



U.S. Consumer Product Safety Commission

Hal Stratton, *Chairman*
Thomas H. Moore, *Commissioner*
Mary Sheila Gall, *Commissioner*

IN THIS ISSUE

Age Guidelines	1
Suction-Type Deaths	3
Skateboarding	4
Range Fires	5
Electrocutions	6
MECAP News	8
CPSC Recalls	10

CONSUMER PRODUCT SAFETY REVIEW

SPRING 2003
VOL. 7, NO. 4

Age Determination Guidelines

The U.S. Consumer Product Safety Commission (CPSC) staff recently released new age determination guidelines for evaluating toys. Timothy P. Smith, the CPSC engineering psychologist who managed the project, discussed these guidelines.

What are age determination guidelines and why does CPSC staff use them?

The age determination guidelines, which we use to help make toys safer for young children, aid us in matching the characteristics of toys to the attributes of children at various ages. The guidelines are a primary resource of information on child development and toy characteristics and help us make age determinations accurately, consistently, and quickly. For example, CPSC's Small Parts Regulation bans certain toys intended for children under 3 years old if the toy – or any part that could detach or break off during normal or foreseeable use – presents a choking, aspiration, or ingestion hazard. The guidelines assist us in evaluating whether a given toy is intended for children under 3 and, thus, falls under the Small Parts Regulation.

How do you determine if a toy is meant for children under 3?

We look at several things. The Small Parts Regulation specifies relevant factors to consider. These are the manufacturer's stated intent, if reasonable; the toy's advertising, promotion, and marketing; and whether the toy is commonly recognized as being intended for children under 3. The guidelines address this last factor, which can be affected by various attributes of the toy. These include the color, shape, and ease with which a child can use the toy as intended. For example, toys with lots of bright, primary colors are generally appealing to children under 3. Of course, that's just one of many characteristics we consider when looking at a toy.

Why did you decide to write new guidelines?

We started seeing more and more toys that were not specifically addressed by the old 1985 guidelines. For example, when the 1985 guidelines were written, computer games and toys with embedded computer chips weren't that prevalent and so were not included. The old guidelines referred to "records", but not to "CDs." We also thought that children's play and exposure to toys might have changed over the past 15 to 20 years, so we wanted the guidelines to be as up-to-date as possible.

How did you go about revising the original 1985 guidelines?

We worked with experts in child development to review more than 200 relevant articles written since 1985 on the topics of play, toys, materials, and children's developmental behaviors. The experts also interviewed a small sample of adults about their purchasing decisions and observed children interacting with carefully selected toys.

Continued on page 2

What are some of the major differences between the new guidelines and the old ones?

One of the most noticeable differences is the addition of new types of toys, including computer and video games, educational software, and interactive or what some refer to as “smart” toys. Another prominent addition is a section called “Children’s Basic Abilities and Preferences,” which summarizes how children of different ages are likely to use any toy. This will help in instances when we’re looking at a toy that isn’t specifically discussed in the guidelines or doesn’t fit neatly into one toy category or another.

What are some other differences?

A lot of the differences are rather subtle. These include changes to toy category names that make them easier to understand and a reorganization of the categories according to play type. The new guidelines also identify toy characteristics likely to have the greatest influence on the age appropriateness of a toy. This provides CPSC staff with guidance on which characteristics should be more heavily weighted in its assessments and is especially useful for toys with conflicting characteristics or characteristics that appear appropriate for two different age groups. Finally, the new guidelines divide children under 12 months old into 3 four-month age groups rather than the six-month intervals used in the original guidelines. We feel this more accurately reflects the more rapid growth and development of infants compared with children in other age groups.

How would you test a toy for small parts?

The Small Parts Regulation specifies how to test for small parts. In essence, if we determine that a toy is intended for children under 3, the toy is tested using a small parts test cylinder, also known as a “choke” tube. This is a hollow truncated cylinder with dimensions specified in the Small Parts Regulation. If the toy fits entirely within the cylinder, it’s considered a small part. If it doesn’t fit, it’s subjected to use and abuse test procedures and any parts that detach or break off the toy are similarly tested with the choke tube. A cardboard toilet paper roll is roughly the diameter of a choke tube, so people at home may use that as a general guide if they’re concerned about a toy’s size for a young child.

What’s an example of a “use and abuse” test on a toy?

CPSC’s Laboratory staff uses a number of tests to simulate normal or reasonably foreseeable use, damage, or abuse. These include drop or impact tests, as well as tension, flexure, torque, and compression tests. The specific tests performed depend on the type of toy tested and the age of the child for which the toy is intended.

How do you decide which toys to ban?

CPSC’s regulations classify as a banned hazardous substance any toy intended for children under 3 that presents a choking, aspiration, or ingestion hazard because of small parts. If the toy fits entirely within the small parts test cylinder or has undergone use and abuse testing and has resulting detached parts that fit entirely within the small parts test cylinder, the toy is banned.

Does the toy industry test its products according to these criteria?

We believe the vast majority of toy firms do so. The Small Parts Regulation doesn’t require firms to test their products according to these procedures. But the manufacturer, importer, or retailer is responsible for assuring that toys they import, distribute, and sell comply with the regulations. The only way to know for sure is to test. So we recommend that manufacturers establish a quality control program that tests toys to CPSC regulations. Obviously, firms also should ensure that their products meet all applicable voluntary industry standards.

Do age labels on toys reflect safety – or do they also refer to intellectual ability and interest?

To a certain extent, the age labels refer to both. Intellectual ability and interest are related to safety. A child who can’t use a toy as intended may misuse it, making it potentially unsafe. Of course, we realize there can be a wide range in the intellectual abilities and interests of children of a given age. Some younger children may be capable of using toys intended for older children. However, toys intended for older children could still present hazards to these younger children. For example, some toys might have small parts that pose a choking hazard. So, parents and other caregivers should seriously consider the age labels and warnings on a toy before giving it to a child of any age.

Are you sharing this information with industry?

Yes, we’ve already sent the Toy Industry Association a copy of the new guidelines to help its members evaluate their toys appropriately. We also think the guidelines will provide consumers with reliable information for selecting appropriate toys for their children.

Where can the public obtain these new guidelines?

The new guidelines are available on CPSC’s website at www.cpsc.gov. On CPSC’s homepage, click on the Business button, then go to Regulations, then Industry Guidance. Or, do a search for “Age Determination Guidelines.” It is a large file, but the electronic format allows you to search it easily.

Suction-Type Deaths

In December 1999, a 13-month-old girl reportedly suffocated when one-half of a plastic ball covered her nose and mouth. A month later, a 4-month-old suffocated in a similar fashion. In a third case, a parent was able to remove the half-ball before an 18-month-old child died. After the second death, the ball was recalled by the company.

These incidents prompted CPSC scientist, Dr. Suad Wanna-Nakamura, along with researchers, Dr. Carol Pollack-Nelson (from Independent Safety Consulting) and Dr. Aaron S. Chidekel (from the Alfred I. DuPont Institute), to determine the contributory factors to these and similar product hazards and to offer suggestions for improved product design and education. In addition, CPSC staff worked with ASTM to develop a voluntary safety standard addressing this issue.

*The following article is excerpted from "Suction-Type Suffocation Incidents in Infants and Toddlers" in **Pediatrics** electronic pages (January 2003) and can be accessed in full at www.pediatrics.org/cgi/content/full/111/1/e12.*

Researchers found that a popular toy could fit snugly over an infant's nose and mouth, totally blocking a child's airway. Redesigning the toy and educating parents and caregivers about the dangers of similarly-sized objects were two ways suggested to prevent this from happening.

Researchers identified 17 incidents from CPSC databases, involving children 4 to 36 months old, where a semi-rigid, hollow hemispherical/ellipsoidal object "cupped" the child's face, simultaneously covering the nose and mouth. Thirteen of these cases involved toys; the remaining four involved two different consumer products (*Figure 1*).

Eight incidents resulted in death; nine were non-fatal because of parental intervention. In 16 incidents, significant physical effort reportedly was required to remove the objects from the child's face. In all but one of the fatal cases, the victim was found dead in a crib or playpen.

The cross-sectional diameter of the products involved in these suffocation incidents was in the range of 6.4 to 9.7 cm (about 2.5 to 3.8 inches wide). The depths of the products ranged from 4.2 to 5.1 cm. The approximate volume of containers ranged between 100 and 170 ml.

Very Young Children At Risk

Several factors combined to result in the facial suction incidents reported in this study. For example, the dimensions described above are compatible with anthropometric measurements that allow a product to

fit snugly over the mouth and nose of a young child resulting in complete airway obstruction. It is possible that with mouth and nose covered, an infant would be able to create suction or negative pressure for complete airway obstruction, by gasping, sucking, or swallowing the volume of air in these containers.

An infant's hand-to-mouth coordination improves at about 4 months old. Grasping becomes more precise, and objects within the child's reach have a good chance of being brought to the mouth. Teething begins at about 3 to 4 months and further encourages the bringing of hands and objects to the mouth. Increased saliva production and excessive drooling can facilitate a seal formation between the product and infant's face.



Figure 1

The inability of infants to remove an object that is adhered to their face and their limited ability to seek help make them particularly vulnerable to this hazard scenario. There were no fatalities in children older than 36 months. While a suction seal may be created in children of this age, danger may be lessened by their ability to break the suction seal themselves, or to summon help.

A critical factor in these incidents is the child's access to the product in an unattended environment. In all but one of the fatal incidents, the object had been placed in the crib overnight or left in the playpen when an adult was absent for a period of time.

Recommendations

To lessen the hazard to young children, product design changes that limit the amount of contact with the perimeter of the container and reduce the chance of forming a seal between the container and face should be considered. The diameter of the product appears to be

continued on page 7

Skateboarding

CPSC staffers, Dr. Susan B. Kyle and George W. Rutherford, Jr., are two of four authors of a recent study that analyzed national skateboarding-related injuries. The study found that skateboarding is a comparatively safe sport, although injuries are increasing.

This is the first national study to compare the “riskiness” of different sports by reporting the rate of injury as the number of injuries per participant in the sport, rather than the number of injuries per person in the population. This also makes it possible to determine whether the risk of injury associated with participating in a given sport changes over time.

The study is co-authored by Dr. Michael L. Nance and Dr. Flaura K. Winston, both from the Children’s Hospital of Philadelphia. The following is based on the article, “Skateboard-Associated Injuries: Participation-Based Estimates and Injury Characteristics,” in *Trauma* (2002;53:686-690).

Skateboarding is a comparatively safe sport. Increased rates of injury, however, are occurring in adolescent and young adult skateboarders. The most common injuries are musculoskeletal. The more serious injuries that result in hospitalization typically involve a crash with a motor vehicle.

The frequency of skateboarding injuries treated in U.S. hospital emergency departments has varied widely in the past two decades. In 1977, CPSC staff observed a peak of approximately 150,000 such injuries. By 1983, injuries had dropped to 16,000 and then began rising again, reaching a second peak in 1987 of 128,000 injuries. After another decline in 1994 to 26,000 injuries, injuries rose again in 1998 to 54,500.

Methods

Injury rates for sports participants ages 7 and older were calculated using two different data sources. Injury data was obtained from the National Electronic Injury Surveillance System (NEISS), which reports consumer product-related injuries in U.S. hospital emergency departments. Exposure data was obtained from the National Sporting Goods Association (NSGA) annual surveys, which report sports participation among persons ages 7 and older.

Injury Data

From 1987 to 1998 (the years examined in this study), there were an estimated 74,507,000 skateboarding participants. The participant population was 76.5% male.

During this period, there were an estimated 666,100 hospital emergency department-treated injuries associated with skateboard use. The injury population was 86.8% male.

There was a significant downward trend in the overall rate of emergency department-treated injuries from a high of 15.5 per thousand participants in 1987 to a low of 4.5 per thousand in 1993. This was followed by a significant upward trend to a 1998 overall rate of 8.9 per thousand.

Injury rates for males showed a significant downward trend from a 1987 high of 18.2 per thousand to a low of 4.7 per thousand in 1993. The trend from 1993 onward was significantly upward with an increase of 1.1 per thousand per year.

Injury rates for females also showed a significant downward trend from a 1987 high of 8.3 per thousand.

continued on page 7

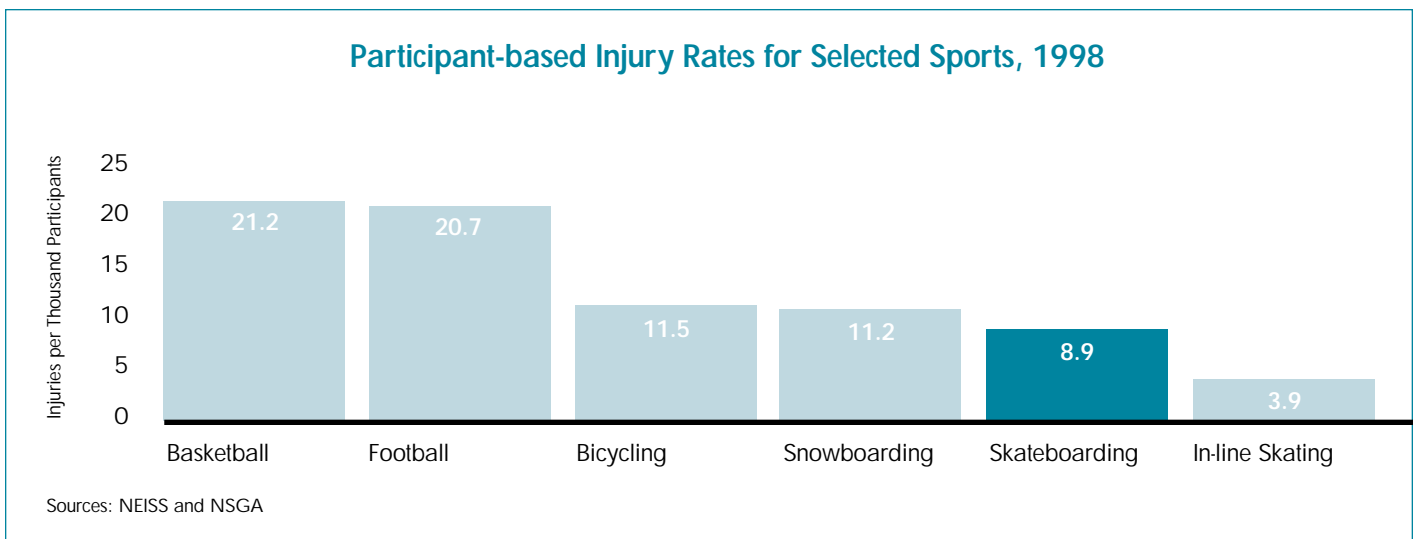


Figure 2

Range Fires

Early morning, January 3, 2001: A Delaware resident is heating cooking oil on a stove burner set on “high.” While waiting for the oil to get hot, the resident falls asleep. The oil ignites, and the fire spreads to the kitchen cabinets, countertop, and walls. The thick smoke spreads throughout the house, claiming the lives of its 11 occupants, seven of them young children.

Over the years, CPSC staff has explored several promising technologies to help prevent fires that begin in scenarios similar to the one described above. According to CPSC estimates, an annual average of 47,200 residential fires from 1994 to 1998 involved food ignitions on rangetops. These fires caused an annual average of 80 deaths, 2,440 injuries, and \$134.6 million in property loss.

A CPSC special study of 289 range fires showed that most food fires occurred when the range was left unattended. Similar to the incident above, a person typically heated an oil-filled pan – perhaps using the highest setting to speed up cooking – and stepped away momentarily to tend to another task. The oil overheated and ignited. Even if the flames were discovered before they spread to nearby combustibles, the burning oil often made the burner controls inaccessible.

Currently, electric range burner controls use fixed timing cycles to vary the heat output. For example, at lower settings, the controls supply electricity to the burner for shorter times. Gas burners operate continuously at a flow rate set by the user.

Neither system, however, relies on checking temperatures to automatically adjust the output. For example, an electric burner on the “high” setting remains fully on for the entire time. This occurs whether the burner is heating an empty pan, six quarts of water, or two tablespoons of vegetable oil.

Technological Solutions

While cooking fire incidents have many behavioral dimensions, CPSC staff believes there are technological solutions. In 1995, CPSC initiated a project to reduce the deaths and injuries associated with stovetop cooking fires. The project explored the possibility of developing a sensor that could be integrated into the burner controls to prevent cooking fires. Tests conducted at the National Institute of Standards and Technology and at the CPSC laboratory showed that the temperature measured on the bottom of a cooking vessel was a reliable indicator of pending ignition and could be used to control burner heat output to prevent ignition.

In 1998, CPSC staff developed an experimental control system for an electric range that reacted to temperatures measured on the bottom of the pan. The control system prevented ignition of foods, although some cooking operations – usually those that needed very high heat – took longer.

In 2000, CPSC sponsored a contract to develop and test an experimental burner control system for gas ranges. This new system also prevented ignitions, while normal cooking operations were unaffected.

In 2001, CPSC sponsored a study to assess the technical, practical, and manufacturing feasibility of technologies to prevent stovetop cooking fires. The study considered several promising technologies, including pan-temperature sensors like the control systems CPSC staff developed. The study concluded that additional development would be needed to improve the reliability and durability of such a sensor.

Alternative concepts identified in the study include a fire-actuated extinguishment system to put out a cooking fire; motion sensors that prevent unattended cooking by detecting whether the cook is present; and a timer coupled with a burner power-setting sensor to prevent leaving a pan on a hot burner for longer than a set duration.

Also in 2001, with funding from the U.S. Fire Administration, CPSC sponsored a study of thermal sensing technologies that could be adapted for use with electric ceramic glass cooktops. (These cooktops are not compatible with the type of pan-contact sensors CPSC staff previously tested.) The study concluded that promising technologies exist that can be used to sense pan temperatures on glass cooktops. CPSC has contracted for a new study to demonstrate and evaluate potential temperature measurement techniques for these cooktops.

CPSC staff continues to urge development of technological solutions to the range fire problem. CPSC staff has recommended that voluntary standards groups develop new requirements to address the ignition of cooking materials on stovetops. While no single technology may be effective on all types of cooktops, the CPSC staff believes that the wide array of sensors and processing technology available today gives manufacturers the essential tools to begin addressing this fire hazard.

— Andrew M. Trotta, Directorate for Engineering Sciences

For More Information:

To learn more about cooking range fires, visit CPSC’s website at www.cpsc.gov.

Electrocutions

According to a CPSC staff report, the total number of electrocutions in the U.S. decreased from 710 deaths in 1988 to 440 in 1999, a reduction of 38%. During this period, the estimated number of electrocutions related to consumer products decreased from 290 in 1988 to 170 in 1999, a reduction of 41% (Figure 3).

Death rates declined significantly from 1988 to 1999. In 1988, estimated consumer product-related electrocutions occurred at a rate of 1.18 per million U.S. population. In 1999, that rate was 0.62 per million, a reduction of about 47%.

Consumer Product-Related Electrocutions

Electrocutions related to household wiring and small appliances were the two most frequently reported groups of products in 1999, each with 17% of the total deaths. The category of small appliances consisted of microwave ovens, extension cords, electric fans, televisions, electric blankets, humidifiers, and other (not specified) small appliances.

Other categories of consumer products related to electrocution deaths included:

- Large appliances, such as air conditioners, heat pumps and other pumps, clothes dryers, water heaters, boilers, and furnaces (13%).
- Power tools, such as small motors, pressure washers, sanders, saws, drills, and tools not specified (9%).
- Ladders and antennas that came in contact with power lines (8% and 2%, respectively).
- Garden and farm equipment, such as pruning/trimming equipment and brushcutters, tractors, lawnmowers, and electric worm probes (7%).
- Lighting equipment, such as hanging/floor/table lamps, lamp cords, extension work lights, and light fixtures (5%).
- Other products including pipes/poles/fences, wires/chains/pliers, tree stands (used by hunters)/flying toys (like fuel-powered model rockets), vending machines, and amusement rides (22%).

For the full report, *1999 Electrocutions Associated with Consumer Products*, visit www.cpsc.gov.

— Prowpit Adler, Directorate for Epidemiology

Electrocutions Related to Consumer Products and Death Rates Based On U.S. Population, 1988-1999

Year	U.S. Total Electrocutions	Consumer Product-Related Electrocutions		Age-Adjusted Death Rates* Consumer Product-Related Electrocutions per Million Population
		Estimates	% of Total	
1988	710	290	41%	1.18
1989	710	300	42%	1.21
1990	670	270	40%	1.09
1991	630	250	40%	0.99
1992	530	200	38%	0.78
1993	550	210	38%	0.82
1994	560	230	41%	0.89
1995	560	230	41%	0.88
1996	480	190	40%	0.72
1997	490	190	39%	0.71
1998	550	200	36%	0.74
1999	440	170	39%	0.62

Source: National Center for Health Statistics, U.S. Census Bureau.

*Age-adjusted death rates account for changing ages in population over a specific period.

Figure 3

Skateboarding *continued from page 4*

This downward trend has plateaued with no significant upturn since 1993.

Age Distribution

The age distribution of the injured over the 12-year period 1987 to 1998 was as follows: ages 7 to 11, 29.5%; 12 to 17, 53.1%; 18 to 24, 11.4%; and 25 and up, 5.9%.

All age groups showed significantly declining rates of injury from 1987 to 1993. For 1993 and years prior, the 12 to 17 age group had the highest rate of injury.

Starting in 1993, the 12 to 17 and 18 to 24 age groups showed significant increases in rates of injury. From 1994 through 1997, the highest rate of injury was in the 18 to 24 age group.

Body Parts Injured

The most frequently occurring injuries over the 12-year period were wrist fracture, ankle strain/sprain, face laceration, lower arm fracture, and wrist strain/sprain. Together these five injury types accounted for approximately one-third of all skateboard-related injuries.

Comparisons among Sports

The rate of hospital emergency department-treated injury for skateboarding is approximately half that for basketball or football, roughly comparable to that for bicycling and snowboarding, and approximately twice the rate for in-line skating (*Figure 2, shown on page 4*).

The rate of serious injury from skateboarding (i.e., hospitalization, including transfer to another hospital or dead-on-arrival at the emergency department) is about half that for bicycling and about twice that for in-line skating.

Reasons for Injuries

The cycles in the number of skateboarding injuries have been attributed to changes in the popularity of skateboarding over time.

But by reporting the number of injuries per skateboarding participant, rather than the number of injuries per person in the population, the study controlled for changes in the popularity of skateboarding. This showed that injuries did not increase because more people were skateboarding, but because more injuries occurred among those who did skate.

Thus, the authors propose that changes in injury rates were due to changes in the nature of the sport itself. Essentially, the “riskiness” of the sport changed over time.

For example, in 1987, skateboarding-related injuries peaked. This corresponded to the popularity of “vert” skating – which used 10-foot high ramps and reached its popularity in the mid-to-late 1980s. This was gradually replaced by “street skating” using lower ramps. These changes may have had an impact on the types of injuries encountered, in particular, head injuries.

In recent years, as skateboarding injuries have climbed again, stunts and tricks have become increasingly complex and have received substantial publicity. With the advent of the Extreme Games in 1995, which includes skateboarding, a national television audience was cultivated. This may encourage skateboarders, independent of skill level, to attempt increasingly difficult maneuvers and may contribute to the rising injury rate.

Prevention

Some skateboarding injuries may be prevented by the use of wrist guards, which have been shown to be effective in lessening wrist injuries associated with in-line skating. Educational programs emphasizing the importance of wearing protective helmets during skateboarding may be of benefit in reducing the number of head injuries that result in 18% of the hospitalizations. In addition, the health care community should urge skateboarders not to skate in the streets and encourage the development of skate parks.

Suction-Type Deaths *continued from page 3*

particularly important. Ventilation holes that prevent a seal from forming if the face becomes covered also might lessen the chances of complete airway obstruction.

Products with similar dimensions not intended for infants present additional challenges. Thus, pediatricians and other health care providers should alert parents and caregivers to the dangers of leaving such products in an infant’s crib or playpen or allowing infants to play unattended with these objects.

New Safety Standard

At CPSC’s urging, the ASTM toy safety standard was revised to include requirements to prevent toy-like products (similar in dimension to those described in the article) from forming a vacuum seal over a child’s face. The new standard will be published in Spring 2003.

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 and November of 2002, 758 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, 2 months, was placed on his grandmother's bed to sleep. He was put on a plastic pad to prevent him from wetting the bed. The child was found unresponsive a few hours later, face down on the plastic pad. The cause of death was suffocation. (Emma O. Lew, M.D., Deputy Chief Medical Examiner, District 11, Miami-Dade County, Miami, FL)

*A female, 2, was chewing on a balloon at her home. She accidentally swallowed it and had difficulty breathing. Emergency personnel took her to the hospital where the balloon was removed, but the child was pronounced dead. The cause of death was asphyxiation. (Lisa Scheinen, M.D., Deputy Medical Examiner, Department of Coroner, Los Angeles County, Los Angeles, CA)

A female, 4 weeks, was found unresponsive, face down on a pillow in her cradle. The pillow had been placed in the cradle because the child's mother believed the cradle was too deep and felt uncomfortable. The cause of death was positional asphyxiation. (Bill Cogbill, Sheriff-Coroner, Sonoma County, Santa Rosa, CA)

*A male, 18 months, was found unresponsive with his torso over the footrest of a reclining chair. His head and shoulders hung down through the opening in the chair. The child was taken to the hospital where resuscitative efforts failed. The cause of death was positional asphyxia. (Barton Warner, M.D., Medical Examiner, Rutherford County, Murfreesboro, TN)

CARBON MONOXIDE POISONINGS

*A female, 79, was found unresponsive lying on the floor of her home. Fire marshals determined that dirt and soot had built up in the furnace causing a carbon monoxide buildup in the residence. The cause of death was carbon monoxide poisoning. (Juan U. Contin, M.D., Medical Examiner, County of El Paso, El Paso, TX)

*A male, 35, was found dead in an enclosed tent at a campground. An empty propane tank, a propane lamp, and a propane stove were found. The lamp and heater were turned on, and no propane remained. The cause of death was asphyxia due to inhalation of carbon monoxide. (Sally S. Aiken, M.D., Medical Examiner, Spokane County, Spokane, WA)

*A male, 79, was found dead in his home. A gasoline-powered generator in the basement was being used to provide electricity due to a power outage in the area. The cause of death was carbon monoxide poisoning.

(James F. Kelly, Coroner, Northumberland County, Sunbury, PA)

DROWNINGS

A female, 22 months, was found submerged in her family's swimming pool. She had been wearing a flotation device while in the pool with her family but had taken it off when she exited the pool. A few minutes later, the child was found in the pool. She was taken to the hospital and died six days later. The cause of death was severe hypoxic encephalopathy due to near drowning. (Mary F. Baudino for Patrick K. O'Neil, M.S.F.S, Coroner, Will County, Joliet, IL)

A male, 20 months, was attending a party with his parents. The child wandered away from the apartment where the party was being held. He was later found floating in a swimming pool. The protective fence around the pool had a gap in it. (Bruce Hyma, M.D., Chief Medical Examiner, District 11, Miami-Dade County, Miami, FL)

A male, 4, was at home with his mother. Some time later, she could not locate the child and called police. The police responded, and police divers retrieved him from the residence's swimming pool that was filled with filthy, green water. The cause of death was drowning. (Kenneth Hutchins, M.D., Forensic Pathologist, District 11, Miami-Dade County, Miami, FL)

A male, 2, was watching a video inside his family's new home. His father went to the garage to get some tools for installing a fence around the backyard swimming pool. A short time later, the child could not be found, and the family searched for him. He was found face down in the shallow end of the pool. Resuscitative efforts failed. The cause of death was drowning.

(Gregory A. Schmunk, M.D., Coroner, Santa Clara County, San Jose, CA)

A female, 4, was found floating unresponsive in a neighbor's pool at night. She had been playing with other children in the house while the adults played dominoes by the pool. It is believed the child entered the pool while the adults went to the front door to see off departing guests. The cause of death was drowning.

(Michael Bell, M.D., Deputy Chief Medical Examiner, District 17, Broward County, Fort Lauderdale, FL)

FIRES

A male, 68, was riding on his riding mower when it tipped over. An explosion occurred, and the man was severely burned and died. The cause of death was thermal burns. (Elizabeth K. Balraj, M.D., Coroner, Cuyahoga County, Cleveland, OH)

A male, 82, was working in his shop at home when he backed into a propane heater and his overalls caught fire. He was admitted to the hospital burn unit where he underwent skin graft three days later. During the procedure, he suffered a heart attack and later died. The cause of death was myocardial infarct as a consequence of thermal burns.

(Sally S. Aiken, M.D., Medical Examiner, Spokane County, Spokane, WA)

A male, 83, was cooking in his home when the sleeve of his robe caught fire. He extinguished the flames but was severely burned. He was taken to the hospital where he later died. The cause of death was second and third degree thermal burns of the upper extremities.

(Elizabeth K. Balraj, M.D., Coroner, Cuyahoga County, Cleveland, OH)

MISCELLANEOUS

A male, 46, was skiing down a small hill near a ski patrol lodge. He ran into a utility pole face-first and was severely injured. He was not wearing a helmet. Resuscitative efforts were unsuccessful. The cause of death was blunt impact to the head.

(Sally S. Aiken, M.D., Medical Examiner, Spokane County, Spokane, WA)

— *Denny Wierdak, Directorate for Epidemiology*



CPSC Recalls

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

BAMBOO STICK SPARKLERS

Product: About 1.7 million boxes of bamboo stick sparklers by Elkton Sparkler Company Inc. The recalled sparklers were packaged in a red, white and blue cardboard box and sold with six sparklers per box. Three models of sparklers were sold, including model SP08 measuring 8-inches long, model SP14 measuring 14-inches long, and model SP20 measuring 20-inches long. Labels on the packaging read in part "BAMBOO GOLD SPARKLERS," "6 PIECES," and "MADE IN CHINA." Variety Stores sold these sparklers nationwide from January 2002 through May 2002 for between \$2 and \$5 a box.

Problem: The sparklers' bamboo-stick handles can catch fire, burn and disintegrate and emit burning fragments during use. The sparklers present a fire hazard and a risk of burn injury. CPSC and Elkton Sparkler have received four reports of burns and clothing igniting. Injuries include a 6-year-old girl who received second-degree burns to her ankle and a 3-year-old boy who received a minor burn to his leg when his sweat pants caught on fire.

What to do: Stop using these sparklers immediately and return them to the store where purchased for a full refund. For more information, consumers can contact Elkton Sparklers at (800) 322-3458 between 9 a.m. and 5 p.m. ET Monday through Friday or visit the firm's website at www.easylite.com.

TOY ATTACHMENTS ON BABY WALKERS

Product: About 410,000 toy attachments on baby walkers by Kolcraft Enterprises, Inc. The walkers are multi-colored and have either a detachable toy bar or a detachable music center on the tray. On each tray are two 6.5-inch stems with 3.5-inch stars on top. The recalled walkers were sold under the "Tot Rider" and "Carter's" brand names. Tot Rider walkers included in the recall have model numbers 14303-AC, 14303-CC and 14401-OT. The model numbers are printed on stickers located on the inside wall of the base of the walkers. The names "Tot Rider" and "Kolcraft" are printed on stickers attached to the front of the walker. The Carter's model walkers included in the recall have model numbers 14303-LB, 14303-UE and 14304-LJ. The model numbers are printed on stickers located on the inside wall of the base of the walkers. The words "Carter's" and "Music Center" are printed on stickers attached to the front of the walker. Walker models 14303 and 14304 were manufactured from December 2000 through August 2002, and walker model 14401 was manufactured from January 2000 through July 2002. The manufacturing date is printed on the sticker with the model number. Some of the walkers were made in the U.S. and some were made in China. Discount, department and juvenile product stores sold the walkers with these toys nationwide from December 2000 through October 2002 for between \$20 and \$40.

Problem: The flower toys on the baby walker's tray can detach from the stems, exposing sharp edges and posing a laceration hazard to young children. Kolcraft has received 15 reports of injuries associated with the exposed sharp edges of the toys' stems. The injuries to children included lacerations around the eyes, eyelids, face and tongue.

What to do: Remove the detachable toy bars or music center toy trays on these walkers immediately. For information on receiving a replacement toy bar or music center toy tray, consumers can contact Kolcraft toll-free at (888) 695-9988 anytime or visit the firm's website at www.kolcraft.com.

INFANT SWINGS

Product: About 15,000 infant swings by Baby Trend Inc. This recall involves "Trend Swing" stationary infant swings, model numbers 8711 and 8722 found on a label on the bottom of the seat. The swings were sold in khaki/gingham and navy/white plaid, and feature a toy bar, song player and timer. "Baby Trend" is printed on the front of the seat's tray and "Trend Swing" is printed on the arm. "Baby Trend" and "Made in China" are also printed on the label on the bottom of the seat. Toys R Us stores sold these swings nationwide from November 2001 through September 2002 for between \$60 and \$90.

Problem: A screw on the swing's support arm can loosen or detach, causing the seat to separate and drop to one side. This presents a fall hazard to infants. Baby Trend has received 10 reports of the screws loosening. No injuries have been reported.

What to do: Stop using these recalled swings immediately and contact Baby Trend to receive a free repair kit. For more information, consumers can contact Baby Trend toll-free at (800) 328-7363 between 8 a.m. and 4:30 p.m. PT Monday through Friday. Consumers also can visit the firm's website at www.babytrend.com.

CIGARETTE LIGHTERS

Product: About 247,000 disposable cigarette lighters by Montrose Wholesale Candies & Sundries Inc., of Chicago, Ill. The lighters do not have child-resistant mechanisms, as required by federal law. Young children could ignite the lighters, presenting fire and burn hazards. The disposable cigarette lighters being recalled are oval-tube-shaped "BIC" and mini-"BIC" brand lighters. The lighters have a green, red, blue, black or yellow body and a metal top. "BIC" and "Made in France" are imprinted into the metal top of the lighter. A label on the lighter reads, "WARNING KEEP AWAY FROM CHILDREN." The recalled lighters are not equipped with a metal shield over the spark wheel. The child-resistant lighters have that shield. The recalled standard size lighters have the UPC number "3 086120 600020" and the mini-lighters have the UPC number "3 086120 600051." Convenience, gas, and grocery stores in the central U.S. sold these disposable cigarette lighters from September 2002 through December 2002 for about \$1.

Problem: These "BIC" brand lighters were illegally imported into the United States by Montrose Wholesale Candies & Sundries, Inc., a Chicago importer. This recall does not involve lighters sold in the U.S. by BIC. In the United States, BIC sells only lighters with a child-resistant mechanism. BIC notified CPSC of these illegally imported lighters, and CPSC investigators caught the non-child-resistant lighters for sale in several stores in the Chicago area. All disposable lighters imported and sold in the U.S. are required by law to be child-resistant. CPSC and Montrose Wholesale Candies & Sundries are not aware of any injuries involving these lighters. This recall is being conducted to prevent the possibility of injuries.

What to do: Stop using these lighters immediately and return them to the store where purchased for a refund. For more information, call CPSC's Hotline at (800) 638-2772 anytime.

TEA LIGHTS

Product: About 211,000 sets of tea lights by Home Interiors and Gifts Inc. The recalled tea lights are packaged 12 candles per box with "Home Interiors" written on the top of the box. Each tea light candle has a clear plastic base and is either red or ivory in color. The tea light candles are imported from Hong Kong. Home Interiors' direct sales associates exclusively sold the recalled tea lights from September 2002 through November 2002 for about \$5 per box.

Problem: Flames from the tea lights can flare, and the excessive heat can cause the plastic holders to melt, posing a fire hazard. Home Interiors and Gifts has received 22 reports of the tea lights flaring up and melting their plastic holders. These incidents have resulted in minor property damage. No injuries have been reported.

What to do: Stop using the tea lights immediately and return any unused tea lights by mail to Home Interiors at 2901 Trade Center Drive, Suite 100, Carrollton, TX 75007. Consumers should include

their return address information to receive a retail gift certificate from Home Interiors for the full purchase cost and shipping cost of the tea lights. For more information, consumers can contact Home Interiors at (800) 749-4545 between 9 a.m. and 5 p.m. CT Monday through Friday or visit the firm's website at www.homeinteriors.com.

CIRCULAR SAWS

Product: About 180,000 circular saws by Makita U.S.A. Inc. The recall involves 7 1/4-inch circular saws with the model number 5740NB. The model number is located on the silver nameplate next to the name "Makita." The saw's housing is blue-green and the name "Makita" appears on the metal blade guard and silver nameplate on the motor housing. The recalled saws were manufactured in China. Home centers, hardware stores and industrial suppliers nationwide sold the circular saws from April 1998 to November 2002 for between \$99 and \$119. Any 5740NB circular saws with an "N" preceding the serial number on the nameplate and a blue dot on the shipping carton are not involved in this recall.

Problem: The lower blade guard of the saw can become jammed, which can result in the consumer coming in contact with the blade and suffering a serious injury. Makita U.S.A. Inc. has not received any reports of incidents. This recall is being conducted to prevent the possibility of injuries.

What to do: Stop using the circular saws immediately and return them to the nearest Makita factory service center for a free repair. For more information on how to return the saw or to locate the nearest Makita factory service center, consumers should contact Makita U.S.A. Inc. at (800) 462-5482 between 8 a.m. and 4:30 p.m. Monday through Friday.

TALKING DOLLS

Product: About 160,000 talking, electronic dolls by Lovee Doll & Toy Co., Inc. This recall includes the "Talking Learn n' Play" dolls with buttons. The dolls describe the functions of zippers, buttons, snaps and shoelaces. The dolls are about 13-inches tall and are dressed in pink jumpers with pink and white plaid shirts. The purple packaging reads, "Talking Learn n' Play." The dolls were made in China. Toy and discount department stores sold the dolls nationwide from June 2002 through December 2002 for between \$10 and \$15.

Problem: Buttons on the dolls' outfit could detach, posing a choking hazard to young children. Lovee Doll & Toy Co., Inc. has not received any reports of incidents involving these dolls. This recall is being conducted to prevent the possibility of injury.

What to do: Take these dolls away from children immediately and return the doll to the store where it was purchased for a refund. For more information, consumers can contact Lovee Doll & Toy Co., Inc. at (800) 307-5911 between 9 a.m. and 5 p.m. ET Monday through Friday.

SKATEBOARD RAMPS

Product: About 88,000 skateboard ramps by Gen-X Sports Inc. The recalled ramps include the Rage SSD (model 310937) and Skate Attack SSD (model 312912). The ramps are black and have a sticker with the Rage or Skate Attack logo and name on each side. The four peg holes, used to anchor the ramp, are located on the underside of the ramp in each corner. The ramps are 39-inches long, 28-inches wide and as high as 12-inches. Discount department and sports stores sold the ramps nationwide from March 2002 through September 2002 for between \$20 and \$40.

Problem: The ramps can crack causing users to fall and suffer injuries. Gen-X Sports has received one report of the ramp cracking. The user, who was riding a scooter at the time of the incident, fell and broke his collarbone.

What to do: Stop using these ramps immediately and contact Gen-X to receive a refund. For more information on returning the ramps, consumers can contact Gen-X toll-free at (866) 846-4369 between 8:30 a.m. and 5 p.m. ET Monday through Friday. Consumers can also visit the firm's website at www.genxsportsinc.com.

INFANT GIRLS' GARMENT AND SHOES

Product: About 52,000 infant girls' garments and sandals by Good Lad Apparel. This recall involves three separate garment sets. Two of the garment sets include a newborn and infant dress with sandals. The other includes an infant capri set with sandals. The dresses were sold in either, red and yellow or chambray. Both have decorative items like ladybugs and flowers attached. The capri sets were sold in lime, coral, yellow and purple with flower attachments around the neckline and on the sandals. The Good Lad logo is printed on a label inside of the garment, along with the words, "Good Lad of Philadelphia." The garments were made for ages 3 to 24 months. Department stores sold the infant garments nationwide from January 2002 through April 2002 for about \$15.

Problem: Small, decorative items on the garments can detach, posing a choking hazard to young children. Good Lad has received three reports of incidents involving the decorative items. A child swallowed a decorative ladybug and two others began to choke on decorative flowers. There have been no reports of injury.

What to do: Stop using these garments and sandals immediately. Consumers should return the garments to the store where purchased to receive a refund. For more information, consumers should contact the company toll-free at (877) 599-5530 between 7:30 a.m. and 4:30 p.m. ET Monday through Friday.

PLASTIC STACK CHAIRS

Product: About 80,000 plastic stack chairs by S.I.T. Inc. This recall involves "Cometa" green and white plastic stack chairs. UPC numbers 0-82294-319754 (white) and 0-82294-319785 (green) are located on a label on the front of the chair. "Made in Italy" and "Not Recommended for Use on Polished or Smooth Surfaces" are also printed on the label. Drug stores sold the plastic stack chairs nationwide from April 2000 through September 2002 for between \$4 and \$6.

Problem: The chairs can collapse during use, causing the consumer to suffer injuries from falls. S.I.T. has received two reports of the chairs collapsing. No injuries have been reported.

What to do: Stop using these plastic chairs immediately and contact S.I.T. to receive a refund. For more information, consumers can contact S.I.T. toll-free at (800) 611-4664 between 9 a.m. and 5 p.m. ET Monday through Friday.

SCUBA REGULATORS

Product: About 24,700 Oceanic CDX first stage regulators by Oceanic USA. The recalled regulators are used for scuba diving. Oceanic CDX first stage regulators subject to the recall have serial numbers 9200001 to 9205622, 9800013 to 9801711, 0200001 to 0213294, 0D0001 to 0D3046, or 9D0001 to 9D3273. The serial number is stamped into the side of the body of the regulator. The regulators have the name "OCEANIC" written on the rubber boot of the first stage. These CDX regulators were sold with the following second stage regulators: Alpha 7, Delta 3, Gamma 2, and Zeta. Authorized Oceanic dealers sold these regulator sets worldwide from May 1999 through October 2002 for between \$330 to \$640, depending on the second stage.

Problem: Extreme vibration can occur within these CDX regulators, which can cause an air leakage underwater. Divers could run out of air and drown. Oceanic has received six reports of noise or vibration accompanied by air leakage. No injuries have been reported.

What to do: Stop using the recalled CDX regulators immediately and take them to any authorized Oceanic dealer to get a free repair. Other repairs or normal maintenance performed in addition to the recall repair will incur a charge. For more information, contact Oceanic toll-free at (866) 723-2642 between 8 a.m. and 5 p.m. PT Monday through Friday, by visiting the firm's website at www.OceanicWorldWide.com, by writing an email to service@oceanicusa.com, or by writing to Oceanic USA, 2002 Davis Street, San Leandro, CA 94577.

— Carolyn T. Manley, Office of Compliance

Don't miss a single issue of the quarterly *Consumer Product Safety Review* at www.cpsc.gov.
To subscribe, go to <http://bookstore.gpo.gov> or complete the subscription form below.



United States Government
Information

Order Processing Code: *5822

Credit card orders are welcome!
Fax your orders (202) 512-2250
Phone your orders (202) 512-1800

YES, please send ____ subscriptions to:

Consumer Product Safety Review (SAFRE) at \$18.00 a year (\$25.20 foreign).

The total cost of my order is \$ _____.
Price includes regular shipping & handling and is subject to change.

Company or personal name (Please print or type)

Additional address/attention line

Street address

City, State, Zip code

Daytime phone including area code

Purchase order number (optional)

For privacy protection, check box below:

Do not make my name available to other mailers

Check method of payment:

Check payable to: Superintendent of Documents

GPO Deposit Account -

VISA Mastercard

Expiration date

Authorizing signature 5/96

Mail to:
**Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954**

Important: Please include this completed order form with
your remittance.

Thank you for your order!



Consumer Product Safety Review is published quarterly by the
U.S. Consumer Product Safety Commission,
Washington, DC 20207.

For subscription inquiries, contact:

Superintendent of Documents
<http://bookstore.gpo.gov>

For editorial correspondence, contact:

Nancy Sachs, CPSC
Phone: 301-504-7949/Fax: 301-504-0407

For marketing inquiries, contact:

Lola Springer, Arlene Clyburn-Miller, CPSC
Phone: 301-504-7924/Fax: 301-713-0047

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>

E-mail address: info@cpsc.gov

TTY for hearing and speech-impaired: 1-800-638-8270

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

**U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207**

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300
An Equal Opportunity Employer