



U.S. Consumer
Product Safety
Commission

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CONSUMER PRODUCT SAFETY REVIEW

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Reducing Poisonings to Children

Each year, an estimated 2,300 children under age 5 go to hospital emergency rooms with poisoning-related injuries from ordinary household products like cleaning solvents, automotive cleaners, and lubricants.

These products have two things in common: they may contain petroleum distillates and are not required to be in child-resistant packaging.¹

To address this problem, the U.S. Consumer Product Safety Commission (CPSC) recently voted to issue an advance notice of proposed rulemaking (ANPR), which could result in a regulation requiring child-resistant packaging for these and all other products that contain petroleum distillates.

Petroleum distillates are a group of hydrocarbon-based chemicals refined from crude oil. They include gasoline, kerosene, mineral spirits, naphtha, paraffin wax, and tar. They are the primary ingredient in many products, including certain furniture polishes, paint solvents, adhesives, and automotive chemicals.

Aspiration of even small amounts of these substances into the lungs can cause asthma, pneumonia, pulmonary damage, and death. Aspiration can occur when young children choke while attempting to drink such substances or during vomiting after drinking them.

In addition, products with hydrocarbons that are not petroleum distillates can cause similar toxic effects. These include pine oil, benzene, toluene, xylene, turpentine, and limonene. Many of these products also are not required to be in child-resistant packaging.

Hazard Data

To document the scope of this problem, CPSC staff recently released a special study of hospital emergency room visits for children under age 5 associated with products likely to contain petroleum distillates and pine oil.² Together, these groups of products accounted for an estimated 4,600 annual emergency room visits.

Information was compiled from CPSC's National Electronic Injury Surveillance System (NEISS)³, the American Association of Poison Control Centers (AAPCC) Toxic Exposure Surveillance System (TESS), and death reports from CPSC data files.

In the NEISS cases, most children had primarily poisoning-related injuries and were exposed to these products through inhalation, ingestion, or eye or skin contact. About 5% of the estimated 2,300 possible petroleum distillate cases resulted in hospitalizations.

The AAPCC reported 11,100 incidents in 1994 attributed to unregulated products that likely contained petroleum distillates. Another 4,100 incidents were associated with pine oil. Several major or life-threatening incidents were documented.

Continued on page 2

Since 1973, CPSC has received reports of 10 deaths associated with petroleum distillates and 5 deaths from pine oil involving children under age 5. Most deaths were caused by chemical pneumonia following aspiration of the substance into the lungs.

For this special study, CPSC staff conducted in-depth telephone investigations of 43 relevant cases occurring between October 1994 and May 1996. The interviews uncovered more details about the victims and how these incidents occurred.

Hazard Scenarios

For example, most victims were 1 and 2 year-old children, and were about evenly divided between males and females. Most incidents occurred in the child's home. About half the children found the product in its normal storage area.

Most products (80%) were in their original package and reported as not child-resistant. In these instances, the child opened the package (52%); the product was placed in a bucket or cup (22%); the package cap was left off or left on loosely (22%); or an older child was involved (3%).

Where products were originally in child-resistant packages, the child-resistant feature had been bypassed or discarded. For example, the product had been removed from its original child-resistant package and placed in another container.

Although caregivers may have been nearby when the incident happened, most (80%) reported that no one saw the child taste or swallow the product. The following reasons were given, however, for suspecting that the child had contact with the product: the child had residue or smell of the product in or on the child's mouth; the child was coughing or gasping; or the child was found with the bottle in his or her hands. Based on the contents of the package prior to the suspected ingestion, almost all caregivers reported that the child had ingested only a small amount.

About one-fourth of the children showed some physical symptoms before going to the emergency room, most often vomiting or coughing. After the suspected ingestion, most caregivers (72%) contacted a poison control center, physician, or other health professional. About one-third of the caregivers treated the child at home, usually giving the child milk or water. Sixty percent of the caregivers reported that hospital treatment most often included the administration of a charcoal solution.

Most children had relatively easy access to the product; in about 70% of the incidents, the child did not climb onto any object to obtain the product. About one-third of the children found the product on a counter top or table. About the same number discovered the product inside a cabinet or under the

sink. Others found the product in a trash can or on the floor.

Regulatory Issues

The advance notice of proposed rulemaking solicits public comment on the need for a regulation to require products containing petroleum distillates, as an entire class of chemicals, to be placed in child-resistant packaging. Under the Federal Hazardous Substances Act (FHSA) regulations, these substances already are required to carry the hazard warning: "harmful or fatal if swallowed." Some, but not all, of these products also are required to be in child-resistant packaging under the Poison Prevention Packaging Act (PPPA). The goal would be to create a more consistent regulatory approach to child-resistant packaging for petroleum distillate-containing products. The ANPR also requests comments on other issues, such as whether the PPPA regulation should extend to other hydrocarbons like pine oil.

— *Suzanne Barone, Ph.D., Manon A. Boudreault, and Harpreet Singh, Directorate for Epidemiology and Health Sciences*

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2. Boudreault, MA, Singh, H. Petroleum distillates and pine oil products. Washington, DC: CPSC, 1996.
3. NEISS is a statistical sample of the approximately 6,000 hospitals nationwide that have emergency departments. One hundred sample hospitals participated in the NEISS system in 1996. Each day NEISS hospitals report to CPSC all emergency room-treated injuries associated with consumer products and related activities.

For a copy of the ANPR on child-resistant packaging for petroleum distillate products, contact: Office of the Secretary, U.S. Consumer Product Safety Commission, Washington, DC 20207/ 301-504-0800 or go to CPSC's Internet Web site at <http://www.cpsc.gov/businfo/cpscfr.html>. Public comments should be received by July 11, 1997.

Playing Ball Safely: Kids and Face Guards

In an effort to reduce facial injuries to children playing baseball, CPSC's Commissioners are meeting in May with youth baseball and softball leagues and organizations to discuss using batting helmets with face guards as regular safety equipment for their players.

Only one youth league currently requires face guards, which its officials found to be highly effective in preventing facial injuries.

In a letter sent to the leagues before the start of the 1997 baseball season, the Commissioners stressed the benefits of using face guards — in terms of both fewer hospital emergency room visits and fewer insurance claims.¹

Baseball Facial Injuries to Children

The safety benefits of face guards were highlighted in a recent CPSC nationwide study of children with injuries associated with baseball, softball, and tee-ball.² The study revealed that, of all reported facial injuries, none occurred to a player wearing a batting helmet with a face guard (Figure 1).

Face guards for batting helmets are intended to protect the batter's face from being hit by the ball. Face guards currently on the market can be purchased already attached to a batting helmet or purchased separately, with the hardware required to attach the face guard to the helmet. The face guards are made from clear high-impact plastic or plastic-coated wire.

According to CPSC staff estimates, about 5 to 6 million children, ages 5 to 14, participate in organized baseball or softball. About 2.75 million protective batting helmets are used by players in all organized youth leagues during a single season. About 11% of these helmets are estimated to have a face guard.³

The CPSC study examined an estimated 162,100 hospital emergency room-treated injuries to children, ages 5 to 14, who played these sports. Approximately 37% of the injuries were facial injuries.

Younger children sustained the largest number of facial injuries. For ages 5 to 9, the majority of all baseball-related injuries were facial injuries. For the youngest of these, ages 5 to 7, facial injuries represented a high proportion of all injuries (59% to 84%).

Of the 59,400 facial injuries to all ages, about 74% were due to being hit by the ball. Within this

group, about 80% occurred during organized play.

Approximately 11% of organized play facial injuries occurred to batters (3,900) and about 2% to baserunners (700). These facial injuries occurred under circumstances where a batting helmet face guard would reasonably be expected to prevent the injury. This distribution of injuries was roughly similar for all ages studied.

In this study, about 16% of organized play batters reported wearing a batting helmet face guard. None of these children sustained facial injuries.

Benefits of Face Guards

CPSC staff estimated that the cost of all medically-treated injuries resulting from ball impact to batters' faces during organized play in 1995 was \$35.8 million. During this time, an estimated 2.4 million



Figure 1: Batting Helmet with Face Guard

batting helmets in use were not equipped with face guards.

Based on these figures, the staff estimated that the injury cost per helmet without a face guard was \$14.63 per year. Use of a face guard on these helmets would result in an estimated \$99 to \$119 in benefits per helmet (eliminated injury costs) over the 10-year life of a batting helmet. Face guards carry a unit retail cost of about \$10. Therefore, the net benefits of face guard use are about 10 to 11 times the cost.

CPSC staff also concluded that face guards meeting the ASTM F910 "Standard Specification for Face Guards for Youth Baseball" would be effective in preventing facial injuries. The standard states that the face guard must prevent a ball traveling 67 mph from touching the face of a test dummy wearing a

helmet with a face guard. All but one of the face guards on the market today are advertised as meeting this standard.

In the instance where a youth league required face guards for players, both fewer injuries and lower insurance costs resulted. The Dixie League, located in the southern United States, required the use of face guards beginning in 1995. That year, approximately 594,000 players in about 39,000 teams used batting helmets with face guards.

The endorsed insurance agency for the Dixie League, Sadler & Company, conducted a survey which showed a decrease in injuries as more children wore face guards. According to the study, facial injuries to children playing offensive positions (e.g., batters and baserunners) dropped from 5.8% of all injuries in 1994 (when about a third of all players wore face guards) to 0.7% of all injuries in 1995 (when face guards were required of all players).

Importance of Youth Leagues

The organizations with the authority to require protective equipment are the youth leagues, which set the rules of play for youth baseball and softball. All these organizations currently require the use of batting helmets; the Dixie League also requires face guards.

The CPSC Commissioners opted to work cooperatively with the leagues, to try to expedite the use of face guards among their young baseball and softball players. This action was taken in lieu of approving a petition filed by the American Academy of Facial Plastic and Reconstructive Surgery. This petition requested that CPSC require baseball batting helmets for children under age 15 to be manufactured with face guards attached.

In February 1997, the CPSC Commissioners wrote the leagues, in part:

We urge you to spread the word and encourage the use of face guards on batting helmets to help reduce facial injuries to children playing youth league baseball... We believe working cooperatively with the youth leagues presents a unique opportunity to substantially increase the use of baseball helmets equipped with a face guard. The organization and structure of the youth leagues, coupled with the fact that they establish the rules of play, make it possible to institute safety changes relatively quickly and with widespread acceptance by the players.

A number of youth leagues that received CPSC's letter are meeting with the Commissioners in May to discuss the issue of using face guards in organized youth baseball.

— *Susan B. Kyle, Ph.D. and Prowpit Adler, M.A., Directorate for Epidemiology and Health Sciences, and Elizabeth Leland, Directorate for Economic Analysis*

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1. CPSC. Commissioners' letter to youth baseball leagues. February 27, 1997.
2. CPSC. Youth baseball protective equipment project. Final report, 1996.
3. CPSC. Petition on youth batting helmet face guards. Briefing package, 1996.

Young Teens: Gearing Up to Play

Sports are a favorite activity of young teens, ages 10 to 14. But sports-related injuries rank high among the injuries CPSC tracks for children of these ages.

Looking for ways to reduce sports-related injuries to these youngsters, CPSC Chairman Ann Brown recently convened a Roundtable on "How to Motivate Young Teens to Use Safety Gear." Experts from industry, research organizations, nonprofit groups, and educational institutions across the country participated in the discussion.

Among sports-related injuries in 1995 for children ages 10 to 14, the top five sports alone accounted for 477,000 hospital emergency room visits for boys and 170,000 visits for girls.¹

The five sports-related activities associated with the most emergency room visits for boys in this age range included: football, basketball, biking, baseball, and soccer. For girls, the five sports-related activities associated with the most emergency visits were: basketball, biking, softball, soccer, and roller skating. These were closely followed by trampolines and in-line skating.

Between the ages of 10 and 14, the number of top five sports-related injuries to boys increased with each year of age. Injuries to girls remained constant after age 10 (Figure 2). For girls, however, the number of injuries generally associated with team sports (e.g., basketball) increased with age; injuries associated with individual sports (e.g., biking) decreased.

Note that differences in injury patterns may reflect changes in sports participation across this age range.

At the February 1997 Roundtable, experts explored strategies on how best to persuade young teens to take responsibility for their own safety while playing sports and engaging in recreational activities. Among the many points raised were:

- Young teens are influenced by their peers, but also by other significant adults in their lives, both in and out of the home.

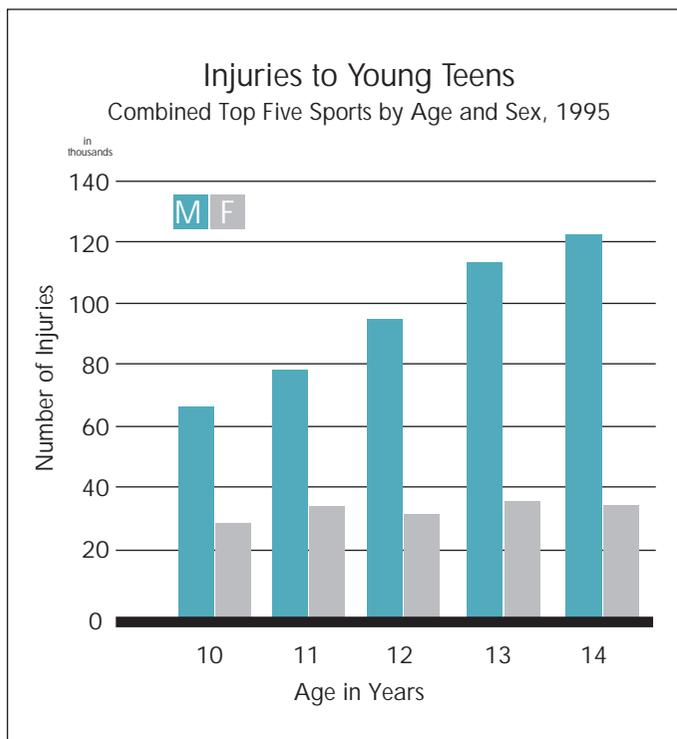


Figure 2

- Teens are more likely to wear sports safety gear if their coaches require it or if a law requires it.
- Teens get mixed messages from society when bike helmet laws require children, but not adults, to wear helmets. A head injury to a parent, for example, could be as devastating for a family as a head injury to a child.
- There are developmental differences between a 10 year-old and a 14 year-old. Safety appeals need to be crafted to take these differences into account.
- Some teens, particularly boys, may be persuaded to wear protective gear not because of safety, but because it allows them to engage in more challenging sports activities.

Increasing teenagers' use of safety gear is directly related to the prevention or lessening in severity of injuries. For example, the use of bike helmets, wrist guards, elbow pads, and knee pads can all reduce the risk of injury (see next article).

— *Jacqueline Elder, Office of Hazard Identification and Reduction, and Susan B. Kyle, Ph.D., Directorate for Epidemiology and Health Sciences*

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1. CPSC. National Electronic Injury Surveillance System (NEISS).

In-line Skating and Safety Gear

Using CPSC data, researchers recently showed the effectiveness of safety gear in preventing injuries to in-line skaters through a national epidemiological study.

In an article published in the *New England Journal of Medicine*,¹ researchers reported that wearing wrist guards and elbow pads reduced the risk of injury to those body parts by over 80%. Knee pads reduced the risk of knee injury by about one-third.

The study, by researchers from the National Center for Injury Prevention and Control and CPSC, was based on data gathered from hospital emergency rooms using CPSC's National Electronic Injury Surveillance System (NEISS).

A sample of 161 injured in-line skaters was selected for in-depth interviews. A typical injury occurred when a beginning skater fell on outstretched hands. Wrist injuries accounted for about one-third of all injuries.

In this study, the sample of in-line skaters wearing helmets was too small to be conclusive. Studies elsewhere, however, have found that helmets can reduce the risk of bicycle-related head injury by up to 85%.²

About 100,000 in-line skaters were treated in U.S. hospital emergency departments in 1995. These figures reflect a dramatic increase from the 37,000 such injuries treated in 1993.³

— *George W. Rutherford, Jr., M.S., Directorate for Epidemiology and Health Sciences*

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1. Schieber RA, Branche-Dorsey CM, Ryan GW, Rutherford GW, et. al. Risk factors for injuries from in-line skating and the effectiveness of safety gear. *N Engl J Med* 1996;335:1630-35.
2. Thompson RS, Rivara FP, Thompson DC. A case-control study of the effectiveness of bicycle safety helmets. *N Engl J Med* 1989;320:1361-7.
3. CPSC. National Electronic Injury Surveillance System (NEISS).

Annual Fire Statistics

Every year, CPSC staff reports on the estimated number of fire incidents associated with consumer products.¹ These estimates are derived from data provided by the U.S. Fire Administration (USFA) and the National Fire Protection Association (NFPA).

To prevent or reduce these incidents, CPSC works in many areas to address fire-related issues. These include upholstered furniture, ranges and ovens, heating equipment, countertop cooking appliances, fireworks, wearing apparel, and fire safety devices, among others.

The following are fire estimates for 1994, the latest year of complete information:

- An estimated 451,000 residential structure fires were attended by fire departments in 1994. These fires resulted in an estimated 3,465 civilian deaths, 20,025 civilian injuries, and \$4.3 billion in property loss.
- Fires in residential properties were about 73% of all structure fires in 1994. These fires accounted for 81% of all civilian deaths and 73% of all civilian injuries.
- Among products within CPSC jurisdiction (which excludes cigarettes), the products most frequently involved in fire deaths were upholstered furniture (20%), mattresses and bedding (14%), and heating equipment (14%). These three products accounted for a combined total of almost 50% of fire deaths.

- Cooking equipment, primarily ranges and ovens, was the most frequent product type involved in residential fires and injuries (an estimated 25% for both). Heating equipment was the second leading product type involved in fires (17%).
- Electric-powered equipment or appliances were involved in about 34% of all residential structure fires, 22% of deaths, and 32% of injuries. These electrical fires were primarily associated with cooking equipment and electrical distribution systems.

Between 1980 and 1994, estimated residential structure fires decreased about 40%. Estimated deaths associated with these fires decreased about 36% and estimated injuries decreased about 5% (Figure 3).

For a copy of the report, 1994 Residential Fire Loss Estimates, write: National Injury Information Clearinghouse, CPSC, Washington, DC. 20207 or go to CPSC's Web site at: <http://www.cpsc.gov>. To receive this report each year, leave your name and address with Lisa Catlett Price, 301-504-0470 (x1261).

— *Linda E. Smith and Kimberly Long, Directorate for Epidemiology and Health Sciences*

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1. Smith LE, Long, KE. 1994 residential fire loss estimates. Washington, DC: CPSC, 1996.

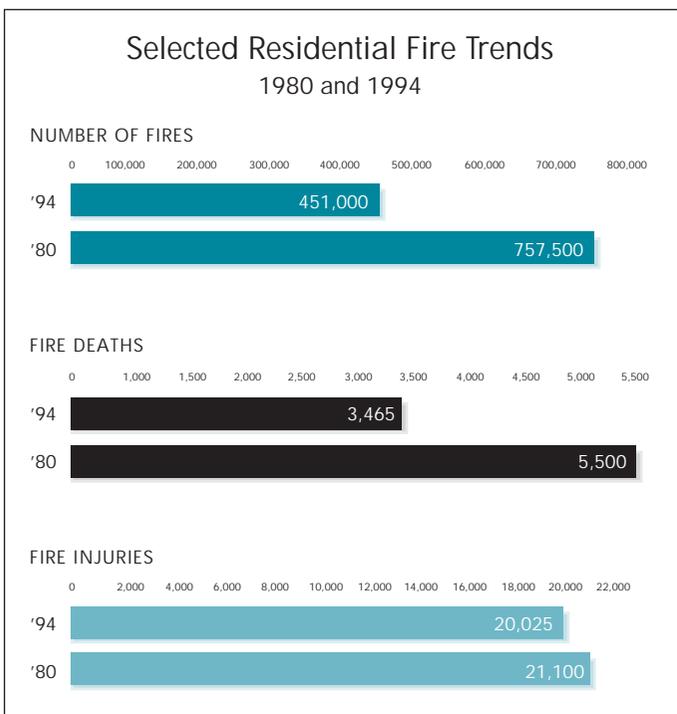


Figure 3

We want to hear from you ...

CPSC staff is investigating fire incidents involving children under age 5 playing with **multi-purpose lighters**, commonly called grill or fireplace lighters. CPSC recently published an advance notice of proposed rulemaking (ANPR) on this issue. If you know of relevant fire incidents, please contact CPSC. Call 1-800-638-8095; e-mail to amcdonal@cpsc.gov or complete the form on page 11.

CPSC staff also is investigating fires or near-miss fires of **torchiere lamps with tubular halogen bulbs** where curtains or other combustible materials were near the bulb. Information needed includes: the particular fabric or material, the bulb wattage, and the lamp's position/placement. If you know of relevant incidents, please contact: Renae Rauchschalbe, CPSC, at: 301-504-0608 (x1362) or complete the form on page 11.

Window Covering Pull-Cords

CPSC initiated a program with industry to reduce strangulation deaths to young children who become caught in the loops of window covering pull-cords.

Since 1981, almost 200 children, primarily under age 4, have strangled in the loops formed by the cords of window coverings. Although some children were entangled or wrapped in window cords, most were found hanging in the loops of the cords. The younger victims, usually 8 to 23 months-old, were in cribs that had been placed near window cords. Children, ages 24 months and older, often stood on furniture or toys near windows and, when they lost their footing, strangled in the cords.

CPSC called together manufacturers and importers, who formed the Window Covering Safety Council, to find ways to remove this hazard. The industry has now eliminated the loop on all new two-corded mini-blinds.

CPSC also worked with industry on a voluntary standard addressing this issue, which was published in January 1997. The standard requires the elimination of all loops on mini-blind cords and placement of non-detachable cord tension devices on continuous loop cords.

These strangulations are largely preventable. Consumers are advised to take the following actions to remove the loop on mini-blind pull-cords (Figure 4):

- Cut the cord above the tassel.
- Remove the equalizer buckle.
- Add a safety tassel at the end of each cord.

For continuous loops on vertical and pleated blinds, consumers need to add a tie-down device which is secured to the wall or floor.

Consumers can receive a free repair kit by calling: 1-800-506-4636. The kit consists of replacement safety tassels for two-corded mini-blinds and tie-down devices for continuous-loop vertical and pleated blinds.

For a copy of the "American National Standard for safety of corded window covering products ANSI/WCMA A100.1-1996", contact: American National Standards Institute, 212-642-4900.

— *Rena Rauchschalbe, Office of Compliance*

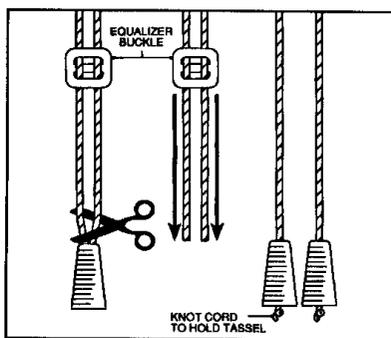


Figure 4. Making Pull-Cords Safer

Sizing Up Kids

"Anthrokids" may sound like the name of a Saturday morning kids' cartoon show, but it's actually the new Web site for CPSC's anthropometry database on children.

Anthropometry is the measurement of the size and proportions of the human body. Child anthropometry data is used for everything from designing children's toys and furniture to assessing the danger potential in children's products.

While much anthropometry data exists for adults, CPSC is a pioneer in collecting and publishing this information about children. In the mid-1970s, CPSC funded a major research project to collect and publish anthropometry data on children (ages 0 to 18). That database is heavily used by industry and remains the only comprehensive source of child anthropometry data in the world.

To disseminate this information more widely, CPSC has worked with the National Institute of Standards and Technology (NIST) to make this data available on the Internet. The information will be updated to include the complete CPSC database as well as graphics. There are links to the CPSC home page, and the CPSC home page contains a link to the NIST/CPSC anthropometry page.

The Web page, named "Anthrokids", can be accessed at: <http://www.itl.nist.gov/div894/ovrt/projects/anthrokids>. To help locate the site, "Anthrokids" also can be used in a search engine.

In addition, CPSC is planning a pilot study to verify that existing child anthropometry data is still valid after more than 20 years. Present data, which was collected from children in the 1970s, may not precisely reflect the size of children in the 1990s. If children's sizes are found to have changed significantly over this period, a major project may be undertaken.

CPSC and NIST also are organizing a national conference this June (see box) to address collecting, analyzing, and applying both child and adult anthropometry data. Industry and government will demonstrate the latest computer hardware and software.

— *Bob Ochsman, Ph.D., CPE, Human Factors Division, Directorate for Engineering Sciences*

Systems Anthropometry Conference
A CPSC/NIST One-Day Workshop
for Anthropometry Developers and Users
Tuesday, June 24, 1997, Bethesda, MD

For information, please contact:
Conference Coordinator, 410-664-1566

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 October, November, December 1996, and January 1997, 577 cases were reported to CPSC. Included here are samples of cases to illustrate the type and nature of the reported incidents.

ASPHYXIATIONS/ SUFFOCATIONS

*A 6 month-old male was placed to sleep in a crib. The side rail of the crib dislodged. The victim was found dangling by his neck between the mattress and side rail. The cause of death was anoxic encephalopathy due to airway obstruction from external neck compression. (Rose Page for Ron Flud, Coroner, and G. Sheldon Green, M.D., Chief Medical Examiner, Clark County, Las Vegas, NV)

Two brothers, ages 17 months and 3 years, were playing with a three-drawer light-weight dresser. Its drawers had ball bearing-type supports and opened easily. The dresser tipped over, falling on the 17 month-old. The child's head was pinned against one of the two drawers which had fallen out of the dresser. The cause of death was mechanical asphyxiation. (Deborah Richards for Thomas L. Bennett, M.D., Chief Medical Examiner, Des Moines, IA)

*A 2 year-old female aspirated a deflated balloon and choked to death. The cause of death was anoxic encephalopathy. (Antoinette J. Tibbs for L. Sathyavagiswaran, M.D., Chief Medical Examiner, Los Angeles County, Los Angeles, CA)

*A 1 year-old male was found suspended by his neck between the rails of a tube-frame bunk bed. The cause of death was asphyxia. (Diane Stephens for Duane Bigoni, Medical Investi-

gator and Dr. Nelson, Medical Examiner, Clackamas County, OR)

A 2-1/2 month-old male was placed to sleep on a foam-filled pillow on a sofa. His mother went to sleep on another sofa. When the mother awoke, she found the child unresponsive. The cause of death was suffocation. (Dennis Wickham, M.D., Chief Medical Examiner, Clark County, Vancouver, WA)

*A 23 month-old female was playing in her crib located against a wall near a window. The child got the window blind cord wrapped around her neck and strangled when the blind suddenly lowered. The cause of death was strangulation. (Laurie Parisey, Coroner, Oconto Falls, WI)

POISONINGS

A family of four (mother, age 41, father, age 45, and two male children, ages 14 and 10) returned home one evening and parked their car in the garage. They inadvertently left the auto running, closed the garage door, and entered the house. Carbon monoxide entered the house through the central air conditioning system. There were no carbon monoxide detectors in the house. The family died of carbon monoxide poisoning. (Norman E. Webster for Dennis Penn, M.D., Coroner, Fayette County, Lexington, KY)

*Three males, ages 25, 33, and 35, entered a tent, ignited a propane camping heater for warmth, sealed the tent, and went to sleep. The next morning, the father of one of the camper's went into the tent to awaken them and found all three dead. The cause of death was carbon monoxide poisoning. (Diane Stephens for Charles D. Bury, M.D., Medical

Examiner, Klamath County, Klamath Falls, OR)

After setting up a booth at a fairground, a 49 year-old flea-market salesman decided to sleep overnight in his van to be ready for the next morning's show. The victim, who had a charcoal grill burning in his van to keep warm, was found dead in his van. The cause of death was carbon monoxide poisoning. (Janet Alexander, Deputy Coroner for Mary Lou Kearns, Coroner, Kane County, Geneva, IL)

*A 1-year-old male was left alone on the floor with diapers, cream, and a bottle of baby oil. When the mother returned, she found the victim covered with baby oil. The victim also had ingested the oil. The cause of death was pneumonitis secondary to hydrocarbon ingestion. (Randall L. Hays for Michael Graham, M.D., Chief Medical Examiner, St. Louis, MO)

DROWNING

*1 year-old female wandered into the backyard and fell into an in-ground swimming pool. An older brother had opened the house door to the backyard and forgotten to close it, allowing the victim access to the pool area. The cause of death was drowning. (Tom Drumstra for Justin Uku, M.D., Chief Medical Examiner, Erie County, Buffalo, NY)

*A 9 month-old female, wearing an inflatable flotation ring around her waist, was placed in a bathtub with her 2 year-old sibling. The children's mother went downstairs for about ten minutes. The older sibling then informed the mother that the victim was not moving. The mother found the victim unresponsive face down in the water. The cause of death was

anoxic encephalopathy due to drowning. (Nancy Moore for Patrick E. Lantz, Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

*An 11 month-old male fell into a 15-1/4 inch bucket containing bleach. The victim was in the care of his grand-mother at the time of the incident. The grand-mother left the victim unattended to take a bath. The cause of death was drowning. (Keith P. Von Qualen for Carol J. Huser, M.D., Medical Examiner, Lee County, Ft. Meyers, FL)

FIRES

*A 56 year-old female died in a house fire. The fire was caused by a malfunctioning of fixed wiring attached to a ceiling-light fixture at her home. The cause of death was smoke inhalation. (Terry Brown, Deputy Coroner for Cyril H. Wecht, M.D., J.D., Alleghany County, Pittsburgh, PA)

A 95 year-old male was smoking a cigar while sitting in an upholstered chair. Either the cigar or ashes from the cigar ignited the chair. The cause of death was severe smoke inhalation. (Kathrine Descheneaux for James A. Kaplan, M.D., Acting Chief Medical Examiner, Concord, NH)

A 67 year-old female's clothing ignited as she was cooking in her home and leaned over the stove. The cause of death was cardiac arrest, secondary to thermal injuries. (Dennis Bullock for Leslie Lukash, M.D., Chief Medical Examiner, Nassau County, NY)

A 78 year-old female died in a house fire caused by faulty electrical wiring. The cause of death was soot and smoke inhalation.

(Delores Butler for Carolyn H. Revercomb, M.D., Medical Examiner, Philadelphia, PA)

A 53 year-old male was using light bulbs that were plugged into sockets placed near a couch. The heat from the bulbs set the couch on fire. The cause of death was smoke inhalation and thermal injuries. (David Schomburg for Dr. Garries and Charles Hirsh, M.D., Chief Medical Examiner, New York City, NY)

A 75 year-old female died in an explosion and fire in her trailer. A workman had applied mastic glue to the shower walls, preparing to put up formica panels. The fumes from the glue were ignited by a water heater pilot light. The cause of death was thermal burns. (Brian D. Blackbourne, M.D., Medical Examiner, San Diego, CA)

— *Suzanne Newman,*
Directorate for Epidemiology
and Health Sciences

Recall Round-Up

Every state across the country, plus Puerto Rico and the Virgin Islands, joined in CPSC's nationwide "Recall Round-Up" on April 16 — an effort to alert consumers to the hazards of selected recalled consumer products that may still remain in people's homes.

States from California to New Jersey held press conferences, issued governmental proclamations, and conducted in-store surveillances and round-ups. NBC's Today Show and CBS's This Morning broadcast stories. Other national, state, and local media, as well as health, safety, and consumer organizations, helped spread the word.

CPSC coordinates approximately 300 recalls of

defective or dangerous products each year. But despite recall notices and public warnings, many hazardous products are still in people's homes.

Coordinated with traditional annual spring cleaning, Recall Round-up offered consumers reminders about examining many kinds of products. Beanbag chairs, wooden bunk beds, mini-hammocks, and used cribs were highlighted, as these types of products have been involved in the death or injury of children and infants. Consumers were encouraged to repair, return, or destroy these recalled products.

For more information about these recalls, call CPSC's toll-free Hotline at 1-800-638-2772. To find out how local communities or organizations can alert consumers to these products, contact: Ross Koeser, CPSC, 301-504-0788.

Recent CPSC Recalls

The following voluntary recalls were conducted by firms in cooperation with CPSC. For more information about CPSC recall activities, you can access CPSC press releases on the Internet at <http://www.cpsc.gov> or CPSC's gopher at cpsc.gov.

Product: About 206,000 "Hydro-Air P/N 10-6200" main **drain covers in spas, hot tubs, and swimming pools**. The drain covers are white circular plastic discs measuring 6 inches in diameter with 18 rectangular openings on top. These covers were installed in spas, hot tubs, and swimming pools from 1980 to 1995.

Problem: A bather's head can be held underwater if hair is entangled in the drain cover as hair and water are drawn through the drain. Hydro-Air has reports of two drownings and one near-drowning resulting from hair entrapment in the drain cover.

What to do: Inspect the spa, hot tub, or swimming pool to determine if drain cover model 10-6200 is installed. If so, stop using and contact Hydro-Air for a free replacement part at 800-230-9560.

Product: About 50,000 Model ECM9 Mr. Coffee® **expresso/cappuccino makers** by Health o meter, Inc. The machines sold nationwide from September 1996 through February 1997 for about \$40 and have black plastic filter holders and a 4-cup glass carafe. The model number is on the bottom of the base.

Problem: Construction of the filter holder may make it difficult to rotate the holder securely into position, allowing it to dislodge under pressure and break the carafe. Consumers may be cut by broken glass or burned. Health o meter has 43 reports of the filter holder dislodging, including 3 reports of cuts or burns.

What to do: Stop using the machine and call Mr. Coffee toll-free at 888-999-3934 for a free replacement holder, filter basket, and coupons for Mr. Coffee filters.

Product: About 800,000 Determined Productions Inc. Felix the Cat **roller fun balls** distributed with kids' meals at Wendy's

restaurants. The clear plastic balls contain a figure of Felix the Cat and four small-colored plastic fish. The balls are 2-1/2 inches in diameter and the fish are 5/8 inches long by 1/4 inches wide.

Problem: The halves of the Felix the Cat balls may separate, and the small plastic fish inside may become choking hazards for young children. Wendy's has reports of two balls separating, and one child starting to choke.

What to do: Take the balls away from young children and return them to a Wendy's restaurant. Consumers will receive another free premium toy. Consumers also may call Wendy's at 800-443-7266.

Product: About one million battery-powered Tonka Corp. Soft Walkin' Wheels (model 90165) **toy vehicles** in five styles: dump truck, school bus, airplane, train, and fire truck. The soft toys are covered in brightly-colored nylon fabric and are designed to move across a floor. The recalled toys have serial numbers lower than 9528 (or no visible serial number) printed on a sewn-in label. They were sold nationwide beginning in January 1994 for about \$15. Soft Walkin' Wheels with serial numbers 9528 and above are not recalled.

Problem: Small wheel hubs can separate from the axle, creating a potential choking hazard. Tonka has 40 reports of wheel hubs separating, including two reports of children starting to choke.

What to do: Take the toys away from children and call Tonka at 800-524-8107 for a free replacement or return the toys to the store where purchased for a replacement or full refund.

Product: Over 256,000 Stihl model 020 and 039 **chain saws**, with serial numbers 235153631 and below, sold nationwide since March 1993 for \$350 to \$450. The model number is located on top of the saw's engine and the serial number is in the saw's housing, above the bumper spikes and under the front hand guard.

Problem: The gas cap on some of these saws can loosen and leak fuel during use, presenting a fire hazard. Stihl has learned of nine reports of burn injuries resulting from fires involving these chain saws.

What to do: Immediately stop using the saws and take them to an authorized Stihl dealer for a free replacement gas cap. For more information, call Stihl, Inc. at 800-467-8445.

Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at: 1-800-638-8095. 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? _____



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

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To report consumer product-related injuries or for information on
product safety, including recalls, contact CPSC by:

Toll-free Hotline: 1-800-638-2772

World Wide Web: <http://www.cpsc.gov>

Internet Gopher: cpsc.gov

E-mail address: info@cpsc.gov

Fax-on-demand service: call 301-504-0051 from the handset of a fax
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