



U.S. Consumer  
Product Safety  
Commission

# CONSUMER PRODUCT SAFETY REVIEW

SUMMER, 1996  
VOL. 1, NO. 1

## Reducing Youth Baseball Injuries with Protective Equipment

### Summary

An estimated 162,100 children ages 5-14 were treated in hospital emergency rooms with baseball-related injuries in 1995. The U.S. Consumer Product Safety Commission (CPSC) conducted a one-year study on the ability of protective equipment to reduce baseball injuries and deaths. The study found that protective equipment (softer-than-standard baseballs, face guards on batting helmets, and modified "safety" bases) could substantially reduce the number and severity of more than one-third (58,400) of baseball-related injuries to children each year.

### Introduction

Baseball, softball, and tee-ball are among the most popular youth team sports in the United States. About 6 million children ages 5 to 14 participate each year in organized leagues, while another 13 million children participate in non-league play. Baseball (defined here to include softball and tee-ball) leads team sports in deaths to children ages 5-14, with three to four deaths each year. Baseball ranks third (after basketball and football) in annual injuries to children. In 1995, hospital emergency rooms treated an estimated 162,100 children for baseball-related injuries.

### Methodology

CPSC staff collected and analyzed data on baseball-related deaths and injuries to children ages 5-14 in both organized leagues and informal play. A special study was conducted to determine how children were injured playing baseball and what protective equipment could prevent these injuries. Voluntary safety standards and published scientific literature on protective equipment, including softer-than-standard baseballs and softballs, face guards for batting helmets, modified "safety" bases, and chest protectors also were reviewed.

*Continued on page 2*

### IN THIS ISSUE

Reducing Baseball Injuries . . . . .	1-4
Summary Data: Sports Injuries . . . . .	5
Improving Fireworks Safety . . . . .	6
Pool/Spa Drain Hazards . . . . .	6
Charcoal Labeling Changes . . . . .	7
Soft Contained Playgrounds . . . . .	7
MECAP News . . . . .	8-9
Compliance and Recalls . .	10
Report Form . . . . .	11

## A Welcome Note . . .

Every day, CPSC tracks and analyzes data on injuries and deaths associated with consumer products. We created the *Consumer Product Safety Review* in order to share more of this information with you on a regular basis. Our hope is that you—public health and medical professionals, industry, and consumers—find this information useful and that we can all work together more effectively to prevent these deaths and injuries.

*Ann Brown*  
*Chairman*  
*U.S. Consumer Product Safety Commission*

## Reducing Baseball Injuries

(continued from page 1)

### Analysis of Death and Injury Data

For data about children's baseball-related deaths, information was collected from death certificates, CPSC's Medical Examiners and Coroners Alert Project (MECAP), consumer complaints, and news clips.\*

To obtain information about children's baseball-related injuries, CPSC staff used injury data collected from hospital emergency rooms by CPSC's National Electronic Injury Surveillance System (NEISS)\*\* from April to August 1995. A telephone survey of 348 NEISS cases was also completed. Injured children (with parental permission) or their parents answered questions about the child's injuries and use of protective equipment.

#### Analysis of Death Data

From 1973 to 1995, CPSC received reports of 88 baseball-related deaths to children ages 5-14. Sixty-eight children died from being hit by a ball, 13 from being hit by a bat, and the remaining seven from other or unknown causes. Thirty-six of these children were younger than age 10.

Ball impact to the chest was the most frequently reported cause of death, accounting for 38 of the 68 ball-impact related deaths. Ball impact to the head was the second most frequent cause of death, with 21 deaths.

#### Analysis of Injury Data

Hospital emergency rooms treated about 162,100 children ages 5 to 14 for baseball-related injuries in 1995. Almost 75% of the injuries occurred to older children ages 10-14, though they represent about half the total number of children in this age range (Figure 1).

About 33% of the total injuries to children were categorized as severe, including fractures, concussions, internal injuries, and dental injuries. The remaining less severe injuries included contusions, abrasions, lacerations, strains, and sprains.

**Cause of Injuries.** More than half (88,700 injuries) of all youth baseball-related injuries were caused by being hit

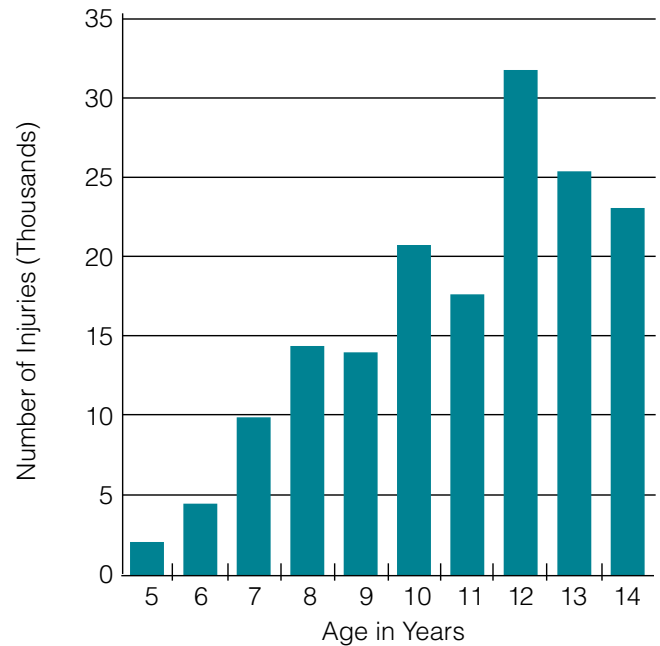


Figure 1. 1995 Baseball Injuries by Age

by a baseball or softball (Figure 2). More specifically, 20% of all injuries were caused by a pitched ball, 18% by a batted ball, 14% by a thrown ball, and 3% by ball impact while catching a fly ball.

Twelve percent of all injuries were caused by being hit by a bat. An additional 12% were due to collision

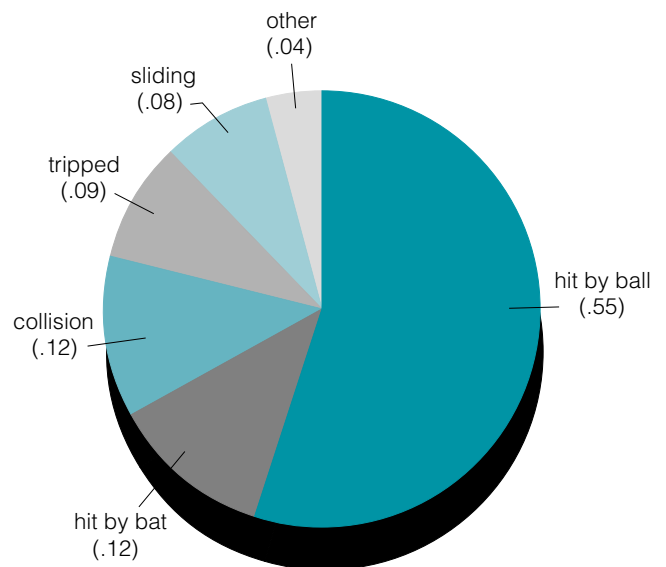


Figure 2. 1995 Youth Baseball Injury Hazard Patterns

\* CPSC purchases death certificates from 50 states and the District of Columbia for deaths related to consumer products. MECAP is a national voluntary reporting system for 2,500 coroners and medical examiners nationwide to report consumer product-related deaths to CPSC.

\*\* NEISS is a statistical sample of the approximately 6,000 hospitals nationwide that have emergency departments. One hundred sample hospitals participated in the NEISS system in 1995. Each day NEISS hospitals report to CPSC all emergency room-treated injuries associated with consumer products and related activities, including baseball, softball, and tee-ball.

with another person and were evenly divided between colliding with a team member and an opponent. Tripping injuries accounted for 9% and sliding injuries for 8%. The 4% “other” category included non-ball-impact injuries while catching a fly ball, or hitting or running into an object.

**Facial Injuries.** About 37% (59,400) of total youth baseball-related injuries were facial injuries. About 74% of these facial injuries resulted from being hit by a ball, 19% from being hit by a bat, and 7% from colliding with another player or object.

For the youngest children, ages 5-7, facial injuries represented a very high proportion of all injuries (59% to 84%). The proportion of facial injuries did not drop below 50% until age 10.

For 5 year-olds, facial injuries were approximately evenly divided between organized play (53%) and unorganized play (47%). Facial injuries in organized play predominated in all other age groups, with 72% to 96% of the injuries.

Facial injuries occurred most frequently to fielders (49%). Warming up and practice accounted for 31%. Batters, pitchers, and baserunners accounted for 11%, 7%, and 2% respectively. This distribution pattern was generally similar for all ages.

## Analysis of Baseball Protective Equipment

### *Softer-than-Standard Baseballs and Softballs*

Softer baseballs and softballs are intended to reduce the risk of ball impact injury, particularly ball impact injury to the head. Compared with official major and youth league standard baseballs, softer baseballs are comprised of a larger core made from soft, spongy natural or synthetic substances (such as soft polyurethane, rubber, or kapok), no winding, and a cover. In contrast, standard baseballs have a core of cork or rubber, which is wound with natural or synthetic fibers (such as wool or cotton), and covered with two pieces of leather sewn together with 108 stitches. Softer-than-standard softballs have a spongier core than standard softballs.

Ball impact injuries to the head and chest are the most severe and frequent of all baseball injuries. Ball impact to the chest accounted for 38 deaths, while ball impact to the head accounted for 21 deaths. Of the 88,700 ball impact injuries, which account for 55% of all baseball injuries, 54% (47,900) were to the head and neck. The vast majority of these (91%) were facial injuries.

In 94% of the ball impact incidents, the type of baseball (either standard or softer-than-standard) involved was specified. It appeared that softer-than-standard baseballs were involved in both fewer and less severe injuries. While softer baseballs represented 10% or more of the baseball market, they were involved in just

3% of the injuries. Injuries associated with softer baseballs were limited to contusions, abrasions, and lacerations. None of the more serious injuries, such as fractures or concussions, were seen with softer baseballs.

CPSC studied all available scientific literature on the softer-than-standard baseball<sup>1</sup>, including a series of three published articles<sup>2,3,4</sup> suggesting that softer balls may increase the risk of chest impact death. CPSC staff commissioned an independent review of these articles by six scientific and medical experts. The reviewers found that the biological and biomechanical models used to mimic chest impact deaths in children were not accurate representations of the way death occurs to children on the baseball field. CPSC staff has found no convincing evidence that softer balls increase the risk of chest impact death.

In contrast, another CPSC-funded expert review<sup>1</sup> determined that softer-than-standard baseballs can reduce head injuries. This review of the applicable industry standard (National Operating Committee on Standards for Athletic Equipment “Standard Method of Impact Test and Performance Requirements for Baseball/Softball Batter’s Helmets, Baseballs and Softballs”) concluded that softer-than-standard balls that meet the standard are generally safer than traditional balls for risk of ball impact head injury.

### *Modified or “Safety” Bases*

In 1995, sliding injuries accounted for about 8% (13,000 injuries) of the total number of injuries to children playing baseball. About 70% of these injuries occurred in softball, 28% in baseball, and 2% in tee-ball.

Of these sliding injuries, about 63% (8,200) were caused when children slid into the base. Eighty percent (6,600) of these base-contact sliding injuries occurred during organized play. Base-contact sliding injuries resulted in more strains and sprains, and fewer contusions and abrasions than baseball injuries in general.

Girls appear to be at a higher risk of injury from base-contact sliding injuries than boys. While 36% of total baseball-related injuries occurred to girls, they were involved in about 53% of all base-contact sliding injuries. All the injured girls were ages 10-14.

Modified or “safety” bases are intended to reduce the risk of injury from sliding into the bases. About 87% of base-contact injuries studied here involved standard bases, about 9% involved modified “safety” bases, and 4% occurred where the type of base was unknown. Girls appeared to be at higher risk of injury than boys. Fifty-three percent of base contact injuries were to girls, compared to 36% of overall baseball injuries.

*Continued on page 4*

## Reducing Baseball Injuries

(continued from page 3)

Two published studies<sup>5,6</sup> found that the safety bases tested reduced the risk of injury. Safety bases with the following characteristics are most likely to be effective in reducing injury: they release from their anchoring system upon impact and leave no holes in the ground or parts of the base sticking up from the ground when the base is released. Since girls appear to be at higher risk, models based on age, gender, and skill levels of the players may provide the greatest level of protection.

### Face Guards for Batting Helmets

Face guards for batting helmets are intended to protect the batter's face from being hit by the ball. Face guards currently on the market must be installed or attached to a batting helmet. They are made from clear polycarbonate plastic or plastic-coated wire. Although youth leagues generally require children to use batting helmets, only one league requires batting helmets with face guards.

In 1995, children received an estimated 59,400 injuries to the face while playing baseball. Batters received about 11% (3,900) of facial injuries.

In its special study, CPSC staff found that no batter wearing a batting helmet with a face guard received facial injuries.

Although no published scientific studies were found evaluating face guards, review of the consensus voluntary standard for face guards (ASTM F910 "Standard Specification for Face Guards for Youth Baseball") determined that products meeting this standard would be effective in preventing facial injuries. According to the standard, the face guard must prevent a ball traveling 67 mph from touching the face of a test dummy wearing a helmet with a face guard.

### Chest Protectors

Chest protectors for batters are intended to protect the heart from ball impact. They are produced in two styles: a small 6 by 6 inch polyethylene square, and a high-density plastic foam vest intended to protect the heart, as well as the rib cage and other vital organs.

Ball impact to the chest was the most frequently reported cause of baseball-related death in children, accounting for 38 of the 88 reported deaths from 1973 through 1995. About 3% of the ball impact injuries were upper trunk injuries.

As discussed previously, CPSC's independent expert review panel reported that the way in which baseball impact to the chest causes death is unknown at the present.

Therefore, the effect of any equipment on the risk of chest impact death remains impossible to determine at this time.

## Conclusions

CPSC concluded that 58,400, or more than one-third, of the 1995 youth baseball injuries occurred in circumstances where available protective equipment could be expected to help reduce the severity of the injury, or eliminate it altogether.

- An estimated 47,900 injuries involved ball impact to the head/neck area. Softer-than-standard baseballs and softballs are intended to reduce the risk and severity of such injuries.

- An additional 6,600 base-contact sliding injuries occurred in organized play. Modified "safety" bases are intended to help reduce the severity and/or number of these injuries.

- Facial injuries to batters in organized play accounted for an additional 3,900 injuries which could be prevented by using batting helmet face guards.

- The effectiveness of chest protectors to prevent injury cannot yet be determined.

- CPSC concluded that use of softer-than-standard baseballs, age- and sex-graded safety bases, and batting helmet face guards could help reduce the number and/or severity of injuries associated with youth baseball.

— Susan B. Kyle, Ph.D., *Prowpit Adler, M.A., and Ronald C. Monticone, Jr., M.S., Directorate for Epidemiology and Health Sciences*

## References

1. Kyle SB. Youth baseball protective equipment project final report. Washington, DC: U.S. Consumer Product Safety Commission, May 1996.
2. Viano DC, Andrzejak DV, King AI. Fatal chest injury by baseball impact in children: a brief review. *Clinical Journal of Sport Medicine* 1992;2:161-165.
3. Viano DC, Andrzejak DV, Polley TZ, King AI. Mechanism of fatal chest injury by baseball impact: development of an experimental model. *Clinical Journal of Sport Medicine* 1992;2:166-171.
4. Janda DH, Viano DC, Andrzejak DV, Hensinger RN. An analysis of preventive methods for baseball-induced chest impact injuries. *Clinical Journal of Sport Medicine* 1992;2:172-179.
5. Janda DH, Wojtys EM, Hankin FM, Benedict ME. Softball sliding injuries: a prospective study comparing standard and modified bases. *Journal of American Medical Association* 1988;259:1848-1850.
6. Sendre RA, Keating TM, Hornak JE, Newitt PA. Use of the hollywood impact base and standard stationary base to reduce sliding and base-running injuries in baseball and softball. *American Journal of Sports Medicine* 1994;22:450-453.

# Injuries Associated with Selected Sports and Recreation Equipment Treated in Hospital Emergency Departments—Calendar Year 1994

Product Groupings	Estimated Number of Cases	CV	Number of Cases	Estimated Number of Product-Related Injuries per 100,000 Population in the United States and Territories which were treated in Hospital Emergency Departments									
				Age						Sex		Disposition	
				All Ages	00-04	05-14	15-24	25-64	65+	Male	Female	Treated & Rel.	Hosp. & DOA
ATV's, Mopeds, Minibikes, etc.	125,136	.09	2,305	48.1	14.5	111.7	116.8	27.0	6.5	78.8	18.7	45.1	3.0
Baseball/Softball	404,364	.07	9,156	155.3	45.0	410.7	294.4	100.1	3.3	219.0	94.5	153.4	1.7
Basketball	716,114	.06	17,143	275.1	13.4	584.0	955.3	111.6	3.2	468.3	90.8	272.9	1.8
Bicycles & Accessories	604,455	.06	14,327	232.2	247.8	908.2	243.2	87.5	28.2	333.7	135.3	223.3	8.6
Exercise & Exercise Equipment	155,231	.11	4,132	59.6	45.2	68.8	134.6	49.6	16.6	76.1	43.9	58.5	1.0
Football	424,622	.07	9,836	163.1	5.0	484.7	557.1	30.4	1.3	316.0	17.1	160.8	2.2
Hockey	81,885	.14	2,130	31.5	5.4	85.1	81.9	14.4	0.3	53.6	10.3	30.9	0.5
Horseback Riding	71,162	.11	1,428	27.3	7.9	38.7	41.0	29.4	3.0	23.2	31.3	25.1	2.2
Lacrosse, Rugby, Misc. Ball Games	90,252	.10	2,093	34.7	18.4	126.4	63.4	11.9	1.1	46.0	23.9	34.2	0.3
Playground Equipment	266,810	.07	6,222	102.5	386.1	468.7	16.4	5.9	1.6	112.5	92.9	99.5	2.9
Skateboards	25,486	.10	609	9.8	7.3	37.5	24.0	1.0	—	16.7	3.2	9.7	0.1
Skating (excl. In-line)	146,082	.10	3,417	56.1	15.6	226.8	57.3	27.1	2.6	44.4	67.3	54.8	1.3
In-line Skating	75,994	.13	1,879	29.2	2.3	115.6	40.4	12.9	0.7	35.1	23.6	28.3	0.8
Soccer	162,115	.10	4,128	62.3	2.7	190.6	180.7	18.5	0.6	86.4	39.1	61.4	0.8
Swimming, Pools, Equipment	115,139	.14	2,520	44.2	62.4	128.8	63.3	21.1	10.1	52.4	36.4	42.5	1.7
Track & Field Activities, Equipment	18,774	.11	406	7.2	—	24.3	24.2	0.5	1.0	8.2	6.3	7.1	0.1
Trampolines	52,892	.14	1,065	20.3	27.7	93.5	20.6	3.6	0.1	20.7	19.9	19.8	0.5
Volleyball	97,523	.08	2,181	37.5	2.0	52.4	111.4	27.7	0.6	35.5	39.3	37.2	0.2

Source: National Electronic Injury Surveillance System, U.S. CPSC

**Product-Related Injuries:** These data present national estimates of the number of persons treated in U.S. hospital emergency departments with consumer product-related injuries during the given time period. The data system allows for reporting of up to two products for each person's injury. Therefore, a person's injury may be counted in two product groups.

**Estimated Number of Cases:** Since NEISS is a probability sample, each injury case has a statistical weight. National estimates of product-related injury incidents are

derived by summing the statistical weights for the appropriate injury cases.

**CV (Coefficient of Variation):** The CV, the standard error of the estimate divided by the estimate, is a measure of sampling variability — errors which occur by chance because observations are made only on a sample of the population.

**Number of Cases:** This is the actual number of injury cases collected from the hospitals sampled. Since injury cases have different statistical weights, these "raw" numbers should not be used for comparative purposes.

In the future, *NEISS Data Highlights* will be incorporated into this new CPSC publication. The last *NEISS Data Highlights* was mailed in February 1996. The table above

was part of that issue. *The NEISS Data Highlights* for Calendar Year 1995 will be included in a later issue of *Consumer Product Safety Review*.

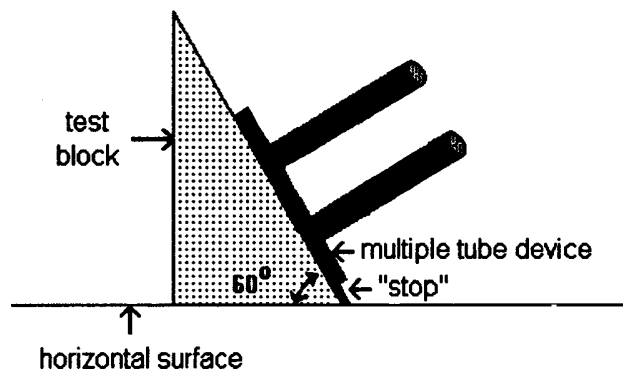
## Improving Fireworks Safety

The deaths of a 3 year-old boy and a 65 year-old woman from tip-overs of large multiple tube fireworks were key factors in CPSC's decision to revise the fireworks regulations to require that these devices pass a static stability test.

In each incident, the victim was standing about 40 feet away from the device and was struck in the head when the device tipped over while functioning, resulting in a horizontal discharge of the shell.

Under the revised regulations, all large multiple tube devices (those with tube diameters of at least 1.5 inches) must remain stable and not tip over when placed at an angle of 60 degrees from the horizontal (Figure 1). In CPSC tests, all devices that passed the static test were stable during operation.

Fireworks are associated with about 12,000 injuries treated in hospital emergency rooms each year; 9,000 injuries occur in the month of July alone.<sup>1</sup> One-third of the injuries are to children under the age of 15.



**Figure 1. Static Test for Large Multiple Tube Mine and Shell Fireworks**

The most common fireworks injuries are burns and abrasions of the hands. Fractures or amputations of fingers may occur with illegal firecrackers, such as cherry bombs and M-80's, and home-made explosives. Head injuries, ranging in severity from burns and lacerations to fractures, comprise 29% of injuries. Eye injuries, which account for 16% of all injuries, range from corneal abrasions to loss of the eye. According to the U.S. Eye Injury Registry, the most serious fireworks-related eye injuries frequently involve bottle rockets.<sup>2</sup>

In addition, many fireworks injuries are due to improper use of fireworks by consumers.<sup>1,3</sup> In some cases, firecrackers are intentionally thrown at bystanders. Device malfunctions such as tip-over, erratic flight path, and short fuses also contribute to the total number of injuries.

CPSC is evaluating the injuries and deaths associated with other types of firework devices. This may lead to amendments to the fireworks regulations to further reduce hazards.

— Michael A. Babich, Ph.D., Directorate for Epidemiology and Health Sciences

### References

1. Kelly SL. Fireworks injuries. Washington, DC: U.S. Consumer Product Safety Commission, December 1994.
2. Brown S, Witherspoon CD, Morris R, Hamilton SM, Camesasca FI, Kimble JA. Serious eye injuries associated with fireworks—United States, 1990-1994. *Morbidity and Mortality Weekly Report* 1995;44(24):449-452.
3. Kissinger TL. Fireworks injuries: results of a 1992 NEISS study. Washington, DC: U.S. Consumer Product Safety Commission, September 1993.

## Taking Action on Swimming Pool and Spa Hazards

Two recent incidents from pool/spa drain entrapments have prompted CPSC to take several actions to prevent further injuries from this hazard.

In May, a 16 year-old New Jersey girl drowned when the suction from a public spa drain held her underwater. Last year, a Maryland local health officer reported to CPSC a disembowelment injury to a child who sat on an uncovered wading pool suction drain.

CPSC staff recently wrote to state health officers, building code officials, and others to urge inspection

of every public wading pool to assure that the outlet grate is not missing or broken and is adequately secured.

In addition, CPSC's Chairman is convening a meeting July 11 to discuss further actions on pool and spa entrapment hazards.

CPSC also issued a news release and safety alert urging consumers with older spas and hot tubs to install new drain covers to meet the current standards.

## Dangers of Burning Charcoal Indoors

CPSC has issued revised labeling requirements for packages of charcoal to address the 28 deaths and 300 injuries each year due to carbon monoxide (CO) poisoning from using charcoal indoors. Many of the victims are ethnic minorities.

CO is a colorless and odorless gas that reduces the blood's ability to carry oxygen. Carbon monoxide exposure can result in a range of health effects, from headaches and nausea to death. Symptoms of CO poisoning are often misdiagnosed as the flu.

To identify hazard patterns associated with burning charcoal indoors, CPSC staff reviewed in-depth investigations, death certificates, and other sources from 1986 to the present. The data showed that 97 of the 180 victims who died from or were poisoned by CO were ethnic minorities and over half of these (51 of 97) were Hispanic.

A study published in the *Journal of American Medical Association* also found that 58 (73%) of the victims treated in the Seattle, Washington area from 1982 to 1993 for CO poisoning from burning charcoal indoors were members of ethnic minorities. Many of these were Hispanic or Asian immigrants who did not speak English.<sup>1</sup>

Socioeconomic factors played a role in the indoor use of charcoal. For example, the data revealed that charcoal briquets were burned indoors when the electrical power or gas supply to the house was disconnected because of unpaid utility or gas bills. Burning charcoal

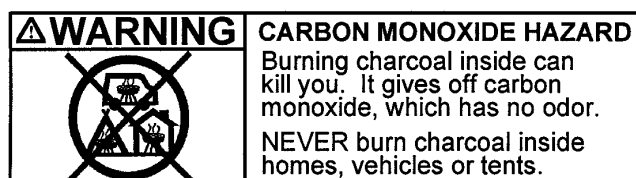


Figure 1. New Charcoal Package Warning Label

briquets indoors also was reported to be a common cultural practice among some victims.

In an attempt to reduce these deaths and injuries, CPSC is requiring a new warning label on charcoal packages. The label contains clearer language about the hazard and how to avoid it as well as a pictogram (Figure 1) to warn about the dangers of burning charcoal indoors. While the pictogram is intended to address all users, it may be most helpful in reaching those members of ethnic minorities who do not read English. The new label should be on packages of charcoal no later than late 1997.

— Sharon White, Directorate for Engineering Sciences

### References

1. Hampson NB, Dramer CC, Dunford RG, Norkool DM. Carbon monoxide poisoning from indoor burning of charcoal briquets. *Journal of American Medical Association* 1994;271(1):52-53.

## Safety of Soft Contained Play Equipment

Properly-supervised and maintained Soft Contained Play Equipment (SCPE) is a safe alternative to traditional playgrounds. That conclusion was reached by CPSC staff after recent on-site reviews consisting of visual inspections of the equipment and use patterns.<sup>1</sup>

Typical SCPE consists of large diameter plastic tubes for children to crawl through, ball pools, climbing nets, slides, and padded floor surfaces. Most of the injuries in traditional outdoor playgrounds are due to falls from the equipment. In SCPE, padded floor surfaces and equipment that contains the user inside a structure minimize the fall hazard.

CPSC staff investigated 16 incidents associated with SCPE and treated in hospital emergency rooms from January 1 through May 9, 1995. The majority of the victims were males, age 5 and under. Minor injuries such as sprains, strains, contusions, and abrasions were reported most frequently, followed by fractures and dislocations. The CPSC staff is aware of one death in a SCPE at a restaurant establishment. According to the investigation report, a 13 year-old male was lying underneath the balls

and asked other teenagers to slide down on top of him. He was found unconscious under the balls and taken to the hospital where he was declared dead.

CPSC staff is concerned with the climbing equipment and slides used inside ball pools. For example, children in the ball pool often bury themselves under the balls. Climbing equipment, such as a pyramid-shaped climber, encourages children to jump off the structure into the ball pool. This could be hazardous if a child is playing in the ball pool near the edge of the pyramid and is struck by a child jumping off the structure. Slides exiting into a ball pool also could present a potential hazard because a child playing in front of the exit may be struck.

CPSC staff is participating in the development of an ASTM voluntary safety standard for SCPE.

— Mark E. Kumagai, P.E., Directorate for Engineering Sciences

### References

1. Kumagai ME, Soft contained play equipment safety review. Washington, DC: U.S. Consumer Product Safety Commission, March 1996.

# 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 which 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](mailto:AMCDONAL@CPSC.GOV)

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

*During the months of February and March 1996, 269 cases were reported to CPSC. Included here are samples of cases to illustrate the type and nature of the reported incidents.*

### Asphyxiations

An 11 month-old male was placed to sleep in a bunk bed. An older cousin slept in the top bunk. The victim usually wore a cord with a pacifier attached to it around his neck. The victim's mother removed the pacifier and cord from around the child's neck before putting him to sleep. The pacifier was placed on the floor near the bed. The cousin, thinking the pacifier had fallen out of the victim's mouth, placed the pacifier back in the victim's mouth and the cord around his neck. When the cousin awoke in the morning, he found the victim unresponsive. The cause of death was asphyxia due to strangulation by the pacifier string. (David R. Schomburg for Kari Riber, M.D., Medical Examiner and Charles S. Hirsh, M.D., Chief Medical Examiner, New York City, NY)

A 79 year-old female was found by her husband pinned under a heavy bookcase. Apparently, the victim was sitting on the floor of her home in front of a bookcase when it collapsed. The bookcase was nailed into the wall with two rows of small nails. The bookcase collapsed on top of the victim, pinning her head against her chest. The cause of death was traumatic asphyxia. (Brian D. Blackburne, M.D., Medical Examiner, San Diego County, San Diego, CA)

\*A 3 year-old male was placed to sleep in the top of a bunk bed. Since the bed did not have a mattress, the child slept on blankets. Apparently, the child attempted to climb down to the lower bunk, but became entrapped. He was found by his parents hanging from the top bunk with his head caught in the rails and his feet dangling. The cause of death was asphyxia. (Terry Sanner, M.D., Chief Medical Examiner, Collin County, Plano, TX )

\*A 13 month-old female was found by her father dangling between her crib railing and mattress. The mattress was too small for the crib and created an opening for the child to slide down feet first. The cause of death was asphyxia. (Gerald P. White for Stephanie Mills, M.D., Medical Examiner, Philadelphia, PA)

A 7 month-old male was placed to sleep face down on a polystyrene foam, bead-filled tote bag. The tote bag was being used as a pillow. The child's head became lodged under the tote's strap. The cause of death was positional asphyxia. (William J. Kelly, Coroner, Grundy County, Morris, IL)

A 2 year-old female slipped from a chair's seat and became entangled in a drapery cord. The cause of death was accidental hanging. (Debra Moss for William F. Brown, Coroner, Sacramento County, Sacramento, CA)

### Poisonings

A 32 year-old male was cooking with a charcoal grill inside his van at a state park. The cause of death was carbon monoxide poisoning. (Lyle R. Fuller, M.D., Medical Examiner, Hancock County, Garner, IA)

A 72 year-old female and her husband were found dead in their residence. Their son had installed a propane heater and told them not to use it because he had not finished installing the venting. When the son returned to the house he found the heater running. The cause of death was inhalation of carbon monoxide. (Nancy Moore for Charles L. Garrett, M.D., Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

A 24 year-old male and a 24 year-old female were found dead in the bedroom of their home. A portable fuel heater had been used and burned off all of its fuel. The cause of death was carbon monoxide poisoning. (Debra L. Moss for William F. Brown, Coroner, Sacramento County, Sacramento, CA)



## Fires/Burns

An 18 year-old female died in a house fire caused by a faulty furnace. The cause of death was carbon monoxide poisoning. (Barbara Gage for James Beyer, M.D., Deputy Chief Medical Examiner, Northern Virginia, Fairfax, VA)

A 3 year-old male spilled a container of gasoline on the garage floor of his home. The gasoline fumes were ignited by a pilot light on the water heater. The cause of death was burns and smoke inhalation. (Sophia Trevino for William E. Korndorffer, M.D., Medical Examiner, Galveston County, Texas City, TX)

A 17 year-old female and her 2 year-old daughter died in an apartment fire. The fire was caused by an iron, left in the "on" position, on a mattress. The mattress was being used as an ironing board. The cause of death was carbon monoxide poisoning. (Jacqueline Dobbins for Nancy Jones, M.D., Medical Examiner and Edmund R. Donoghue, M.D. Chief Medical Examiner, Cook County, Chicago, IL)

An 89 year-old female was in the process of making breakfast when her nightgown caught on fire from the gas burner on her stove. The cause of death was complications of thermal injury. (Nancy Moore for Butch Huston, M.D., Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

An 18 month-old female died in a house fire when a high-intensity lamp fell over and ignited some clothes that were on the floor. The victim was in her playpen at the time of the incident. Due to the intense smoke her mother was unable to reach her. The cause of death was burns. (Rose Page for Ron Flud, M.P.A., Coroner and G. Sheldon Green, M.D., Chief Medical Examiner, Las Vegas, NV)

A 46 year-old male was the victim of a house fire caused by a natural gas explosion from a gas stove. The stove's

pilot light was out. The cause of death was smoke inhalation. (Mary Coffman for Jeffrey Barnard, M.D., Medical Examiner, Dallas County, Dallas, TX)

## Falls

A 54 year-old male and a male friend were racing their bikes on a paved road. The handlebars of both bicycles made contact and apparently became intertwined momentarily. The victim lost control and was thrown from his bicycle to the pavement hitting his head. The victim was not wearing a helmet. The victim's friend was not injured. The victim was unconscious and was transported to the hospital where he later died. The cause of death was multiple head injuries. (Brian D. Blackbourne, M.D., Medical Examiner, County of San Diego, San Diego, CA)

\*A 12 year-old male fell on a concrete sidewalk while in-line skating. The victim was going down hill and attempted a jump when the incident occurred. He was not wearing protective head gear. He was transported to the hospital and surgery was performed, but the victim later died. The cause of death was head injuries with cerebral edema and intracranial bleeding. (Dianne Stephans for R.D. Felton, Medical Investigator, Multnomah County, Portland, OR)

## Electrocution

An 83 year-old female was found lying on the kitchen floor in a pool of water near an old refrigerator. Water was running out of the ceiling due to a broken water line between the first and second floors. The refrigerator had a broken cord in the light socket which was repaired with electrical tape. The victim was electrocuted when she came in contact with the water on the floor and the ungrounded socket. (Nancy Moore for Janice Hessling, M.D., Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

## Miscellaneous

A 33 year-old male was snowboarding at night. He snowboarded into a partially unlit area and fell into a ravine. The cause of death was traumatic head injury. (Diane Stephans for R.D. Felton, Medical Investigator and Stephen G. Becker, M.D., Medical Examiner, Hood River County, OR)

## Special Investigations Unit Created to Aid Product Recalls

To enhance its compliance and recall activities, CPSC recently established the Special Investigations Unit (SIU). The SIU's mission is to discover and develop leads about hazardous products from a wide range of sources.

Under the law, manufacturers, distributors, and retailers of consumer products must report hazardous consumer products to CPSC.

Tips, however, from injured parties or their attorneys, medical examiners, fire departments, customs agents, or safety professionals also identify many hazardous products. These independent leads can result in significant CPSC actions.

For example, the observations of a medical examiner in Dallas, Texas about infant suffocation cases led to the recall and subsequent ban of infant bean bag cushions. These infant bean bag cushions had caused 35 deaths.

So far, the Office of Compliance's SIU has gathered information from independent engineering consultants, private accident investigators, fire marshals, insurance

companies, state and local consumer protection offices, state attorneys general, fire and rescue personnel, consumer advocacy groups, and the court systems.

Most recalls are negotiated between CPSC staff and manufacturers, distributors, and/or retailers of a consumer product. Since 1973, CPSC has obtained recalls of more than 1,500 defective consumer products (nearly 220 million individual units). During that same period, manufacturers, distributors, and retailers recalled another 2,300 products (a total of 168 million individual units) that violated CPSC safety standards.

If you have information about a potentially hazardous consumer product, please contact Carol Cave at 1-800-638-8095, extension 1515. Or, fill out the Consumer Product Incident Report (next page) and send it to: SIU, Office of Compliance, U.S. Consumer Product Safety Commission, Washington, DC 20207 / Fax: SIU, 301-504-0359. Upon receipt, an SIU member will contact you for additional information.

— Eric Stone, Office of Compliance

### Recent CPSC Recalls

The following is a list of recalls conducted by firms in cooperation with CPSC. For more information about CPSC recall activities, you can access CPSC press releases on the Internet @ "cpsc.gov".

**Product:** Nearly three million **mini-hammocks** without spreader bars sold since the early 1970's for \$4-\$10.

**Problem:** A child using a mini-hammock may become entangled suddenly and unexpectedly in the hammock causing strangulation. CPSC has learned of 12 children from 5-17 who became entangled and strangled to death.

**What to do:** Stop using the product. Nine manufacturers offering refund for units returned to store. E-Z Sales is offering a replacement hammock to those returning its products to the retailer.

**Product:** 500,000 Whirlpool and Kenmore **dishwashers** sold June 1991-October 1992 for \$350-\$475. Whirlpool models affected begin with DU8, DP8, DU9, and GDP. Kenmore models start with 665. Serial numbers range from FA2400000 through FA5299999 or from FB0100000 through FB1899999.

**Problem:** Wiring in the door latch may overheat or catch on fire.

**What to do:** Stop using and call 800-874-9481 for repair.

**Product:** 245,000 Cozy Highback **Swings** model no. 4637. Bright blue swing sold for children 9 months-5 years. Sold January-April 1996 for \$15-\$18.

**Problem:** Swing may tip forward and flip while child is swinging. Fifty-five reports of tipping without serious injury.

**What to do:** Stop using swing and contact Little Tikes at 800-321-0183 or write to the firm at 2180 Barlow Rd., Hudson, OH 44236 for a replacement swing.

**Product:** 142,000 Playskool Moonbouncers sold since November 1994 for about \$60 for children ages 3-6.

**Problem:** Moonbouncers may expel children if not properly inflated. Approximately 22 reports of children falling out of product with 10 injuries.

**What to do:** Call 800-685-5847 for a set of gauges to insure proper inflation.

**Product:** 142,000 **recliner chairs** manufactured by Allen Manufacturing of Benton, Tenn. and Golden Chair of Houlika, Miss. from January 1987-December 1995.

**Problem:** Child can strangle in space between the seat and foot rest. Since 1990, two deaths and two near-strangulations.

**What to do:** If space is greater than five inches, stop using and contact the company. Golden Chair at 800-965-1277 and Allen Manufacturing at 888-338-0550.

**Product:** 80,000 Square D and Nelco "TW" **wall heaters** and 920,000 electric **baseboard heaters** (tan, built-in) sold from 1970-1986.

**Problem:** Heaters can overheat and possibly cause fire. Allegations of many incidents with three deaths and five injuries from baseboard heaters.

**What to do:** Call 800-666-7557 to learn about 50% discount on other firm-supplied replacement heaters.

**Product:** 69,000 Manitou Mach 5 **mountain bike suspension forks** sold on Trek, Fisher, Diamondback, Marin, Mongoose, and other mountain bikes. Serial numbers below 5100149464.

**Problem:** The forks can crack and break causing the wheel to come off the bike.

**What to do:** Serial numbers below 5100086500 should be replaced, 5100086500-5100149464 should be inspected. Stop using and call Answer Products at 800-670-7446.

**Product:** 125,000 six **outlet power strips** beige (#81488) in blue box sold by Odd Lots, Big Lots, and All for One.

**Problem:** Strips could overheat or cause electric shock.

**What to do:** Return to store for a refund or call 800-877-1253, x6807.

# Consumer Product Incident Report

Please contact us about any injury or death involving consumer products. Call us toll free at **1-800-638-8095**. Or, fill out the form below. Send it to **CPSC-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? \_\_\_\_\_



United States Consumer Product Safety Commission, Washington, DC 20207

PLEASE DUPLICATE THIS FORM FOR FUTURE USE.

