco, Inc. The mattresses were sold with Cosco Model "M" tubular metal cribs. The "M" is the third character in the model number on a label on the bottom of the crib's end panel. The cribs came in a variety of colors, including red, white, mixed primary and mixed pastels. "Cosco" is on the crib label and the mattress tag. The cribs were sold nationwide for up to \$150.

Problem: When a baby stands in the crib, the mattress can compress and be pushed between the bars on the crib platform. The baby can slip between the bars of the platform and become entrapped. Cosco has 12 reports of babies becoming entrapped, including one report of an 11-month-old baby who died after becoming entrapped.

What to do: Stop using the crib and mattress or place a board between the crib platform and mattress. Contact Cosco at 1-800-221-6736 between 8 a.m. and 4:30 p.m. EST M-F or at www.coscoinc.com for \$25 refund to purchase a new mattress.

Product: About 57,000 Geoby™ Two Ways™ **tandem strollers** made by Cosco, Inc. The strollers, models 01-644 and 01-645 (with car seat), were made from February 1997 through February 1998. The model number and manufacturing date code are on a label on the back leg frame above the wheel. Date codes between 0697 and 0698 are recalled. The strollers are made for two children to ride one in front of the other. "Cosco by Geoby™" is on the plastic side lock covers and "Two Ways" is on the front seat crotch support. These strollers were sold nationwide for about \$110 (01-644) and \$170 (01-645).

Problem: The plastic locks on the folding mechanisms can break during use, causing the strollers to suddenly collapse. Babies can suffer injuries from the fall, including head injuries, or their arms, hands or fingers can be cut by the broken locking mechanism. Cosco has 3,000 complaints about the locks, including 250 reports of strollers collapsing, resulting in over 200 injuries such as head injuries, a fractured arm, finger and arm lacerations requiring stitches, and cuts, bumps, and bruises.

What to do: Stop using the stroller and contact Cosco at 1-800-221-6736 between 8 a.m. and 4:30 p.m. EST M-F or at www.cosco-inc.com for a free repair kit.

Product: Up to 10.1 million nets on **Toy Basketball Sets** manufactured since 1976 by Today's Kids, Little Tikes, Fisher-Price and Ohio Art. The toy basketball sets are made for children 1 1/2 years and up. The plastic sets have sand-filled bases, and the hoops are attached to poles that adjust from 3.5 feet to 6 feet high. The brand names are printed or molded on the toys. Most sets were sold from 1988 until December 1998 in toy stores and retail stores nationwide, although some were sold as early as 1976. Sale prices ranged from \$10 to \$50.

Problem: Children can partly unhook the nets from the hoops or can pull on knots that slide, which can open spaces in the nets for a child's head to enter. CPSC and the firms have reports that an 18-month-old child died and 20 other children under 5 were entangled in the nets, which became twisted around their necks.

What to do: Remove and throw away nets that can unhook or have knots that slide. Call the manufacturer with the model number of your set to receive a new net that will securely attach to the

hoop and does not have sliding knots. Call: Today's Kids 800-916-8697, Little Tikes 888-848-4537, Fisher-Price 888-229-4555, Ohio Art 800-641-6226. Also, Come Play 800-528-3328 recalled its nets in 1995 and will send new nets.

Product: More than 22,000 Marco **gas fireplaces** sold from February 1993 through November 1997. These fireplaces were sold by gas appliance, hearth and fireplace distributors and dealers and were also installed in new homes. The fake-log fireplaces have a glass panel that seals the fireplace opening. The recalled fireplace model numbers 794 or 797 are on the inside of the bottom grill door and on the owner's manual. The fireplaces sold for about \$1000 and the vent system for about \$140.

Problem: The vent pipe that exits through the house wall may become disconnected and escaping gas can start a fire inside the wall. Marco and CPSC have reports of 22 fires, some of which caused extensive damages. No injuries have been reported.

What to do: Stop using the fireplace immediately and call for a free repair of the vent pipe system. Call Marco at 877-413-9850 between 7:30 a.m. and 4:30 p.m. PST any day. Contact their web at www.marcofireplace.com/recall.html.

Product: Over 190,000 spray cans of Party Time "**Happy String**" manufactured by KMC USA Inc. They were sold between October 1998 and January 1999 at Dollar Tree, Dollar Bills and Only \$1 stores nationwide. The spray string comes in 1.75 ounce 5 inch cans and sold for about a dollar.

Problem: The "Happy String" can ignite if sprayed near candles or other flame sources because the propellant in the product is flammable. CPSC has reports of two persons burned seriously on their face, arm and ear.

What to do: Take "Happy String" away from children immediately and return it to any Dollar Tree store for a refund. Call Dollar Tree stores at 800-876-8077 anytime.

Product: About 17,600 **girl's fleece robes**, sizes 7 through 14, sold at Limited Too stores. The polyester fleece robes sold from September through December 1998 for \$60 and \$64. The robes are labeled "Limited Too"... "100% Polyester"... "Made in Sri Lanka". They have shawl collars and a tie belt and some have satin trim on the collar.

Problem: The robes fail the federal flammability test and present the risk of burn injuries to children. Limited Too has no reports of injuries. Junior size robes that are size 16 and up and are blue and ivory colored are not recalled.

What to do: Stop children from wearing these robes. Return them to any Limited Too store for a refund of the full price or a product exchange. Call Limited Too 800-934-4497 between 8:30 and 5:30 ET Monday through Friday.

Product: About 240,000 "**Baby Bjorn**" **soft fabric infant carriers** made by Regal+Lager. The carriers were sold from January 1991 through October 1998 in children's specialty stores and in mail order catalogues for about \$75. "Baby Bjorn" is printed on the front and the strap of each cloth carrier.

Problem: Small infants, usually under 2 months old, can slide out through one leg opening of the carrier. CPSC and the firm have reports of nine infants falling out through the leg opening. Six of these infants suffered skull fractures. New "Baby Bjorn" carriers do not have the problem leg openings.

What to do: Do not use the recalled carrier for a small child. Call Regal+Lager for a free repair kit that will reduce the size of the leg openings. Call 877-242-5676 to request the free repair kit immediately.

— Marc Schoem and Jean Kennedy, Office of Compliance



NHTSA Recalls

The National Highway Traffic Safety Administration (NHTSA) is the government agency responsible for improving safety on our Nation's highways. As part of its efforts to achieve this goal, it is authorized to order manufacturers to recall and repair vehicles or items of motor vehicle equipment (including air bags, tires, and child safety seats).

The following safety recall campaigns are being conducted in cooperation with NHTSA. For more information about NHTSA recall activities, you can access NHTSA on the Internet at <http://www.nhtsa.dot.gov> or by calling the NHTSA Auto Safety Hotline at 1-888-DASH-2-DOT (1-888-327-4236).

Aluminum Company of America

Alcoa is recalling 88,394 **LTS and Classic aftermarket aluminum light truck wheels, 16"x 6"**, used with dual rear wheel axle applications, and manufactured from September 1993 through June 1996. Fatigue cracks can occur at multiple locations in the outboard bead seat area, allowing air to slowly leak out of the tire. If the user ignores the problem, the cracks could continue around the circumference of the wheel, causing the face of the wheel to separate from the remaining part of the wheel. This condition could result in the tire separating from the wheel. Owners who do not receive the free replacement truck wheels within a reasonable time should contact Alcoa at 1-888-999-6310. [NHTSA Recall 98E039]

Basic Comfort, Inc.

Basic Comfort is recalling 41,906 **Galaxy 2000, Models 960 and 961**, because these seats do not meet the chest acceleration requirements of FMVSS No. 213, "Child Restraint Systems." Improper placement of the shoulder belt portion of the vehicle's built-in safety harness system can result in excessive forces on the chest of the booster seat occupant, increasing the risk of personal injury. A revised instructional booklet will be provided to owners of these booster seats. Owners who do not receive the free instruction booklet within a reasonable time should contact Basic Comfort at 1-800-456-8687. [NHTSA Recall 98E036]

Ford Motor Company

Ford is recalling 175,000 **1990-1999 Crown Victoria and Lincoln Town car police, fleet, natural gas, and limousine vehicles**. The one-piece bearing within the lower control arm ball joint can weaken slowly during use and eventually crack, resulting in separation of the ball and cap of the joint, allowing the control arm to drop to the ground. If this occurs while the vehicle is moving, reduced steering control could occur, increasing the risk of a crash. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. [NHTSA Recall 98V322 /Ford Recall 98S37]

Ford is also recalling 2,697,000 **1986-1995 Taurus, Mercury Sable, and 1988-1994 Lincoln Continental** model vehicles originally sold, or currently registered, in Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Wisconsin. The rear lower subframe mount plate nut can experience stress corrosion cracking if subjected to long term exposure to road salts. This can result in fracture and loss of the structural integrity of the subframe mount attachment.

Detachment of the body mounts at the rear corner of the subframe, which supports the engine and transmission, allows the rear corners of the subframe to drop. If both rear corners drop, steering would become suddenly very difficult, affecting vehicle control and increasing the risk of a crash. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. [NHTSA Recall 98V323/Ford Recall 98S36]

General Motors Corporation

GM is recalling 111,470 **1995 Chevrolet Lumina, Buick Regal, Oldsmobile Cutlass, and Pontiac Grand Prix** model vehicles because the center rear seat belt anchor plate exhibits stress cracks. In the event of a crash, the seat belt system can fracture, increasing the risk of injury to the seat occupant. Owners who do not receive the free remedy within a reasonable time should contact Chevrolet at 1-800-222-1020, Buick at 1-800-521-7300, Oldsmobile at 1-800-442-6537, or Pontiac at 1-800-762-2737. [NHTSA Recall 98V306 /GM Recall 97023A]

Mazda (North America), Inc.

Mazda will recall 213,000 **1995-1997 626 and 1995-1996 MX6** model vehicles because air bag deployment could occur in minor undercarriage impacts. Unexpected air bag deployment can result in personal injury. Owners who do not receive the free remedy within a reasonable time should contact Mazda at 1-800-222-5500. [NHTSA Recall 98V249]

Nissan Motors Corporation

Nissan is recalling 28,970 **1991-1992 Infiniti Q45** vehicles equipped with Bose rear speakers with an integral amplifier. A conductive bridge can form between two lines of the circuit board pattern when there is electrolyte leaked from a capacitor and high humidity conditions. This can close a transistor on the circuit board which causes overheating, resulting in smoke or flame and possibly catching the rear speakers on fire. Owners who do not receive the free remedy within a reasonable time should contact Nissan at 1-800-NISSAN1 (1-800-647-7261). [NHTSA Recall 98V284]

Subaru of America, Inc.

Subaru is recalling 96,693 **1994-1995 Impreza and 1995-1996 Legacy** vehicles because inadvertent air bag deployment can occur after undercarriage contact of the tow hooks with curbs, dips, speed bumps, potholes, etc. Unexpected air bag deployment could result in personal injury. Owners who do not receive the free remedy within a reasonable time should contact Subaru at 1-800-782-2783. [NHTSA Recall 98V315]

Volkswagen of America, Inc.

Volkswagen is recalling 37,200 **1993-1995 Audi 90, 100 and Cabriolet vehicles equipped with V6 engines**. An internal seal of the fuel injector can malfunction, allowing fuel leakage in the engine compartment. Fuel leakage in the presence of an ignition source can result in a fire. Owners who do not receive the free remedy within a reasonable time should contact VWoA at 1-800-822-8987. [NHTSA Recall 98V332/VWoA Recall KS]

Volvo Cars of North America, Inc.

Volvo will recall 50,835 **1998-1999 Volvo V70 station wagons equipped with third seats, users of this seat**, when exiting the vehicle, can come in contact with the tailpipe. Contact with the tailpipe can result in personal injury. Owners who do not receive the free remedy within a reasonable time should contact Volvo at 1-800-458-1552. [NHTSA Recall 98V254/Volvo Recall 89]

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