



U.S. Consumer Product Safety Commission

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CONSUMER PRODUCT SAFETY REVIEW

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Mattresses

The U.S. Consumer Product Safety Commission (CPSC) recently approved a new federal flammability standard to reduce the severity of mattress fires. The CPSC mattress project manager, Margaret Neily, discussed the new standard with the *Consumer Product Safety Review*.

What does the new safety standard for mattresses require?

The standard requires that new mattresses limit the growth and intensity of a mattress fire. This gives people more time to escape from their homes.

What's significant about this new mattress standard?

Based on national fire loss estimates for 1999 through 2002, mattresses and bedding are the first items ignited in 15,300 residential structure fires annually. We estimate that the new standard is likely to save as many as 270 lives each year when fully effective. This is 78% of the number of people who die annually in mattress-related fires addressed by the standard. In addition, this standard would prevent as many as 1,330 serious injuries or about 84% of the injuries associated with mattress fires addressed by the standard each year.

How fast can mattress fires spread?

Mattresses made with traditional materials can reach dangerous fire levels in less than five minutes. Mattress fires can lead to flash over – the simultaneous ignition of everything in a room. The new standard basically requires that mattresses burn more slowly and with less intensity so that the possibility of flashover is reduced or delayed. In a fire, the most important thing is to have as much time as possible to discover the fire and get out of your home.

What triggers many mattress fires?

Mattress and bedding fires often involve ignition by smoldering (cigarettes and smoking materials) or open flame sources (candles, lighters, and matches). For 30 years, CPSC has had a standard for cigarette ignition of mattresses and mattress pads, and deaths and injuries from these fires continue to decline.

What additional protection does the new mattress standard provide?

The new standard addresses mattress fires ignited by open-flame sources where the bedclothes – like pillows and blankets – are typically ignited first and expose the mattress to a more significant ignition source. Mattress fires ignited by ignition sources of similar or lesser intensity are also addressed in this standard.

What does CPSC require of mattress manufacturers?

New mattresses must meet CPSC performance requirements. For testing purposes,

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Sports Head Gear

Different sports activities require different helmets for head protection. Each type of helmet is designed to protect the head from the impact most likely to occur in a particular sport. In a collision or fall, the appropriate helmet – rather than the head – will absorb most of the impact.

For example, bicycle helmets are designed to protect against a single severe impact, such as a bicyclist's fall onto the pavement. The foam material in the helmet crushes to absorb the impact energy during a fall or collision. After one impact like this, bike helmets can't protect against additional impacts. Therefore, after a fall, it's advisable to replace a bicycle helmet, even if it shows no signs of damage.

Other helmets are designed to protect against multiple moderate impacts. Football and ice hockey helmets, for example, can withstand multiple impacts of the type associated with each sport. However, you may still need to replace the helmet after one impact that's severe, or if the helmet has signs of damage, such as a cracked shell or permanent dent in the shell or liner. The manufacturer's instructions will state when a helmet should be replaced.

A few helmets can be worn for more than one activity. For example, a CPSC-compliant bicycle helmet also can be worn while rollerskating, in-line skating, and riding a kick scooter.

Injury Data

For many sports, helmets provide a high degree of protection. Wearing a bicycle helmet while biking, for example, can reduce the risk of head injury by 85%, and the risk of brain injury by 88%.¹

In 2004, an estimated 151,000 people were treated in U.S. hospital emergency rooms for bicycle-related head injuries. Nearly 11,000 or 7% of those emergency room visits resulted in hospitalizations (*Figure 1*).

Skateboarders visited hospital emergency rooms with about 18,000 head injuries in 2004, and approximately 760 or 4% were hospitalized. CPSC estimates that horseback riders received about 14,000 emergency room-

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Estimated Emergency Room-Treated Head Injuries for Selected Sports 2004

Sport Category	Est. Number of Head Injuries ²	Est. Number of Hospitalized Head Injuries ³
Bicycles ¹	151,024	10,769
Baseball ¹	63,234	1,346
Football ¹	51,953	1,324
Skateboards	18,743	764
Kick Scooters	15,622	*
Horseback riding ¹	14,218	2,434
Snowboarding ¹	8,540	*
Ice hockey ¹	5,944	*
In-line skating ¹	3,511	*
Lacrosse ¹	1,814	*

Source: National Electronic Injury Surveillance System, CPSC

*Sample size too small to report estimate.

¹ Includes injuries suffered participating in the activity and/or in using the apparel and equipment associated with the activity.

² Includes injuries to head, ears, mouth, eyes, and face.

³ Includes cases where patient was admitted, was held for observation, was treated and transferred to another hospital, was dead on arrival, or died in the ER.

Figure 1

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.

Children and Pool Safety

Preventing unsupervised young children from gaining access to hazardous areas, such as swimming pools, is a challenge. CPSC electrical engineer Randy Butturini and CPSC engineering psychologist Jonathan Midgett recently built several prototype safety systems that, in staff testing, could distinguish between children and adults. Such safety systems have the potential to reduce child drownings. They discussed their findings with the *Consumer Product Safety Review*.

What's an ideal safety system to help prevent child drownings?

MIDGETT: Passive safety systems — where people are protected with little action required on their part — would be the ideal approach. What you want is a safety system that remains on all the time, is easy to use, requires little maintenance, is not prone to false alarms, and doesn't cost very much.

What have you been exploring in this regard?

BUTTURINI: We looked at various sensing devices that could be incorporated as part of a passive safety system. Many technologies have already been developed to sense people. These technologies include infrared detection of warm moving bodies, electric gates, and contact switches that sense footsteps. Distinguishing children from adults, however, or detecting the presence of children when no adults are around, has not been widely implemented.

What are the benefits of a safety system that differentiates between children and adults?

MIDGETT: A differentiation system like this can monitor areas where adults are expected, but children are not allowed without adult supervision. In addition, this sort of system can lead to fewer cases where safety equipment is turned off because of nuisance false alarms or forgetfulness.

How did you decide which features to use to differentiate between children and adults?

MIDGETT: We focused on features with significant quantitative differences between children and adults. We ended up using height, foot length, and literacy as three measures where relatively large differences exist between young children and adults.

How did you test for height?

BUTTURINI: We used acoustic, photoelectric, and passive infrared sensing techniques to illustrate how we could differentiate between the heights of children and adults.

What did you find most effective?

BUTTURINI: In our tests, the simplest way to differentiate children from adults was by installing electric eyes at various vertical heights. An adult passing through would break all the beams. A child passing between the photoelectric sensors would pass underneath the tallest sensors and be distinguished from an adult. We also tested acoustic sensors that measured the height of a person passing directly underneath. These measurements were very precise and could easily distinguish between adults and children.

How else did you measure differences between children and adults?

MIDGETT: We set up a floor contact mat to determine the foot length of the person stepping on it. Once the measurement was made, the system could determine if the foot belonged to a child or an adult.

How effective was that?

BUTTURINI: For various reasons, we found that using the contact mat had too much variation when measuring the feet of children and adults to be able to reliably distinguish between them.

What was another method for distinguishing between adults and children?

MIDGETT: We decided to exploit reading ability. For example, when the system sensor detects the presence of a person, that person would be required to enter a "password" or answer a simple question. Without the appropriate response entered into the system, an alarm would sound. One could use an easy question that adults, but not young children, could read and answer correctly.

Are consumers likely to use systems like these?

MIDGETT: Consumers tend to be more willing to buy and operate safety equipment if it doesn't require too much investment from them — including money, time, skill, memory, concentration, and dedication. Systems that are easy to install and require only a few steps to operate are more likely to be used properly. A good system needs to be effective with minimal false alarms. If a system has a lot of false alarms, people are likely to disable it.

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Playgrounds

Each year, about 50,000 children go to U.S. hospital emergency rooms with injuries related to home playground equipment. About 80% of the injuries occur when children fall from play equipment.

In addition, several children die on home playgrounds each year. These deaths often result when children get entangled in and strangle from ropes, cords, or leashes attached to play equipment, or when clothing drawstrings and items worn around children's necks catch on the equipment. Others die when their heads or necks are trapped in narrow spaces; they fall from the equipment; or they are struck by play equipment that moves or tips over.

CPSC staff recently released the *Outdoor Home Playground Safety Handbook*, which provides guidance for homes and residential child care facilities. The following safety considerations are important to keep in mind.

Choose a Site

When planning a home playground, choose a location away from roads and driveways and readily visible from the home. In addition, create a site free of obstacles that could cause injuries – such as fences, low overhanging tree branches, overhead wires, tree stumps and roots, large rocks, bricks, and concrete.

Select Protective Surfacing

One of the most important ways to reduce the likelihood of serious head injuries is to install shock-absorbing protective surfacing under and around play equipment. Whichever surfacing you select, follow the guidelines below.

Loose-fill Materials

- Maintain a *minimum depth* of 9 inches of loose-fill materials such as wood mulch/chips, engineered wood fiber, or shredded/recycled rubber mulch for equipment up to 8 feet high; use 9 inches of sand or pea gravel for equipment up to 5 feet high. NOTE:

An initial fill level of 12 inches will compress to about a 9-inch depth of surfacing over time. The surfacing will also compact, displace, and settle, and should be periodically refilled to maintain at least a 9-inch depth.

- Use a minimum of 6 inches of protective surfacing for play equipment less than 4 feet in height. If maintained properly, this should be adequate. (At depths less than 6 inches, the protective material is too easily displaced or compacted.)
- Use containment, such as digging out around the perimeter and/or lining the perimeter with landscape edging. Remember to account for water drainage.
- To maintain the right amount of loose-fill materials, mark the correct level on play equipment support posts. That way you can easily see when to replenish and/or redistribute the surfacing.
- Do not install loose-fill surfacing over hard surfaces such as concrete or asphalt.

Poured-in-Place Surfaces or Pre-Manufactured Rubber Tiles

- Surfaces like rubber tiles or poured-in-place surfaces generally require professional installation.
- Before purchasing this surfacing, review surface specifications and ask the installer/manufacture for a report showing that the product has been tested to ASTM safety standard F1292. Check the protective surfacing frequently for wear.

Anchor and Assemble Equipment Correctly

Follow the manufacturer's instructions for anchoring. Be sure anchors are buried or otherwise covered with protective surfacing. Exposed anchors, hooks, and bolts can create tripping hazards or lead to other injuries.

For correct assembly of a play set, follow the manufacturer's instructions. For example, install the play equipment on level ground with adequate surfacing and anchoring. Use proper hardware and tighten all connections.

Use lightweight swings to minimize injuries if a child is struck by a swing. Avoid heavy seats of metal or wood.

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Playgrounds Continued from page 4

Place disk swings in separate bays, away from other swinging equipment. Tire swings capable of a 360-degree rotation also should be in separate bays, away from other play equipment and structures.

To prevent other potentially hazardous conditions, check all openings on the play equipment, like ladder rungs, posts, and railings. Openings should be smaller than 3 1/2 inches to prevent entry of a small child's body, or larger than 9 inches to allow a child's head and body to slide completely through. In addition, eliminate hanging ropes of any kind on play equipment.

Protect Against Falls

Because the largest single cause of visits to hospital emergency rooms for playground-related injuries is falls, be sure that all play equipment rungs, steps, and stairs are evenly spaced. In addition, play equipment should have guardrails, barriers, and handrails where needed to protect against falls to the ground.

Maintain Play Equipment

Keeping a play set in good condition is essential to reducing injuries. Save the manufacturer's instructions so you can order parts that break or wear out. The maintenance schedule below is recommended.

- Check nuts and bolts twice a month and tighten as needed.
- Oil moving metal parts as directed by the manufacturer.
- Check to make sure protective caps and plugs that cover bolt ends and ends of tubing are in place and tight. Inspect twice a month and replace as needed.
- Check the condition of the equipment, looking for signs of wear and tear such as broken or missing components, bent pipes or tubing, and splintering wooden surfaces. Repair as necessary.

For More Information

For a copy of the complete *Outdoor Home Playground Safety Handbook*, please go to www.cpsc.gov. You also can order a hard copy of the handbook at info@cpsc.gov. Include the full title and order number (#324) of the publication.

- Check swing seats, ropes, chains, and cables monthly for deterioration and replace as needed.
- Clean, sand, and repaint rusted areas with a non-lead-based paint, as needed.
- Remove plastic swing seats in cold weather, if recommended by the manufacturer.
- Rake surfacing periodically to prevent compaction and maintain appropriate depths.
- Finally, be sure children on play equipment are supervised by adults.

— *Troy Whitfield, Directorate for Engineering*

Children and Pool Safety

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Of course, no alarm system will be effective without adults nearby who are capable of responding properly to the alarm. There is no substitute for active adult supervision.

How could the systems be enhanced?

BUTTURINI: We think combining several sensor inputs could increase a system's effectiveness. For example, a system that uses photoelectric height measurements and screens out inanimate objects with passive infrared detection could give you additional safeguards.

Where can someone learn more about your work?

BUTTURINI: You can access our study at www.cpsc.gov. Enter "discrimination safety systems" in the search engine.

Mattresses Continued from page 1

the standard uses a set of gas burners to represent burning bedclothes. After the mattress is exposed to the gas burners, the size and growth rate of the fire are measured and must not exceed specified limits. CPSC doesn't specify how manufacturers should design their mattresses to meet the performance requirements.

How will manufacturers make mattresses more fire resistant?

There are a variety of design and material options that manufacturers can use. These include both inherently or naturally fire-resistant materials, and barriers that incorporate fire retardant (FR) chemicals.

What is known about the safety of these fire-retardant (FR) chemicals?

CPSC scientists and outside experts extensively evaluated and tested FR chemicals currently used in mattresses to see how adults and young children might be exposed to these chemicals during mattress use.

The tests included real-world scenarios like bedwetting, jumping on the bed, and sweating. In the end, the tests led CPSC staff to conclude that, even under extreme use conditions, the risk of health problems to consumers is minimal.

CPSC staff's assessment was peer-reviewed, and other outside scientific experts found the approach and the conclusions sound.

Are new fire-resistant mattresses on the market now?

Because a similar standard became effective in California on January 1, 2005, some manufacturers already sell mattresses that meet this new federal standard. The federal standard for mattresses goes into effect on July 1, 2007.

Will consumers need to pay more for new fire-resistant mattresses?

While CPSC staff estimates that the new mattress initially may cost about \$25 more, the price is expected to go down as a result of market competition. One major manufacturer is already marketing these new mattresses nationwide at no increased cost to consumers.

Sports Head Gear Continued from page 2

treated head injuries in 2004. Approximately 2,400 or 17% of those head injuries required hospitalization. Many of these injuries could have been prevented or reduced with proper helmet use.

Although a helmet might protect a child during a fall from a playground structure or while climbing a tree, a helmet's chin strap can get caught, leading to a risk of strangulation. For that reason, parents are cautioned to make sure that their children remove their helmets before playing on playgrounds or climbing trees.

Meeting Safety Standards

Bicycle helmets manufactured after 1999 must comply with the CPSC bicycle helmet mandatory safety standard. The standard provides substantial head protection when the helmet is used properly. It also requires that chin straps be strong enough to keep the helmet on the head and in the proper position during a fall or collision.

Other helmets are subject to different safety standards. For example, helmets specifically marketed for exclusive use in an activity other than bicycling (such as go-karting, horseback riding, lacrosse, and skiing) do not have to meet the requirements of the CPSC bicycle helmet standard. These helmets, however, should meet other federal and/or voluntary safety standards.

To determine if a particular helmet meets the appropriate safety standard for a particular activity, check for a special label that indicates compliance. This label is usually found on the liner inside the helmet. For helmets designed for team sports, look for the label on the outside of the helmet.

Proper Fit

To help prevent head injuries, a proper fit is as important as wearing the correct helmet. A helmet should be both comfortable and snug. It should be level on the head, not tilted back on the top of the head, or pulled too low over the forehead. When adjusted properly, it should not move in any direction. In addition, the chin strap should be securely buckled so the helmet does not move or fall off during a fall or collision.

— Jason Goldsmith, Ph.D., Directorate for Health Sciences and John Topping, Directorate for Epidemiology

Consumer Product Incident Report

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

YOUR NAME _____

YOUR ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR TELEPHONE _____

NAME OF VICTIM (IF DIFFERENT FROM ABOVE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

DESCRIBE THE INCIDENT OR HAZARD, INCLUDING DESCRIPTION OF INJURIES

VICTIM'S AGE _____ SEX _____ DATE OF INCIDENT _____

DESCRIBE PRODUCT INVOLVED _____

PRODUCT BRAND NAME/MANUFACTURER _____

IS PRODUCT INVOLVED STILL AVAILABLE? YES NO PRODUCT MODEL AND SERIAL NUMBER _____

WHEN WAS THE PRODUCT PURCHASED? _____

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



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

TC-49

MECAP NEWS

Medical Examiners and Coroners Alert Project

The MECAP 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.

You can report a case or ask for information about MECAP in several ways.

- Call our toll-free number, 1-800-638-8095.
- Use our toll-free fax number, 1-800-809-0924.
- Send an e-mail message to tschroeder@cpsc.gov.

MECAP reports also can be reported directly to the CPSC Web site.

- Go to www.cpsc.gov.
- Click on *Report an Unsafe Product*.
- Scroll down and click on *File MECAP Reports*.

*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 database and will be used to assess the hazards associated with consumer products.

**Cases reported online.

During the months of June, July and August of 2005, 1,056 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, 8 years, was playing with a 3- to 4-inch spongy rubber ball. When his mother saw him put it into his mouth, she told him to take it out. A few minutes later, the boy stumbled out of a bedroom and made choking gestures. The ball had lodged in his airway, and family members were unable to help him. Emergency personnel were able to remove the ball at the scene. He was taken to the hospital and declared brain dead five days later. The cause of death was anoxic encephalopathy due to asphyxia.

(Magdalena Hutchinson for Manya Edwards, Deputy Coroner, Sacramento County, Sacramento, CA)**

*A female, 4, was playing in her backyard with her 2-year-old sister. The children's mother was inside the home with the door open so she could listen to them. The younger sister went into the house and returned outside a short time later with her mother. The mother found her older child lying on her back about halfway down a sliding board. The child had a nylon dog leash around her neck; the other end of the leash was wrapped around part of the play set. The cause of death was asphyxia by hanging.

(Todd Luckasevic, D.O., Assistant Chief Medical Examiner, Central District, Richmond, VA)

*A male, 3, was playing alone in his bedroom before dinner. When he didn't answer his mother's calls, his sister went to find him. He was unresponsive on his bedroom floor. A police officer used several methods of CPR and finally dislodged a small ball toy from his airway with a Heimlich-styled maneuver. The cause of death was asphyxiation.

(William F. Young III, Coroner, Butler County, Butler, PA)

*A female, 8 months, was placed on an adult twin mattress for a nap. The bed had a portable safety bed rail attached to keep the child from falling to the floor. The child's grandmother checked her about 90 minutes later and found the child wedged face-down between the rail and the mattress. The cause of death was positional asphyxia.

(Gerald T. Gowitt, M.D., Associate Medical Examiner, Gwinnett County, Lawrenceville, GA)

*A female, 6, was playing with a small ball in the back seat of her mother's car. The ball had been purchased from a 25-cent vending machine. As they neared their home, the mother felt her daughter tapping her on her shoulder. The mother stopped the car and turned to see her daughter turning blue and gasping for air. She called 911. The police responded but were unable to clear the child's airway. Firemen were able to remove the ball with tongs, but it was too late. The cause of death was mechanical asphyxia.

(Angellee S. Chen, M.D., and Martha J. Burt, M.D., Associate Medical Examiners, District 11, Miami-Dade County, Miami, FL)

A male, 2 months, woke up crying in his crib. His mother picked the child up and placed him on a futon bed next to her. She later awoke to find the child wedged between the back cushion and the seat cushion of the futon bed. The cause of death was suffocation.

(Mary E. Case, M.D., Chief Medical Examiner, Saint Louis Co., Saint Louis, MO)

CARBON MONOXIDE POISONINGS

*A female, 76, was found unresponsive in her home by her granddaughter. The granddaughter and a friend had rented a gasoline-powered generator to power electric space heaters for the grandmother, who had lost her electricity. The generator was placed in the garage, and the garage door was left open for ventilation. The cause of death was carbon monoxide intoxication.

(Keith Lehman, M.D., Medical Examiner, for Kris Sperry, M.D., Chief Medical Examiner, Georgia Bureau of Investigation, Decatur, GA)**

*A male, 54, was found unresponsive in his bedroom by friends and co-workers after he did not go to work. The electricity to the home had been cut off, and the man was using a gasoline-powered generator, which had been placed in another bedroom. This bedroom, where the window was open, was on the other side of the home from where the man slept. The cause of death was carbon monoxide intoxication.

(Shirley Stover-Wilkins for Jan C. Garavaglia, M.D., Chief Medical Examiner, District Nine, Orlando, FL)

*A male, 56, was found unresponsive in a small camper with the windows covered with plastic. A kerosene cooker was found turned on with its fuel tank empty. The man's sister reported that the man was cautious about using the heater and was taking a medication that made him drowsy. The cause of death was carbon monoxide poisoning.

(Keith Lehman, M.D., Medical Examiner, for Eric A. Eason, M.D., Medical Examiner, Georgia Bureau of Investigation, Decatur, GA)

A male, 60, was using a gasoline-powered pressure washer in a relative's enclosed basement. Family members later found the man unresponsive. The cause of death was carbon monoxide poisoning. (Kelly McAndrews, Medical Examiner, Washington County, West Bend, WI)**

DROWNINGS

*A female, 21 months, was in a hot tub with several family members. They were attending a party at her grandparents' home. After leaving the hot tub area, the family dispersed to various activities throughout the home. A few minutes later, the child's mother noticed that the child was missing. The family searched and found her floating face down in the hot tub. The cause of death was drowning. (J.P. Bihorel for Vernard Adams, M.D., Chief Medical Examiner, Hillsborough County, Tampa, FL)

*A female, 3, attended a party for family and friends at her uncle's home. She was playing in the front yard with a cousin about her age. The uncle started looking for her. She was found floating in the back yard swimming pool. The back yard had a six-foot privacy fence, but the pool had no safety fence or pool alarm. The cause of death was drowning. (Shirley Stover-Wilkins for Jan C. Garavaglia, M.D., Chief Medical Examiner, District Nine, Orlando, FL)

*A male, 2, was playing in his grandparents' swimming pool with his aunt, uncle, and five other children. He was wearing a flotation device. The adults and most of the children left the pool, leaving unattended the boy and another 2-year-old child. The aunt returned to the pool to find the child floating face down with the flotation ring around his waist. He died at a hospital the next day. The cause of death was near drowning. (Michael S. Carona, Sheriff-Coroner, Orange County, Santa Ana, CA)

A male, 9 months, was placed in a bathtub with his 2 year-old sister. The mother left the water running, and the drain open. The mother took a telephone call and returned between 10 and 15 minutes later. She found that a bar of soap had lodged in the bathtub's drain, and her son was floating face down in the bathtub. He died two days later at a hospital. The cause of death was complications of drowning. (Shirley Stover-Wilkins for Marie H. Hanson, M.D., Associate Medical Examiner, District Nine, Orlando, FL)

FIRES

*Three females, 21, 11, and 5, and a male, 19 months, were found unresponsive in their home after a house fire. Four other occupants were able to escape. The fire was caused by an overloaded outlet with a plug that expanded one outlet into three. An air conditioner, a television, and a cable box were plugged into the outlet. The home had no smoke detectors. The cause of death for all four victims was soot and smoke inhalation. Two of the victims also had thermal burns as a cause of their deaths. (Mary K. Mainland, M.D., Medical Examiner, Kenosha County, Kenosha, WI)

A male, 3, was found unresponsive in the hallway of his family's apartment after a fire. The child had escaped with his mother but then ran back inside. The fire started when a blanket was placed too close to an electric space heater. The cause of death was smoke and soot inhalation. (Keith Lehman, M.D., Medical Examiner, for M. A. Koponen, M.D., Medical Examiner, Georgia Bureau of Investigation, Decatur, GA)

A male, 10 months, was asleep in bed as older siblings played with a lighter in their living room. Pillows and blankets caught fire, and firefighters were unable to rescue the child. The cause of death was soot and smoke inhalation and thermal injuries. (Kelly J. Hickey, M.D., Forensic Pathology Fellow, Central District, Richmond, VA)

MISCELLANEOUS

*A male, 11, was playing on a soccer goal with some friends. The goal fell forward and struck the boy on the head. The cause of death was blunt force head injuries. (Luis A. Sanchez, M.D., Chief Medical Examiner, Harris County, Houston, TX)

*A female, 8, was a passenger in the back of a 4-wheeled all-terrain vehicle (ATV) driven by her 14-year-old sister. They were instructed on how to operate the ATV just prior to the incident. The older sister lost control of the ATV on a curve, and it rolled over and went down an embankment. Both sisters were ejected, and neither one was wearing a helmet. The cause of death for the 8-year-old female was anoxic encephalopathy. (M. Marshall for Nabila Haikal, M.D., First Deputy Chief Medical Examiner, State of West Virginia, Charleston, WV)

*A male, 7, was playing with a younger brother in the master bedroom of his home. Family members heard a loud noise and found the boy under a 32-inch television set. The television had fallen off a wooden television stand. The cause of death was blunt force trauma of the head. (Susan Holmes-Madison for Thomas A. Blumenfeld, M.D., Assistant Medical Examiner, Northern Regional Medical Examiner Office, Newark, NJ)

A male, 5, and his 2-year-old sister were passengers on a 4-wheeled ATV driven by their father. They were traveling slowly downhill when the ATV struck a rock, and flipped over, and landed on them. Neither one was wearing a helmet. The cause of death for the 5-year-old male was head injuries. (E.C. Riemer, M.D., J.D., Medical Examiner, Forsyth County, Winston-Salem, NC)

A male, 2, was playing in a room in a third-floor apartment. His mother heard the window blinds move, and discovered that the child had fallen through an open screened window. The bottom of the window was eight inches above the floor. The cause of death was multiple blunt force injuries. (William E. Hauda II, M.D., Medical Examiner, Northern Virginia District, Fairfax County, Falls Church, VA)

A male, 4, was at baseball practice while his father was pitching. A ball went over the father's head and struck the boy in the chest. He went into immediate cardiac arrest. The cause of death was cardiac arrhythmia. (Randy Dailey Sr. for David R. Fowler, M.D., Chief Medical Examiner, State of Maryland, Baltimore, MD)

A male, 4, was playing in his yard while his father was mowing the lawn with a power mower. A projectile flew from the lawn mower and struck the boy in the head. He died nine days later at a hospital. The cause of death was traumatic closed head injury. (Mark A. Williams, M.D., Medical Examiner, Central District, Richmond, VA)

— 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 Web site at www.cpsc.gov.

Children's Metal Necklaces and Zipper Pulls

Product: About 6 million children's metal necklaces and zipper pulls by Stravina Operating Co. The recalled necklaces are silver-colored with individual names painted in a variety of colors. The nameplate on the necklace hangs from a 16-inch black cord. The necklace packages are marked "Personalized Necklace" and "Stravina." UPC Code 0-35203-00039-7 is on the necklace package. The recalled zipper pulls are silver-colored with individual names that come in various colors. The zipper pull hangs from a silver-colored metal clip designed to attach to a backpack, a keyring, and zippers on clothing. Printed on the zipper pull's packaging is "Personalized Zipper Pull," "Great for Backpacks and Keyrings too," and "Stravina." UPC Code 0-35203-00038-0 is written on the package. The recalled metal necklaces and zipper pulls were sold at discount, toy, party, grocery and drug stores from March 2002 through September 2005 for between \$2 and \$4. All of the jewelry was manufactured in China.

Problem: The recalled metal jewelry contains high levels of accessible lead in the metal and/or the paint, posing a serious risk of lead poisoning to young children. Lead is toxic if ingested by children and can cause adverse health effects. There have been no incidents or injuries reported with the metal necklaces and zipper pulls.

What to do: Consumers should immediately take this metal jewelry away from children and contact Stravina for a free replacement product at (800) 964-0029 between 9 a.m. and 6 p.m. PT Monday through Friday. Consumers can also visit the firm's Web site at www.stravina.com for more information.

Costume Jewelry

Product: About 455,000 necklace and earring sets by Dollar General Corp. The flower necklace and earring set features a floral design in four color variations: yellow, orange, pink and purple. The purse necklace and earring set features a dangling purse charm in black, red, blue, orange, pink or purple. The corded swirl necklace and earring set features a twisted metal swirl pattern hanging from a black, blue or purple cord. The faux amber necklace and earring set features a large faux amber gem cut in a heart or cross shape. The 5-strand bead necklace and earring set was sold in four color variations: orange, purple, blue and multi-color. The jewelry was sold at Dollar General Stores nationwide from May 2005 through August 2005 for between \$1 and \$3. The jewelry was manufactured in China.

Problem: The recalled jewelry contains high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. No incidents or injuries were reported.

What to do: Consumers should take the recalled jewelry away from children immediately and return to Dollar General stores for a refund. For additional information, consumers can contact Dollar General at (800) 678-9258 between 9 a.m. and 6 p.m. ET Monday through Friday, or visit the firm's Web site at www.dollargeneral.com.

Food Processors

Product: About 1.5 million Ultimate Chopper™ food processors by Ultimate Chopper LLC. The Ultimate Chopper is a compact, single-speed food processor that can also function as a blender when an optional attachment is used with the base. The product is comprised of a white base unit with a 600-watt motor (750 watts peak power), a plastic blade assembly that contains two stainless steel blades, a chopping bowl, and a clear, interlocking lid. The name "Ultimate Chopper" is stamped on the product's base. The optional blender attachment is sold separately. The Ultimate Chopper™ has been marketed and distributed through television infomercial sales, the firm's Web site, and various retailers nationwide from March 2002 through July 2005 for about \$40. The Ultimate Chopper was manufactured in China.

Problem: The interlocking lid assembly on the appliance can malfunction, allowing the food processor to be operated when the lid is off. This can result in a laceration or fingertip amputation hazard if consumers insert their hands into the food processor. CPSC and Ultimate Chopper LLC have received 17 reports of injuries resulting from a failure of the interlocking lid

assembly or the blade assembly breaking. Five of those injured required stitches or surgery, and the remaining 12 consumers received cuts or scratches.

What to do: Consumers should immediately inspect their Ultimate Chopper food processor to determine if the interlocking lid is functioning properly. Consumers should remove the lid and blade assembly and test to see if the unit will operate without the lid on. If the unit turns on when the lid is removed, consumers should stop using it immediately and contact Ultimate Chopper LLC toll-free at (800) 819-6297 between 6 a.m. and 5 p.m. PT Monday through Friday to receive a free replacement unit. Also, if blade assemblies are worn, damaged or broken for any reason, consumers should stop using the unit and contact the company to receive a free replacement blade assembly. Consumers can visit the firm's Web site at www.ultimatechopper.com and access an instructional video demonstrating how to inspect their Ultimate Chopper at <http://demo.ultimatechopper.com>.

AC Adaptors Sold with Slim Version PlayStation® 2 Systems

Product: About 843,000 AC adaptors sold with slim version PlayStation® 2 Systems by Sony Computer Entertainment America Inc. The recall involves AC adaptors with the following date codes: 2004.08, 2004.09, 2004.10, 2004.11 and 2004.12 and serial numbers beginning with "F3." The date code is located in a white box on the lower right hand portion of the adaptor's label. Just below the date code box is a serial number beginning with "F3" followed by a series of digits. Adaptors with other date codes and without the "F3" serial numbers are not included in this recall. The AC adaptors were sold with slim version PlayStation® 2 consoles with model number SCPH-70011 or SCPH-70012. The PlayStation® 2 model number is located on a label at the base of the slim console. The AC adaptors were sold at electronics, toy and computer game stores nationwide, as well as Web retailers, from October 2004 through August 2005 for about \$150 for the complete system. The AC adaptors were manufactured in China.

Problem: The recalled AC adaptors can overheat and melt. This poses the risk of fire, burn and shock injuries to consumers. Sony Computer Entertainment America has received 38 reports of adaptors overheating, including 19 reports of melting. There have been four reports of minor property damage, two reports of minor burns, and one report of a minor shock.

What to do: Consumers should stop using the recalled AC adaptors immediately and contact Sony Computer Entertainment America to receive a free replacement adaptor. Consumers should carefully unplug the recalled adaptors from the wall outlet and allow to cool before handling. For additional information, call Sony Computer Entertainment America toll-free at (888) 780-7690 between 6 a.m. and 8 p.m. PT Monday through Saturday, and between 7 a.m. and 6:30 p.m. PT Sunday, or visit the firm's Web site at www.us.playstation.com.

Bottle Sipper Caps

Product: About 500,000 "Bottle Sippers" Pull-Up Bottle Caps by Bradshaw International Inc. The recalled bottle sippers have white screw-on bases with dark blue, green or red pull-up valves. They are sold in packages of three. The package is labeled "Bottle Sippers." Bradshaw International Inc. and #70118 are written on the back of the package. The bottle sipper caps were sold at grocery stores nationwide from January 2002 through August 2005 for about \$2 per package. The bottle sipper caps were manufactured in China.

Problem: The pull-up valve can detach from the cap, posing a choking hazard to young children. Bradshaw International has received one report of a pull-up valve detaching from the screw-on cap. The incident involved a young child who began to choke after a pull-up valve detached in her mouth while she was drinking.

What to do: Consumers should stop using these recalled bottle sippers immediately and return them to the store where purchased for a refund. Consumers can also contact Bradshaw International toll-free at (800) 421-6290 between 8 a.m. and 5 p.m. PT, Monday through Friday, or visit the firm's Web site at www.goodcook.com.

Children's Arm Band Pool Floats

Product: About 480,000 pairs of Surf Club™ Arm Bands by Atico International USA, Inc. The recalled plastic inflatable arm band pool floats are bright orange on the outside and white on the inside with an inflation valve on each side. They are imprinted with a "Surf Club" logo, "CVS/pharmacy," and "Caution: This is not a lifesaving device. Do not leave child unattended while in use." When inflated, the arm bands measure about 8-inches long by 6-inches wide. The floats were sold at CVS stores nationwide from April 2003 through August 2005 for about \$1. The floats were manufactured in China.

Problem: The seams of the inflatable arm bands can tear, causing them to deflate. This poses a drowning hazard to young children. Atico International has received two reports of the seams of inflatable arm bands tearing during use. No injuries have been reported. This recall is being conducted to prevent the possibility of injuries.

What to do: Parents should immediately stop their children from using the recalled arm band pool floats and return them to CVS for a full refund. Consumers with questions should call Atico toll-free at (877) 546-4835 between 9 a.m. and 5 p.m. ET Monday through Friday, or visit the company's Web site at www.aticousa.com.

Immersion Heaters

Product: About 472,000 immersion heaters by World Kitchen Inc. The immersion heaters are portable chrome-plated steel heaters with a white plastic handle and mug hook used for warming tea, coffee, soup, or other liquids. "IMMERSION HEATER" and "MADE IN TAIWAN" are embossed on the white plastic handle of these heaters. Some products were sold under the EKCO brand and others were sold with no brand. The immersion heaters were sold at mass retailers, hardware and grocery stores nationwide from January 1999 through August 2005 for between \$5 and \$6. The immersion heaters were manufactured in Taiwan.

Problem: Moisture in the heating element could cause corrosion over time, presenting a shock hazard. World Kitchen Inc. has received two reports of short circuits. No injuries have been reported.

What to do: Consumers should immediately stop using the product and contact World Kitchen for a refund. Consumers can also contact World Kitchen at (800) 853-6567 between 9 a.m. and 5 p.m. ET Monday through Friday, or visit the firm's Web site at www.worldkitchen.com.

Tea Light Candles

Product: About 290,000 Home® Brand Tea Light Candles by Target. The recalled tea light candles were sold in the following six different scents/colors: Coastal Mist (Blue), Wild Currant (Red), Sandalwood (Brown), Tahitian Vanilla (Ivory), Sonoma Pear (Green) and Jasmine (White). The tea light candles measure 1 1/2 inches wide by 3/4 inch high. Each of the candles comes in a plastic holder. They were sold 12 candles to a box. "Home" and "Tea lights" are printed on the top of the box. "Distributed by Target Corporation" and the name of the candle scent are printed on the bottom of the box. The candles were exclusively sold at Target stores nationwide from March 2005 through September 2005 for about \$3. The candles were manufactured in China.

Problem: The recalled candles can burn with a high flame and melt the plastic holders. This poses a fire hazard and a burn hazard to consumers. Target has received reports of 33 incidents, some involving minor property damage. There have been two reports of minor injuries, including a finger cut and a cheek burn from hot wax.

What to do: Consumers should stop using the tea light candles immediately and return them to the nearest Target store for a Target Gift Card worth the value of the returned candle plus applicable state tax. For additional information, consumers can contact Target at (800) 440-0680 between 7 a.m. and 6 p.m. CT Monday through Friday, or visit Target's Web site at www.target.com.

Jumbo Pencils with Sharpeners

Product: About 176,000 jumbo pencils with sharpeners by Target Corp. The jumbo pencil has a red eraser on the end and comes with a pencil sharpener. Pencils are either short, 8 1/2 inches long and one inch wide; or long, 15 inches long and 1/2 inch wide. The pencils are blue, red or striped. The sharpeners are pink or blue and come in a clear plastic pouch. Model number 70505 is printed on the pouch. The pencils were manufactured in China. The pencils were sold at Target Stores nationwide from July 2005 through August 2005 for about \$1.

Problem: The sharpener's razor blade is exposed when the cover is removed. Also, the pencil sharpener hole is large enough to allow a finger to fit inside. This poses a laceration hazard to children and adults. Target has received 17 reports involving the pencil sharpeners, including 12 children and adults who received cuts to their fingers from the sharpener's razor blade.

What to do: Consumers should take the recalled jumbo pencil with sharpeners away from children immediately and return them to the nearest Target store for a GiftCard of \$1 plus applicable state tax. For additional information, consumers can contact Target at (800) 440-0680 between 7 a.m. and 6 p.m. CT Monday through Friday, or log onto the firm's Web site at www.target.com.

Oscillating Electric Tower Fans

Product: About 150,000 Oscillating Electric Tower Fan by Haier America Trading LLC. This recall involves a Haier oscillating electric tower fan, model FTM140GG. The gray tower fan has three speed settings and a 120-minute shut-off timer. "Haier" is printed on a silver label near the top of the front of the tower. The model number is printed on the lower back of the fan. No other Haier fans are included in this recall. The fans were sold at discount department stores nationwide from February 2004 through November 2005 for between \$20 and \$30. The fans were manufactured by Metropolitan Electrical Appliance Co. Ltd., of Hong Kong.

Problem: Internal electrical arcing in the fan can cause a fire hazard. Haier has received eight reports of fires or flames associated with this electric fan, including minor property damage and one report of minor burns.

What to do: Consumers should immediately stop using the tower fan and call Haier for instructions on how to obtain a \$30 coupon redeemable for the purchase from Haier of any available product. Consumers who previously received a \$10 mail-in rebate will get a \$20 coupon. For additional information, consumers can contact Haier toll-free at (866) 601-8073 anytime or email the firm at productinfo@haieramerica.com.

Gas Grills and Patio Heaters

Product: About 124,000 grills and about 6,200 heaters by Coleman® Gas Grills and Patio Heaters by the Coleman Company, Inc. The regulator was manufactured by TPA Metals and Machinery of China. The recall includes Coleman® Gas Grills with model numbers 5100, 5300, 5400, 5600, 6000 and 7700, and Coleman® Patio Heater with model number 5040. The model name and number can be found directly on the front of the grills and on the inside cover of the heaters. The gas grills were sold at Lowes, Expo Design Centers, and various pool and patio retailers nationwide. The grills were sold from January 2004 through July 2005 for between \$270 and \$1,260. The patio heaters were sold from June 2004 through July 2005 for between \$500 and \$600. The grills and heaters were manufactured in China.

Problem: The regulators on these products can leak propane when the propane cylinder is turned on and the product is not in use. This can pose a fire or explosion hazard. Coleman has received 98 reports of these regulators leaking propane. Coleman has received no reports of injuries or property damage.

What to do: Consumers should stop using the grills and heaters immediately and contact Coleman for a free replacement regulator assembly. Once the regulator is replaced, the grill or heater may be used. Consumers can also contact The Coleman Company, Inc. toll-free at (866) 584-8587 anytime, or log on to the company's Web site at www.coleman.com.

Thermos Bottles

Product: About 45,000 Stanley thermos bottles by PMI. The recall involves the brushed stainless steel and the green 1-liter and 2-quart bottles, and the 24-oz. wide mouth food jar. The recalled thermos bottles have only two spot welds per handle bracket and contain any of the following date code numbers: C 02, D 02, or A 03. The date code is located on the bottom of the bottles just above the "S" and "Y" on the word "STANLEY." The thermos bottles were sold at Wal-Mart, Kmart, Target and other discount department stores nationwide from October 2002 through February 2003 for about \$25. The thermos bottles were manufactured in Korea and China.

Problem: The handle on the thermos bottles can break, causing the vacuum seal to fail and release organic, non-toxic charcoal powder insulation into the air. This can cause consumers to suffer short-term vision problems and temporary breathing problems when they inhale the powder. PMI has received 654 reports of handles breaking and non-toxic charcoal powder insulation releasing into the air. The firm has received 23 reports of consumers who had difficulty breathing or seeing and, in some cases, began vomiting and coughing. More than 60 of the incidents occurred in trucks or cars creating the potential for impaired vision. There have been 446 reports of property damage.

What to do: Consumers should immediately stop using the product and contact PMI at (800) 919-6330 anytime, or visit the firm's Web site at www.Stanley-pmi.com for a free replacement thermos bottle. PMI will provide all shipping charges for returned bottles.

— Carolyn T. Manley, Office of Compliance

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