

U.S. Consumer Product Safety Commission

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IN THIS ISSUE

Baby Walkers.....	1
Sports and Older People...4	
Cost of Injuries.....	5
CPSC Report Form.....	7
MECAP News.....	8
CPSC Recalls.....	10
NHTSA Recalls.....	11

Includes recalls from the National Highway Traffic Safety Administration

CONSUMER PRODUCT SAFETY REVIEW

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Safer Baby Walkers

Safer baby walkers have recently come on the market as a result of U.S. Consumer Product Safety Commission (CPSC) efforts to strengthen the voluntary safety standard for these products.

For years, baby walkers have been associated with more hospital emergency room-treated injuries than any other nursery product (*Figure 1*). Most of these injuries involved falls down stairs.

The new baby walkers on the market, which meet the strengthened voluntary safety standard, are specially designed to help prevent falls down stairs. They either have features that stop the walker on a top step or are wider than 36 inches to prevent the walker from going through a standard size interior doorway.

In addition to its work on the voluntary safety standard, CPSC has considered a mandatory safety standard on baby walkers and worked with the juvenile products industry on stationary alternatives. During this time, the number of young children injured in baby walker incidents has decreased significantly (*Figure 2*).

For example, in 1997, an estimated 14,300 children under 15 months of age were treated in U.S. hospital emergency rooms for injuries related to baby walkers. By contrast, in 1992, an estimated 27,000 children under 15 months were treated in U.S. hospital emergency rooms for these injuries.¹

CPSC also has received reports of 34 children dying in incidents involving baby walkers since 1973.² Ten of these deaths were due to falls down stairs; nine were due to drownings in pools, a toilet, and a bucket; six were due to tipovers or falls out of walkers; six were due to mechanical asphyxia/ suffocation within the walker itself or in conjunction with other products; and three were due to other circumstances.

Work on the Stair-Fall Hazard

Over the years, CPSC has spearheaded several efforts to address the hazard of baby walkers and stair falls. Following the denial of a petition to ban baby walkers in 1993, CPSC began a mandatory rulemaking proceeding on baby walkers and stair-fall hazards in 1994.

While this rulemaking has been pending, CPSC staff has worked actively with industry to strengthen the ASTM voluntary safety standard for baby walkers to address stair-related falls. To meet this more stringent safety standard, at least five manufacturers have developed new baby walker products. (See *How to Select a New Baby Walker*, page 3.)

CPSC has kept open its mandatory rulemaking, pending its evaluation of the industry's conformance to the new strengthened voluntary safety standard.

Continued on page 2

CPSC Special Study

The need for new design features to prevent walkers from going down stairs was supported by information obtained in a CPSC special study. This study helped identify the circumstances involved in baby walker incidents.³

For injury data, CPSC staff selected a sample of cases treated in U.S. hospital emergency departments from CPSC's National Electronic Injury Surveillance System (NEISS) from August 1993 to August 1994. These cases were followed up by telephone interviews and, where more detail was needed, by on-site investigations. In all, staff analyzed 398 completed questionnaires, including 148 on-site investigations.

For death data, CPSC staff collected information from death certificates, CPSC's Medical Examiners and Coroners Alert Project (MECAP), consumer reports, and news clips.⁴

Of the baby walker incidents reported during the study period, 83% were related to falls down stairs. Nearly half (46%) of the stair-fall incidents involved falls down basement stairs. Based on the NEISS data, 84% of the potentially more severe injuries, such as skull fractures and concussions, resulted from children falling down stairs in a walker.

Many incidents occurred during the normal use of the product. At the time of the incident, about half (52%) of the caregivers were in the same room or area

Nursery Product-Related Injuries	
Children Under Age 5 Years, 1997	
TOTAL	71,400
Baby Walkers	15,510 *
Strollers and Carriages	13,290
Infant Carriers and Car Seats (Excludes Motor Vehicle Incidents)	13,050
Cribs, Bassinets and Cradles (Including Crib Mattresses & Pads)	8,600
High Chairs	8,270
Playpens	1,980
Baby Gates or Barriers	1,720
Changing Tables	1,650
Other	7,300

*Children under age 15 months account for 14,300 of these injuries.

Figure 1

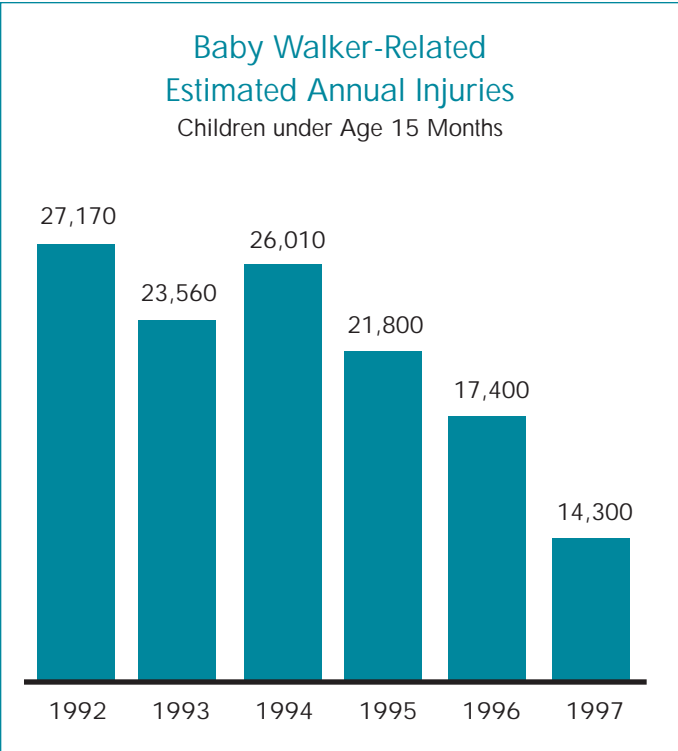


Figure 2

as the child in the walker. Many caregivers reported taking precautions before the incident to limit the access of children to other living areas and stairs. For the stair incidents, 51% reported a closed door, gate, or another barrier in place prior to walker use.

The results of this special study supported the need for new design features to prevent walkers from going down stairs.

Meeting the Safety Standard

To help develop baby walkers that would not fall down stairs, CPSC staff worked with industry on a new test procedure for the ASTM baby walker voluntary safety standard. All new baby walkers must now pass this test to meet the strengthened safety standard. This test procedure evaluates whether a walker carrying a dummy (which represents a young child) passes through a 36-inch wide opening and falls off the test platform when propelled by a force simulating a young child moving quickly. The 36-inch opening represents a doorway opening at the top of stairs. The walker is tested facing forward, backward, and sideways at its maximum speed.

The baby walker may pass through the 36-inch opening but must stop on the edge of the test platform. If any portion of the walker goes over the edge of the platform, a downward force of 17 pounds is applied to see if

the walker tips over the platform edge. This downward force simulates a child leaning over the outward edge of the walker. Seventeen pounds represents the upper body weight of children in the 12 to 15-month age range.

A walker does not meet the new test procedure if it falls off the test platform at any time during the testing.

Fewer Projected Injuries

With the development of new baby walker technology that meets the strengthened ASTM safety standard, as well as the stationary alternatives on the market, baby walker-related injuries are expected to continue to decline.

Without the new safety standard, baby walker-related injuries were projected to have increased to as many as 32,000 emergency room-treated injuries in the year 2002. With CPSC's intervention in getting the new standard in place, these injuries are expected to decrease to less than

10,000 per year by 2002. (See *Baby Walker Safety* below.)

— *Barbara J. Jacobson, Directorate for Epidemiology and Health Sciences*

References

1. CPSC. National Electronic Injury Surveillance System (NEISS). NEISS is a statistical sample of approximately 5,300 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.
2. The deaths reported to CPSC do not necessarily include all baby walker-related deaths; this represents a minimum number.
3. Boudreault MA. Report on baby walker incidents. Washington, DC: CPSC, 1995.
4. CPSC purchases death certificates from 50 states and the District of Columbia for deaths related to consumer products. MECAP is a national voluntary reporting system for 2,500 coroners and medical examiners nationwide to report consumer product-related deaths to CPSC.

Baby Walker Safety

For those who choose to use baby walkers with children, it's important to remember that these products give young children the ability to move quickly and unexpectedly.

An alternative to a baby walker is a stationary activity center. These stationary products can prevent many injuries associated with traditional mobile baby walkers.

But no product is risk-free. Whether you use a new baby walker or a stationary activity center, plan to take all the precautions below.

- Always keep children within view.
- To avoid falls, be sure to keep doors or gates closed at the top of stairs.
- Use walkers only on flat surfaces, free of objects that could cause them to tip over.
- To prevent drownings, keep children in walkers away from swimming pools, toilets, and other sources of water.
- To prevent burns, keep children in walkers away from dangling appliance cords, hot liquids, ranges, radiators, space heaters, fireplaces, and other hazards.

How to Select a New Baby Walker

If you plan to use a baby walker, get a new one with special safety features. Five new walker designs are currently available at large retail stores throughout the country. Several of these new walkers stop the walker on a top step, with features like special wheels and "gripping strips" under the walker base. Other new walkers are wider than most doorway openings.

To identify the new baby walkers, look for labels on the product or the box with such wording as "Meets New Safety Standard." Graco, Delta, and Cosco make walkers with special features to stop them from going down stairs; J. Mason and Kolcraft Enterprises make the wider walkers. These baby walkers typically cost \$40 to \$55 each. (See *Economic Sense*, page 5.)

The Juvenile Products Manufacturers Association (JPMA) has tested and certified all five new walker designs to ensure that they meet all new and existing mandatory and voluntary safety standards. The testing is done by a third-party independent laboratory. CPSC staff also has tested the new baby walkers.

Sports and Older Americans

For people ages 65 and older, sports-related injuries increased 54% from 1990 to 1996, according to a recent CPSC study. These injuries, treated in hospital emergency rooms, jumped from 34,000 to 53,000 in this seven-year period.¹

Sports-related injuries increased much more to persons 65 and older than to any other age group. By contrast, during this same period, sports injuries increased 18% to persons 25 to 64.

In addition, for those 65 and older, sports-related injuries treated in hospital emergency rooms increased more than injuries associated with other consumer products tracked by CPSC.

The increased incidence of injury occurred not only among the youngest of those 65 and older, but also among those 75 and older. Sports injuries to persons 75 and older increased by 29%.

The increase in sports-related injuries is greater than the increase in the 65 and older population. Therefore, the jump in injuries to older people cannot be explained solely by the increase in population of this age group. For example, from 1990 to 1996, the population 65 and older increased by just over 8%, while the sports-related injuries to this age group increased 54%. This suggests that more people 65 and older are participating in sports-related activities than ever before.

Active Sports Injuries

Emergency room-treated injuries to older persons have increased the most in connection with more active sports, such as bicycling, exercise activity (with and without equipment), and skiing (*Figure 3*).

The highest number of sports injuries to persons 65 and older was associated with bicycles and bicycling. Bicycling injuries increased 75% from 1990 to 1996. Of bicycling injuries to older persons, 30% were to persons 75 years and older.

Most injuries resulted from falls, and head injuries were 21% of the total. Virtually none of the fall victims was wearing a bike helmet.

The number of injuries related to exercise activity (with and without equipment) increased 173% from 1990 to 1996. Those 75 and older accounted for 40% of older people injured in 1996 in this category. The most common injuries were falls, tripping, and strains in normal exercise activity.

Continued on page 6

To Prevent Injuries...

CPSC and the American Academy of Orthopaedic Surgeons (AAOS) recently released a brochure with suggestions for exercising safely. Included below are some of these tips.

Warming up before exercising and using the proper equipment, including safety gear, will help prevent injuries. For example, bike helmets always should be worn when biking. In-line skaters should wear a helmet, wrist guards, and knee and elbow pads.

In addition, when working out with exercise equipment, read instructions carefully and, if needed, ask someone qualified to help you. Check treadmills or other exercise equipment to be sure they are in good working order.

Try not to do the same exercise routine two days in a row. This will work different muscles and keep exercise more interesting. Stop exercising if you experience severe pain or swelling.

For a free copy of *Keep Active and Safe at Any Age*, write: AAOS, P.O. Box 1998, Des Plaines, IL 60017 or call 1-800-824-BONES. You also can access the brochure by visiting these web sites: www.cpsc.gov and www.aaos.org.

Sports-related Injuries to Persons Ages 65 and Older

	1990 Estimates	1996 Estimates
TOTAL	34,400	53,000
Bicycles	6,289	11,002
Exercise & Equipment	3,007	8,197
Golf	5,988	8,127
Snow Skiing	1,716	5,432
Fishing	4,983	5,268
Tennis	2,821	2,818
Swimming & Diving	1,620	2,623

Figure 3

Calculating the Cost of Injuries

How much do injuries associated with consumer products cost society?

This is a question that CPSC must consider when assessing the potential benefits of its work. To estimate these costs, CPSC relies on its Injury Cost Model. This computerized model considers both direct medical costs and other indirect costs.

First developed by CPSC in the late 1970s and periodically revised, the Injury Cost Model was recently updated to reflect more recent information. It is the only one of its kind in the country.

CPSC has used the Injury Cost Model in its rulemaking activities and its assessments of voluntary standards and petitions. It can provide a basis for comparing alternative CPSC policies designed to reduce injuries. The Injury Cost Model also has been used by other government agencies, university researchers, doctors, lawyers, foreign safety agencies, and consulting organizations.

Cost Components

The Injury Cost Model has four basic components. These include medical costs, work-related losses, intangible costs, and other miscellaneous costs.

Medical costs, for example, include both doctor and hospital costs, as well as such things as diagnostic procedures, prescription drugs, equipment, transportation, follow-up care, and medical administrative costs.

Work-related losses represent the value of lost productivity or the value of lost time from normal activities and cover a number of factors. Short-term work losses include restricted activity because of an inability to attend work. Long-term work losses are related to the permanent effects of an injury and its impact on expected lifetime earnings. Employer losses include productive time lost for retraining or hiring replacement workers.

Intangible costs encompass the pain, suffering, and lost quality of life from injuries.

Miscellaneous costs include such factors as administrative costs of insurance and legal fees.

Data Sources

The Injury Cost Model is based on information from a wide variety of sources. A major data source is CPSC's own National Electronic Injury Surveillance System (NEISS). NEISS collects daily reports of consumer-product related injuries from a statistical sample of hospital emergency rooms around the country. This provides in-

formation about, among other things, the type of injury and body part injured, the consumer product involved, and the victim's age and gender.

Using NEISS data and the Injury Cost Model, CPSC staff can estimate the cost of any combination of injury and body part. For example, the model can calculate the average societal costs associated with a child under age 15 injuring an ankle while playing basketball (*Figure 4*).

For injuries in settings other than hospital emergency rooms, CPSC staff uses data from the National Health Interview Survey and other information from several states. A major source of medical payment information comes from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). CHAMPUS is based on records of about two million military retirees and civilian dependents of military personnel. Additional sources of medical fee information include national health surveys, state databases, and workers' compensation claims.

For other estimates, CPSC staff may tap into the Bureau of Labor Statistics' Annual Survey of Occupational Illnesses and Injuries to calculate the cost of lost work. For personal injury verdicts and settlement data for pain and suffering estimates, CPSC staff may use the Jury Verdict Research database

Updating the Model

The 1998 revision of the Injury Cost Model reflects many recent changes in medical technology, diagnostic procedures, and treatment and structural changes in the health care industry.

CPSC staff is currently conducting a special study to supplement and validate the Injury Cost Model by inves-

Continued on page 6

Average Societal Cost of Body Part Injured

Child Under Age 15 Playing Basketball

Head	\$33,593
Lower leg	22,478
Lower arm	20,240
Neck	16,420
Hand	11,908
Ankle	10,446
Elbow	9,067
Eyeball	3,996

Figure 4

Cost of Injuries *continued from page 5*

tigating the long-term consequences of traumatic head injuries to victims and their family and friends. The model will continue to be updated to reflect changes in the health care and related fields.

— *Warren J. Prunella, Directorate for Economic Analysis*

For More Information

To obtain more detailed information about CPSC's Injury Cost Model, contact: Warren J. Prunella at CPSC (phone: 301-504-0962, ext.1217/ fax: 301-504-0124/ e-mail: wprunella@cpsc.gov).

Economic Sense

The Injury Cost Model provides important information for CPSC decisionmaking.

For example, in 1992, CPSC staff looked at the costs associated with baby walker injuries, most of which were related to falls down stairs.

CPSC staff calculated that costs for these injuries were over \$250 million. With about four million baby walkers in use, each walker, on average, was associated with more than \$60 in societal costs related to falls down stairs.

At that time, the average baby walker sold for

about \$30 to \$35. CPSC staff determined that a redesigned walker that would not fall down stairs would be economically justifiable if the cost rose no more than about \$25 to \$30 more for each walker.

As a result of CPSC's work with manufacturers, safer baby walkers designed to prevent falls down stairs are now on the market and sell for about \$40 to \$55. (See *Safer Baby Walkers*, page 1.) By using the Injury Cost Model, CPSC staff determined that safer baby walker designs could both prevent injuries and make economic sense.

Sports and Older Americans *continued from page 4*

For the first time in 1996, a small number of injuries among those 65 and older were reported in such physically challenging sports as snowboarding and in-line skating.

In both 1990 and 1996, about 60% of the victims of sports injuries, 65 and older, were males. In both years, males were about 40% of the 65 and older population.

Injuries from less active sports, such as fishing, golf, bowling, and shuffleboard, increased only moderately or not at all from 1990 to 1996. For example, fishing injuries increased 6%.

An encouraging finding of the CPSC report was that sports-related injuries for those 65 and older resulted in a lower hospitalization rate than for injuries associated with all consumer products for this age group — 10% versus 18%.

In addition, the average cost for these sports-related injuries has declined since 1990, another indication that the injuries may be less severe.

Active Lifestyles

Americans are remaining physically active as they age. The increase in injuries is most likely attributable to in-

creasingly active lifestyles and to increased participation in sports activities by older Americans.

Especially notable is the increased participation by many people 65 and older in such active sports as bicycling, exercise (with and without equipment), weight training, and skiing. The lower hospitalization rate for sports-related injuries suggests that those participating in these activities are healthier overall than those not participating in sports.

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

Reference

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

For More Information

For a complete copy of the report *Sports-Related Injuries to Persons 65 Years of Age and Older*, contact: Office of the Secretary, U.S. Consumer Product Safety Commission, Washington, DC 20207/ 301-504-0800.

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 web site 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 February to May 1998, 1,331 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, 1, was placed down for a nap at a day care center. He was later found with his head wedged between the slats of a portable crib. The crib had a screw missing. The cause of death was asphyxia. (Chris Leja for Ira Kanfer, M.D., Medical Examiner, Farmington, CT)

* A male, 4 months, was placed to sleep in his crib. His mother found him lying face down with a blanket covering his entire body. The cause of death was asphyxia. (Paulino Vasalla, M.D., Medical Examiner, District 18, Rockledge, FL)

*A male, 17 months, was placed in a playpen by a day care worker. She returned to find the victim's head sticking through the playpen after it folded on the victim's neck. The cause of death was asphyxia/trauma to the neck. The playpen had been previously recalled. (Jacqueline Dobbins for Edmund R. Donoghue, M.D., Chief Medical Examiner, Cook County, Chicago, IL)

A male, 4, was playing with other children when he began to choke. Family members brought the victim to the emergency room, where a small red ball was removed from the victim's airway. The victim was resuscitated, admitted to the Intensive Care Unit, but died several days later. The cause of death was cardiac arrest/choked. (B. Parks Evans, Jr., Coroner, Greenville County, Greenville, SC)

*A male, 6 months, was placed in a crib to sleep. He was later found wedged between the crib and the mattress. One of the crib's pins was missing, which allowed the child to become wedged. The cause of death was asphyxiation. (J.R. Helm for Marck Kourse, M.D., Medical Examiner and Nizam Peerrwin, M.D., Chief Medical Examiner, Tarrant County, Halton City, TX)

*A male, 5, took balloons for a party out of a drawer. The victim's brother told their mother that the victim was having trouble breathing. Another brother told the victim's mother that he had seen the victim with an inflated balloon. The mother couldn't extricate the balloon from the child's throat where it had become lodged. The cause of death was asphyxia. (Janet Alexander, Deputy Coroner and Mary Lou Kearns, Coroner, Kane County, Geneva, IL)

*A male, 11 months, swallowed a plastic ball from a miniature pool game. The cause of death was hypoxic encephalopathy and obstruction of airway. (Mary Coffman for Jeffrey Barnard, M.D., Medical Examiner, Dallas County, Dallas, TX)

POISONINGS

A male, 80, and his wife, 75, were found dead in their trailer by a neighbor. Their propane heater's exhaust pipe had rusted, causing carbon monoxide to leak into the trailer. The cause of death was carbon monoxide intoxication. (Paulino Vasalla, M.D., Medical Examiner, District 18, Rockledge, FL)

A male, 45, was found unresponsive in his home due to carbon monoxide poisoning from a malfunctioning heater. The victim died eight days later. The cause of death was complications of carbon monoxide poisoning. (Nancy Moore for L.A. Krislinar, M.D., Medical Examiner, Mecklenburgh County, Charlotte, NC and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

DROWNINGS

A male, 2, was found by his father unresponsive in an in-ground swimming pool. The victim's 4-year-old brother had unlocked the back door of the

residence, allowing the victim into the backyard. The pool was not fenced. The cause of death was drowning. (Peter Lipkovic, M.D., Chief Medical Examiner, Jacksonville, FL)

A female, 1, was placed down for a nap by her mother. The victim's mother opened doors to let a breeze into the room. This allowed the victim to gain access to the swimming pool, where she was later found face down. The cause of death was drowning. (Frederick P. Hobin, M.D., Medical Examiner, Fort Pierce, FL)

FIRES

A male, 68, was repairing a snowblower near a stove in his house. The stove ignited the fumes from the snowblower's gas tank. The cause of death was second and third degree burns. (Tom Drumstra for Justin Uku, M.D., Chief Medical Examiner, Erie County, Buffalo, NY)

A male, 58, was using a cutting torch in his garage. The victim was working with the torch in an area where gasoline, propane tanks, diesel fuel, and fireworks were stored. The combustibles ignited and caused several explosions. The cause of death was 82% total body surface burns. (Marvin S. Platt, M.D., Medical Examiner, Summit County, Akron, OH)

*A male, 70, died in a house fire when an electrical cord attached to a television set malfunctioned and ignited curtains next to the television. The cause of death was smoke inhalation. (Anna Chang for Elizabeth K. Balraj, M.D., Coroner, Cuyahoga County, Cleveland, OH)

*A male, 68, died in a house fire caused by an overheated halogen lamp. The victim was transported to a burn center where he later died. The cause of death was thermal burns. (William F. Hamilton, M.D., Medical Examiner, District 8, Gainesville, FL)

A male, 44, died in a house fire caused by a faulty extension cord attached to an electric heater. The cause of death was 17% total surface burns. (Delores Butler for Sajid Qaiser, M.D., Medical Examiner, Philadelphia, PA)

— *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 web site at <http://www.cpsc.gov>.

Product: About 225,000 **multi-purpose, refillable butane gas lighters** imported and sold by Rite Aid Corp. The recalled lighters, item number 4731589-V111, are about 11 inches long with a black plastic base with red plastic trim and a metal igniter shaft. Each lighter is marked "Made in China" and has a red sticker with "Super" on it. Rite Aid stores nationwide sold the lighters from March 1998 to May 1998 for about \$2.

Problem: These lights have "on/off" switches that could be defective, allowing them to be ignited in the "off" position, and can stay lit after the ignition switch is released, possibly causing burns and unintentional fires. No injuries have been reported.

What to do: Stop using the lighter immediately and return it to any Rite Aid store for a full refund. Call 1-800-RITE-AID for information.

Product: "Stop" and "Go" sign toys on about 106,000 Safety 1st **Bouncy Buggies**, a plastic car attached to a rocking base. A child sits in the car's swivel seat and can play with a steering wheel, horn, shifter, keys and the sign toys that are attached to the tray with plastic rods. "Safety 1st" appears between the car's headlights, and "Product No. 45606" is in raised lettering on the bottom of the rocking base. Toy stores nationwide sold the Bouncy Buggies with the recalled sign toys from May 1997 through April 1998 for about \$50. Bouncy Buggies labeled "Product No. 45606A" are not recalled.

Problem: The cat "Stop" sign and dog "Go" sign toys attached to the snack tray may be broken off by a child, creating a sharp plastic edge. There have been 700 reports of children breaking off the toys while in the Bouncy Buggy, with 33 reports of scratches,

cuts, or bruises and one report of a child starting to choke.

What to do: Call 1-800-723-3065, Monday through Friday between 9 a.m. and 5 p.m. EDT for free replacement toys.

Product: About 90,000 "**Splash Club**" **inflatable pool flotation toys** sold by Kmart Corporation. The recalled toys, identified as "Splash Club" Deluxe Kiddie Boats, are a vinyl, inflatable orange circular tube with blue handles and a seat in the middle. Writing on the boat includes: "KIDDIE BOAT...INTRODUCES YOUR CHILD TO WATER...SPLASH CLUB" with a picture of a dolphin jumping through a hoop. Kmart stores nationwide sold the pool toys from September 1996 through July 1998 for about \$10.

Problem: The seats of these pool toys can tear, causing small children to unexpectedly fall into the water and possibly drown. Kmart has four reports of the seats tearing, causing children to fall into the water. No injuries were reported.

What to do: Stop using these inflatable Kiddie Boats and return them to any Kmart store for a refund. Call 1-800-63KMART for information.

Product: About 7,000 **wooden bench toy chests** sold by Crate & Barrel. The seat of the bench lifts up for toy storage inside. The toy chests are 29 inches long, 18 inches wide, and 18 inches deep and made of maple, birch, or beech wood. There is a two-inch high railing along the back and sides with spindles on each side. The chests have either one or two metal lid supports.

Problem: The toy chest's lid support can fail, allowing the lid to fall onto a child's head or neck, possibly strangling the child. There have been about 116 requests for replacement lid supports and two reports of lids falling; one fell onto a woman's hand, causing her chin to strike the front edge of the chest.

What to do: Stop young children from using the toy chests and call Crate & Barrel at 1-800-352-0688 between 8 a.m. and 5 p.m. CDT Monday through Friday for a free new lid support.

—*Marc Schoem and Terri Rogers, Office of Compliance*

Stop Using Previously Recalled Portable Cribs and Play Yards

CPSC urges consumers to search for and stop using previously-recalled portable cribs and play yards. (See chart below.) All of these products have top rails that must be rotated into place each time the product is set up. These rails can collapse unexpectedly, entrapping children and suffocating them. Twelve children have died from suffocation in collapsed play yards and portable cribs with this design.

Date Recalled	Product and Firm	Number/Dates Sold	Remedy
6/25/97	Evenflo "Happy Camper," "Happy Cabana," and "Kiddie Camper" Portable Play Yards –Evenflo Company, Inc., Piqua, OH	1.2 million units sold between '90 & '97	Free hinge covers. Call firm 800-447-9178
11/21/96	Century "Models 10-710 and 10-810" Portable Play Yards –Century Products Company, Macedonia, HO	212,000 units sold between '93 and '96	Free repair Call firm 800-541-0264
11/21/96	Draco "All Our Kids" (models 742 and 762) Portable Cribs/Play Yards –Draco Corporation, Montebello, CA	13,000 units sold between '92 and '95	Stop use and destroy (Firm out of business)
1/1/95	Baby Trend "Home and Roam" and "Baby Express" Portable Cribs/Play Pens manufactured before 1995 –Baby Trend, Inc., Chino, CA	100,000 units sold between '92 and '94	Free repair Call firm 800-328-7363
3/10/93	Playskool Travel-Lite Portable Cribs manufactured by Kolcraft –Kolcraft Enterprises, Inc., Chicago, IL	11,600 sold from '90 through '92	\$60 refund Call firm 800-453-7673



NHTSA Recalls

The National Highway Traffic Safety Administration (NHTSA) is the government agency responsible for improving safety on the nation's highways. As part of its efforts to achieve this goal, NHTSA 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).

Chrysler Corporation

Chrysler is recalling 84,600 **1993 Concorde, Dodge Intrepid and Eagle Vision** model vehicles equipped with 3.3L engines and manufactured from June 1992 through May 1993. The 'O-rings' used to seal the interface of the fuel injector rail supply, return and cross over tubes are not as strong as those used in later model years and can allow fuel leakage into the engine compartment. (NHTSA Recall No. 98V130/Chrysler Recall No. 787)

Ford Motor Company

Ford is recalling 281,000 **1993 Ford Taurus and Mercury Sable** vehicles, currently registered in New York, Michigan, Ohio, Illinois, Wisconsin, Pennsylvania, Massachusetts, Indiana, New Jersey, Maine, Connecticut, New Hampshire, Rhode Island, Vermont, Minnesota, Iowa, Missouri, Kentucky, Maryland, Delaware, and West Virginia. The front coil springs can fracture as a result of corrosion in combination with small cracks in the springs. The front tire could deflate due to a broken front coil spring contacting the tire, increasing the risk of a vehicle crash. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. (NHTSA Recall No. 98V094/Ford Recall No. 98S15)

Ford is also recalling approximately 1,520,000 **1997-1998 Ford F150, F250, Expedition and Lincoln Navigator** vehicles. The lug nuts on these vehicles may not create sufficient clamp load allowing wheel movement in relation to the hub/rotor mounting surface. This can cause loosening of lug nuts, wheel stud fatigue failure, and a wheel separation from the vehicle, increasing the risk of a vehicle crash. Owners who do not receive the free remedy within a reasonable time should contact Ford at 1-800-392-3673. (NHTSA Recall No. 98V095/Ford Recall No. 98S14)

General Motors Corporation (GM)

GM is recalling 55,154 **1997-1998 Chevrolet Venture, Oldsmobile Silhouette, and Pontiac TransSport minivans** that are equipped with an optional traction control system. The windshield wiper linkage arm on these minivans can contact a brake line which is connected to the traction control system modulator valve. Contact can chafe the brake line, resulting in a brake fluid leak. Brake fluid leakage can cause reduced brake effectiveness and increased stopping

distances. Owners who do not receive the free remedy within a reasonable time should contact Chevrolet at 1-800-222-1020, Oldsmobile at 1-800-442-6537, or Pontiac at 1-800-762-2737. (NHTSA Recall No. 98V072/ Recall No. 98014)

GM is recalling 102,627 **1995 Cadillac Eldorado, Deville, Seville, and Concours** model vehicles. Inadvertent deployment of the air bag can occur because of water intrusion into the Sensing and Diagnostics Module (SDM) located below the driver's seat. Deployment of the air bag without warning could cause a driver to lose vehicle control, increasing the risk of a vehicle crash and personal injury. Owners who do not receive the free remedy within a reasonable time should contact Cadillac at 1-800-458-8006. (NHTSA Recall No. 98V115/GM Recall No. 98032)

GM is also recalling 125,990 **1997-1998 Chevrolet Venture and Oldsmobile Silhouette minivans** equipped with bucket seats or a split bench seat in the second (middle) or third (back) row; the seat latch mechanism does not have protective covers. When activating the release mechanism to roll a bucket seat forward, a customer's finger(s) could be severely injured, or severed, if they are not kept clear of the mechanism. Owners who do not receive the free remedy within a reasonable time should contact Chevrolet at 1-800-222-1020 or Oldsmobile at 1-800-442-6537. (NHTSA Recall No. 98V145/GM Recall No. 98034)

Also being recalled are 675,302 **1996-1997 Chevrolet Cavalier and Pontiac Sunfire** model vehicles. Because of certain calibrations in the air bag's sending and diagnostic module, an inadvertent air bag deployment could occur in a low speed crash or when an object strikes the floor pan. Air bags deploy with great force and can seriously injure unrestrained occupants who are too close to them. Owners who do not receive the free remedy within a reasonable time should contact Chevrolet at 1-800-222-1020 or Pontiac at 1-800-762-2737. (NHTSA Recall No. 98V146/GM Recall No. 98026)

Nissan Motor Corporation

Nissan will recall 512,387 **1995-1998 Sentra and 200SX** model vehicles. Water can enter and displace the grease in the wiper arm linkage ball joint where the wiper linkage attaches to the wiper motor linkage resulting in gradual wear over a period of time. Owners who do not receive the free remedy within a reasonable time should contact Nissan at 1-800-647-7261. (NHTSA Recall No. 98V093)

Evenflo Products, Inc.

Evenflo is recalling 32,000 Evenflo **Two-In-One car seat models beginning with 636 and 637**. The seat's backrest and base have separated during crash testing when the occupant is restrained by the seat's 5-point harness. This does not comply with the requirements of FMVSS No. 213, "Child Restraint Systems." If the backrest and base were to separate in a vehicle crash, the child in the seat could be injured. Owners who do not receive the free replacement seat within a reasonable time should contact Evenflo at 1-800-985-SEAT (1-800-985-7328). (NHTSA Recall No. 98E014)

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