

# **CPSC STRATEGIC PLAN**

**Under the Government Performance and Results Act**

## **Saving Lives and Keeping Families Safe**



**Revised September 2000**

**U. S. Consumer Product Safety Commission  
Washington D.C. 20207**

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## U.S. CONSUMER PRODUCT SAFETY COMMISSION STRATEGIC PLAN

### INTRODUCTION

The U.S. Consumer Product Safety Commission (CPSC), an independent health and safety regulatory agency, is responsible for protecting the American public from unreasonable risks of injury and death from about 15,000 types of consumer products.<sup>1</sup> Our mission is simple and non-partisan: saving lives and keeping families safe. Unintentional injuries are the leading cause of death for Americans under the age of 35 and are the fifth leading cause of death in the nation. Children under five are most likely to require emergency room treatment and the elderly are most likely to die as a result of product-related injuries. Each year, there are an average of 22,600 deaths and over 29.6 million injuries associated with consumer products under the Commission's jurisdiction. These injuries and deaths cost the American public over \$500 billion annually.

Although product-related deaths and injuries remain a significant problem, consumer products are much safer today than in the past. Between 1975 and 1995, the death rate associated with consumer products decreased 31 percent (from 12.4 to 8.5 per 100 thousand population) and the injury rate decreased about 26 percent (from 15.2 to 11.2 per 100 population)<sup>2</sup>. The work of

CPSC has contributed significantly to this decline in the rate of deaths and injuries related to consumer products since the agency's inception.<sup>3</sup>

We use a variety of tools to reduce the risks of hazardous consumer products. These tools include the effective use of voluntary and mandatory safety standards; compliance activities, such as recalls of hazardous products and enforcement of existing regulations; research into the causes of injuries and deaths associated with specific products; and public education. The agency, with a \$49 million budget for FY 2000, pays for itself many times over by reducing societal costs associated with hazardous consumer products. Because of the nature of certain risks and budget constraints, our actions do not try to address all product-related injuries and deaths. However, results of our activities on three products alone are estimated to total between \$1.7 and \$1.9 billion dollars annually in savings to society. *These savings for a one-year period exceed the total cumulative budget of the agency since its inception in 1973.*<sup>4</sup>

- Before safety standards were enacted, an estimated 150 to 200 infants died each year of suffocation or strangulation from ***baby cribs*** (about 240 infant deaths in today's population). In recent years,

deaths have been reduced to about 35 annually and occur primarily in older, pre-standard cribs.<sup>5</sup> CPSC staff estimates this reduction in deaths results in annual cost savings of \$800 million to \$1 billion,<sup>6</sup> or 15-20 times CPSC's 2000 budget of \$49 million.

- ***Baby walker***-related injuries to children under age 15 months dropped almost 60 percent, from 20,100 in 1995 to 8,800 injuries in 1999. During these years, we worked with industry to revise the voluntary safety standard for baby walkers to include requirements to address falls down stairs. The standard resulted in safer baby walkers on the market and stationary activity centers, an alternative product.<sup>5</sup> Estimated annual cost savings from preventing over 6,400 emergency-room treated baby walker head injuries are over \$400 million.
- The rule on ***child-resistant cigarette lighters*** is projected to prevent up to 130 deaths, several hundred injuries and millions of dollars in property damage each year from fires caused by children under 5 years old playing with lighters. Estimated annual net societal savings<sup>7</sup> are over \$500 million,<sup>8</sup> saving consumers more than 10 times CPSC's 2000 budget of \$49 million.

Much more needs to be done, however, to protect American families from product-related deaths and injuries. In establishing the CPSC, Congress noted that consumers are often unable to anticipate risks from consumer products or to safeguard themselves, not only because of the complexities of some consumer products in the marketplace, but also because of the diverse nature and abilities of those who use the products.<sup>9</sup> This is as true today as it was then. Furthermore, many consumer products

are sufficiently complex and the hazards of even uncomplicated products are sufficiently hidden, that government action to inform or otherwise protect the public is justifiable and a wise use of taxpayer dollars.

CPSC is the only Federal agency that identifies and acts on a wide range of product hazards. The role of the Federal Government is critical. The problem of consumer product-related injuries and deaths cannot be solved solely by states or localities. CPSC was created as a federal agency in part because inconsistent state or local regulation may create a significant burden on interstate commerce. Modern transportation and distribution systems make it easy to move products from coast to coast in a matter of hours, making enforcement at the state and local level difficult. The dramatic increase in sales of goods over the Internet, eliminating the need for a physical store location or any local presence in a state, makes it extremely difficult to find the manufacturers or distributors of goods to ensure their compliance with safety laws. Because today's marketplace is increasingly international, Federal authority is also necessary to prevent potentially hazardous imports from entering the United States.

## CPSC'S VISION

We have many strategies to help us keep pace with the growing number and complexity of products that enter interstate commerce. To be ready for the future and its challenges, we will refine these strategies, as we have done so successfully in the past, and use technology to create new strategies to meet our safety mission.

In the 21st century, we will continue to save lives by fostering a marketplace where

consumer products are as free as possible from defects and hidden hazards using a variety of strategies (see box). Our efforts to achieve voluntary solutions, as well as our mandatory rulemaking authority, will ensure that more consumer products are designed with safety in mind, thus minimizing the potential for product failure and/or human error that leads to injury. Our work with standards-setting groups and public education campaigns will lead to the routine use of early warning and protection systems, thereby reducing injuries from product failures. Use of state-of-the-art information technology will allow us to rapidly identify products that are potentially hazardous and put more accurate and timely information into the hands of consumers to enable them to use products responsibly. As we move to a global economy, we will seek to ensure that the often higher standards of the United States become the model to which other nations look when developing their own standards.

### Strategies for the 21st Century

- Promote voluntary action
- Use risk-based decision making
- Provide clear standards of compliance
- Build successful partnerships
- Encourage market-oriented solutions
- Use education and information campaigns
- Promote harmonization of international safety standards

## CPSC'S MISSION

- **To protect the public against unreasonable risks of injury associated with consumer products;**

- **To assist consumers in evaluating the comparative safety of consumer products;**
- **To develop uniform safety standards for consumer products and to minimize conflicting state and local regulations; and**
- **To promote research and investigation into causes and prevention of product-related deaths, illness and injuries.**

The Commission was established by the Consumer Product Safety Act and also administers four additional laws: the Flammable Fabrics Act, the Poison Prevention Packaging Act, the Federal Hazardous Substances Act, and the Refrigerator Safety Act (see Appendix A for a summary of CPSC statutes).

This strategic plan focuses on two key aspects of CPSC's mission: reducing the risks of injury and death associated with consumer products and reaching consumers with safety information to enable them to judge the comparative safety of consumer products.

## CPSC'S GOAL-SETTING APPROACH

For this revised strategic plan under the Government Performance and Results Act<sup>10</sup> ("Results Act" or GPRA), our strategic goals are classified, as described in the Act, as: results-oriented, service quality and customer satisfaction. For CPSC, results-oriented goals focus on reducing injuries and deaths associated with consumer products. Service quality-oriented goals focus on improving the services we provide to our major constituents -- consumers and industry -- and

include the Hotline, Internet access, publications and programs for industry. Customer satisfaction-oriented goals focus on improving the satisfaction of consumers and industry with our services. Our new human resources goal focuses on improving recruitment, diversity and training.

**Agency Budget Programs.** In 1999, we adopted a new budget program structure that aligns the budget, the strategic plan, and annual performance plans more closely. In this section, we describe the budget programs and the key activities or strategies we use to reduce product hazards and make progress towards our strategic goals.

**A. Budget Program: Reducing Product Hazards to Children and Families.** We classified hazards into four general categories. These are:

- ! Children's hazards,
- ! Fire and electrocution hazards,
- ! Household and recreation hazards, and
- ! Child poisonings and other chemical hazards.

For each hazard, we use three key activities to reduce injuries and deaths. These are: (1) developing and strengthening safety standards (the responsibility of Hazard Assessment and Reduction); (2) initiating recalls or correcting defective or violative products (the responsibility of Compliance); and (3) alerting the public (the responsibility of Consumer Information).

**1. Developing and strengthening safety standards (Hazard Assessment and Reduction).** We conduct investigations into the factors contributing to product hazards and use this information to develop and strengthen safety standards. We may decide to encourage the development or

modification of voluntary safety standards or, if no voluntary standard is feasible, to develop or modify mandatory safety standards.

Much of our work in saving lives and making homes safer is through cooperation with industry. From 1994 through 1999, we have worked cooperatively with industry to develop 89 voluntary standards while issuing only 20 mandatory rules, a four-to-one ratio of voluntary to mandatory standards. We found that not only can voluntary standards be as effective as mandatory standards, they can be faster and less costly to implement.

The process of developing or strengthening voluntary standards is not entirely within our span of control or influence. We first submit recommendations for new standards, or modifications of existing standards, to the voluntary standards committees. The committees meet to discuss what the requirements in the standard should be, complete technical work to support the requirements, vote on and publish a proposal for public comment, resolve any negative comments, and vote on and publish a final standard. We participate in the process by providing expert advice, technical assistance, and information based on data analyses as to the circumstances surrounding reported incidents. Our voluntary standards policy does not permit us to vote on proposed changes or new standards; however, our comments are considered throughout the process.

This process can take as little as a few months or it may take several years. While the development of recommendations is within our span of control and the actual development of the proposed standards within our span of influence, the publication and effective dates for the final standards often are not.

Safety standards may also be developed through regulation. We oversee five statutes in all and have issued regulations under most of them (see Appendix A). We usually work cooperatively with industry to develop an effective voluntary standard. If a voluntary standard exists, we issue a mandatory standard only when we find that the voluntary standard will not eliminate or adequately reduce the risk of injury or death or it is unlikely that there will be substantial compliance with the voluntary standard. The procedures for issuing mandatory rules require that there be at least one opportunity for public comment before the Commission issues a final rule.

**2. Initiating recalls or correcting defective products and violations of safety standards (Compliance).** One of our most important and powerful tools is recalling or correcting defective and violative products. Although we do not approve products for safety before they are marketed, as soon as we learn that products violate mandatory safety standards or are defective, so as to create a substantial risk of injury or death, we can require companies to remove them from the marketplace.

Defective products are identified by staff or by firms that are required by law to report potential product hazards or violations of standards to the Commission. If an evaluation justifies pursuing a corrective action, we work with the firm to voluntarily recall the defective or violative product. If a firm refuses to recall a product voluntarily, we may litigate to require a recall. In nearly all cases, firms work cooperatively with us.

We streamlined our activities by initiating two programs to assist industry in complying more quickly with our regulations: the Fast-Track Product Recall

Program and the Small Business Ombudsman Program. We developed the Fast-Track program to streamline the process of recalls for firms that were willing and prepared to recall their products quickly. Because every recalled defective product represents a potential injury or death, removing these hazardous products from the marketplace faster can prevent more injuries and save more lives. A recent evaluation found that recalls under the Fast-Track program were almost three times faster than traditional recalls and, on the average, were implemented within eight days. The Fast-Track program received Vice-President Gore's National Partnership for Reinventing Government A Hammer Award and was a 1998 winner of the A Innovations in American Government Award sponsored by the Ford Foundation, in conjunction with Harvard's Kennedy School of Government and the Council for Excellence in Government.

We developed the Small Business Ombudsman program to help small firms comply more easily with product safety guidelines by providing them with a single point of contact for assistance and information. The Ombudsman coordinates a clearly understandable response from our technical staff and ensures that firms receive the information they need within three business days.

**3. Alerting the Public (Consumer Information).** We warn the public about product-related hazards through print and visual media, our Hotline and web site, and other outreach activities. We develop and provide safety information for the public through safety alerts, news releases, video news releases, publications including the *Consumer Product Safety Review*, national and local television appearances, and Hotline messages. When knowledge of a hazard

requires immediate warnings to the public, such as the recall of a playpen that caused the death of a baby, we rely heavily on the media (newspapers, radio, TV, video news releases). For warnings that need to be repeated -- and most do -- we rely more heavily on outreach by partnering with other organizations and by developing programs, such as Baby Safety Showers and Recall Roundups, which are easily replicated by other organizations.

We streamlined the activities of the Hotline and Clearinghouse, and developed a web site for three programs that provide safety information to the public. The Hotline, a winner of Vice-President Gore's AHammer Award, receives consumer complaints and provides information on product hazards and recalls to the public. The Clearinghouse provides injury data to our staff and the public and provides manufacturers with consumer complaints, reported incidents, and incident investigations involving their products.

Our web site has grown from 10,000 contacts per month from the public in 1996 to an average of about 300,000 contacts a month in 2000. We post and spotlight recall notices on our web site the same day as the news release announcing the recall. Consumers and firms can file reports of unsafe products on-line and firms are ensured of confidentiality by encrypted transfer of data. Children can access a special section of the site with safety information A4 Kids and product safety information is also available in Spanish.

**B. Budget Program: Identifying and Researching Product Hazards.** The two key activities in this program are (1) hazard identification and analysis and (2) applied product hazard research.

### **1. Hazard Identification and Analysis.**

The Commission is a data-driven agency and bases its decisions on the data it collects to assess the causes and scope of product-related injuries and deaths. This information comes from a variety of sources. Our National Electronic Injury Surveillance System (NEISS) provides statistically valid national estimates of product-related injuries from a random sample of hospital emergency rooms with about 330,000 product-related cases each year. We review about 8,700 death certificates each year purchased from all 50 states to help us determine the number of product-related deaths. We review about 6,000 news clips and 10,000 incident reports from consumers, lawyers, fire departments and other sources each year to learn about additional injury and death information. We also conduct about 4,000 follow-up investigations of individual cases, either by telephone or through on-site visits, to more accurately determine the causes of the injuries or deaths, the products involved, and the circumstances surrounding the incident.

We analyze data from these sources to identify hazardous products and causes of the injuries and deaths. Through these data sources, we:

- Determine the extent and nature of a hazard by developing national injury estimates;
- Identify factors contributing to product-related injuries and deaths through interviews with consumers who were injured or relatives of those who were injured or died;
- Characterize the risk by developing estimates of products-in-use or affected populations; and

- Assess potential approaches to reducing a hazard through technical feasibility studies and product testing at our laboratories.

**2. Applied Product Research.** In the 2001 budget, we requested funds to reestablish a modest program of applied research to enhance our ability to investigate and find solutions for complex safety problems involving consumer products. This important capability would allow us to search for new ways to reduce some of the nation's most significant product-related injuries and deaths without allocating funds from other project areas. While our request was not funded due to budget constraints in 2000 and 2001, we continue to request funding for this important initiative.

**Agency-Wide Goals.** We developed and set strategic goals at the agency level. Our performance in accomplishing our strategic goals will be measured by combining results across two budget programs. Thus in one budget program we concentrate our efforts on identifying and researching product hazards and in the second budget program we use proven methods to reduce these hazards. Setting goals and measuring performance at the agency level, compared to the program level, is more efficient in a small agency where interrelationships exist among the different programs.

## STAKEHOLDER AND CONGRESSIONAL CONSULTATIONS

CPSC's stakeholders include consumers, safety groups, industry, other government agencies, and Congress. Staff solicited the views of these stakeholders on the draft revised strategic plan in a variety of ways.

We held a public hearing on May 22, 2000 to listen to any comments and suggestions on the Plan. This hearing was announced in a Federal Register Notice on April 12, 2000. Copies of the Plan were sent to 26 stakeholders with a request for their comments. Seventeen of these were organizations and individuals outside of the Federal Government. The Plan also has been available on our web site.

Two federal agencies responding, the Department of Transportation and Department of Health and Human Services, gave positive comments on the Plan overall, stating: "...impressive document of positive and cost-effective results achieved..." and "...a sound plan, with important strengths...a good grasp of performance measures and use them to justify your programs...also do well describing how you work with other organizations to achieve your goals... Congress considers that aspect important in its review of strategic and performance plans."

No stakeholder expressed substantive disagreement with the Plan as a whole. Suggestions from the two Federal agencies included re-wording CPSC's mission statement, giving greater emphasis to the role other agencies and organizations may have played in injury reductions, including a specific strategy for increasing bicycle helmet use (including a performance measure geared toward working with partners), and including goals for reducing drownings and unintentional suffocations.

Suggestions from the non-governmental consumer health organization included: giving attention to future maintenance and improvement of CPSC's National Electronic Injury Surveillance System (NEISS) including input from state/local reporting systems, and setting CPSC goals around

morbidity instead of mortality (since mortality rates are very low).

The staff considered these suggestions and believes they have been adequately addressed at this time or are not within the agency's current resources.

The draft revised Strategic Plan was sent through CPSC's Office of Congressional Relations to the authorization and appropriations subcommittees in both the House and the Senate. We received no congressional requests for changes or additions.

## ENDNOTES

<sup>1</sup>CPSC's jurisdiction does not include motor vehicles, pesticides, aircraft, boats, food, drugs, medical devices, cosmetics, tobacco products, firearms and ammunition, with the exception of child-resistant packaging for drugs and cosmetics.

<sup>2</sup>Estimates from CPSC's Directorate for Epidemiology.

<sup>3</sup>Zick, C., Mayer, R., and Alves, L (1986). Does the U.S. Consumer Product

Safety Commission Make a Difference? An Assessment of Its First Decade. *Journal of Consumer Policy*, 6, 25-40.

<sup>4</sup>The comparison for savings and yearly budget totals are both in 1998 dollars.

<sup>5</sup>*Nursery Products Report* (September 2000). Washington, D.C.: U.S. Consumer Product Safety Commission.

<sup>6</sup>Consistent with economic literature, the cost of each statistical life lost is estimated at \$5 million.

<sup>7</sup>Net savings are equal to the costs averted or avoided due to injury prevention minus the costs required to make the product safer. The cost savings include reductions in medical costs, lost wages, pain and suffering.

<sup>8</sup>Federal Register Notice. Vol. 58, No. 131, Monday, July 12, 1993. The estimate was updated to reflect 1995 death and injury valuations.

<sup>9</sup>Consumer Product Safety Act, 15 U.S.C. §2051(a)(2).

<sup>10</sup>Government Performance and Results Act of 1993 (P.L. 103-62).

## STRATEGIC GOALS

The Commission's strategic plan focuses on five results-oriented goals, three service quality/customer satisfaction goals, and a new human capital goal.

To develop results-oriented strategic goals for injury and death reductions, a task force of senior managers and Commissioners' assistants decided to: (1) set strategic goals at the agency level; (2) classify Commission projects and activities using a hazard classification system (see box); and (3) select goal candidates from this classification system by considering criteria similar to those used to select projects, such as frequency and severity of the injuries and addressability of the hazard (Appendix B). Candidates were also considered that historically have been associated with large numbers of recalled products or products with corrective action plans. Future strategic

### HAZARD CLASSIFICATION SYSTEM

- Fire Hazards
- Mechanical Hazards:
  - Children's Products
  - Household/Structural
  - Power Tools and Equipment
  - Sports and Recreation
- Electrical Hazards
- Chemical Hazards

plans may set goals in other hazard classification areas. To develop service quality/customer satisfaction goals, the agency focused on those services that directly touch both industry and consumers. A human capital goal focuses on specific challenges that we face over the next several years. These goals are:

### RESULTS-ORIENTED STRATEGIC GOALS

- *Children's Products/Sports and Recreation*: Reduce the rate of head injury to children.
- *Chemical*: Prevent an increase in the low death rate from unintentional poisonings to children.
- *Fire*: Reduce the death rate from fires.
- *Chemical*: Reduce the death rate from carbon monoxide poisonings.
- *Electrical*: Reduce the death rate from electrocutions.

### SERVICE QUALITY AND CUSTOMER SATISFACTION STRATEGIC GOALS

- Increase or maintain public contact through the web site, the *Consumer Product Safety Review*, and Hotline.
- Attain a specified level of success with the quality and timeliness of CPSC services to industry.
- Sustain the current satisfaction of consumers with CPSC's Hotline and Clearinghouse, and the states with CPSC's State Partnership Program.

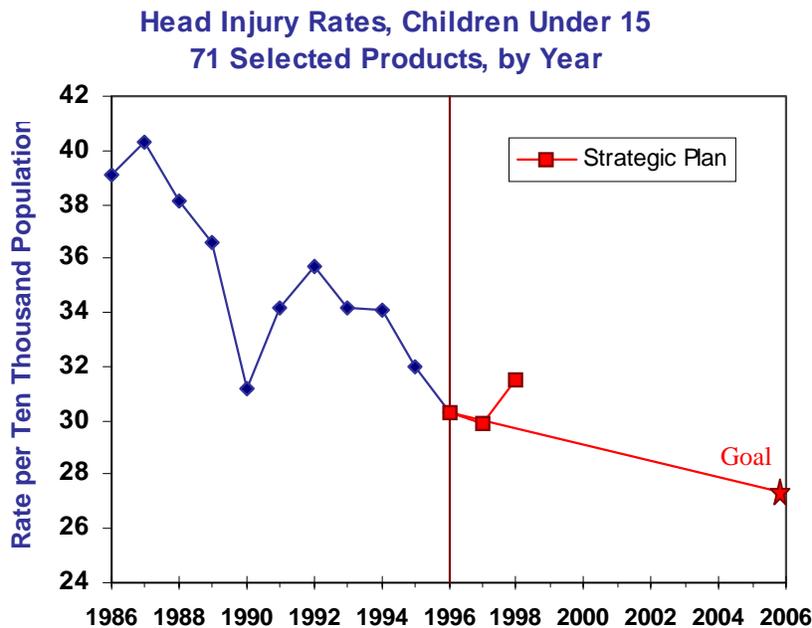
### HUMAN CAPITAL GOAL

- Recruit and develop a diverse workforce for the future.

## KEEPING CHILDREN SAFE FROM HEAD INJURIES



**STRATEGIC GOAL: Reduce the rate of head injury to children under 15 years old by 10 percent from 1996 to 2006.**



Data source: CPSC National Electronic Injury Surveillance System, 1998; U.S. Census Bureau population projections, June 1999.

### THE HAZARD

Head injury is a leading cause of death and disability to children in the United States. Almost 500 children under 15 years old die each year from head injury trauma related to consumer products. In 1998 alone, there were an estimated 650,000 product-related head injuries to children under 15 years old treated in hospital emergency rooms. Studies have shown that children have a higher risk of head injury than adults do and that children's head injuries are often more severe than many other injuries and can have life-altering consequences.

In recent years, many of the injuries were diagnosed as concussions, fractures and internal head injuries, potentially the more serious head injuries. The types of consumer products under the Commission's jurisdiction that are most often associated with head injuries to children include bicycles, playground equipment, and other juvenile products. Participation in sports is also associated with high numbers of children's head injuries.

## REDUCING THE RISK

Over the past decade, we have been successful in reducing many types of injuries to children by focusing on specific products, such as bicycles, bicycle helmets, swings and swing sets, and high chairs (see box for children's products with current safety standards or guidelines that address head injuries). In setting a strategic goal to focus on reducing head injuries to children, about 40 product categories (71 product codes) were selected with high numbers of head injuries to children, including products with past, current, and potential future Commission activity. This inventory or products was used for baseline information and allows for future project selection over a number of years.

### Safety Standards and Guidelines That Address Head Injuries

Baby Walkers  
Baseball  
Bicycles  
Bicycle Helmets  
Bicycle Child Carriers  
Bunk Beds  
Carriages  
Cribs, Full Size  
Cribs, Non-Full Size  
Gates & Enclosures  
High Chairs  
Hook-On-Chairs  
Lawn Darts (ban)  
Playground Equipment  
Strollers  
Window Guards

An evaluation of the head injury trend from 1986 to 1998 showed a significant reduction overall. The average rate was 38.5 in the late 1980s compared to 31.5 per 10,000 children in 1998. There were also significant reductions for products where we

have focused our work, such as slides (33%), bicycles (31%), high chairs (29%) and swings and swing sets (7%). The entire inventory includes product categories where we have not yet targeted our resources.

## SETTING THE STRATEGIC GOAL

To reduce head injuries to children, CPSC set a goal of reducing the head injury rate for the inventory of products by 10 percent. At 10 percent, the head injury rate would be reduced from about 30.3 in 1996 to 27.3 per 10,000 children in the population in 2006.

## STRATEGIES

There are a number of successful strategies that can reduce head injuries, particularly among the youngest children. These include: increased use of protective head gear, low-impact surfaces, and restraining devices; improved product design to address specific hazards; and increased awareness by caregivers to potential hazards. We have used or promoted all of these strategies to reduce child-related head injuries from consumer products.

For example, we worked with industry to revise the baby walker voluntary safety standard to prevent falls down stairs to young children. To meet the provisions of the new standard, walkers must stop at the top of the steps or be too wide to fit through a standard-sized doorway. We estimate that this standard and the availability of stationary designs has already helped to reduce walker-related injuries by almost 70 percent over an eight year period. We also pursue an average of 60 violations, recalls and corrective actions a year for products

such as bassinets, bicycles, bunk beds, cribs, infant carriers, and swing sets.

We will use the following strategies to reduce the head injury rate for children:

- Encourage the use of protective headgear.
- Encourage the use of safety restraints on appropriate products.
- Encourage conformance to CPSC's Playground Safety Guidelines, particularly with respect to safety surfacing for schools and parks.
- Develop programs to encourage the removal of children's products from consumers' homes and resale stores that do not meet safety standards.
- Continue to participate in selected voluntary standards committees to improve current child-related safety standards and develop new ones, as appropriate.
- Continue recalls or corrective actions of products that do not comply with child safety standards or defective products that present a substantial product hazard.
- Increase the awareness of caregivers of critical child safety information by developing targeted programs such as our successful Baby Safety Shower campaign.

## PERFORMANCE MEASURES

We will use the annual head injury rate per 10,000 children in the population for the inventory of products as the primary

performance measure to evaluate our strategic goal. We track the head injury rate for the inventory annually. Because strategies used to reduce head injuries will likely reduce other injuries as well, we also track deaths for the inventory of products annually. When appropriate, we will also estimate and report societal costs or savings.

Head injury estimates are based on data from the National Electronic Injury Surveillance System (NEISS), a national probability sample of hospital emergency rooms that report daily to the Commission. The number of children in the United States population is available from U.S. Census Bureau, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources.

## OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

We work closely with staff of other organizations in order to more efficiently address the safety of children, enhance the effectiveness of our efforts to achieve injury reduction goals, and avoid duplication of effort. Among these are:

- American Academy of Pediatrics
- ASTM (private standards-setting group)
- Children's Safety Network
- Consumer Federation of America
- International Consumer Product Health & Safety Organization
- Juvenile Products Manufacturers Assoc.
- Maternal and Child Health Bureau, Health Resources & Services Admin.
- National 4-H Foundation
- National Center for Injury Prevention & Control, Centers for Disease Control & Prevention
- National Highway Traffic Safety Admin.

- National Institute of Child Health & Human Development
- National Safe Kids Campaign
- National Recreation and Park Assoc.
- Toy Manufacturers of America
- U.S. Customs Service

Cooperative and collaborative efforts with other organizations range from data collection to enforcement activities. Memoranda of Understanding have been developed with other organizations to share data and other information. Prominent among these organizations is the National Highway Traffic Safety Administration (NHTSA), the National Recreation and Park Association (NRPA), the U.S. Customs Service and the National Center for Injury Prevention and Control, Centers for Disease Control (CDC).

CPSC and NHTSA share research results and publish consumer literature aimed at reducing bicycle-related head injuries and infant car seat/carrier injuries. CPSC and NRPA share information on playground equipment, and NRPA uses CPSC's playground handbook, developed in consultation with NRPA, as a primary part of their Safety Inspector Certification Course. CPSC and the U.S. Customs Service work together to conduct port-of-entry surveillance for consumer products that fail to meet our regulations. CPSC and CDC share technical information, injury data and results of survey-related research.

We also work with a number of organizations, such as ASTM, the Juvenile Products Manufacturers Association, and Toy Manufacturers Association, to provide technical expertise for voluntary standards and certification programs, as well as collaborating on publications for child safety. Other organizations, such as the Children's Safety Network, the Bureau of Maternal and

Child Health, and the National 4-H Foundation, distribute our safety materials to grassroots organizations and consumers. In support of these activities, our unique data gathering systems have proven to be invaluable tools for defining the nature and scope of product-related hazards.

As a federal health, safety, and regulatory agency, CPSC has the unique task of translating head injury data and research into safety recommendations for consumers and, as necessary, mandatory and voluntary consumer product safety standards. Our development of a mandatory bicycle helmet standard is an important example of action taken to address a head injury problem of concern to a broad spectrum of public and private organizations.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic planning period that could influence the achievement of our strategic goal. They are:

**Consumer Behavior, Lack of Exposure Data.** With the rapid growth and interest in televised "extreme" sports, consumer behavior, particularly that of adolescent males, may have become more risky, resulting in a higher rate of head injury. Also, highly promoted and televised competitive bicycling events could significantly increase bicycle usage and/or risky behavior, resulting in an increased number of head injuries. Without detailed information on sports participation, it is impossible for us to determine if the actual rate of head injury is increasing for sports, or simply that the number of participants is increasing.

With baby products, new technology could affect future product designs and how consumers use them. Without data on consumer use of products and numbers of products in use, we cannot be certain whether new products are more risky or just more popular. In both cases, existing strategies, which are based largely on numbers of injuries, may not address products with the greatest risk.

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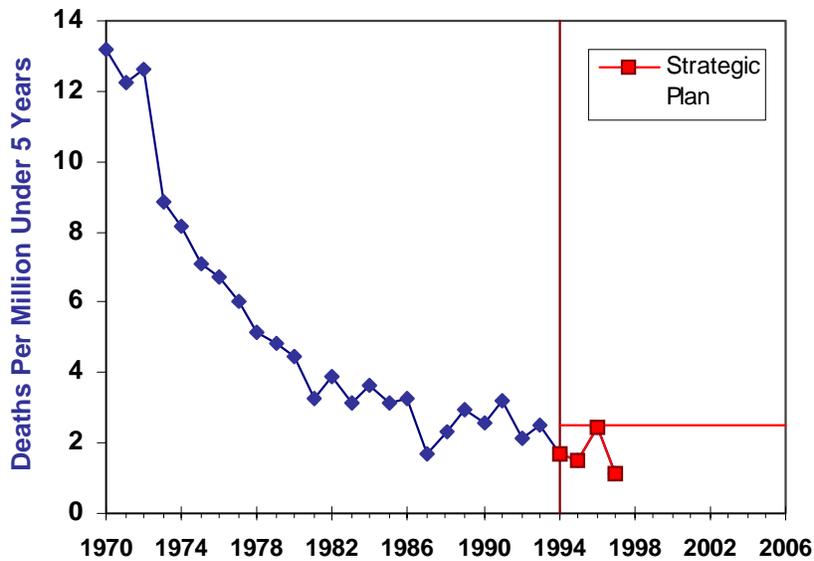
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## KEEPING CHILDREN SAFE FROM POISONING HAZARDS



**STRATEGIC GOAL: The rate of death from unintentional poisonings to children under 5 years old from hazardous household chemicals and drugs will not increase beyond 2.5 deaths per million children from 1994 to 2006.**

**Death Rate to Children Under 5 Years From Unintentional Poisonings, by Year**



Data Source: National Center for Health Statistics, Bureau of Vital Statistics, Mortality Branch, 1997; U.S. Census Bureau population projections, June 1999.

### THE HAZARD

Children can easily open packages containing drugs and other hazardous household chemical substances that are not in child-resistant packaging (CRP). Before 1974, an average of 200 children under the age of 5 years died each year from poisonings by unintentional<sup>1</sup> ingestion of these substances. In 1970, Congress enacted

<sup>1</sup>Unintentional ingestions are those not supervised or administered by an adult.

the Poison Prevention Packaging Act (PPPA) requiring child-resistant packaging (see box for products requiring CRP). Since the PPPA became law, deaths to children under 5 years have declined substantially to an average of about 30 deaths annually.

While child-poisoning deaths have been relatively low for a number of years, we saw evidence that without continued surveillance, the death rate could increase. When oral prescription drugs, which require child resistant packaging, are granted over-the-counter status by the FDA, they no longer

require child resistant packaging. When ibuprofen was granted over-the-counter status, a substantial increase in ibuprofen ingestions and injuries resulted. We responded by passing a rule to require child resistant packaging for ibuprofen.

In order to avoid this delay in child-resistant packaging requirements in the future, the Commission has proposed a regulation that would maintain child-resistant packaging of oral prescription drugs that have been granted over-the-counter status. Additionally, we monitor databases and review chemical classes of products for the need for CRP on an ongoing basis. We remain vigilant in order to minimize the number of ingestions and injuries to children under the age of five.

#### **Child-Resistant Packaging**

Acetaminophen  
Aspirin  
Controlled Drugs  
Diphenhydramine  
Ethanol-containing mouthwash  
Ethylene Glycol  
Fluoride  
Furniture Polish  
Glue Removers with Acetonitrile  
Iron-containing Drugs  
Iron-containing Dietary Supplements  
Ibuprofen  
Ketoprofen  
Kindling/Illuminating Preparations  
Loperamide  
Lidocaine/Dibucaine  
Methylacrylic Acid  
Methyl Alcohol  
Methyl Salicylate  
Minoxidil  
Naproxen  
Oral Prescription Drugs  
Paint Solvents  
Permanent wave neutralizers with sodium or potassium bromate  
Sodium and Potassium Hydroxide  
Sulfuric Acid  
Turpentine

## **REDUCING THE RISK**

Deaths to children under 5 years have declined substantially since the PPPA became law, from an average of 200 deaths each year in the early 1970's to an average of about 30 deaths in recent years. The death rate decreased from 14.1 deaths in 1970 to about 2.2 deaths per million children under age 5 in recent years. A special study of children's deaths from accidental ingestions of medicines found a significant decrease in the child mortality rate associated with the introduction of child-resistant packaging, even after controlling for an overall declining trend in the child death rate. This means that over 800 children's lives have been saved from unintentional poisonings by prescription drugs and aspirin alone since the passage of the PPPA.

## **SETTING THE STRATEGIC GOAL**

CPSC set a strategic goal to sustain the already reduced levels of child deaths from hazardous household substances and medicines. This rate will not increase beyond 2.5 deaths per million children under 5 years old.

## **STRATEGIES**

Several strategies will be used to assure that the death rate from child poisonings does not increase. We will:

- Continue to review and issue child-resistant packaging requirements for products found to be hazardous to children.

- Continue to enforce the use of effective child-resistant packaging on regulated substances.
- Participate on the Poison Prevention Week Council to educate consumers on how to prevent children from ingesting toxic household products.

## PERFORMANCE MEASURES

The primary performance measure we use to evaluate progress in achieving our strategic goal is the annual accidental poisoning-related death rate per million children under age 5 years. We track poisoning-related deaths for children under 5 annually. When appropriate, we will also estimate and report societal costs or savings.

Accidental poisoning deaths of children under 5 years from hazardous household chemicals and drugs are based on data obtained from the National Center for Health Statistics (NCHS). The number of children under age 5 in the United States is available from the Bureau of Census, Department of Commerce. Societal costs include information from our Injury Cost Model and other sources, with an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because the processing of death data reported to NCHS from the states takes about two years to complete, we will know whether we have reached our goal for 2006 in 2008.

## OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

- Environmental Protection Agency

- Poison Prevention Week Council
- American Association of Poison Control Centers

Two federal agencies are responsible for child-resistant packaging: CPSC for child-resistant packaging of consumer products including drugs, cosmetics, and household chemicals and the Environmental Protection Agency for child-resistant packaging of pesticides. Other groups also work to reduce the number of child poisonings. These include the Poison Prevention Week Council and the American Association of Poison Control Centers.

The Poison Prevention Week Council is a coalition of 39 national organizations dedicated to decreasing poisonings by organizing National Poison Prevention Week. We serve as the secretariat for the Council. The American Association of Poison Control Centers certifies regional Poison Control Centers and maintains a Toxic Exposure Surveillance System of calls reported to the centers.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic planning period that could influence the achievement of our strategic goal. They are:

**Access to Data from Other Organizations.** We rely on data for poisonings that we purchase from the American Association of Poison Control Centers (AAPCC) to support rulemaking under the PPPA. Any changes to AAPCC's funding level or data collection activities may impact PPPA standards development and our Poison Prevention goals.

**Changes in the Coding of Deaths.** The International Classification of Diseases (ICD) is the coding system used throughout the world – and throughout this country – to classify deaths in specific categories to allow comparison of death rates by cause among countries, states and regions. We use these codes to define reporting requirements for state death certificate contracts. The World Health Organization (WHO) revises the system about every ten years. The United States implemented the new set of codes based on the 10<sup>th</sup> revision on January 1, 1999.

Because the new codes use different definitions than the codes of the 9<sup>th</sup> revision, staff cannot predict if or how these changes will affect our performance data. We reviewed the new set of codes and revised our purchase requirements for death certificate contracts before the new system was implemented. Experts at the WHO and the U.S. National Center for Health Statistics (NCHS) are analyzing the changes in coding to make recommendations on ways to compare data reported under the 9<sup>th</sup> revision with data reported under the 10<sup>th</sup> revision. We will review these recommendations and the data we are collecting to decide how to compare the data sets when the WHO and

NCHS work is complete and when the data for 1999 are sufficiently complete.

**Other External Events.** Petitions we receive requesting exemption from requirements of the PPPA (as defined by 16 CFR 1702) may impact our PPPA regulatory development and the strategic goal if we receive an unusually large number of petitions and sustain that number over the time period for the strategic goal. The CPSC directive for processing petitions in a timely manner shifts resources from related programmed work. The same CPSC staff is responsible for both the processing of petitions and developing child-resistant packaging requirements.

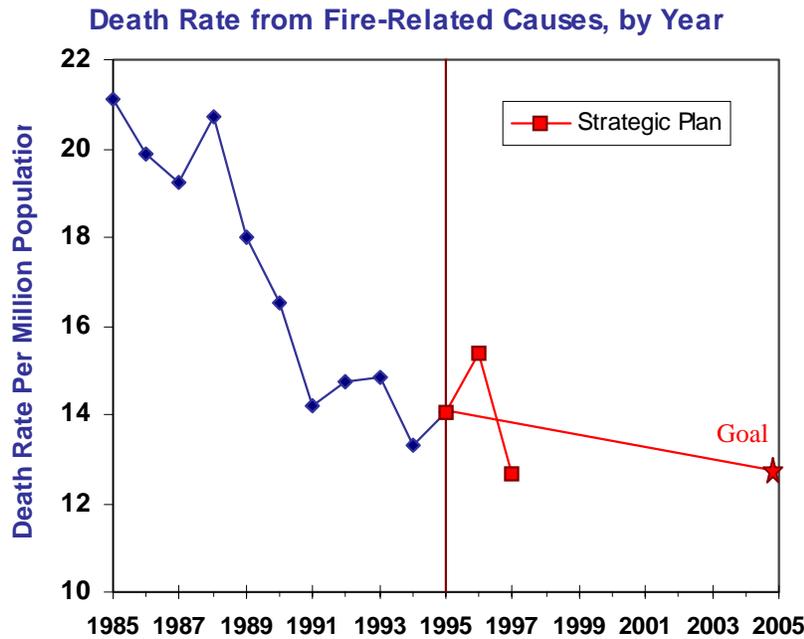
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## KEEPING FAMILIES SAFE FROM FIRES

**STRATEGIC GOAL: Reduce the rate of death from fire-related causes by 10 percent from 1995 to 2005.**



Data source: U.S. Fire Administration and National Fire Protection Association; U.S. Census Bureau population projections, June 1999.

### THE HAZARD

In 1997, nearly 3,400 people died and over 17,000 were injured because of fires that started in their homes. These fires resulted in property losses of over \$4.5 billion. Children are particularly vulnerable. Each year about 800 children under the age of 15 die of fire-related causes and about 500 of these deaths are to children under the age of 5 years. In fact, children under age 5 have a fire death rate more than twice the national average. Children at increased risk are often

from low income and minority families who live in poorer urban and rural areas.

Most deaths occur from fires that start at night while families are asleep. Four times as many victims die of inhaling smoke and toxic gases than from burns. Products most often involved in fire deaths are upholstered furniture, mattresses and bedding, and heating equipment. These three product categories account for about 50 percent of the fire deaths. The source of the flames is primarily from lighters, matches, and heating equipment.

## REDUCING THE RISK

Deaths due to fire have been substantially reduced since the 1980s. There were 1,300 fewer home fire-related deaths in 1997 than there were just 10 years ago because of the efforts of CPSC and others (1997 is the most recent year for which data was available). The average risk of death decreased from 20.1 in the mid-1980's to 12.7 deaths per million population in 1997.

As in previous years, estimates of fire deaths continue to show annual incremental reductions that are distributed over a broad range of consumer products. These include reductions in fire deaths involving cigarette ignition of long-life products such as upholstered furniture and mattresses, for which CPSC-initiated standards have been in place for many years. Our continuing work with a wide variety of voluntary standards in the electrical fire area has resulted in improved general electrical installation and product performance requirements whose results are evident over a broad range of products rather than targeted to specific products. CPSC's standard for child-resistant lighters also has begun to reduce the number of fire deaths.

Our contribution to this success can be attributed to our work with industry in developing a number of voluntary and mandatory safety standards (see box for current fire safety standards), public information campaigns, working in partnerships with other interested groups and continuing compliance efforts. We also pursue an average of over 600 violations, recalls and corrective actions a year for products with fire hazards, such as flammable clothing, computers, fireworks, small and large appliances, and gas valves.

### Fire Safety Standards

- Child-resistant lighters  
(cigarette and multi-purpose)
- Children's sleepwear
- Christmas lights
- Carpets
- Cellulose insulation
- Clothing
- Clothes Dryers
- Electric blankets
- Electric space heaters
- Electric appliances
- Extension cords
- Fireworks
- Gas furnaces
- Gas water heaters
- Halogen lamps
- Heat tapes
- Kerosene heaters
- LP gas systems
- Mattresses
- Receptacle outlets
- Recessed light fixtures
- Smoke alarms
- Television receivers
- Upholstered furniture

## SETTING THE STRATEGIC GOAL

To further reduce fire-related deaths, We set a goal of reducing the death rate by 10 percent. At 10 percent, fire-related deaths would be reduced from about 14.1 in 1995 to 12.7 deaths per million population by 2005. Although the 1997 data indicate that we have already reached the target rate, it is important to remember that fire deaths may fluctuate considerably from year to year. Therefore we decided to retain our original strategic goal in this revised plan.

This goal was determined by examining the frequency, severity and addressability of fires related to specific consumer products

and the future development of home fire detection and suppression technology. The percent decrease in the death rate may be somewhat smaller than would be expected from past reductions. This is because many of the improvements that occurred in the recent past addressed products with the largest numbers of fire deaths. Future activities will address the next tier of products that are associated with a smaller percentage of fire deaths.

## STRATEGIES

There are a number of effective strategies that can help reduce fire deaths. These include: the wider availability of safer products, early warning systems, improved fire control and suppression, public education, more effective building codes, and better medical treatment. With the exception of better medical treatment, we have used or promoted all these strategies to reduce fire-related deaths from consumer products.

For example, we worked with manufacturers to develop a standard on child-resistant cigarette lighters that went into effect in 1994. Fire loss data showed that there were an average of about 7,250 residential fires, 190 deaths and 1,290 injuries due to cigarette lighters. The majority of these victims were children under age 5. This standard should prevent 100 to 130 fire deaths each year, and result in net societal savings valued at 10 times our current annual budget.

We will use the following strategies to meet the strategic goal of reducing the fire-related death rate:

- Address the hazards associated with small open-flame ignition of upholstered furniture.
- Address the hazards associated with range fires.
- Participate in research partnerships to advance smoke alarm technology.
- Encourage the strengthening of existing voluntary safety standards to further improve the reliability and effectiveness of smoke alarms.
- Continue to work with consumers and other organizations to encourage the increased use and maintenance of smoke alarms and the use of residential sprinklers in new and retrofit home construction.
- Encourage the replacement of hazardous electrical wiring systems in older homes.
- Work with the National Electrical Code to require arc-fault detection devices in new homes and retrofit home construction.
- Increase public awareness of critical fire safety information.
- Continue participation in selected voluntary standard committees to enhance industry's efforts to manufacture safer products.
- Continue enforcement of mandatory flammability performance standards to reduce fire deaths related to ignition of mattresses, carpets, children's sleepwear, fireworks, and wearing apparel and deaths due to child play with cigarette and multi-purpose lighters.

- Continue to pursue recalls or develop corrective action plans for products that do not comply with safety regulations, or defective products that present a substantial product hazard.
- Continue ongoing surveillance of fire incident data and reports to identify and act on emerging or unknown product-related fire hazards.
- Seek partnerships with states, public and private organizations to achieve more cost-effective solutions to identify fire hazards.
- Pursue mandatory standards, where appropriate, to reduce the risk of fire deaths related to consumer products.

## PERFORMANCE MEASURES

We use the annual residential fire-related death rate per million population as the primary performance measure to evaluate our strategic goal. We track consumer product involvement in fire-related deaths, injuries, fires, and property damage annually. When appropriate, we will also estimate and report societal costs or savings.

Information on residential fire-related injuries and deaths, fire and property damage is available from several sources, including CPSC studies, the National Fire Protection Association (NFPA), the U.S. Fire Administration (USFA), and the National Center for Health Statistics, and others. Special studies, often conducted cooperatively with fire departments throughout the nation, allow more detailed information on the involvement of consumer products in fire injuries and deaths. The population of various age groups in the

United States is available from the Bureau of Census, Department of Commerce. Societal costs include information from our Injury Cost Model and other sources, and an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because death data from local fire departments, the states, USFA and NFPA takes about two years to complete, we will know whether we reached our goal for 2005 in 2007.

## OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

CPSC has the primary role for reducing fire hazards related to consumer products and also enforces the Flammable Fabrics Act. We work closely with staff of other organizations in order to more efficiently address fire issues, to enhance the effectiveness of our efforts to achieve fire loss reduction goals, and to avoid duplication of effort. These include:

- American Gas Association
- ASTM (private standards-setting group)
- Building Code Groups
- Congressional Fire Services Institute
- Depart. of Housing & Urban Development
- Federal Aviation Administration
- National Assoc. of State Fire Marshals
- National Center for Injury Prevention and Control, Centers for Disease Control & Prevention
- National Fire Protection Assoc.
- National Highway Traffic Safety Admin.
- National Institute of Standards & Technology
- Occupational Safety & Health Admin.
- Underwriters Laboratories, Inc.
- U.S. Customs Service
- U.S. Fire Administration

- Various state and local governments

The U.S. Fire Administration (USFA) collects and provides essential data on residential fires, stimulates new technology, and conducts public education campaigns relating to fire. The National Institute of Standards and Technology (NIST) performs basic and applied research in the fire sciences, provides their facilities for special fire testing, and serves as a comprehensive resource for standards information. The National Center for Injury Prevention and Control, CDC, working with state health departments, is evaluating the effectiveness of interventions in increasing smoke alarm use and reducing residential fire-related injuries, deaths and related health care costs. The Congressional Fire Services Institute (CFSI) was a member of the Steering Committee of CPSC's National Smoke Detector Project.

We communicate with other agencies that have regulatory authority and conduct fire research in areas beyond our jurisdiction, such as the Federal Aviation Administration (aircraft), the Occupational Safety and Health Administration (workplace), the National Highway Traffic Safety Administration (automotive), and the Department of Housing and Urban Development (manufactured housing). A private-sector organization, the National Fire Protection Association (NFPA), has a major role in the collection and analysis of residential fire data in addition to developing and publishing this country's national fire codes, investigating major fires, and conducting public information and education programs. We continually communicate and interact with these and other organizations, including state and local agencies.

We formed a multi-agency task force (both public and private) to conduct research

on the effectiveness of current and emerging smoke alarm technologies for residential use. Several sponsors (CPSC, USFA, CDC, HUD, UL and NFPA) are providing funding for NIST to perform these tasks. USFA has provided supporting funds for our projects on range fires, smoke alarms, and home electrical wiring systems. FAA, NIST, and the State of California have consulted with us on technical issues related to upholstered furniture. We participate in the CDC Healthy People 2010 Work Group on Fire Prevention, and we have provided limited funding in support of their fire prevention initiative. We maintain continuing liaison with USFA on a variety of other fire-related topics including fire investigation training, data collection and analysis, and public education. Our close coordination with other agencies and the fire community will continue.

We also work with a number of organizations, such as NFPA, American Gas Association, Underwriters Laboratories, Inc., ANSI and ASTM on voluntary standards designed to reduce fire hazard deaths.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic planning period that could influence the achievement of our strategic goal. These include:

**Congress.** In 1999, Congress directed us to propose revoking certain amendments to the Children's Sleepwear Flammability Standards. In 1999 and 2000, Congress also directed us to review and report on thermal burn incidents involving children's sleepwear. These activities delayed work on other projects planned to support the achievement of this strategic goal.

In CPSC's 1999 appropriation, Congress directed the agency to sponsor a study, by the National Academy of Sciences, of flame retardant chemicals that might be used to meet a CPSC flammability standard for upholstered furniture. This study was conducted in 1999-2000. Congress also directed the U.S. General Accounting Office to conduct an investigation into CPSC's upholstered furniture regulatory development procedures. This investigation was completed in 1999. Carrying out these activities also delayed action on upholstered furniture in support of the strategic goal of reducing fire losses.

**Petitions.** Also, options to reduce mattress fires were recently proposed by four petitions received from an advocacy group. In addition, a petition was filed to require warning labels on polyurethane foam in upholstered furniture. Addressing these petitions requires additional staff effort beyond that already in progress for the development of a standard. This effort may impact achieving our strategic goal in the targeted time frame.

**Changes in the Coding of Deaths.** The International Classification of Diseases (ICD) is the coding system used throughout the world – and throughout this country – to classify deaths in specific categories to allow comparison of death rates by cause among countries, states and regions. We use these codes to define reporting requirements for state death certificate contracts. The World Health Organization (WHO) revises the system about every ten years. The United States implemented the new set of codes based on the 10<sup>th</sup> revision on January 1, 1999.

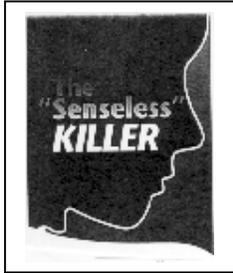
Because the new codes use different definitions than the codes of the 9<sup>th</sup> revision, staff cannot predict if or how these changes will affect our performance data. We reviewed the new set of codes and revised our purchase requirements for death certificate contracts before the new system was implemented. Experts at the WHO and the U.S. National Center for Health Statistics (NCHS) are analyzing the changes in coding to make recommendations on ways to compare data reported under the 9<sup>th</sup> revision with data reported under the 10<sup>th</sup> revision. We will review these recommendations and the data we are collecting to decide how to compare the data sets when the WHO and NCHS work is complete and when the data for 1999 are sufficiently complete.

**Partnerships.** Sometimes events can work positively to achieving our strategic goal. For example, cooperative funding from other government agencies opened new alternatives to hazard reduction in the fire area. Such funding for smoke alarm research is giving us new insight to effective warning of a fire hazard and how to address nuisance alarms.

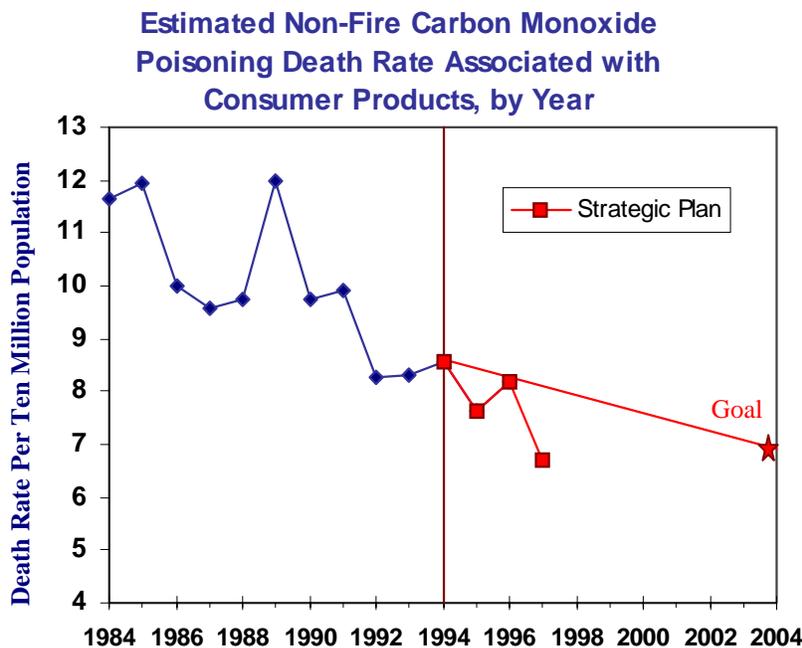
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## KEEPING FAMILIES SAFE FROM CARBON MONOXIDE POISONINGS



**STRATEGIC GOAL: Reduce the rate of death from carbon monoxide poisoning by 20 percent from 1994 to 2004.**



Data source: CPSC Death Certificate File, National Center for Health Statistics Mortality File 1980-1997; U.S. Census Bureau population projections, June 1999.

### THE HAZARD

Carbon monoxide (CO) is a poisonous gas that has no smell, color or taste -- truly a "senseless" killer. Burning any fuel, such as gas, oil, wood, or coal produces this gas, so that any fuel-burning appliance is a potential CO source.

The latest available data show that over 200 people die and almost 8,000 are injured

each year from unintentional CO poisoning-related incidents, excluding incidents involving auto exhaust and fires, at a societal cost of over \$1.6 billion dollars annually. Children under 15 years account for almost 10 percent of the deaths and over 35 percent of the injuries. Because some of the symptoms of CO poisoning may mimic common illnesses such as influenza or colds, there is a high incidence of missed initial diagnosis. Not only are victims frequently

unaware of exposure to CO, but health care providers often do not suspect or check for CO poisoning.

## REDUCING THE RISK

Deaths from carbon monoxide poisonings have decreased about 19 percent over the past 10 years, from 275 deaths in 1984 to 180 deaths in 1997 (the most recent year when data was available). The risk of death decreased from an average of 12.5 in the early 1980s to 8.2 deaths per 10 million population in 1996. We used a number of interventions to reduce these deaths, including: working with industry to encourage the development of new products that have technology to protect consumers from CO poisoning, working with industry to develop a voluntary performance standard for CO alarms and warning the public through information and education campaigns (see box).

### CPSC Interventions

- *Safety Standards*
  - Charcoal warning labels
  - Unvented gas space heaters
  - Blocked vent safety shutoff
  - CO alarms
- *Recalls & corrective actions:*
  - Boilers
  - Camping heaters
  - CO Alarms
  - Fireplaces
  - Furnaces
  - Gas controls
  - Heaters
  - Propane refrigerators
  - Ranges
- *Safety Alerts*
- *CO Safety Awareness Week*

## SETTING THE STRATEGIC GOAL

To further reduce deaths from carbon monoxide poisonings, we set a goal of reducing the death rate by 20 percent. At 20 percent, deaths from CO poisonings would be reduced from about 8.6 in 1994 to 6.9 deaths per 10 million population by 2004.

Although it appears that we have already reached our goal in 1997, we remain concerned because death rates often fluctuate over time and this fluctuation may increase because of changes in the International Classification of Diseases coding system that occurred in 1999. In this latest revision, CO deaths associated with automobile exhaust will be merged with CO deaths from other sources. CPSC does not have jurisdiction over automobiles; our strategic goal relates to consumer and household appliances only. We cannot predict how this coding change will affect our performance data and therefore decided to retain our original strategic goal in this revised plan.

There has been a substantial decrease in CO poisoning deaths due to safer products and consumer awareness; however in 1994, less than 10 percent of American households were equipped with at least one carbon monoxide alarm. While most of the decrease in the death rates for the past 10 years has been due to the increased safety of products, further decreases will depend to a greater extent on increased use of CO alarms and consumer awareness.

## STRATEGIES

CPSC will pursue two approaches to further reduce CO poisoning deaths: improving products to reduce the amount of CO emissions and promoting the use of CO alarms in every American home. We will:

- Develop or strengthen voluntary standards for specific fuel-burning products.
- Encourage the development of more reliable CO alarms.
- Encourage the use of reliable CO alarms in residential dwellings in the United States.
- Continue recalls and corrective actions of products that present CO hazards.
- Continue public awareness by issuing public alerts to warn consumers about CO poisoning hazards each year prior to the home-heating season.

## PERFORMANCE MEASURES

We will use the annual CO-related death rate per 10 million population as the primary performance measure to evaluate our strategic goal. We track product-related residential and recreational CO deaths annually. When appropriate, we will also estimate and report societal costs or savings.

CO poisoning deaths are based on data from the National Center for Health Statistics (NCHS) and our Death Certificate File (death certificates for product-related hazards that we buy directly from the States). Population estimates for the United States are available from Bureau of Census, Department of Commerce. Societal costs include information from our Injury Cost Model and other sources with an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because the processing of death data reported to NCHS and to CPSC through the states takes about two years to complete, we will know whether we reached our goal for 2004 in 2006.

## OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

Carbon monoxide poisoning is associated with the use of household combustion appliances, boats, cars, gasoline-powered tools, and farm equipment -- in other words, a wide array of products whose jurisdiction is covered by several agencies. CPSC has the primary role in addressing consumer products that produce carbon monoxide hazards. However, the goal of reducing carbon monoxide deaths is one that is shared by other federal agencies as well as private sector and not-for-profit organizations. We worked with the following agencies and organizations in order that the individual efforts of preventing CO deaths can be strengthened without needless duplication.

- American Gas Association
- American Lung Association
- Colorado Department of Public Health and the Environment
- Committee on Indoor Air Quality
- Consumer Federation of America
- U.S. Environmental Protection Agency
- Gas Appliance Manufacturers Association
- Gas Detection Industry Association
- Gas Research Institute
- National Assoc. of State Fire Marshals
- National Electrical Manufacturers Assoc.
- National Institute for Occupational Safety & Health
- Occupational Safety and Health Administration
- State and local fire departments/associations
- Underwriters Laboratories, Inc.

The effort to make the American public more aware of the hazards of carbon monoxide poisoning and the availability and use of CO alarms needs the participation of a large number of groups. Fire departments, gas utility companies, heating contractors, medical groups, alarm manufacturers, gas appliance manufacturers, voluntary standards organizations, federal, state, and local government agencies, building code organizations, and consumer groups -- all are, and must be, involved in helping to reduce the deaths and injuries from CO poisoning. We will continue to encourage involvement of all groups.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic planning period that could influence the achievement of our strategic goal. They are:

**Critical Emerging Hazards.** Unforeseen emerging hazards could impact meeting this strategic goal. For example, in 1999, we recalled approximately 1 million CO alarms because they failed to activate as designed. Due to concern over the possibility that other brands of CO alarms might be subject to failure, we decided we needed more testing of CO alarms. This activity meant a cancellation in our submitting a proposal to the International Building Code to require CO alarms in new residences and a postponement of a large-scale CO Safety Awareness Week. But, we want to be confident that the alarms currently on the market do not fail when there are potentially hazardous levels of CO.

**Changes in Consumer Behavior.** Weather conditions impact consumers' use of CO alarms. Consumer attention to CO poisoning generally reaches a peak during

the heating season, and manufacturers and retailers generally promote the purchase of CO alarms at that time. However, if heating season weather is unusually warm, sales tend to be less than usual, and the number of consumers purchasing and using CO alarms does not increase as rapidly as when the weather is more severe.

Weather conditions also can impact consumers' use of portable generators and cooking appliances, and heating equipment. Severe weather conditions that lead to power outages have often resulted in a higher-than-usual number of CO deaths and injuries due to an increased use of generators and portable appliances for cooking and heating. Thus, weather-related incidents could cause a temporary fluctuation in the number of deaths, and it could appear that efforts to meet the strategic goal were straying.

**Changes in the Coding of Deaths.** The International Classification of Diseases (ICD) is the coding system used throughout the world – and throughout this country – to classify deaths in specific categories to allow comparison of death rates by cause among countries, states and regions. We use these codes to define reporting requirements for state death certificate contracts. The World Health Organization (WHO) revises the system about every ten years. The United States implemented the new set of codes based on the 10<sup>th</sup> revision on January 1, 1999.

Because the new codes use different definitions than the codes of the 9<sup>th</sup> revision, staff cannot predict if or how these changes will affect our performance data. We reviewed the new set of codes and revised our purchase requirements for death certificate contracts before the new system was implemented. Experts at the WHO and the U.S. National Center for Health Statistics

(NCHS) are analyzing the changes in coding to make recommendations on ways to compare data reported under the 9<sup>th</sup> revision with data reported under the 10<sup>th</sup> revision. We will review these recommendations and the data we are collecting to decide how to compare the data sets when the WHO and NCHS work is complete and when the data for 1999 are sufficiently complete.

**Other External Factors.** Private industry testing of CO alarms in 1998 and 1999 led us to conduct our own testing of CO alarms and to determine whether the voluntary standard for CO alarms needed to be strengthened. This activity led to a cancellation in our plans to develop a proposal for the International Building Code.

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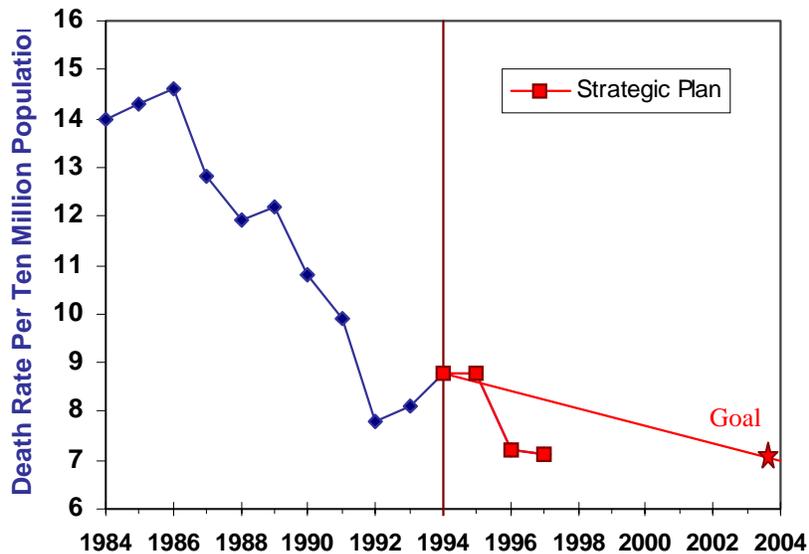
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## KEEPING FAMILIES SAFE FROM ELECTROCUTIONS



**STRATEGIC GOAL: Reduce the rate of death from electrocutions by 20 percent from 1994 to 2004.**

**Electrocution Rates for Consumer Products, by Year**



Data source: CPSC Death Certificate File, National Center for Health Statistics Mortality File 1980-1997; U.S. Census Bureau population projections, June 1999.

### THE HAZARD

There are almost 200 deaths from consumer product-related electrocutions each year in the United States. About 10 percent of the deaths are to children under 15 years old. The deaths occurred most often because an electrical current came in contact with a victim's body and traveled through the victim to the ground. Installing ground fault circuit interrupters (GFCIs) could have prevented

most of the deaths. These are inexpensive electrical devices that are installed in household electrical circuits and in some small appliances. However, not all homes and products are adequately protected by GFCIs. The Commission continues to receive reports of electrocution deaths from products such as house wiring, lamps and light fixtures, antennas, power tools, and small and large appliances.

## REDUCING THE RISK

Deaths from electrocutions have decreased by almost 30 percent over the past 10 years, from 330 deaths in 1984 to 190 deaths in 1997 (the most recent year for which data was available). The average risk of death decreased from 15.1 in the early 1980s to 7.1 deaths per 10 million people in 1997.

The decrease in consumer product-related electrocutions from 1995 to 1996 and 1997 follows the overall decreasing trend for all electrocutions. Part of this decreasing trend may be attributed to the widespread introduction of ground-fault circuit-interrupters (shock protector devices) in the construction of new homes over the past several decades, as well as new designs of power tools that use double-insulated designs and low voltage battery power sources.

Reducing these deaths is the result of several efforts by CPSC (see box). We worked cooperatively with the National Fire Protection Association's National Electrical Code Panels, developed safety standards and pursued recalls and corrective actions, all resulting in safer electrical products. For example, we worked with Code Panels to develop requirements that GFCIs protect certain electrical outlets. In some cases, we developed the technical proposals that were adopted by the Panels. CPSC, through its data collection systems, also provided critical information characterizing the factors involved in the incidents in support of most of the requirements for consumer shock protection that have been added to the National Electrical Code since 1973.

At the same time, we worked with industry to develop design and performance safety standards that reduced or nearly

### CPSC Interventions

- *GFCI code for:*
  - Outdoor outlets
  - Bathroom outlets
  - Garage outlets
  - Marina outlets
  - Boatyard outlets
  - Hotel/motel outlets
  - Kitchen outlets
  - Basement outlets
  - Crawl space outlets
  - Pressure washers
  - Spas
  - Hot tubs
  - Wet bar sink outlets
- *Code for service lines*
- *Standards:*
  - Power tools
  - Hair dryers
  - Electric toys
  - CB antennas
- *Recalls & Corrective Actions: 28 per year*
- *Information and Education*
  - Electrical Safety Month
  - Electrical Safety Checklist
  - Home Electrical Safety

eliminated the risk of electrocutions for such products as hair dryers, power tools, CB antennas, and electric toys. We also pursue an average of 28 recalls and corrective actions a year for products with electrocution hazards, such as air conditioners, battery chargers, extension cords, fans, hair dryers, lamps, portable heaters and refrigerator compressors. In warning the public about the hazards of electrical products, we initiated an annual education campaign (Electrical Safety Month) in 1982. With the help of other groups concerned about electrical safety, we have continued to participate in this campaign each year to educate consumers about the hazards of electrical products.

## SETTING THE STRATEGIC GOAL

To further reduce deaths from electrocutions, we set a goal of reducing the death rate by 20 percent. At 20 percent, electrocutions would be reduced from about 8.8 in 1994 to 7.0 deaths per 10 million people in 2004. In 1997 deaths had declined to 7.1 deaths per 10 million people.

The decline in electrocutions appears to be at or near our strategic goal. It is important to note that the individual data points in the plot have variability associated with them that may contribute to the fluctuation that we see in this time period. Continued monitoring of the deaths relative to the goal is warranted for several more years because of changes for classifying the cause of death that were instituted with the latest revision of the International Classification of Diseases coding system. Therefore we decided to retain our original strategic goal in this revised plan.

## STRATEGIES

To reduce electrocutions, we will:

- Work with the National Fire Protection Association's National Electrical Code Panels to propose additional improvements in the requirements for appliances and electrical equipment.
- Work with voluntary standards groups to continue to improve the design of GFCIs resulting in increased reliability, easier installation, and enhanced features.
- Increase consumer awareness of electrical hazards through continuing education efforts in electrical safety and

publicize "Electrical Safety Month" each May.

- Continue recalls or corrective actions of products that do not comply with safety regulations or defective products that present a substantial product hazard.

## PERFORMANCE MEASURES

The annual death rate per 10 million population is the primary performance measure that we will use to evaluate our strategic goal. We track consumer product involvement in electrocution deaths annually. When appropriate, we will also estimate and report societal costs or savings.

Electrocution deaths are based on data from the National Center for Health Statistics (NCHS) and our Death Certificate File (death certificates that we buy directly from the states). The population in the United States is available from Bureau of Census, Department of Commerce. Societal costs include information from CPSC's Injury Cost Model and other sources and an assumed cost of \$5 million per statistical life, consistent with economic literature.

Note that because processing of death data reported to NCHS and to CPSC through the states takes about two years to complete, we will know whether we have reached our goal for 2004 in 2006.

## OTHER ORGANIZATIONS WITH SIMILAR PROGRAMS

There are no other federal agencies with specific programs designed to reduce electrocution deaths involving consumer products. There are now, and have been in

the past, many supporters of improved electrical safety, including both federal and private organizations. Some of these are:

- Army Corps of Engineers
- Department of Agriculture
- Department of Health & Human Services
- Department of Housing & Urban Development
- Department of Veterans Affairs
- National Electrical Manufacturers Association
- National Electrical Safety Foundation
- National Fire Protection Association
- National Institute for Occupational Safety & Health
- Occupational Safety and Health Admin.
- Trade and Industry Associations
- Underwriters Laboratories, Inc.
- U.S. Customs Service

The most prominent of the private groups is the National Fire Protection Association (NFPA). This group sponsors the National Electrical Code (NEC) that covers the installation of electrical shock protection devices. State and local entities in building codes utilize the National Electrical Code in turn. Many other federal agencies participate in the NEC including the Occupational Safety and Health Administration of the Department of Labor, Department of Veterans Affairs, Department of Agriculture, and the Army Corps of Engineers. CPSC serves on the NEC Committee and is actively involved in this widely adopted voluntary standard.

CPSC and the Department of Health and Human Services, Food and Drug Administration's Center for Medical Devices and Radiological Health, consult on electrical safety, including shock from medical devices and therapeutic appliances.

The National Electrical Safety Foundation, a private, not-for-profit organization, provides topical materials for consumer and workplace electrical safety. We provide technical input to this foundation on an on-going basis. For example, a home electrical safety checklist was produced by the Foundation for us and is also available from the Consumer Information Center, U.S. General Services Administration.

Underwriters Laboratories Inc. (UL) is a private not-for-profit organization that was formed when electrical products were first introduced. UL develops voluntary electrical safety standards for consumer products that are widely adopted by industry. We regularly propose upgrades to many UL standards and provide substantiation in the form of injury and death incident data, and technical research for proposed changes.

We also consult with and make recommendations to the Department of Housing and Urban Development (HUD), Manufactured Housing and Construction Standards Division, on matters of electrical safety related to shock and fire hazards with mobile homes.

## **KEY EXTERNAL FACTORS**

Certain external conditions may arise over the strategic planning period that could influence the achievement of our strategic goal. They are:

**International Commerce.** Marketing of consumer products today is conducted on a global basis, including the Internet. In this broadened marketplace, electrical appliances can be designed and manufactured to meet safety standards of another nation that may represent a lower level of safety than the

voluntary standard recognized in the U.S. Even though harmonization of safety standards worldwide is underway, the process is far from complete. Despite increased vigilance, such as scanning Internet sites for unsafe products being offered for sale, we have very limited resources to apply to this effort. A flood of unsafe electrical products could penetrate the U.S. that could adversely impact the progress of sustained electrocution reductions experienced in the U.S. in recent years.

**Resistance to Wider Application of Enhanced Electric Shock Protection Devices.** Model codes, such as the widely adopted *National Electrical Code (NEC)*, are the result of a consensus process involving a broad range of interested parties. Some parties may resist the wider application of newly developed technologies based on narrow economic considerations, without recognizing a long-term reduction in the overall societal costs resulting from fewer electrocution deaths. This could delay the acceptance of code improvements.

**Changes in the Coding of Deaths.** The International Classification of Diseases (ICD) is the coding system used throughout the world – and throughout this country – to classify deaths in specific categories to allow comparison of death rates by cause among countries, states and regions. We use these codes to define reporting requirements for state death certificate contracts. The World Health Organization (WHO) revises the system about every ten years. The United States implemented the new set of codes based on the 10<sup>th</sup> revision on January 1, 1999.

Because the new codes use different definitions than the codes of the 9<sup>th</sup> revision,

staff cannot predict if or how these changes will affect our performance data. We reviewed the new set of codes and revised our purchase requirements for death certificate contracts before the new system was implemented. Experts at the WHO and the U.S. National Center for Health Statistics (NCHS) are analyzing the changes in coding to make recommendations on ways to compare data reported under the 9<sup>th</sup> revision with data reported under the 10<sup>th</sup> revision. We will review these recommendations and the data we are collecting to decide how to compare the data sets when the WHO and NCHS work is complete and when the data for 1999 are sufficiently complete.

**Increased Consumer Exposure.** There may be additional increases in the number of electrical consumer products that connect to the household electrical supply. This may lead to increased opportunities for electrocutions and actual consumer exposure may be significantly greater than initially projected.

## REFERENCES

- Ault, K. and Gillum, B., *Electrocution Deaths Associated with the Use of Consumer Products, United States: 1994-96*. Submitted to Public Health Reports in August 2000. Boston, MA: U.S. Public Health Service.
- Hisner, Signe. 1997 *Electrocutions Associated with the Use of Consumer Products*. Washington, D.C.: U.S. Consumer Product Safety Commission, 2000.

## INFORMING THE PUBLIC

**STRATEGIC GOAL: Increase in consumer awareness of CPSC safety information through 2006 by:**



- **Increasing contacts to CPSC's web site;**
- **Maintaining the capability to respond to the high number of Hotline calls for safety information; and**
- **Increasing the reach of the Commission's publication, the *Consumer Product Safety Review (Review)*.**

### THE PROGRAM

Part of our mission is to assist consumers in evaluating the comparative safety of consumer products. To accomplish this requires a communication network that educates and informs the public about the safe use of consumer products and product recalls (see box). The network also receives reports about unsafe products, as well as inquiries about product recalls.

We use a variety of techniques to effectively and economically communicate vital safety information to the public and encourage feedback. Our information system includes Hotline services, Internet services, the National Injury Information Clearinghouse, media programs, publications, consumer information and education programs, and partnership programs.

We took several steps during the past few years to improve our information exchange with the public. Our web site is an especially effective way for us to share and receive life-saving information about dangerous products with the public. In September 2000, CPSC's web site received top ranking in a major

#### CPSC Communication Network

- Toll Free Hotline Services
- Internet Services
- National Injury Information Clearinghouse Services
- Electronic Media Services
  - Video News Releases for TV
  - Radio Spots
  - Live Appearances on National TV
- Print Media Services
  - News Releases
  - Safety Alerts
  - Magazine Monthly Columns
- Consumer Publications
- The *Consumer Product Safety Review*
- Information & Education Programs
- Partnership Programs

study of e-government web sites. Researchers at Brown University evaluated over 1,800 state and federal web sites and issued a report naming CPSC as one of three federal agencies tied for first place.

We upgraded the Hotline by increasing the number of incoming phone lines of our Hotline from 8 to 48 to handle a rise in the number of calls. We increased the number of Hotline representatives from four to seven, including the addition of two bilingual staff

(Spanish/English). We also identified volunteers agency-wide to respond to callers in a total of 12 languages. During 1995, we received Vice President Al Gore's Reinventing Government "Hammer Award" for improving service to the public through our Hotline.

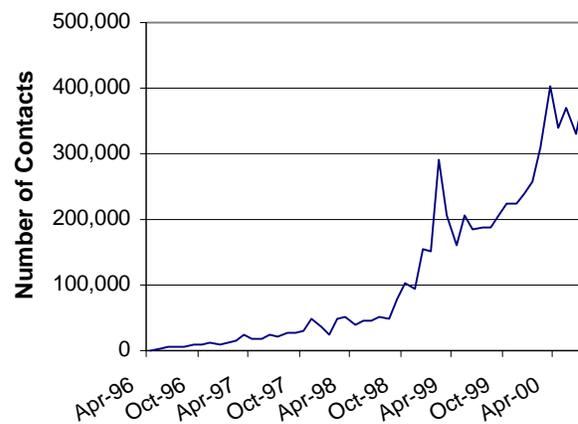
Multiple airings of our video news releases (VNRs) across the nation and appearances on national television are effective, inexpensive ways to swiftly reach millions of consumers with critical safety information. VNRs are sent out in television news format via satellite to television news stations across the country at no charge to the station. Those stations then air the VNRs as part of their news programs. Follow-up information for the televised safety messages is available to those who call our toll-free Hotline or access our home page on the Internet. In 1999 alone, there were more than 840 million television viewings of our vital safety information. The use of television to inform the public has steadily increased since 1995, which had a viewership of about 298 million, and is expected to continue to grow.

Partnership programs are used to achieve information and education goals and objectives of both CPSC and outside organizations. Through such programs, information (print and electronic format) is packaged and disseminated to the constituents of each organization. One such partnership program, *Baby Safety Showers*, was developed with assistance from Gerber Products Company. This highly publicized program has been adopted by a number of agencies and organizations across the country to reach millions of parents, grandparents, and other child-care providers on a continuing basis with important safety information.

## INCREASING THE INFORMATION EXCHANGE

**Web Site.** Established in April 1996, our web site allows the public access to news releases and publications; a way to report complaints, injuries, and deaths involving consumer products; and a new capability to search for recalls by date, product type, manufacturer, or retailer. The number of monthly contacts at the web site has increased 500 times from nearly 800 contacts in May 1996 to over 390,000 contacts in August 2000.

Monthly Contacts to CPSC's Web Site



In 2000, CPSC initiated several major new efforts on our web site to help protect consumers from dangerous products through:

- Links to popular Internet auction sites;
- Monitoring products sold online; and
- Developing a Spanish language section.

CPSC announced an initiative with two of the largest auction web sites. This new initiative makes it easier for consumers to protect themselves from dangerous products being sold online. eBay.com and Amazon.com Auctions agreed to link to

CPSC's web site and prominently post guidance for consumers to help them get information about recalled products. The auction site initiative focuses on certain popular product areas, such as children's products, including toys; tools; exercise equipment; and household items. In the first month of operation, CPSC received over 25,000 hits from consumers through a link with one of the auction sites. We are urging other online auction sites to join this initiative.

We launched our Operation Safe Online Shopping (SOS) project to further protect consumers online. We set up a "War Room" where investigators, posing as consumers, use computers and telephone lines that can't be traced back to the government, non-government credit cards, and anonymous shipping addresses to shop for items that could be dangerous to consumers. The items purchased are examined and tested for compliance with federal safety standards or to see if they pose a risk of injury or death to consumers. Dangerous products we found that were being sold online include flammable children's sleepwear, children's jackets with drawstrings that pose a strangulation hazard, and prescription drugs without child-resistant packaging.

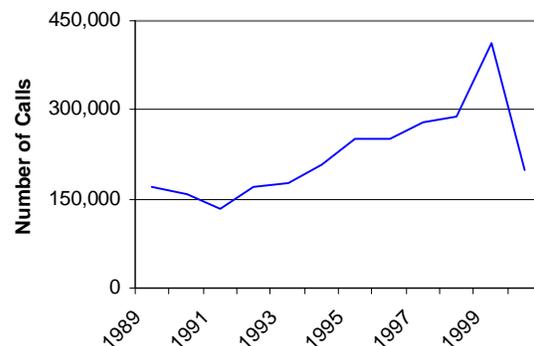
CPSC's web site has a new Spanish-language section, clearly marked "EspaZol", on the site's home page. The section contains press releases, publications, safety alerts, and other important information in Spanish. Both major Spanish-language television networks, Univision and Telemundo, link to CPSC's web site from their web sites.

**Hotline.** Our Hotline is a toll-free, 24 hour-a-day, 7 day-a-week service that allows consumers to: report unsafe products; report product-related injuries; find out whether we have recalled a product; learn how to return a

recalled product or arrange a repair; obtain tips on buying safer products and safe product use; and how to order safety publications.

Before the Hotline was improved, two back-to-back recall announcements almost caused the collapse of the telephone system. At one point, the entire 800 service along the eastern seaboard nearly crashed due to the backup of calls. After improvements, the Hotline has gone from handling almost 180,000 calls per year to more than 400,000 in 1999; the year staff appeared on the Oprah Winfrey show. The number of consumer complaints alerting us to potential product hazards more than doubled to about 4,000 a year and the average cost per call decreased from \$2.00 to \$1.40.

**Hotline Calls by Year**



Maintaining the capacity of the hotline system at its present size is critical. This capacity allows consumers to reach us quickly with equipment most people have in their homes. It also allows the Hotline system to deal efficiently with "spikes" in the number of calls we receive each year because of the public's interest in our safety announcements.

While our Hotline continues to be popular with the public, there appears to be a

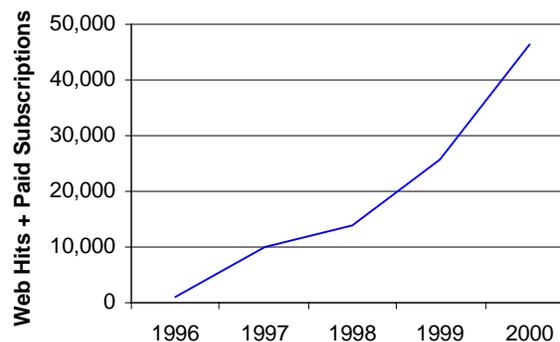
change in how consumers access our safety information. The number of contacts to CPSC's web site continues to grow exponentially compared to the Hotline. In addition, e-mails from the public have almost tripled, from about 2,600 e-mails in 1996 to over 8,000 in 2000. The good news is that through our communications system, we are reaching more consumers with more information.

**Consumer Product Safety Review.** In the summer of 1996, we launched our first publication oriented to healthcare professionals, the *Consumer Product Safety Review*. This quarterly publication is designed to meet the needs of public health and medical professionals, consumer and health researchers, consumer product retailers, manufacturers, and lawyers, among others.

Each issue of the *Review* includes the latest national injury and death data on selected home and recreational products, the most important and latest recalls of consumer products, and easy-to-use methods for reporting consumer product-related injuries to our national data collection systems. Each issue also contains case studies of deaths involving consumer products submitted by medical examiners and coroners across the country. We previously published this information in *MECAP* (Medical Examiners and Coroners Alert Project) *News*.

As of August 2000, we had about 850 paid subscriptions to this publication. It is also available free over the Internet at our web site ([www.cpsc.gov](http://www.cpsc.gov)). There have been about 89,000 visits to the *Review* on our web site since the publication of its first issue.

**Readership of *Review* by Year**



## SETTING THE STRATEGIC GOAL

We set a strategic goal to have a widespread increase in consumer awareness of our safety information by the year 2006, using the most cost effective means possible. We set the strategic goal to: (1) increase the number of contacts at CPSC's web site on the Internet; (2) maintain the capacity of the Hotline to respond to a high number of calls for safety information; and (3) increase the reach of the Commission's publication, the *Consumer Product Safety Review*, through web site visits and paid subscriptions. This presents a balanced approach that reaches consumers at all socio-economic levels, including vulnerable populations.

## STRATEGIES

There are a number of effective strategies for increasing consumer awareness of our safety information. They are to:

- Expand the agency's Internet capabilities to give the media, consumers, and others more options for receiving our safety information from CPSC's web site.

- Continue promoting our web site address and the Hotline's telephone number through news releases and general publications.
- Improve management techniques for Hotline operations through new performance-based contracting.
- Continually evaluate and develop methods to improve the Hotline.
- Publicize the availability of the *Review* through general information publications and through staff contacts with industry, trade associations, technical groups and standards-setting organizations.
- Increase partnership programs for the purpose of developing, promoting, and multiplying the dissemination of safety information.

## PERFORMANCE MEASURES

We will measure the success of our consumer information efforts in three areas: the number of web site contacts, Hotline calls, and the public's awareness of the Commission's *Review*. (The performance measure for the *Review* will be the cumulative combined total of web site visits and paid subscriptions since February 1997). Tracking systems are currently in place to record this information.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic goal period that could influence the achievement of our strategic goal. They are:

**Media Coverage of Commission Actions.** Calls to the Consumer Hotline and visits to our web site are primarily the result of attention shown in the news media to CPSC actions. An undetermined number of consumers are 'return' callers and visitors to our Hotline and web site; they contact us again after receiving important safety information during their initial encounters. However, records of callers and visitors clearly show that there are significant increases on those days when our actions, (e.g. recall notices, regulatory actions, safety alerts, etc.) receive coverage by major news organizations and other media attention including the Oprah Winfrey and Sally Jesse Raphael talk shows, the Ann Landers column, and Hints from Heloise. Changes in our relationship with media outlets could affect the number of calls and visits to our communication system.

**Shifts in Consumer Behavior.** A segment of the public has shifted their preferred method for communicating with us from one component of our system to another (e.g., from the Hotline to the Internet). While overall contacts from the public may increase, one component of our system may actually show a decrease.

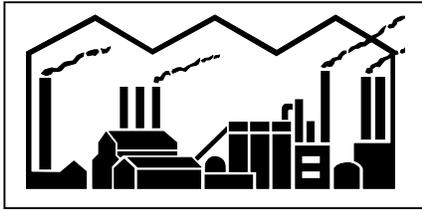
## REFERENCES

*Consumer Product Safety Review*,  
Superintendent of Documents,  
Pittsburgh, PA 15250.

Hotline Number: 1-800-638-2772 (CPSC)

Web site Address: [www.cpsc.gov](http://www.cpsc.gov)

## THE QUALITY OF SERVICES TO INDUSTRY



**STRATEGIC GOAL: Maintain success with the timeliness and usefulness of the Fast-Track and Small Business Ombudsman programs for industry through 2006.**

### THE PROGRAM

Our Compliance program ensures that firms comply with the laws, regulations and standards that protect consumers from hazardous products. Manufacturers, importers, distributors and retailers must report to us if they obtain information that reasonably supports a conclusion that one of their products: (1) fails to comply with a safety standard or banning rule issued under the Consumer Product Safety Act; (2) contains a defect that could create a substantial product hazard; or (3) creates an unreasonable risk of serious injury or death.

To help firms comply; we provide guidance regarding reporting requirements, the applicability of individual regulations, testing requirements and current interpretations. When a violation of a safety standard is found or if a defective product is identified, we work cooperatively and quickly with industry to obtain correction of the violation or recall of the hazardous product, as appropriate.

### REDUCING THE RISK

We initiated two programs to assist industry in complying more quickly with our regulations: the Fast-Track and Small Business Ombudsman programs. With the

#### CPSC Services

- Guidance and Advice
  - Reporting requirements
  - Regulatory requirements
  - Interpretations
  - Applicability of individual regulations
  - Corrective action plans
  - Recall plans
- Technical Review

Fast-Track program, a firm that reports and recalls a product quickly will not be subject to a preliminary determination that the product presents a substantial product hazard. Advantages of this program to industry include reductions in paperwork, red tape, and potential legal expenses related to the recall of potentially defective products. The advantage of this program to CPSC includes removing hazardous products from consumers' hands more quickly.

The Fast-Track Program was a 1998 winner of the "Innovations in American Government Award" sponsored by the Ford Foundation, in conjunction with Harvard's Kennedy School of Government and the Council for Excellence in Government. The Fast-Track program also received Vice-President Gore's National Partnership for Reinventing Government "Hammer Award." As of February 2000, over 300 firms have participated in the program, resulting in 400

corrective action plans and involving over 50 million product units.

With the Small Business Ombudsman program, we help small businesspersons comply more easily with product safety guidelines and manufacture safer products. This program provides firms with a single point of contact within the agency, which expedites a clearly understandable response from our technical staff. On the average, we have responded to about 90 calls per month since the program began in 1996.

### SETTING THE STRATEGIC GOAL

**Timeliness.** The Fast Track program was developed to streamline the process of recalls for firms who were willing and prepared to recall their products quickly. The principal feature of the program is a 20-business day criterion for implementing the first recall notice. CPSC and the firm recalling the product agree to complete the work necessary to implement the first recall notice, often a notification to retailers to stop sale of the product, within this 20 day time period. We set a strategic goal to maintain this timeliness standard at 90 percent or better through 2006.

For the Ombudsman program, we committed to responding to questions asked by small businesses about our requirements and regulations within three business days. The Ombudsman identifies the appropriate technical staff, coordinates CPSC’s response, and works with the small business to assure their satisfaction with the process. We set a strategic goal to maintain this timeliness standard at 80 percent or better through 2006.

We track our timeliness for both programs and report these results annually. Both programs met their timeliness standards in 1999 (see table below).

Timeliness		
Program	1998 Actual	1999 Actual
Fast-Track	90%	95%
Ombudsman	60%	84%

**Usefulness.** Both the Fast Track and Ombudsman programs are voluntary ones and acceptance by industry is an important feature. CPSC set a strategic goal to maintain the usefulness of the Fast-Track and Ombudsman programs to industry at 85 percent or better with businesses that utilized these services. This goal was set at a high level that was acceptable to the Commission.

We will assess industry’s response every two to three years, depending on the resources available. The results of a recent assessment showed that all of the firms contacted strongly agreed or agreed that the programs should be continued (see table below).

Usefulness	
Program	1999 Actual
Fast-Track	100%
Ombudsman	100%

### STRATEGIES

To achieve quality services to firms reporting to us, we will maintain and adhere to a list of customer service standards for industry contacts. The standards aim to provide firms with:

- Courteous service by knowledgeable staff.
- Responses to written requests for interpretation within a fixed schedule of business days, depending on the level of complexity.
- Responses to Fast-Track reports and other queries within a fixed schedule of business days, depending on the level of complexity.
- Responses to small businesses who make an inquiry through the Office of the Ombudsman within a fixed schedule of business days, depending on the level of complexity.

## PERFORMANCE MEASURES

To assess the timeliness of the Fast-Track program, in-house tracking systems assess how quickly: firms provided required information; firms' requests were acknowledged; and technical reviews were completed, as well as the extent of, and reasons for, any delays. The Ombudsman program has a similar tracking system to assess how quickly we responded to requests from small businesses.

To assess industry's response to the Fast Track and Ombudsman programs, we will conduct interviews periodically with participants in the Fast-Track program and with those small businesses that contacted CPSC during a specified time period.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic goal period that could

influence the achievement of our goals. They are:

**Critical Emerging Hazards.** We may have to modify our targets for the Fast-Track and Ombudsman programs in the future to deal with unforeseen emerging hazards. For example, in 1998 and 1999, CPSC quickly obtained recalls of more than 9 million playpens with protruding rivets that presented a strangulation hazard, and more than 19 million dive sticks that presented an impalement risk. Work on these recalls involved numerous staff over a short period of time delaying other work. Several such efforts in a single year could have a significant impact on the achievement of this strategic goal.

**Other External Events.** Actions by Congress and the Small Business Administration could cause changes in the goals for the Small Business Ombudsman Program. In addition, changes in the volume of inquiries could affect the achievement of the program goals.

## REFERENCES

*Recall Handbook: A Guide for Manufacturers, Importers, Distributors and Retailers on Reporting Under Sections 15 and 37 of the Consumer Product Safety Act and Section 102 of the Child Safety Protection Act and Preparing for, Initiating and Implementing Product Safety Recalls Including CPSC Fast Track Product Recall Program.* Washington, D.C.: U.S. Consumer Product Safety Commission, May 1999.

## CONSUMER SATISFACTION WITH CPSC SERVICES

**CPSC's Toll-Free  
Hotline Number:  
1-800-638-CPSC**



**STRATEGIC GOAL: Sustain the high level of consumer satisfaction with the Hotline and Clearinghouse and the states with CPSC's State Partnership Program at 90 percent or better through the year 2006.**

### THE PROGRAM

The Commission alerts the public to important safety information through the agency's Hotline, National Injury Information Clearinghouse, and State Partners Program. The Hotline is a toll-free service that allows consumers to report product complaints or product-related injuries, learn about recalls and safety hazards, and obtain safety publications. The National Injury Information Clearinghouse provides data to the public in response to over 5,000 requests each year. It also alerts manufacturers to potential hazards associated with their products, providing them with consumer complaints, reported incidents and accident investigations involving their products. Our State Partners Program, using limited CPSC funds and CPSC-developed safety information, brings product safety services to consumers through cooperative programs with state and local governments. The program extends our reach throughout the Nation.

### REDUCING THE RISK

The satisfaction of consumers and our State partners with CPSC services is

#### CPSC Services

- **Hotline**
  - Report unsafe products
  - Report product-related injuries
  - Product recall information
  - Tips on buying safe products
  - Tips on using products safely
  - Safety publications
- **Clearinghouse**
  - Injury data
  - Death data
  - In-depth investigations
  - Fax-on-demand
- **State Partners**
  - Injury and death data
  - Product recall advice
  - Education materials
  - Training
  - Speakers
  - Exhibit materials

important to us. If consumers are satisfied with safety information they receive through the Hotline and Clearinghouse, they will more likely request and use this information to protect themselves and their families. If our State partners are satisfied with CPSC's safety information and response to them,

they are more likely to incorporate this safety information into their local ongoing programs, again protecting consumers from product-related injuries and deaths.

## SETTING THE STRATEGIC GOAL

CPSC set a strategic goal to sustain the high level of consumer satisfaction with the Hotline and Clearinghouse and the states with our State Partnership Program at 90 percent or better through the year 2006. We set this goal based on a recent evaluation of the three services showing consumers and partners to be very satisfied with CPSC's services.

Consumer Satisfaction		
Program	1996 Actual	1999 Actual
Hotline	97%	95%
Clearinghouse	97%	95%
State Partners Program	---	94%

## STRATEGIES

To sustain the high level of customer satisfaction with the Hotline, Clearinghouse and State Partners Program, staff will maintain and adhere to a list of customer service standards. Consumers, and State partners will be able to:

- Speak to a knowledgeable and courteous staff person.
- Receive the most up-to-date safety information.
- Have a response to a request within a specified time, usually within one to five business days.

- Receive a return call or have request acknowledged in a specified time, usually within one to two business days.
- Speak to a CPSC staff member in any of 12 languages.
- Have a consumer complaint recorded accurately and a copy mailed for verification within two business days.

## PERFORMANCE MEASURES

We will rely primarily on two basic types of performance measures. Surveys will provide the percent of consumers and State partners satisfied with our services; and in-house tracking systems will provide time-to-respond measures. These surveys may be telephone interviews or mailed questionnaires.

## KEY EXTERNAL FACTORS

Certain external conditions may arise over the strategic goal period that could influence the achievement of our goals. They are:

**Changes Affecting State Partners Program.** The Governor of the State appoints state Designees. Each time there is an election, the state may or may not appoint someone who is actively involved in product safety.

## REFERENCES

*Meeting Our Customer Service Standards.* Washington, D.C.: Office of Planning and Evaluation, U.S. Consumer Product Safety Commission, November 1999.

## MANAGING HUMAN CAPITAL

**STRATEGIC GOAL: Enhance the recruitment and development of a diverse workforce to meet CPSC's future requirements through 2006 by:**



- **Maintaining or reducing the recruitment process time;**
- **Increasing the representation of Hispanics and individuals with disabilities;**
- **Developing and implementing a coordinated training program.**

### THE PROGRAM

CPSC staff is the lifeblood of the agency. We work together to protect the American public from risks of injury and death involving over 15,000 types of consumer products. Our work is highly complex. It requires us to take into account such factors as product design hazards, the environment in which the product is used, and the behaviors of consumers who use the product. We use multi-disciplinary teams of technical experts to identify these factors and develop solutions for injury-reduction.

Our staff comes from a variety of highly specialized disciplines. They include mechanical, electrical, and chemical engineers who look for design flaws and safety enhancements; epidemiologists and statisticians who analyze injury and death information and estimate risks; economists who calculate the costs and benefits of Commission actions; and physiologists, pharmacologists, chemists and toxicologists who examine adverse health effects of hazardous substances.

The agency faces several important “human capital” challenges over the next several years. The first is recruitment. We have been working hard to reduce the time it takes to recruit and select staff for agency positions. This task is particularly difficult because we find that it is often hard to fill positions in the specialized disciplines we need in a timely way. We want to maintain our recent reductions in the recruitment process time in the face of this challenge.

Our second challenge is to increase the number of staff in under-represented groups at the agency while maintaining the gains in diversity we have made over the past few years. While African-Americans, Asian-Americans, and women are well represented at the agency, Hispanics and individuals with disabilities continue to be under-represented. Our goal is to increase representation of these groups in our workforce.

Our third challenge is to identify and develop training opportunities within our budget constraints while maintaining enough flexibility to fulfill our mission of protecting the public. Our budget is tightly drawn, with

almost all budget dollars allocated to staff salaries. We want to increase training opportunities that are cost-effective, without increasing our budget.

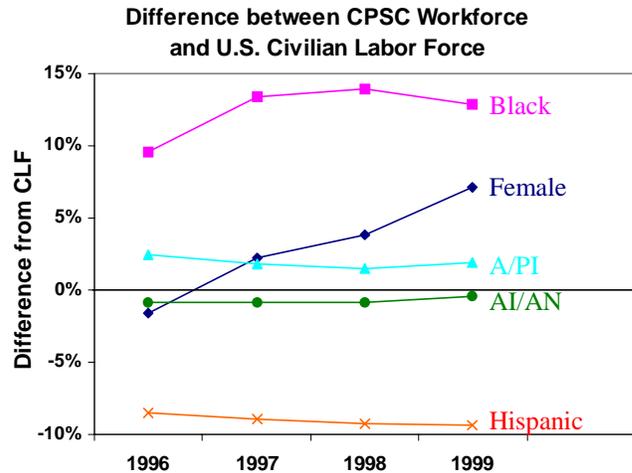
## SETTING THE STRATEGIC GOAL

**Recruitment.** We set a strategic goal to maintain or reduce the average number of business days to recruit at 65 days or less from 2001 to 2006. After instituting a number of changes in our recruitment process, we reduced our average recruitment time from 72 business days in 1999 to 62 business days in 2000.

We set this goal after we had evaluated randomly selected recruitment actions for 1999 and 2000 (through July 1, 2000). Recruitment time was calculated as the number of business days between the recruitment request and candidate selection dates. We have two years of baseline data and plan to improve our data collection methods in 2001.

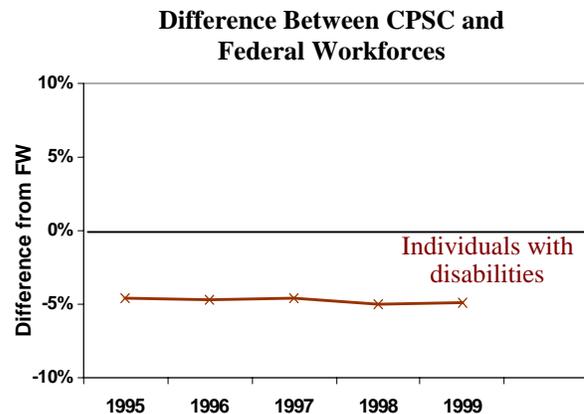
**Diversity.** We set the goal to increase the representation of Hispanics after analyzing Equal Employment Opportunity (EEO) data for race, national origin and gender from 1996 through 1999 (see first graph this page). Our evaluation showed that in 1999, women and minorities comprised 54 percent and 32 percent of our workforce, respectively. This exceeded the 1999 civilian labor force (CLF)<sup>2</sup> representation of 47 percent women and 27 percent minority. When we further separated the minority groups, we found we exhibit under-representation of Hispanics for all four years.

<sup>2</sup>Every non-institutionalized individual 16 years of age and older, employed and unemployed.



Note: A/PI refers to Asian/Pacific Islander and AI/AN refers to American Indian/Alaska Native.

We also set a goal to increase the representation of individuals with disabilities after analyzing EEO data for 1995 through 1999 and comparing CPSC’s workforce with that of the Federal Workforce (FW) (information was not available for the CLF). We found that individuals with disabilities were under-represented at CPSC at about 5 percent below the FW for all five years (see graph).



**Training.** For some time now, our training budget has been quite low compared to other agencies. For example, in 1999 our training budget was about \$150 thousand. In

the past, our budget and staff were cut significantly and today remain at low levels, which makes it difficult to deal with the wide range of programmatic and operational issues the agency faces.

Because the availability of training funds is unlikely to significantly increase, we need to seek creative methods to provide training and development opportunities for staff that are cost-effective. These could include increased opportunities for upward mobility, details within the agency, and mentoring; training through technology (e.g., using training CDs at work stations or to check out for home use); and group training sessions provided on-site for lower cost than that provided for individuals off-site.

In recent years, there has been no training coordinator at the agency. Training funds are de-centralized and administered by the agency's offices. Training is largely limited to off-site training courses; limited coordination exists across offices to allow for group training sessions; and no database of training information exists beyond that to capture training expenditures.

Our strategic goal is to develop and implement a coordinated training program to more efficiently and creatively use our limited resources. We will appoint a training coordinator to identify low and no cost training opportunities; identify common training needs and provide group training for on-site delivery; develop upward mobility opportunities, and publicize this information to staff on a regular basis. The coordinator will also be responsible for the development and maintenance of a database of training sessions taken that may include summary evaluations of each session by the participants.

## STRATEGIES

The agency will use a number of strategies to increase the representation of Hispanics and individuals with disabilities. For example, we plan to further expand our recruitment process to the Hispanic community by developing solid relationships and recruitment sources through contacts with Hispanic organizations, associations and conferences.

We also plan to expand our recruitment process to individuals with disabilities through contacts with state vocational rehabilitation programs, state and private employment offices, nonprofit organizations, universities and other organizations that work with disabled individuals on a regular basis, as appropriate. This effort will take some time and we expect to see progress in our hiring of qualified applicants after the first year of the revised strategic plan. Some specific strategies are:

- Develop improved methods for data collection and tracking of recruitment actions and EEO information.
- Increase managers' involvement; train managers in the recruitment process and their Equal Employment Opportunity/Affirmative Employment Program responsibilities.
- Emphasize recruitment strategies to managers with the goal of expanding recruitment sources and contacts, such as contacts with the Hispanic Association of Colleges and Universities and organizations that work with individuals with disabilities.

- Increase the number of recruitment efforts to organizations serving under-represented populations.
- Make the application process clearer and simpler to use by potential candidates and managers.
- Develop standardized “plain language” in all vacancy announcements.
- Standardize vacancy announcements for regularly recruited positions.
- Provide new written material such as brochures, employment information, and points of contact to managers, and applicants.
- Conduct focus groups of new employees to determine what we need to improve our recruitment process.
- Expand recruitment sources by use of modern technology such as expanded information on our web site.
- Increase the number of training/development opportunities.

## PERFORMANCE MEASURES

To measure the success of this goal to recruit and develop a diverse workforce, we will track (1) the number of business days to

recruit for a position; (2) the proportion of employees based on race, national origin, gender, and disability status; and (3) the number of identified development and training opportunities and associated characteristics. Each of these performance measures has an associated database that will be used to track performance annually.

## KEY EXTERNAL FACTORS

External factors beyond our control, such as actions by Congress and the Office of Personnel Management, could cause changes in our strategic objectives. In the past, there have been reductions-in-force, hiring freezes, and furloughs. These would severely constrain our ability to recruit and hire.

The number of job vacancies that become available each year also restrains us. If we have few vacancies in a given year, we will have limited opportunities to meet our diversity goal.

## REFERENCES

*Federal Equal Opportunity Recruitment Program: Annual Report to Congress – October 1, 1997 – September 30, 1998.* Washington, D.C.: U.S. Office of Personnel Management, Employment Service Diversity Office, April 2000.

## DESCRIPTION OF HOW THE STRATEGIC GOALS WILL BE ACHIEVED

This section describes the operational processes the agency will use to achieve its strategic goals and the resource assumptions on which the strategic goals are based. It also outlines the process for communicating goals and objectives throughout the agency and for assigning accountability to managers and staff for achievement of objectives. Note that to accomplish the strategic goals, no new programs need to be created, eliminated or restructured and no new legislative changes are required.

**Operational Processes.** CPSC plans to achieve the general goals and objectives by using our current operational processes. We will:

- Identify and analyze hazards;
- Develop voluntary or mandatory product safety standards and guidelines;
- Apply voluntary or mandatory corrective actions, including product recalls;
- Foster partnerships with other government agencies and private organizations; and
- Distribute information to the public on how to avoid product hazards.

The agency has accelerated the refinement of these processes in recent years. Recent refinements include an emphasis on teamwork and a reduction in levels of supervision; expansion of data sources; greater reliance on voluntary solutions; strengthening laboratory testing and product

evaluation capabilities; innovations in seeking compliance and disseminating guidance and information to industry; and development of a modern information technology infrastructure. Activities aimed at improving these processes are ongoing.

**Resources Needed to Accomplish Strategic Goals.** For 2000, our appropriation is \$49 million with a staff level of 480 Full Time Equivalents (FTEs) nationwide. Most of the Commission's resources are allocated to professional and technical staff who identify product-related hazards; investigate and act on product safety hazards and violations of safety regulations; provide recommendations to the Commission for decision-making; and inform the public about product safety. After staff and office space rental costs, less than 17 percent of the agency's annual budget is available for other critical support costs, such as data collection, independent expert technical evaluations, and travel for in-depth investigations. Our challenge is to work within these constraints while maintaining enough flexibility to fulfill our mission of protecting the public.

The agency has already downsized considerably. In constant dollars, the 2000 appropriation has 60 percent less purchasing power than our first budget in 1974. After such significant downsizing, it is extremely difficult to fund future increases in the costs of doing business, such as salary increases, from internal productivity savings.

One particularly critical resource area deserves mention: information technology funding. Funding for information technology is particularly critical because of the agency's need to identify, correct, and evaluate hazards based on data. Modern information technology allows us to access more hazard information more quickly,

saving more lives and reducing injuries. Failure to *maintain* information-processing capabilities would weaken current agency operational processes, as well as threaten the ability to achieve the productivity gains necessary to cope with limited funds. Failure to *sustain* progress in information processing, such as development of an integrated hazard database, would forfeit future productivity gains.

Fostering partnerships is also critical because it stretches our resources and allows us to do more with less. The agency will continue to rely on partnerships with other government agencies and private organizations to achieve our goals. For example, recently CPSC launched a national program of local Baby Safety Showers to help parents learn how to protect their children from injuries and deaths at home. We formed a partnership with Gerber Products Company, which provided funds to print hundreds of thousands of Baby Safety Shower documents. These materials continue to be widely distributed to consumers and organizations, such as local health departments, hospitals and other professional groups.

While partnerships allow us to do some things we could not afford with our limited resources, if the agency's basic funding does not keep pace with price increases or information technology needs, achievement of the strategic goals and objectives may be jeopardized.

**Communications.** The agency has and will continue to communicate its goals and objectives throughout the agency. In developing the revised strategic plan, staff provided briefings to managers and staff based on OMB and GAO guidance on the implementation of the Results Act. The draft revised strategic plan was made available to

all employees and it was posted on our web site. We will provide all new employees as they enter on duty a copy of the revised plan, as well as any future revisions. With the development of annual budget estimates, the agency will involve staff in the development of annual performance plans and performance reports and make final copies available to all employees through the agency's web site.

**Accountability.** The agency's budget review process and staff performance appraisals will be the primary methods for assigning accountability to managers and staff for achievement of objectives. Each year during the budget and operating plan processes, we will link the strategic plan, annual performance plan and budget plan. The Executive Director of the agency and the directors for Hazard Identification and Reduction, Compliance, and Consumer Information will be responsible for this linkage. Finally, the Commission will stress the achievement of the strategic plan's objectives as an important consideration in the performance appraisals of agency managers.

**Treatment of Major Management Problems and High-Risk Areas.** We do not have any major documented problems of fraud and mismanagement in our programs and operations. CPSC would address problems of fraud and mismanagement, if they were to arise, through: (1) the Office of Inspector General, responsible for audits, inspections, special reports, and investigations; (2) the Office of the Chairman, responsible for the annual Federal Financial Managers Integrity Act (FMFIA) report to the President and Congress; and (3) the Senior Management Council, responsible for internal control reviews and annual letters of assurance. The Commission has no "high-risk areas" and has not been identified as

having such high-risk areas by either GAO or OMB. Should any future management problems arise, We are committed to resolving them through existing agency mechanisms such as the Chairman's FMFIA Report and the Senior Management Council.

## RELATIONSHIP BETWEEN GOALS IN THE ANNUAL PERFORMANCE PLAN AND THE STRATEGIC PLAN

**Type, Nature and Scope of the Performance Goals.** Each year under our revised strategic plan, we engage in a number of activities (e.g., voluntary standards development, recalls) that enable us to make progress towards reaching our strategic goals. Staff categorizes these activities and sets annual goals for the number of activities in each category that we will complete by the end of the fiscal year.

For some activities, such as recalls and news releases, annual goals are characterized as estimates. While these estimates are based on the number and type of hazards identified in the past, the actual number of recalls, news releases, and other activities will vary depending on the safety-related circumstances that occur each year.

We will set annual goals for the number of:

- Rulemaking candidates prepared for Commission consideration;
- Voluntary standards developed or strengthened;
- Hazard analyses and data collection activities completed;

- Technical feasibility studies performed;
- Compliance activities initiated including recalls and other corrective actions;
- Consumer information activities disseminated through CPSC's web site, *Consumer Product Safety Review*, Hotline, and other activities; and
- Customer service standards achieved with targeted levels of effort for the Hotline, Clearinghouse, State Partners program and services to industry.

We will also report on our recruitment actions, workforce demographics, and training opportunities.

**Relationship between the Annual Performance Goals and the Strategic Goals.** Our annual performance goals are conceptually linked to the strategic goals. We set annual goals for activities staff believes will lead to reductions in injuries and deaths, produce quality services and customer satisfaction, and enhance recruitment and development.

For example, staff set annual goals for the number of recommendations for new or improved safety standards for each hazard reduction strategic goal. We expect these recommendations will lead to safer products, either through improved product designs, product performance, or warning labels. Our customer service/satisfaction strategic goals have associated annual goals based on standards, many of which we hold ourselves to daily, such as timeliness, usefulness and courtesy. To-date, these standards have led to high levels of customer satisfaction, as shown by results from customer service surveys. Finally, our new human capital strategic goal to enhance the recruitment and development of a diverse workforce will

have annual goals for recruitment efforts and training opportunities.

**Relevance and Use of the Annual Performance Goals in Helping Determine Achievement of Strategic Goals.** For hazard reduction strategic goals, staff identified products for injury reduction efforts each year and set goals for completing their work. We will identify these products for the relevant time frame and combine the results of our efforts across all our activities (e.g., standards development, recalls and corrective actions, increasing consumer awareness) for each hazard. This will allow us to estimate, to some extent, the contribution of our efforts to any injury reduction trend.

For customer service/ satisfaction strategic goals, we rely on agency tracking systems and feedback from our customers to determine the achievement of our strategic goals. For our new human capital goal, annual goals will be used to document our efforts to improve recruitment and training opportunities.

## PROGRAM EVALUATIONS AND THE STRATEGIC PLAN

**Program evaluations used to develop the strategic plan.** Evaluations used to develop goals for this strategic plan were based both on statistical analyses of data and staff expertise. Results-oriented goals were based on 10-year trends of injuries and deaths at both the product and hazard levels. Staff experts who evaluated the potential actions of the Commission and the effect of joint efforts with other organizations and industry set specific goals in each hazard area. They also made assumptions

concerning the outcome of potential technical feasibility studies. Customer service/satisfaction goals were based on information from surveys and tracking systems, as well as staff expertise as to what could be accomplished in a given time span.

**Future program evaluations.** Results-oriented goals will have two types of evaluations: yearly tracking of injuries and deaths at the hazard level and evaluations of injury and death reductions associated with specific products at appropriate time intervals. The timing for evaluating injury and death reductions depends, in part, on how long consumers keep specific products.

For example, some products, particularly inexpensive ones, have a short product-life; the effect of Commission actions to improve replacement products can be evaluated more quickly. Other products have a much longer product-life. Evaluations of injury or death reductions, in these cases, would appropriately be conducted when consumers are expected to have replaced a substantial proportion of older products with safer products. Estimates of this product replacement are derived from the agency's Product-Life Model.

Customer service/customer satisfaction goals also will have two types of evaluations: (1) tracking of customer service standards and activities and (2) assessments of consumers and industry. Tracking will be evaluated annually, and we began to implement assessments on a cycle of every two to three years. Human capital goals will be evaluated primarily through tracking systems. A schedule of future evaluations is provided in Table 1.

**Table 1**  
**Schedule of Evaluations**

Strategic Goals	Issues	General Scope	Procedures	
			Method	Time
<b>Hazards</b> Child Head Injuries PPPA Fire Carbon Monoxide Electrocutions	Reduce or prevent an increase in the rate of injury or death	National estimates of injuries or deaths	1. Hazard Surveillance (NEISS, NFIRS, NCHS)* 2. Evaluation of specific products – tracking before/ after studies.	1. Annually 2. As appropriate
<b>Informing the Public</b> Web site <i>Consumer Product Safety Review</i> Hotline	1. Increased use by the public of web site, and the <i>Review</i> ; 2. Maintain use of the Hotline	Population of users	Computer tracking and subscription information	Annually
<b>Customer/Industry Services</b> Hotline Clearinghouse State Partners Industry	1. Timeliness standards met 2. Satisfaction with CPSC's services	1. Population of users 2. Random sample of users	1. Logs 2. Interviews; mail surveys	1. Annually 2. Every 3 years
<b>Human Capital</b> Recruitment Diversity Training	1. Recruitment timeliness standard met 2. Increased representation 3. Training opportunities identified	1. Population of recruitment actions 2. Workforce statistics 3. Training data	Tracking systems	Annually

\*National Electronic Injury Surveillance System (NEISS), National Fire Incident Reporting System (NFIRS), National Center for Health Statistics (NCHS).

## CROSSCUTTING GOALS

We have a unique mission among federal agencies. We are the only federal agency that identifies and addresses such a wide range of consumer product hazards. One of the tools we use to reduce injuries and deaths include working with other federal agencies to avoid duplication of effort and to more efficiently address health and safety issues.

We identified three federal agencies with similar strategic goals: the Federal Emergency Management Administration (FEMA), the Department of Health and Human Services (HHS), and the Department of Transportation (DOT). These crosscutting goals are to reduce (1) bicycle head injuries to children (part of our larger head injury goal) and (2) residential fire-related deaths. Our remaining strategic goals are not shared by any other federal agencies.

Our strategic goal to reduce *residential* fire-related deaths is similar to FEMA's strategic goal to reduce *all* fire-related deaths and to HHS' objective to reduce the incidence and impact of injuries and violence in American society, including fire-related deaths.

Our strategic goal of reducing head injuries to children is similar to HHS' objective to reduce the incidence and impact of injuries and violence in American society, including bicycle-related head injuries to children. This goal is also similar to that of DOT's National Highway Traffic Safety Administration (NHTSA) to reduce bicyclist fatalities and injuries and increase helmet usage.

The work at our respective agencies is mutually reinforcing. Our contribution includes developing safety standards; initiating recalls and corrections of defective

products; conducting technical feasibility studies; and issuing press releases, safety alerts, and warnings to increase public awareness of product safety hazards.

FEMA, through the U.S. Fire Administration (USFA), collects and provides essential data on residential fires, stimulates new technology, provides training for the fire protection community and conducts public education campaigns relating to fire.

HHS, through the Centers for Disease Control and Prevention (CDC), supports state and local health departments, academic institutions, community-based organizations for applied research, intervention evaluation, training, and surveillance in injuries.

DOT, through NHTSA uses "a combination of public information, legislation, enforcement, engineering, and outreach strategies targeted at both bicyclists and motorists"<sup>3</sup> to promote injury reduction. These strategies include preventing bicycle incidents from occurring, examining the market penetration and use of bicycle materials, and participating on a Task Force to reduce childhood injuries and deaths.

CPSC has a long history of coordinating its work with that of these and other federal agencies. We have signed Memoranda of Understanding (MOU) with USFA, NHTSA, and CDC. These MOUs provide a framework for inter-agency cooperation and coordination. For example:

**CPSC and USFA.** We periodically provide support to USFA through briefings on our fire-related projects; guest speakers at the National Fire Academy; and technical

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<sup>3</sup>[www.nhtsa.dot.gov/nhtsa/whatis/planning/StratPlan.1998/safety.html](http://www.nhtsa.dot.gov/nhtsa/whatis/planning/StratPlan.1998/safety.html)

advice on fire hazards. USFA provides annual national fire-incident data to us; the results of their program activities related to fire protection and prevention; and suggestions on our project priority-setting activities.

**CPSC and CDC.** We participate on CDC's Advisory Committee for Injury Prevention and Control and CDC's Advisory Committee on Childhood Lead Poisoning Prevention; participate as a major partner in HHS' Healthy People Initiative, including monitoring progress on specific targets; provide suggestions for research projects in their grants program; and collect injury data for special studies of interest to CDC. In 2000, CDC provided over \$2 million to expand our National Electronic Injury Surveillance System, a national probability sample of hospital emergency rooms, and to collect data of interest to other agencies within HHS.

CPSC and CDC work together in formulating injury reduction projects, on education and information materials, and on studies of mutual interest. Currently, CPSC, CDC, DOT and other organizations form the "National Bicycle Safety Network," to jointly address issues associated with bicycle safety.

**CPSC and NHTSA.** CPSC and NHTSA share technical information and expertise on bicycle and bicycle helmet safety; jointly develop consumer bicycle safety information; and are jointly researching nighttime bicycle riding safety issues. NHTSA collects data on road-related bicycle deaths that we use to analyze the effectiveness of various safety devices, such as helmets, reflectors and lights. CPSC and NHTSA have joint responsibility for infant carriers that are also certified for use as car seats. We monitor the safety of these

products when used as infant carriers outside of motor vehicles.

## KEY EXTERNAL FACTORS

Earlier in this strategic plan we identified specific external factors that may influence the achievement of individual strategic goals in the targeted time period. There are additional factors that may affect our hazard goals. They are:

**Critical Emerging Hazards.** We may have to modify strategic targets to deal with unforeseen emerging hazards in the future. Because our budget and staff were cut significantly during the 1980s and have remained at that low level in the 1990s, the agency's resources are thinner. When it needs to respond quickly to address unforeseen risks and hazards, it often must shift staff and resources from planned work.

For example, in 1998 and 1999, CPSC quickly obtained recalls of more than 9 million playpens with protruding rivets that presented a strangulation hazard, and more than 19 million dive sticks that presented an impalement risk. Work on these recalls involved numerous staff people over a short period of time, delaying other work. Several such efforts in a single year could have a significant impact on the achievement of one or more strategic goals.

Other critical unforeseen external situations that may occur during the life of this strategic plan could affect our resources to such an extent that substantial resources will have to be diverted over several years.

**Changes in Consumer Behavior.** Economic conditions could change consumers' use patterns with a variety of consumer products. For example the energy

crisis in the 1970s and subsequent fossil fuel shortages led consumers to use alternative heating systems. The increased sale of coal and wood burning appliances resulted in increases in fires and fire deaths with these products. Chain saw injuries and deaths increased dramatically as more and more consumers cut their own wood for heating purposes. Similar events could result in modifications to our strategic goals.

**Access to Data from Other Agencies.**

The ability to quantify injury, death, or other loss-related reductions is dependent on several databases maintained by other agencies and organizations. For example, the Bureau of Census provides data regarding the size of various vulnerable groups of people, such as children, that the staff uses to estimate risk ratios. Data collection costs could increase substantially and may necessitate delaying some projects if: (1) data from other agencies were not available in the future, necessitating the development of alternative data sources, (2) agencies began charging or substantially increased the cost of their data, and (3) the scope of the information to be collected was expanded to include data sources not presently used.

**Changes in the Coding of Deaths.** The International Classification of Diseases (ICD) is the coding system used throughout the world – and throughout this country – to classify deaths in specific categories to allow comparison of death rates by cause among countries, states and regions. We use these codes to define reporting requirements for

state death certificate contracts. The World Health Organization (WHO) revises the system about every ten years. The United States implemented the new set of codes based on the 10<sup>th</sup> revision on January 1, 1999.

Because the new codes use different definitions than the codes of the 9<sup>th</sup> revision, staff cannot predict if or how these changes will affect our performance data. We reviewed the new set of codes and revised our purchase requirements for death certificate contracts before the new system was implemented. Experts at the WHO and the U.S. National Center for Health Statistics (NCHS) are analyzing the changes in coding to make recommendations on ways to compare data reported under the 9<sup>th</sup> revision with data reported under the 10<sup>th</sup> revision. We will review these recommendations and the data we are collecting to decide how to compare the data sets when the WHO and NCHS work is complete and when the data for 1999 are sufficiently complete.

**Other External Events.** Actions by congress, other agencies, the private-sector, and petitions from outside interested parties could cause changes in our strategic objectives. In the past, congress has enacted legislation directing CPSC to work, or to avoid working, in specified areas. Such mandated shifts in resources could affect goal achievement either negatively, if there were shifts from work-in-progress, or positively, if additional focus was given to a strategic goal area.

## SUMMARY

CPSC's primary mission is to reduce unreasonable risks of injury and death from consumer products. In our revised strategic plan under the Government Performance and Results Act, we set goals to: reduce the estimated 650,000 annual product-related head injuries to children under 15 years old; prevent any increase in the low number of unintentional poisoning deaths to children under 5 years old from hazardous household chemicals and drugs; reduce deaths from residential fires that claim up to 3,400 lives each year; reduce CO poisoning deaths, many of which involve gas-fueled heating appliances; and reduce deaths from electrocutions caused by such products as house wiring, power tools, and small appliances.

Along with our primary mission, we are also charged with alerting the public to important safety information to assist it in evaluating the comparative safety of consumer products. To this end, strategic goals were set to increase the public's access to safety alerts, recalls, press releases and publications through increased contacts with CPSC's web site, and *Consumer Product Safety Review* publication, while maintaining the capability to respond to Hotline calls. Strategic goals were also set to maintain the already high levels of customer satisfaction with CPSC's Hotline, Clearinghouse, and State Partners program, as well as setting a

goal for a specific level of success with the timeliness and usefulness of our services to industry. Finally, a strategic goal was set for managing our human capital by focusing on recruitment, diversity, and training of our workforce. These strategic goals have timelines ranging from 3 years for consumer information (service quality), customer satisfaction, and human capital goals, to 10 years for injury reduction goals.

The strategic goals were set at the agency level. CPSC will measure its effectiveness in accomplishing the strategic goals by combining results of activities across two core budget programs. For example, to measure agency effectiveness in reaching our injury reduction goals, we will combine the results of our efforts from one budget program, which focuses on identifying and researching product hazards, with the second budget program, which uses proven methods to reduce these hazards.

The strategic plan will be used to set the direction of the agency and allocate the bulk of our resources. We will link annual performance goals to the strategic goals through projects and activities that are expected to lead to future injury reductions, service improvements and customer satisfaction. Most importantly, the agency will continue to fulfill its mission of saving lives and keeping families safe from hazardous products.

## Appendix A

### Summary of CPSC Statutes

When Congress created CPSC through the Consumer Product Safety Act ("CPSA"), it transferred to CPSC the authority to administer several other statutes. The agency oversees five statutes in all and has issued regulations under most of them.

**CPSA**, 15 U.S.C. §§ 2051-2084. This is CPSC's umbrella statute. It established the agency, defines its basic authority, and provides that when the CPSC finds an unreasonable risk of injury associated with a consumer product it can develop a standard to reduce or eliminate the risk. The CPSA also provides the authority to ban a product if there is no feasible standard, and it gives CPSC authority to pursue corrective actions and recalls for products that present a substantial product hazard. (Generally excluded from CPSA are food, drugs, cosmetics, medical devices, tobacco products, firearms and ammunition, motor vehicles, pesticides, aircraft, and boats.)

**FHSA**, 15 U.S.C. §§ 1261-1277. The Federal Hazardous Substances Act ("FHSA") applies to hazardous household substances and requires that such substances be labeled as provided in the statute. This is the principal statute under which CPSC regulates children's products. The Commission can determine by regulation that a toy or children's article that presents an electrical, mechanical, or thermal hazard is a hazardous substance. The statute itself provides that a toy or children's article that is or contains a hazardous substance is automatically banned. This is the authority behind the prohibition against small parts on toys intended for children under 3 years of age. The Commission can issue regulations to ban other household hazardous substances if it finds that labeling would be inadequate to protect the public health and safety.

The Labeling of Hazardous Art Materials Act ("LHAMA"), 15 U.S.C. § 1277, is a 1988 amendment to the FHSA. It requires that producers or repackagers of art materials submit the product's formulation to a toxicologist who will determine if the art material presents any chronic health hazards. If so, the art material must be labeled in accordance with a standard mandated by Congress. The producer or repackager must submit to CPSC the criteria used to determine chronic toxicity and a list of those products that require chronic hazard labeling. All art materials must display a conformance label indicating that a toxicologist has reviewed them.

The Child Safety Protection Act ("CSPA"), Pub. L. No. 103-267 (June 17, 1994), enacted in 1994 contains essentially three parts. First, it amended the FHSA to add labeling requirements for certain toys or games, balls, balloons, and marbles warning purchasers that these items present a choking hazard to young children (effective January 1, 1995). Second, it requires manufacturers, distributors, retailers and importers of these items to report to CPSC when they learn of certain choking incidents involving these products. Finally, the act requires CPSC to review existing voluntary standards for bicycle helmets and develop a CPSC safety standard. Between March 17,

1995 and the time CPSC issues its final standard, bicycle helmets must conform to certain voluntary standards specified in the act.

**PPPA**, 15 U.S.C. §§ 1471-1476. The Poison Prevention Packaging Act ("PPPA") authorizes CPSC to issue requirements for special packaging (child-resistant packaging) for food, drugs, cosmetics, and hazardous household substances. The statute provides for exemptions in certain circumstances.

**FFA**, 15 U.S.C. §§ 1191-1204. The Flammable Fabrics Act ("FFA") authorizes CPSC to issue standards for fabrics, related materials and products when standards are necessary to protect the public against the unreasonable risk of fire leading to death, personal injury or significant property damage. Examples of standards include the children's sleepwear standard and the standard for flammability of mattresses and mattress pads.

**RSA**, 15 U.S.C. §§ 1211-1214. The Refrigerator Safety Act ("RSA") dates from 1956. It directed the Department of Commerce to issue a regulation requiring refrigerator doors be opened easily from the inside. Administration of the statute and regulation were transferred to CPSC in 1973.

## Appendix B

### Criteria for Selecting Strategic Goals

The weights rank the importance and order of the criteria for the selection of strategic goals. Higher weights are associated with more important criteria.

Weight	Criteria
3	<b>Measurement of Performance:</b> Within this criterion, higher priority will be given to strategic goals where baseline information is available and reductions in injuries and deaths can be measured.
2	<b>Frequency of Injuries:</b> Within this criterion, higher priority will be given to strategic goals that address higher numbers of injuries and deaths.
2	<b>Severity of Injuries:</b> Within this criterion, higher priority will be given to strategic goals that address more severe injuries (such as disabling injuries and deaths versus abrasions).
2	<b>Addressability:</b> Within this criterion, higher priority will be given to strategic goals where injury reduction for the product hazard can be addressed through standard-setting, information and education, or other Commission action. Assuming other factors to be equal, a higher priority for goal selection will be assigned to those hazards that can be addressed using fewer Commission resources.
2	<b>Cost/Benefits:</b> Within this criterion, higher priority will be given to strategic goals with the largest benefits after consideration of costs to consumers and producers. The cost/benefit analysis will include the probability of exposure of consumers to the hazard.
1	<b>Vulnerability of the Population at Risk:</b> Assuming other factors are equal, within this criterion a higher priority will be placed on strategic goals that seek to prevent product-related injury to children, the disabled and the elderly.
1	<b>Time to Achieve Goal:</b> Assuming other factors are equal, within this criterion higher priority will be given to strategic goals where reductions in product-related injuries and deaths can be accomplished more quickly.

## **Appendix C**

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