



U.S. Consumer
Product Safety
Commission

CONSUMER PRODUCT SAFETY REVIEW

FALL, 1996
VOL. 1, NO. 2

Lead Paint on Public Playground Equipment

Many school, park, and community playgrounds across the United States have metal or wood playground equipment that presents a potential lead paint poisoning hazard for young children, according to tests conducted by U.S. Consumer Product Safety Commission (CPSC) staff and some state and local jurisdictions.

Over time, lead paint on some public playground equipment has deteriorated into chips and dust containing lead. Young children may ingest lead paint chips and dust by putting their hands on the equipment while playing and then putting their hands in their mouths.

Ingestion of lead from deteriorating paint is a major source of lead poisoning for children ages 6 and younger. While deteriorating lead paint in homes is the leading cause of lead poisoning in children, lead exposure from playground equipment adds to the risk. The effects of lead ingestion are cumulative and may result in behavioral problems, learning disabilities, hearing problems, and growth retardation in children.

This report summarizes tests of playground equipment and provides recommendations for identifying and controlling lead paint hazards from playground equipment.

Background

In 1978, CPSC banned the sale of paint for consumer use that contained more than 0.06% lead by weight. It also banned toys and other children's products, such as playground equipment, bearing paint containing lead in excess of 0.06% by weight because they pose a risk of lead poisoning in young children.

In 1992, the U.S. Congress enacted the Residential Lead-Based Paint Hazard Reduction Act. Title X of that Act uses 0.5% lead by weight as the lead level in paint that should be targeted for lead hazard control measures. This was designed to focus attention and resources on controlling the most significant lead paint hazards.

Paint containing lead, however, is still available for commercial and other uses and may have been applied to older playground equipment. In some cases, the equipment is very old and repainted many times. Even if the equipment has been repainted with nonleaded paint, older paint layers may contain lead. As the repainted surface deteriorates, children may be exposed to the original lead paint.

Tests of Playground Equipment

CPSC staff tested the paint for lead on older playground equipment in 26 playgrounds in 13 cities in 11 states across the United States (Figure 1). In the five cities where playground equipment age was reported, the equipment was 14 or more years old. Four of these cities had equipment 25 to 45 years old.

Twenty playgrounds in 11 cities had playground equipment with lead levels over the CPSC 0.06% level. Sixteen of these playgrounds had equipment with lead levels over 0.5%, the level identified in Title X as a priority for hazard reduction activities. The paint that exceeded 0.5% lead ranged from 0.62% to 8.76% by weight and had a median lead level of 1.47%.

IN THIS ISSUE

Lead Paint on Public Playground Equipment . . .	1
NEISS: Collecting the Data	4
1995 NEISS Data Highlights	5
MECAP News	8
Report Form	11

Continued on page 2

Lead Paint

(continued from page 1)

No. of Playgrounds Inspected	No. of Cities Sampled	No. of Playgrounds with Equipment with Lead-containing (Pb) Paint		Median % Lead (Pb) Found; Range of Lead Found		Age of Equipment (Range)
		≥0.06%	≥0.50%	≥0.06%	≥0.50%	
26	13	20 playgrounds out of 11 cities	16 playgrounds out of 20	0.87% 0.07–8.76	1.47% 0.62–8.76	14–15 years (4 of the 5 cities reporting age of playgrounds being 25–45 years old)

Figure 1. Old Playground Equipment—CPSC Analysis

Several states and cities also reported playground equipment with high lead levels. CPSC staff received reports from jurisdictions testing 223 playgrounds in 19 cities in nine states and the District of Columbia. In 11 cities, 125 playgrounds had lead paint on their equipment that was over the CPSC 0.06% level. The paint lead content reportedly ranged from 0.09% to 29%.

Health Risk Assessment

The amount of lead paint a child must ingest to get lead poisoning from playground equipment depends in part on the amount of lead in the paint and how much lead is absorbed by the body. Based on the playground equipment tests, CPSC staff determined that a child ingesting as little as one-tenth of a square inch of paint (about the size of the tip of a pencil eraser) a day for about 15 to 30 days would have blood lead levels at or above 10 micrograms per deciliters (ug/dl). Sustained levels of this amount are considered a health concern for young children by the Federal government. CPSC staff based its risk assessment on the median level of lead found on the

tested playground equipment (1.47%) that exceeded the 0.5% lead, and the assumption that the child's body would absorb 30% of the lead ingested.

Recommendations

CPSC staff does not consider playground equipment with lead paint that is intact and in good condition to be a hazard. Over time, however, paint will deteriorate from exposure to sunlight, heat, moisture, and normal wear and tear. Once lead paint deteriorates, it presents a hazard that requires remediation.

Authorities should give priority attention to playground equipment with lead levels at 0.5% lead and above. This is consistent with Title X's intent to focus on areas with the highest levels of lead. A reduced but still important issue is the risk that exists to children from lead paint at levels between 0.06% and 0.5%.

Local jurisdictions will have to decide how to respond to the potential hazard of lead paint on playground equipment. The strategy CPSC staff recommends for identifying and controlling lead paint hazards comple-

A Note About Children

Whether you're a parent or someone who works with children, there are some steps you can take to better ensure children's safety.

It is not necessary to be alarmed if young children have played on a playground with deteriorating paint a few times and then put their hands in their mouths.

If children regularly play on a playground with deteriorating paint, however, you might want to call local health authorities or those responsible for the playground to ask if that playground has been painted with lead paint. If the answer is unknown, you should request that the playground equipment be tested for lead.

If tests confirm the presence of lead, you should consult the child's physician. You and the physician can determine what, if anything, needs to be done. As a

precaution for children on playgrounds with deteriorating paint, make sure they do not put their hands in their mouths or eat paint chips, and that they wash their hands immediately after play.

If a child has an elevated blood lead level, work with state and local health departments, local poison prevention programs, or physicians to determine the source(s) of lead and how to reduce the exposure.

If the lead poisoning is attributable to the playground equipment, please contact CPSC to file a report by: Hotline at 1-800-638-CPSC (1-800-638-8270 for the hearing-impaired); e-mail at info@cpsc.gov; or Internet Web site at <http://www.cpsc.gov> (go to "Talk to us/Report an injury or death to us").

ments the framework developed by HUD and other Federal agencies to support the requirements of Title X. (See *Resources*, page 10.)

The appropriate control measures must be determined on a case-by-case basis, considering such factors as: condition of the paint; percent of lead present; the playground equipment's age, location, use, and overall safety; the financial resources available to address this and other lead paint hazards; the relative costs of control measures; and the regulatory requirements of individual states, cities, and localities.

Lead Hazard Assessment

A lead hazard assessment for playground equipment may include a visual inspection, paint testing, characterization of the hazard, and identification and plan for establishing the priority for implementation of control measures (Figure 2).

Public playground owners/managers may want to consider hiring trained professionals to conduct risk assessments and to recommend and set priorities for control measures. (See *Resources*.)

Conduct a visual inspection of the playground and equipment. The visual inspection should:

- Examine the condition of the entire painted surface. Special attention should be paid to equipment installed or painted prior to 1978, when the CPSC ban on lead paint became effective. Even surfaces painted after 1977 should be considered suspect unless records show that nonleaded paint was used. Original lead paint also may become available for ingestion when repainted surfaces deteriorate.

- Identify areas of visible paint chips and dust accumulation, including underneath the equipment.
- Evaluate the need for significant structural repairs or changes likely to affect the condition of the painted surfaces.

Evaluate the results of the visual inspection.

- If paint is intact and in good condition, with no paint chips and dust or anticipated repairs and changes, CPSC staff recommends monitoring on a regular basis to ensure that the paint is not deteriorating. These periodic visual inspections can be coordinated with regular safety inspections. (See *Resources* for CPSC's *Handbook for Public Playground Safety*.)

While CPSC staff does not believe it is necessary to test intact paint, playground owners/managers may wish

to do so. If laboratory testing of intact paint indicates lead, continued monitoring (visual inspection) can be implemented as a control measure to detect future paint deterioration. Lead paint that is intact and in good condition is not believed to be a hazard until it begins to deteriorate.

- If paint is deteriorating (peeling, cracking, chipping, or chalking), paint samples should be collected from several locations on the playground equipment (including each type and color of paint) for laboratory testing. Ask the lab if trained professionals should collect the paint samples. Give priority to testing deteriorating paint applied before 1978. Red, orange, yellow, green, and brown paint are most likely to contain lead.

Laboratory analysis is the most accurate and reliable way to determine the presence and amount of lead.

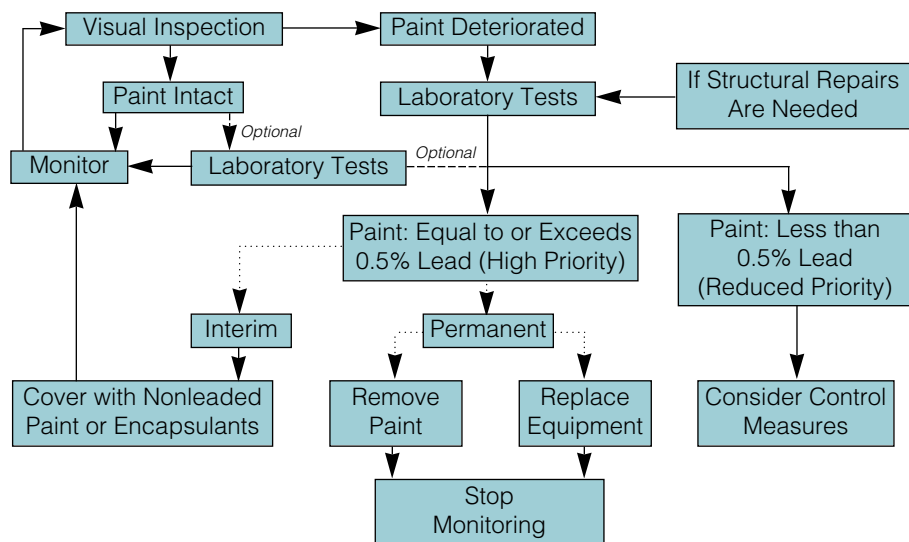


Figure 2. Recommendations for Identifying and Controlling Lead Paint on Public Playground Equipment

Paint samples should be analyzed by an accredited laboratory according to standard methods for total lead analysis (e.g., ASTM, EPA, or Association of Official Analytical Chemists standards). Studies conducted by CPSC, EPA, and HUD indicate that lead test kits do not accurately and reliably discriminate between paint with lead and paint without lead.

Evaluate the results of laboratory tests.

- For deteriorating paint that contains lead levels equal to or above 0.5%, priority should be given to implementing lead hazard control measures. (See next page.)
- Owners/managers may consider control measures for lead paint between 0.06% and 0.5%, as a reduced priority.

Lead Paint

(continued from page 3)

Lead Hazard Controls

When lead levels equal or exceed 0.5%, consideration of measures that permanently eliminate the potential hazard posed by lead paint on playground equipment is recommended. Interim control measures may be appropriate if the playground is slated for repair or the equipment will be replaced within a few years.

While interim control measures may cost less initially than permanent ones, constant monitoring and re-evaluation is required to ensure that the paint remains intact. As a result, permanent control measures may be more cost-effective long-term.

Interim Control Measures

Stabilize and cover the lead paint surface with nonleaded paint or an encapsulant. Because outdoor playground equipment will deteriorate with constant exposure and use, covering the surface reduces the lead hazard only temporarily. Incorrectly preparing the surface for non-leaded paint or encapsulants also can increase the hazard by spreading even more lead paint chips and dust around

Continued on page 10

Lead and Miniblinds

This past June, CPSC announced that some imported non-glossy vinyl miniblinds can present a lead poisoning hazard for young children. The plastic deteriorates over time from exposure to sunlight and heat to form lead dust on the surface of these blinds. Young children can ingest lead by wiping their hands on the blinds and then putting their hands in their mouths.

In homes with children ages 6 and younger, CPSC staff recommended that consumers remove these vinyl miniblinds.

CPSC requested that the industry remove the lead added to stabilize the plastic in the blinds. Manufacturers made the change, and new miniblinds without lead intentionally added are now on the market.

NEISS: Collecting the Data

The heart of CPSC's data-collection system is the National Electronic Injury Surveillance System (NEISS), the only one of its kind in the country.

NEISS (pronounced "nice") collects current injury data associated with 15,000 consumer products from hospital emergency departments across the country. NEISS also provides national estimates of the number and severity of consumer product-related injuries. (See annual *NEISS Data Highlights*, pages 5-7.)

NEISS consists of a national probability sample of 100 hospitals. This includes hospitals of differing sizes and locations, as well as children's hospitals and trauma centers. CPSC is currently updating this sample, which ensures that NEISS data accurately reflects the numbers and types of injuries seen in hospital emergency departments. Since its inception in the 1970's, NEISS has been redesigned and updated several times.

The NEISS system works in the following way. Every day, each hospital's designated NEISS coordinator reviews the emergency department's records, selects cases associated with consumer products, and enters this data into a computer. Every night, the central CPSC computer polls these hospital computers and updates CPSC's

central data base. CPSC analysts review this new information daily.

Whenever CPSC studies hazard patterns associated with specific types of injuries in greater detail, the NEISS surveillance data serves as a source for follow-back studies. Recent follow-back studies included baseball injuries and children's poisonings.

On occasion, CPSC has enlarged the scope of NEISS to collect injury data of special interest to other federal agencies. For example, NEISS has been used by the National Highway Traffic Safety Administration to collect motor vehicle injuries, by the National Institute of Occupational Safety and Health to collect occupational injuries, and by the U.S. Environmental Protection Agency for pesticide injuries.

The NEISS data are available to the public through CPSC's National Injury Information Clearinghouse at 301-504-0424. For information about the NEISS system, contact Art McDonald at 301-504-0539 (x1249), or via Internet to AMCDONAL@CPSC.GOV

—Art McDonald, Directorate for Epidemiology and Health Sciences

NEISS Data Highlights—Calendar Year 1995

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
Child Nursery Equipment													
All Nursery Equipment	99,388	.09	2,653	38.2	431.3	11.2	9.9	4.5	1.7	42.0	34.5	36.6	1.6
Toys													
All Toys	146,542	.08	3,644	56.3	372.3	119.0	24.6	13.4	5.0	71.0	42.3	55.4	0.9
Sports & Recreational Equipment													
Amusement Attractions (incl. Rides)	15,788	.12	370	6.1	12.5	16.9	7.5	3.2	0.2	5.9	6.3	6.0	0.1
ATVs, Mopeds, Minibikes, etc.	123,520	.09	2,278	47.5	14.7	100.4	106.8	31.6	6.9	77.3	18.9	43.7	3.8
Barbecue Grills, Stoves, Equipment	15,742	.10	346	6.1	21.4	5.9	6.4	5.0	1.2	8.1	4.2	5.9	0.3
Baseball, Softball	366,046	.07	8,502	140.7	50.0	376.6	254.7	91.0	3.8	198.4	85.6	138.4	2.1
Basketball	692,396	.06	17,116	266.0	11.5	562.4	925.7	108.8	1.1	449.9	90.6	263.2	2.5
Beach, Picnic, Camping Equipment	21,728	.11	427	8.4	18.8	15.7	6.5	5.9	6.2	9.1	7.8	8.2	0.2
Bicycles & Accessories	586,808	.07	14,283	225.4	211.5	848.4	257.6	92.7	28.2	320.8	134.2	214.0	11.1
Exercise, Exercise Equipment	168,197	.10	4,630	64.7	45.5	75.0	141.3	54.8	21.1	80.7	49.3	63.3	1.4
Football	389,463	.07	9,153	149.6	5.6	475.4	471.2	29.7	1.7	289.7	15.9	147.4	2.2
Hockey	76,837	.14	2,177	29.6	6.1	78.5	85.7	11.4	0.6	51.4	8.7	29.2	0.4
Horseback Riding	65,103	.12	1,366	25.1	7.3	30.7	39.4	27.2	5.3	22.4	27.6	22.4	2.7
In-line Skating	99,550	.10	2,592	38.3	2.9	148.2	64.1	14.9	1.1	43.9	32.9	37.3	1.0
Lacrosse, Rugby, Misc. Ball Games	80,951	.10	2,056	31.1	23.4	110.1	58.5	10.0	1.7	41.9	20.9	30.6	0.4
Nonpowder Guns, BB's, Pellets	27,341	.10	527	10.6	4.1	39.0	20.3	3.3	1.0	18.4	3.1	9.8	0.8
Playground Equipment	245,785	.07	6,099	94.5	357.8	429.0	15.2	5.6	2.9	102.2	87.0	91.1	3.2
Racquet Sports	39,168	.12	1,008	15.1	1.1	14.0	24.2	16.7	8.4	19.5	10.9	14.8	0.3
Skateboards	30,353	.11	743	11.7	6.3	40.3	30.9	2.1	0.4	19.8	4.0	11.3	0.4
Skating (excl. In-line)	129,005	.10	3,046	49.6	17.0	196.0	53.5	23.7	3.5	37.4	61.2	48.4	1.3
Snowmobiles	16,226	.31	201	6.3	1.2	5.9	12.6	6.7	1.2	10.4	2.4	5.7	0.6
Snowskiing, Snowboarding	—	—	2,116	—	—	—	—	—	—	—	—	—	—
Soccer	156,960	.11	4,129	60.3	2.3	187.4	168.8	18.8	0.9	83.6	38.1	59.3	1.1
Swimming, Pools, Equipment	121,746	.11	2,831	46.8	63.7	144.5	62.7	21.8	9.6	56.6	37.5	45.0	1.9
Toboggans, Sleds, Snow Discs, etc.	54,684	.16	1,205	21.1	18.3	88.3	27.2	6.0	0.7	28.6	13.8	20.4	0.7
Track & Field Activities, Equipment	15,558	.13	355	6.0	0.7	19.7	20.8	0.5	0.1	6.4	5.6	5.9	0.2
Trampolines	66,174	.14	1,383	25.5	32.8	121.5	27.7	3.1	0.3	25.4	25.5	24.9	0.6
Volleyball	86,551	.08	1,994	33.3	1.1	52.0	90.9	25.4	0.9	32.6	33.9	33.0	0.3
Water Skiing, Tubing, Surfing	21,539	.12	466	8.3	0.4	6.8	22.2	8.2	0.2	11.8	5.0	8.0	0.3
Home Comm'n & Entertainment													
Sound Recording Equipment	39,219	.08	997	15.1	40.3	14.7	16.3	9.7	21.1	14.8	15.4	14.4	0.8
Television Sets & Stands	43,797	.07	1,112	16.9	73.9	19.9	11.2	9.6	15.0	18.6	15.2	16.4	0.5

*See page 7 for explanation

Continued on page 6

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
Personal Use Items													
Cigarettes, Lighters, Fuel	19,354	.11	450	7.5	31.3	8.2	11.5	4.0	2.1	9.0	6.0	6.9	0.7
Clothing	136,301	.11	3,197	52.4	56.0	67.6	66.6	40.1	67.5	52.8	52.0	49.1	3.3
Drug Poisonings to Children under 5	62,625	.11	1,540	24.1	317.4	0.0	0.0	0.0	0.0	26.8	21.6	21.4	2.7
Grooming Devices	29,835	.08	776	11.5	62.1	9.4	10.5	7.1	2.6	8.0	14.8	11.3	0.3
Razors, Shavers, Razor Blades	36,327	.07	932	14.0	13.7	9.8	29.1	13.2	6.0	19.7	8.6	13.8	0.2
Household Containers													
Cans, Other Containers	229,972	.07	5,719	88.4	166.9	83.1	99.7	82.3	59.9	88.3	88.4	86.3	2.0
Glass Bottles, Jars	56,101	.09	1,248	21.6	33.1	33.9	39.4	15.4	6.7	26.0	17.4	21.1	0.5
Yard & Garden Equipment													
Chain Saws	31,356	.12	581	12.1	0.3	1.1	14.4	16.6	10.8	23.9	0.8	11.9	0.3
Hand Garden Tools	36,477	.08	782	14.1	10.3	21.3	10.7	13.6	13.6	19.8	8.6	13.8	0.3
Hatchets, Axes	13,263	.10	233	5.1	2.7	5.5	8.7	5.4	1.4	9.2	1.3	5.1	0.1
Lawn & Garden Equipment	49,975	.08	1,127	19.2	15.7	17.2	14.5	18.4	32.3	23.6	15.1	18.5	0.8
Lawn Mowers	74,648	.10	1,476	28.7	12.4	14.2	23.3	35.1	35.1	44.3	13.9	27.0	1.8
Other Power Lawn Equipment	25,521	.11	460	9.9	11.6	6.5	6.7	10.4	14.0	17.7	2.3	9.1	0.8
Trimmers, Small Power Garden Tools	14,729	.13	305	5.7	0.5	1.2	5.5	8.1	4.4	8.3	3.3	5.6	0.1
Home Workshop Equipment													
Hoists, Lifts, Jacks, etc.	17,562	.11	327	6.8	2.9	2.9	7.2	9.1	3.7	12.4	1.5	6.4	0.4
Power Home Tools (excl. Saws)	31,472	.12	631	12.1	1.1	2.6	15.9	15.7	11.1	22.6	2.1	11.8	0.4
Power Home Workshop Saws	78,284	.07	1,679	30.1	2.7	8.1	23.5	38.5	44.9	58.1	3.3	28.4	1.8
Welding, Soldering, Cutting Tools	19,451	.11	361	7.5	1.1	0.6	17.4	9.6	0.2	14.8	0.6	7.5	0.1
Wires, Cords, Not Specified	15,943	.12	311	6.2	3.2	6.6	8.9	6.0	5.3	9.0	3.5	5.9	0.3
Workshop Manual Tools	113,115	.08	2,340	43.5	22.6	29.1	50.8	54.8	18.8	76.8	11.8	42.8	0.7
Home Maintenance													
Cleaning Equip., Non-caustic Deterg.	25,181	.09	586	9.7	17.2	12.8	8.7	8.0	9.9	9.7	9.8	9.4	0.4
Cleaning Agents (excl. Soaps)	37,416	.08	914	14.4	79.4	6.9	12.6	9.2	7.4	13.4	15.4	13.9	0.5
Paints, Solvents, Lubricants	14,578	.10	361	5.6	13.6	4.1	7.5	5.4	1.8	6.8	4.5	5.4	0.3
General Household Appliances													
Cooking Ranges, Ovens, etc.	50,542	.08	1,242	19.5	61.7	15.8	18.7	15.4	15.8	16.3	22.4	18.4	1.0
Irons, Clothes Steamers (not Toys)	18,988	.10	556	7.3	62.2	4.5	5.4	2.2	0.7	7.7	7.0	7.1	0.3
Refrigerators, Freezers	32,388	.08	769	12.5	15.9	6.8	12.1	13.6	12.6	13.9	11.1	12.2	0.3
Small Kitchen Appliances	36,206	.08	854	14.0	14.4	6.7	19.4	14.9	12.3	12.5	15.3	13.5	0.5
Washers, Dryers	19,626	.10	428	7.6	13.5	5.0	8.2	8.0	4.9	8.5	6.7	7.4	0.3
Heating, Cooling, Vent. Equip.													
Air Conditioners	12,426	.11	312	4.8	5.5	4.2	5.4	5.1	3.5	6.7	3.0	4.7	0.1
Chimneys, Fireplaces	23,396	.15	559	9.0	74.9	8.0	2.3	2.3	5.8	11.4	6.8	8.9	0.2
Fans (excl. Stove Exhaust Fans)	18,869	.10	397	7.3	18.9	7.4	7.9	5.2	8.2	8.8	5.8	7.0	0.3

*See page 7 for explanation

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
Heating Stoves, Space Heaters	26,951	.11	578	10.4	50.7	11.4	8.8	5.6	6.3	11.9	9.0	10.2	0.3
Heating & Plumbing Pipes	36,705	.09	796	14.1	27.6	27.5	13.5	10.5	6.6	19.6	9.0	13.7	0.5
Radiators	16,052	.15	550	6.2	34.2	9.4	3.2	2.1	5.7	7.9	4.6	6.0	0.3
Home Furnishings & Fixtures													
Bathroom Structures & Fixtures	219,272	.07	5,247	84.3	202.6	62.8	52.7	58.9	175.0	78.4	89.9	78.3	5.9
Beds, Mattresses, Pillows	413,744	.07	10,591	159.0	658.5	192.9	75.1	53.4	340.5	152.2	165.2	147.2	11.6
Carpets, Rugs	125,267	.10	3,295	48.2	120.6	31.6	21.9	27.8	134.5	34.4	61.3	43.4	4.8
Chairs, Sofas, Sofa Beds	397,482	.07	9,658	152.7	658.7	149.8	77.5	73.5	256.5	141.3	163.6	143.8	8.7
Desks, Cabinets, Shelves, Racks	218,133	.07	5,430	83.8	294.8	123.6	59.5	49.6	77.9	88.2	79.7	82.3	1.5
Electric Fixt., Lamps, Equip.	53,761	.07	1,298	20.7	52.3	24.7	24.5	14.8	17.0	24.1	17.5	19.8	0.9
Ladders, Stools	154,005	.08	3,523	59.2	25.0	18.3	29.5	75.8	91.1	86.3	33.3	53.5	5.6
Mirrors, Mirror Glass	22,451	.08	571	8.7	16.2	12.1	18.2	5.8	1.5	10.0	7.4	8.6	0.1
Misc. Household Covers, Fabrics	16,818	.09	388	6.5	6.1	3.7	4.5	5.4	16.6	3.3	9.6	6.0	0.5
Other Misc. Furniture & Accessories	61,006	.09	1,478	23.5	34.3	10.3	19.2	28.3	17.1	22.9	24.0	23.1	0.4
Tables, not elsewhere classified	321,828	.07	7,883	123.7	746.6	137.9	63.0	49.6	101.7	142.6	105.6	120.9	2.5
Home Structures & Const. Mat.													
Cabinet/Door Hardware	21,955	.09	513	8.5	27.8	12.8	5.9	5.0	8.9	9.5	7.5	8.3	0.3
Fences	112,886	.06	2,756	43.4	40.9	111.4	57.9	26.7	19.6	63.2	24.5	42.1	1.3
Glass Doors, Windows, Panels	195,324	.07	4,609	75.1	98.7	102.5	144.5	55.9	32.1	91.0	59.8	72.3	2.7
Handrails, Railings, Banisters	38,852	.11	1,050	15.0	35.8	27.0	13.5	8.9	15.1	16.4	13.6	14.5	0.4
Non-glass Doors, Panels	338,810	.07	8,564	130.2	384.2	204.4	141.9	75.6	102.5	129.9	130.3	127.9	2.1
Outside Attached Struct. & Mat.	23,852	.12	490	9.2	7.6	8.3	6.5	10.6	8.4	14.7	4.0	8.6	0.6
Stairs, Ramps, Landings, Floors	1,994,288	.09	47,583	766.1	1506.1	586.9	613.6	522.0	1680.2	589.7	933.6	695.7	69.6
Window, Door Sills, Frames	55,667	.09	1,309	21.4	70.5	23.4	17.8	12.5	30.3	20.8	21.9	20.8	0.6
Miscellaneous Products													
Dollies, Carts	46,280	.08	1,155	17.8	122.0	18.0	6.8	7.3	10.0	19.1	16.6	17.4	0.5
Elevators, Other Lifts	14,532	.12	493	5.6	9.0	4.6	3.4	3.8	14.8	4.2	7.0	5.1	0.6
Fireworks, Flares	11,373	.14	281	4.4	2.1	11.3	8.9	2.7	0.2	7.0	1.9	4.1	0.3
Gasoline, Diesel Fuels	14,805	.11	308	5.7	10.6	7.8	9.5	4.5	1.5	9.5	2.2	5.1	0.7

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.

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

* 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 April, May, and June 1996, 616 cases were reported to CPSC. Included here are samples of cases to illustrate the type and nature of the reported incidents.

ASPHYXIATIONS

*A 7 month-old female was placed to sleep in her crib located near a window in her bedroom. She was found several hours later with the window blind cord wrapped around her neck and head. The cause of death was asphyxia. (James Moore for Laron Locke, M.D., Medical Examiner, Baltimore, MD)

*A 13 month-old male was placed to sleep by his day-care provider in a playpen. Before falling to sleep, the child leaned on the upper rail causing the playpen to collapse from the child's weight. The child was found with his upper body on the outside of the railing, face down, and his lower body on the inside of the railing. The cause of death was positional asphyxiation. (Ken Noack and Jim Malouf for Carl Sparks, Sheriff/Coroner, Kern County, Bakersfield, CA)

*A 4 year-old female ingested a rubber pacifier while in the care of a babysitter. The victim's airway became blocked. She was taken to the hospital where she died five days later. The cause of death was anoxic encephalopathy asphyxia. (Angelo K. Ozoa, M.D., Ph.D., Medical Examiner, Dale City, CA)

*An 18 month-old male was found by his mother under a dresser he had pulled over onto himself. The victim was found without a pulse with the top of the dresser across his chest. CPR was initiated and the victim was flown to the hospital where he died the next day. The cause of death was suffocation. (Aileen Koger for Daniel L. Schultz,

M.D., Medical Examiner, Hillsborough County, Tampa, FL)

*A 9 month-old male was placed to sleep in a double stroller by his grandmother. The victim was found dead with his head wedged between the seat and the knee bar with a blanket over his head. The cause of death was positional asphyxiation. (Lt. Burns for Janet R. Pillow, M.D., Associate Fifth District Medical Examiner, Citrus County, Iverness, FL)

*A 5 day-old male was placed in an infant swing by his mother, but was not buckled into the swing. The mother fell asleep. When she awoke, she found the victim's neck entrapped in the swing's leg opening. The cause of death was suffocation. (Mike Ridegely for Garry Peterson, M.D., Medical Examiner, Hennepin County, MN)

*A 21 month-old female was playing with other children with deflated toy balloons. The victim placed one balloon in her mouth and began to choke. Paramedics were able to remove the balloon from the victim's airway, but she died from respiratory arrest secondary to balloon aspiration. (Jacqueline Dobbins for Barry D. Lifschultz, M.D., Medical Examiner and Edmund R. Donoghue, M.D., Chief Medical Examiner, Cook County, Chicago, IL)

POISONINGS

A 41 year-old male was repairing the engine of his riding mower in a cold basement with the doors closed. There was no ventilation, and the victim died of carbon monoxide poisoning. (Kathrine Descheneaux for James A. Kaplan, M.D., Acting Chief Medical Examiner, Concord, NH)

A 53 year-old male was fixing a broken snowblower in his garage. The starter switch remained on releasing

carbon monoxide. The victim died of carbon monoxide poisoning. (Chris Leja for H. Wayne Carver, II, M.D., Chief Medical Examiner, Farmington, CT)

DROWNINGS

*A 10 month-old male was being bathed by his mother in a bathtub. He was wearing a flotation ring. A 2 year-old sibling was also in the bathtub. The mother left the room briefly and returned to find the victim out of the "ring" and submerged. The victim was taken to the hospital where he later died. The cause of death was anoxic encephalopathy due to submersion in water. (Keith P. Von Qualen for Carol J. Huser, M.D., Associate Medical Examiner and Wallace M. Graves, M.D., Chief Medical Examiner, Ft. Meyers, FL)

FIRE/BURNS

A 67 year-old male died in a trailer fire caused by an improperly installed wood stove. The wood stove had recently been installed by the victim's family. The cause of death was smoke inhalation. (James N. Olson, M.D., Medical Examiner, Grants Pass, OR)

A 90 year-old female died in a house fire when her bathrobe caught on fire while she was cooking at her stove. The causes of death were skin burns and multiple complications. (Nicholas Salinardo for Justin Uku, M.D., Chief Medical Examiner, Erie County, Buffalo, NY)

*An 8 year-old male was playing with matches when his shirt caught on fire. The victim attempted to extinguish the fire by the "Stop, Drop, and Roll" method which he was taught in school. When he was unable to extinguish the flames, he alerted his father, who attempted to extinguish the flames by placing the victim on the floor and pat-

ting out the flames with a towel. This also proved unsuccessful. The father then picked up the victim and put him into bathwater, where the flames were eventually extinguished. The child was taken to the burn unit of the hospital where he died four days later. The cause of death was complications of burns. (Mo Lupia for Mary Jumbelic, M.D., Medical Examiner, and Sigmund Menchel, M.D., Chief Medical Examiner, Onondaga County, Syracuse, NY)

A 5 year-old female was staying overnight with her 16 year-old brother in a camper/trailer. The victim's brother attempted to light a portable propane heater, but it failed to ignite. On his second attempt, the heater exploded. The victim's brother suffered burn injuries, and the victim died from smoke and soot inhalation. (Jane Jermy for Ted Zink, Coroner and Dr. Lacsina, Medical Examiner, Pierce County, Port Orchard, WA)

FALLS

*A 3 year-old male was at a local playground and fell backwards off the monkey bars. The victim died of a head injury. (Delores Butler for Edwin Lieverman, M.D., Medical Examiner, Philadelphia, PA)

ELECTROCUTIONS

A 29 year-old male was attempting to repair a used microwave oven that had two exposed wires. The victim was electrocuted upon contact with the wires. (Rosemary Smith for Percy Pittman, Coroner, Pike County, McComb, MS)

A 39 year-old male was working with a hand-held reciprocating saw. Because the switch spring was broken, the saw remained energized, even when the switch was turned off. The victim died from electrocution. (David

Kominek for Dr. Lium, Medical Examiner, Marion County, OR)

MISCELLANEOUS

A 79 year-old male was using a walk-behind garden tiller in his backyard. The tiller ran over his leg, resulting in the amputation of the leg below the knee. The cause of death was traumatic leg amputation. (Nancy Moore for Kenneth J. Welch, M.D., Medical Examiner and John Butts, M.D., Chief Medical Examiner, Chapel Hill, NC)

A 31 year-old male was using a gas-powered circular saw to dismantle a wooden deck. The saw kicked back, striking the victim in the neck, and lacerated his larynx. (Pat Luckman for Donald Keay, M.D., Medical Examiner, King County, Seattle, WA)

*A 17 year-old male was in-line skating while holding onto a bicycle. He was not wearing a helmet. When he let go of the bike, he fell backwards and hit his head on a lamppost. The cause of death was blunt impact of head with skull fractures. (David R. Schomburg for Charles S. Hirsh, M.D., Chief Medical Examiner, New York City, NY)

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

Lead Paint

(continued from page 4)

the play area. In addition, encapsulants, which are coatings that provide a barrier between the paint and environment, were developed for indoor spaces. Their effectiveness and how long they last in outdoor environments is uncertain. Regular monitoring of nonleaded paint and encapsulants is required.

Permanent Control Measures

Replace the playground equipment. This is the most definitive way to eliminate the risk of lead poisoning. Contracting with a professional reduces the likelihood of environmental contamination during replacement. Because of varying regulations regarding hazardous waste storage, transport, and disposal, state/local health departments or environmental agencies should be contacted.

Remove lead paint. A lead paint removal professional, who is trained, certified, or licensed, should be used to remove lead hazards. Removing lead paint improperly can increase the hazard. Surfaces should be repainted with paint containing no more than 0.06% lead, according to CPSC regulations.

Conclusion

The use of lead paint on public playground equipment may present a lead poisoning hazard for young children, especially those 6 years and younger. CPSC staff recommends regular visual inspections of public playgrounds for evidence of deteriorating paint. Any suspect paint should be tested by an accredited laboratory. If lead levels are found that exceed 0.5%, high priority should be given to implementing control measures that eliminate or significantly reduce the hazard.

—Lori E. Saltzman, M.S., and Marilyn L. Wind, Ph.D., Directorate for Epidemiology and Health Sciences; Mary F. Toro, Office of Compliance

References

1. CDC. Preventing lead poisoning in young children. A statement by the Centers for Disease Control, October 1991.
2. CPSC. Notice of regulatory investigation requesting information concerning limits for lead in paint. Briefing package, 1992.
3. CPSC. Regulatory investigation: lead in paint. 57 Federal Register 18,418, 1992.
4. EPA. Lead, requirements for lead-based paint activities in target housing and child-occupied facilities, final rule. 61 Federal Register 45,778, 1996.
5. HUD. Guidelines for the evaluation and control of lead-based paint hazards in housing, June 1995.

Resources

- For CPSC's full report on *Lead Paint on Public Playground Equipment*, visit CPSC's Internet Web site at <http://www.cpsc.gov> (go to "What's Happening") or write: *Lead Paint on Public Playground Equipment*, CPSC, Washington, DC 20207.
- For CPSC's *Handbook for Public Playground Safety*, visit CPSC's Web site (go to "Library/Publications/Children's Safety") or CPSC's gopher at cpsc.gov or write: *Playground Handbook*, CPSC, Washington, DC 20207.
- For help in locating qualified professionals to identify and correct lead paint hazards, contact state and local health or environmental departments, lead poisoning prevention programs, housing authorities, the EPA National Network of Lead Training Centers (413-545-5201), or the National Lead Information Center (1-800-424-LEAD).
- To obtain HUD's 1995 *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing*, call HUD (1-800-245-2691).
- Precautionary measures for preparing lead surfaces to be repainted or encapsulated are outlined in the 1995 HUD Guidelines and the 1996 EPA Section 402 Rule (*Lead Requirements for Lead-Based Paint Activities*).
- EPA is developing an addendum to its July 14, 1994 guidance on lead (60 Federal Register 47,248) to address soil and playgrounds.

Recalls: A list of recent CPSC consumer product recalls will be printed in the next issue of *Consumer Product Safety Review*. To obtain current recalls, you can access CPSC press releases on the Internet at <http://www.cpsc.gov> (go to "Consumer/Press Releases") or CPSC's gopher at cpsc.gov.

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.

