



UNITED STATES
 CONSUMER PRODUCT SAFETY COMMISSION
 WASHINGTON, DC 20207

4516

CPSC/OFC OF THE SECRETARY
 FREEDOM OF INFORMATION

VOTE SHEET

2001 APR -4 P 4: 14

Date: MAR 30 2001

TO : The Commission
 Sadye E. Dunn, Secretary

FROM : Michael S. Solender, General Counsel *MSK*
 Stephen Lemberg, Assistant General Counsel *SL*
 Patricia M. Pollitzer, Attorney *MP*

SUBJECT : Petition HP 00-4 requesting ban of baby bath seats

Attached is a briefing package from the staff concerning a petition from the Consumer Federation of America and nine other organizations. The petitioners assert that baby bath seats pose an unreasonable risk of injury or death by drowning and request that the Commission ban bath seats. The staff recommends that the Commission grant the petition and begin a rulemaking proceeding. A draft advance notice of proposed rulemaking ("ANPR") is attached at Tab L.

Please indicate your vote on the following options.

I. Grant Petition HP 00-4 and approve the draft ANPR.

 Signature

 Date

II. Grant Petition HP 00-4 and approve the draft ANPR with the following changes (please specify):

 Signature

 Date

NOTE: This document has not been reviewed or accepted by the Commission.

Initial *SD* Date *3/30/01*

with Tab I and OQC memo removed → CPSC 6 (b)(1) Cleared
 3/30/01
 No Mfrs/PrvtLbrs or Products Identified
 Excepted by *Petition*
 Firms Notified, Comments Processed.

III. Deny Petition HP 00-4 and direct the staff to prepare a letter of denial to the petitioners.

Signature

Date

IV. Defer decision on Petition HP 00-4.

Signature

Date

V. Take other action (please specify):

Signature

Date

OS# 4516

Briefing Package

Petition No. HP 00-4, Request to Ban Baby Bath Seats

NOTE: This document has not been reviewed or accepted by the Commission.
Initial SD Date 3/30/01

with OGC memo & Tab I removed ←

CPSA 6 (b)(1) Cleared
3/30/01
No Mfrs/PrvtLbrs
Products Identified
Excepted by Refin
Firms Notified,
Comments Processed

For Information Contact:

Jacqueline Elder
Office of Hazard Identification and Reduction
(301) 504-0554 ext. 2254

Executive Summary

In July 2000, the Consumer Federation of America and eight additional organizations petitioned the U.S. Consumer Product Safety Commission (CPSC) to ban baby bath seats. In August 2000, an additional organization, U.S. Public Interest Research Group, submitted a letter requesting to be added to the list of petitioners. The original petition, with the additional organization included as a petitioner, was docketed under the Federal Hazardous Substances Act (FHSA) (Petition No. HP 00-4) and was posted in the Federal Register, Vol. 65, No. 163 on Tuesday, August 22, 2000.

The petitioners state that "[B]aby bath seats pose an unreasonable risk of injury and death to children. Each year at least eight babies die as a result of a drowning associated with bath seat use. Drownings typically occur when the infant tips over, climbs out of, or slides through the product." The petitioners also state that the product induces a "false sense of security," which "leads to increased risk-taking behavior among those using the product even when the irresponsible nature of the caregivers is taken into account."

CPSC staff is aware of 69 deaths and 95 non-fatal incidents and complaints from January 1983 through November 2000 involving baby bath rings/seats. The victims involved in the fatal incidents ranged in age from 5 to 20 months old. Sixty-one of the victims were between 5 and 10 months of age. The age of victims most frequently involved in the fatal incidents was 7 months (18 of the 69). Sixty-six of the 69 deaths took place when the victim was left unattended (by the caregiver) in the bathtub.

It is possible to drown in as little as 2 inches of water and even brief submersions of a minute or so can ultimately prove fatal if a child stops breathing and rebreathing is not quickly reestablished either spontaneously or by means of artificial respiration.

Many of the deaths can be attributed not only to parents leaving the children unattended, but also to the mechanical properties of the bath seat. For example, in 22 of the 69 deaths, the bath seat tipped over - generally related to the failure of suction cups to adequately adhere to the tub surface. The product is not designed for use on non-smooth surfaces or surfaces that may be dirty. Additionally, the leg hole openings in the bath seats are large enough to allow a child's body to slip through, but not the shoulders and head, trapping the infant. Three of the 69 deaths involved this scenario.

Manufacturers of this product are faced with the challenge of designing a bath seat that takes into account that caregivers may leave children alone in a bath seat. The foreseeable nature of how the product is to be used and the mechanical problems that the staff has identified with the product, lead the staff to conclude that baby bath seats as currently designed present a risk of drowning that should be addressed. The staff has not determined if it is possible to design a bath seat that can reduce the risk of drowning and continue to provide the utility caregivers need to bathe their children.

CPSC staff recommends granting the petition and publishing an advance notice of proposed rulemaking (ANPR) to initiate a rulemaking proceeding under the authority of the Federal Hazardous Substances Act (FHSA).

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- Tab A Petition HP 00-4 from the Consumer Federation of America, The Drowning Prevention Foundation, et al. to Ban Baby Bath Seats, July 25, 2000.
- Tab B Memorandum from Mary F. Donaldson, Directorate for Economic Analysis, "Baby Bath Seat Petition, HP-00-4," March 30, 2001.
- Tab C Memorandum from Suad W. Nakamura, Ph.D., Physiologist and Sandra E. Inkster, Ph.D., Pharmacologist, Directorate for Health Sciences, "The Pathophysiology of Drowning," December 7, 2000.
- Tab D Memorandum from Debra Sweet, Division of Hazard Analysis, "Hazard Analysis Memorandum for Bath Seat Petition," March 27, 2001
- Tab E Log of Meeting and Emails between Commission staff and Dr. N. Clay Mann
- Tab F Memorandum from Celestine T. Kiss, Division of Human Factors, "Human Factors Response to Bath Rings/Seats Petition (HP-00-04)," January 25, 2001.
- Tab G Memorandum from M. Kumagai, Directorate for Engineering Sciences, "Review of BATH SEAT ASTM STANDARD F1967 and Response to Comments to Petition HP 00-4," March 2, 2001.
- Tab H Memorandum from M. Kumagai, Directorate for Engineering Sciences, "Evaluation of Bath Seat Design," March 2, 2001.
- Tab I RESTRICTED Meeting Log with Inventor
- Tab J Index of 66 Public Comments
- Tab K Comments from Internet opinion website
- Tab L Draft Advance Notice of Proposed Rulemaking (ANPR)

OS#4516



United States
CONSUMER PRODUCT SAFETY COMMISSION
Washington, D.C. 20207

MEMORANDUM

DATE: MAR 30 2001

TO : The Commission
Sadye E. Dunn, Secretary

Through: Michael S. Solender, General Counsel *AP for MSS*
Pamela Gilbert, Executive Director *PG*

FROM : Ronald L. Medford, Assistant Executive Director, *PLM*
Office of Hazard Identification and Reduction
Celestine T. Kiss, Project Manager, *CK*
Division of Human Factors

SUBJECT: Petition Requesting a Ban of Baby Bath Seats
(HP 00-4)

This briefing package presents the staff analysis of the available data on baby bath seats in response to a petition to ban these products.

I. PETITION (Tab A)

In July 2000, the Consumer Federation of America and eight additional organizations¹ petitioned the U.S. Consumer Product Safety Commission (CPSC) to ban baby bath seats. In August 2000, an additional organization, U.S. Public Interest Research Group, submitted a letter requesting to be added to the list of petitioners. The original petition, with the additional organization included as a petitioner, was docketed under the Federal Hazardous Substances Act (FHSA) (Petition No. HP 00-4) and a notice requesting comments was published in the Federal Register, Vol. 65, No. 163 on Tuesday, August 22, 2000.

The petitioners state that "[B]aby bath seats pose an unreasonable risk of injury and death to children. Each year at least eight babies die as a result of a drowning associated with bath seat use. Drownings typically occur when the infant tips

¹Drowning Prevention Foundation; Danny Foundation for Crib and Child Product Safety; Intermountain Injury Control Research Center; California Coalition for Children's Safety and Health; California Drowning Prevention Network; Contra Costa County Childhood Injury Prevention Coalition; Greater Sacramento SAFE KIDS Coalition; and Kids in Danger.

NOTE: This document has not been reviewed or accepted by the Commission.
Initial Date 3/30/01

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No Mfrs/Prvtlblrs or
Products Identified **TAB I**
Excepted by removed

over, climbs out of, or slides through the product." The petitioners also state that the product induces a "false sense of security," which "leads to increased risk-taking behavior among those using the product even when the irresponsible nature of the caregivers is taken into account."

The petitioners cite 66 incidents of drowning and 37 reports of near drowning as justification for the petition.

II. BACKGROUND

In May 1994, CPSC staff sent a briefing package to the Commission recommending the publication of an advance notice of proposed rulemaking (ANPR) to initiate a rulemaking proceeding to develop performance or other requirements addressing the deaths and near-drownings associated with baby bath rings/seats. On June 15, 1994, the Commission decided, by a two to one vote, against initiating formal rulemaking proceedings.

At the time of the briefing package, staff was aware of 13 deaths associated with baby bath rings/seats between 1983 and October 1993 of infants between 6 and 11 months of age and of one child 15 months of age. In all but two cases, the victims were left unattended while in a bath ring/seat placed in a bathtub or sink. There were six non-fatal incidents reported in which unattended children were injured, with a seventh injury occurring when the attending caregiver was distracted by the victim's sibling who was also being bathed. The injury victims, like the death victims, ranged from 6 to 11 months of age.

The Commission also had reports on approximately 30 additional incidents in which bath rings/seats failed but no injuries occurred. In most of these cases, the suction cups did not function properly and prompt action by caregivers prevented injury or death.

In 1992, sales of bath rings/seats were around 660,000 units with a retail value of \$9 million. Bath rings were used by 28 percent of mothers with infants, with an estimated 1.4 million in use in 1992. Approximately 10 out of 66 firms that manufactured or imported bathing accessories for infants were identified as suppliers of baby bath rings/seats.

In 1994, staff was not aware of any voluntary or mandatory safety standards for bath rings/seats.

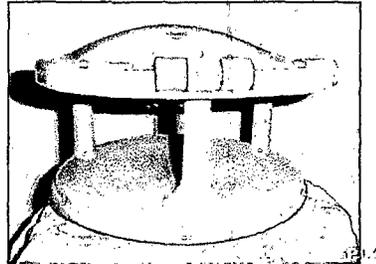
III. DISCUSSION

A. Product Description and Market Information (Tab B)

The subject products are classified as either baby bath rings or bath seats. Bath rings typically consist of a plastic ring with three or four legs equipped with suction cups. The infant sits directly on the bathtub surface or on a fitted sponge

pad within the ring, straddling a bath ring leg. Baby bath seats are similar to bath rings, but provide a molded plastic seat for the infant to sit on (See Figure 1). Suction cups are attached to the underside of the molded plastic seat. One model bath seat had a fold down "T-bar" for easier placement and removal of the infant; this seat is no longer manufactured. Bath seats are not intended to be used with textured or non-skid bathtub surfaces. Textured and non-skid bathtubs represent a substantial portion of the residential tubs sold today.²

Figure 1 - Example of a bath seat



The Juvenile Products Manufacturers Association, a trade association of manufacturers, importers, and distributors of juvenile products, reports that "bath seats and rings are generally not recommended for use until six months of age or when the children can sit upright unassisted. They are usually discontinued in use when a child seeks to escape the confines of the product or can stand up while holding onto other objects. These [sic] products have a useful product life of several months with both lower and upper limits being determined by the development and ability of the child."³ According to the Division of Human Factors, developmental literature indicates that infants begin to pull up on objects around 9 months of age. Based on this information, bath rings/seats are useful with infants from about 6 to 9 months of age.

According to the Directorate for Economic Analysis, at the time of the 1994 Commission briefing there were approximately 10 firms supplying baby bath rings/seats. Currently, however, there is only one manufacturer, Safety 1st, of traditional bath seats (see Figure 1 above) in the U.S. market. Safety 1st also produces a convertible tub/seat and The First Years currently sells a convertible tub/seat. Retail sales of new baby bath seats may range from 700,000 to 1,000,000 annually. Manufacturers that no longer produce baby bath seats include Fisher Price, Gerry, Century, Pansy Ellen, A-Plus, C. Meyer Associates, Illco, Sanitoy Inc., Sassy, and Shelcore. Some of these manufacturers' products are still in use and may be found for sale in the secondhand market.

²Based on staff market review.

³Part of comment received from JPMA in response to solicitation for public comments.

Bath rings and seats are also produced in many other countries, including Canada. However, CPSC is not aware of any of these foreign firms currently exporting to the U.S. market.

Staff estimates that there are between 1.3 and 2 million bath seats available for use in homes with infants. This estimate is based on 1999 survey⁴ results that indicated 33 percent of new mothers own bath seats or rings, census data that shows about 4 million infants born per year in the United States, and an industry estimate of 2 million bath rings/seats in use.

Prices for infant bath seats range from about \$10 to \$16. Seats that convert from an infant bathtub to an infant bath seat sell for about \$20 to \$25. In regards to this petition, convertible tubs are only considered when they are used in the bath seat mode.

Using a statistical value of life of 5 million dollars⁵, the societal "cost" for an average of 8 deaths per year⁶ associated with baby bath seats is around \$40 million annually, or about \$20 per baby bath seat in use per year, assuming there are 2 million baby bath seats in use annually.

B. Health Sciences Evaluation (Tab C)

The hazards associated with bath rings/seats are drowning and near-drowning. The term drowning indicates death within 24 hours of submersion in water. Near-drowning is defined as a submersion incident in which the victim survives for at least 24 hours, irrespective of whether s/he subsequently survives or dies from complications related to the submersion incident (Orlowski, 1987; Fields, 1992; Modell, 1993).

According to the Directorate for Health Sciences, while drowning usually involves complete body submersion, it is not necessary and drowning can occur when just the nose and mouth are covered by water (Byard and Lipsett, 1999). A baby or young child lacking the developmental skills to right his/her self after having fallen can drown in as little as 2 inches of water. Oxygen deprivation of the brain is the primary consequence of drowning. While an immediate opportunity exists to rescue victims of short duration submersions (less than 5 minutes) without lasting effects, parents and caregivers rarely apply appropriate cardiopulmonary resuscitation (CPR) techniques in a timely manner due to initial panic and/or lack of training. Thus, in the absence of rapid resuscitation, severe brain damage or death is a likely outcome for victims who stop breathing and fail to spontaneously rebreathe after bath water submersions that

⁴*Baby Products Tracking Study 2000: Nursery Décor and Accessories*, conducted for American Baby Group, Bruno and Ridgeway Research Associates, Inc, #5861.

⁵A statistical "value of life" of 5 million dollars is consistent with current economic literature.

⁶From 1993 to 1997, the latest 5 years for which CPSC has complete data on deaths, CPSC has reports of 41 deaths, or about 8 deaths per year.

can be as short as a minute.

The reliability of the estimated submersion times in the fatal bath ring/seat drownings reported to CPSC is uncertain. Nonetheless, staff's review of fatal bath ring/seat drowning incidents indicates that, in the majority of cases where appropriate intervention might have been successful, the parent or caregiver (like the majority of the general public) did not know how to perform CPR. Some caregivers initially panicked, a few made initial untrained attempts at CPR, but most tried to contact emergency services before initiating any CPR attempts.

C. Epidemiology Evaluation (Tab D)

1. Incident Data

According to the Directorate for Epidemiology's Division of Hazard Analysis (EPHA), CPSC has reports of 69 deaths and 95 non-fatal incidents and complaints associated with baby bath rings or seats between January 1983 and November 2000.⁷

The victims involved in the fatal incidents ranged in age from 5 months old to 20 months old. Sixty-one of the victims were between 5 and 10 months of age. The age of victims most frequently involved in the fatal incidents was 7 months (18 of the 69). Sixty-six of the 69 deaths took place when the victim was left unattended (by the caregiver) in the bathtub. The remaining three deaths occurred while the caregiver was with the child in the bathroom. In two of these cases, the caregivers reportedly turned away momentarily and looked back at the victims to find them face down in the water. In the other case, the caregiver saw the incident occur but panicked briefly.

In 26 of the 69 deaths (38%), the victim was put into the bathtub with another child (or children). However, not all of these other children were still in the bathtub when the drownings occurred.

In almost all of the cases, the infant was reported to have been left unattended for a few minutes or longer. The times that the caregiver was out of the room varied from a reported 2 minutes to over one hour. Some of the reasons stated for leaving the child unattended were to respond to unexpected phone calls or company, to retrieve towels or clothing, or to tend to another child in the home. Some caregivers left the victims unattended for more deliberate reasons such as performing household chores, playing video games, or watching television.

⁷It should be noted that the identified cases do not represent a complete count nor a sample of known probability of selection. The cases do, however, provide information about the types of incidents associated with baby bathing aids.

2. Hazard Scenarios

Table 1 provides a breakdown of the hazard scenarios, the ages of the victims, and the numbers of fatal and non-fatal incidents and complaints.

**Table 1. Bath Seat Deaths and Non-Fatal Incidents by Hazard Scenario
(1/1983 through 11/2000)**

Hazard Scenario	Age Range Of All Victims	Fatalities	Non-Fatal Incidents and Complaints
Tip-Over	5-15 months	22	50
Children Coming Out of the Bath Seat	6-14 months	11	6
Entrapment and Submersion	3-16 months	3	15
Bath Seat Breaking	Unknown	0	7
Children Slumped Over	5-20 months	8	2
Overflowing Bathtub	5-8 months	2	0
Children Found in Water; Bath Seat Position Unknown	5-11 months	16	5
Bath Seat Upright; Child Position Unknown	8 months	2	0
Unknown or Uncertain Circumstances	5-12 months	5	10
Total Incidents	3-20 months	69	95

The hazard scenarios associated with bath seat deaths and incidents can be grouped into three areas: 1) those that involved problems with the bath seat design and materials; 2) those in which the bath seat stayed upright and held the child in the seat; and 3) those in which the circumstances of the incident are unknown or uncertain.

Problems with bath seat design and materials

The design/materials of the bath seats may have contributed to 36 of the 69 fatalities and 78 of the 95 non-fatalities/complaints. The hazards involved: (1) the bath seat tipping over submerging the occupant in the water or allowing the child to escape the confines of the seat; (2) the occupant being found outside the seat (while the seat remained upright), presumably by coming over the top of the seat; (3) the occupant sliding through the leg opening, becoming trapped and submerged in the water; and (4) part of the bath seat breaking creating a potential hazard.

Bath Seat Tipped over

In the incidents in which the seat tipped over, the suction cups may have contributed because they failed to adhere to the tub surface; they adhered but the legs of the seat separated from the suction cups; or the suction cups were missing. CPSC has reports of 22 deaths and 50 non-fatal incidents/complaints involving tip-overs. It does not appear that one manufacturer's products were involved in significantly more fatal tip-over incidents than any other manufacturer's products.

Child came out of seat

The design/materials group of hazard scenarios also includes incidents in which the occupant was found outside the upright seat, presumably by coming over the top of the seat because the seat failed to restrain the infant. For this scenario, 11 fatalities and 6 non-fatal incidents and complaints were reported to the CPSC.

Entrapment and Submersion

The third hazard associated with the design/materials group of hazard scenarios involves the occupant sliding through the leg opening, becoming trapped and submerged in the water. There were 3 deaths and 15 non-fatal incidents and complaints associated with this hazard. In 2 of the fatalities the leg openings on the bath seats were large enough for the infants to fit both legs through one opening but not large enough to allow the shoulders and head to pass through. In the third case, the leg post was broken and the infant slid under the rim. All 3 infants died because their faces were partially or completely submerged in the bath water.

Bath seat breaking

The fourth hazard associated with the design/materials group of hazard scenarios involves the bath seat breaking.

There were 7 complaints related to this hazard but no fatalities. The complaints included bath seat legs breaking or detaching, the rings around the child breaking, mats ripping away from the legs/suction cups and the bath seat cracking.

Bath seat upright and child found in seat

The second grouping of hazard scenarios involves the bath seat staying upright and the infant staying in the bath seat. There were two hazards in this scenario; in one the infant "slumped over" the seat rim, in the other the bathtub overflowed.

Slumped over

There were 8 reported "slumped over" fatalities and 2 non-fatal incidents or complaints. Although the water depth data provided in these cases is limited, water depth would be expected to play a role in these scenarios.

Overflowing water

There were 2 fatalities involving overflowing bath water. One incident involved a 5-month-old child in a laundry tub. The other incident involved an 8-month-old victim in a bathtub.

Unknown or uncertain

There were 23 fatal incidents in which not enough information is known to identify a hazard scenario. The unknown cases involved children being found in the water but the bath seat's position was unknown (16 fatalities/5 non-fatal incidents and complaints). Also, in 2 fatalities the bath seat was found upright but the child's position was unknown. Finally, 5 fatalities and 10 non-fatal incidents and complaints involved unknown or uncertain circumstances.

3. Risk of Drowning in Bath Seat vs. Bathtub

To address the relative risk of children drowning in bathtubs with a bath seat and without a bath seat, staff compared bath seat-related deaths to bathtub-related deaths. CPSC Hazard Analysis staff evaluated data for 1996 and 1997, since CPSC investigated most of the infant bathtub drownings during this time period. In these two years, 16 children 5 to 10 months of age drowned in bath seat-related incidents compared to 28 drownings of children 5 to 10 months in bathtubs without bath seats. For purposes of this analysis, the staff assumed that owners of bath seats used them during baths and non-owners bathed their children in the bathtub without any bath aids. Staff also assumed that the total number of children in the population and the number of bath seat users are uniformly distributed from age 1 day to 1 year. These assumptions were used to calculate a

relative risk of death for bath seat use versus bathtub use for 5 to 10 month-old children in 1996 and 1997 (Table 2).

**Table 2:
Relative Risk of Death for Bath Seats Versus Bath Tubs
5-10 month-old children 1996 and 1997**

Age of Child	# Deaths per 500,000 Bath Seat Users	#Deaths per 500,000 Bathtub Users
5 months-old	4.8	0.0
6 months-old	7.2	3.4
7 months-old	7.2	3.4
8 months-old	7.2	8.0
9 months-old	7.2	8.0
10 months-old	4.8	9.1

Source: CPSC databases (DTHS, IPII, INDP), Baby Products Tracking Study and NCHS data.

The data suggest that children 5 to 7 months old are more at risk of death when bathed in a bath seat as opposed to being bathed in the bathtub without other bathing aids. At 8 to 10 months old, the risk of death is greater in a bathtub as opposed to a bath seat. Although the staff does not know the reason why the risk of bath seat drowning is less than bathtub drowning at 8 months of age, one possible explanation may be related to the diminished utility of the product as children reach this age. At this age, children are beginning to stand and are getting "big" for the bath seat. The staff's risk analysis assumes that the number of bath seats being used is constant for 5 through 10 months of age. If, in fact, fewer bath seats are being used by older children, then the risk of bath seat drowning would be greater than that shown in Table 2.

D. Research Reported at the National Congress on Childhood Emergencies Meeting (Tab E)

On March 27, 2000, Dr. N. Clay Mann of the Intermountain Injury Control Research Center at the University of Utah reported findings of a research project, "Infant Seat Bathtub Drowning: Who's to Blame?"⁸ Dr. Mann compared infant drowning deaths in bathtubs with infant drowning deaths in bathing aids in bathtubs. The petitioners refer to two main conclusions from Dr. Mann's paper. The first conclusion relates to the caregiver's decision to leave an infant alone in the bathtub. Dr. Mann concluded that caregivers are more likely to leave a child unattended in the bathtub for conscious, willful decisions if there is a bath seat present in the bathtub. The second conclusion is related to water depth. Dr. Mann's analysis found that the water at the time of the fatal incident was significantly deeper in incidents involving baby bath seats.

⁸ Presented at the National Congress on Childhood Emergencies, Baltimore, MD

CPSC staff analyzed the bath seat and bathtub data Dr. Mann used in his research. Although the staff's analysis yielded slightly different results, the basic conclusions were the same.⁹ CPSC staff found that when a bath seat was involved caregivers were more likely to cite a conscious or willful decision for leaving the child alone than when there was a bathtub drowning with no bath seat involved. Staff also found a slightly higher water depth for those deaths where children were in bath seats.

The reasons for leaving the child unattended in the bathtub with or without a bath ring/seat were classified by Dr. Mann and by CPSC staff as either a willful decision or an impulsive decision. Willful decisions were defined as watching television, performing household chores, and getting clothing for the victim. Impulsive decisions were defined by Dr. Mann as answering the telephone, responding to the doorbell, responding to a distressed child and tending to cooking food. Dr. Mann's finding that consumers leave a child unattended in a bath seat more often for willful reasons than for impulsive reasons agree with the results from a CPSC focus group study conducted in 1993 (see discussion in Section E). The focus group participants indicated that when using a bath seat non-emergency (willful) reasons were more likely to draw them away from the child than emergency (impulsive) reasons.

According to Dr. Mann, as far as the water depth is concerned, the actual water level is not as important as the fact that consumers appear to use more water when a bath seat is in use. According to CPSC staff's analysis of the hazard scenarios, the water depth may be an issue in the situations in which the bath seat is upright and the infant slumps over the seat rim or when the infant comes out over the top of the seat; however, the water depth data was very limited and therefore no conclusions could be made.

E. Human Factors Evaluation (Tab F)

In preparation for the 1994 Commission briefing on bath rings/seats, Human Factors staff worked with a contractor to conduct consumer focus groups¹⁰ to learn more about how consumers use bath rings/seats. The groups provided a variety of information regarding bathing children, bath time supervision habits, and use of bath rings/seats. The following points summarize participants' responses regarding leaving children in the bathtub for a short period of time:

⁹ Commission staff corresponded with Dr. Mann via email and a phone conference to clarify some of his findings. Tab E contains a record of the emails and phone conference.

¹⁰ "A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats CPSC-R-93-5839" by Shugoll Research

- (1) Despite an intellectual knowledge of the hazard of drowning, and agreement that children should never be left alone in the bath, some participants acknowledged having done so, albeit infrequently, and typically for only a few moments.
- (2) Responses suggested that, although emergency situations occur, they are not the primary reason that caregivers turn away from a child in the bath. Participants reported that practical, non-emergency reasons, such as needing a towel, pajamas, or a diaper were more likely reasons for leaving the child.
- (3) Participants' responses indicated that uneventful experiences with leaving a child unattended in the bath tended to encourage repetition of this behavior.
- (4) In general, participants perceived bath rings as convenience items rather than as safety devices. However, responses suggested that some users gained a sense of security from the rings/seats, and believed the child was safer in a bath ring/seat. These included comments that they believed their child was less likely to stand up or slip around if they were restrained in a bath ring/seat.
- (5) The sturdier, more luxurious-looking bath rings/seats were preferred by most participants, and were perceived to be safer than more basic models.

Human Factors' evaluation indicates that consumers have a perception of increased safety and security when using a bath seat compared with bathing a child in a bathtub. As consumers use the product and the infant sits in the bath seat without an incident, the consumer becomes more relaxed and less vigilant about using the product. When the caregiver makes the decision to leave the infant alone in the bath ring/seat and returns to find the infant "safe", security has been reinforced. The more frequently the consumer successfully leaves the infant alone without an incident the more probable it is that s/he will engage in this behavior again.

F. Existing Standards (Tab G)

At the time of the 1994 briefing package there were no voluntary, mandatory, or international standards to address drowning in baby bath rings/seats. As of the writing of this package, staff is aware of one voluntary standard relating to bath seats, the ASTM F1967-99 Standard Consumer Safety Specification for Infant Bath Seats (first published in June 1999). During August and September 1999, additional requirements for improved performance of suction cups and latching/locking mechanisms were balloted; ASTM estimates that the revised standard will be published by July 2001.

According to the statement of scope in the standard, "This consumer safety specification establishes performance requirements, test methods, and labeling requirements to promote the safe use of infant bath seats." A summary of the major requirements in this standard follows:

Stability

This requirement addresses the bath seat's resistance to tipping over during normal use. This requirement is intended to ensure that new bath seats' suction cups properly attach to the bathtub surface. This requirement does not address suction cup performance over time nor does it address suction cup performance on non-smooth or dirty surfaces.

Restraint System

Bath seats must provide a passive crotch restraint to prevent the occupant from sliding out through the product. For bath seats on the market this requirement is met by a fixed vertical bar between the infant's legs. The standard also specifies that bath seats shall not include additional restraints that require action by the user. The rationale for this requirement was that a redundant system would give the caregiver a false sense of security.

Resistance to Folding

If the bath seat folds, it is required to have a latch or locking mechanism to prevent the unit from unintentionally folding during use.

Labeling

The standard requires a warning label on the product, instructions, and packaging consisting of the safety alert symbol (an equilateral triangle surrounding an exclamation point) and the following exact wording:

 **WARNING**
Prevent drowning

ALWAYS keep baby within arm's reach

The warning label printed above is the minimum specified size. The warning must be located on the product so that it is visible to the adult caregiver and must be a contrasting color to the background. If the bath seat is not recommended for use on a slip-resistant surface, an additional warning label stating this is required only on the package.

Staff is aware of an ASTM standard for slip-resistant bathtub surfaces. According to the Plumbing Manufacturers Institute (PMI), this standard is used for most enameled-coated steel tubs but not for plastic tubs.

G. Engineering Evaluation (Tab H)

The Directorate for Engineering Sciences staff identified three areas that they believe are not adequately covered in the voluntary standard and that may contribute to the drowning incidents: (1) stability of the seat; (2) suction cup operation; and (3) occupant retention.

The stability of the seat is greatly affected by the performance of the suction cups. If suction cups are missing or detach from the tub surface or the bath seat, there is an increased likelihood that the bath seat will tip over when the occupant leans out over the rail. The stability test in the voluntary standard addresses suction cup performance but it does not address performance over time or on non-smooth or dirty surfaces.

The suction cups operate by creating an air or watertight seal between the bathtub surface and the bottom of the suction cup material. A leak in the seal between the suction cup and bathtub surface would allow air or water to leak under the suction cup resulting in detachment of the suction cup from the tub surface. A rough tub surface would allow such a leak to occur. The suction cups used on bath seats will not adhere to textured bath surfaces or slip resistant surfaces. Dirt or soap scum build up could also degrade the performance of the suction cups. Dissolved or suspended particles in the bath water such as oils and soap should not affect the suction cups' adherence to the tub.

In a closed, proprietary meeting with Commission staff, an inventor presented his idea to address the stability issue with bath seats. His invention increases the base of the seat and does not rely on suction cups. (Restricted Tab I) This illustrates that there may be ways to design bath seats to address some of the hazard scenarios.

The occupant retention system currently required by the ASTM F1967 standard for bath seats is a passive crotch restraint. A center post is the most common form of passive restraint used on bath seats and is intended to prevent the infant from slipping down and out of the bath seat. However, the standard does not have any leg opening size requirements, and staff is aware of three deaths when infants got both legs through a leg opening and became trapped and submerged under water because their shoulders and head could not pass through the opening.

In addition, this type of passive restraint does not prevent the infant from climbing out of the bath seat. To prevent the

occupant from climbing out of the product, the restraint system would have to prevent the infant from lifting his bottom off the bath seat or tub. However, a restraint that retains the infant in the seat would take away from the utility of the product as a bathing aid because it would make it difficult for the caregiver to wash the infant's lower body. Also, the ASTM F1967 bath seat standard does not allow additional user activated restraints because the subcommittee believed that this would provide the caregiver with a false sense of security and could increase the likelihood that a parent might leave a child unattended.

H. Warning Labels

According to the Division of Human Factors, warning labels have limited effectiveness on user behavior when the product is familiar and perceived to be benign. Consumers who have used bath seats over time and have not had any indications that the seat could tip over or that the infant could climb out of or slide under it are led to believe the infant is secure in the seat. In addition, the more often consumers use the product, the less likely they are to notice and read the product labels. They are no longer looking for guidance on how to use the product and therefore, they do not look for and read labels. Thus, staff believes the arm's reach warning label required in the voluntary standard becomes less effective with each use of the product.

The voluntary standard also requires a label on the packaging of the product advising consumers not to use the product on non-skid bathtub surfaces. This label is only required on the packaging, not the product. This label is likely to have limited effectiveness for two reasons. First, it fails to explain to the user the hazards of using the product on a slip-resistant surface (i.e., suction cup failure). The user may not know if the bathtub surface is slip-resistant and may purchase the product anyway. The consumer may try the product to determine if the tub has a slip-resistant surface and if it works the first time, then conclude the surface is okay and continue to use the bath seat. Second, the product's packaging is not likely to remain with the product; therefore, the message is lost to anyone who does not see the packaging. This is the type of product that will likely be handed down to family and friends with young children or sold at garage sales, and if the label is not on the product, the second-time owner will not get the message.

IV. Public Comments (Tab J)

The CPSC received a total of 66 comments from individual consumers and organizations in response to a Federal Register notice (Vol. 65, No. 163/ Tuesday, August 22, 2000/p. 50968).

Of those 66 comments, 45 comments were a form letter expressing the same concerns as those of the petitioner and asking the Commission to support the petition to ban bath seats.

Seventeen other comments also supported the petition and expressed concerns about the hazards involving bath seats. Three comments provided in-depth discussions as to why the CPSC should deny the petition. Finally, one consumer provided information both supporting and opposing the petition.

There were eight primary issues addressed in the comments. Below is staff's response to those issues. The numbers found in parentheses after a comment refer to the commenter number assigned by the Office of the Secretary. The letters "FL" refer to the form letter used by many of the commenters.

Unreasonable Risk

Comment: According to most commenters, 66 deaths from January 1983 to June 2000 and 37 near-drownings are too many. They note that when the Commission first looked into the hazards involving bath seats there had been 13 deaths in 10 years. In the following 6 years, 53 additional deaths occurred. They viewed this as an unreasonable risk because of the "alarming" number of deaths with a product that they stated had a useful life of only 2 months. (FL, #20, 24, 28, 56, 58, 60)

CPSC Staff Response: Staff is also concerned about the number of deaths. CPSC staff is aware of 69 deaths and 95 non-fatal incidents from January 1983 to November 2000.

False Sense of Security

Comment: Many commenters quoted research conducted by Dr. N. Clay Mann that suggests parents and caregivers of infants who use bath seats engage in more risk-taking behavior than non-bath seat users. These commenters argue that bath seats are viewed as safety devices and thereby provide the user with a false sense of security. The petitioners and almost all of the comments from consumers in favor of granting the petition indicated that the product leads the user into believing that the child is "safe" in the bath seat in the water. (FL, #1, 54, 56, 59, 60, 62)

Some commenters stated that the product may not claim to be a "safety device" but it certainly gives the impression it is, especially with the brand name "Safety 1st" on the package. (#13, 16, 28, 40, 64)

One commenter, who opposes the petition, stated that the product doesn't cause a false sense of security, but rather the caregiver undertakes risky behavior because previous behavior resulted in no injury. (#53)

Another commenter, who also opposes the petition, stated, "The unreasonable actions of caregivers who leave infants unattended in bathtubs, whether or not a bath seat or ring is

used, results in the hazards, with tragic consequences. This behavior itself defies the common sense approach used by 99.999% of the population and is unreasonable. As we have noted, the products themselves performed properly and as intended. It was not the normal or even foreseeable misuse of the product that creates the hazard, but rather the unreasonable behavior of the caregiver. No standard, whether mandatory or voluntary, can address this risk." (#63)

CPSC Staff Response: Various sources¹¹ indicate that many consumers purchase the product for safety and convenience reasons. Consumers may not be ready to bathe their infants in a regular size bathtub and, therefore, are looking for a device to help them contain a wet, slippery, squirmy infant. Staff agrees that some caregivers perceive that the product provides a greater degree of safety than it does, and this false sense of security about the product leads to the foreseeable misuse of the product. Staff also believes that the product is not adequately designed to protect children against this foreseeable misuse.

Staff believes that consumers' familiarity with the product may lead to the foreseeable misuse. As a caregiver uses the product and the infant sits in the bath seat without an incident, the caregiver becomes more relaxed about using the product. Then, when a situation occurs in which the caregiver makes the decision to leave the infant and returns to find the infant "safe" in the bath seat, security has been established. The more frequently the caregiver successfully leaves the infant alone without an incident the more probable it is that s/he will engage in this behavior again.

Staff agrees that while bath seats may not be marketed as "safety devices", the manner in which they are sold leads the user to believe that they are. One manufacturer, Safety 1st, sells a number of baby "safety" products and, therefore, consumers may associate their name with "safety" products. In addition, their name appears prominently on the packaging, which makes it look like it is part of the bath seat product name. This could lead the consumer to believe the bath seat is a "safety" device.

Bath Seat Incompatible with Bathtubs

Comment: Several comments pertained to the current voluntary standard, ASTM F 462-79 (reapproved 1999) "Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities." This standard establishes slip-resistance surface requirements to minimize injuries in tubs and showers. The commenters indicated that suction cups that are used to adhere the bath seats to the tub surface do not work on slip-resistant surfaces. (FL, #2, 28,

¹¹ Sources included: CPSC focus groups results, IDIs, consumer opinions on internet website and marketing information

59, 60, 64)

Another commenter, who opposes the petition, stated, "As we have noted, the products themselves performed properly and as intended." However, that same commenter indicated that the data show suction cups on the seats failed on smooth surface bathtubs not just slip-resistant surfaces. (#63)

CPSC Staff Response: According to CPSC Engineering Sciences staff, adherence of the suction cup to the bathtub surface requires an adequate seal between the mating surfaces. Suction cups used on bath seats will not adhere to textured bath surfaces or slip-resistant surfaces. Dirt or soap scum build up could also degrade the performance of the suction cup. However, dissolved or suspended particles in the bath water such as oils and soap should not affect the suction cup adherence to the tub.

Staff disagrees with the commenter's statement that the "products themselves performed properly and as intended." In 22 of the 69 fatalities and 50 reported non-fatalities, the bath seats detached from the tub surface and tipped over. In addition, many consumers reported on an opinion website (Tab K) that they were using the bath seat when all of a sudden, without any warning the seat tipped over and the child was under the water. In some of these incidents the consumers stated that they had used the product a number of times before and occasionally had difficulty removing the suction cups when bath time was over. Other consumers indicated that right from the start they had trouble with the suction cups only working some of the time.

CPSC data are inconclusive about the types of surfaces on which the tip-overs occurred, so CPSC staff is unable to verify the commenter's assertion that data show seats failed on smooth surface tubs. However, there were a number of comments on the Internet in which consumers specifically state that their tubs had smooth surfaces and the suction cups failed.

Labeling - Slip resistant surfaces

Comment: A few commenters stated that the label warning against the use of the bath seat on non-skid tubs should be on the product, not just the box. Due to the short useful life of the product, the bath seat is likely to be passed on to other family members or friends without the box. This makes the label ineffective for these other users. (#2, 59)

CPSC Staff Response: Staff agrees with the comments that a warning label only on the packaging and not on the product is likely to be less effective than a label placed on the product. The effectiveness of this label is limited for two reasons. First, it fails to explain to the user why the product should not be used on non-skid bathtub surfaces (suction cup failure). Second, the product's packaging is not likely to remain with the

product; therefore, the message is lost to anyone who does not see the packaging.

Labeling - Keep child within arm's reach

Comment: In regards to the labeling related to keeping the child within arm's reach, a commenter who is against the petition, referenced information from CPSC focus groups that were conducted in 1993. The commenter states "Almost all of the parents surveyed recalled the warnings on the product, packaging or instructions and view it as an important reminder that the consequences of leaving an infant alone in the bathtub could be drowning. This fact undercuts the Petitioners' argument that the warnings are not noticed and are ineffective." (#63)

CPSC Staff Response: Staff disagrees with the commenter's conclusion that the focus group results which showed that consumers recalled the warning label are evidence that undercuts the arguments that warnings are not noticed and ineffective. According to the focus groups, consumers were able to recall the warning not to leave a child unattended. However, the focus group members also reported situational variables that made them comfortable leaving a child unattended. Those variables include using a bath ring/seat, having an older sibling in the bath, and being able to see and hear the child even though they had physically left the bathroom.¹² Judging from the focus group's comments and the actions of the caregivers in the fatal and non-fatal incident data who left the child alone in bath rings/seats, the warnings are ineffective.

Water Depth

Comment: A couple of commenters expressed the belief that if parents are not given proper guidance they will fill the tub with more water than is necessary. They stated that the bath seats should be marked with a "water line" so caregivers don't fill the water higher than the "safe level", since too much water increases chances of drowning. (#2, 64)

One comment from a consumer against the petition states, "The marker should be set at a point where in case the baby fell out of the seat, he or she would not be in danger of drowning." (#53)

CPSC Staff Response: Staff disagrees with the need for a "waterline" on the product. A waterline suggests that there is a "safe" water level. Since infants have drowned in as little as 2 inches of water, staff believes that the more critical hazard is leaving the child unattended in the bath seat. Therefore, staff

¹² "A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats CPSC-R-93-5839" by Shugoll Research.

does not support this recommendation.

Bath Seat vs. Bathtub Drownings

Comment: One of the comments against the petition states that on average 4 children per year drown in bath seats while "in excess of 50 infants under one year of age are estimated to drown because caregivers fail to watch infants in bathtubs." This commenter believes that "statistically, it seems that children are safer when caregivers use bath seats compared to when they are not in use." (#63) Another comment, also against the petition, stated that on average there are 9 bath seat drownings and 41 bathtub drownings as a result of the primary caregiver leaving the child alone. (#61)

CPSC Staff Response: According to CPSC data, from 1993 to 1997, the latest 5 years for which CPSC has complete data on deaths, 41 deaths occurred or about 8 deaths per year in baby bath seats. The cited 50 deaths per year include deaths in bathtubs with other products, including bath seats.

Information regarding the relative risk of drowning in a bath seat versus a bathtub suggests that for those children within the younger age range for whom the manufacturers' recommend bath seat use, the risk of drowning is greater in a bath seat. A full discussion on the relative risk analysis for bath seat verses bathtub drownings can be found in Section C 3 on page 8 of this briefing package.

Current Bath Seat Voluntary Standard

Comment: Three of the comments supporting the petition stated that the current ASTM F1967-99 "Standard Consumer Safety Specification for Infant Bath Seats" is ineffective in addressing the hazard of bath seat drownings. One consumer called the standard a "performance" standard rather than a "safety" standard. (#40) Another stated that the standard failed to adequately address the leg opening problem, the efficacy of suction cups, the lack of a water line, and the failure to label the product regarding non-skid surfaces. (#2) The third consumer felt the standard was inadequate because it called for "no significant structural changes to existing bath seat designs." (#54)

One comment against the petition states that "the voluntary standard addressed most of all of the CPSC staff recommendations." (#63)

CPSC Staff Response: Staff agrees with the comments about the inadequacy of the voluntary standard. Staff believes that the intent of the standard is conflicting. The voluntary standard identifies incidents of infants drowning after being left

unattended by their caregiver and the standard was developed based on those scenarios. However, the introduction of the standard states that the intent of the standard is not to address incidents where the caregiver left the infant unattended in the bath seat.

The current voluntary standard does not address leg-opening requirements. According to the Division of Hazard Analysis, CPSC is aware of 3 fatalities and 15 non-fatalities in which infants slipped partially through the leg opening and became trapped and submerged under water.

The standard does have requirements for testing the stability of the seat, but the test is performed using a new bath seat on a simulated bathtub surface. This test does not address suction cup performance over time nor does it address suction cup performance on non-smooth or dirty surfaces. CPSC data show there were 22 fatalities and 50 non-fatalities when the seat tipped over. In most of these cases the suction cups played a part in the tip-over by either failing to adhere to the tub surface; adhering to the surface but separating from the seat legs; or from being missing.

The standard does not require a water line, but CPSC staff agrees with this. There is no "safe" water level and therefore, it would be misleading to consumers to put a water line mark on the product.

The standard requires a label only on the packaging if the particular bath seat should not be used on a non-skid surface. Staff believes this is inadequate because once the packaging is discarded, so is the warning. However, even with this warning on the product, the label has limited effectiveness because it fails to warn of the hazard and it is only relevant to a first time user who needs to determine what type of bathtub surface s/he has.

The staff recommendations that were provided to the voluntary standards' working group were intended to make bath rings/seats less dangerous. The staff's position as reported in the May 1994 briefing package stated: "Based on current research, labeling is known to have limited effect on user behavior, particularly when the product is familiar and perceived to be benign. Judging from the IDIs, the effectiveness of the current label is questionable, but for the sake of those who may read and heed it, a more specific and direct warning such as 'Stay in arm's reach of baby in bath seat...' was recommended." Also, staff recommended leg-opening requirements that were not included in the standard.

V. Options Available to Commission

A. Grant Petition

If the Commission determines that baby bath rings/seats may pose unreasonable risks of injury and death, and that mandatory action may be needed to address the risk, the Commission may grant the petition and direct the staff to develop an advance notice of proposed rulemaking (ANPR) that would initiate a rulemaking proceeding under the authority of the Federal Hazardous Substances Act (FHSA).

B. Deny Petition

If the Commission determines that it lacks sufficient information showing that baby bath rings/seats may pose unreasonable risks of injury and death, or that mandatory action may be necessary, the Commission may deny the petition.

C. Defer Decision on Petition

If the Commission determines that additional information is necessary to decide whether to grant or deny the petition, it could defer the decision on the petition until that information is available.

VI. Staff Conclusions and Recommendation

CPSC staff believes that baby bath rings/seats may pose unreasonable risks of injury and death, and that mandatory action is needed to address the risk. The staff recommends granting the petition and publishing an advance notice of proposed rulemaking (ANPR) to initiate a rulemaking proceeding under the authority of the Federal Hazardous Substances Act. A draft ANPR is included at Tab L.

CPSC staff is aware of 69 deaths and 95 non-fatal incidents and complaints from January 1983 through November 2000 involving baby bath seats. Many of the deaths can be attributed to the mechanical properties of the bath seat. For example, in 22 of the 69 deaths, the bath seat tipped over - generally related to the failure of suction cups to adequately adhere to the tub surface. The product is not designed for use on non-smooth surfaces or surfaces that may be dirty.

Bath seat manufacturers include information with their product that it should not be used on a textured or non-skid bathtub. However, these bathtubs have been used extensively in residences for many years. Consumers may not know if their tub is a non-skid type or the consequences of using a bath seat on a non-skid tub.

Additionally, the leg hole openings in the bath seats are large enough to allow a child's body to slip through but not the shoulders and head, trapping the infant. Three of the 69 deaths involved this scenario.

The staff believes that the available data demonstrate that leaving a child alone in the bath seat is a foreseeable use or misuse of the product in spite of the warnings that are on the product not to leave children unattended. Most, but not all, of the drowning deaths that occurred with the use of baby bath seats took place when a caregiver left the child unattended in a bath seat.

The available data also suggest that parents are more likely to intentionally leave their young children alone in a bath seat than they are in a bathtub alone. Information regarding the relative risk of drowning in a bath seat versus a bathtub suggests that for those children within the younger age range for whom the manufacturers recommend bath seat use, the risk of drowning is greater in a bath seat.

Today there are only two United States manufacturers remaining in the bath seat industry. Approximately ten manufacturers have left the business. Manufacturers of this product are faced with the challenge of designing a bath seat that takes into account that caregivers may leave children alone in a bath seat. The foreseeable nature of how the product may be used and the mechanical problems that the staff has identified with the product, lead the staff to conclude that baby bath seats as currently designed present a risk of drowning that should be addressed. The staff has not determined if it is possible to design a bath seat that can reduce the risk of drowning and continue to provide the utility caregivers need to bathe their children.

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TAB A



Consumer Federation of America

July 25, 2000

Ms. Sadye Dunn
Secretary
U.S. Consumer Product Safety Commission
4330 East West Highway
Suite 502
Bethesda, MD 20814

Dear Ms. Dunn:

Enclosed for filing please find a petition being submitted by Consumer Federation of America and eight additional petitioners concerning baby bath seats.

Thank you for your attention to this document.

Sincerely,

Mary Ellen R. Fise
General Counsel

In the United States of America[”]
Before the Consumer Product Safety Commission

In the Matter of the Petition of
Consumer Federation of America,
The Drowning Prevention
Foundation, et. al.
to Ban Baby Bath Seats

No. _____

Pursuant to the Administrative Procedures Act, 5 U.S.C. section 553 (e) and regulations of the Consumer Product Safety Commission (CPSC), 16 C.F.R. sections 1051 and 1500.201, Consumer Federation of America, The Drowning Prevention Foundation, The Danny Foundation, Intermountain Injury Control Research Center, California Coalition for Children's Safety and Health, California Drowning Prevention Network, Contra Costa County Childhood Injury Prevention Coalition, Greater Sacramento SAFE KIDS Coalition, and Kids in Danger, hereby petition the CPSC to determine, under section 3 (e) of the Federal Hazardous Substances Act (FHSA), 15 U.S.C. section 1262, that baby bath seats intended for use by children present a mechanical hazard and, therefore, pursuant to section 2 (f) (1) (D) of the FHSA, 15 U.S.C. section 1261, are hazardous substances. Accordingly, pursuant to section 2 (q) (1) (A) of the FHSA, 15 U.S.C. section 1261, these baby bath seats are banned hazardous substances.

I.

Interest of Petitioners

This petition is brought by nine organizations on behalf of their members and all children and their families affected by baby bath seats.

Consumer Federation of America (CFA) is the nation's largest consumer advocacy organization representing over 260 state, local, and national consumer organizations and over 50 million consumers.

The Drowning Prevention Foundation is a nonprofit foundation established to prevent drowning of infants and young children in or around the home or in residential swimming pools.

The Danny Foundation for Crib and Child Product Safety is a non-profit public charity established in 1986 to prevent injury and death from unsafe cribs and other nursery related products.

The Intermountain Injury Control Research Center is a private and federally funded center dedicated to the reduction of injury morbidity and mortality in Public Health Service Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The California Coalition for Children's Safety and Health is a statewide organization committed to the prevention of unintentional traumatic brain injury among children.

The California Drowning Prevention Network is a California statewide organization of injury prevention specialists whose mission is to reduce toddler drowning and near drowning through policy change and public education.

The Contra Costa County Childhood Injury Prevention Coalition, founded in 1987, is a multi-disciplined coalition of 20 public and private agencies working to reduce childhood injuries in Contra Costa County, California.

Greater Sacramento SAFE KIDS Coalition is a local chapter of the National SAFE KIDS Campaign, which is dedicated to the prevention of trauma injuries to children.

Kids in Danger is a non-profit organization dedicated to protecting children by improving product safety. Kids in Danger educates the public, advocates for children, and promotes the development of safer children's products.

II.

The Product

Baby bath seats (or infant bath seats or bath rings as they are also known) are consumer products intended to assist in bathing infants by holding the infant in a sitting position in a full size bathtub. These products usually have suction cups to hold them in place in the bathtub and a plastic seat with leg openings to secure the infant in a sitting position being bathed. With a bath ring (used for the same purpose), the infant sits directly on the tub surface or on a mat attached to the legs of the bath ring.

Baby bath seats have very limited utility. They are not recommended for use until 6 months of age and when the child can sit upright unassisted. Once an infant can pull up or attempt to stand while holding onto objects, baby bath seats should be discontinued, since the infant could climb from the seat. The current standard for childhood development (i.e., the Denver Developmental Screening Test) indicates that infants begin attempts to pull themselves up to a standing position between 7 and 9 months of age. This time interval indicates that bath seats have a useful product life of approximately 2 months.

III.

Hazards Presented by Baby Bath Seats

Baby bath seats pose an unreasonable risk of injury and death to children. Each year at least eight babies die as a result of a drowning associated with bath seat use. Additionally, infants who experience "near miss" incidents may experience traumatic injuries. Drownings typically occur when the infant tips over, climbs out of, or slides through the product. In cases where the bath seat tips over with the child in the product, it is believed that the seat may contribute to the drowning because the child is unable to get free of the seat and/or the parent or caregiver is unable to extricate the child from the seat.¹ Two deaths were reported where the caregiver witnessed the event but was unable to free the child from the seat.²

¹ See "The Role of Bathtub Seats and Rings in Infant Drowning Deaths, Rauchschalbe, Brenner and Smith, Pediatrics, vol. 100, No. 4, October 1997, page 5-electronic copy. (See Appendix to this Petition).

² Id.

A. Previous Consideration by the Consumer Product Safety Commission

The Commission previously considered rulemaking as well as other options to address bath seat hazards as part of a staff generated briefing package, OS#5348, May 17, 1994. At that time 14 deaths and 7 near-drowning incidents had been identified. On June 15, 1994, the Commission decided by a two to one vote (Commissioners Gall and Jones-Smith in the majority and Chairman Brown in the minority) against initiating formal rulemaking proceedings and instead to work with industry to initiate a public information campaign focusing on the risks taken by parents and other caregivers that leave children unattended in bathtubs.

Events since 1994 have demonstrated that this decision has not been effective and that the Commission must re-examine this product and its decision in light of additional deaths and new information identified in this petition.

B. Additional bath seat drownings and near drownings

There are currently 66 incidents of drowning and 37 reports of near drowning identified by CPSC staff. There have been an additional 52 documented deaths reported in the six years since the Commission made their decision in 1994. This is more than four times the number of deaths identified at the time of the previous decision. In the first six months of 2000 alone, five babies have died in bath seat incidents. This large number of additional drowning deaths (since the 1994 CPSC decision) alone justifies re-examination of this issue.

C. False Sense of Security and New Research

Parents or caregivers who suffer the tragic loss of a child in a bath seat-related drowning are thought to have ignored the warning label printed directly on the product, which warns against leaving a child unattended while using a bath seat. This argument indicts the parent or caregiver for their irresponsible actions and absolves the product of having any causal role in the drowning incidents. However, recent research findings suggest that the inherent design of bath seat products induce a "false sense of security" among users that may over-shadow the message printed on warning labels. This "sense of security" leads to increased risk-taking behavior among those using the product even when the irresponsible nature of caregivers is taken into account. Thus, not only product design but commonly held perceptions among users must be considered when assessing the safety of this consumer product.³

³ Previous research conducted by CPSC found, among other things, that:

- "[A]lthough parents acknowledge intellectually the hazards involved, they do not truly believe something bad will happen to their child (if left alone in a bath seat). Lack of a direct personal experience with a drowning seems to increase the chance that a parent might engage in high risk behavior."
- "Successful experiences with leaving a child unattended in the bath tend to encourage parents to repeat the high risk behavior."
- "The sturdier, more luxury looking baby bath ring/seat models are preferred by parents and perceived to be safer than the more basic models. Parents indicated that if they were to leave their child unattended in the bathtub they would feel more confident in leaving if the child was in one of the luxury models. Therefore, certain models, more so than some others, potentially make parents feel over-confident that their children will be safe in the bath while using these particular baby bath rings/seats." "A Focus Group Study to Evaluate Consumers Use and Perceptions of Baby Bath Rings/Seats, CPSC-R-93-5839, prepared for CPSC by Shugoll Research. (Included in Appendix to this Petition).

The recent research was conducted under the auspices of the Intermountain Injury Control Research Center at the University of Utah. Dr. Clay Mann reported those findings at the National Congress on Childhood Emergencies meeting in Baltimore, MD on March 27, 2000.⁴

The research compared 32 drowning incidents with a baby bath seat to 32 drowning incidents without any bath seat. Two statistically significant differences were found between these two groups:

1. **Water Depth:** The water was significantly deeper in the incidents involving baby bath seats. Median depth in baby bath seat incidents was 7.0 inches and 4.5 inches among incidents with no bath seat involvement.
2. **Willful versus Impulsive Decision to Leave an Infant Alone:** Dr. Mann reported that 75% of the incidents involving baby bath seats resulted from willful decisions to leave the infant unattended, while only 45% of the incidents without bath seats involved willful decisions. Willful decisions were those considered to be premeditated or thought out in advance by the caregiver (e.g., perform household chores, watch television). While the preponderance of infant drownings with no bath seat involvement were judged to result from impulsive decisions, (25% with bath seat and 55% no bath seat). Impulsive decisions were those judged to be sudden interruptions of the infant's bath, (i.e. answer telephone, and respond to another distressed child).

This research demonstrates that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caregivers not using baby bath seats. Caregivers using bath seats prepare baths with deeper water and are more likely to leave a child unattended in the bath for conscious, willful reasons (e.g., to perform household chores). This study demonstrates that enhanced risk taking behavior persists even when the irresponsible nature of caregivers is taken into account. There is a false sense of safety that is propagated by having a mechanical aid to "help" to hold a slippery baby upright. This "sense of security" promotes the idea that a child could be left alone in the bath for "just a minute."

D. Drowning is a Silent and Speedy Event

By age six months, an infant's lungs are well developed, and a baby gives tremendous volume to his or her cries when injured or frightened. Parents and other infant caregivers immediately respond to these high volume cries and rely upon them to signal any danger. Absent any cry from the baby, a parent or caregiver is likely to continue attending to other tasks.

Most parents and infant caregivers expect that they will be alerted to any drowning danger by the baby's distress cries. Most people believe that they will be alerted to someone drowning by cries for help or splashing and gasping by the victim. This is not true for drowning incidents involving infants and toddlers. Water in the airway blocks any effective sound from being heard and can cause tracheal constriction, which fully blocks the airway, and incapacitates the infant. Within moments, brain damage occurs followed by death after 4-5 minutes. Drowning is truly a silent and speedy event.

⁴ "Infant Seat Bathtub Drownings: Who's to Blame?" NC. Mann, R. Rauchschalbe, L. Olson, NZ. Cvijanovich, Intermountain Injury Control Research Center, University of Utah, Salt Lake City, UT and U.S. Consumer Product Safety Commission, Washington, DC. (Abstract included in Appendix to this Petition).

IV.

Voluntary Standards Are Inadequate to Address the Drowning Risk Associated with Bath Seats

A. ASTM Voluntary Standard, Infant Bath Seats, F 1967-99

An American Society for Testing & Materials (ASTM) voluntary standard was recently established for baby bath seats.⁵

Although published last year, this standard has been under development for more than five years. Despite knowledge of drowning deaths in bath seats relating back to at least the early 1990s, no changes to products made yet have resulted in decreased number of deaths associated with this product. Instead, the number of deaths has increased during this period.

Additionally, concerns over the adequacy of this standard continue. For example, ongoing concerns include: the size of leg openings and submarining incidents; the efficacy of draft requirements for suction cups; the fact that the warning regarding when product should not be used on a slip-resistant surface is on package only and not on the product; the manufacturers' refusal to mark the product with a water depth line to guide consumers and reduce likelihood of filling bath with more water than needed; and a proposal to delete a requirement that the warning be "readable" when tested for permanence.

Perhaps of greatest concern is the incompatibility of bath seat products currently being sold with their use in bathtubs with textured, non-skid surfaces (see discussion below).

Even if changes were made to the voluntary standard to address the above and any other concerns, we do not believe that the risk of drowning would be eliminated. Others share this concern: "Finally, no design modification can address the major issue that leads to most of the drowning deaths, namely that the child was left unattended, apparently because the care giver thought that it was safe to do so. If anything, making the product more robust may only increase the perception that the child will be safe if left alone for a few moments."⁶

B. ASTM Voluntary Standard for Slip-Resistant Bathing Facilities, F 462-79

In 1979, ASTM published a standard for Slip-Resistant Bathing Facilities.⁷ This standard was re-approved in 1994. Virtually all new homes and homes with remodeled baths will have the benefit of this slip resistant feature in the bathtub basin. It is expected that this standard will be (and has been) effective in reducing fall injuries in bathrooms, which is a very serious injury problem to the general population and even a more serious injury problem to vulnerable populations, (i.e. elderly, disabled, infants and young children). Specifically, the standard states that it is intended to "reduce accidents to persons, especially children and the aged, resulting from the use of bathing facilities."⁸

Although this is a performance standard, it is our understanding that most if not all of the leading manufacturers of bathtubs choose to use textured surfaces to meet the performance requirements.

⁵ F 1967-99, Standard Consumer Safety Specification for Infant Bath Seats, American Society for Testing and Materials.

⁶ Rauchschalbe et. al, Pediatrics, 8 (electronic copy).

⁷ F 462-79, Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities, American Society for Testing and Materials.

⁸ See section 1.3, F 462-79.

The baby bath seat products currently being marketed contain warnings on their packaging and printed instruction sheets (but not on the products) that the seat is "not for use on textured, non-skid surfaces." One manufacturer, in its instruction sheet, also warns against use of the product on a surface that has decals or mats attached. However, it may not be obvious to all consumers that their bath surface is textured even if they see, read and understand the warning accompanying the product. Some of the complying bathtub surfaces have a very subtle texture that would be considered smooth by many people. Furthermore, use of the product by the non-original owner (such as a friend or family member who was loaned the product, or a second purchaser through a used good sale) would be without benefit of this warning since the original box and instruction sheet are almost never kept and passed on to subsequent users. Even an original user may experience the incompatibility problem if using the product away from home (on a bathtub with textured surface) or with a second child after the family's move to a new home.

The incompatible combination of the bath seat and slip resistant standards in application creates a lethal situation for bath seat use.

V.

Action Requested

For the reasons enumerated above, the Petitioners request that the Consumer Product Safety Commission ban baby bath seats under section 3 (e) of the Federal Hazardous Substances Act (FHSA), 15 U.S.C. section 1262, finding that baby bath seats intended for use by children present a mechanical hazard and, therefore, pursuant to section 2 (f) (1) (D) of the FHSA, 15 U.S.C. section 1261, are hazardous substances and accordingly, pursuant to section 2 (q) (1) (A) of the FHSA, 15 U.S.C. section 1261, these baby bath seats are banned hazardous substance. Specifically, the Petitioners request that CPSC issue a rule that states:

Under the authority of section 2 (f) (1) (D) of Federal Hazardous Substances Act and pursuant to provisions of section 3 (e) of the act, the Commission has determined that baby bath seats (including bath rings) intended for use by children present a mechanical hazard within the meaning of section 2 (s) of the Act because in normal use, or when subject to reasonably foreseeable damage or abuse, the design or manufacture presents an unreasonable risk of personal injury or illness, and therefore are banned under section 2 (q) (1) (A) of the Act.

Respectfully submitted,

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Appendix

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ELECTRONIC ARTICLE:

The Role of Bathtub Seats and Rings in Infant Drowning Deaths

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ABSTRACT ▣

Objective. To describe deaths due to drowning that involve the use of an infant bathtub seat or ring.

Design. Case series, cases reported to the US Consumer Product Safety Commission data systems.

Setting. United States, 1983-1995.

Main Outcome Measures. Death in which an infant bathtub seat or ring was in use at the time of death and the primary cause of death was drowning.

Results. Thirty-two drowning deaths involving bath seats/rings were identified and investigated by the Consumer Product Safety Commission over a 13-year period. The majority of deaths (84%) occurred from 1991-1995, with more than 50% occurring in the 2 most recent years. The victims' ages at the time of the incident ranged from 5 to 15 months with a mean and median age of 8 months. In more

than 90% of incidents there was a reported lapse in adult supervision, with a mean reported lapse of 6 minutes and a median lapse of 4 minutes. Focus groups with parents found that while making bathing somewhat easier, bath seats/rings are useful for a relatively short time period, as the child rapidly outgrows the product. They also suggested that care givers are more likely to leave a child unattended in the tub if one of these products is in use.

Conclusion. Bath seats/rings are associated with an increasing number of reported infant drowning deaths. The use of such products may increase the risk of drowning among infants by increasing the likelihood that an infant will be left alone in the tub. However, in the absence of exposure data in a suitable comparison group it is difficult to assess the overall risk inherent in their use. Educational efforts reinforcing the need for continuous adult supervision of infants and children around all bodies of water should now also include a reminder that bath seats/rings are not safety items and are not a substitute for adult supervision. Infants and toddlers should never be left in the bathtub unsupervised, even for brief moments.

Key words: *drowning, submersion, infant, bathtub.*

INTRODUCTION ■

Drowning is the third leading cause of unintentional-injury death among children in the United States.¹ Young children under the age of 5 are at particularly increased risk of drowning, with drowning rates peaking among children ages 1 to 2 years.² Since the 1970s drowning rates have decreased markedly in most age groups with the exception of toddlers, where rates have remained fairly stable, and infants, where rates may have actually increased.³ For the 12-year period from 1983-1994, 1219 infants drowned (2.60/100 000 infants), of which 1036 (85%) were coded as unintentional intent.⁶ In contrast to toddlers, who are likely to drown in residential swimming pools,^{3,7} more than 50% of unintentional infant drowning deaths occur in the bathtub.⁶ As part of our ongoing investigation of infant and toddler drownings, we became aware of a number of incidents in which a bath seat or a bath ring was in use at the time of the drowning event.

According to the first major US manufacturer, bath rings were developed by a pharmaceutical company in Johannesburg, South Africa, where they sold for 7 years before introduction into the US market in 1981 (Consumer Product Safety Commission [CPSC], unpublished report, 1983). The intended use of these products is as a bathing aid, supporting the infant in the sitting position while in the bath. The bath ring typically consists of a plastic ring and three or four attached legs, 6 to 8 inches in length. The infant sits directly on the tub surface or on a rubber mat attached to the legs. There is usually a discernible front and the infant's legs are meant to straddle a particular bath ring leg. In 1991 a modification, the bath seat, was introduced (Fig 1). Similar to the bath ring, the seat contains the infant within a plastic ring and has plastic legs for straddling, but the bath seat also provides a molded plastic seat for the infant to sit on. Both the bath seat and the bath ring are attached to the bathtub surface via suction cups during use.

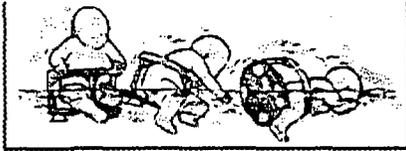


Fig. 1. Eight-month-old infant in bath seat showing one possible sequence of events.

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Currently, there are four major manufacturers with bath seats/rings on the US market. With a price range of about \$8 to \$16 dollars, these products are affordable for most families. Although precise data are not available on the total number of seats/rings sold per year, estimates from leading manufacturers indicate sales, since 1991, to be about 1 million units per year, or about 1 unit for every 4 live births. In addition, as with other child products that are developmentally appropriate for only a short time period in the child's life, these seats/rings may be passed down to younger friends or relatives, or resold.

Review of the medical literature found no previous reports of drownings involving the use of bathtub seats or rings. Because of the increasing number of drowning deaths associated with these relatively new products, we reviewed all deaths, reported to the US CPSC, which involved the use of a bathtub seat or ring (hereafter referred to collectively as bath seats).

MATERIALS AND METHODS

Data were obtained from the US CPSC on drownings involving bath seats. To obtain reports of product-related injuries or deaths, the CPSC has multiple surveillance systems including: contracts with newspaper clipping services; a toll-free 800 line for consumer complaints and reports of hazardous products (1-800-638-CPSC); an emergency room-based injury surveillance system (National Electronic Injury Surveillance System or NEISS); both a voluntary and paid Medical Examiner's and Coroner's Alert Program that solicits reports of product-related deaths; and agreements with each of the 50 states, New York City, and Washington, DC for obtaining copies of death certificates for certain types of unintentional injury deaths, including drownings. Once a drowning involving a bathtub seat is identified through one of the above mentioned sources, CPSC staff complete an in-depth investigation. These investigations may include reviews of medical and police records as well as interviews with care givers, medical professionals, social workers, and/or police officials.

In this case series, information from in-depth investigations was abstracted for incidents that occurred on or before December 31, 1995. To be eligible for inclusion, a bath seat had to be in use at the time of death or injury *and* the underlying cause of death had to be due to drowning. Details are provided only on those cases occurring in the United States. Independent variables ascertained from the in-depth investigations included age, sex and race of the victim, date of the incident, position of the victim and position of the product at the time of discovery, initiation of resuscitation by the care giver, person responsible for the victim at the time of the incident, the reason for leaving the child unattended, and the duration of the lapse in supervision. In instances where a range was reported (eg,

lapse in supervision) the midpoint of the reported range was used in calculations.

To investigate further the utility and limitations of bath seats, the CPSC contracted with a private research group to conduct three focus groups with a planned size of 8 to 10 participants per group. The focus groups were conducted by a private contractor (Shugoll Research, Bethesda, MD) and were held at a neutral location. To qualify for participation, respondents were required to have at least one child living at home who was between the ages of 6 and 16 months and the respondent had to be primarily responsible or share equally in the responsibility for bathing the child. In addition, several respondents were required to have a second child between 17 months and 4 1/2 years old. At least 8 of 12 potential participants per panel had to currently use, or have previously used, a bath seat.

RESULTS

Thirty-six deaths involving bath seats were identified by the CPSC over a 13-year period. Of these 36 incidents, 2 drowning deaths occurred in Canada and 1 in Sweden; these are excluded from further analysis. Also excluded is 1 death involving thermal burns from scalding water, turned on by the child while using the bath seat. The findings from the remaining 32 in-depth investigations of US drownings are summarized in this report.

The age at the time of the incident ranged from 5 to 15 months, with a mean and median age of 8 months (Fig 2). Females accounted for nineteen (60%) deaths. Twenty-five (78%) of the victims were white, 6 of whom were of Hispanic ethnicity, 6 (19%) were black, and 1 (3%) was Asian. The majority of reported deaths (84%) occurred from 1991 through 1995 with more than 50% occurring in the 2 most recent years (Fig 3).

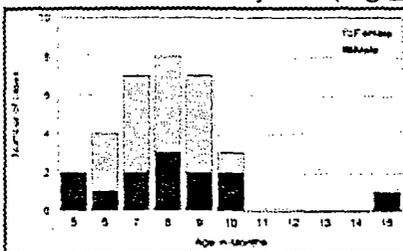


Fig. 2. Age and gender distribution of bathtub submersion victims (all were using a bathtub seat or ring at the time of the event).

[\[View Larger Version of this Image \(32K GIF file\)\]](#)

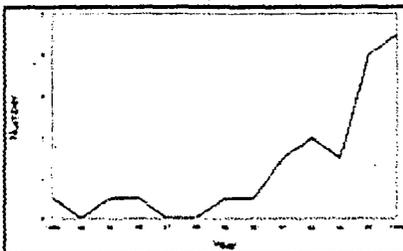


Fig. 3. Number of reported drownings involving the use of an infant bath seat or ring, by year of incident.

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The care giver at the time of the incident was most often the mother of the child. There was a reported

lapse in adult supervision in 29 (91%) of the incidents. For cases in which an estimate of the duration of the lapse was available (n = 24), the reported range was 1 to 35 minutes with a mean and median lapse of 6 and 4 minutes, respectively. Eleven infants were left in the tub with an older sibling, 1 was left with a child of the same age, and 17 were left alone. Common reasons for leaving included answering the phone or making a phone call (24%), attending to other children (24%), retrieving something such as a towel or clothes for the child (17%), and attending to household chores (17%). In 2 drowning deaths there was no reported lapse in adult supervision and in 1 incident there was not enough detail provided in the investigative report to make a determination. For both of the witnessed fatal incidents, the care giver reported difficulty removing the infant from the device after submersion. In one case, the seat tipped sideways with a 6-month-old infant in it, and in the other, a 15-month-old infant slid down and became wedged between two legs of the ring. Apparently, in these incidents, the care giver was neither able to remove the infant from the seat nor to remove the device, with the infant in it, from the bathtub in a timely fashion.

Although most (90%) of the events were unwitnessed, the probable sequence of events that led to the submersion could be inferred from the position of the product and the position of the infant at the time of discovery. This information was available for 23 (72%) of the cases. Presumably, infants found submerged and trapped under the rim of an upright product slid under the rim, those found separated from an upright product climbed out, and those found either within or separated from a tipped product became submerged when the product tipped over. Based on these assumptions, 9 infants climbed out of the product, 9 tipped over, and 2 slid under the rim of an upright product. In two incidents the water in the tub was left running and the infant was found slumped over in an upright seat with his/her face in the water and in one case a latching T-bar was found in the open position, apparently allowing the infant to fall forward out of the upright product.

A warning label advising against leaving the child unattended in the tub was present on 28 (88%) of the bath seats. In the remaining four cases it could not be determined whether or not a warning statement was present. One or more suction cups were missing or defective in 10 (31%) of the incidents and in one case the front leg of the seat was broken.

It was not possible to evaluate fully the quality of resuscitative efforts of bystanders from the information provided in the in-depth investigations. However, it was apparent that at least 6 victims (19%) were not resuscitated until emergency personnel arrived and several other victims received attention only after the care giver ran to get help from neighbors. Furthermore, even when resuscitative efforts were initiated immediately, it was often evident that the care giver had no training in cardiopulmonary resuscitation (CPR). A death certificate or report from the coroner or medical examiner with a ruling on intent was available for 25 of the incidents. Of these 25 incidents, 3 were classified as undetermined intent while the rest were unintentional. Of note, neither of the witnessed events was among the 3 events classified as undetermined intent.

Parents' perceptions of the advantages and disadvantages of bath seats were evaluated qualitatively through analyses of focus group data. A total of 25 respondents, 22 female and 3 male, participated in

three focus groups held in November of 1993. Due to the screening qualifications for the focus group, most participants were familiar with bath seats and identified them as the primary bath aid they used for supporting their young children in the tub. Nineteen respondents currently used a bath seat when bathing their child(ren). In addition, 2 of the participants had used 1 in the past but were not using one at the time that the focus group was conducted. A major stated advantage for using a bath seat was that, by supporting the infant, it frees the bathers hands so that the infant can be bathed more easily. Other advantages included safety issues (eg, "to make sure that she wouldn't fall over accidentally and hit her head on the tub ... ") or to give the child greater freedom in the water. Stated disadvantages included the following: the suction cups do not attach firmly to all tub surfaces, it is difficult to thoroughly clean the infant while in the bath seat, and the seat has an extremely limited lifespan, as the child rapidly outgrows the product. Participants reported that they would feel more comfortable leaving a child unattended for a moment in the bath if the infant was contained within a bath seat, if the child was in viewing and hearing range, or if there was an older child present. Respondents were generally aware that warning labels are present on bath seats but stated that these labels have become so common on childhood products that they are often ignored.

DISCUSSION

In the United States, drowning continues to be an important cause of injury death in early childhood. Although much attention has focused on risk factors and strategies to prevent drowning deaths in residential swimming pools (eg, mandatory four-sided fencing),^{4,10} research addressing risk factors and prevention strategies for infant bathtub drownings has been limited. The bath seat, in particular, has not been reported as a potential risk factor for unintentional bathtub drownings among infants. Previous studies indicate that there is usually a history of leaving the infant unattended or in the care of another child.¹⁵ In most cases, the adult reports leaving the child, for a short time, to answer the phone or attend to household chores.^{18,19} In some instances, the drowning appears to be due to homicide or abuse.¹⁹ Although no deaths in this case series were classified as homicide and only 3 were classified as undetermined intent, it is possible that 1 or more of the cases may have been intentional. It is often difficult to determine intent for drowning deaths, particularly in this young age group.

The infant bath seat is apparently intended to aid the adult bathing the infant by containing and supporting the infant in a sitting position within the product, thus freeing both of the adult's hands. Based on comments made by care givers, both in focus groups and in postevent investigations, there is little doubt that these products give a false sense of security that an infant can be left in the tub alone for short periods of time. In the past, use of words such as safe, safety, or sitter in product advertisements may have amplified this perception by leading parents to believe that the ring or seat was a safety device rather than a convenience product. (Recently, manufacturers have begun to limit use of these words.) Although most of the products contained warning labels advising not to leave the infant unattended, these labels appear to be ineffective in changing behavior. As stated by focus group

participants, these labels have become so common on childhood products that they are often ignored.

Limitations on use of infant bath seats may be based on the developmental stage of the infant. Manufacturers have correctly identified the lower limit of the age range as 6 months, the age at which, on average, infants can sit unsupported.²³ The upper limit may be based on the age at which children begin to pull themselves to a stand (about 8 to 9 months), giving only a 2- to 3-month period during which the product could be appropriately used. In most of the incidents involving infants more than 8 months old, the victim was found separated from the seat, indicating that he/she probably climbed out of the product. With the rapid, and often variable, development that occurs during the first year of life, parents may underestimate their infant's motor skills, although further research is needed in this area.

It is important to put these deaths involving bathtub seats in perspective. Since 1991 (when sales of bath seats began to increase dramatically) an average of 5 deaths have been reported each year and, the number appears to be increasing with more than 50% of deaths occurring in the 2 most recent years. However, the passive reporting mechanisms used in this study to identify these incidents likely lead to an underestimate of the true number of events. Figures from the National Center for Health Statistics indicate that about 90 unintentional drowning deaths occur annually among those under age 1, of which approximately 52% are coded as occurring in the bathtub.⁶ Additional details, such as the use of a bath seat, are not available in national datasets. Although it appears that the number of bath seat related incidents is increasing, the reliance on a passive reporting system for case identification makes it difficult to interpret temporal trends.

Although bath seats are involved in drowning deaths it is not certain that use of these products increases the risk of drowning. Some may even argue that the products are protective, ie, given that a child is left alone in the tub, the seat may make it less likely that the infant will become submerged. However, infants should never be left alone in the tub and, based on statements made by care givers during in-depth investigations as well as statements from care givers who participated in focus groups, these products appear to increase the likelihood of this occurring. In addition, in those cases where the infant tips over while contained in the seat, the seat may actually contribute to the drowning both by encumbering the infant and by making it difficult for the care giver to remove the submerged child from the water. Likewise, in those cases where the infant slips under the rim of an upright seat, the child may become entrapped underwater by the ring. We report 2 deaths where the care giver indicated that he/she witnessed the event but was unable to free the child from the bath seat. To assess the risk that these products present, future research should compare the proportion of bath drownings involving a bath seat to the proportion of infants using a bath seat in a noninjured but otherwise comparable control group.

Since 1987 the CPSC has requested that manufacturers make several modifications, including: placement of permanent warnings on both the product and packaging with illustrations showing an adult in attendance with the infant, elimination of the word "safety" from product packaging and names, inclusion of an upper age limit or weight/height limit for users, and modification of the product

to provide quick-release tabs for suction cups. In June 1994, CPSC staff recommended the initiation of formal rulemaking proceedings for infant bath seats. These proceedings are generally initiated when the Commission considers a product ban or regulation. However, in this case, the Commissioners voted 2 to 1 against initiating formal rulemaking. The majority opinion was that the design and manufacture of bath seats does not present a mechanical hazard or an unreasonable risk of injury to consumers. Industry representatives are currently working on a voluntary standard for bath seats. Although this voluntary standard may address some product design issues (eg, problems noted with detachable or defective suction cups), safety experts from the CPSC were unable to offer a design change that would effectively address all incidents associated with these products. The use of an occupant restraint system (a feature included on one brand) may prevent the infant from slipping or climbing out of the product; however, it does not prevent incidents where the product tips over. Also, care givers must actively use the restraint system every time they use the product for it to be effective. Finally, no design modification can address the major issue that leads to most of the drowning deaths, namely that the child was left unattended, apparently because the care giver thought that it was safe to do so. If anything, making the product more robust may only increase the perception that the child will be safe if left alone for a few moments.

In an effort to educate the public about the potential hazards of leaving children unattended in bath seats, the CPSC has issued both press releases and safety alerts. Still, primary prevention efforts fall largely on the shoulders of care givers and those who can inform them. Educational efforts must reinforce the need for continuous adult supervision of infants and children around all bodies of water.^{17,19} If possible, the telephone should be brought into the bathroom and all necessary bathing items (soap, washcloths, towels, etc) should be assembled before placing the infant in the tub. Parents and care givers should be trained in basic CPR techniques, as the sooner that CPR is initiated, the greater the chance of intact survival.^{24,25} In addition, health care professionals should remind parents and care givers that bath seats/rings are not safety items and are not a substitute for adult supervision. Infants and toddlers should never be left in the bathtub unsupervised, even for brief moments.

FOOTNOTES

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ABBREVIATIONS

US, United States. CPSC, Consumer Product Safety Commission. CPR, cardiopulmonary resuscitation.

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**A FOCUS GROUP STUDY TO EVALUATE CONSUMER USE
 AND PERCEPTIONS OF BABY BATH RINGS/SEATS
 CPSC-R-93-5839**

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1.0 OVERVIEW

Consumer Product Safety Commission (CPSC) contracted with Shugoll Research to conduct a focus group study to obtain consumer reactions to baby bath rings/seats. The results of the study will be used by CPSC to determine what measures need to be taken to protect consumers from the risks associated with use of this product.

1.1 Objectives

The specific objectives of the focus group study are as follows:

- Examine general bathing practices for children
- Examine consumer knowledge and use of baby bath rings/seats
- Examine behavior patterns during bath time
- Obtain reactions to labeling of baby bath rings/seats
- Obtain reactions to select baby bath rings/seats

1.2 Methodology

The focus group technique was selected to accomplish the objectives of the study. A focus group is a panel discussion with 8 to 10 representatives of a selected target market for a particular product, service, or idea. The technique is especially useful for gathering in-depth information on a topic or target market reactions to specific products. The discussion is led by a moderator who is trained in consumer behavior theories and marketing principles. Participants in the group are encouraged to relate to each other, share attitudes and provide candid opinions regarding the topics presented to them by the moderator or generated by the dynamics of the group. Consensus is not sought. The moderator is not supposed to proselytize or educate respondents. Rather, he or she uses his or her skills to question, probe and clarify responses as well as control the flow of the conversation to cover all areas of interest to the client.

1.3 Study Procedures

Shugoll Research and CPSC met to fine-tune and prioritize the study objectives and criteria to be used for respondent recruitment. It was decided that three focus groups would be conducted in Bethesda, Maryland. The first two groups were held on November 17, 1993 at 6:00 p.m. and 8:00 p.m., and the third group was held on November 18, 1993 at 6:00 p.m.

Shugoll Research designed a recruitment screener (see Appendix A) to identify and screen consumers for study participation. The screener was submitted to the CPSC for approval prior to the start of respondent recruitment. To qualify for participation in the groups, respondents had to meet the following criteria:

- For occupational security reasons, neither they nor anyone in their family can work for an advertising agency, a public relations firm or a market research firm. Moreover, neither they nor a family member can be employed at a federal government agency or work for a manufacturer of or retail store that sells baby equipment. Finally, respondents and members of their family cannot work in the medical field, in a doctor's office, in a hospital, in a clinic or as a health care volunteer.
- They must have at least one child living at home who is between 6 months and 16 months old.
- They must be primarily responsible or share equally in the responsibility for bathing their child who is between 6 months and 16 months old.
- They must not have participated in a focus group discussion within the past 6 months.

In addition, several respondents in each group were required to have another child between 17 months and 4 ½ years of age, and at least 8 out of 12 respondents per group must currently use or have previously used a bath seat. Use of car seats and high chairs also was captured so that respondents would not immediately know that bath rings/seats were the only focus of the study. In addition to these quotas, a mix of respondents by age, race, and income was recruited for each group.

Respondents were recruited from Shugoll Research's computerized data bank, from referrals and from the telephone directory. Once a potential respondent was screened and it was determined that he or she qualified, a cash honorarium of \$40 was offered to encourage participation in the study and to help guarantee a show of 8 to 10 respondents. When a respondent agreed to participate in one of the group sessions, a confirmation letter was sent out. The letter confirmed the group session time, date, location and promised honorarium, and provided detailed directions to the focus group facility. The day before each group session, all respondents were reconfirmed by telephone.

Shugoll Research designed a topic guide (see Appendix B) to be used by the focus group moderator when leading the discussion groups. The guide was designed to meet the study objectives. Each session began with introductory remarks and respondent introductions. The groups then proceeded with discussions on the following:

- General bathing practices for children (bath frequency and length, individuals responsible for bathing, number of children bathed together and under what circumstances, amount of water typically used, and type of bathtub typically used)
- Consumer knowledge and use of baby bath rings/seats
- Description of bath aid used (size, shape, brand name, specific features, enclosed consumer information)
- Reasons for using bath rings/seats and how the product was obtained
- Age appropriateness for baby bath rings/seats
- Likes and dislikes about bath rings/seats
- Problems and difficulties using baby bath rings/seats and effects on usage
- Confidence in bath rings/seats in case bather has to momentarily leave bathroom due to an interruption or emergency
- Frequency of leaving children in the bath and the reasons/circumstances

for doing so (real and imagined)

- Comfort level of leaving children in the bathtub
- Factors that impact a parent's decision to leave/not leave a child in the bathtub
- Minimum age of child parents have left or would leave in the bath
- Amount of time spent away from a child in the bath (real and imagined)
- Means of restraining a child in the bathtub
- Position of child upon a bather's return to the bathroom (real and imagined) and his/her reaction to it
- Awareness and recall of product safety information accompanying baby bath rings/seats (content and location)
- Reactions to and suggestions for the labeling of baby bath rings/seats
- Reactions to four different models of baby bath rings/seats without packaging (awareness, current/previous usage, differences between these models and the one they use, likes and dislikes, opinions regarding which one model is most/least safe and the one that they think they are most/least likely to buy and why)
- Advice parents should be given about using baby bath rings/seats

The topic guide was submitted to the CPSC for approval prior to the focus group sessions. Client comments and suggestions were integrated into the moderator's guide prior to the discussion groups.

The focus groups were held in a specially designed research facility. Representatives of the CPSC observed each focus group session from behind a one-way mirror. Each group was audiotaped and videotaped, and the tapes have been made available to the CPSC.

1.4 Study Limitations

A qualitative research methodology seeks to develop directions rather than quantitatively precise or absolute measures. Because of the limited number of respondents involved in this type of research, the study should be regarded as exploratory in nature, and the results used to generate hypotheses for marketing decision making and further testing. The non-statistical nature of qualitative research means the results cannot be generalized to the population under study with a known level of statistical precision.

1.5 Analysis

The CPSC contracted with Shugoll Research for a topline report. Shugoll Research's topline reports differ from its full reports in that full reports include extensive verbatims from study participants and in-depth interpretation of study findings. Topline reports, in contrast, are designed to summarize key findings in a bulleted format for ease of use by management. Verbatims are used only to highlight key study findings. Conclusive statements and recommendations included in the report are based on study findings as well as the interpretation of the moderator/project analyst who is knowledgeable in the area of consumer behavior. Since representatives of the CPSC observed each focus group session from behind a one-way mirror, Shugoll Research is hopeful that the subtle nuances so important to qualitative research will be recalled when reading this report.

1.6 Respondent Profile

A total of 25 respondents participated in the three focus groups. Characteristics of the participants are as follows:

- Twenty-two of the respondents are women and 3 are men.
- Nineteen study participants are white and 6 are black.
- Respondents represent a mix of income levels. Four have household incomes of less than \$30,000, 5 report a household income of between \$30,000 and \$49,999, 6 say that they earn \$50,000 to \$69,999, 4 have household incomes of

\$70,000 to \$79,999, 5 report incomes of between \$80,000 and \$99,999, and 1 respondent has a total household income of \$100,000 or more.

- Two participants are under the age of 25, 16 are between 25 and 34 years old, and 7 report being 35 to 44 years of age.
- Along with their child(ren) who is (are) between 6 months and 16 months old, 12 respondents have at least one child who is 2 to 4 and one half years old and 5 have at least one child who is 5 years of age or older.
- Nineteen respondents report that they currently use a bath seat for their child(ren). Of the 6 participants who do not utilize one now, 2 say that they at one time used a bath seat.
- All respondents for this study (25) currently use car seats for their child(ren). Twenty-one study participants currently use a high chair for their child(ren). Of the 4 who do not presently use one, 1 respondent claims to have previously used a high chair.
- Seventeen participants report that they are primarily responsible for bathing their child who is 6 months to 16 months old whereas the other 8 say that they share this responsibility equally with someone else.

2.0 SUMMARY OF MAJOR FINDINGS

This section highlights the study findings. Findings appear under their appropriate objective, and are presented in a bulleted format. Results are supported by key verbatim quotations from the study participants.

2.1 Examine General Bathing Practices for Children

This objective was met by asking parents to describe the typical bathing patterns they follow for their children under 2 years of age and their children 2 to 5 years of age. Specifically, parents were asked how frequently they bathe their children, who ordinarily bathes their children, the length of the typical bath, the level of water usually used in the bath, whether or not siblings bathe separately or together and to describe the type of bathtub in which their children bathe.

- Bathing frequency varies based on a variety of criteria including age of the child, condition of the child's skin, and season of the year. Most parents report that they bathe their 2 to 5 year olds daily and more often than their under 2 year olds because the older children tend to get dirtier and more sweaty because they engage in a higher level of activity. Children under 2 are sometimes sponge bathed in-between tub baths which typically are given every other day. Parents explain their bathing practices by reporting that pediatricians do not recommend that infants or any child with dry or delicate skin be bathed daily. Parents also indicate that bathing frequency often changes by season. In summertime, baths are given more frequently (generally daily) because children play outside more often and, therefore, get dirtier and perspire more readily.

"When they are younger it's less and when they're older it's more. They don't get particularly so dirty as babies. And I have sensitive skin and my children have sensitive skin. And just water washes are plenty, it doesn't even have to be very often. That's what the doctor had said when I had the first one. Just once a week is all you need because of the skin and they don't need the lotions and all that other stuff."

"I think when they are younger they don't need it as much. ... She wasn't as active so she didn't get dirty as much.... Crawling and walking, then they

start working up a sweat and then they get into stuff and their hands get dirty. So you really have to try to keep them clean."

"When mine were newborn their skin was almost scaly, a lot of scaly parts. You'd bathe him less then, but now he's getting more active and more into food."

"In the summertime you'll bathe them like every day because they are out playing and sweating and playing in the mud. Whereas in the wintertime maybe it's every other day depending on what they've done that day."

- Female respondents report that they are the primary bather of their children. Some of these women, however, say that their spouses help, but tend not to share equally in the responsibility. Male participants concur saying that they generally share bathing responsibilities, but not always equally, with their wives. Interestingly, respondents suggest that males are more likely to bathe the 2 to 5 year olds than the under 2 year olds because they are more comfortable handling older children. Occasionally, a babysitter, grandparent or sibling will bathe the children but respondents report that this does not occur frequently.

"I love to play with him in the bath. That's really why I do it every day, because it's so much fun. But my husband, if he is home, he helps. He gets him all undressed and brings him in to me and then I bathe him and then I hand him out. And occasionally he will get in the tub with him too, but it's usually just easier for me to do it."

"We split it, but my wife does it much more than I do."

"Sometimes when I'm tired or I would call her from work and say, 'Please give her a bath.' (nanny or babysitter) But I like to do it myself. Since I work full time I want to be part of that. She probably does it no more than once a week."

"My girls do. They will take turns to bathe her and they will also bring her in the tub when they are taking a bath. I would say on an average maybe once a week."

- Parents indicate that baths for their under 2 year olds last anywhere from about 15 minutes to up to a half hour. However, their 2 to 5 year olds are in the bath longer, generally from a half hour to 45 minutes or so.

"No longer than a half hour. My older one might get a little extra time so I can take the baby out."

"They get in at the same time. They play for twenty minutes or so, then I take the baby out and dry him and diaper him and dress him and then get the other one out. Anywhere from twenty to forty minutes total."

"If my son could stay in 45 minutes to an hour, he would. Usually he tries to push it to 45 minutes. And then the baby, by the time I wash him and let him play, it's about 15 minutes on the average."

"My younger son, the 14 month old, probably 15-20 minutes. And my three year old probably a half an hour."

- The amount of bath water parents use varies depending on who is in the bath. It is not unusual for a parent, particularly the mother, to bathe with their under 2 year olds especially if the child is an only child. When this occurs, the parent is holding the young child and the bath water is filled to a level that is comfortable for the adult. When a parent joins their child in the bath, it is typically for child safety and the parent's own physical comfort. This is because it is difficult to handle a young child who is slipping around while the parent is leaning over the bathtub. When there is an older sibling in the household, the bath water is also higher than when a child under 2 is bathing alone. When a child under 2 is bathing without a sibling or adult, parents report that the water is typically filled up to the navel or just high enough so the child can play or have fun splashing in the water.

"If I'm in there with her, normally I run the regular bath water. Because I'm in there."

"I'm often in the tub with the kids so it's a lot of water. If it's primarily for my infant, then it's just four inches and he sits up and I bathe the top of

him. If we are talking the baby seat and my other child, 2-1/2 year old, it's higher."

"If it was just the six month old, just a little bit of water, if he is there by himself. But that doesn't happen that often."

"The waistline sitting down."

"Just to the navel."

"You have to make it fun. Swimming."

- Children who have no siblings and who are under 2 years of age often bathe with one of their parents, as previously reported. However, young children who have older siblings are frequently bathed with their siblings instead of with a parent. Respondents refer to bath time as "family time" and "transition time". Therefore, they report that their children take baths to have fun and because parents feel the bath helps relax children in preparation for bedtime. Parents also report that it is more efficient and more economical to bathe their children together when possible. Bathing siblings together subsides as older siblings begin to reach adolescence. Parents say they generally do not depend on older siblings to supervise younger ones in the bath. However, they do feel safer when their children bathe together. Respondents say that unless the older sibling is significantly older (e.g., over 6 years of age) or otherwise very mature, they do not typically trust a 5 or 6 year old to supervise a younger sibling in the bathtub. Interestingly, parents tend to trust older siblings at a younger age to supervise their young children in situations outside the bath. In other words, they intellectually acknowledge the dangers of leaving their young children in the bath without adult supervision. However, in reality, parents do not consistently exercise good judgment regarding sibling supervision in the bath.

"He wants to get in there with his big brother."

"That's how the boys got so close together. They are connected by their bath time."

"We do all of ours together. We usually have the three older ones in there either simultaneously or in shifts. We have a big bathtub, an old fashioned big long one. But then we often will take one out to add the fourth one -- the baby. And he gets in there and as everybody said it's fun to be in there and be with everybody and do all that splashing and all that fun stuff. Last night, in fact, there were all four of them in there."

"I try to get him in with the baby too, and then they play. They do play together."

"Play time for us."

"With my older children it's a nightly routine. It calms them down, they enjoy doing it whether they are dirty or not dirty. ... I almost use it as a schedule... a transition."

"Not any more. I have an eight and a twelve year old. It's been a while. They're boys. It's been quite a while. Four, five years ago. [not in with little one?] No, no."

"My ten year old could do it (supervise)."

"A six year old is getting there."

"It (capable age to supervise) depends on the child."

- A considerable number of respondents report that their bathtubs are made of porcelain and are extremely slippery. Many report that they use bath mats, towels, adhesive appliques or foam pads in the tub since this prevents their children from slipping around on the surface of the tub. Those few who have the fiberglass tubs realize their tubs have a surface that prevents their children from slipping and describe the bottom of their tub as having an off-white, rough finish. It is worth noting that consumers do not use the words skid or skid-free to describe their tub surfaces. In fact, after respondents described their tub surfaces and the moderator tried to clarify whether or not the surfaces were skid-free, respondents continued to use the words slippery or not slippery when talking about the tubs.

"It has little bumps on the bottom. I guess it's supposed to be non-slip."

"It does have almost a cloth-like square in there that kind of replaces the bath mat..."

2.2 Examine Consumer Knowledge and Use of Bath Rings/Seats

This objective was met by asking respondents how they typically restrain their children during bath time. Due to the screening specifications, most respondents were familiar with and had used a baby bath ring/seat. Respondents were asked to describe the rings/seats they have, how they got them and to explain their reasons for using the rings/seats. Respondents were also asked how else they restrain their child in the bath, for what age child they use the rings/seats, and what they dislike about the rings/seats. Finally, respondents were asked what, if any, specific problems or difficulties they have had with the product.

- Other than supporting their children themselves by holding on to them or by bathing with them, or having an older sibling do it, parents report that baby bath rings/seats are the primary bath aid they use for supporting and restraining their younger children in the bathtub. A few people mentioned that they use bath mats on the bottom of their tubs to prevent their children from slipping around and others mentioned that when their children were first born they used small plastic tubs within the bathtub or sink as support tools.

"We use a mat on the bottom of ours too."

"It has a little foam pad so that he doesn't slide."

- Respondents use a variety of different types of baby bath rings/seats. A few mentioned that they have the [REDACTED] model that was tested in the focus groups while individual respondents report having the [REDACTED] model and the [REDACTED] model. Interestingly, most respondents could not remember or state with confidence the name of the manufacturer or model ring they owned.

"It's got some little rings on the bottom. It's kind of fancy. But it doesn't have a sponge, and that's why I picked it. ... But this one is kind of neat

because it has a lock where you can keep it straight or you can unlock it and it swivels around so you can turn the baby around. ... The suction is pretty good, once I get it situated."

"Mine is yellow. It doesn't pivot. It has got the large circle that it's attached to, like a seat. But it doesn't have any of the play things on it. It has just got a little pad where he can sit back or lean forward and play. I think it's [REDACTED], but I'm not sure."

"Ours is white. I think it's made by [REDACTED]. It has little toys like a turning wheel on it. It doesn't pivot and you can either lift up the arm from the right or the left. Green suction cups on the bottom."

"I don't know who made it, but it's blue and it's got multi-colored things on the side."

- Parents report getting their baby bath rings/seats in a number of ways. A few got their ring as a hand-me-down from a friend or relative, others got their ring as a gift, but most respondents who had the product had gone out to purchase the ring/seat. Interestingly, some respondents who had received their ring/seat as a hand-me-down or gift actually went out to purchase another one because they did not think the model they had received worked well enough for them.

"I went to Toys-R-Us. There was a couple of different ones... I had actually seen it in a magazine too with a write-up... Actually the main thing was the write-up. Because it was the safety, it's [REDACTED], and they [the magazine] were describing it as the safest one."

"I'd seen it in catalogs and advertisements. I bought it myself thinking of course that this is one of the essentials."

"It [the model respondent purchased] has got some little rings in the bottom. It's kind of fancy. But it doesn't have a sponge, and that's why I picked it. Because my sister had given me just a sponge with a ring and that was not going to cut it... I just knew it wasn't going to work. That sponge wasn't sinking down enough to stay down, it was floating up and coming off."

- Parents cite several reasons for using the baby bath rings/seats. One of the major reasons is that it allows the bather to have both hands free to bathe their child more easily. Parents find the rings/seats makes bathing more convenient and comfortable for them while it gives the child a sense of independence. Others feel that their children are safer in the bath when they are in the rings/seats because they are less likely to stand up or slip around if they are being restrained. Another major reason parents think the ring/seat is a good idea is that it gives the child some freedom to move around and play with toys and with the water. Finally, parents say the rings/seats save them time because, when used, they do not have to get in the bath with their children.

"I didn't think about safety. I didn't have one with my first one, but with the second one I thought my back was tired of holding up the child and washing. I thought this would be great. I could have both hands free. When you're trying to hold them and wash them, I found that it was just so tiring. It worked really well but only for a short period of time. They outgrew it too fast, too quickly. It's good for the time, but then it's no good anymore."

"They squirm so much and they slide and if you are leaning over the tub -- and I'm short, so when I'm leaning over I'm going into the tub -- and I've got to make sure I've got him gripped real well if I'm washing him. This way they are sitting up and you can wash them."

"It gives me hands to play or wash or whatever."

"To get him used to being in the tub by himself."

"The child safely anchored in the middle of the bathtub. Head above water."

"To just make sure that she wouldn't fall over accidentally and hit her head on the tub, or get water in her lungs. The water was the main thing."

"Just thinking of being outside of the bathtub and trying to hold her with one hand. To make sure she is safe when I'm not holding her. When I'm in the tub with her I'm holding her or I'm right there. But if I'm outside the tub, it's harder for me to reach in and grab her. So it's (ring/seat) kind of like my second hands or my security blanket..."

"Safety to me is to keep them from standing up while I'm watching them..."

"To give him more freedom. Because right now he is just kind of confined. He doesn't have much water to play with. And he doesn't have much movement either because he is really big. And he takes up that whole bathtub. ... [more freedom] to play with the water and to move about and to sit up. He likes to sit up."

"I didn't use the tub so I was either showering or bathing with my baby. So the seat allowed me to bathe my baby independently. My infant, I either showered or bathed with my baby and held her. So when I got the seat, I didn't have to be in the tub. It meant I didn't have to bathe with my baby. And it meant less time, because I didn't have to get dressed too. And I could do it anytime I wanted to."

- Parents report that baby bath rings/seats are typically appropriate for a child starting at the age of 6 months and up to about 18 months old. Their knowledge of age appropriateness comes from the packaging of the product or enclosed literature. For most parents, the ring becomes useful when the child begins to sit up independently and becomes useless once the child is standing up or begins to walk.

"Six to 18 months is what my box said."

"They say six months beginning, I think."

"Ours says up to 18 months, but again, my son is 27 pounds and he's 10 months now. He fits in it great now. There is no way if he continues to grow... he is going to be out of it in a couple of months."

"I'm just now being successful with it, now that he can sit up by himself. Before I felt much safer holding him. ... But when I tried to put him in there before he would slip down in it. And that was really scary. Now he can hold onto it. So now it's becoming a little more useful." (6 month old child)

- Most parents initially believe that the bath ring/seat will be very convenient because as previously stated, it will give them both their hands to bathe their child. However, parents indicate that the bath ring/seat has an extremely limited life span. Parents believe this is one of the greatest drawbacks of the aid. They suggest that as soon as children begin wanting to stand up, the child becomes unhappy in the ring/seat and the product becomes useless.

"I used to use it for my son, but he comes out of it now. Fourteen months. He hates it, he doesn't want to stay in it."

"We gave up on the ring after about two weeks. We still try now and then, but it just doesn't work for us. They want to dive over it and the edges -- maybe I just got too cheap of a one -- but the edges are too sharp with the plastic and I felt awkward getting around it. I don't think they really play as much." (8 month old child)

"The security end of it that's great, but then they get in it and they go, 'Get me out of here'."

- Another major thing parents do not like about the baby bath ring/seat is that the suction cups on most models do not work very well. Parents report that the suction cups frequently come up from the bottom of the tub and then the ring bounces up toward the head of the child.

"If you don't really get that thing down here and make sure all the cups are sticking even if they're not big -- my children are on the small side but from the beginning very strong and very active -- you could push it over. Even when I thought the suction was as tight as could be, with enough rocking back and forth and leaning toward the faucet and the knob and trying to grab the soap with this hand, I do remember it falling over one time and that's when I decided I would just put it away at that point."

"Suction cups on the bottom only cater to a certain type of tub like a porcelain that's not fiberglass.

"The problem I have with the rings/seats is they give you a sponge that the baby can sit on. If the baby moves at all, the sponge ends up coming up.

Then they are sitting in the tub and with the surface that I have in the fiberglass tub, when you try to hunker it down with the suction cups... it's better in a porcelain tub... The suction cups come loose and it's floating up. ... So you just say forget it and hold onto her."

"If she leans forward, I'm afraid that the suction cups aren't going to hold her there."

- Parents also complain that some models can injure their child because the leg openings aren't wide enough to permit easy use and that some of the edges on the ring are too rough and can scratch the baby.

"I stopped using mine when I couldn't get the legs comfortably through. ... Even if he could sit up well, I didn't mind him in it, I just felt extra safety and he had fun playing... But once I really had to work his legs to get through... Enough of this."

"My son felt it was too confining. He's in high chairs and booster seats, this is just one more thing to confine him in. I was always scraping them or stand them up and set them over, they get there legs down... it had three legs and try to get their legs down in there."

"By the third time I was irritated. When I took her out it scraped the legs and I don't know about any of you but I don't like it when my little girl has scrapes on her. I had one of those mats anyway for when I showered so you don't slip. I just put the plug in and filled the tub up... She more or less just laid on her stomach."

- Parents also complain that it is difficult to thoroughly clean all body parts when the baby is in the ring/seat.

"You can't really clean her when she's in the ring. But I used to when we were in our old home, I had a bath mat, but with this house, you can't... those bath mats don't really stick to that bumpy texture so I use wash cloths, real abrasive."

"She liked it for a while, but it's kind of tough to wash her while she's in there. It's kind of high. [when started using?] When she was about six months. We probably used it for a couple months."

"The awkwardness of not being really able to get around him and really washing or getting him really clean. When they're free they turn over on their stomachs and you can wash their backs and turn them on their backs and get their fronts. But in there you have to lift them up to get underneath them."

- Individual respondents also mention that they were concerned the ring/seat could tip over because their child wants to stand up in it or because the child wants to reach for a toy in the water.

"He can crawl out of it... He can slide down through it and reach over around it. And we had one near topple over the top... He reached up like this and reached for a toy... The seat did not move, but the baby slid. He reached so that... he didn't go completely over because I saw what was going on, but he could have, it seems to me. He could have landed on the rim with his waist and it would have been the decision of which was heavier, the top or the bottom. And I think he could have gotten stuck with his legs underneath the seat or his body hanging over the top and his face in the water or some sort of situation."

2.3 Examine Behavior Patterns During Bath Time

This objective was met first by asking respondents how often they have had to turn away from or leave their children in the bath even for just a moment. Then respondents were asked the circumstances under which they have had to leave their children in the bath or to imagine circumstances under which this behavior might occur. Finally, respondents were asked at what age they might leave the child unattended, to specify how long they were away from their child, and if a successful experience leads to future occurrences.

- Some parents admit that there have been occasions where they have either had to turn away from their child in the bath or leave their child in the bath

unattended for a few moments. However, they indicate that these occasions are rare. On some of these occasions, the bath ring/seat was in use.

"She was like 12-13 months and she was just sitting there and I would run and run back. So I have left her."

"I've even come back to find my 11 month old -- and it was again like two steps across the hall and you can hear them and see them, all those good excuses I was using for having left him for a second -- and he was standing up in the tub. ... No seat. I don't use a seat. As I said, I always take the baby right out as soon as I leave the room and never leave him in there, but I realize in retrospect that that's not true. I have left him there."

- In general, parents report that they would never, under any circumstances, leave a young child alone in the bath. Typically, the parents who are so adamant about not leaving a young child alone in the bath personally know someone who has drowned in water or have read or heard a story about accidents that have occurred because of children being left unattended near water.

"You never leave them I don't care what's going on. You take the child out of the tub. Never leave them."

"I know of a family where the mother ran to the phone and came back and the baby was face down. So I have that in my head constantly. ... If the phones rings I grab a towel and take her with me."

"I never do. My brothers' baby drowned so I'm very conscious -- not in a tub."

- Reasons typically given for having turned away or for having left the bathroom during bath time are minor and include going for a towel, diaper, sleepwear, or a portable telephone. Some parents do say they have left to prevent their older children from engaging in high risk behavior (e.g., responding to the door bell without an adult) or to prevent an emergency (e.g., removing something from the stove). It is worth noting, however, that parents seem more likely to leave their children in the bath for minor reasons than for household emergencies.

This may be because they believe the minor problem will not take long to resolve.

"Go across to the table to get a towel."

"Didn't leave the bathroom, but just turning to get a towel or something and finding the bath ring floating up or the bath ring up around her chest."

"Somehow (my older child) got the ring loose and was trying to shake her (the baby) in it... And that was just a split second out the door for pajamas and back."

"I have left my son before to run and get something like a towel that I forgot or something."

"Once I just turned my back to get something from under the cabinet. I was right there still physically next to the bathtub and turned around. And this is my two year old who plays for forty minutes a day and somehow he twisted and he was scared. I could see him squirm to get himself up. I could just turn around and pick him right up, but I just literally turned my back to get the towel from the cabinet. It's amazing." (Bath ring was not being used)

- Some parents report that several things would make them feel more comfortable leaving a child unattended for a moment in the bath. These things include: using a bath ring/seat, having an older sibling in the bath with the younger child, and still being able to see and hear the child even though they have physically left the bathroom.

"[In the ring/seat] He cannot slide. He cannot jump out."

"I would think it would be safer, but on the other hand I haven't used it."

"It would make a difference to me. It depends on the time that you are talking about. If you are talking under two minutes, I would feel more comfortable with my baby in a seat. Because it does give him support. Because he can hold on. Because he can't put his face under."

"I would feel much safer leaving him in the seat than I would without. I've never had him in the bathtub without the seat. But with my oldest child I didn't even know about these bath rings. So it's a new invention for me and I think it's great. And again, he is upright and he is there to stay. At least at this point."

"I said watch him for a second. I no sooner got to the door and he went schoomp under the water and it was like I almost had to jump over her to get to him and it was... no, you can't do that."

"As long as you have your eye on them that's okay."

"I will admit to leaving mine to run down... but my bathroom is at the end of the hall so I can open the door and run down. And I can see where he is and hear what's going on."

- There is no single age at which parents feel comfortable leaving a child unattended in the bath. In addition, there is no single age at which parents will trust an older sibling to supervise a child in the bath. Parents report that trust and confidence is dependent on the maturity and nature of the individual child. In other words, some children are safe to leave for a certain amount of time at 2 ½ or 3 while others can't be trusted until they're 4 or 5 years of age. Likewise some children can be trusted to supervise younger siblings at around 6 years of age while others need to be older.

"You sort of think first grade." (Is the time that the sibling is ready to supervise a younger child in the bath.)

"It was only when he was maybe 2 and a half that I would feel comfortable enough to grab the phone and bring it in. But I wouldn't hold a conversation in another room."

- Those parents who admit that, on occasion, they have turned away from their young child in the bath or who have even left the bathroom say their time away accounted only for a few seconds or up to 2 minutes; enough time to retrieve a

diaper, a towel or retrieve a portable telephone. However, some leave their 2 to 5 year olds for longer periods of time.

"Ten seconds."

- Some parents report that a successful experience leaving a child unattended in the bath does build their confidence and contribute to their likelihood of repeating the high risk behavior. On the other hand, those who had experienced a problem after having left a child unattended in the bath were more cautious if not reluctant to attempt the behavior again.

"That instance I felt, gee this worked, but I wouldn't usually do it."

"Yes, it would instill confidence in me if I came back and he was just sitting there. Then I would feel more comfortable to do it another time."

"Not so much my attitude, but her attitude, that she didn't perceive it as a problem that I left... Still playing comfortably and happily and didn't take notice of my leaving, I think I would feel good about her comfort if I left her by herself... Or that she didn't take the opportunity to do something negative."

"It's almost like that was a warning..." (Respondent is referring to an incident where her older child was unable to successfully handle her younger child in the bath.)

2.4 Obtain Reactions to Labeling and Packaging of Baby Bath Rings/Seats

To meet this objective respondents were asked if they recall seeing any product information about baby bath rings/seats. They also were asked to identify precisely where they had seen the product information. Finally, respondents were asked to discuss what could be done to improve product information and warnings in order to alert parents to the risks related to use of bath rings/seats.

- Most respondents are aware that manufacturers of baby bath rings say the appropriate age for product use is 6 months to about 18 months. Respondents also are aware that the product warning states "never leave your child

unattended while using this product." They believe the warning means a parent should be present at all times when the product is in use. Respondents say the warning is on the box and some recall it is also on the ring/seat itself. However, respondents say this warning or others similar to it have become common place on baby products. Parents believe the warnings are put there only as a reminder and as protection for the manufacturer against potential liability. However, they are not certain the warnings mean the product represents a significant threat to the well-being of their child. Interestingly, some parents almost resent the warning and imply that it is an insult to their intelligence, since they already know they are never supposed to leave their child unattended in the bath.

"The one on the bath seat seems warranted. Although I've seen some of them that are just bogus. Although it is kind of like a slap in the face like you are going to leave your kid in the bathtub full of water. Of course you are not going to do that. But still, just that mental reminder. Hey, this is serious and this is a safety seat so your child will be safer in this hostile environment."

"It is on there, the warning, never leave child unattended."

"It's sort of expected. It's like cigarettes, if you smoke you might get cancer so you expect to see that on the box."

"It's on everything."

"I'm sure it's on the box."

"In big letters at the back of the box... Where they have the description of what it is, down at the bottom underneath all of that."

"And on the ring too."

"I think it's also for their benefit for liability too. The jumpers and the walkers and all of that too."

2.5 Obtain Reactions to Bath Rings/Seats

To meet this objective, sample rings/seats were displayed in the focus groups. The following rings/seats were shown in all three groups:

██████████ - A blue ring/seat with a flat base. An activity center is attached to the front and the seat swivels.

██████████ A white chair with a blue pad on the seat. This model has a strap to restrain the child.

- ██████████ - A yellow ring with a yellow sponge pad for the baby to sit on.

A fourth ring was displayed only in the third and final group because a respondent in an earlier group session said it was her ring/seat of choice and other respondents seemed to find her description of the product particularly appealing. This fourth ring is manufactured by ██████████. It is white, can be collapsed for storage, has a mechanism that unhooks the front bar to get the child in and out of the seat, and has an activity center on the front for the child to play with.

Once the rings/seats were revealed, respondents first were asked to select the seat/ring they would be most likely to purchase or want as a gift and to state why. Then they were asked which ring or seat they would be least likely to purchase or want as a gift. Finally, respondents were asked to select the ring or seat they felt was safest. This exercise was done individually to avoid the risk of peer pressure that can easily occur in a focus group setting. Once respondents made their selections, the moderator asked respondents for their top-of-mind reactions to each ring/seat.

- In the first two groups where only the ██████████ rings/seats were displayed, ██████████ was typically selected as respondents' preferred model. It is considered the safest model because of the "3-point bar system" (the description provided by respondents which in their minds conveys stability) and sturdy backrest. Those who selected ██████████ as their preferred model did so because it is visually more appealing, allows the child some freedom to play, and it seems sturdier, more durable and much safer than the

others. It also appears less likely to tip over. In addition, respondents feel the suction cups would work well. Since the ability of the suction cups to adhere properly to the tub surface was identified by a number of parents as a major problem with their current ring/seat model, parents particularly liked the [REDACTED] model because of its suction cups attribute. Parents also like the [REDACTED] model because of its swivel base. They think this feature might make it easier for them to wash the baby. Finally, they liked [REDACTED] because the model has an activity center which is likely to increase the baby's fun in the bath.

"If someone were to give it to me I would like the blue one because I'd think that they're thinking of safety. But thinking of the baby and how she would like to climb. That's a challenge to her, she would love to learn how to climb out of it."

"If I were to leave a child, I would probably be with the blue one."

"It has all the support and it has the bar in front so you can put one leg on the other side if you want."

"It does look more secure than either of these other models for the age of a baby that is very small."

"The blue one to me is the safest. I like that wrap around. That one is closest to what I have at home that I'm very happy with."

"I think it has the best suction."

- Those who reacted less favorably to the [REDACTED] did so because they believe it would be difficult to get their child's legs in and out of this model because of the size of the leg openings. They also expressed concern about the finishing of the plastic saying it is likely to scratch children when putting them in or taking them out of the ring/seat. In addition, some respondents think the ring is too high and that this would inhibit the child from splashing in the water or reaching for a toy. They feel this would increase the likelihood that the child would want to climb out or reach over the ring and thereby topple the ring/seat. Finally, respondents believe the center bar could be uncomfortable for the child, if they slip down while they are inside the ring.

"I'm trying to imagine a heavier child in the blue one. Maybe the weight would make him tip over."

- The few parents who preferred the [REDACTED] model did so primarily because the lack of bars would enable the child to play with the water and be washed more easily. These parents also feel this ring/seat would be much easier to use for an older child, since the child's legs do not have to be poked through. This feature increases the life span of the ring/seat and eliminates the problem of the child getting scratched. Finally, respondents like the strap saying that this feature is truly a restraining device that will keep the child upright and prevent the child from slipping. Other respondents said they like the suction cups.

"I like [REDACTED] because none of them do I use for safety. Convenience wise that looks like what I used and what I wanted. It would be easy to put them in and it would be easy to wash him and he would be secure in it. I think [REDACTED] looks good."

"The child has more reachable freedom."

"This was more attractive to me for the older child if you had a concern about using the baby seat at all. Because you could get bigger babies in it. And as she said have an arm free to work with them."

"In a Safeway cart she can push herself up out of the seat. At least in the chair she is strapped, so she wouldn't really be concerned with climbing out of the seat."

"That one has the actual restraint."

[REDACTED] is the only one that has a strap."

"First of all the suction cups are larger. And also this is a little more convenient."

"The only think I do like about [redacted]s the rubber of the suction cups. It seems this is definitely more of a rubber. The only advantage of is the feel of the suction cups."

- Those who did not like the [redacted] model feel the strap would be too confining and uncomfortable. They expressed greatest concern over the fact a child could so easily reach out for a toy and topple the ring over because the base doesn't seem secure or steady enough. They also feel the strap might prevent children from rescuing themselves if the seat does topple.

"I can see why people would think it's good to be strapped in, but then if it would come down then they are stuck in one spot. Here at least they can get out and get themselves up, possibly."

"I don't think it would be comfortable either. You have this strap right there. At least with a ring they can move around and lean over and pull at the toys"

"I'm just thinking of my daughter being in that one. It seems to me that she would kind of lunge forward and just take it with her. ... I don't know why I think she wouldn't do that in that one, except that she is sitting on and weighing it down a little more and maybe wouldn't be able to throw her weight around the tub as much as the white one. ... This may give her the idea that she's got to sit in there more. That it looks like she's free. And I think she would be pitching forward to go places in that one."

"But look at the base. It's not wide enough to really stay."

- There were very few parents who liked the [redacted] model. Those who did feel this model gives the baby maximum freedom to move around. Some also liked the suction cups and the idea that a sponge is included to protect the child from slipping on the tub surface.

"Actually I like that one. I thought because of the foam on the bottom. I thought the suction cups weren't very good. If the suction cups were better I thought it was pretty good because you can get to the kid as compared to the other ones. The child can still play and they're actually sitting in the water. With the foam she'd be less likely to skid."

- The [redacted] ring/seat was typically selected as the least preferred model and the least safe. These parents feel the ring/seat is too flimsy and small and that it is the least sturdy model. They feel a child could easily tip over or slide under the ring. Respondents generally did not like the sponge feature that comes with this model because the sponge is likely to slip out from under the child and leave the baby on the slippery tub surface and because the sponge is likely to mildew and tear apart with continued use.

"This one I'd never in a million years use. Where would his legs go? Way too small. It would never fit."

"It's so small that a small baby shouldn't even be in the bathtub left alone like that."

"You know how long that would last? One minute. The child could pull this up and there's no support, he'd lean over it anyway, it's not high enough, it's not wide enough. It's nothing. It's not going to work."

- In the final focus group, the [redacted] model ring was displayed along with the [redacted] models. The [redacted] ring/seat was selected over [redacted] model as the most preferred and safest. Those who preferred this model like it because it seems sturdy and convenient to use. It is perceived as convenient because the front comes down to make it easy to put the child in and take the child out. They also like the model because it collapses for easy storage and because it has an activity center to amuse the child. The only complaint voiced about the model is that it is white and therefore likely to be hard to clean.

"It's probably the nicest one of the lot."

"It's the heaviest. It's not something that maybe after you get a little water underneath the suction cups would lift up a little."

"That would be great to put in the wading pool in the summertime when they're at that age when you can sit there and let them play in the water. Something like that would work better for me outside. It looks perfect."

"You have to clean it too much."

- Most parents believe information about the hazards of using baby bath rings/seats or seats needs to be publicized more through articles in appropriate consumer magazines, on television news shows, or in public service announcements. Warning information on the packaging or product alone is not considered sufficient since safety warnings are now so prevalent parents are becoming somewhat immune to them and their meaning. One parent even believes the only solution is to ban most of the bath ring/seat models.

"They should be banned by the CPSC. That is awful. Just look at that. It will fall apart."

"I don't think they're durable. I don't think they're stable. These really should be outlawe [REDACTED]"

- One respondent described her [REDACTED] bath ring/seat saying it was far better than the models shown in the focus group. She feels her model is sturdier and roomier. It allows her child to play in the bath both with the water and with toys. She has no problem with the suction cups not sticking to the tub surface. This model ring/seat gives the mother a sense of security that she can leave her child alone in the bath for a short time if necessary.

"It's stronger. It's thicker. It has like fifty million suction cups on the bottom. It stays right down there. You can't believe how many suction cups. They're big. Each of them are wider than this. There's three and they're really wide and it has a really fat thing and it comes up to the chest. He can reach around and play with all the toys. He can like stick his little head down in there and like drink the water. He's splashing and playing and kicking. I can get in there and bathe all the parts except for the bottom. That's what I do last just when I take him out. We bathe his bottom and wrap a towel around him. It's been out three or four years. [Do you feel comfortable leaving child alone?] Yes."

3.0 CONCLUSIONS AND RECOMMENDATIONS

Recommendations are based on study findings and the interpretation of those findings by the moderator/project analyst. These recommendations may or may not represent the views of CPSC.

1. Mothers tend to be the parent primarily responsible for bathing their young children, especially those under 2 years of age. Therefore, the primary target audience for CPSC information/messages about baby bath rings/seats is mothers. Product safety information should be placed in media that reaches women in their child bearing/rearing years. Secondary target audiences include fathers, grandparents, babysitters and older siblings. Appropriate selection of communications channels to reach these audiences with safety information on baby bath rings/seats also is needed.
2. Young children are frequently bathed with their older siblings. Therefore, the bathtub is typically filled to meet the needs of the oldest child in the tub. In addition, the presence of older siblings, especially those considered mature, increases parents' confidence that their young child will be safe if they must leave the bathroom for a moment. Information on the dangers of leaving siblings to supervise young children in bath rings/seats during bath time needs to be communicated.
3. Many respondents use bath mats, or adhesive appliques on porcelain tubs to minimize the slipperiness of their tub surfaces. Others have non-skid fiberglass tub surfaces. Respondents frequently report their ring/seat's suction cups do not adequately adhere to their tub surface. Therefore, consumers may not be aware which surface-type is safest and/or how to improve the grip of the bath ring/seat to the tub. Information in product literature should strongly advise consumers specifically about the optimal tub surface for proper and safe use of baby rings/seats.
4. Parents are more inclined to think of the bath ring/seat as a convenience product rather than a safety product. However, consumers believe to some extent that their young children are safer in the bath when they are in a ring/seat. Therefore, the bath ring/seat gives parents a false sense of security that their child won't slip or topple over into the water. The emphasis some manufacturers put on their bath

rings/seats being a safety bath aid should be monitored carefully and use of the word "safety" should be minimized.

5. Parents are more likely to purchase a baby bath ring/seat than receive the product any other way (e.g., as a gift). Therefore, they are often the key decision maker in the purchasing process. An information consumer guide on whether to purchase a baby bath ring/seat and, if purchased, how to choose the most appropriate ring/seat might be considered for development to assist consumers in making informed buying decisions.
6. Parents were able to recall the information on age appropriateness for the bath ring/seat as well as the product warning information from the box. (Although the information recalled may not necessarily be accurate.) However, the age and safety guidelines are not always followed. Therefore, safety and age information need to be enhanced and, perhaps, augmented through use of more obtrusive mass communications tools (e.g., getting articles placed in papers, placing speakers on talk shows, etc.).
7. Consumers have significant complaints about the baby bath ring/seat including unreliable suction cups, use of rough materials that can scratch the child, and the inability of models to adequately restrain slightly older or larger young children. Therefore, product improvements are needed to reduce the potential hazards associated with existing bath ring/seat models.
8. Parents do leave their young children alone in the bath, albeit infrequently and only for a few moments. Presence of older siblings, use of baby rings/seats and the ability to keep the child in view tend to encourage trial of this high risk behavior. This finding suggests that although parents acknowledge intellectually the hazards involved, they do not truly believe something bad will happen to their child. Lack of a direct personal experience with a drowning seems to increase the chance that a parent might engage in high risk behavior. Conversely, having personal knowledge of someone who has drowned seems to decrease the possibility that a parent will engage in high risk behavior. Therefore, parents need to be informed that siblings, bath rings/seats or the ability to keep the child in view provide them with a false sense of security and that bath drownings can happen to any family.

9. Parents seem more likely to turn away from their child in the bathtub or leave the bathroom for non-emergency reasons than for emergency reasons. The assumption is that minor tasks (e.g., getting a diaper, towel, etc.) take only a few seconds to accomplish. However, people typically do not accurately judge how long they are away from their child. What seems like seconds or one or two minutes might actually be longer. Safety information has to communicate that it only takes a few seconds for something to happen and that there is no major reason or minor one important enough to leave a child unattended in the bathtub given what could potentially happen when the parent is gone.
10. Respondents were unable to come to any consensus regarding what age a child can be trusted in the bath alone or at what age a sibling is old enough to supervise a younger child in the bath. CPSC should examine its case studies to track trends on this issue to determine if more stringent product safety guidelines on age are required.
11. Successful experiences with leaving a child unattended in the bath tend to encourage parents to repeat the high risk behavior. Public education is needed to help parents understand that they should not become over confident and that such high risk behavior should not be repeated.
12. The sturdier, more luxury looking baby bath ring/seat models (e.g. [REDACTED]) are preferred by parents and perceived to be safer than the more basic models. Parents indicate that if they were ever to leave their child unattended in the bathtub they would feel more confident in leaving if the child was in one of the luxury models. Therefore certain models, more so than some others, potentially make parents feel over-confident that their children will be safe in the bath while using these particular baby bath rings/seats. Statistics should be carefully monitored to see if use of the luxury models is resulting in a higher incidence of bath accidents.

APPENDIX A
RECRUITMENT SCREENER

SHUGOLL RESEARCH
7475 Wisconsin Avenue
Suite 200
Bethesda, Maryland 20814
(301) 656-0310

JOB CPS301
11/17 CIRCLE
6PM 1
8PM 2
11/18 CIRCLE
6PM 1

FINAL 10/28/93
SCREENER

RESPONDENT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____
DATE RECRUITED: _____ RECRUITED BY: _____
CONFIRMED BY: _____ DATE CONFIRMED: _____

Hello, this is _____ calling from Shugoll Research, an independent market research company. We are conducting a 3-minute survey to learn more about the types of equipment used on a day-to-day basis to care for young children and would greatly value your opinions. This is strictly market research and no sales effort is involved.

A. First, do you or does anyone in your family work: (READ LIST)

		CIRCLE	
		Yes	No
	For an advertising agency, a public relations firm or a market research firm	1	2
	For a federal government agency	1	2
	For a manufacturer of or retail store that sells baby equipment	1	2
OR	In the medical field, in a doctor's office, in a hospital, in a clinic or as a health care volunteer	1	2

↓

IF YES TO ANY, TERMINATE

1. Do you have any children living at home?

		CIRCLE	
Yes	1		→(CONTINUE)
No	2		→(THANK & TERMINATE)

2. How old are your children? (DO NOT READ LIST)

CIRCLE ALL MENTIONS

- | | | |
|--------------------------|---|--|
| Less than 6 months | 1 | (ALL RESPONDENTS MUST HAVE CHILDREN 6 MONTHS TO 16 MONTHS. TRY TO RECRUIT HALF WHO <u>ALSO</u> HAVE ANOTHER CHILD UNDER 5 YEARS) |
| 6 months to 16 months | 2 | |
| 17 months to 23 months | 3 | |
| 2 to 4 1/2 years old | 4 | |
| 5 years or older | 5 | |
| Other _____
(SPECIFY) | 6 | |

3a. Which of the following types of equipment are you currently using? (READ LIST)
(CIRCLE UNDER Q.3a BELOW)

3b. (FOR THOSE NOT CIRCLED IN Q.3a ASK:) Which of the following types of equipment have you ever used?
(CIRCLE UNDER Q.3b BELOW)

CIRCLE

- | | <u>Q.3a</u> | <u>Q.3b</u> | |
|--|-------------|-------------|---|
| High chair (a seat your child sits in at mealtime) | 1 | 1 | |
| Bath seat (a seat your child sits in at bath time) | 2 | 2 | →(AT LEAST 8 MUST USE OR HAVE USED A BATH SEAT) |
| Car seat (a seat your child sits in when in the car) | 3 | 3 | |

3c. Are you the parent who has primary responsibility for bathing your child who is between 6 months and 16 months old, is your spouse/partner primarily responsible, or do you both share the responsibility equally?

CIRCLE

- | | | |
|--|---|--|
| I'm primarily responsible | 1 | →(QUALIFIES) |
| We share equally in responsibility | 2 | |
| My spouse/partner is primarily responsible | 3 | →(ASK TO SPEAK TO PARTNER PRIMARILY RESPONSIBLE IN ORDER TO QUALIFY) |

4. And, now just a few final questions to make sure we have a balanced sample. Which of the following categories includes your age? (READ LIST)

CIRCLE

- | | | |
|------------------------------|---|------------------------|
| Under 25 | 1 | →(RECRUIT A MIX) |
| 25 to 34 | 2 | |
| 35 to 44 | 3 | |
| 45 or more | 4 | |
| (DO <u>NOT</u> READ) Refused | 5 | →(THANK AND TERMINATE) |

5. And, are you? (READ LIST)

	<u>CIRCLE</u>	
White	1	
Black	2	
Hispanic	3	→(RECRUIT A MIX)
Asian	4	
Other (Specify) _____	5	
Refused	6	→(THANK AND TERMINATE)

6. Which of the following categories best reflects your total family income before taxes? (READ LIST)

	<u>CIRCLE</u>	
Less than \$30,000	1	
\$30,000 to \$49,999	2	
\$50,000 to \$69,999	3	→(RECRUIT A MIX)
\$70,000 to \$79,999	4	
\$80,000 to \$99,999	5	
\$100,000 or more	6	
(DO NOT READ) Refused	7	→(TERMINATE)

7a. Finally, have you ever attended a panel discussion for market research purposes?

	<u>CIRCLE</u>	
Yes	1	→(CONTINUE)
No	2	→(SKIP TO INVITATION)

7b. When did the last group discussion take place?

	<u>CIRCLE</u>	
Within the past 6 months	1	→(THANK & TERMINATE)
More than 6 months ago	2	→(CONTINUE)

RECORD GENDER:

	<u>CIRCLE</u>
Female	1
Male	2

INVITATION

We are conducting a panel discussion with 10 people like yourself to discuss the child care equipment needs of young children and factors that influence parent selection of equipment. The discussion will take place on November 17/18 at 6/8PM. The discussion will take about 2 hours. A cash gift of \$40 will be given to each participant and a light dinner/refreshments will be served. Are you available to attend the meeting?

CIRCLE

Yes

1 →(GIVE DIRECTIONS)

No

2 →(THANK & TERMINATE)

APPENDIX B
MODERATOR'S GUIDE

MODERATOR'S TOPIC GUIDE

FINAL 12/02/93

PROJECT: CPS301
DATE: November 17 (6/8pm) & November 18 (6pm)
LOCATION: Bethesda, Maryland
TOPIC: Baby bath rings

Introduction

- Who I am
- What I do

Ground Rules

- Audio taping and why
- Talk one at a time
- Articulate loudly enough to be heard
- Avoid side conversations
- Mirror and observers
- Videotaping and why
- Avoid peer pressure
- Be candid
- No right or wrong answers
- Need to hear from everyone
- Gratitude for your time and opinions

Respondent Introductions

Tell us:

- Your name
- Area of residence
- Family status - number of children, genders, ages
- Types of baby equipment owned and used (e.g., car seat, high chair, walker, bath seat, etc.)

Examine General Bathing Practices for Children

- Determine bath frequency in a typical week for children under 2 years old and children 2 to 5
- Identify typical bather (e.g., mom, dad, older sibling, babysitter, grandparent, etc.) for children under 2 and children 2 to 5
- Identify other bathers (e.g., mom, dad, older sibling, babysitter, grandparent, etc.) for children under 2 and children 2 to 5
- Determine typical length of bath for children under 2 and children 2 to 5
- Determine amount of water typically used in bath for children under 2 and children 2 to 5 (e.g., inches or proxy measurement such as up to what body part)
- Determine if children of different ages are ever bathed together--under what circumstances and why (e.g., more efficient, older child can supervise younger child, for fun or play, etc.)
- Describe the type of bath tub typically used (e.g., size, whirlpool, type of surface--shiny/mat, skid or non-skid, (Probe: what does skid/non-skid mean, how they know) surface material such as porcelain, cast iron, etc., surface pads used, if any--decals, mats, etc.)

Examine Consumer Knowledge and Use of Baby Bath Seats/Rings

- Determine if respondents use bath aids to assist them in bathing their children, identify types of bath aids typically used (specifically bath rings/seats) and frequency of use (e.g., always, sometimes--such as when you expect an interruption like an important phone call, rarely)
- Describe specifics about bath aid used in terms of size, shape, features, brand name, consumer information provided (e.g., how to assemble, how to use)
- Identify reasons why parents use bath rings/seats
- Determine how respondents got their bath ring/seat (e.g., purchased--where, hand-me-down, as a gift, etc.)
- Identify for what age child parents use bath rings/seats - identify youngest age parents believe can use bath ring/seat and the oldest age that the product is still appropriate for
- Identify what parents particularly like and dislike about the bath rings/seats
- Determine if parents or other bathers have ever experienced any problems or difficulties (e.g., suction cups not holding, child trying to get out, seat tipping

over, etc.) using the bath ring/seat; identify the problems and the circumstances surrounding the problems

- Determine if parents have continued to use the bath ring/seat after experiencing their problem/difficulty
- Determine if parents believe the bath ring/seat stabilizes their children enough to allow them to turn away from and/or leave the bathroom for a few moments in case of an interruption or emergency

Examine High Risk Behavior Patterns During Bath Time

- Determine how often parents have had to leave their children in the bath
- Identify specific situations where bather has had to leave the child alone in the bath, or if no such situations have ever occurred, make respondents imagine situations/occasions where such action might have to occur (e.g., phone call, doorbell, attend other children or household emergency, etc.)
- Identify the youngest age child parents have ever left/or might leave in the bath and determine if older siblings (how old were siblings?) were or were not present/would be present at the time
- Determine how comfortable parents are leaving their children in the bathtub. Why/why not comfortable?
- Determine what factors impact parent's decision as to whether or not they can leave a child in the tub --(age, presence of sibling, previous successful experience leaving child alone in tub, use of a restraining device, etc.)
- Estimate how long parents have been away from a child/or would consider being away from a child who is in the bath
- Determine where the bather went/might go in relation to the location of the bath the child is in (e.g., determine if parent could or could not/would be able to hear or see the child in the bath)
- Determine what, if anything, parents did/might do to restrain the child (e.g., used a bath ring/seat, used a harness of some kind, asked an older sibling to support the younger child or other)
- Determine how parent found/might expect to find their child upon their return in terms of position in the tub, position in restraint, mood, etc. and whether or not they were surprised by what they found

Obtain Reactions to Labeling and Packaging of Baby Bath Rings/Seats

- Determine awareness and recall of product safety information on your box and ring/seat itself
- Identify where parents remember seeing the information (e.g., on the box, on the ring/seat, in the instructions for assembly/use, other)
- Determine what should be done to alert parents about use of and potential hazards related to baby bath rings/seats (e.g., improve/change wording of warning, use a warning symbol/graphic, product redesign, take product off the market, other--client to specify)

Obtain Reactions to Bath Rings/Seats

(Show respondents bath rings/seats without packaging)

- Most likely to purchase and why
- Least likely to purchase and why
- Which one do you think would be safest?
- Determine if respondents have ever seen any of the models displayed and which one, if any, they have used/currently use
- Identify how, if at all, their bath ring/seat differs in terms of size, shape, seat, features, etc.
- Obtain top-of-mind reactions to each ring/seat first by asking what they like and dislike about each one and by identifying which one respondents would be likely to purchase and why (e.g., seems sturdier, prefer the shape of the seat, color, special features--specify, etc.)
- Evaluate each ring/seat on: visual appeal, stability, restraint capability, safety--including a child's ability to climb out, tipping, surface injury, durability, and versatility in terms of range of ages the product could serve
- Determine which ring/seat gives parents more confidence that their child could be supported if they were to turn away or leave the bathroom for a moment to attend to an interruption or emergency

False Close

- Determine what advice respondents would give other parents about use of the rings/seats
- Willingness to participate in follow-up telephone study, pass sign-up sheet (strictly voluntary)

Final Comments



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

August 25, 2000

Ms. Rachel Weintraub
Staff Attorney
U. S. Public Interest Research Group
218 D. Street, SE
Washington, DC 20003

Dear Ms. Weintraub:

This is to officially inform you that U. S. Public Interest Research Group, at your request, has been joined with the Consumer Federation of America et. al. as petitioner requesting a ban of infant bath seats and bath rings used for bathing infants in bathtubs. This matter has been docketed as a petition under the Federal Hazardous Substances Act with the designation HP 00-4.

You may be aware that in the Federal Register of August 22, 2000, the Commission has solicited comments concerning Petition HP 00-4, with comments due by October 23, 2000.

Following the close of the comment period, staff will be preparing a briefing package on the petition for consideration by the Commission. I will send you a copy of that package when the matter is scheduled for Commission action.

If you have any questions about the petition process, please do not hesitate to call or write to me. My telephone number is (301) 504-0800, X1230; fax number is (301) 504-0127.

Sincerely,

Sadye E. Dunn
Secretary to the Commission

cc: Mary Ellen Fise, General Counsel
Consumer Federation of America

TAB B



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

Date: March 30, 2001

TO : Jacqueline Elder, Deputy Assistant Executive Director, EXHR
THROUGH: Warren J. Prunella, AED, EC *WP*
FROM : Mary F. Donaldson, EC *MFD*
SUBJECT : Baby Bath Seat Petition, HP-00-4

The Consumer Product Safety Commission is considering a petition from the Consumer Federation of America, The Drowning Prevention Foundation, and others for a ban of baby bath seats and baby bath rings due to the potential for drowning. Baby bath rings are no longer sold in the U.S. retail market. This memo presents an overview of available information about the market for baby bath seats.

The Products

Baby bath seats are marketed as an aid for bathing infants from the time they can sit up, at around 6 months. They are used in full size bath tubs and allow the child to be held in a seated position, thus freeing the caregiver from holding onto the child during bathing. The bath seats contain a seating area and a restraint and are held in place by suction cups located at the bottom of the seat.

Although no longer found on the U.S. market, baby bath rings also are held in place by suction cups, but use the floor of the tub or a mat as the seating surface. Additionally, some infant bath tubs are convertible to infant bath seats. Examples of different designs of baby bath seats are included in the appendix.

Suction cups used on baby bath seats and rings are designed to work with smooth surface bathtubs. Using these products with textured bathtubs is not recommended by the manufacturers. Since 1979, however, there has been a voluntary standard requiring new bathtubs to be slip resistant, which has resulted in textured surfaces on tub bottoms.

Producers and Market Share

Baby bath seats are produced and/or marketed by juvenile product manufacturers and distributors. Currently, two manufacturers of baby bath seats are known to be active in the U.S.

market. They are Safety 1st and The First Years. Safety 1st is the only manufacturer currently producing traditional bath seats. The First Years produces a model that converts from a baby bathtub to a baby bath seat. At the time of the 1994 Commission briefing on baby bath rings, there were about 10 manufacturers of baby bath rings/seats¹. Manufacturers that no longer produce baby bath seats include Fisher Price, Gerry, Century, Pansy Ellen, C. Meyer Associates, Ilco, Sanitoy Inc., Sassy, A-Plus, and Shelcore. Some of their products are still in use and may be found for sale on the secondhand market.

Baby bath seats and rings are available in many other countries, including Canada. Although only two firms are currently selling bath seats in the U.S., any foreign manufacturer is a potential supplier to the U.S. market.

Based on a survey of new and expectant mothers conducted in 1999 for American Baby Group², the leading brand of baby bath seat in use is Safety 1st. In that survey, 46 percent of respondents who specified the brand of bath seat owned indicated Safety 1st. Fisher Price and The First Years followed with 14 percent each. However, it should be noted that 63 percent of bath seat owners did not specify their bath seat brands.

Products in Use

The Juvenile Products Manufacturers Association (JPMA) estimates that there may be up to 2 million baby bath seats in use³. This is not inconsistent with an estimate derived from the *Baby Products Tracking Study, 2000*. With about 4 million annual births in the United States and the tracking study information which indicated that 33 percent of new mothers own baby bath seats or rings, about 1.3 million bath seats are available for use for infants under the age of one. Including bath seats used by infants greater than one, the total number of bath seats in use may be about 2 million, as estimated by JPMA.

Retail sales of new baby bath seats may range from 700,000 to 1,000,000 annually. The American Baby Group survey indicated that 46 percent of baby bath seats or rings owned by new or expectant mothers were obtained from an older child or borrowed. This suggests that about 54 percent of the bath seats were acquired new, resulting in annual sales of about 700,000 (.54 x 1.3 million). The JPMA estimate of sales is somewhat higher, about 1 million annually.

Baby bath seats have increased in popularity over the past 12 years. Table 1 shows ownership rates for new mothers for survey years from 1987 to 1999. In 1987, only 22 percent

¹ CPSC EC memo from Anthony C. Homan to Celestine Trainor, subject: *Baby Bath Rings – Market Information and Preliminary Regulatory Discussion*, April 25, 1994.

² *Baby Products Tracking Study 2000: Nursery Décor and Accessories*, conducted for American Baby Group, Bruno and Ridgeway Research Associates, Inc, #5861.

³ "Initial Comments in Opposition by the Juvenile Products Manufacturers Association" in response to Petition HP00-4, October 20, 2000.

of new mothers owned them. By 1999, 33 percent of new mothers owned them, which is an increase in the ownership rate of 50 percent.

Table 1: Trends in Baby Bath Ring/Seat Ownership Rates, 1987-1999

Year	Ownership Rate (% of New Mothers)
1987	22
1990	24
1993	31
1996	32
1999	33

Sources: *Baby Products Tracking Study, 1987, 1990, 1993, 1996, 1999*, American Baby Group; *Statistical Abstract of the U.S., 1999*.

Prices

Baby bath seats are sold in stores that sell infant products, such as mass merchandisers, discounters, department stores, infant and child specialty retailers, and through catalogs and the Internet. Prices for infant bath seats range from about \$10 to \$16. Seats which convert from an infant bath tub to an infant bath seat sell for about \$20 to \$25.

Trade Associations and Standards

The Juvenile Products Manufacturers Association (JPMA) is the major trade association that represents juvenile product manufacturers and importers. The major manufacturers of infant bath seats are members of this association.

A voluntary standard for infant bath seats and bath rings is provided by *ASTM F1967-99 Standard Consumer Specifications for Infant Bath Seats*, which was published in June 1999⁴. This standard addresses issues such as safe use instructions and stability. According to the JPMA, all infant bath seats currently on the market are in compliance with this standard⁵. The population of infant bath seats still available for use that were made prior to this standard (and not in compliance) is not known.

⁴CPSC ESME memo from M. Kumagai to Celestine Kiss, February 2001, subject: Review of BATH SEAT ASTM STANDARD F1967.

⁵“Initial Comments in Opposition by the Juvenile Products Manufacturers Association” in response to Petition HP00-4, October 20, 2000.

While the ASTM infant bath seat standard recommends *against* using bath seats in tubs with textured slip resistance, the standard for slip resistant bathtubs has been in place since 1979. About 58 million bathtubs have been installed in homes built since the inception of the bathtub standard, based on data from *the 1999 American Housing Survey*.⁶ It is likely that many of these tubs have textured or slip resistant surfaces.

Costs of Infant Deaths

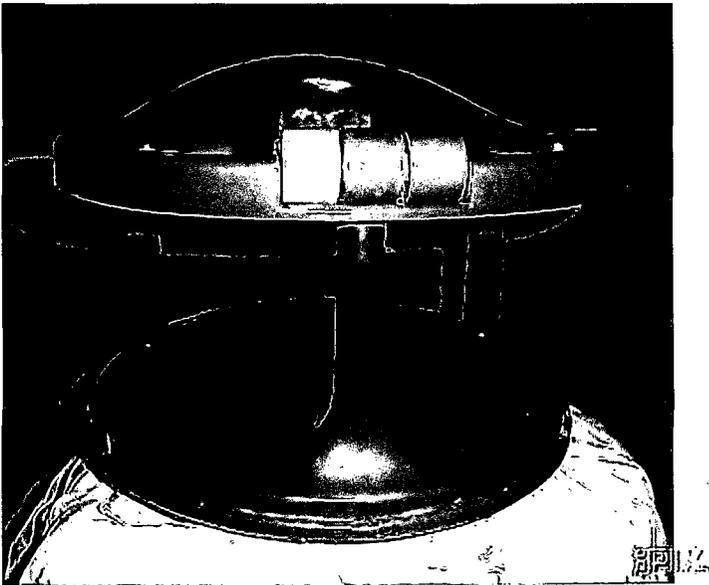
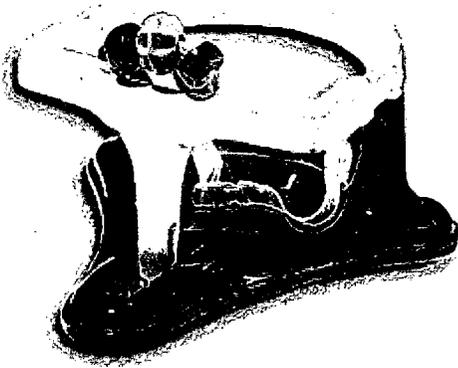
CPSC is aware of 69 deaths to infants associated with baby bath seats between January 1983 and November 2000. However, from 1993 to 1997, the last year that CPSC has complete data on deaths, about 41 deaths or about 8 deaths per year occurred⁷. Using a statistical value of life of 5 million dollars⁸, the societal “cost” of the deaths associated with baby bath seats is around \$40 million annually. This is about \$20 per baby bath seat in use per year, assuming an average of about 2 million baby bath seats in use per year over the 1993 to 1997 time period.

⁶ 1999 American Housing Survey, U.S. Bureau of the Census

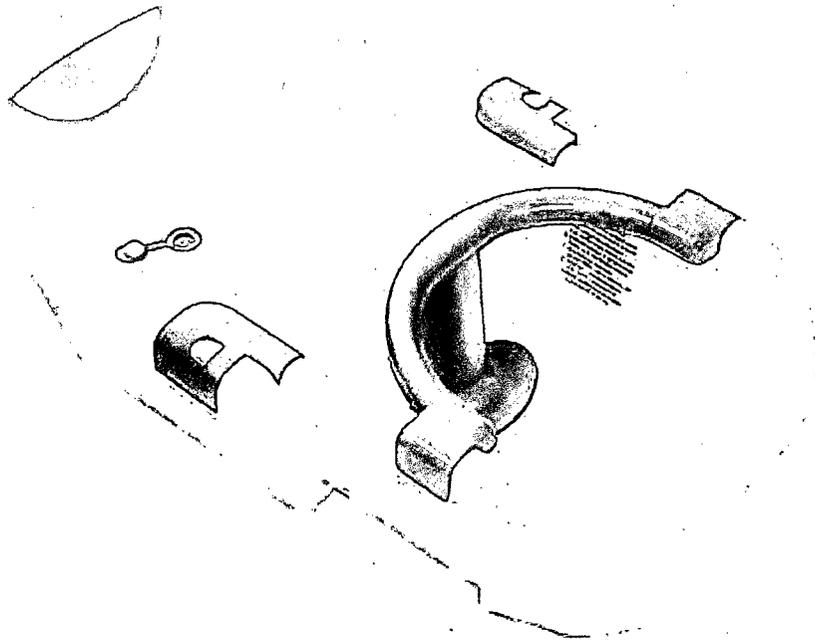
⁷ CPSC HA memo from Debra Sweet to Celestine Kiss, subject: Hazard Analysis Memorandum for Bath Seat Petition, February 2001.

⁸ A statistical “value of life” of five million dollars is consistent with current economic literature.

Examples of Infant Bath Seats



Example of a Convertible Bath Seat



TAB C



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

December 7, 2000

TO: Celestine Kiss, M.S., Project Manager, Baby Bath Seat Petition, (HP 00-4),
Directorate for Engineering Sciences, Division of Human Factors

Through: Mary Ann Danello, Ph.D., Associate Executive Director for Health Sciences (HS) *med*
Lori E Saltzman, M.S., Division Director, HS *MRW for L.E.S.*

FROM: Suad W. Nakamura, Ph.D., Physiologist and Sandra E. Inkster, Ph.D., *SEN*
Pharmacologist, HS

SUBJECT: The Pathophysiology of Drowning.

Background

On July 25, 2000, the Consumer Federation of America (CFA) submitted a petition to ban baby bath seats (also known as infant bath seats or baby bath rings) to the U.S. Consumer Product Safety Commission (CPSC). The petition was subsequently docketed, and a notice soliciting public comments was published in the Federal Register (65 FR, 50968, August 22, 2000). As part of the petition process, Health Sciences (HS) staff has been asked to provide information on the pathophysiology of drowning, particularly regarding factors relevant to the bathtub drowning scenario.

Introduction

The early medical literature contains several inconsistent definitions for drowning injuries that differ in both the terminology and the various time frames used to classify the injuries. More recent attempts to standardize drowning classification have resulted in the following widely accepted definitions. Drowning is defined as submersion in a fluid medium (usually water) that results in the victim's death within 24 hours of the submersion incident. Near-drowning is defined as a submersion incident in which the victim survives for at least 24 hours, irrespective of whether they subsequently survive or die from complications related to the submersion incident (Orlowski, 1987; Fields, 1992; Modell, 1993). Although some experts discourage use of the term "secondary drowning", it is sometimes used to describe near-drowning cases that ultimately result in death from delayed complications related to the submersion incident (Beyda, 1998).

While drowning usually involves complete body submersion, it is not necessary and drowning can occur when just the nose and mouth are covered by water (Byard and Lipsett, 1999). Infants and young children have relatively large heads so their center of gravity is higher than older children and adults. They are also less coordinated and more prone to falling and tipping over. A baby or young child, lacking the muscular strength and developmental skills to right themselves after having fallen, can drown in as little as 2 inches of water (Pearn and Nixon, 1977; Griest and Zumwalt, 1989; Kasian, O'Farrell, Linwood, 1987). Some reports indicate that

less than 1 inch of water can be sufficient to drown a young child (Chisholm, Chapman, and Spares, 1998).

Drowning deaths occur across all age groups, but the underlying causes differ with age, and a clear relationship between victim age and the site of drowning is evident. Drowning is one of the leading causes of preventable death in children under five years of age, and unlike adult deaths, the majority of these deaths occur in freshwater environments. While many drowning and near-drowning incidents involving young children occur in residential swimming pools, the bathtub is the primary drowning site for victims less than one year old. The majority of drownings involving victims under five years of age reportedly occur during brief lapses in adult supervision. In many cases, these lapses are estimated to be less than 5 minutes, however, the reliability of such estimates is uncertain. The medical literature reports that children with a history of seizure disorders (e.g. epilepsy) have a 4 to 10- fold increased risk of drowning, with the risk being greatest in bathtub settings and in children over 5 years of age. This probably reflects the fact that older children are more likely to be unsupervised while bathing than while swimming, thus, immediate help is not available should they collapse into the bathwater during a seizure (Diekema, Quan, Hoit, et al., 1993). It should be noted that child abuse is implicated in up to 19 percent of pediatric bathtub drownings, particularly if the victim is older than 14 months of age (Fields, 1992; Pearn, 1992; Fiser, 1993). Indeed, Griest and Zumwalt (1989) have opined that deliberate drowning of young children is “no doubt underreported and underdiagnosed because of the lack of physical evidence or criteria on which to base a diagnosis of abuse.”

Pathophysiology of Drowning

The single most important physiological consequence of drowning is cerebral hypoxia, (oxygen deprivation of the brain). While no single sequence of events can describe the development of hypoxia during all drowning and near-drowning incidents, it is convenient to view the human response to unexpected submersion in water as progressive stages (Orlowski, 1987; Fields, 1992; Pearn, 1992; Chisholm et al., 1995).

Immediate Events

The initial stage starts immediately at the time of submersion when the surprised victim aspirates a small volume of water. This mechanical stimulus can trigger a protective reflex response of the airways to close the larynx, i.e., laryngospasm, which prevents both water and air from entering the airways. The panicked victim may also engage in breath-holding to prevent entry of water into the airways. Either or both the laryngospasm and breath-holding behavior serve to initiate the development of hypoxemia (reduced oxygenation of the blood). This stage can vary from about 0 to about 2 minutes.

In the second stage, the temporary cessation of breathing increases the level of hypoxemia and causes acidosis due to carbon dioxide retention. The victim further panics and may then struggle and try to swim, possibly swallowing large amounts of water into the stomach. This increases the risk of regurgitation and aspiration of acidic stomach contents, which can further compromise lung function, and negatively impact the victim's chance of recovery. This stage can last from 1 to 2 minutes.

In the next stage, the level of hypoxemia reaches a critical point where brain function starts to be affected and the victim gasps involuntarily. The drowning event can then proceed along two alternative pathways depending on whether “wet” or “dry” drowning occurs (see below). The duration of this stage is variable, lasting from one to several minutes.

So called “wet-drowning” occurs in 80 to 90% of drowning and near-drowning victims. In wet drowning, hypoxia results in unconsciousness and loss of airway reflexes. Consequently, the laryngospasm relaxes, allowing large amounts of fluid to enter the lungs. There is immediate and drastic mechanical impairment of gaseous exchange and lung function, and respiration ceases shortly thereafter. Initially, although the oxygen concentration of arterial blood starts to drop, the heart is still able to circulate blood to the brain, albeit with a progressively decreasing oxygen content. The increasingly severe tissue hypoxia eventually will cause the heart to fibrillate, then ultimately stop, resulting in a rapidly worsening hypoxic-ischemic assault. Death occurs shortly thereafter in the absence of intervention.

The remaining 10-20% of drowning and near-drowning victims experience “dry drowning”. In dry-drowning, the initial laryngospasm finally relaxes, but the further aspiration of small amounts of water into the lungs stimulates another severe and persistent laryngospasm¹ episode. This maladaptive, exaggerated response of a normal airways protective mechanism is life-threatening and can be likened to anaphylaxis, an exaggerated hypersensitivity immune reaction to a foreign protein seen in sensitized individuals (Kidder, 1995). The mechanical obstruction of the airways by the laryngospasm continues to prevent entry of water or air into the lungs. Without intervention, this scenario can rapidly progress to profound hypoxic-ischemia, associated cardiac arrhythmia, convulsions, and death. This process explains the paradoxical autopsy findings of dry lungs in some drowning victims. (Orlowski, 1987; Fields, 1992; Pearn, 1992; Chisholm et al., 1995).

Near Drowning

Delayed Events

The response of victims who are initially rescued from the drowning environment is highly variable and depends on multiple factors. Some victims who are submerged for less than a minute or so might not stop breathing, or may spontaneously restart to breathe, and will recover uneventfully. As the duration of submersion increases, the need for use of resuscitative techniques increases. It is not uncommon for victims to be resuscitated at the scene, only to succumb to late-onset complications of the submersion injury several hours to days later. Therefore, any individuals who need to be resuscitated (breathing and possibly heart rhythm reestablished) after being submerged for more than a minute or so are at risk of developing delayed pathological effects. The level and duration of hypoxia is the most important factor influencing outcome of near-drowning victims, and the brain is the tissue most sensitive to oxygen deprivation. Pathological changes can occur in brain cells within minutes of severe hypoxia/anoxia, and while continued oxygen deprivation will rapidly cause lethal brain death, more subtle effects might not be evident immediately if oxygenation of blood is reestablished after a short interval. In the most frustrating cases, after apparent recovery, the effects of

¹ Laryngospasm, the reflex closure of the glottis, can be triggered by mechanical or chemical stimulation of the laryngeal mucosa (Nishino, 2000). Clinically, it is most frequently encountered as a complication of general anesthesia. For unclear reasons, it occurs 2–3 times more frequently in young children than in adults; children with upper respiratory infections or bronchial asthma have the greatest risk of experiencing laryngospasm during general anesthesia (Landsman, 1997).

delayed, neuronal cell death from hypoxia are manifested 2-3 days later. A vicious cycle is activated in which cell death causes cerebral edema (fluid retention), leading to increased intracranial pressure, with subsequent reduction of cerebral blood flow and worsening of the cerebral hypoxia. Further neuronal cell death continues until death, attributed to cerebral edema, ultimately ensues (Swick, 1997; Gabriella and Layon, 1997). After the brain, heart tissue is most vulnerable to oxygen deprivation, and fatal arrhythmias can develop in near-drowning victims. Delayed, multiple end-organ failure (heart, kidneys, circulatory system, etc.,) is also a possible consequence of hypoxic-ischemic effects of submersion injuries.

Near-drowning victims who aspirate water also have to contend with additional, delayed respiratory problems that can occur days after submersion and are caused by direct effects of water on lung tissues. Small amounts of fluid in the lungs (1 to 3 ml/kg body weight) can severely alter gaseous exchange in lung tissues. Freshwater is believed to destabilize lung surfactant by altering surface tension properties, leading to alveolar collapse (atelectasis); it also readily enters pulmonary capillaries causing lung congestion. Although saltwater does not directly affect lung surfactant, it draws fluid from the capillaries into the lung space, effectively diluting surfactant and leading to alveolar collapse. Thus, both fresh and saltwater can ultimately cause delayed hypoxemia acting by different mechanisms to disrupt surfactant, collapse lung areas, and cause pulmonary edema with consequent ventilation-perfusion mismatch. Lung damage and leakage of proteinaceous materials from alveoli can worsen progressively, resulting in life-threatening acute respiratory distress syndrome (ARDS) and pneumonia (Fields, 1992; Swick, 1997; Sachdeva, 1999). It should be noted that results of animal studies, describing significantly different effects of fresh and salt water on blood volume and electrolyte balance, are not usually reflected in human drowning victims, and clinical intervention to treat these conditions is rarely required. This is most likely due to the fact that humans rarely aspirate as much as 22 ml/kg body weight of fluid (fresh or salt water). Animal studies indicate that aspiration of this amount is necessary for development of any respective increase/decrease in blood volume or decrease/increase in electrolyte concentration (Sachveda, 1999; Fields, 1992; Orłowski, 1987).

Treatment of Submerged Individuals and Victim Prognosis

Given that the hypoxic insult is the primary pathophysiological effect of drowning, it is imperative that rescuers rapidly focus on opening of the airways and establishing oxygenation of the victim. Rapid reversal of the hypoxic state is essential to prevent/limit the development of pulmonary and cerebral edema that will ultimately govern the degree of brain damage and the victim's survival. Mouth to mouth resuscitation started immediately upon reaching the victim is the preferred method. Chest cardiac massage should also be initiated if the victim has no pulse. Most experts consider that use of the Heimlich maneuver (application of an external, upward abdominal thrust) to clear water from the upper airways is contraindicated because of the propensity for inducing vomiting and subsequent aspiration of acidic gastric contents, which can seriously compromise the victim's survival. (Orłowski, 1987; Fields, 1992).

Generally speaking, the neurological outcomes of children who suffer any kind of brief hypoxic event are good; in fact, brief episodes of brain hypoxia without ischemia rarely result in injury because cerebroprotective mechanisms are triggered. If however, there is prolonged hypoxia that results in cardiac hypoxemia, cardiac output is diminished, and the event becomes a

more serious hypoxic-ischemic challenge with a much less favorable prognosis (Biagas, 1999). Large studies of adult victims of non-traumatic cardiac arrest (ventricular fibrillation) have shown that there is a window of less than 10 minutes for successful intervention after circulation of blood has stopped. Furthermore, there is little evidence to suggest that young pediatric victims, in cardiac arrest from submersion, are able to tolerate longer periods of hypoxia than older victims (Quan and Kinder, 1992).

Despite the attempts of numerous researchers, it is still not possible to accurately assess the prognosis of all drowning and near-drowning victims. However, the most important prognostic indicator is generally accepted to be the victim's level and duration of oxygen deprivation. The critical factors affecting this are: (i) the duration of submersion, (ii) how quickly and efficiently resuscitation attempts are initiated, and (iii) the time to the victim's first spontaneous gasp (Pearn, 1992). It is easiest to predict the outcome of those who suffer extremely short or extremely long submersions. As would be expected, victims who were submerged for short durations (<5 minutes), and who rapidly begin to breathe spontaneously or respond to resuscitation attempts, have the most favorable prognosis for a full recovery. Victims who have aspirated minimal amounts of water due to laryngospasm are least likely to develop delayed respiratory complications from submersion. In contrast, victims who were submerged for longer than 10 minutes and/or who fail to respond to resuscitation attempts within 25 minutes rarely have a favorable outcome, with severe neurological impairment or death being most likely (Quan and Kinder, 1992; Fiser, 1993). The reliability of the estimated submersion times in the fatal bathing drownings reported to CPSC is uncertain. Nonetheless, HS staff's review of fatal bathing drowning incidents indicates that, in the majority of cases where appropriate intervention might have been successful, the parent or caregiver (like the majority of the general public) did not know how to perform cardiopulmonary resuscitation (CPR). Some caregivers initially panicked, a few made initial untrained attempts at CPR, but most tried to contact emergency services before initiating any CPR attempts. Thus, the window of opportunity for successful resuscitation shrank progressively as the level of hypoxemia worsened. While in a few cases, trained emergency responders were able to re-establish cardiac rhythm and breathing, the victims died later from cerebral edema associated with delayed neuronal death, and secondary respiratory complications (i.e. lung congestion) were a common autopsy finding.

While almost all drowning victims suffer lethal hypoxia if submerged for longer than 25 minutes, the medical literature contains several reports of young children who have been submerged for longer durations, but yet recover without any apparent deficit. The common factor in these cases is the extremely cold or icy temperature of the water (<5-10°C, 40-50°F) and it should be recognized that these cases are the exception to the rule. Although incompletely understood, survival in some victims after such cold water submersions is likely due to a combination of the diving reflex and the rapid induction of hypothermia. The diving response, typically seen in marine mammals, serves to conserve oxygen for vital tissues by markedly slowing the heartbeat and by greatly reducing or even stopping blood flow to non-vital organs by means of peripheral vasoconstriction. Rapid induction of hypothermia reduces the metabolic need for oxygen. The normothermic human brain typically suffers some irreversible brain damage if subjected to acute hypoxia for longer than 10 minutes, but is significantly more resistant to hypoxia if rapidly reduced to about 30°C (86°F) (Gooden, 1992). Although smaller children develop hypothermia most rapidly due to their large surface area and small body mass,

any survival advantages of a cold water setting are not likely to apply to pediatric drowning in bathtubs since bathwater is usually warm or at least tepid (32-38°C, 90-100°F). Indeed, victims of warm water submersion who are not resuscitated at the scene, and who are still undergoing resuscitation attempts in an emergency room setting, have a uniformly poor outcome, i.e., death or severe neurological impairment (Fields, 1992).

Conclusions

The bathtub is the primary setting for drowning deaths in infants under 1 year-old. Brief lapses in adult supervision are involved in the majority of such fatalities. The primary pathophysiological effect of submersion is brain hypoxia (oxygen deprivation), due to mechanical impairment of respiration. This is frequently compounded by ischemia due to cardiac arrest as the hypoxemia worsens. The actions taken by the parents or caregivers during the first few minutes of discovering the submerged infant have a critical impact on the victim's chance of recovery. While an immediate opportunity exists to rescue victims of short duration submersion (~5 minutes) without long term effects being incurred, caregivers rarely use appropriate CPR techniques in a timely manner, apparently due to initial panic and a lack of training. Thus, in the absence of rapid resuscitation, severe brain damage or death is a likely outcome for victims who stop breathing, and fail to spontaneously rebreathe, after brief submersions in warm bathwater, that can be as short as a minute or so. Unlike cold water submersions, where rapid hypothermia can sometimes result in full recovery of young children after prolonged submersions, prolonged warm water submersions have a uniformly poor outcome. Any victim of a warm water submersion who cannot be resuscitated at the scene (i.e., spontaneous breathing and heart rhythm cannot be re-established) will most likely suffer death or severe neurological impairment that will leave them in a vegetative state.

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TAB D



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

Date: March 27, 2001

TO : Celestine Kiss, Project Manager
Division of Human Factors

THROUGH: Sue Ahmed, Associate Executive Director *SA*
Directorate for Epidemiology
Russ Roegner, Division Director *RR*
Division of Hazard Analysis

FROM : Debra Sweet, *DS*
Division of Hazard Analysis

SUBJECT : Hazard Analysis Memorandum for Bath Seat Petition

This memorandum provides incident data on baby bath seats and rings. Information was obtained from the following U.S. Consumer Product Safety Commission (CPSC) databases: Injury and Potential Injury Incident file (IPII), In-Depth Investigation file (INDP), Death Certificate file (DTHS) and the National Electronic Injury Surveillance System (NEISS). This data is anecdotal data and should not be used to project national estimates. DTHS is not complete for 1998 through 2000.

I. BATH SEAT DEATHS

CPSC is aware of 69 deaths in the U.S. from January 1983 through November 2000 resulting from infants drowning while seated in a baby bath seat or ring. The previous briefing package cited 13 drownings involving bath seats in the U.S. from January 1983 through October 1993¹.

A. Supervision by Caregiver

Three of the 69 drowning deaths to children from 1983 through November 2000 took place when the victim was under supervision (by the caregiver) in the bathtub. Two caregivers turned away momentarily and looked back to find the victim's face down in the water. In the other incident, the caregiver saw the incident occur but panicked briefly. Attempts by the caregivers to save the children were unsuccessful.

The remaining 66 of 69 drowning deaths occurred while the caregiver left the child unattended in the bathroom. The reported times that the caregiver was out of the room varied from a reported 2 minutes to over one hour. Some reasons for leaving the child unattended were unexpected phone calls or company and retrieving towels or clothing. Some caregivers left the

¹ "Options to Address Risks with Baby Bath Rings." Celestine Trainor, U.S. Consumer Product Safety Commission, Division of Human Factors. May 1994.

bathroom to tend to another child in the home. Some caregivers left the victims unattended for more deliberate reasons such as performing household chores, playing video games or watching television. Two of the caregivers were intoxicated when they left the victims unattended.

B. Caregiver

The children who died in bath seat-related drownings were being cared for predominately by parents but also by baby sitters. Fifty-eight of the victims were being cared for by a parent or a parent and another family member simultaneously. The remaining 11 children died while under the supervision of a baby sitter. The caregivers were as young as 11 years old and often caring for multiple children.

C. Water Depth

In many of the bath seat-related deaths, the reports of water depth varied according to the individual and were often given in ranges. Some of the reports of water depth are those of officials who measured the water and other reports are those the caregiver provided as estimates of the water depth. The minimum reported water depth was less than two inches and the maximum reported water depth was 18 inches. The median reported water depth was seven and a half inches. Other reports of water depth were given as fractions of the tub height, but these are not included in the median since bath tub heights vary.

D. Victim Age

The victims involved in the 69 fatal drowning incidents with bath seats ranged in age from 5 months-old to 20 months-old. However, the 20 month old child had numerous health problems and was small for her age, weighing only 18 pounds at the time of the incident. The age of the victims most frequently involved in these incidents was 7 months (18 children).

According to the Juvenile Product Manufacturers Association (JPMA), a trade association of manufacturers, importers and distributors of juvenile products, "Bath seats and rings are generally not recommended for use until 6 months of age or when the child can sit upright unassisted. They [bath seats] are usually discontinued in use when a child seeks to escape the confines of the product or can stand up while holding onto other objects."² CPSC's Division of Human Factors has indicated that an infant begins to pull himself up to a standing position around 9 months of age.

Allowing for developmental differences in children, the recommended age of children using bath seats could be 5 months to 10 months-old. Of the 69 reported deaths involving bath seats, 61 of the victims were between 5 months and 10 months-old.

E. Other Children in Bathtub

Of the 69 deaths of children in bath seats, 26 were put into the bathtub with another young child (or children). Eight of the children who were being bathed with the victims were either taken out of the bath by the caregiver or got out of the tub by themselves before the victim was found. This leaves 18 incidents where another young child was in the bath when the victims

² Public comment to bath seat petition from Frederick Locker, Counsel to JPMA.

drowned. Two deaths are believed to be directly related to the presence of the other children in the bathtub. One caregiver returned to the bathroom to see the 2 year-old sibling holding the victim's head underwater. Another caregiver returned to the bathroom to find a 3 year-old sibling holding the victim. This sibling told officials that she picked the victim up to hold her and put the victim's head underwater to stop the victim's crying. These two incidents involved children who were at an age at which they apparently did not understand their actions.

F. Manufacturer Information

Six different manufacturers' products were involved in 59 of the 69 incidents. The manufacturer information was unknown in the remaining 10 incidents. A-Plus Products, Inc. manufactured four of the bath seats involved in the first five fatal incidents that CPSC is aware of. Safety 1st, Inc. produced 32 of the 59 manufacturer-known bath seats. Table 1 breaks down bath seat manufacturer and the years of the deaths associated with those products.

**Table 1.
Bath Seat Deaths: Product Manufacturer by Year of Incident**

Manufacturer	1983-1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Total
A-Plus Products, Inc.	4											4
Pansy Ellen	1	1										2
Safety 1 st , Inc.		2	4	1	5	5	4	3	2	1	5	32
Fisher-Price			1		2	2	1	1			2	9
Gerry Baby Products				2	1	1	1	3	1			9
The First Years, Inc.							1	1		1		3
Unknown						4	2	1	2		1	10
Total	5	3	5	3	8	12	9	9	5	2	8	69

Source: CPSC incident reports and in-depth investigations.

II. BATH SEAT DEATHS, INJURIES AND COMPLAINTS BY SCENARIO

The hazard scenarios associated with bath seat deaths and injuries can be grouped into three areas: 1) those that involved problems with the bath seat design and materials; 2) those in which the bath seat stayed upright and held the child in the seat; and 3) those in which the circumstances of the incident are unknown or uncertain.

The deaths reported in the following sections are the same 69 mentioned previously. In addition to the deaths, there have been 95 reports of non-fatal incidents involving bath seats. The incidents and complaints are those reported to the Commission from 1983 through November

2000.³ Not all reports of non-fatal incidents or complaints resulted in injury. The complaints are usually associated with unknown ages and unknown caregiver supervision.

Table 2 is a breakdown of the hazard scenarios seen in the data and the number of deaths and non-fatal incidents associated with the scenarios.

Table 2.
Bath Seat Deaths and Non-Fatal Incidents by Hazard Scenario
(1/1983 through 11/2000)

Hazard Scenario	Age Range Of All Victims	Fatalities	Non-Fatal Incidents and Complaints
Tip-Over	5-15 months	22	50
Children Coming Out of the Bath Seat	6-14 months	11	6
Entrapment and Submersion	3-16 months	3	15
Bath Seat Breaking	Unknown	0	7
Children Slumped Over	5-20 months	8	2
Overflowing Bathtub	5-8 months	2	0
Children Found in Water; Bath Seat Position Unknown	5-11 months	16	5
Bath Seat Upright; Child Position Unknown	8 months	2	0
Unknown or Uncertain Circumstances	5-12 months	5	10
Total Incidents	3-20 months	69	95

A. Problems with the Bath Seat Design and Materials

Hazard scenarios associated with the design and materials problems of the bath seat include cases in which 1) the bath seat or bath ring tipped over submerging the occupant in the water or allowing the child to escape the confines of the seat; 2) the occupant was found outside of the bath seat, presumably by coming over the top of the bath seat and the bath seat remained upright; 3) the bath seat remained upright and the occupant slid through the leg opening, becoming trapped and submerged in the water; and 4) the bath seat broke and could have led to

³ In the previous briefing package, six near misses were cited and about 30 reports of incidents without injury. Since it is difficult to differentiate between a near miss and a case with no injury, all non-fatal incidents and complaints are combined in this memorandum.

subsequent tip-over, child coming out of the seat or entrapment if the incident was not caught in time.

1. Tip-overs

**Table 3.
Tip-over Incidents
(1/1983 - 11/2000)**

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		22	50	72
Supervision	Supervised	2	21	23
	Unsupervised	20	11	31
	Unknown	0	18	18
Median Water Depth		7 inches	Unknown	Unknown
Age Range of Victims		5-12 months	5-15 months	5-15 months
Sibling in Bathtub at Time of Incident		3	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

From 1983 through November 2000, CPSC is aware of 22 drowning deaths that resulted from a bath seat or bath ring that tipped over while the occupant was seated in the product. Of these incidents, two are reported to have occurred while the caregiver was present in the bathroom. One caregiver momentarily turned away from the bath tub, turned back and the bath seat had detached from the bathtub and tipped over. In the other attended incident, the caregiver saw the child reach for a toy and the bath seat tipped. The caregiver panicked and then had difficulty removing the child from the water.

The water depth was numerically reported in 17 of the 22 cases. The median reported water depth was seven inches. The water depth in the remaining five fatal incidents was either unknown or given as a fraction of the bathtub height.

The victims of the tip-over drownings ranged from 5 months-old to 12 months-old. Eight of these children were 7 months old at the time of the fatal incident.

The distribution of the manufacturers for tip-over deaths is similar to the distribution of the manufacturers of the products involved in all of the deaths. It does not appear that one manufacturer's products were involved in significantly more tip-over incidents than any other manufacturer's products.

A sibling was in the bathtub with the victim at the start of the bath in four of the 22 tip-over drowning deaths. In one case, the sibling in the bathtub got out of the tub and the caregiver

followed the sibling leaving the victim unattended in the bath. Thus in three of the 22 fatal tip-over incidents, a sibling was in the bathtub at the time the tip-over occurred. This suggests that tip-over incidents are generally not the result of other children in the bathtub.

b. Non-Fatal Incidents and Complaints

Since 1983, the Commission has reports of 50 incidents of non-fatal bath seat tip-overs and complaints of potential tip-overs. Twenty-one of the incidents occurred when the caregiver was present and bathing the child. Eleven incidents occurred while the child was unattended. The attendance of the caregiver at the time of the 18 remaining incidents is unknown; however, the description of the tip-over contains enough detail to suggest the parent was present in many of these incidents.

The age of the children most frequently involved in the non-fatal bath seat tip-over incidents was 7 months.

Most of the complaints about potential tip-overs were based on incidents in which the suction cups released from the bathtub surface.

c. Fatal and Non-Fatal Incidents and Complaints

Combining non-fatal and fatal bath seat tip-overs from 1983 through November 2000, there have been 72 bath seat tip-overs reported to the Commission. Thirty-one incidents occurred without the presence of a caregiver, resulting in 20 deaths. Twenty-three children were supervised during the incident. Caregiver supervision is unknown in the remaining 18 incidents. This data shows that bath seat tip-overs occur regardless of the caregiver supervision at the time of the incident.

2. Children Coming Out of the Bath Seat

Table 4.
Incidents with Children Coming Out of the Bath Seat
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		11	6	17
Supervision	Supervised	0	1	1
	Unsupervised	11	4	15
	Unknown	0	1	1
Median Water Depth		8 inches	Unknown	Unknown
Age Range of Victims		6-14 months	8-10 months	6-14 months
Sibling in Bathtub at Time of Incident		1	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

The 11 deaths that resulted from children coming out of the bath seat from 1983 through November 2000 were unattended by the caregiver. The children were found out of the bath seat floating in the bath water and the bath seat was still in its upright position. Staff believes these incidents occurred when the child flipped or floated over the top of the bath seat and into the open bath water. The scenario suggests the inability of the bath seat to restrain the child in the seat.

The water depth in these 11 drowning deaths was a reported median of eight inches. The children who died after coming out of the bath seat ranged in age from 6 months to 14 months.

The manufacturer distribution of the products involved in these 11 deaths does not reflect the manufacturer distribution for all bath seat-related deaths. Safety 1st's products were involved in 32 of the 69 total deaths (46%) and only one of the 11 deaths (9%) where a child came out of the bath seat. Fisher-Price's products were involved in nine of the 69 total deaths (13%) and four of these 11 deaths (36%). The remaining six deaths in which children came out of the bath seat were somewhat uniformly distributed over three other manufacturers (A-Plus, Gerry Baby Products and the First Years) or an unknown manufacturer.

In three of these 11 deaths, a sibling was in the bathtub at the start of the bath. One of the siblings got out of the bath voluntarily before the incident occurred and in another incident, the caregiver removed another sibling from the bath before the incident occurred. Therefore, only one of the drownings occurred while another child was present at the time of the incident.

b. Non-Fatal Incidents and Complaints

Since 1983, CPSC has received reports of six other children who came out of the bath seat but suffered minor or no injuries. In two of these cases the restraining belt in the bath seat released and the occupants came out of the seat. Of the six children, four were left unattended in the bathtub, one was being tended to by the caregiver, and the supervision is unknown in the last incident. The children were 8 to 10 months-old, approaching, or at the age, where a child can pull himself to a standing position with assistance.

c. Fatal and Non-Fatal Incidents and Complaints

From 1983 to November 2000, a total of 17 children came out of the bath seat. Fifteen of the children were left unattended in the bathtub when the incident occurred, one was being supervised, and the caregiver-attendance of the last is unknown. Eleven of the 15 unsupervised incidents resulted in death.

3. Entrapment and Submersion

**Table 5.
Entrapment and Submersion Incidents
(1/1983 - 11/2000)**

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		3	15	18
Supervision	Supervised	1	8	9
	Unsupervised	2	2	4
	Unknown	0	5	5
Median Water Depth		6 inches	Unknown	Unknown
Age Range of Victims		7-16 months	3-11 months	3-16 months
Sibling in Bathtub at Time of Incident		1	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

Three drowning deaths were caused by simultaneous entrapment and submersion in bath seats from 1983 through November 2000. The leg openings on the bath seats involved in these deaths were large enough for an infant to fit two legs through, but not large enough for passage of the shoulders and head. The three children who died when they became entrapped in the seat

got both legs through an opening and their faces were partially or completely submerged in the bath water. One of the incidents occurred while the caregiver was in the room.

The median water depth in these fatal incidents was six inches. This is slightly lower than the average water depth for all of the bath seat-related deaths. The children were 7 months-old, 9 months-old and 16 months-old. The 16 month-old had stood up in the bathtub while in the bath ring, turned around and then slipped, getting stuck in the leg openings of the bath seat. This incident is the only one of the three that occurred under the supervision of a caregiver.

A-Plus Products, Safety 1st and Fisher-Price made the bath seats involved in these entrapment deaths. Another child was in the bathtub in one of the entrapment deaths, but the child was only 9 months-old and not believed to have contributed to the death.

b. Non-Fatal Incidents and Complaints

CPSC has reports of 15 additional incidents of entrapment in bath seats since 1983. There was caregiver supervision in eight of these entrapment incidents, no caregiver supervision in two incident and supervision details are unknown in the last five incidents. To free the child from the seat, three of the incidents ended with the caregiver having to cut or break the bath seat and one caregiver called the paramedics because she could not free the child. One of the unattended incidents involved a bath seat that was missing the crotch post, creating a larger space in which the child was stuck. The injured children ranged from 3 months-old to 11 months-old.

c. Fatal and Non-Fatal Incidents and Complaints

In total, from 1983 through November 2000, 18 children were involved in entrapment and submersion incidents. Nine incidents occurred under the supervision of an adult, four occurred while there was no supervision and five cases are unknown. Three children died from drowning when entrapped in the leg opening of the bath seat. As illustrated in the data, this type of incident is happening regardless of the presence of a caregiver in the bathroom.

4. Bath Seat Breaking During Use

From 1983 through November 2000, seven complaints were reported to CPSC in which the bath seat broke, but did not result in a tip-over, submersion or child coming out of the product. These complaints included legs breaking or detaching, the rings around the child breaking, mats ripping away from the legs/suction cups and the bath seat cracking.

It is unknown whether the caregiver was present in all but one of the incidents, which the caregiver was present. Staff *assumes* the caregiver was present during these incidents since nothing further happened to the child or the bath seat (i.e. seat did not tip-over after it broke, child did not fall under water after the ring broke, etc.).

B. Bath Seat Remained Upright and Retained Child

Some children died or nearly died when the bath seat stayed upright and retained the child in the seat, but other circumstances affected the outcome of the incident.

1. "Slumped Over" Children

Table 6.
Incidents with "Slumped Over" Children
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		8	2	10
Supervision	Supervised	0	1	1
	Unsupervised	8	0	8
	Unknown	0	1	1
Median Water Depth		Unknown	Unknown	Unknown
Age Range of Victims		5-20 months	6-7 months	5-20 months
Sibling in Bathtub at Time of Incident		3	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

In the period from 1983 to November 2000, eight children were found "slumped over" in the bath seat, unresponsive. All of these children were left unattended in the bathtub when the incident occurred. The children were found still sitting in the bath seat, with the bath seat upright in the bathtub. In five of the incidents, the caregiver returned to the bathroom to find the occupant slumped over in the bath seat with his/her face in the water. In one incident, the child's head was tilted back, and in one incident the head position was not stated; however, the official cause of death in both of these cases was drowning. The final death appeared to be a direct result of a sibling in the bathtub. The mother returned to the bathroom to find the sibling, who was bathing with the victim, holding the victim's head underwater.

The water depth in some of these cases is an important factor; however, the median water depth is not a good descriptor in these incidents due to the lack of reported water depth. If the depth of the water in the bathtub were extremely low (one or two inches), then the child's head may not be able to fall into the water if he slumps over in the chair. A deeper level of water in the bathtub brings the water closer to the child's face and if he then slumps over, he can easily put his head (mouth and nose) in the water. Of these 8 fatalities, the water depth in three cases was not stated. The water was described as filling the bathtub 3/4 full in a fourth case and 5/6 full in a fifth case. If a bathtub is a minimum of 14 inches deep (minimum observed in internet search), these two bathtubs would be filled to above the top of the bath seat (measuring approximately 9 inches in height). A child could easily drop his head into the water with a water level this high. The sixth incident had a reported water depth of seven inches, slightly below the top of the bath ring. This water depth also allows for a child's head to fall in the water. The last

two incidents involved reported water depths of two inches and four and a half inches. These are the same two incidents in which the children were found with their heads either leaning back or in an unknown position. The scenarios leading to these two deaths are unknown, but as previously mentioned, the autopsies on both children pronounced drowning as the cause of death. The data suggests that the deeper water levels allowed for the children to fall face into the water and thus drown.

The children who were found slumped over in the bath seats were between 5 and 11 months-old, except for one child who was 20 months-old, but weighed only 18 pounds.

The manufacturers of the products involved in these incidents were distributed similarly in these eight incidents as the distribution of the manufacturers of the products involved in all the deaths.

A sibling was in the bathtub at the beginning of the bath in five of the death incidents. One sibling, as previously stated, appeared to have caused the death. Two other siblings got out of the bathtub before the incident occurred. In the two remaining incidents with siblings, the sibling was still in the bathtub when the caregiver found the child slumped over in the bath seat.

b. Non-Fatal Incidents and Complaints

Two children who slumped over in the bath seat nearly drowned. One incident was attended by the caregiver while the caregiver-supervision in the other incident is unknown, but detail about the incident suggests that the caregiver was present. The 6 and 7 month-old children both slumped over and their faces landed in cavities in the bath seat. These cavities are shallow indentations on the top of the front support bar of the bath seat. At the time of the incidents, these cavities held water.

c. Fatal and Non-Fatal Incidents and Complaints

From 1983 through November 2000, 10 children were involved in incidents where they slumped over in the bath seat while the seat remained upright in the bathtub. The eight unattended incidents resulted in death. The remaining two incidents were near drownings in which the child suffered no permanent injuries.

2. Overflowing Bathtubs

Table 7.
Incidents in Overflowing Bathtubs
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		2	0	2
Supervision	Supervised	0	N/A	0
	Unsupervised	2	N/A	2
	Unknown	0	N/A	0
Median Water Depth		N/A	N/A	N/A
Age Range of Victims		5-8 months	N/A	5-8 months
Sibling in Bathtub at Time of Incident		0	N/A	0

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

Two children died after being placed in a bath seat and the water overflowed the bathtub or laundry tub. Both children were left unattended.

In one incident the caregiver left the 5 month-old child alone in a bath seat in a laundry tub. The caregiver stated that she turned the water off and suggested that the victim turned the water on. The child drowned in the laundry tub that overflowed with scalding hot water.

The other incident occurred when an intoxicated caregiver left the 8 month-old victim in the bathtub and passed out.

The products involved in these incidents were made by Safety 1st and Gerry Baby Products. There were no other children involved in these incidents.

b. Non-Fatal Incidents

There have been no reports to the Commission of children seated in bath seats in bathtubs that overflowed with water.

C. Deaths and Injuries with Some Unknown Circumstances

A total of 23 children died in situations where certain details of the situation are unknown. Therefore, the incidents cannot be categorized into a specific scenario.

1. Children Were Found in the Water and the Bath Seat Position was Unknown

Table 8.
Incidents in which Children were Found in the Water and
the Bath Seat Position was Unknown
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		16	5	21
Supervision	Supervised	0	0	0
	Unsupervised	16	5	21
	Unknown	0	0	0
Median Water Depth		7 inches	Unknown	Unknown
Age Range of Victims		5-11 months	6-11 months	5-11 months
Sibling in Bathtub at Time of Incident		6	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

In 16 deaths from 1983 to November 2000, the child was reported to have been in the water but the position of the bath seat and the relationship of the bath seat and the child were unknown. It cannot be determined how the incidents occurred and specifically how much of the child or what part of the child was in the water. All of the children were left unattended in the bathtub at the time of the incident.

The median water depth in these deaths was seven inches. The children ranged in age from 5 months to 11 months-old.

In eight of the 16 incidents, a sibling was in the bath tub at the start of the bath. The sibling got out of the tub in two of these, leaving siblings present in the bathtubs when the deaths occurred in six incidents.

b. Non-Fatal Incidents and Complaints

From 1983 through November 2000, five children were found in the bath water after being left unattended in a bath seat in the bath tub. The position of the bath seat was not mentioned in the report and thus the scenario of the incident is unknown.

One of the children involved in the non-fatal incidents was 6 months old, three children were 10 months-old and one child was 11 months-old.

c. Fatal and Non-Fatal Incidents and Complaints

Combining the fatal and non-fatal incidents since 1983 where children were stated as found in the water and the seat position was not stated produces 21 incidents. All of the children were left unattended in these incidents and 16 resulted in deaths.

2. The Bath Seat was Upright and the Position of the Child was Unknown

Table 9.
Incident in which the Bath Seat was Upright and
the Position of the Child was Unknown
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		2	0	2
Supervision	Supervised	0	N/A	0
	Unsupervised	2	N/A	2
	Unknown	0	N/A	0
Median Water Depth		7 inches	N/A	7 inches
Age Range of Victims		8 months	N/A	8 months
Sibling in Bathtub at Time of Incident		1	N/A	1

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

Since 1983, two children were found in the bathtub after being left unattended. The position of the child was not stated in the investigations, but the seat was said to have been upright. The relation of the bath seat and the child is unknown and a scenario cannot be presumed for these incidents.

The reports of water depth varied in one incident from four inches to 10 inches and was reported as seven inches in the second incident. The children were both 8 months-old at the time of the incident. Pansy Ellen and Safety 1st produced the two bath seats involved in these deaths.

b. Non-Fatal Incidents and Complaints

CPSC has not received reports of non-fatal incidents in which the bath seat was found upright in the bathtub and the position of the child was unknown.

3. Unknown or Uncertain Situations

Table 10.
Incidents with Unknown or Uncertain Situations
(1/1983 - 11/2000)

		Fatalities	Non-Fatal Incidents and Complaints	Fatal and Non-Fatal Incidents and Complaints
Total Incidents		5	10	15
Supervision	Supervised	0	0	0
	Unsupervised	5	5	10
	Unknown	0	5	5
Median Water Depth		6 inches	Unknown	Unknown
Age Range of Victims		5-10 months	6-12 months	5-12 months
Sibling in Bathtub at Time of Incident		3	Unknown	Unknown

Source: CPSC incident reports and in-depth investigations.

a. Fatalities

From 1983 through November 2000, five children died in bath seat related drownings, but information about the incidents is unknown or uncertain. All the deaths occurred when the children were left in the bathtub unattended. One of the incidents was reported to CPSC by police in October and an investigation is pending; therefore, the product information, water depth and hazard scenario are unknown. Once this information is obtained, the incident may be added to a different hazard category. Another of these five deaths where the specific scenario is unknown is believed to have been directly caused by a sibling in the bathtub. The two young children in the bathtub with the victim stated that they picked the victim up and put the victim's head underwater to stop her crying.

The median water depth of the five unknown deaths was six inches. The children ranged in age from 5 months to 10 months-old. Three of the products involved in these deaths were made by Safety 1st. The product information is unknown on the two remaining incidents.

In four of the deaths with unknown or uncertain circumstances, another sibling was in the bathtub with the victim at the start of the bath. The siblings were in the tub at the time of the deaths in three of the four incidents. As previously mentioned, in one incident with siblings, the sibling is believed to be the direct cause of the death.

b. Non-Fatal Incidents and Complaints

From 1983 through November 2000, the Commission is aware of an additional 10 incidents where children had near drowning experiences but the information about the incidents remains unknown. Five of the incidents were unattended and in the remaining five incidents, supervision is not known. The ages ranged from 6 months to 12 months-old. Any other information about the incident is unknown.

c. Fatal and Non-Fatal Incidents and Complaints

Both non-fatal and fatal incidents since 1983 with bath seats in unknown or uncertain circumstances total 15. Ten of the cases were known to have been while the victim was left unattended in the bathroom. Five children died in these situations.

III. BATHTUB DEATHS IN 1996 AND 1997

To address comments about the relative risk of children drowning in bathtubs with a bath seat and without a bath seat, staff compared bath seat-related deaths to bathtub-related deaths. The most recent years in which CPSC has complete data on deaths are 1996 and 1997.⁴ The National Center for Health Statistics (NCHS) collects information on all deaths in the U.S. each year. NCHS categorizes all accidental deaths by external cause of death codes; e-code 910.4 is for deaths in bathtubs. CPSC collects death certificates for those deaths associated with consumer products. Since the target population of bath seat users is under one year of age, staff compared NCHS data to CPSC data for bathtub deaths versus bath seat-related deaths for 1996 and 1997, for children under one year of age. This was done to see how complete CPSC's data is for 1996 and 1997. If the number of deaths in CPSC data was equal, or similar, to NCHS data then the CPSC database is complete.

NCHS data revealed 38 deaths in 1996 and 38 deaths in 1997 of children under one year of age in bathtubs, with or without additional products in the bathtub. CPSC has reports of 40 deaths to children under one year-old in bathtubs in 1996 (one of these 40 deaths has a different e-code but was reported as a drowning in a bathtub). The Commission has reports of 38 deaths to children under one year-old in bathtubs in 1997 (2 deaths had different e-codes but were reported as drownings in bathtubs). Staff believes that CPSC data contains most of the U.S. deaths in bathtubs in 1996 and 1997 to children under 1 year-old, approximately the same number of deaths counted in NCHS data. Of the 78 reports to CPSC in 1996 and 1997, 73 were investigated by the Commission to determine if a bath seat was present. Therefore, staff is confident in saying how many of the bathtub deaths in 1996 and 1997 involved the use of a bath seat.

For comparison of bathtub deaths to bath seat-related deaths, staff narrowed the focus only to bathtub deaths by drowning in which the victim was placed in the bathtub by the caregiver for the purpose of taking a bath. This eliminated incidents where the victim climbed or fell into a bathtub, another sibling placed the child in the bathtub and scalding incidents. Bathtub drownings in which the child was in a bath seat, bathinette or infant carrier were also excluded from the bathtub drowning deaths to isolate incidents in which the child drowned in the bathtub

⁴ CPSC collects death certificates for consumer product-related deaths. The Commission also gets reports of deaths through medical examiners' and coroners' reports, media reports and direct reports to CPSC staff about deaths.

with no product association. This reduced the total of 78 incidents of deaths in bathtubs reported to CPSC to children under one year old in 1996 and 1997 to 36.

As previously stated, bath seats are intended for users that can sit up unassisted but cannot yet pull themselves up with assistance, or 5 to 10 month-old children allowing for differences in the development of children. In 1996 and 1997, CPSC is aware of 16 children between ages 5 months and 10 months who died in bath seat-related deaths and 28 children ages 5 months to 10 months who died in bathtub drownings in 1996 and 1997. There is limited data available on the number of bath seats in use in the U.S. One study, however, estimates the percentage of new mothers that own bath seats. This study, the Baby Products Tracking Study⁵ is conducted every three years. Based on information from the study, approximately 32% and 32.3% of new mothers owned baby bath seats in 1996 and 1997, respectively. Therefore, correlating the bath seat ownership rates with NCHS data of live births, approximately 2,500,000 bath seats were available for use for children under one year of age in 1996 and 1997 combined.⁶

Staff is assuming that owners of bath seats used them during baths and non-owners bathed their children in the bathtub without any bath aids. Because the number of bath seat users is not available by age of child, the staff is also assuming that the number of children and users are uniformly distributed from age 1 day to 1 year. These assumptions are used to calculate a relative risk of death for bath seat use versus bathtub use for 5 to 10 month-old children in 1996 and 1997 (Table 11). The data suggest that children 5 to 7 months-old are more at risk of death when bathed in a bath seat as opposed to being bathed in the bathtub without other bathing aids. The risks of death in bath seats and bathtubs are more similar for children 8 to 10 months-old. Staff believes that there are fewer older children in bath seats (i.e. there is less reliance on bath seats as the child ages and grows); however, without knowing the true age distribution of users, the analysis of death rates was based on a uniform allocation. If in fact there are fewer older children in bath seats (ages 8 to 10 months), then the difference in risk of death in bath seats and bathtubs would decrease (the number of bath seat deaths/user would increase and the number of bathtub deaths/user would remain the same).

**Table 11:
Relative Risk of Death for Bath Seats Versus Bath Tubs -
5-10 month-old children 1996 and 1997**

Age of Child	# Deaths/Bath Seat Users	#Deaths/Bathtub Users
5 months-old	4.8 /500,000	0.0/500,000
6 months-old	7.2/500,000	3.4/500,000
7 months-old	7.2/500,000	3.4/500,000
8 months-old	7.2/500,000	8.0/500,000
9 months-old	7.2/500,000	8.0/500,000
10 months-old	4.8/500,000	9.1/500,000

Source: CPSC databases (DTHS, IPII, INDP), Baby Products Tracking Study and NCHS data.

⁵ The Baby Products Tracking Study was conducted by the American Baby Group by Bruno & Ridgeway.

⁶ This estimated number of bath seats available is based on the 1996 (study year) data on bath seat ownership rates and an estimate of the 1997 (non-study year) ownership rates in relation to the *actual* number of U.S. live births in these two years. The Directorate for Economic Analysis cites 1,300,000 bath seats available in 1999 for children under 1 year-old. This economic estimate is based on 1999 data on bath seat ownership and an *approximation* of the number of U.S. live births in 1999.

IV. RESPONSE TO PETITION TO BAN BABY BATH SEATS

A. Injury Data

The petition states, "Each year at least eight babies die as a result of a drowning associated with bath seat use... Drownings typically occur when the infant tips over, climbs out of, or slides through the product... Two deaths were reported where the caregiver witnessed the [tip-over] but was unable to free the child from the seat." CPSC is aware of 69 deaths from January 1983 through November 2000. Due to incomplete reporting of drownings involving bath seats, an average of the 69 deaths over almost 18 years (approximately 4 deaths per year) is an inadequate statistic. The petitioners have correctly cited the three hazard scenarios that comprise the majority of incidents in which the details of the incidents are known. Of the 69 drowning deaths, two incidents of bath seat tip-over occurred under the supervision of the caregiver. The caregiver was unable to remove the child.

The petition further cites 66 deaths, 52 of which were reported since the previous briefing package, and 37 reports of near drowning identified by the Commission. The petitioners also state that five bath seat-related deaths were reported in the first six months of 2000. As previously stated, staff is aware of 69 deaths involving bath seats from 1983 to November 2000 and 95 incidents of potential drowning involving bath seats. This memorandum summarizes 56 drowning deaths that were not noted in the original briefing package. From January to November 2000, CPSC is aware of eight deaths involving bath seats.⁷ The large number of incidents reported to CPSC from 1995 through 2000 are not necessarily due to an increase in frequency of the events. After the Commission's actions in 1994, staff increased data collection efforts by investigating all bathtub drowning deaths. Media attention increased public awareness of the hazard and number of deaths, thus increasing the reporting of the incidents. The reports of deaths and injuries involving bath seats are anecdotal data and should not be used to suggest trends in deaths and injuries.

B. Research Reported at the National Congress on Childhood Emergencies Meeting

On March 27, 2000, Dr. N. Clay Mann reported findings of a research project, "Infant Seat Bathtub Drowning: Who's to Blame?" Dr. Mann compared infant drowning deaths in bathtubs with infant drowning deaths in bath seats in bathtubs. The petition refers to two main conclusions from the paper: 1) water depth - the water at the time of the fatal incident is significantly deeper in incidents involving baby bath seats; and 2) decision to leave an infant alone in the bathroom - caregivers are more likely to leave a child unattended in the bathtub for conscious, willful decisions if there is a bath seat present in the bathtub.

Dr. Mann received data from select NCHS and CPSC databases. Based on the focus of the analysis, cases were eliminated from the original data set in which 1) the victim was over 12 months of age, 2) the victim was in the bathtub with another sibling at the time of the incident, 3) complicating factors were involved, and 4) limited data was available. The final data set included 64 incidents: 32 drowning deaths in bathtubs and 32 drowning deaths in bathtubs with bath seats. For the analysis cited in the petition, Dr. Mann included incidents that involved other bathing aids, such as bathinettes and flotation devices. Mann did a separate analysis on bath seats only, excluding bathinettes and flotation devices; however, this *separated* bath seat analysis was not

⁷ Reporting is not complete for January through November 2000.

cited in the petition. Some of the "bathtub death" incidents included in Dr. Mann's study were not conclusive enough to be included in the analysis.

The following CPSC analysis is based on the 24 cases in which bath seats were involved (not bathinettes or flotation devices) and the 30 bathtub deaths with conclusive information. Despite the difference in the number of cases included in the analyses, Dr. Mann's conclusions and staff conclusions regarding water depth and reasons for leaving the child unattended are not dramatically different.

Staff analysis shows the median water depth in bathtub drowning deaths was 6 inches based on 18 incidents, including four overflowing bathtubs (12 incidents had unknown water depths). The median water depth for incidents involving bath seats was 7 inches based on 19 incidents including one overflowing bathtub (five incidents had water depths unknown). The reported water depth is slightly higher for those deaths where children were in bath seats. This is the same conclusion reached by Dr. Mann, who reported median water depths of 4.5 inches in bathtub incidents and 7 inches in bath seat incidents.

Mann's research classifies reasons for leaving the child unattended in the bathtub as willful decisions and impulsive decisions. Willful decisions were defined as watching television, performing household chores, and getting clothing for the victim. Impulsive decisions were defined as answering the telephone, responding to the doorbell, responding to another distressed child and tending to cooking food. Staff agrees with the classification of these reasons except that tending to cooking food appears to be a willful decision as opposed to an impulsive decision as defined by the research paper. Tables 12 and 13 show Mann's results as to reasons for leaving the child unattended and staff's conclusions, respectively.

**Table 12:
"Infant Seat Bathtub Drowning: Who's to Blame?"
Reported Reason for Leaving Child Unattended**

Variable	Bath Seat Used	No Bath Seat Used
Willful Decision	75%	45%
Impulsive Decision	25%	55%

Source: N. Clay Mann Ph.D., M.S., "Infant Seat Bathtub Drowning: Who's to Blame?" Data obtained from CPSC databases and NCHS databases.

**Table 13:
CPSC Staff Analysis
Reported Reason for Leaving Child Unattended**

Variable	Bath Seat Used	No Bath Seat Used
Willful Decision	67%	40%
Impulsive Decision	17%	20%
Impulsive Decision followed by Willful Action*	8%	7%
Unknown Reason	8%	33%

Source: Data used in "Infant Seat Bathtub Drowning: Who's to Blame?" Inappropriate incidents removed before analysis.

* Impulsive decision followed by willful decision would be where the caregiver leaves the bathroom initially by an impulsive decision, then continues with tasks that are willful decisions to do. An example would be, the phone rings and after the caregiver gets off the phone, she then decides to sit down and watch television.

The two sets of percentages are not extremely different from one another. The main difference is that Dr. Mann's research does not seem to account for the unknown reasons, which constitute a large number of the bathtub drownings.

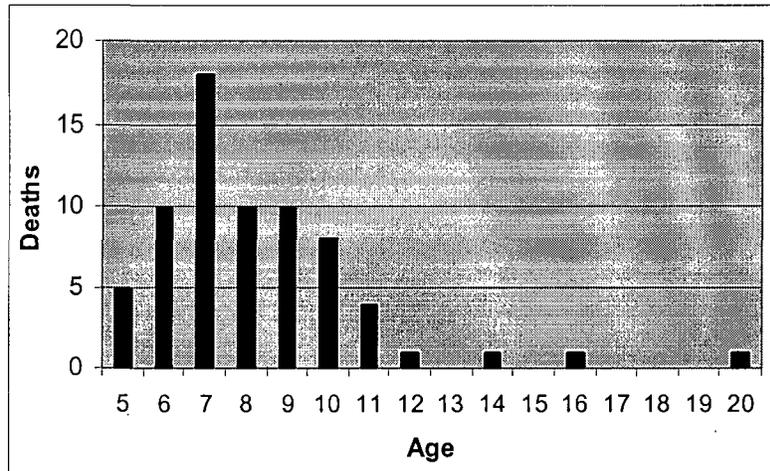
V. RESPONSE TO PUBLIC COMMENTS

During the comment period for the petition, 6 individuals stated knowledge of a child who died on June 9, 2000 after an incident with a bath seat and near drowning. CPSC is aware of this incident and it is included in the count of 69 incidents since 1983.

A. Comment #40: Letter from Margie Cowan

The Commenter states that most children who die in bath seat-related incidents are under 7 months of age. CPSC data show that the most frequent age of children who die in bath seat-related incidents is 7 months-old. Sixty-one of the 69 reported deaths since 1983 were to children between 5 and 10 months old. Figure 1 shows the distribution of the 69 reported deaths according to the age of the victim.

**Figure 1:
Bath Seat Deaths by Age of Victim**



The commenter also states that the number of children who died in bath seat-related incidents is 74 as of October 2000. This count is from the ASTM Bath Seat Subcommittee chairman and not CPSC. The ASTM subcommittee's list includes incidents which occurred in Canada, duplicate incidents, incidents that involved bathing aids instead of bath seats. There were also incidents that CPSC has listed and the ASTM subcommittee did not list. CPSC's official count from 1983 to November 2000 remains at 69.

B. Comment #59: Letter from Florida University Students

The commenter quotes 9 total drownings from tip-overs and 8 drownings per year from the bath seat slipping. CPSC staff believes that 22 drownings are a result of bath seat tip-overs, not 9. Staff did not cite "slipping" as a scenario of the deaths. However, there have not been 8 reported drownings in any but 3 years since 1983. Therefore staff does not agree that 8 drownings per year are a result of the bath seat slipping.

In the submitted comment, drowning is cited as the third leading cause of accidental death in the United States. According to the National Safety Council, for children under age 1 (the target population of bath seat users) unintentional (accidental) injuries were the fourth leading cause of death in 1996. More specifically, drowning is listed as the fourth leading cause of unintentional death.

The commenter also suggests that in tip-over incidents the seat itself has contributed to the drownings by weighting the child down. It is true that in some tip-over incidents the victim is still in the seat when found, both product and child lying in the water. However, other victims were found outside of the seat floating in the water and the seat was tipped over.

C. Comment #61: Letter from Frances Smith

According to the commenter, 50 incidents a year involve small children drowning in bathtubs, nine of which involve bath seats. NCHS data for bathtub deaths to children under 1 year-old has an average of approximately 43 deaths per year from 1991 through 1998. For 1996

year-old has an average of approximately 43 deaths per year from 1991 through 1998. For 1996 and 1997, two years in which most bathtub deaths were investigated by CPSC, nine deaths each year were associated with bath seats.

D. Comment #63: Letter from Frederick B. Locker

The commenter states that an average of four deaths occur per year with bath seats versus 50 deaths per year in bathtubs for children under 1 year-old. Averaging the 69 deaths over a 17 year time period produces an average of approximately four deaths per year from bath seats. However, due to incomplete reporting, especially in the first years of data collection on the subject, this average is not an adequate statistic. The commenter fails to incorporate the number of users into his comparison of bath seat and bathtub deaths. Since more children are bathed in a bathtub than in a bath seat, one would naturally expect the number of children who die in bathtubs to be greater than the number of children who die in bath seats. In addition, the quoted 50 deaths per year include those deaths in bathtubs with other products, including bath seats.

For these reasons, the data for 1996 and 1997 are important because of the completeness of the data. In these two years, 16 children 5-10 months-old drowned in bath seat-related incidents compared to 28 drownings in bathtubs for children 5-10 months-old. Based on the bath seat ownership rates and the number of live births in 1996 and 1997, it appears that younger children are more at risk of death when bathed in a bath seat than in a bathtub (refer to Table 11). For older children, the difference in the risk of death in bath seat versus bathtub is less.

TAB E

**U.S. Consumer Product Safety Commission
LOG OF MEETING**

SUBJECT: Baby bathing aids

DATE OF MEETING: January 18, 2001

LOG ENTRY SOURCE: Dennis Wilson, Special Assistant (Legal) to Commissioner Gall

DATE OF LOG ENTRY: March 1, 2001

LOCATION: CPSC Headquarters, Bethesda, MD

CPSC ATTENDEE(S): Dennis Wilson, Pam Weller, Celestine Kiss, Renae Rauchschalbe

NON-CPSC ATTENDEE(S): Dr. Clay Mann, University of Utah

SUMMARY OF MEETING: In a conference telephone call, the participants discussed some statistical and technical aspects of Dr. Mann's study of the use of baby bath seats and their association with infant tub drownings. The conversation is reflected in the attached e-mails sent before and after the telephone conference call.

Wilson, Dennis B.

From: Wilson, Dennis B.
Sent: Thursday, January 18, 2001 10:48 AM
To: Rauchschalbe, Renae; Weller, Pamela L.; Kiss, Celestine T.; 'Clay.Mann@hsc.Utah.edu'
Subject: RE: Questions to be discussed at 1:30 conference call

Ladies and Gentlemen:

Renae's e-mail accurately states most of the questions. I have some clarifications and an additional question.

1. Are the differences between "median elapsed time unattended" either statistically significant or reliable? I don't think that you consider them either significant or reliable, but I'd like confirmation.
2. Are the differences between "median bath water depth" both statistically significant and reliable? I think that you consider them both significant and reliable, but I'd like confirmation?
3. What was the variance in the case of median bath water depth?
4. What about the materiality of the differences in median bath water depth? In other words, if an infant can drown in 4.5 inches of water, does it matter that a caregiver filled the tub to a level of 7 inches (on average) in the presence of a bath seat?
5. Renae's question number 2 goes to the issue of sensitivity analysis. If you did the same analysis in cases where a sibling was present, do you get results similar to, or dramatically different from, the results that you got in your analysis?
6. Following up on question 5, did you do the analysis and exclude the 5 bath nets and one flotation device that were included in the original study? If so, what were the results?
7. What is the meaning of the "1.13-11.05" under the line of "95% CI" in the reported reason left alone? That seems to be a large spread.
8. Finally, what is your opinion of the reliability of the reported reason left alone, given that it, like the estimate of time, is based on recollection?

I appreciate Dr. Mann's willingness to answer questions and hope that this e-mail helps.

Dennis Wilson

-----Original Message-----

From: Rauchschalbe, Renae
Sent: Thursday, January 18, 2001 9:40 AM
To: Wilson, Dennis B.; Weller, Pamela L.; Kiss, Celestine T.; 'Clay.Mann@hsc.Utah.edu'
Subject: Questions to be discussed at 1:30 conference call

For review and to update Celestine Kiss, here are the questions Dennis Wilson asked after Clay Mann's taped presentation of "Infant Seat Bathtub Drowning: Who's to Blame."

- 1) At some time it sounds as though Dr. Mann dropped the log transformed elapsed time methodology. When and why did he drop it?
- 2) What would happen to the outcome if you added the cases in which a child was in the tub with the victim?
- 3) The figure .05 means it is significant, correct? The lower the number, the more significant, right?
- 4) Isn't this about the smallest sample you can have and still be able to report meaningful statistics? (I said we could pick up another year to increase the sample size.)
- 5) Is the study going to be published?

I think that's it.

Pamela - Do you mind if we use your conference room again? As you know, the time has been changed to 1:30.

SUMMARY OF CONVERSATION WITH DR. CLAY MANN

January 18, 2001

1. Median Elapsed Time Unattended

The differences between those instances in which a seat was present and those instances in which no seat was present were not statistically significant. As far as reliability is concerned, the wide ranges shown are acceptable as long as they are not demonstrating a bias. The distribution of elapsed times are not normally distributed for either sample for the instances in which no seat was present is not a bell-shaped curve; the times instances tend to cluster toward the shorter estimates of time elapsed. Thus, median values and interquartile ranges are reported. In addition, the difference in elapsed time between the two samples was tested with a nonparametric test. (This lack of a bell shaped curve was the reason why the first analysis was done with a log transformed elapsed time.)

There was a great deal of "slop" in the data, in the sense that there were often multiple estimates of how long the child was left unattended in the tub in each incident report. In order to control for recall bias in the case of elapsed time, the study used the time report that was closest to the incident. Where multiple times were recorded, the study did an ancillary analysis using the mean time drawn from and all of the reported times. For the study report, you chose the first time report was used as a because it was a standard. You do not recall what effect the different analyses using mean or all of the times had on the differences in median elapsed time unattended when a bath seat was present and when it was not, or of the statistical significance of any such differences. However, these additional tests can be made available upon request.

2. Median Bath Water Depth

The differences between those instances in which a seat was present and those instances in which no seat was present were statistically significant. The interquartile ~~correl~~ ranges are very wide. There were reliability problems with the estimates of water depths since there were lots of empty tubs by the time anyone got around to reconstructing events, and

some reports showed two or more estimates of tub water depth. In order to control for recall bias, a system similar to that used for median elapsed time unattended was used; the first recorded depth of bath water was used.

3. Variance in the Case of Median Bath Water Depth

Since the measure here was median rather than mean, a formal measure of variance was not reported~~there was no variance~~. The pertinent measure is the interquartile ~~cortal~~ range. You noted previously that the intercortal range was very wide. You noted further that these measures are very sensitive to sample size.

4. Materiality of Differences in Median Bath Water Depth

Your study did not attempt to assess whether the difference in median bath water depth (7 inches in the cases where a seat was present versus 4.5 inches in the cases where a seat was not present) represented a greater danger to the infant involved. (Drownings occurred in cases of as little as 2.5 inches of water.) You know of no data indicating that a child is more likely to drown in a depth of seven inches of water compared to~~represents a greater danger to an infant in a tub (with or without a bath seat) than does~~ 4.5 inches of water. Alternatively, ~~your study assumed that people regarded deeper~~more bath water as more dangerous and, therefore, ~~that~~ median bath water depth was, ~~therefore,~~ a measure of risk-taking behavior.

5. Presence of a Sibling

You did not do any sensitivity analysis to see whether cases involving both bath seats and siblings left alone in a tub yielded results similar to, or different from, the results that you found. This approach was taken since published work (and earlier analyses of these data) indicate that the presence of a slightly older sibling in the tub with the victim is an independent risk factor promoting unsupervised time in the bathtub. In an effort to isolate the effect of bathing aids in parental risk-taking behavior, cases with a sibling present in the tub at the time of death were removed. You emphasized that data involving siblings in tubs is even “dirtier” than data involving infants left alone in tubs because there are more complicating factors. For example, cases document that siblings may inadvertently be implicated in the death of the child by removing the infant from the bath seat while left unattended.

6. Cases Involving Bath Nets and a Flotation Device

An analysis has been performed of the data excluding the five cases involving bath nets and one case involving a flotation device (which had been lumped with conventional bath seats in the first analysis). The results of that analysis have been provided to Renae Rauchschalbe, who will pass them along to the Special Assistants.

7. Confidence Interval for Odds Ratio

The 95% confidence interval for the odds ratio means that can be 95% confident you have confidence that the actual odds ratio for “reported reason left alone” lies somewhere between 1.13 and 11.05. An odds ratio figure of 1.00 would mean be essentially “no effect” ~~meaningless~~; people would be just as likely to leave a child unattended for a willful reason in a bath seat as they would in the absence of a bath seat. If the figure was approximately 11, it means that people would be eleven times more likely to leave a child unattended for a willful reason in the presence of a bath seat than in the absence of a bath seat. The “best estimate” odds ratio of 3.54 lies ~~somewhere in~~ between these two intervals.

8. Reliability of Reported Reason Left Alone

You emphasized that this data was difficult to work with. You had two research assistants independently read the reports and categorize the reason as either “impulsive” or “willful.” The classification was by category and there was no attempt to numerically rank decisions as “more willful” or “more impulsive.” The research assistants did not know in which a case a bath seat was involved and in which case a bath seat was not involved, but they did know that: (1) a drowning had occurred; and (2) that something had been “blacked out” in cases involving a bath seat (although they did not know that the “blacked out” portion involved a bath seat).

The research assistants agreed on most the categorizations of willful versus impulsive except in the cases, for example, of burning food; which one researcher characterized as willful because the food had been cooking prior to the start of the bath, and which the other characterized as impulsive because the burning occurred after the bath had started. In situations where the research assistants disagreed on a categorization, a third vote was cast (by Dr. Mann) after a consensus discussion with the two assistants. I don't remember how that difference of opinion was resolved.

There was no attempt to control for recall bias in this case. The reason stated in the report was accepted as the reason why the person involved left the infant unattended.

Renaë Rauchschwable's e-mail Question 1: Log Transformed Elapsed Time Methodology

As mentioned earlier the estimates of time that the infant was left unattended ~~seemed~~ ~~tended~~ to cluster on the low end of the scale and did not ~~distribute in a traditional~~ ~~describe a~~ bell-shaped ~~distribution~~ curve. In order to achieve a bell-shaped distribution, one ~~can~~ approach would be to ~~can~~ log-transform the reports of elapsed time and use a t-test for statistical significance. Readers, however, tend not to understand reports of time when log-transformed, so you used real time reports and ~~submitted the data to a non-parametric test (a Kolmogorov-Smirnov test which is not sensitive to deviations from "normality") to~~ ~~ed~~ and used a different test ~~of~~ for statistical significance. Non-parametric test are, however, ~~(the name of which I don't remember)~~ that is less "powerful" than ~~traditional parametric tests, such as a~~ ~~a~~ t-test.

Wilson, Dennis B.

From: Clay Mann [Clay.Mann@hsc.utah.edu]
Sent: Tuesday, January 23, 2001 12:57 PM
To: CKiss@cpssc.gov; DWilson@cpssc.gov; PWeller@cpssc.gov; RRauch@cpssc.gov; Clay.Mann@hsc.Utah.edu
Subject: Re: RE: Follow-Up to January 18, 2001

PLEASE SEE COMMENTS BELOW.

>>> "Weller, Pamela L." <PWeller@cpssc.gov> 01/23 10:28 AM >>>

Dennis, just a few comments:

1. Median Elapsed Time Unattended: you don't specifically say it as you do in the next section, but my notes show that Dr. Mann indicated that the differences were not reliable and you may want to make that clearer for the public record; I WOULD BE CAREFUL USING THE TERM "NOT RELIABLE". PLEASE NOTE THAT THE WORD "RELIABLE" DEALS WITH HOW OFTEN THE SAME RESPONSE IS GIVEN AT DIFFERENT TIMES AFTER THE EVENT. FOR EXAMPLE, A CAR IS RELIABLE IF IT STARTS EVERY TIME YOU TURN THE KEY (PERFORMS THAT SAME EVERY TIME YOU TRY TO START IT). THE DATA WAS NOT RELIABLE...IN THAT DIFFERENT ESTIMATES OF ELAPSED TIME WERE RECORDED IN THE SAME REPORT. BUT BY CHOOSING A STANDARD REPORTING TIME (FIRST ESTIMATE AFTER THE EVENT) AND BY COMPARING MEAN (OR MEDIAN VALUES), YOU REMOVE MOST OF THE RANDOM VARIANCE INCLUDED IN THE REPORTS. UNLESS THERE IS A REASON FOR A "SYSTEMATIC" REPORTING BIAS....THE FINDINGS SHOULD BE THE BEST TEST OF THE SIGNIFICANCE OF THE FINDINGS.

2. Median Bath Water Depth: I also got the impression there were problems with the water depth because in some instances the water continued to run after the child was removed resulting in a much fuller tub than when the child drowned. I'd be curious to know how often a measurement was made (assuming the water had been turned off before the child drowned) and in how many instances we are dealing with memory recall of water depth. BECAUSE THE DISTANCE BETWEEN THE BOTTOM OF THE TUB AND THE EMERGENCY DRAIN IS FAIRLY STANDARDIZED, WE ESTIMATED THE DEPTH OF WATER FOR REPORTS THAT INDICATED THE TUB WAS "FULL", "HALF-FULL", OR "OVERFLOWING". I CAN PROVIDE INFORMATION REGARDING HOW OFTEN WATER DEPTH WAS ESTIMATED. I DO NOT KNOW OF A WAY TO DETERMINE HOW OFTEN THE DATA WAS AFFECTED BY RECALL BIAS.

5. Re Renae's comment, I recall the word "dirty" being used by Dr. Mann, too. AGAIN, THE WORD "DIRTY" IS NOT VERY DESCRIPTIVE AND MAY MEAN DIFFERENT THINGS TO DIFFERENT PEOPLE. I ADDED A CLARIFICATION OF THIS ITEM IN MY REVISION.

8. I think he ended up using the 2-sample Kolmogorov-Smirnov test.

THANK YOU!

Wilson, Dennis B.

From: Rauchschalbe, Renae
Sent: Wednesday, January 24, 2001 1:48 PM
To: Wilson, Dennis B.
Subject: FW: RE: Revised Risk Factor Analysis on Bath Seats (only)

Dennis - I think you should see the response to Pamela's question too.

-----Original Message-----

From: Clay Mann [mailto:Clay.Mann@hsc.utah.edu]
Sent: Wednesday, January 24, 2001 1:05 PM
To: Pweller@cpsc.gov
Cc: rrauch@cpsc.gov
Subject: Re: RE: Revised Risk Factor Analysis on Bath Seats (only)

Very good question Pam. The significance of a test is very sensitive to sample size. That is, the smaller the sample size, the bigger the effect must be to find it statistically significant. The fact that the finding for "care giver" activity remains significant (odds ratio 4.56, 95% CI = 1.31 to 15.87) points to the fact that the effect is so large (4.56 times more likely to leave the child alone based on a willful decision when a bath seat is in use compared to when one is not in use) that the finding to remains significant (meaning the findings probably are real and did not happen by chance) even though the sample size has been reduced.

>>> "Weller, Pamela L." <Pweller@cpsc.gov> 01/24 9:44 AM >>>

Renae, now that we are down to only 24 bath seats, is that sample size too small from which to draw valid statistical conclusions? We were right at the bare minimum, I thought with 32.

> -----Original Message-----

> **From:** Rauchschalbe, Renae
> **Sent:** Wednesday, January 24, 2001 11:01 AM
> **To:** Wilson, Dennis B.; Weller, Pamela L.
> **Cc:** Kiss, Celestine T.; 'Clay.Mann@hsc.Utah.edu'
> **Subject:** Revised Risk Factor Analysis on Bath Seats (only)

> Pamela and Dennis - Here is the revised risk factor analysis on bath seats
> (rather than bath aids).

> Reported reason left alone (%)

Variable	Seat	No Seat	Odds
Ratio	95%CI		
Willful decision	75%	45%	4.56
1.31-15.87			
Impulsive decision	25%	54%	

> Mean Water Depth:

> with seat: 8.2 + - 3.9

> ithout seat: 6.4 + - 4.8 (no significant difference)

Wilson, Dennis B.

From: Weller, Pamela L.
Sent: Friday, January 26, 2001 10:29 AM
To: Wilson, Dennis B.
Subject: FW: RE: RE: Revised Risk Factor Analysis on Bath Seats (only)

FYI, Dennis. I've been having a little back and forth with Clay.

-----Original Message-----

From: Clay Mann [mailto:Clay.Mann@hsc.utah.edu]
Sent: Thursday, January 25, 2001 7:18 PM
To: Pweller@cpsc.gov
Cc: rrauch@cpsc.gov
Subject: Re: RE: RE: Revised Risk Factor Analysis on Bath Seats (only)

No problem.....This is a really a good question and worth describing to ensure that others understand it as well. Also, after reviewing this data, I have found two errors I had made. First, I think when I shipped the revised data to Renae, I neglected to revise the percentages on the table describing the alleged reason for leaving the victim alone. You are right, the "no seat" percentages should not change. Also, my estimation of the revised odds ratio (removing the 7 cases) was slightly off (a very small difference).

The odds ratio increases even though the sample size drops because the percentage of parents leaving bathing victims in a bath seat for a "willful" reason increased compared to the number leaving for an impulsive reason. Here is the data:

Old Data

	Seat	No Seat	OR = 3.54, 95% CI = 1.13 to 11.05
Willful	75%	45%	
Impulsive	25%	55%	

New Data

	Seat	No Seat	OR = 4.49, 95% CI = 1.31 to 15.29
Willful	79%	45%	
Impulsive	21%	55%	

The increased percentage in the overall sample that left the child for a willful decision (once the 7 cases were dropped) increased the odds ratio....but as you can see, increase the width of the confidence interval.....as one might expect as the sample size decreases.

I hope this helps.....I am sorry for not mailing the right percentages the first time.....I cant believe I was so careless! I am sorry.

>>> "Weller, Pamela L." <Pweller@cpsc.gov> 01/24 11:33 AM >>>

I'll show my statistical dumbness here, Clay. Why does the odds ratio increase when the number of cases with bath seats goes down? And why did the percentage deemed making an impulsive decision with no seat change when the seven being excluded should have all been in the "seat" category? I promise not to belabor this!

-----Original Message-----

From: Clay Mann [mailto:Clay.Mann@hsc.utah.edu]
Sent: Wednesday, January 24, 2001 1:05 PM
To: Pweller@cpsc.gov
Cc: rrauch@cpsc.gov
Subject: Re: RE: RE: Revised Risk Factor Analysis on Bath Seats (only)

Wilson, Dennis B.

From: Clay Mann [Clay.Mann@hsc.utah.edu]
Sent: Wednesday, February 14, 2001 7:22 PM
To: DWilson@cpsc.gov
Cc: rrauch@cpsc.gov
Subject: Re: Baby Bath Seat Study

Mr. Wilson:

Thank you for your continued questions and comments. Hopefully the detail with which you are approaching this topic will educate some folks and strengthen the review process.

With regards to differences in age: our initial presentation to the 2000 National Congress on Childhood Emergencies did indicate that children drowning in the presence of a bathing aid were significantly younger than those drowning without the presence of a bathing aid. This finding was statistically significant. One comment here: please remember that the presentation to the National Congress included incidents that occurred in the presence of other types of bathing aids (not just "bath seats"). To my knowledge, this analysis has not been reproduced using the more "focused" sample that has been developed since this initial presentation.

The a priori hypothesis that generated the age analysis was this: Parents gain more and more confidence that a child can bath alone as the child grows older. That is, I would presume that most 5 year old children bath alone with parents confident that the child has the necessary skills and strength to protect himself (or herself) against drowning. The opposite of this idea formed our working hypothesis. That is, the younger the child is, parents are assumed to consider the child more susceptible to a drowning incident and, therefore, require additional (or more intense) supervision. With this hypothesis in mind, our findings may suggest that parents may feel more comfortable leaving younger children with less than adequate supervision in the presence of a bathing aid. If our results are interpreted in this manner, the findings suggest that the presence of a bathing aid may be instilling a sense of "safety" among parents.....some much so, that "bathing aid drownings" are more prevalent among younger children. If the two samples of children were found to be the same age (or there was no statistical difference in ages) then we would have rejected this idea (or hypothesis).....but this was not what we found.

Your second question: What human factors training did my research assistants have the assigned cases as "willful" or "impulsive" decisions to leave the victim alone in the tub. Interesting question. I am not sure what is meant by "human factors training" or where one would gain such training. I can tell you this, my research assistants were graduate students seeking a Master of Science degree in Public Health with an emphasis on injury control. Course work in this program teaches students to understand the mechanisms of injury and what causal factors (i.e., behavioral, environmental, etc) are associated with an increased risk of injury. I am not sure if this answers your question. However, at the least, you could consider my students informed consumers.

>>> "Wilson, Dennis B." <DWilson@cpsc.gov> 02/14 8:56 AM >>>
Dr. Mann:

I have two follow-up questions on the baby bath seat study that was the subject of our earlier telephone conference call and e-mail correspondence.

1. Did you claim that the statistically significant difference in the ages of infant tub drowning victims in the presence of, or without bath seats, is an indication of parents or caregivers increased willingness to engage in risk-taking behavior in the presence of a bath seat? If so, what is the basis for the assertion?
2. What human factors training, education or experience did the research assistants who entered decisions as "willful" or "impulsive" have?

Reply at your convenience. I appreciate your assistance.

Dennis Wilson

Special Assistant (Legal) to Commissioner Gall

TAB F



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

Date: January 25, 2001

TO : Bath Seat Briefing Package

THROUGH : Robert B. [Signature] ochsman, Ph.D., Human Factors Division
Director

FROM : Celestine T. Kiss, Division of Human Factors [Signature]

SUBJECT : Human Factors Response to Bath Rings/Seats Petition
(HP-00-04)

This memorandum presents Human Factor's staff response to issues related to petition HP-00-4, Request to Ban Baby Bath Seats.

I. Focus Groups

In preparation for the 1994 Commission briefing on bath rings/seats, Human Factors staff (HF) worked with a contractor to conduct consumer focus groups¹ to learn more about how consumers use bath rings/seats. The groups solicited a variety of information regarding bathing children, bath time supervision habits, and use of bath rings/seats. The following points summarize the participants' responses regarding leaving children in the bathtub for a short period of time:

- (1) Despite an intellectual knowledge of the hazard of drowning, and agreement that children should never be left alone in the bath, some participants acknowledged having done so, albeit infrequently, and typically for only a few moments.
- (2) Responses suggested that, although emergency situations occur, they are not the primary reason that caregivers turn away from a child in the bath. Participants reported that practical, non-emergency reasons, such as needing a towel, pajamas, or a diaper distracted their attention.

¹"A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats CPSC-R-93-5839"
by Shugoll Research

- (3) Participants' responses indicated that uneventful experiences with leaving a child unattended in the bath tend to encourage repetition of this behavior.
- (4) In general, participants perceived bath rings/seats as convenience items rather than as safety devices. However, responses suggest that some users gain a sense of security from the rings, and believe the child is safer in a bath ring/seat. These included comments that they believe their child is less likely to stand up or slip around if they are restrained in a bath ring/seat.
- (5) The sturdier, more luxurious-looking bath rings/seats were preferred by most participants, and were perceived to be safer than more basic models.

II. Human Factors Issues

A. Warning Labels

Research shows that warning labels have limited effectiveness on user behavior when the product is familiar and perceived to be benign. In addition, the more frequently consumers use a product, the less likely they are to read the product labels, since they are no longer looking for guidance on how to use the product. Consumers who have used bath seats over time and have not had any indications that the seat could tip over or that the child could come out or slide under are led to believe the child is secure in the seat. Therefore, they are less likely to look for and read labels. The warning to keep baby within arm's reach required in the voluntary standard becomes less effective with each successful use of the product.

B. Sense of Security and Foreseeable Use

Based on information from Human Factor's focus group study, CPSC In-depth Investigations (IDIs) of incidents, and consumers, who provide their opinions about baby products on an Internet opinion site, it appears that consumers have a perception of safety and security when using this product. As consumers use the product and the child sits in the bath seat without tipping over, coming out of or slipping under it, the consumer becomes more relaxed and less vigilant about using the product. When the caregiver makes the decision to leave the child alone in the bath seat/ring and returns to find the child "safe" in the bath seat, security has been reinforced. The next time the caregiver "has" to leave the child for a "second" they are more likely to

do so because they were successful the first time and the child was "safe" in the seat. The more frequently the consumer successfully leaves the infant alone without incident the more probable it is that they will engage in this behavior again. Therefore, the perception by consumers that this is a safe product is continuously reinforced with each use until an incident occurs.

III. Response to Public Comments (Numbers in parenthesis after comment refer to the number assigned by the Office of the Secretary to the commenter.)

A. Labeling - Slip resistant surfaces

Comment: A few commenters stated that the label warning against the use of the bath seat on non-skid tubs should be on the product, not just the box. Due to the short useful life of the product, the bath seat is likely to be passed on to other family members or friends without the box. This makes the label ineffective for these other users. (#2, 59)

Response: The current voluntary standard requires a label only on the product packaging warning against the use of the bath seat on non-skid tubs. However, a warning label only on the packaging and not on the product is likely to be ineffective.

In addition, even with the label on the product and package, the message has limited effectiveness and is only important to first-time users. The effectiveness of the label is limited for two reasons. First, it fails to explain to the user the hazards of using the product on a slip-resistant surface (i.e., suction cup failure). The user may not know if the bathtub surface is slip-resistant and may purchase the product anyway. The consumer may try the product to determine if the tub has a slip-resistant surface and if it appears to stick, then s/he will likely continue to use it. Second, the product's packaging is not likely to remain with the product; therefore, the message is lost to anyone who does not see the packaging. This is the type of product that will likely be handed down to family and friends with young children or sold at garage sales and if the label is not on the product, the second-time owner will not get the message.

B. Labeling - Keep child within arm's reach

Comment: In regard to the labeling related to keeping the child within arm's reach, a commenter who is against the petition, referenced information from focus groups that the CPSC had conducted. The commenter states "Almost all of the parents surveyed recalled the warnings on the product, packaging or instructions and view it as an important reminder that the consequences of leaving an infant alone in the bathtub could be drowning. This fact undercuts the Petitioners' argument that the warnings are not noticed and are ineffective." (#63)

Response: One commenter stated that the information obtained from the Human Factors' focus groups about warning labels indicates that labels are noticed and effective because most participants recalled the labels. However, HF staff disagrees with this conclusion. According to the focus groups, consumers were able to recall the warning not to leave a child unattended. However, the focus group members also reported situational variables that make them comfortable leaving a child unattended. Those variables include using a bath ring/seat, having an older sibling in the bath, and being able to see and hear the child even though they have physically left the bathroom.² Judging from the focus groups comments and the actions of the 93 caregivers in the fatal and non-fatal incident data who left the child alone in bath rings/seats, the warnings are ineffective.

C. Water Depth

Comment: A couple of commenters expressed the belief that if parents are not given proper guidance they will fill the tub with more water than is necessary. They stated that the bath seats should be marked with a "water line" so caregivers don't fill the water higher than the "safe level", since too much water increases chances of drowning. (#2, 64)

One comment from a consumer against the petition states, "The marker should be set at a point where in case the baby fell out of the seat, he or she would not be in danger of drowning." (#53)

² "A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats CPSC-R-93-5839" by Shugoll Research.

Response: Staff disagrees with the comments that express the need for a "waterline" on the product. A waterline suggests that there is a "safe" water level. Infants have drowned in as little as 2 inches of water. Providing a water depth marking would convey the message that infants in bath rings/seats used in water up to that level are safe and that is not true.

TAB G



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

Date: March 2, 2001

TO : Celestine Kiss, Project Manager for Bath Seat Petition HP00-4
Division of Human Factors

THROUGH: H. McLaurin, Associate Executive Director for Engineering Sciences
N. Marchica, Director, Division of Mechanical Engineering (ESME) *HM*

FROM : M. Kumagai, ESME *MK 3/2/01*

SUBJECT : Review of BATH SEAT ASTM STANDARD F1967 and Response to
Comments to Petition HP 00-4

The ASTM voluntary standard, Consumer Safety Specification for Infant Bath Seats, F1967 was first published in June 1999. A committee of manufacturers, consumer interest groups, consumers and the U.S. Consumer Product Safety Commission (CPSC) staff participated in the development of this standard. The ASTM bath seat standard was initiated on October 5, 1994. During August and September 1999, additional requirements for suction cups and latching/locking mechanisms were balloted. Currently, the ballot has been approved by the Main Committee and is now being reviewed by the ASTM Committee on Standards. ASTM estimates that the revised standard will be published by July 2001. Appendix A shows the chronology of ASTM subcommittee meetings with summaries of the significant accomplishments and decisions that occurred during each meeting. This memo describes the requirements and rationale in the current ASTM F1967 Bath Seat standard, approved revisions, Engineering Sciences (ES) opinion of the adequacy of the standard to address the hazards identified in the Petition HP 00-4, and ES's response to comments to the petition.

Review of ASTM F1967 Bath Seat Standard

Introduction Section

The Introduction section of ASTM F1967 states that the intent of this standard is to address incidents associated with the use of bath seats, bath rings or similar products. The CPSC staff identified drowning incidents which involved infants either tipping over, climbing out of, or sliding through the product after being left unattended by their caregiver. The Introduction also states that the standard does not address incidents where the caregiver leaves the infant unattended in the product. It is Engineering Science's opinion that the intent of the standard is conflicting. It identifies incidents of the infant drowning after being left unattended by their caregiver, but later states that the intent of the standard is not to address these incidents where the caregiver left the infant.

Definition of a Bath Seat

The definition for a bath seat in the standard is:

3.1.1 *bath seat* – a bath seat, bath ring, or other similar product intended to be placed into a bath tub, sink, or similar bathing enclosure to provide support to a seated infant during bathing by an adult caregiver. The product is intended for use only with an infant who is capable of sitting upright unassisted.

The bath seat is intended for infants who can sit up unassisted. This generally occurs at about 6 months of age. At the start of the development of this standard (1994), ES was aware of several manufacturers that produced bath seats by the above definition. Presently, ES is aware of two U.S. bath seat manufacturers, producing 3 types of bath seats as shown in figures 1 and 2. Figure 1 shows traditional bath seats that are placed in a bathtub. Recently, the leading manufacturer of bath seats introduced a third bath seat into the U.S. market, shown in figure 2. This product converts from an infant bathinette to a bath seat. The product is filled with water and can be used inside or out of the bathtub. This standard does not include products such as infant baths for newborns that can be used outside of the bathtub. It also does not include bath aids that support a newborn in the reclined position while in the bathtub, as shown in figure 3.

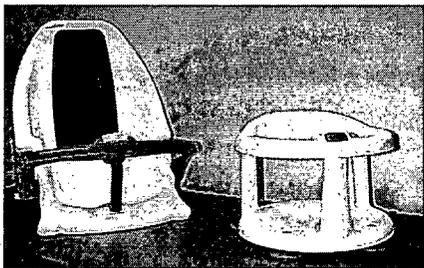


Figure 1. Traditional bath seats.

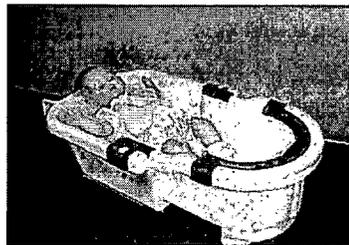


Figure 2. New Bathinette – Bath Seat Convertible.

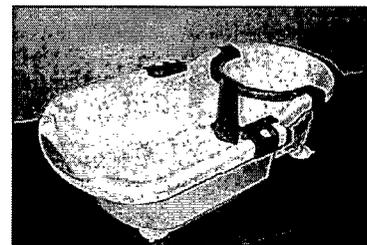


Figure 3. Newborn bath aid.

General Performance Requirements

The performance requirements in ASTM F1967 include general requirements such as: 1) 16 CFR 1303 Ban on Lead-Containing Paint and Certain Consumer Products Bearing Lead Containing Paint; 2) 16 CFR 1500.48 requirements for hazardous sharp point; 3) 16 CFR 1500.49 requirements for hazardous sharp edges; 4) 16 CFR 1501 requirements for hazardous small parts; and 5) 16 CFR 1500.18 requirements for finger entrapment, scissoring, shearing and pinching. The hazards identified in the general requirements were not present in the incident data.

However, these general requirements are found in most juvenile product standards and are required by Federal Regulations.

Stability

The stability requirement in the standard addresses the bath seat's resistance to tipping over during normal use. The test method simulates a 95th percentile 12-15 month old occupant in a bath seat leaning over the top surface. The resistance to the tip-over torque is the measure of the bath seat's stability and attachment to the tub. The ASTM standard, F1967 section 5.8, simulates this tip-over torque by applying a 17 lb., force on the forward rail as shown in figure 4. This test is performed under ideal conditions. The bath seat is new and is attached to a clean and smooth plastic surface. If a bath seat remains upright during this test, it meets the ASTM stability requirement.

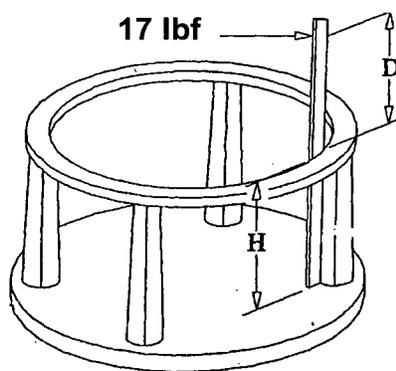


Figure 4. ASTM Stability Test

This test does not address suction cup performance over time nor does it address suction cup performance on non-smooth or dirty surfaces. Traditional bath seats like those shown in figure 1 are not designed to be used on slip resistant or textured bath surfaces because the suction cups will not adhere. For this reason, ES does not believe that this requirement can effectively address the tip-over incidents. ES believes that a product can be made to function properly on a textured surface and not rely on suction cups. Figure 2 shows an example of a bath seat that is more stable due to its length and the weight of the water in the product.

Recent revisions to the standard that could improve suction cup performance have been approved by the ASTM Main Committee and are in the final stages of approval. These revisions include a new test method for suction cups. The test consists of a 25 lbf. pull on the suction cups away from the base. It also requires that the suction cups adhere properly after 2000 cycles of removing and installing the bath seat onto the bathtub test surface. This revision should be more effective in addressing tip-over incidents than the stability requirements alone. The requirements do not address degraded or dirty suction cups or bath surfaces. These are conditions that are difficult to simulate, but do occur.

Restraint System

The standard requires that bath seats have a passive crotch restraint to prevent the occupant from sliding out through the product. For a bath seat on the market, a passive crotch

restraint is a fixed vertical bar between the infant's leg as shown in figures 1 and 2. There are no other requirements in the standard that address incidents where the child slipped through a single leg hole. Requiring the leg holes to be reduced to the torso size of the smallest user would address this hazard.

The standard does not permit additional restraints that require action by the user. The subcommittee did not permit additional restraints, such as a waist and crotch strap, because they felt that a redundant system would give the caregiver a false sense of security.

Resistance to Folding

If the bath seat folds, the standard requires it to have a latch or locking mechanism to prevent the unit from unintentionally folding during use. After the bath seat is unfolded and assembled, the locking mechanism must withstand a 45-lb. force in the direction associated with folding. ES is aware of one product that uses a latching/locking mechanism to convert from a bath used for a newborn to a bath seat.

Recent revisions to the standard include additional durability requirements for latching and locking mechanisms to identify any adverse wear effects. These requirements include preconditioning the unit by opening and closing the latching/locking mechanism 2000 times and then applying the 45-lb. force in the direction associated with folding. These performance requirements have been approved by the ASTM Main Committee and are in the final stages of approval.

Release Mechanism

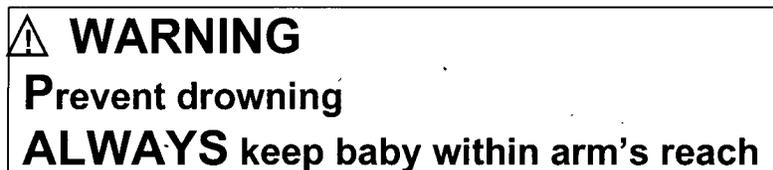
For bath seats that have a release mechanism to place or remove the infant from the product, the latch must be a double action type or require a minimum 10-lb. force to release the latch. ES is not aware of a bath seat currently on the market with such a release mechanism. One bath seat that was marketed in the past had a front bar that hinged down to move the occupant in and out of the product. This product was involved in two fatal incidents where the front bar was found open and the victim was out of the bath seat. The manufacturer has since discontinued this model.

Static Load

The bath seat is required to support a 30-lb. mass placed on the seat surface. ES does not know the rationale for the 30-lb load. ES is not aware of any incidents that were related to the structural load capabilities of the bath seat.

Labeling

The standard requires a warning label on the product, instructions and packaging, consisting of the safety alert symbol and the following exact wording:



The size of the type must not be less than 0.2 inches for upper case and 0.1 for lower case. Note that the above warning label is the minimum specified size. The warning must be located on the product so that it is visible to the adult caregiver when the product is in the manufacturer's recommended position and the occupant is in the product, and it must be a contrasting color to the background. Typically this warning is located on the back of the bath seat.

Foreign Standards

ES performed a standards search for bath seats and did not find any published U.S. or foreign bath seat standards. ES is aware of an April 1994 draft CEN (European Committee for Standardization) standard for Bath Devices. This included requirements for bath seats or bath rings and bath aids to support newborns similar to the product shown in figure 3. The draft standard included requirements for restraints, stability, adherence to the tub surface and labeling.

Slip Resistant Bath Tub Surface

If the bath seat is not recommended to be used on a slip resistant surface, an additional warning label stating this is required on the package. ASTM F462- Slip Resistant Bathing Facilities is a voluntary standard the bathtub industry uses for slip resistant bathtub surfaces. According to a Plumbing Manufacturers Institute (PMI) representative, this standard is used for most enamel-coated steel tubs. Plastic tubs (typically acrylic or fiberglass) can not meet this standard because of testing difficulties, however many plastic tubs are manufactured with textured surfaces. These surfaces would not allow the suction cups on bath seats to adhere properly. The PMI representative stated that the plastic tubs are lower cost and lighter than the steel tubs. He was not aware of the exact percentage of the bathtub market that manufacture plastic tubs with textured surfaces. The PMI representative stated that the industry is moving toward non-slip surfaces to address falls in tubs.

Adequacy of the standard

The ASTM F1967 standard addresses the product's structural integrity, stability and labeling. It is the opinion of ES that the standard does not adequately address tip-overs because the bath seats are tested on a clean and smooth surface. The standard also does not address the incidence of the child slipping through the leg openings. ES believes that a bath seat standard can not be improved to eliminate all of the incidents where the child was left unattended, but could potentially be revised to have an impact on some of the incidents that involve tip-overs and slipping through the leg openings.

Response to Comments

#40 – Ms. Cowan believes that the ASTM standard does not address safety because it does not require the bath seat to be tested in adverse conditions such as on non-slip surfaces or on surfaces treated with abrasive cleanser. She also stated that soap or other additives to the bath water could affect the bath seat's adherence to the bathtub surface.

ES agrees that the current bath seats with suction cups will not perform properly on rough bathtub surfaces. ES also agrees that these conditions are not included in the ASTM standard performance test. The ASTM standard addresses slip resistant bathtub surfaces by requiring a label on the packaging.

#53 – Mr. Letellier suggested making suction cups with a higher quality rubber and instructing parents to replace the suction cups every 6 months. He also suggested that the parents clean the surface area before use and never leave the child unattended.

ES agrees that the suction cups are a critical component to the stability of a bath seat. ES also agrees that the suction cups should operate as intended when attached to a clean smooth surface. ES does not believe that it is reasonable to expect the caregiver to clean the bathtub surface before each use, or to replace suction cups periodically.

#53 – Mr. Letellier recommended that the manufacturer determine how much weight suction cups support.

Currently the ASTM standard test for bath seat stability addresses the load on the suction cups.

#53 – Mr. Letellier recommended making the baby bath seat adjustable in height and width.

ES can not determine if an adjustable seat would be effective in addressing the incidents.

#53 – Mr. Letellier recommended having a safety restraint on the bath seat.

The current ASTM standard does not allow an additional user operated safety restraint such as a waist belt. The subcommittee believed that this would provide a false sense of security.

#54 – Ms. Felcher stated that the ASTM Bath Seat Committee disregarded the CPSC staff's request.

CPSC staff did request changes to the leg hole size to prevent the child slipping through a single leg hole opening. This recommendation did not have sufficient votes to pass and was dropped. At the start of the standard development, CPSC staff requested a suction cup integrity requirement. This concern was recently addressed and was letter balloted on August–September 2000. The revisions are currently being reviewed through the ASTM process.

#63 – Mr. Locker, representing the Juvenile Products Manufacturers Association, commented that with recent revisions to the ASTM standard, the bath seats do not present a mechanical hazard.

ES agrees that the new requirements for suction cup integrity are an improvement, however ES does not believe the requirements will eliminate bath seat incidents when the infant is left unattended. The performance requirements do not address slip resistant textured or dirty bathtub surfaces, nor do they fully address degradation of the suction cups due to dirt or soap deposits. The revisions to the ASTM standard also do not address slipping through the leg hole openings.

Appendix A

Chronology of the development of ASTM F1967

10/5/94 (meeting at ASTM Headquarters, Philadelphia, PA.)

First meeting on new ASTM standard for bath seats.

Subcommittee F15.40 formed to develop standard.

CPSC staff summarizes 17 drowning incidents.

CPSC staff request:

1. Stronger warning label " Always keep child within arm's reach".
2. Suction cup attachment requirements to the product and to the tub.

Mr. Paul Ware of Safety 1st Inc. appointed chairman.

1/20/95 (meeting at ASTM Headquarters, Philadelphia, PA.)

Review of a draft standard.

Task groups formed to address:

1. Definition
2. Stability
3. Suction Cups
4. Sliding and push-out
5. Miscellaneous items

Discussion of public relation, education and information campaign.

3/27/95 (meeting at Double Tree Hotel in New Orleans, Louisiana.)

Discussion of two additional incidents since previous meeting.

A CEN draft standard to address stability was reviewed.

CPSC staff distributes draft-warning label.

6/9/95 (meeting at ASTM Headquarters, Philadelphia, PA.)

Subcommittee agrees to test the bath seat's stability in 2 inches of water.

A restraints option paper was distributed.

10/27/95 (meeting at ASTM Headquarters, Philadelphia, PA.)

Revision of the 4th draft. Life Tests were deleted from consideration and placed on the memory sheet. Stability requirements were added to disallow separation of parts.

Latching and Locking Mechanism requirements were revised to include single and double action mechanisms. Added requirements for scissoring, shearing and pinching.

3/11/96 (meeting at ASTM Headquarters, West Conshohocken, PA.)

Review of the 5th draft of standard.

CPSC staff distributes updated summary of incidents.

Labeling requirements for the packaging is discussed.

5/31/96 (meeting at ASTM Headquarters, West Conshohocken, PA.)

CPSC staff distributes updated summary of incidents.

Review of the manufacturer's results of the stability test protocol.

Discussion if additional restraints are permissible.

9/27/96 (meeting at ASTM Headquarters, West Conshohocken, PA.)

CPSC staff provides data on scald incidents.

Stability test results reviewed.

Subcommittee agrees not to include horizontal sliding requirements.

3/3/97 (meeting at Radisson Hotel, West Palm Beach, FL.)

Review of 8th draft of standard.

Subcommittee reviews the passive crotch restraint requirements and agrees to develop leg opening size requirements.

Incident data versus stability test data does not show correlation. CPSC staff's opinion that one company has majority of incidents because it is the largest producer.

11/3/97 (meeting at ASTM Headquarters, West Conshohocken, PA.)

Subcommittee discusses requirements for openings.

JAMA article on The Role of Bathtub Seats and Rings in Infant Drowning Death distributed.

Suction cup performance requirements put on memory sheet for future consideration.

3/02/98 Subcommittee ballot for new standard on bath seat closes.

4/1/98 (meeting at Orlando FL.)

Subcommittee resolve negative votes on ballot.

One negative to remove hole-opening requirements to prevent the occupant from sliding out of the leg hole was ruled non-persuasive by 3 votes (non-persuasive) to 2 votes (persuasive).

8/3/98 Subcommittee ballot for second draft of new standard on bath seat closes.

8/24/98 (meeting at ASTM Headquarters, West Conshohocken, PA.)

Negative vote on hole opening requirements was incorrectly ruled non-persuasive at the 4/1/98 meeting because it did not have a 2/3-majority vote as required by ASTM.

Subcommittee resolves negative votes on ballot.

1/1/99 Main committee ballot for new standard on bath seat closes.

2/24/99 (meeting at Radisson Hotel, Orlando FL.)

Five negative votes were withdrawn from the main committee ballot – standard moves to ASTM review and publication.

CPSC staff distributes a proposal for suction cup requirements to include repetitive test of suction cup to bath surface and static load test of suction cup to the base of the bath seat.

6/99 ASTM F1967-99 published.

8/30/99 (meeting at ASTM Headquarters, West Conshohocken, PA.)

CPSC staff explains rationale for draft suction cup requirements:

1. Requirements assess long term durability and performance of suction cups.
2. Simulate force exerted on a suction cup when the bath seat is removed.

3/1/00 (meeting at Wyndham Hotel, Orlando FL.)

CPSC staff distributes updated summary of incidents.

A requirement for a water level mark on the bath seat is proposed.

Subcommittee votes against a water level requirement because it was believed that this would not reduce drowning incidents and may give the consumer a false sense of security that the child was in a safe water depth.

Subcommittee approves for ballot a draft suction cup and latching/locking mechanism requirement.

9/29/99 Main committee ballot for Revision to standard on bath seat closes.

10/12/00 (meeting at ASTM Headquarters, West Conshohocken, PA.)

Subcommittee rules the negative votes on the ballot non-persuasive.

Subcommittee chairman proposes no further revisions to the standard beyond the currently balloted items until a decision is made by the CPSC on the bath seat petition.

1/19/01 Main Committee Ballot to uphold not persuasive rulings on Negatives to bath seat revision – passed and sent to Committee on Standards for review.

TAB H



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, DC 20207

Memorandum

Date: March 2, 2001

TO : Celestine Kiss, Project Manager for Bath Seat Petition HP00-4
Division of Human Factors

THROUGH: H McLaurin, Associate Executive Director for Engineering Sciences *Hamson*
N. Marchica, Director, Division of Mechanical Engineering (ESME) *NVM*

FROM : M. Kumagai, ESME *AK 3/2/01*

SUBJECT : Evaluation of Bath Seat Design

Evaluation of the Bath Seat Design

Bath seats are marketed as bath aids, intended to keep an infant, who is capable of sitting up unassisted, in the upright-seated position to help the caregiver bathe the baby in a full size bathtub. Most incidents occur when the baby is left unattended. The victim is found with his/her face in the water in one of the following conditions:

1. In the bath seat, and the bath seat is tipped over.
2. Out of the bath seat, and the bath seat is tipped over.
3. Out of the bath seat, and the bath seat is attached to the bathtub surface.
4. In the bath seat, bath seat attached to the bathtub surface and the victim is entrapped in a single leg hole.
5. In the bath seat, bath seat attached to the bathtub surface and the victim is slumped over the side with his/her face in the water.

In response to Petition HP00-4, Engineering Science (ES) was requested to determine if bath seats could be designed to address the drowning incidents. After review of the incidents, ES determined that tip-over conditions 1 and 2 are related to the stability and suction cup performance of the bath seat. Conditions 3 and 4 are related to the occupant retention performance of the bath seat. Condition 5, where the victim is found slumped over in the bath seat with his/her face in the water, can not be addressed by the design of the bath seat since this condition is a function of the water level and the developmental capability of the infant. This evaluation is of the mechanical characteristics of a bath seat. It is the opinion of ES that a bath seat can not be made to eliminate all of the incidents where the child was left unattended, but could potentially have an impact on some of the incidents that involve tip-overs and slipping through the leg openings.

Stability

If the occupant leans forward, a tip-over torque on the bath seat will be generated as shown in figure 1.

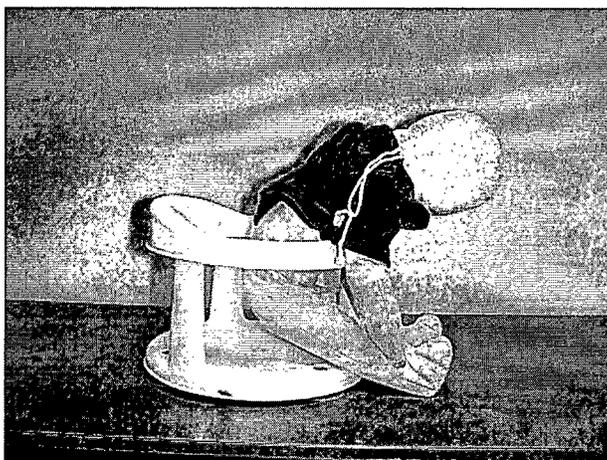


Figure 1. Child leaning out of bath seat.

Two bath seats shown in figure 2 rely on suction cups to attach the product onto the bathtub surface. Figure 2 shows both bath seats are designed with the upper rail located forward of the front suction cup or front edge of the base. In a tip over scenario, the bath seat will pivot about the front suction cup or front edge of the base as the child applies a downward force on the front bar. This creates a tip over torque that is resisted by the adherence force of the rear suction cups. If a rear suction cup detaches from the tub surface or the bath seat, the bath seat will have a tendency to tip over when the occupant leans out over the rail.

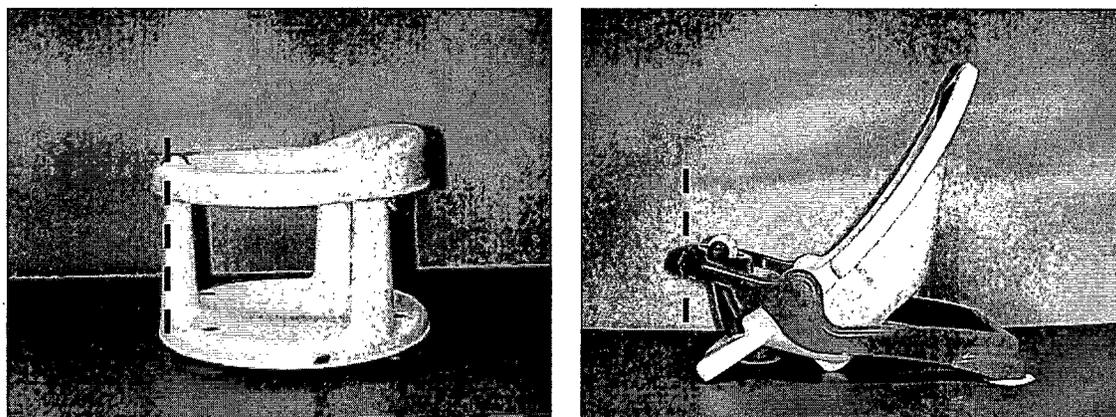


Figure 2. Upper rail located forward of front edge of the base.

Figures 3 and 4 show a new bath aid product that was recently marketed in the U.S. The product converts from a bathinette (figure 3) to a bath seat (figure 4). The bath seat feature is similar to a traditional bath seat because the horizontal top bar supports the occupant's torso and the vertical crotch bar is intended to keep the occupant from sliding through the leg hole. This design has improved stability compared to the traditional bath seat because of its long base and the added weight of the water used to fill the product. ES tested the stability by simulating a 95th

percentile 12-15 month old occupant in a bath seat leaning over the top bar. ES determined that this product would remain upright without relying on the suction cups to adhere to the tub. A simulated lean out to the side of the product showed that the suction cups would require adherence to the tub surface to keep the product upright.

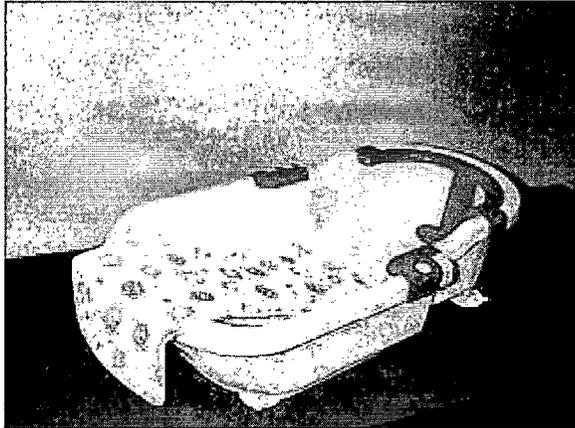


Figure 3. New Convertible Bath Seat as Bathinette

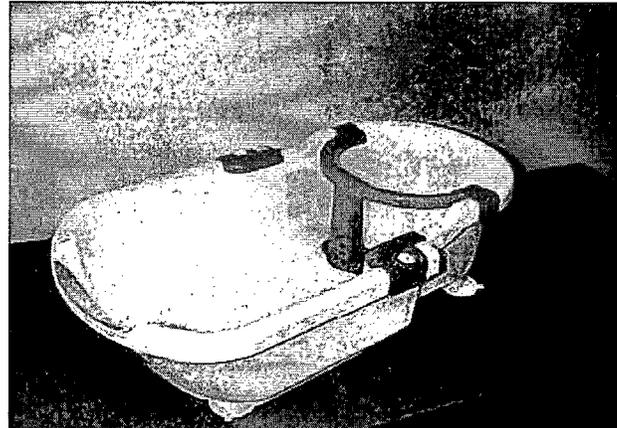


Figure 4. New Convertible Bath Seat as Bath Seat

The Division of Hazard Analysis (HA) review of 69 bath seat-related incidents showed that 22 (or about 1/3) of the incidents were tip-overs. Four of those 22 incidents reported missing suction cups. ES believes that these incidents occurred when the occupant leaned out over the top rail and the suction cup either detached from the bathtub surface or detached from the product, or the product used was missing the suction cup(s).

Past Product Safety Assessments (PSAs) initiated by CPSC Office of Compliance requested evaluation of the suction cup performance on bath seats. PSA 0225.97 and 0226.97 were evaluations by Heh (ES) and Sedney, Division of Human Factors (HF). Both PSAs requested ES and HF to review In-Depth Investigations (IDIs) on incidents involving the largest manufacturer of bath seats and determine the effects of missing suction cups. 17 IDIs were reviewed; 16 incidents involved unattended infants. Nine IDIs reported missing or defective suction cups, 5 of the 9 reported overturned seats, 3 were unknown and 1 was upright. ES and HF observed that the bath seat becomes increasingly unstable when suction cups are removed from the base. If one suction cup is missing and the child leans out in a direction away from the missing cup, the seat will tilt. This tilting allows the child to exert more of his/her weight away from the seat, increasing the likelihood of the infant falling over the seat ring. Also, the torque on the seat due to the infant leaning out results in an increased force on the rear suction cups. This increases the likelihood that an adjacent cup will release from the tub surface. ES and HF concluded that missing suction cups might have contributed to the seats overturning. However, since all but one incident involved an unattended infant, it would be speculative to conclude that these drownings would have been prevented had all of the suction cups been present.

The most comprehensive evaluation on suction cup performance was performed by Sushinsky (Laboratory Sciences, Engineering) and documented in PSA 0987.97. Sushinsky reviewed IDIs and consumer complaints provided by the manufacturer, performed tests on incident bath seats and exemplar seats, and developed recommendations for performance

requirements. He also reviewed the design changes implemented by the manufacturer from 12/89 –11/96.

Sushinsky determined that out of 410 suction cup-related consumer complaints that were reported to the manufacturer, 257 were reports of loose fitting suction cups on the product, 89 were broken suction cups and 64 were reports of suction cups not sticking. This data indicates that the majority of the complaints concerned the attachment of the suction cups to the bath seat. Sushinsky reviewed 20 IDIs that involved the same bath seat model. Of the 20 incidents, 9 were missing suction cups and one seat had warped and ineffective suction cups. Sushinsky also noted four major design changes to improve the suction cups and the base attachment, the latest change occurring in November 1996.

Suction Cup Operation

Suction cups operate by creating an air or watertight seal between the bath tub surface and the bottom of the suction cup material. When the suction cup is pressed down onto the bathtub surface, air or water is forced out from the underside of the suction cup. This results in a lower pressure under the cup than the ambient pressure outside of the cup. The pressure differential allows the suction cup to adhere to the bathtub surface. The pull force required to remove the suction cup is proportional to the area of the suction cup. Adherence of the suction cup to the bathtub surface requires an adequate seal between the mating surfaces. A leak in the seal between the suction cup and bathtub surface would allow air or water to leak under the suction cup. This would allow the inner and outer pressures to equalize resulting in detachment of the suction cup from the tub surface. A gross leak would prevent the suction cup from adhering to the tub surface. A slow leak would allow the suction cup to initially adhere to the tub surface, but over time the suction cup would detach.

A leak in the seal can occur on a rough tub surface that allows the air or water to leak past the rubber suction cup material. Suction cups are typically made of soft pliable material to fill the crevices and imperfections of the mating surface. Suction cups used on bath seats will not adhere properly to textured bath surfaces or slip resistant surfaces. Dirt or soap scum buildup on the suction cup and/or bathtub could also degrade the performance of the suction cup. Dissolved or suspended particles in the bath water such as oils and soap should not affect the suction cup adherence to the tub.

Based on the IDIs, analysis of traditional bath seat designs as shown in figure 2, past PSAs and suction cup operation, ES concludes that the stability or resistance to tip-over of traditional bath seats is dependent on the performance of the suction cup. Failure of this component could result in an unstable bath seat that would increase the likelihood of the product tipping over. IDIs show that suction cups fail by detaching from the base of the bath seats or detaching from the tub surface. A review of design changes of the leading manufacturer of bath seats showed an incremental improvement of the suction cup attachment to the base. It is the opinion of ES that product design improvements could minimize problems of the suction cups detaching from the base. ES does not believe that suction cups can be improved to reliably adhere to the bathtub surface. Factors such as textured bath surfaces or cleanliness of the bath surface or suction cup are beyond the control of the bath seat designer. For this reason, ES

believes that bath seats that rely on suction cups can not be designed to reliably prevent the bath seat from tipping over.

Occupant Retention

HA's review of 69 bath seat incidents showed that 14 were a result of the infant exiting the bath seat. Eleven victims were found in the bathtub with the bath seat secured to the tub surface. In 3 incidents, the victim was entrapped in one leg opening. Based on the incidents, ES believes that these incidents occurred because the infant tried to get out of the bath seat. The ASTM F1967 standard requires bath seats to have a passive crotch restraint, but there are no leg opening requirements. ES measured the leg hole openings of the three bath seats shown in figures 2 and 3 using a 6-8 month torso template. The leg opening would allow the template to pass through. This test indicates that leg openings are large enough for the torso of the smaller child to pass through.

To prevent the infant from climbing over the top of the bath seat, additional or tighter restraints would be required. The most common restraint used in juvenile products such as high chairs, infant swings and strollers is a waist and crotch strap. The waist strap must restrain the infant's bottom onto the bath seat. This would take away the utility of the product as a bathing aid. Also, the ASTM F1963 bath seat standard does not allow additional user activated restraints because the subcommittee believed that this would present a false sense of security to the caregiver. To prevent the occupant from getting both legs through a single leg hole, the leg hole opening would be required to be smaller than the torso of the youngest user. This may also affect the utility of the product. For these reasons, ES does not believe that the bath seat can be designed to reliably restrain the infant to prevent him/her from climbing out without compromising the utility of the bath seat.

TAB J

3- What's your name?

Judy Parlor

4- What's your position in this industry?

Consumer product manager.

Baby Bath Seats and Bath Rings

1- Product

Swivel bath seat

-Turns a full 360 degrees

-Unique turn and lock design

-For ages 6 months and older

*** **WARNING:** Prevent drowning. Always keep baby within arm's reach.

Not for use on textured non-skid surfaces.

-U.S. patent Nos. 5,010, 606 & 5,158, 460.

-Style Number: 00160 A

-Product Number: 0 5218100160 4

-S Number: 313351

Addresses:

1- Safety 1st Inc., 45 Dan Road, Canton, Ma 02021 USA.

2- Safety 1st Canada. Inc., 804 rue Deslauriers, Ville st. Laurent,
Quebec H4n 1x 1 Canada.

3- Safety 1st Europe Ltd, Isopad House, Shenley Road, Borehamwood,
Hertfordshire WD6 1 TE, England.

Consumer relations number: (800) 723-3065

2- Baby Bath Ring

-For ages 6 months and older

-Spinning play bead

-Suction base for added security

Brand: Safety 1st

Product Number: 0 52181 4160 1

Style Number: 41601 A

S Number: 694673

Addresses:

1- Safety 1st, Inc., 210 Boylston street, Chestnut Hill, Ma 02167 USA.

2- Safety 1st Europe, Ltd, Isopad House, Shenley Road, borehamwood,
Hertfordshire WD6 1 TE, England.

Customer Service phone number: (800) 723-3065

3) 2 - IN-1 bathtub & bath seat

*Tub converts easily to bath seat

1- Bathtub

- Full-size infant tub
- Mildew resistant foam pad for comfort
- Conto used to prevent sliding
- Suitable water depth for through bathing

Bath seat:

-
- conversion to bath seat
- T- bar restraint keeps infant in place
- Large suction cups for bathing fun.

Brand: The First Years

Addresses:

- 1- U.S.A./Canada: The First Years Inc., Avon, Ma 02322-1171, U.S.
- 2- Europe: The First Years Inc.,
The old police station, castle street, Cirencester, glos. GL 7 1QU,
United Kingdom.

Customer Service Numbers:

U.S.A./ Canada: 1(800) 533-6708
Europe : 0(800) 526-829

Product Number: 0 71463 03129 0

Style Number: 792101

* Ideas inspired by parents. These products are inspired and pretested by parents, for parents. They are designed in consultation with Dr. T. Berry Brazelton, Dr. Edward Tronick and staff members of the child development unit, Children's Hospital in Boston, U.S.A. The first years is a benefactor of the child development unit.

4)

Deluxe bath ring

Nursery needs is a trademark of Sanitoy, Inc., Fitchburg, Ma 01420
For ages 6 months and older

U.S. Patent number: 288, 118

Product Number: 0 74269 01566
Style Number: 1566J

Customer Service Number: (978) 345-7571

Pediatrician's Interviews

Dr. Esteban Geano, MD
11338 SW 184th Street
Miami, Florida 33157
(305) 278-8603

Doctor Geano stated that he has not received any reports from parents or caregivers who have experienced incidents while using the baby bath seats or rings. Nevertheless, he does not recommend the product and is against the use of such devices that he considers unsafe because of the false sense of security it represents. He supports the petition to remove the devices from the market.

Dr. Jose Gomez-Rivera, MD
8366 S.W. 40th Street
Miami, Florida 33155
(305) 553-4233

Doctor Rivera does not recommend the use of the baby bath seat. He is a parent himself and does not feel safe using the baby bath seat. He has not treated any cases of injuries related to the product. He supports the petition to ban baby bath seats.

Doctor Angel F. San Roman, MD
400 University Drive
Coral Gables, Florida 33134
(305) 663-2845

Doctor San Roman stated that while he is aware that several of this patient's parents use such devices, he has not received any reports from the parents in regards to the safety of the product. He said he is familiar with the product and understands the concerns that the use of such product could result in a false sense of security for the users. When asked whether he supported the petition for the banning of baby bath seats, Dr. San Roman stated that *minimally there should be clear instructions and warning labels on the product itself to alert parents and caregivers of the harmful situation that may arise while using this product.* He said he would not recommend it to any parent who feels there is the slightest possibility that their attention could be drawn away from the infant while bathing.

Stevenson, Todd A.

From: Meg [redacted] com]
Sent: Thursday, October 05, 2000 12:00 PM
To: cpsc-os@cpsc.gov
Subject: Baby Seat Ban

October 04, 2000
Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163,
page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer
Federation of America et. al. to ban
baby bath seats. We are alarmed at the high incidence of babies drowning in this
product and believe it poses an unreasonable risk of injury and death to children.
At least 66 children have died when using this product and an additional 37 were
involved in near drownings involving bath seats. Already in the first six months of
this year at
least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until
six months of age, when most infants can sit securely. Once an infant can pull up
(generally between seven and nine months) or attempt to stand while holding onto
objects, infant bath seats should be discontinued, thus limiting its useful life to
approximately two months.

Recent research has found that parents and caregivers of infants that use baby bath
seats engage in more risk taking behavior than parents and caretakers not using
bath seats. Parents and caregivers may see this product as a safety device and
thereby have a false sense of security with respect to its use.

In addition, bath seats are incompatible with bathtubs meeting the current
voluntary standard for bathtub slip resistance. For these reasons and the growing
number of drowning deaths, we believe there is substantial evidence supporting a
ban of this product. Please vote to grant the petition of CFA and the other
petitioning organizations. Thank you.

Sincerely,

Meg [redacted]

Stevenson, Todd A.

Baby bath seats
4

From: [REDACTED]@wcom.com]
Sent: Thursday, October 05, 2000 11:42 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Brian [REDACTED]

J26

Baby bath seats
5

Stevenson, Todd A.

From: Doug [redacted].com]
Sent: Thursday, October 05, 2000 12:21 PM
To: cpsc-os@cpsc.gov
Subject: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Ba by October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby

Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163,
page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drowning involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Douglas [redacted]
[redacted]
[redacted]
[redacted]

J27

~~Stevenson, Todd A.~~

Baby Bath Seats
6

From: Jody [REDACTED] [REDACTED]@com.com]
Sent: Thursday, October 05, 2000 1:13 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Jody [REDACTED]
[REDACTED]

~~Stevenson, Todd A.~~

Baby Bath Seats

7

From: Molly [REDACTED]@wcom.com]
Sent: Thursday, October 05, 2000 11:01 AM
To: cpsc-os@cpsc.gov
Cc: Mark Williams
Subject: Please Ban Current Baby Bath Seats

October 05, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizens strongly urge you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Mark and Molly [REDACTED]



Page 1 of 1
Baby Bath Seats 8

Stevenson, Todd A.

From: william [redacted].it]
Sent: Thursday, October 05, 2000 12:57 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

October 05, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Toni [redacted]

Phone 011- [redacted] (Italy)

J30

10/5/00

~~Stevenson/Todd A.~~

*John Little
Jacks*

9

From: Beth [REDACTED] [com.com]
Sent: Thursday, October 05, 2000 8:29 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

October 05, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Beth [REDACTED]

J31

Stevenson, Todd A.

10

From: Bryan [REDACTED]@wcom.com]
Sent: Thursday, October 05, 2000 11:19 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

Importance: High

October 05, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats.

Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Bryan [REDACTED]

Stevenson, Todd A.

Baby bath seat 11

From: Melanne [REDACTED] wcom.com]
Sent: Thursday, October 05, 2000 1:33 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Melanne [REDACTED]

J33

Stevenson, Todd A.

Bath Seats 12

From: Martha [REDACTED] [wcom.com]
Sent: Thursday, October 05, 2000 1:16 PM
To: cpsc-os@cpsc.gov
Subject: Baby Bath Seat petition

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Martha [REDACTED]

Stevenson, Todd A.

Baby Bath Seats

13

From: Julie [REDACTED]vcom.com]
Sent: Thursday, October 05, 2000 1:34 PM
To: cpsc-os@cpsc.gov
Subject: Comments on Petition (HP 00-4) by CFA

Please ban all Baby Bath Seats!!!

Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats
Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

After hearing of an infant, a co-workers granddaughter, nearly drowning because of a baby bath seat I wanted to express my thoughts on why baby bath seats should be banned.

I currently have two children, expecting our third, and I will not use the assistance of a baby bath seat. I did have one for our first child and found it quite hard at times removing the child from the seat after his bath. I did not use that seat much during our first and never with our second. I do believe a infant/small child should never left alone while in water, until this day I will still check on my 7 year old at times while he is in the tub just so I know he is ok. I can very well see how easy it would be for a child to slip down into the water and be very hard at times as a parent to remove him/her from the seat in an emergency. An experience mother may not use this product but a new mother may think it's neat not knowing of the danger it can and has cause. No so called safety feature should be the cause of so many baby deaths.

Please vote YES to ban the making/selling of Baby Bath Seats!!

J35

Stevenson, Todd A.

From: Pamela [redacted].com]

Sent: Thursday, October 05, 2000 5:13 PM

To: cpsc-os@cpsc.gov

Subject: seeking ban on baby bath seats

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Pamela [redacted]

[redacted]

[redacted]

J36

10/6/00

Stevenson, Todd A.

*Early bath
Seats* 15

From: Carol [redacted]@wcom.com]
Sent: Thursday, October 05, 2000 12:40 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 05, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Carol L. [redacted]

J37

Stevenson, Todd A.

From: [REDACTED]wcom.com]
 Sent: Thursday, October 05, 2000 10:48 AM
 To: cpsc-os@cpsc.gov
 Cc: Beth [REDACTED]; [REDACTED]@consumer.org; [REDACTED]@consumer.org; [REDACTED]@consumer.org;
 [REDACTED]@consumer.org
 Subject: FW: Petition to ban Baby bath seats

I received the letter below from one of my co-workers and was shocked and disheartened by its message. I didn't know the exact details of her granddaughter's death, nor did I ask, for obvious reasons, but having infant nieces and nephews and seeing the joy they bring my brothers, their families, and their grandmother (my mom) I knew she must have been in a world of pain. I know too that she must have been quite angry to learn that a product that had years earlier gone to a vote to have banned from store shelves because of it's contribution to the deaths of a number of infants in similar circumstances had been allowed to continue to be sold.

The most difficult part of the letter to accept is the idea that this product could have been removed from the market in 1994 after 14 infant deaths but the CPSC considered this issue and decided in a 2-1 vote not to take action. Could you tell me how such a far reaching decision could be based solely on the vote of 3 people? This is far too much responsibility to be placed on such a small number of decision makers. And while on the subject of responsibility, I would think that they (the 2) would feel at least partially responsible for the 51 infant deaths which have occurred SINCE the erroneous vote in 1994. I'm not sure how they can justify or minimize their impact enough to give them peace of mind. Granted, no infant should be left alone in a bath tub for any period of time and I'm sure that that was the argument heard by the CPSC from the producers of the baby bath seat in 1994. I'm sure, to encapsulate their argument, that they claimed that the seat is NOT a safety device and not intended as a substitute for constant parental or guardian supervision and I'm sure their legal department made sure that this disclaimer was printed somewhere on the product packaging. While this argument may be valid from a purely legal standpoint and prevent the producers from facing a class action lawsuit, it obviously does not reflect the way that many young parents are interpreting the function of the product.

While I'm sure that the product packaging includes a disclaimer (purely for legal defense purposes) that the seat is not a substitute for direct parental supervision, I am willing to bet that the size of the print of this disclaimer is much smaller than that of the words "Safety First" on the package. I believe that this is the biggest problem with the product. This name in and of itself is misleading and could easily give mothers and fathers a false but REASONABLE sense that while their baby is in this seat, the infant will be "SAFE." A more appropriate name would be "Not always Safe-ty First" but I'm afraid merely changing the name of the product to more adequately reflect its true potential harm is not enough. This product needs to be recalled immediately and it's current and future production ceased.

I see now that On July 25, 2000 CFA (The Consumer Federation of America) filed a new petition asking the Consumer Product Safety Commission (CPSC) to ban baby bath seats. I sincerely hope that the CPSC will take an immediate vote on whether or not this product should be banned. I am confident that the CPSC will recognize that this product is unsafe and vote to have it banned from future sale in order to prevent its future contribution to accidental infant deaths. If however, it is once again swayed by the producers of this product into another 2-1 vote to allow it's continued sale, please count the votes of myself, the Consumer Federation of America, The Drowning Prevention Foundation, The Danny Foundation for Crib and Child Product Safety, The Intermountain Injury Control Research Center, The California Coalition for Children's Safety and Health, The California Drowning Prevention Network, The Contra Costa County Childhood Injury Prevention Coalition, Greater Sacramento SAFE KIDS

J38

10/6/00

Coalition, Kids in Danger, U.S. Public Interest Research Organization, Consumers Union, The Good Housekeeping Institute, and my co-worker Beth Vozenilek, who lost her granddaughter Olivia, as additional votes to have this product banned.

Sincerely,

Patrick [REDACTED]
[REDACTED]

-----Original Message-----

From: Beth [REDACTED]@wcom.com]

Sent: Wednesday, October 04, 2000 11:49 PM

To: [REDACTED]

Subject: Petition to ban Baby bath seats

As most of you are aware on June 9, 2000 my 7-month old granddaughter , Olivia Jade Gardner died 24 hours after nearly drowning in a 'Safety First " baby bath seat. I have since learned about and become involved with a movement to ban the bath seats. The following contains information about the movement as well as an action item with a link provided to the address of the CPSC (Consumer Product & Safety Commission) where you can email a letter in support of the ban if you so desire. I would very much appreciate you taking the time to find out more about what is going on with these bath seats and am thanking you ahead of time for your time and support. In 1994 , after 14 infant deaths , an attempt was made to ban these bath seats . CPSC voted against taking any action 2-1. I can't stop thinking that if that 1994 petition had only been successful, Olivia , along with the 51 additional babies that have died since its failure would be alive today.

Here's some information .

On July 25, 2000 CFA (The Consumer Federation of America) filed a new petition asking the Consumer Product Safety Commission (CPSC) to ban baby bath seats. Since the filing many other organizations have joined to support the petition, with more and more organizations concerned with the safety of children joining every day.

Original Petitioners:

- Consumer Federation of America
- The Drowning Prevention Foundation
- The Danny Foundation for Crib and Child Product Safety
- The Intermountain Injury Control Research Center
- The California Coalition for Children's Safety and Health
- The California Drowning Prevention Network
- The Contra Costa County Childhood Injury Prevention Coalition
- Greater Sacramento SAFE KIDS Coalition
- Kids in Danger

Some of the Additional Organizations Supporting the Petition:

- U.S. Public Interest Research Organization
- Consumers Union
- The Good Housekeeping Institute

J39

10/6/00

About The Product: Baby bath seats are intended to assist in bathing infants by holding the infant in a sitting position , upright out of the water ,in a full size bathtub or a sink. When following manufacturers' instructions, they have a useful life developmentally of about 2 months.

The Hazard: There are currently at least 66 known drowning deaths and 37 reports of near drowning. In the first six months of 2000 alone there have been five deaths. In past years there have been an average of 8 deaths per year. Drownings occur when the baby slips out of the seat, the seat tips over, or where the parent is unable to extricate the child from the product after it has tipped over. The product gives parents a false sense of security; they view this product as a safety device, when in fact, it does not perform that way. The bath seat is designed to provide "hands-free bathing " of an infant, but in reality the parent/caregivers hands should never leave the seat. Bath seats are also completely incompatible with bathtubs that meet the voluntary safety standard for bathtubs. Such bathtubs must have a slip resistant feature to prevent falls; bath seat product instructional labeling warns not to use to the product in such bathtubs. CPSC considered this issue in 1994 and decided in a 2-1 vote not to take action. Since that vote, 52 more babies have died and one of the 2 commissioners voting against action has been replaced.

CPSC Comment Period: There is currently a public comment period on the petition seeking input from the public. The deadline for comments to CPSC is October 23, 2000.

ACTION: THIS IS THE MOST IMPORTANT PART , AS THIS IS HOW YOU CAN HELP!!!!!!!

The way you can help to make this ban a successful is two-fold.

First of all by sending an email to the Consumer Product Safety Commission in support of the ban . Their address is cpsc-os@cpsc.gov . Emails regarding the ban should contain 'Petition HP 00-4, Petition to Ban Bath Seats' in the subject field.

Below contains a sample / generic type letter. You may compose your own letter , (it's okay if its short and to the point) or you can cut and paste the sample onto your email . If you use the sample , remember to include your name, address and phone number at the bottom for verification. . Please respond as soon as you can but at least before October 23rd, 2000 as that is the deadline for comments by the public.

Secondly, I would very much appreciate you forwarding this to everyone you know who may be interesting in helping to remove these products from the shelves.

Thank-you & God Bless

Beth
[Redacted]

SAMPLE LETTER:

October 04, 2000

10/6/00

J40

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

> [name]
> [address]
> [Phone Number]
>

*Bath Seats
Comments*

17

Stevenson, Todd A.

From: Vanina [redacted].edu]
Sent: Friday, October 06, 2000 2:50 AM
To: cpsc-os@cpsc.gov
Subject: Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

> [name]
> [address]
> [Phone Number]
>

J42

Stevenson, Todd A.

Bath Seat 18

From: Celtean [REDACTED].com]
Sent: Friday, October 06, 2000 3:57 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Celtean [REDACTED]
[REDACTED]

J43

Page 1 of 1
Bath Seats
19

~~Stevenson, Todd A.~~

From: Frame [redacted].com]
Sent: Friday, October 06, 2000 12:24 PM
To: cpsc-os@cpsc.gov
Subject: 'Petition HP 00-4, Petition to Ban Bath Seats'
October 9, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163,
page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Valerie [redacted]

[redacted]

Stevenson, Todd A.

bath seats 20

From: Brenda [redacted] us]
Sent: Friday, October 06, 2000 1:23 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

I would like to officially go on record as a citizen who strongly supports the petition to ban baby bath seats from the market. Unfortunately, I know firsthand how dangerous the bath seats are, and how tragic the consequences of using them can be. On June 9th, 2000, my perfectly healthy, precious great-niece (Olivia Jade Gardner) died as a result of nearly drowning 24 hours earlier when her baby bath seat tipped over with her in it. To see such an innocent little life be taken has been a horrifying experience for all who were touched by her, and to find out after the fact the number of other babies who have died as a result of these devices has been shocking.

The deaths of 66 babies should certainly be more than enough to prove any product on the market unsafe for use with infants. Please put a stop to this now. Please vote to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. Thank you for your time.

Brenda [redacted]
[redacted]

Phone (W) [redacted]
Phone (H) [redacted]

J45

*Baby bath seats 21*Stevenson, Todd A.

From: Rachel [REDACTED].net]

Sent: Friday, October 06, 2000 10:24 AM

To: cpssc-os@cpssc.gov

Subject: Ban on bath safety seats

October 06, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

[REDACTED]

J46

10/6/00

Needham, MA 02492
[REDACTED]

Rachel [REDACTED]
[REDACTED]

Tel. [REDACTED]

Fax. [REDACTED] 5 (with prior notification)

Email: rache[REDACTED].net

J47

Stevenson, Todd A.

bath seats
22

From: J[REDACTED].com
Sent: Friday, October 06, 2000 5:58 PM
To: cpsc-os@cpsc.gov
Subject: Ban of Baby Bath Seats

October 6, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Jena [REDACTED]
[REDACTED]

J48

[Handwritten signature]
Stevenson, Todd A.

[Handwritten note]
bath seats 23

From: Carol [redacted]@hotmail.com]
Sent: Saturday, October 07, 2000 1:01 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

[redacted]
October 07, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,
Carol [redacted]
[redacted]

Get Your Private, Free E-mail from MSN Hotmail at <http://www.hotmail.com>.

Share information about yourself, create your own public profile at <http://profiles.msn.com>.

Stevenson, Todd A.

Bath seats 24

From: Theodore [REDACTED].net]
Sent: Saturday, October 07, 2000 9:34 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP-004, Petition to Ban Bath Seats

Office of Secretary
Consumer Product Safety Commission
Washington D.C. 20207

I am send thing email to voice my conercerns in regards to the safety of infants and their doom to short life while in these Bath Seats.

I find it appalling that it takes so many lives of innocent CHILDREN before something may be done about taking this product off the market.

52 deaths and many more near deaths is way too many to have. This should have been taken off the market as far back as 1994 and I still feel that this is a horror to think that already this year there has been at least 5 deaths related to this product. Not to mention who knows just how many unreported cased there are and have been in past years.

A life is nothing to waste adn at such a young age is even worse.

This product only is able to be used for such a short time that this seems really bad to subject young children and new parents to such a false sense of security and at the same time when some thing like this happens there is no recourse other than puptting the infant to rest and the parents have a life time of only if I would not have used this product that I thought was suppose to help us not hurt us so bad.

Only last thing that I can say is that knowing the horrible mishaps of this product makes me glad that I never had one of these BATH SEATS and both of my children are still alive and healthy.

One item that is suppose to make bath time better and aid in helping an infant for the first two minths of live is nothing more than a death trap and should be off the market long before now. Please take into consideration all the sadness that this product causes and please vote to remove this and others like this off the market once and for all and lower the death rate of infants. This is one way to be able to insure the longer life span of many infnts in this world.

Thank you for your time and please do what it right for the leaders of tomorrow.

Thank you again
Laura A. [REDACTED]

[REDACTED]

J50

Stevenson, Todd A.

25
bath seats

From: Lisa [redacted].com]
Sent: Monday, October 09, 2000 11:16 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP00-4 Petition to ban baby bath seats

October 9, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Lisa [redacted]

J51

Stevenson, Todd A.

*bath seats
26*

From: Cristina [redacted]@cpsc.gov
Sent: Monday, October 09, 2000 12:40 PM
To: cpssc-os@cpssc.gov
Subject: PETITION TO BAN BABY BATH SEATS

October 9, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months.

Recent research has found that parents and caregivers of infants who use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance.

For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Cristina [redacted]
[redacted]

Baby bath seats

27

Stevenson, Todd A.

From: [REDACTED]@email.msn.com]
Sent: Tuesday, October 10, 2000 5:06 AM
To: cpssc-os@cpssc.gov
Subject: Comments on Petition (HP 00-4)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Meenakshi [REDACTED]
[REDACTED]

Stevenson, Todd A.

Each part 28

From: Dixie [REDACTED].com
Sent: Tuesday, October 10, 2000 9:27 AM
To: cpssc-os@cpssc.gov
Subject: PETITION TO BAN BABY BATH SEATS

Office of the Secretary
Consumer Product Safety Commission
Washington, DC. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

Dear Sir or Madam,

My name is Dixie Derby, I am a mother of 2 and a close friend to Stephanie Turner, who lost her daughter to this bath seat. I extend concern for the need

for more research on this product. Not only is it taking the lives of our young, but destroying families and the future. These children are our future. Parents expect when they use child restraining seats of any sort that they are

tested and tested very well. I ask you this: Would you want this to happen to one of your child(ren), grandchild(ren), neices, nephews, or any other child? I would hope not.

Here is some information .

On July 25, 2000 CFA (The Consumer Federation of America) filed a new petition asking the Consumer Product Safety Commission (CPSC) to ban baby bath seats. Since the filing many other organizations have joined to support the petition, with more and more organizations concerned with the safety of children joining every day.

Original Petitioners:
Consumer Federation of America
The Drowning Prevention Foundation
The Danny Foundation for Crib and Child Product Safety
The Inter-mountain Injury Control Research Center
The California Coalition for Children's Safety and Health
The California Drowning Prevention Network
The Contra Costa County Childhood Injury Prevention Coalition
Greater Sacramento SAFE KIDS Coalition
Kids in Danger

Some of the Additional Organizations Supporting the Petition:
US. Public Interest Research Organization
Consumers Union
The Good Housekeeping Institute

About The Product: Baby bath seats are intended to assist in bathing infants by holding the infant in a sitting position , upright out of the water

, in a full size bathtub or a sink.

When following manufacturers' instructions, they have a useful life developmentally of about 2 months.

The Hazard: There are currently at least 66 known drowning deaths and 37

reports of near drowning. In the first six months of 2000 alone there have been five deaths. In past years there have been an average of 8 deaths per year. Drowning occurs when the baby slips out of the seat, the seat tips over, or where the parent is unable to extricate the child from the product after it has tipped over. The product gives parents a false sense of security; they view this product as a safety device, when in fact, it does not perform that way. The bath seat is designed to provide "hands-free bathing " of an infant, but in reality the parent/caregivers hands should never leave the seat. Bath seats are also completely incompatible with bathtubs that meet the voluntary safety standard for bathtubs. Such bathtubs must have a slip resistant feature to prevent falls; bath seat product instructional labeling warns not to use to the product in such bathtubs. CPSC considered this issue in 1994 and decided in a 2-1 vote not to take action. Since that vote, 52 more babies have died and one of the 2 commissioners voting against action has been replaced.

CPSC Comment Period: There is currently a public comment period on the petition seeking input from the public. The deadline for comments to CPSC is October 23, 2000.

I thank you very much for your time,

Dixie [Redacted]
[Redacted]

As most of you are aware on June 9, 2000 my 7-month daughter, Olivia Jade Gardner died 24 hours after nearly drowning in a 'Safety First' baby bath seat.

I have since learned about and become involved with a movement to ban the bath seats. The following contains information about the movement as well as an action item with a link provided to the address of the CPSC (Consumer Product & Safety Commission) where you can email a letter in support of the ban if you so desire. I would very much appreciate you taking the time to find out more about what is going on with these bath seats and am thanking you ahead of time for your time and support.

In 1994 , after 14 infant deaths , an attempt was made to ban these bath seats . CPSC voted against taking any action 2-1. I cannot stop thinking that if that 1994 petition had only been successful, Olivia , along with the 51 additional babies that have died since its failure would be alive today.

ACTION: THIS IS THE MOST IMPORTANT PART , AS THIS IS HOW YOU CAN HELP!!!!!!!

The way you can help to make this ban a successful is two-fold.

First of all by sending an email to the Consumer Product Safety Commission in support of the ban . Their address is cpsc-os@cpsc.gov <<mailto:cpsc-os@cpsc.gov>> . Emails regarding the ban should contain 'Petition HP 00-4, Petition to Ban Bath Seats' in the subject field.

Secondly, I would very much appreciate you forwarding this to everyone you know who may be interesting in helping to remove these products from the shelves.

Thank-you & God Bless

J55

Stephanie [REDACTED]
[REDACTED]

bath seats 29

October 4, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

OFFICE OF THE SECRETARY
2000 OCT 11 A 10: 55

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register:
August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

[Redacted signature block]

Suzanne [Redacted]

[Redacted]

[Redacted]

[Redacted]

Stevenson, Todd A

*Grant
Mack*
30

From: [REDACTED].com
Sent: Wednesday, October 11, 2000 6:46 AM
To: cpsc-os@cpsc.gov
Subject: 'Petition HP 00-4, Petition to Ban Bath Seats'

October 11, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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INCLUDING MY NIECE, OLIVIA JADE GARDNER!

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

James [REDACTED]

Stevenson, Todd A.

bath seats

.31

From: [REDACTED].com
Sent: Wednesday, October 11, 2000 11:14 AM
To: cpsc-os@cpsc.gov
Subject: Baby Bath Seats

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Kelly [REDACTED]

Stevenson, Todd A.

32
bath seats

From: [redacted]@a.us]
Sent: Thursday, October 12, 2000 4:49 PM
To: 'cpsc-os@cpsc.gov'

October 12, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163,
page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

> Kelly [redacted]
[redacted]

Stevenson, Todd A.

*Keith
grab*

33

From: Steve [REDACTED]@wcom.com]
Sent: Thursday, October 12, 2000 4:54 PM
To: cpsc-os@cpsc.gov
Cc: Steve Moshier; Moshier Steven
Subject: 'Petition HP 00-4, Petition to Ban Bath Seats'

October 12, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drowning involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Steven [REDACTED]
[REDACTED]

Latina
34

[Signature]
Stevenson, Todd A.

From: Debra [redacted] edu]
Sent: Thursday, October 12, 2000 6:10 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath
October 12, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163,
page 50968)

The undersigned citizen strongly urges you to grant the petition
of the Consumer Federation of America et. al. to ban
baby bath seats. We are alarmed at the high incidence of babies
drowning in this product and believe it poses an unreasonable risk of
injury and death to children. At least 66 children have died when using
this product and an additional 37 were involved in near drownings
involving bath seats. Already in the first six months of this year at
least five babies have died.

Bath seats have a very short useful life. They are not recommended for
use until six months of age, when most infants can sit securely. Once
an infant can pull up (generally between seven and nine months) or
attempt to stand while holding onto objects, infant bath seats should be
discontinued, thus limiting its useful life to approximately two
months. Recent research has found that parents and care givers of
infants that use baby bath seats engage in more risk taking behavior than
parents and caretakers not using bath seats. Parents and care givers may
see this product as a safety device and thereby have a false sense of
security with respect to its use. In addition, bath seats are
incompatible with bathtubs meeting the current voluntary standard for
bathtub slip resistance. For these reasons and the growing number of
drowning deaths, we believe there is substantial evidence supporting a ban of
this product.

Please vote to grant the petition of CFA and the other petitioning
organizations. Thank you.

Sincerely,

Debra [redacted]
[redacted]

J62

Stevenson, Todd A.

Bath Seats 35

From: Maureen [REDACTED].org]
Sent: Friday, October 13, 2000 7:38 AM
To: cpsc-os@cpsc.gov
Subject: 'Petition HP 00-4, Petition to Ban Bath Seats'

Please ban Baby Bath Seats . The rate of death is alarming as too many parents think these seats keep babies safe in the tub.

Thank you.

Maureen [REDACTED]

Stevenson, Todd A.

Bath seats

.36

From: Marge [REDACTED].com]
Sent: Friday, October 13, 2000 12:12 PM
To: Cpssc-os@cpssc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats' in the subject field.

October 04, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Marge [REDACTED]

J64

Stevenson, Todd A.

37
Vater Scot

From: Jack [REDACTED] [wcom.com]
Sent: Friday, October 13, 2000 9:32 AM
To: cpsc-os@cpsc.gov
Cc: Vozenilek, Beth Ann
Subject: RE: Comments on Petition (HP 00-4) by CFA et. al.

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Jack [REDACTED]
[REDACTED]

Stevenson, Todd A.

Bath Seats 38

From: [REDACTED].com
Sent: Friday, October 13, 2000 10:15 AM
To: cpssc-os@cpssc.gov
Subject: Ban of Baby Bath Seats

October 13, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition

of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Joy [REDACTED]

Stevenson, Todd A.

39
bath seats

From: [REDACTED].com
Sent: Friday, October 13, 2000 10:21 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,
Tanya [REDACTED]

OFFICE OF THE SECRETARY
FEDERAL BUREAU OF INVESTIGATION
2000 OCT 16 P 2:29

October 14, 2000

VIA FEDERAL EXPRESS

Ms. Sadye E. Dunn
Director, Office of the Secretary
Consumer Product Safety Commission
4330 East West Highway — Room 502
Bethesda, MD 20814-4408

RE: Petition HP 00-4, Petition to Ban Bath Seats

Dear Ms. Dunn:

This letter is *in support* of the ban on bath seats (bath rings). At this writing there are only two major manufacturers of the product; others have, responsibly, gotten out of the market. The majority of the fatalities are children under 7 months. Since babies don't start sitting up unassisted until 6-7 months, these children are *barely* able to sit up unassisted! As such, they may still be somewhat unstable on dry land but even more unstable when put in water.

Overview

Water – in and of it self – is a clear and present danger to small children. Even experienced swimmers have had tragedies when put in situations that were no match for their expertise. The water hazard to small children is why we have pool enclosures, pool alarms, toilet locks, etc. To put a child *in* a product *in* water that deliberately gives the false sense of security that the product somehow protects the infant while in the water is *ludicrous!!* Because the product gives the *illusion* of safety ... that the child can sit up unassisted in the device and the device surrounds the child ... parents fill the bathtub with entirely too much water.

Put an adult in water and the body is somewhat buoyant. A person who holds their breath will float. A child's center of gravity is above the navel. Put a child *in* the product, put water in the tub to *above* the child's navel *or better*, and the child who lacks any weight from the navel down will be buoyant as well. The CPSC's IDIs – presented at the February 2000 ASTM meeting in Orlando, indicated that children were drowning in water in excess of 3 inches. The IDIs at the October 2000 meeting indicated the water depth in many instances was as great as 7 inches!

ASTM Standard

The ASTM standard for this product is *not* a safety standard, rather a *performance* standard for the product — and, like so many other standards, attempts through the

performance standard to claim that the standard is a safety standard. Such performance standards “back into” safety *only after* children are injured or die in a product. Having visited RAM Consulting and seen their “Enabling Safety” presentation, I must state as they do that if the product design is not safe, then 100% of the product produced will be unsafe! Since over 90% of CPSC’s recalls are for *design defects*, there is no way to try to patch a poorly designed product with any number of performance tests!

The *performance* test for the ASTM standard on bath rings is unrealistic and in no way approximates *real life* use of the product. The standard requires the product to be tested on a clean, smooth surface, a constant water temperature of 105 degrees, and no additives in the water. This is a *performance* test for the product, but is *not* the way in which caregivers will use the product.

- First, if the caregiver uses a cleanser (even Soft Scrub), the surface will be clean but *not* smooth. New bathtubs must meet the ASTM standard for slip-resistant surfaces and, therefore, are *not* smooth. If consumers use skid strips in their tub, the tub surface is also *not* smooth!
- There is no way for a caregiver to maintain a constant water temperature.
- More importantly, caregivers *will* use soap and/or other additives in the baby’s bath water.

Since the performance standard does *not* test the product for the way in which manufacturers *know* the product will be used, the manufacturers knowingly market a product which they *know* caregivers will “misuse”. Thus, the unsuspecting caregiver has been “set up” to misuse the product each time they put the child and product in the bathtub! Then, at the ASTM meetings the consumer is faulted repeatedly for either misuse of the product or for leaving the child unattended.

Of *crucial* importance is that there is absolutely *no* way to make this product safe for use by caregivers of small children. The ASTM standard for an anti-slip surface on bathtubs has been in effect for roughly 20 years. As such, the surface parents are placing these products on is *not* smooth. If the tub surface is not smooth, there is no way to get suction cups to adhere tightly to the tub surface. Thus, manufacturers have set up caregivers to misuse the product, since manufacturers know that if (i) the tub surface is not smooth and (ii) the use of additives (e.g., soap) may affect how the product suctions, that there is a high probability the product will not adhere (suction) tightly to the tub surface.

Incident Data

At my first ASTM meeting a little over a year ago (August 1999), the meeting opened with CPSC incident data on bath rings. CPSC gave the historical perspective on the incident data associated with the product:

- When the standard was first enacted there were 18 deaths associated with the product. At the August 1999 ASTM meeting, the body count was up to 42 – up *2½ times* the *initial* death toll for the product.
- The petition for the bath ring ban – as published in the Federal Register – indicated that as of June 2000 there were 66 deaths.
- Unbelievably, by the time of the most recent ASTM meeting on October 12, the body count was now up to 74 – now over *four times* the original death toll that prompted the standard!

Even with a body count that has nearly doubled in just *one* year, the ASTM subcommittee refuses to do the *responsible* thing – voluntarily withdraw the product from the market or put internal pressure on its members to eliminate the item from its product line. Instead, they continue to blame caregivers for misuse and for leaving the child unattended. The penalty for misuse, incorrect use, leaving a child unattended in any product should not be death!

Conclusions

The tragic and horrible irony with the ASTM standard for bath rings is that the stronger the standard gets, the more deaths that are occurring. It is *unconscionable* that a couple of major manufacturers actively protect *and defend* their company's financial/product interests, while blindly ignoring the mounting body count associated with the product! Considering that bath rings are really only designed for about a 2 month period in child's life (at best), the body count for the product is staggering. Worse yet, the death toll for the product continues to rise at an alarming rate.

A sad commentary on ASTM and voluntary standards in general is that standards are *data driven* — unless there are injuries with a product, ASTM subcommittees refuse to be proactive in addressing potential hazards raised at the meetings.

If the CPSC votes against a ban on this product, I am forced to ask "Just *how much data* will it take to *drive* the CPSC into banning the product later on? How many more lives have to be lost in that time frame?"

Enough is enough!

We've already lost *too many* children with this product in the short span of the product's history. Since the manufacturers will not voluntarily take the product off the market, and since ASTM will not force the voluntary withdrawal of the product, the CPSC *must* force the ban on the product to prevent any further needless and *senseless* loss of life from future sale of these bathing products.

I would also *strongly encourage* CPSC to recall all such items which have previously been sold! In such a recall, both the CPSC and the bath ring manufacturers need to create as high an awareness of bath ring dangers as Burger King did with the Pokemon ball! Otherwise, these products will continue to circulate in the secondary market with the same deadly consequences!

Sincerely,

Margie

Stevenson, Todd A.

*Bath
seats
2/1*

From: [REDACTED] .com
Sent: Monday, October 16, 2000 4:11 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Karen [REDACTED]
[REDACTED]

Stevenson, Todd A.

*Bath
Seats 42*

From: [REDACTED].com
Sent: Monday, October 16, 2000 9:49 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000. (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

John D. [REDACTED]

Stevenson, Todd A.

43

From: Jodi [redacted].com]
Sent: Monday, October 16, 2000 10:16 AM
To: 'cpsc-os@cpsc.gov'
Subject: cpsc-os@cpsc.gov October 04, 2000
October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

> Jodi [redacted]
[redacted]
> [redacted]
[redacted]

J73

Stevenson, Todd A.

Bath seats 44

From: [REDACTED].com
Sent: Monday, October 16, 2000 10:55 AM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats, Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months.

Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use.

In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Connie [REDACTED]
[REDACTED]
[REDACTED]



Stevenson, Todd A.

with acct 45

From: [redacted].com]
Sent: Monday, October 16, 2000 9:10 PM
To: cpssc-os@cpssc.gov
Subject: Banning of baby bath seats

October 16, 2000

Office of the Secretary Consumer Product Safety Commission Washington, D.C.
20207
RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath
Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Bob & Brenda [redacted]

Jaime [redacted]

Get Your Private, Free E-mail from MSN Hotmail at <http://www.hotmail.com>.

Share information about yourself, create your own public profile at <http://profiles.msn.com>.

J75

~~Stevenson, Todd A.~~

*Vote
now*

46

From: [REDACTED].com
Sent: Monday, October 16, 2000 9:28 PM
To: cpsc-os@cpsc.gov
Subject: Dangerous Baby Bath Seats

October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Robin [REDACTED]

Stevenson, Todd A.

*Bath bath
seats*

47

From: [REDACTED].com]
Sent: Monday, October 16, 2000 1:06 PM
To: 'cpsc-os@cpsc.gov'
Subject: Petition HP 00-4, Petition to Ban Bath Seats

I/We, the undersigned citizen(s) strongly urge you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. I/We am/are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, I/we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Becky [REDACTED]

J77

Bath seats

Stevenson, Todd A.

From: Jason [redacted] [redacted]@com.com]
Sent: Tuesday, October 17, 2000 10:42 AM
To: cpsc-os@cpsc.gov
Subject: Ban Bath Seats

October 17, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition

of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Jason M. [redacted]
[redacted]

J78

Steyenson, Todd A.

Bath
no
49

From: [REDACTED].net
Sent: Tuesday, October 17, 2000 9:25 AM
To: cpsc-os@cpsc.gov
Subject: 'Petition HP 00-4, Petition to Ban Bath Seats'

October 17, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al.
seeking a Ban of Baby Bath Seats Federal Register:
August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Erica [REDACTED]

Stevenson, Todd A.

bath seats

50

From: Cathy [REDACTED].edu]
Sent: Tuesday, October 17, 2000 12:03 AM
To: cpsc-os@cpsc.gov

October 16, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Cathy [REDACTED]
[REDACTED]
[REDACTED]

J80

Stevenson, Todd A.

Booth
51

From: [REDACTED]@com
Sent: Tuesday, October 17, 2000 3:26 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4; Petition to Ban Bath Seats

October 17, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

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Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Erin [REDACTED]

Page 1 of 2
bath seats 52

~~Stevenson, Todd A.~~

From: [REDACTED]@cpsc.gov
Sent: Wednesday, October 18, 2000 8:57 AM
To: 'cpsc-os@cpsc.gov'
Subject: Petition HP 00-4, Petition to Ban Bath Seats

October 18, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

I strongly urge you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. I am alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

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see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, I believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

10/18/00

J82

Kathie [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Bath Seats 53

October 19, 2000

Office of the Secretary
Consumer Product Safety Commission
Room 501
4330 East-West Highway
Bethesda, Maryland 20814

To whom it may concern:

We are writing to offer our suggestions and our opinions on the Proposed Rule "Petition HP 00-4, Petition to Ban Baby Bath Seats." This is a very important topic that touches the lives of millions of people across the country. It is literally a life or death situation and requires much attention and scrutiny. We have therefore decided after much research and evaluation that baby bath seats **should not be banned**. When used appropriately, this product is safe and provides beneficial and valuable assistance to parents and caregivers throughout the country. The problems arise when parents use this product in an incorrect manner, with no common sense. Approximately four (4) deaths per year can be attributed directly to improper use of baby bath seat products, while annual sales usually remain in the millions. To counteract the potential disadvantages associated with this product, we offer several solutions to assist in minimizing the potential for serious or fatal accidents.

Recommendation #1: Place a warning label directly on the product and make the package warning more noticeable

One of our primary recommendations concerns the warning labels included with this product. It is obvious to us that the size, location, and coloration of the warnings are inadequate to provide sufficient warning to consumers. We strongly suggest that on all products such as this, an identical warning be placed not only on the packaging, but also on the product itself. You are aware that products such as this are frequently "handed down" while instructions and vital warnings are rarely included. The "hand-me-down" is generally just the product itself. A long-lasting and appropriate safety warning placed directly upon the product would be the most logical and efficient way of preventing fatal or serious accidents.

Concerning the label on the product packaging itself, this should be noticeable, understandable, and communicable to all consumers. The font size and coloring should be of sufficient quality to catch the consumers' attention and effectively convey the warning. Some industries will surely protest that a bright red warning label will deter prospective purchasers and might therefore lead to a decrease in sales. Since we are offering these suggestions as industry-wide recommendations—for all similar products—we do not see this as hurting any one individual company's profits. If people are determined to purchase a product such as this, a warning label will probably not greatly affect a consumer's decision. Federal regulations, which proscribe the size and location of these warnings, must be followed explicitly. In some cases it may be necessary for a

company to exceed these minimal requirements and take additional steps to protect consumer safety.

Recommendation #2: Disassociate the product from the word "safety"

The disassociation of the word safety from the bath seats can be accomplished in two steps. The word "safety" should be removed from the product, the packaging, and the instruction or warning sheet. Secondly, the product should not be marketed as a safe product (example: taken off safety web pages and off of other lists which promote it as a safe product). Safety web pages promote them as a product to help with safe bathing, and this is an erroneous statement. Baby bath seats should only be used for convenience's sake, never safety's sake. This distinction should be made extremely clear to the consumer. The word "convenience" should be emphasized on the packaging rather than the word "safety". This is an important step which should be taken to change the way parents see this product; it would hopefully reduce the accidents and deaths associated with improper use of the product. Obviously, caregivers think that using the product gives them added security which in turn promotes risk-taking behavior. This unfortunately leads to incidents where babies have drowned. We believe that if the word safety is taken off the package, product, and instruction/warning sheet, then caretakers will be less likely to associate the product with safety. This recommendation includes one manufacturer, Safety First, taking its current brand name off the product. These bath seats should not be marketed as a safe product by the manufacturer or other safety related organizations. This would be an appropriate action in making caregivers realize that baby bath seats should not be related with safe bathing. These seats have been linked with numerous deaths, and the manufacturers have stated that the product is only for convenience. We believe it is necessary to stop the confusion that occurs through associating a product made for convenience with a product made for safety.

Recommendation #3: Weight limits in lieu of age

The next recommendation that our group decided to focus on was for companies to re-evaluate the way they market their baby bath seats, insisting on marketing toward age as opposed to weight. Our main intent as a group is to reach out to companies in hope that they realize age is not an ideal way to set limits on their products. Our primary concern is with the safety of one's child. This is reflected in our recommendation that a company change its name from Safety First; we believe it gives a false sense of security. We all know that some children, during the stages of early development, are sometimes bigger or develop quicker than other children (and vice versa). With this in mind, parents usually feel that a certain product is safe because his or her child fits within the age requirements, while in fact the child may be too heavy, thereby posing a safety hazard. If the child is too heavy, it only requires a split second for the child and the bath seat to topple over. We firmly believe that there has to be some sort of change in the marketing of baby bath seats and that companies have to be held accountable for their actions. While accidents do occur, companies have a responsibility not only to themselves, but also to the consumer, of insuring the safety of children.

Recommendation #4: Place a water-depth marker directly on the product

One of the important precautions that parents should take is realizing the amount of water that should be in the tub while bathing the child. We understand that not everyone in society has common sense when it comes to things like this. We believe that the safety of the product can be improved if the seat itself had some sort of water level marker in a bright color to make certain that parents take this precaution. The marker should be set at a point where in case the baby fell out of the seat, he or she would not be in danger of drowning. A low water level marker will also help parents realize that the seat is not a safety guard for them to leave the infant alone—it is their responsibility to be there ensuring that the water marker is not passed, placing the infant in danger of drowning. The danger precautions should be placed in different areas of the product itself, on the box, and in the manual that the product comes with. The main danger in the possibility of drowning is water, not the product itself. Therefore it is important for the manufacturers to advise consumers of how much water is too much when bathing the infant. The water level markers will help do just that. If the manufacturer can make aware to the consumer how important it is to follow these regulations, parents will begin to realize that this product is not a safety net: it is merely an aid for the parent to bathe their child.

Recommendation #5: Make product suction cups with a higher quality rubber

In more than 90% of the incidents, what has happened is that the adult left the baby unattended. In the majority of the cases, it has been for a period of less than five minutes. The baby bath seats are useful and 100% effective only for a short period of time, even less than four (4) minutes. Both the baby bath seat and the bath ring are attached to the bathtub surface via suction cups during its use. But the baby rapidly outgrows the ability of the suction cups to remain attached to the bottom of the bathtub—thereby allowing it to flip over once the baby starts moving and changing positions. In our opinion these suction cups should be made of stronger material in order to support the infant at all times and for a longer period of time.

But how do these suction cups come off? A suction cup will come off when the air pressure on the outside becomes lower than the pressure inside the suction cup. When suction cups are applied properly to a clean, dry, and nonporous surface that stays close to the same temperature, they *should* stay up indefinitely.

Some of the precautions for adults using the bathtubs should be:

Suction cups must be replaced every six months;
Clean surface area before use; and,
Never leave infant unattended under any circumstances.

Some precautions for the manufacturers of the baby bath seats should be:

Increase the suction cup diameter;
Conduct an investigation of exactly how much weight the suction cups can hold;
The baby bath seat should come with a replacement suction cup;

Detailed instructions in the box explaining how the seat could flip over; and,
Make the suction with a higher quality rubber.

Recommendation #6: Make the Baby Bath Seat Adjustable

The baby bath ring used to bathe babies could be adjustable if manufactures would want them to be. As we have seen, the regular bath rings used to bathe babies have been associated with the increase of babies drowning in the tub. An example is a case of a baby drowning when the mother could not take the baby out of the bath rings in time, leading to the baby drowning. In order to avoid babies drowning we suggest the following:

Make the baby bath rings adjustable in both width and height dimensions.

Width: Have, on the sides of the chair, a mechanism to adjust the chair so parents can adjust the seat to the size of their baby. By adjusting the sides of the chair the baby would be more secure since the chair would be appropriate to his or her size. There would not be any excuse for the baby to fall out of the ring and drown because he or she could not get out of the ring.

Height: Having the height adjusted is important because if the ring is high enough, then even should there be too much water in the bathtub, no drowning would occur. The seat would be higher than the level of water.

Have a better frame material; material that is not too slippery for the child.

Have a safety restraint system on the seat.

All of these recommendations are simply suggestions and guidelines which we hope the Federal government, manufacturers, and appropriate authorities will consider and perhaps implement into this issue. Parents must take responsibility for caring for their children, and they must do so in a way that ensures safety. There is no need to ban baby bath seats; however, there are changes that can be put in effect that will hopefully ensure the protection and the life of any child who is affected by this product.

Thank you for your concern and your attention to this matter.

Sincerely,

Mr. Travis [REDACTED]
Mr. Eddie [REDACTED]
Mr. JC [REDACTED]
Ms. Tania [REDACTED]
Ms. Rosemary [REDACTED]
Ms. Stephanie [REDACTED]

Stevenson, Todd A.

From: Travis [REDACTED].com]
Sent: Thursday, October 19, 2000 4:34 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Baby Bath Seats


Baby Bath Letter.doc

To whom it may concern:

Please find attached a letter containing suggestions and opinions on HP 00-4.

Get Your Private, Free E-mail from MSN Hotmail at <http://www.hotmail.com>.

Share information about yourself, create your own public profile at <http://profiles.msn.com>.

Bath seats

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E. Marla [redacted]
[redacted]
[redacted]
[redacted]

October 20, 2000

Ms. Sadye E. Dunn
Secretary
U.S. Consumer Product Safety Commission
Washington, D. C. 20207-0001

RE: Petition HP-00-4, Petition to Ban Bath Seats

Dear Ms. Dunn,

I am writing to comment on the petition filed by the Consumer Federation of America and other consumer groups to ban infant bath seats. I am in full support of this ban.

I am a freelance journalist and a consumer member of ASTM committee F-15. After attending ASTM bath seat meetings for two years, I have come to the conclusion that there is no better example of the inadequacy of industry voluntary standards than the case of bath seats. During the five years the bath seat standard was under development, the bath seat committee repeatedly disregarded the CPSC's requests, the arguments of F-15 consumer members, and the continuing bath seat death toll. The final standard does not call for any significant structural changes to existing bath seat designs. Therefore, there is no reason to believe the voluntary "safety" standard will reduce bath seat fatalities.

Manufacturers and Commissioner Gall repeatedly blame bath seat drownings on caregiver behavior. Yet in making such an argument, they are overlooking an important piece of information - **why** caregivers behave this way. Dr. Clay Mann (phone: 801-585-9161) of the University of Utah has conducted research that I urge all the CPSC commissioners to read before voting on this important petition. Dr. Mann's conclusion: By providing a "hands-free" support for a baby, bath seats foster the impression that it is safe to leave a child alone "just for a minute," and thereby **increase** the likelihood that a child will drown.

That a "safety" standard now exists for a product as deadly as bath seats reduces the credibility of the entire voluntary standard-setting process. It also provides disturbing evidence that manufacturers sometimes put profits ahead of safety. The costs associated with bath seats - to babies and their families and to the public health system - far outweigh the product's benefits.

Sincerely,

[redacted signature block]

Marla [redacted]

Steyenson, Todd A.

55

From: Sue [REDACTED].com
Sent: Friday, October 20, 2000 3:09 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

October 20, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned citizen strongly urges you to grant the petition of the Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children. At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died.

Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months. Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance. For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product.

Please vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

Sue [REDACTED]
[REDACTED]

J90



1301 Pennsylvania Avenue, N.W.
Suite 1000
Washington, D.C. 20004-1707
(202) 662-0600
(202) 393-2072 Fax
www.safekids.org

Chairman
C. Everett Koop, M.D.

President
Martin R. Eichelberger, M.D.

Executive Director
Heather Paul, Ph.D.

October 23, 2000

Sadye F. Dunn
Secretary
U.S. Consumer Product Safety Commission
Washington, DC 20207-0001

RE: Pctition HP 00-4, Pctition to Ban Bath Seats

Dear Ms. Dunn:

On behalf of the National SAFE KIDS Campaign, I am writing in regard to a petition filed by the Consumer Federation of America and other consumer groups to ban infant bath seats. The National SAFE KIDS Campaign is in full support of a rule, to be issued by the U.S. Consumer Product Safety Commission, to ban baby bath seats and bath rings.

Comprised of over 290 state and local coalitions, the National SAFE KIDS Campaign is the first and only national organization dedicated solely to the prevention of unintentional childhood injury - the number one killer of children ages 14 and under. The Campaign strongly believes that baby bath seats and bath rings pose an unreasonable risk of injury and death to children. Both bath seats and rings encourage dangerous consumer behavior by making caregivers believe that a baby is in a relatively safe environment, and as a result, the baby may be left unattended in the water. As babies can drown very quickly if left alone in the bathtub, hazardous products that encourage a false sense of security should be banned from the marketplace.

As drowning is the leading cause of unintentional injury-related death among children ages 1 to 4, the Campaign feels that it is extremely important to address the deadly combination of bathtubs and unattended babies through the ban of bath seats and rings. We hope that the U.S. Consumer Product Safety Commission will revisit its 1994 decision regarding bath seats and rings.

I am available to answer any questions that the U.S. Consumer Product Safety Commission might have relating to our position. As always, the Campaign looks forward to working with the U.S. Consumer Product Safety Commission on this and other issues in the future.

Sincerely,

Heather Paul, Ph.D.
Executive Director

Stevenson, Todd A.

57

From: [REDACTED]@yahoo.com]
Sent: Monday, October 23, 2000 3:31 PM
To: cpsc-os@cpsc.gov
Subject: Petition HP 00-4, Petition to Ban Bath

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al.
seeking a Ban of Baby
Bath Seats Federal Register: August 22, 2000 (Volume
65, Number 163,
page 50968)

The undersigned citizen strongly urges you to grant
the petition
of the Consumer Federation of America et. al. to ban
baby bath seats. We are alarmed at the high
incidence of babies
drowning in this product and believe it poses an
unreasonable risk of
injury and death to children. At least 66 children
have died when using
this product and an additional 37 were involved in
near drownings
involving bath seats. Already in the first six
months of this year at
least five babies have died.

Bath seats have a very short useful life. They are
not recommended for
use until six months of age, when most infants can
sit securely. Once
an infant can pull up (generally between seven and
nine months) or
attempt to stand while holding onto objects, infant
bath seats should be
discontinued, thus limiting its useful life to
approximately two
months. Recent research has found that parents and
caregivers of
infants
that use baby bath seats engage in more risk taking
behavior than
parents and caretakers not using bath seats. Parents
and caregivers may
see this product as a safety device and thereby have
a false sense of
security with respect to its use. In addition, bath
seats are
incompatible with bathtubs meeting the current
voluntary standard for
bathtub slip resistance. For these reasons and the
growing number of
drowning
deaths, we believe there is substantial evidence
supporting a ban of
this product.

Please vote to grant the petition of CFA and the
other petitioning
organizations. Thank you.

Sincerely,

LaDawn 

Do You Yahoo!?
Yahoo! Messenger - Talk while you surf! It's FREE.
<http://im.yahoo.com/>

~~Stevenson, Todd A.~~

*Latte
reads 58*

From: [REDACTED]@i.com
Sent: Monday, October 23, 2000 10:24 AM
To: cpsc-os@cpsc.gov
Cc: beth.vozenilek@worldcom.com
Subject: RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby

OFFICE OF THE SECRETARY
CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON D.C. 20207

PETITION TO BAN BABY BATH SEATS HP 00-4

Baby bath seats and rings truly are an invitation to danger. This past June I have had the misfortune of learning this tragic lesson first hand. On June 8th my 7 month old baby girl drown in her Safety 1st Baby Bath Seat. She was rushed by ambulance to emergency care. But still lost her life 24 hours later.

I used the baby bath seat every day from the time Olivia was 5 and 1/2 months old until the day before her death. I liked the seat so well because it made me feel safe giving my daughter a bath. I was so comfortable with the seat that I took a risk that I as a loving caring mother would have never otherwise taken.

I never even thought of the danger involved in briefly leaving the room that day. But the consequences were grave. When I briefly stepped out of the room on that dreaded day, I hared not one splash, not one cry. Still I returned only to find my beautiful daughter trapped completely underneath the water.

I had previously had successful experiences briefly turning my back or even stepping out of the room while Olivia was bathing to grab a forgotten towel or answer the phone. Never before had there even been a clue of a problem. In fact there were occasions where the suction cups had stuck so well that Olivia's father had to assist me in removing the seat.

Before Olivia was big enough for the bath seat. I was always in the bath with her. It was the only way I felt safe handling her slippery wet soapy body. Her father always assisted getting baby safely in and out of tub.

The bath seat is made for hands free bathing of your baby. When, in all actuality you should never take your hands off your baby for even 1 split second while they're in the water. I know that if it hadn't been for that seat holding my baby securely upright and out of the water that I would have never stepped away from my daughter. And all who loved her would still have the special joy only she could touch our hearts with.

I was a good parent. Being the oldest of 5 children and 19 1st cousins by 9 years, I had plenty of experience around and with little ones. I have every confidence in myself as a mother, and know that my daughter was very well taken care of. This tragedy is absolutely not the result of bad parenting as some people find easier to believe. It is the result of this product and it's power to misguide caring parents.

Since this terrible tragedy has occurred there has been a vast number of people come forward and admit that they too had taken the same risk I did when there children were young. Fortunately they were lucky and their misguided actions had never turned into tragedy. These are good respectable parents who serve as

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mentors, teachers and nurses in our community, not parents who don't care.

Knowing that this product has the power to fool even the most educated safety conscience parents, I ask you should a child's life be up to chance? Can we sleep at night knowing this product is out there being brought into new homes every day posing a risk most people are completely oblivious to and do nothing about it? We have the opportunity once again to prevent this from happening to another child, another parent. And as a responsible people we must make the right decision.

Maybe the 54 additional deaths that have occurred since it was decided that this product not be banned weigh too heavy on the conscience to admit mistake and now do the right thing. But pointing the condemning finger of blame at good nurturing parents is not going to save the next victim's life. Banning this product and getting it off of the shelves will.

Just think about my daughter and the 53 other children who have lost their lives since 1994 when your choice was education. And realize that your choice was unsuccessful then and will be unsuccessful again. Had you made the right choice the 1st time you had the opportunity to make a difference that product would have never made it into the 54 homes in the first place. Let alone, taken our children from us. And that would have been a difference that meant something.

I urge you to make the right decision in this great country where we take pride in loving and protecting our children and ban these death traps. Do not let this product rob another baby's life, another family's hopes and dreams. Enough is enough, and 67 deaths is 67 too many. We must not sit idly by and watch this any longer. We must take action and ban these products.

Respectfully,

Stephanie [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] Office
[REDACTED] Home

J95

*Path
penal 59*

From:
Florida International University Students
Gerald [REDACTED]
Sahyli [REDACTED]
Danny [REDACTED]
Audrey [REDACTED]
Paul [REDACTED]

October 18, 2000

To:
Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: DOC # 00-21257

To Whom It May Concern:

We are requesting the Consumer Product Safety Commission to re-examine the baby bath seats in light of the additional deaths and new information identified in petition HP-004. In 1994 the commission ruled against banning the seats, deciding it would just inform the public of the possible risks associated with leaving the infants unattended. Obviously this did not suffice because fifty-two additional deaths have been reported since and the product is still out in the market. The baby bath seats might be practical but this practicality leaves far too much room for accidents. As future parents, we would like to see the rule revoked. The key points that we want to address are the inefficiency of the suction cups that cause the product to tip over, the lack of warning labels on the product, and the false sense of security it gives to the parents and caretakers.

The baby bath seat is intended to hold the infant in a sitting position. The suction cups at the bottom of the chair are supposed to stick to the tub's surface, which would prevent the chair from tipping over. The damage to the child typically occurs when the seat tips over. The effectiveness of the draft requirements for suction cups is a concern for us because most bathtubs today have a textured non-skid surface. The reason for this is to prevent slipping accidents in the bathtub. It may not be obvious to every bath seat consumer whether their tubs are textured or not, but the suction cups on the baby bath seats cannot affix to a textured bathtub's surface properly. This reason is what causes the majority of the suction cup failures.

It has been reported that, after the bath seat has been tipped over, it is very difficult to free the infant from the product. There have been two reported fatal incidents where the caregiver was present but unable to remove the infant from the device. One of the cases involved a six-month-old infant whose seat had tipped over sideways. In total, nine drownings were reported as a result of the product tipping over. Each year at least eight babies drown as a result of the bath seat slipping. In the cases where the product

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has tipped over, the seat itself has contributed to the drowning by weighting the child down and making it difficult for the caregiver to remove the infant from under the water.

Another concern is with the warning labels. The warning labels should not only be on the outside of the box but also on the product itself. Since the baby bath seat has such a limited life-span, usually only lasting until the child outgrows it, it gets passed down to friends and family. When this occurs usually the prior user has thrown away the box. Without the box, the next person to use the seat will not know that the seat should not be used on textured surfaces. Now, it should be common knowledge that you do not leave a baby unattended, but some consumers need to read the warning labels in order to understand that the seats are not a safety-nest for their child to be left alone in. This brings us to our next topic: Dealing with the false sense of security that the bath seat portrays.

This false sense of security makes the product more favorable for banning. Research demonstrates that users of the baby bath seats engage in more risk taking behavior than parents who do not use the seats. Any improvements made to the product can increase risky behavior due to the impression that the bath seats are safer. This would increase the probability that the infants would be left alone while in the bath tub. Research indicates that the more luxurious looking the bath seat, the more confidence the parent or caregiver will have in leaving the child alone. Without the bath seats, parents will have their hands more occupied, but that will give them a chance to bond more with their children and pay more attention to them. This will decrease the chances of leaving a child unattended.

There is always a danger in handling small children. One can never predict what they are going to do and what accidents could incur. Drowning is the third leading cause of accidental death in the United States. There have been sixty-six drowning deaths to infants and thirty-seven near drowning incidents. We would like to see something being done to prevent any further drowning associated incidents involving bath seats.

We would like you to please consider the previous comments before finalizing your decision.

Thank you,

Gerald

[REDACTED]

[REDACTED]

Sahyli

[REDACTED]

[REDACTED]

Daniel

[REDACTED]

[REDACTED]

Audrey

[REDACTED]

[REDACTED]

Paul

[REDACTED]

[REDACTED]

By FAX and E-MAIL

October 23, 2000

Office of the Secretary
Consumer Product Safety Commission
Washington, D.C. 20207

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats; Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)

The undersigned 18 state and local consumer organizations strongly urge you to grant the petition of Consumer Federation of America et. al. to ban baby bath seats. We are alarmed at the high incidence of babies drowning in this product and believe it poses an unreasonable risk of injury and death to children.

At least 66 children have died when using this product and an additional 37 were involved in near drownings involving bath seats. Already in the first six months of this year at least five babies have died. Bath seats have a very short useful life. They are not recommended for use until six months of age, when most infants can sit securely. Once an infant can pull up (generally between seven and nine months) or attempt to stand while holding onto objects, infant bath seats should be discontinued, thus limiting its useful life to approximately two months.

Recent research has found that parents and caregivers of infants that use baby bath seats engage in more risk taking behavior than parents and caretakers not using bath seats. Parents and caregivers may see this product as a safety device and thereby have a false sense of security with respect to its use. In addition, bath seats are incompatible with bathtubs meeting the current voluntary standard for bathtub slip resistance.

For these reasons and the growing number of drowning deaths, we believe there is substantial evidence supporting a ban of this product. We urge the Commission to vote to grant the petition of CFA and the other petitioning organizations. Thank you.

Sincerely,

American Council on Consumer Awareness, Inc. (MN)
Arizona Consumers Council
California Public Interest Research Group
Columbia Consumer Education Council (SC)

RE: Comments on Petition (HP 00-4) by CFA et. al. seeking a Ban of Baby Bath Seats; Federal Register: August 22, 2000 (Volume 65, Number 163, page 50968)
Page two of sign-on letter

Connecticut Public Interest Research Group
Consumer Action (CA)
Democratic Processes Center (AZ)
Florida Action Coalition Team
Illinois Public Interest Research Group
Iowa Public Interest Research Group
Kansas SAFE KIDS Coalition, Inc.
Massachusetts Public Interest Research Group
Michigan Consumer Federation
North Carolina Consumers Council, Inc.
Oregon State Public Interest Research Group
Pennsylvania Citizens Consumer Council
Virginia Citizens Consumer Council
Wisconsin Public Interest Research Group

BY FAX

**TO: Office of the Secretary
U.S. Consumer Product Safety Commission**

FROM: Mary Ellen R. Fise

DATE: October 23, 2000

RE: Comments on HP 00-4

Included in this fax are comments (two pages) being filed on behalf of 18 state and local consumer organizations in support of Petition HP 00-4. A copy has also been e-mailed to the Office of the Secretary. Please notify me (phone: 410-296-4290) if there are any transmission problems.
Thank you.



"Representing consumers' real interests"

**Petition HP 00-4
Petition to Ban Bath Seats
Comments Submitted by Consumer Alert
October 23, 2000**

Introduction

Consumer Alert is pleased to comment on the petition to the Consumer Product Safety Commission (CPSC), which requests the banning of baby bath seats because the product instills a false sense of security in parents, who may then leave their babies unattended and expose them to the risk of drowning.

Consumer Alert does not support the granting of the petition relating to bath seats for reasons outlined below. However, in the broader interests of consumer safety, it is encouraging that the petition filed by the Consumer Federation of America, et al, represents a long-overdue recognition that "safer" technology may produce a less safe world. It is hoped that this recognition would lead to both CFA and the CPSC considering the Commission's role in product safety from a "risk vs. risk" perspective. That is, in its analysis of risk, the Commission should be aware that in seeking to protect consumers from a specific risk, its actions may increase other risks. As a safety regulatory agency, the CPSC should be required to analyze both sides of the risk equation when faced with a policy decision.

The petitioners request that the CPSC ban a product because it presents an example of "risk compensation." Risk compensation is the concept that people adjust their behavior to compensate for changes in perceived risk. That is, if a product is perceived as decreasing a certain risk, people may engage in behavior that offsets the reduced risk -- they may act to increase the risk.

Consumer Alert would caution the Commission that granting the petition on those grounds would open to challenge a host of CPSC mandates for design of consumer products. There are innumerable examples of products under CPSC rules that would lead consumers to think the products protect them or their children and thus lead them to engage in risk-taking behavior.

It is even conceivable that almost every rule mandated by CPSC could be called into question by granting the petition on the grounds provided by the petitioners. Other petitions using the same arguments could be brought against such products as redesigned high chairs, bunk beds, cribs, ad infinitum.

Background

In July 2000 the Consumer Federation of America (CFA) and eight other groups petitioned the CPSC to ban the products -- baby bath seats.

Baby bath seats (or bath rings) are used to support a baby who cannot yet sit up unassisted in a regular bathtub. The device frees an adult's hands so that bathing the baby is easier. Bath seats usually come with suction cups to attach to the tub surface, with a plastic seat and openings for the baby's legs.

According to the petitioners, there have been 66 incidents of drowning associated with baby bath seats since 1983. In almost all cases, the drowning occurred when the parent or adult caregiver bathing the baby left the room to perform another chore, and the baby was left unattended.

The Petitioners' Contention

CFA's petition says that to simply blame parents or caregivers for the loss of the child in a bath seat drowning incident "absolves the product of having any causal role in the drowning incidents."

The petitioners say that the inherent design of bath seat products induces a "false sense of security" among users. "This 'sense of security' leads to increased risk-taking behavior among those using the product even when the irresponsible nature of caregivers is taken into account."

In support of its contention, the petition cites research done by the Intermountain Injury Control Research Center at the University of Utah to support its argument. The research was conducted by Dr. Clay Mann and presented to the National Congress on Childhood Emergencies in Baltimore on May 27.

According to the petition, Mann's research shows that "parents and caregivers of infants that use bath seats engage in more risk taking behavior than parents and caregivers not using baby bath seats. "Caregivers using bath seats prepare baths with deeper water and are more likely to leave a child unattended in the bath for conscious, willful reasons (e.g., to perform household chores). This study demonstrates that enhanced risk taking behavior persists even when the irresponsible nature of caregivers is taken into account. There is a false sense of safety that is propagated by having a mechanical aid to 'help' hold a slippery baby upright."

"Human Tragedies," Not "Product Failures"

The facts are that tragically some babies do drown in bathtubs -- about 50 small children per year. Those statistics include about nine children a year who drowned in bath tubs while they were in the bath seat. The common factor in the drownings is that the babies were left alone -- sometimes even for short periods of time -- in the tubs.

In its approach to product safety, Consumer Alert suggests that there has to be a balance between producer responsibility and user responsibility. Producers have a responsibility to produce products that do not have manufacturing or mechanical defects that can cause injury or death. Consumers, as users of those products, have a responsibility to use them according to directions. No product is "safe"—every product could conceivably cause injury to some person or persons. But some products are "safer."

This is not the first time that the Commission has focused attention on baby bath seats. CPSC Commissioners had addressed the issue previously, when CPSC staff proposed to initiate formal rulemaking on the products in 1994.

At that time, the Commissioners voted two-to-one against rulemaking and decided instead to work with the industry to begin a public information campaign to warn parents and caregivers never to leave children unattended in bathtubs. The decision was made on the basis that the bath seats exhibited no mechanical or design defects that created a hazard.

The current Commissioners should keep in mind the statement of former Commissioner Jacqueline Jones-Smith in 1994, who clearly pointed out the facts and the issues: "Bathtubs and unattended babies are a deadly combination. No product, no device, no convenience of any kind can substitute for the physical presence of a parent or caregiver. The incidents associated with bathtub seats and rings that have occurred were all tragic and preventable events. But these were all human tragedies and not product failures. These bath seats and rings contained no manufacturing or design defects that constituted a mechanical hazard."

While every single drowning death of an infant in a tub is regrettable, and preventable, banning the bath seat seems to be a peculiar remedy. Faulting a product — bath seats for babies -- because it is "too safe" seems to be an odd position for both for CPSC and CFA. The criticism seems to be that the seats lull parents into a false sense of security that they can leave their infants unattended. However, most parents should know that where children, especially infants and toddlers, are concerned, no product design can substitute for parental attention.

Unfortunately, it is not likely that banning the bath seats will reduce the number of babies drowning each year in bathtubs; in fact, a ban may increase drowning accidents. From statistics cited in a recent newspaper article, it appears that about nine children using bath seats drown per year versus 41 small children who die each year from bathtub drownings without a bath seat being involved. Tragically, the primary cause seems to be parents who leave babies alone in bathtubs.

A Dilemma for the CPSC

The concept of banning a product because it is too safe also flies in the face of many other CPSC mandates for the redesign of products never intended for use with small children.

There is a certain irony and inconsistency in the CFA petition to the CPSC. Both the CPSC chairman and the consumerist group overlook those arguments when the Commission itself mandates rules for other consumer products.

The concept of banning a product because it is too safe flies in the face of many other CPSC rules calling for the redesign of products never intended for use with small children.

One prominent example is children's bunk beds, which carry warning labels that children under six shouldn't use them. Some parents, perhaps thinking that guard rails on the top bunks make such beds "safe" for their toddlers, have put small children in bunk beds -- even in the upper bunks -- and have suffered the tragic consequences.

Some CPSC data seem to support that hypothesis. For example, from January 1990 through September 1997, CPSC received reports of 54 bunk-bed related deaths of children, with almost all (96 percent) of the victims three years of age and younger. (<http://www.cpsc.gov/businfo/frnotices/fr98/bunkbed.html>)

CPSC should apply the same logic to bunk beds as CFA would have them apply to bath seats. Thus, the question arises: Would upper bunks without railings have been "safer" for those children since most parents would never dream of putting an infant or a toddler there? It can be argued that the CPSC-mandated design of bunk beds encourages dangerous consumer behavior by instilling a false sense of security in a parent. Under this logic, the bunk beds thus present a "hidden hazard."

The Issue of Risk Trade-Offs

It has been Consumer Alert's observation that too often regulators avoid looking at the trade-offs inherent in safety regulations or in attempts at risk reduction -- by reducing one set of risks, you may increase another. That approach is critical in any consumer protection regulation -- there is a need to raise questions about how a proposed regulation meant to improve safety may entail greater risk to some segments of the population. That very issue arose with child-resistant packaging -- that many seniors who found it difficult to open medicines were negatively impacted.

Consumer Alert had raised that issue previously with the CPSC in public comments relating to bunk beds. That is, consumers may not themselves take proper precautions in product use because they may be misled into thinking that there is "zero risk" -- an unattainable goal.

Devices and products designed for increased consumer protection may have some unintended consequences. Increasingly safer products can lead to increased risk-taking.

Biased Risk Analysis

Attempting to prevent harm by limiting the use of technologies or by insisting on standards that do not recognize risk trade-offs may be counterproductive. Specifically, it may result in the failure to adopt new technologies that significantly reduce actual and

potential risks. In addition, insisting on a level of safety that approaches zero risk can actually harm consumers by causing increases in costs that can price "safer" products out of range for the average consumer, or by creating the "moral hazard" problem of risk compensation.

The CPSC thus must take care not to engage in biased risk analysis, which can occur in two ways -- both of which undermine consumer safety:

(1) The Commission could focus only on the "moral hazard" problem -- the product is "too safe" and thus parents engage in "risk compensation -- a higher level of risk-taking.

If the CPSC takes this narrow approach, then innovations in consumer product safety would all be called into question. Features that are more protective -- "safer" products -- would not as likely be introduced under this concept. "Safer" products on the market would be banned.

(2) The Commission could focus only on the need to protect people who would misuse a product or ignore directions.

That approach -- the traditional one for the CPSC -- creates both a "moral hazard" problem and other safety concerns that could arise from mandating design of products so that they are "fail-safe" -- such as higher costs so that consumers instead use a riskier substitute.

But the CPSC as a regulatory agency can't have it both ways -- mandating "safer" products and trying to ban other "safer" ones. Whether attempts to force products to be "safe" under all circumstances can lead to behavior that increases risks is indeed a serious question that the CPSC needs to grapple with in relation to its own actions. But banning products like the baby bath seats that have no manufacturing and design defects flies in the face of reason and commonsense.

Submitted by
Frances B. Smith
Executive Director
Consumer Alert

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~~Stevenson, Todd A.~~

From: Beth [REDACTED].com]

Sent: Tuesday, October 24, 2000 2:29 AM

To: Cpsc-Os@Cpsc. Gov

Subject: Petition HP 00-4, Petition to Ban Bath Seats' in the subject field.

On June 9, 2000 my 7-month old granddaughter , Olivia Jade Gardner died 24 hours after nearly drowning in a 'Safety First " baby bath seat.

If you will for a few minutes, put yourself in my place. For 7 months I saw my daughter , Stephanie take very good care of Olivia. Not once during that time

did I ever have any doubts about Olivia's care or well-being. I realize I'm asking you to take my word on that , but anyone who knew Steph would say the same thing. This isn't something that is happening to parents on drugs, this is happening to good people , good parents , who loved their babies very much, but just were misled (being fooled by the sturdiness of the seat) and now have to live the rest of their lives with this tragedy. I'm not sure if you (the 3 deciding commisioners) are parents or grandparents , but if you are, you can only imagine, therefore , my shock that dreadful June afternoon when I received that frantic call from Steph from the hospital , and our world fell apart.

I remember Steph 's words as we stood alongside Olivia 's hospital bedside the wee hours of that awful night.. I remember her words so well , as I too , as you are today , stood struggling to understand how this could happen.

"Mom" , she said "I 'm so sorry , I just got so comfortable , seeing her in that seat , so happy and playing . I thought she was safe, It never even occurred to me that the seat might tip, never even thought about how it could , or I would have never ever left that room. "

I know you will hear many arguments, all the finger pointing. The manufacturers hiding behind their warning label, pointing at the parents/caregivers .

But the numbers speak volumes . The warning label is not working !!! And whose paying the price ?? Is it the manufacturers ? They are content to sit back , doing nothing , as the death tally climbs. And what a price the parents/caregivers pay. I know firsthand of the pain . Olivia was my only grandchild , and my heart aches for her. And the pain I see Steph in everyday . She has to say nothing , because I can see her pain clearly everyday in her eyes.

The seats are misleading parents , fooling them into believing they are something they are not. I know for a fact, that if that seat would have never entered my daughters home , Olivia would be alive today. There is NO WAY , if she was bathing her in her sink , without the (false) security of the baby bath seat, would she have ever taken her hands off Olivia .

You are appointed to protect consumers from products that are not safe .

And I ask of you this day, to REACH OUT AND PROTECT YOUR SMALLEST, MOST PRECIOUS CONSUMER OF ALL!!!

Listen to your hearts . If these seats were "safe", would there be 67 Plus deaths associated with them??

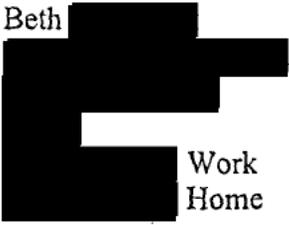
And before you cast your vote, ask yourself ...HOW MANY MORE BABIES, IN JUST ONE YEAR FROM NOW, DO YOU THINK WILL DIE IF YOU ONCE AGAIN VOTE NOT TO BAN???

Thank-you & May God Bless you and give you the wisdom to do the right thing. Get these deathtraps off the shelves!!

J107

10/24/00

Beth



Work
Home

**In the United States of America
Before the Consumer Product Safety Commission**

**In The Matter of the Petition of
Consumer Federation of America,
The Drowning Prevention
Foundation, et al. to Ban Baby
Bath Seats**

NO. HP00-4

**INITIAL COMMENTS IN OPPOSITION BY THE JUVENILE
PRODUCTS MANUFACTURERS ASSOCIATION**

The Juvenile Products Manufacturers Association (“JPMA” or “the Association”) is a not-for-profit trade association comprised of more than 400 manufacturers, importers and distributors of juvenile products, which are used in the care of infants. The Association is dedicated to the promotion of the safe responsible use of such products for infants. JPMA promotes public information and safety campaigns, such as Baby Safety Month, adherence to voluntary and mandatory safety standards, and distributes millions of safety brochures and product inserts to the public, promoting sound infant care practices.

The Association is submitting these comments in opposition to the above-cited Petition, requesting that the U.S. Consumer Product Safety Commission (“CPSC” or “Commission”) determine that infant bath seats present a mechanical hazard pursuant to Section 2(f)(1)(D) of the Federal Hazardous Substances Act (FHSA), 15 U.S.C. 1261, and should be considered a banned hazardous substance in accordance with Section 2(q)(1)(A) of the FHSA. Petitioners argue that the product category encourages “risk-taking behavior” by the caregiver, and that such behavior is more prevalent with the public that chooses to use the product than those who do not use bath seats. Simply put, the available evidence and record does not support Petitioners’ contention and there is no adequate basis, in fact or law, to ban these products from the marketplace. The American public finds these products useful and they may actually help prevent serious injuries and deaths.

I. The Product Category

Infant bath seats, rings and reclining tubs are consumer products intended to assist in bathing infants by providing an environment in which an infant can be confined to make bathing easier. The infant sits within the confines of the product. Most products are designed to permit easy access to the caregiver bathing the child. Bath seats and rings are generally not recommended for use until six months of age or when the child can sit upright unassisted. They are usually discontinued in use when a child seeks to escape the confines of the product or can stand up while holding onto other objects. These products have a useful product life of several months with both lower and upper limits being determined by the development and ability of the child. Consumers perceive significant advantages associated with using the products. They report that, by supporting the infant, they enable the infant to be bathed more easily. Additionally, they are reported to significantly reduce the likelihood of injury (serious or otherwise) that may be associated with slips and falls. They also reduce potential injury from slips, falls and muscular strain to caregivers who frequently bathe children.¹ These products are useful bathing aids favored by the consuming public.²

II. Background

The Commission has Previously Rejected the Relief Sought by Petitioners

The Petitioners ("Consumer Federation of America" or "CFA" and associated advocacy groups) have requested that the CPSC issue a rule banning baby bath seats and bath rings from use by the American public. The Petitioners inaccurately assert that this category of bathing aids pose an unreasonable risk of injury under the theory that they imbue parents and other caregivers with a false sense of security that children placed in the products will be safe in water-filled bathtubs when left alone.

¹ A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats, CPSC P-93-5839, p. 6, 14.

² Recent media attention about the Petition has resulted in overwhelming public support for the continued use of the products. More than 95% of public contact with the Association or its members have indicated favorable views toward these products.

The issue Petitioners seek to raise before the Commission has already been previously considered by the CPSC. In June 1994, the CPSC voted against initiating formal rulemaking proceedings on baby bath seats and to work with industry to initiate a public information campaign focusing on the risks taken by parents and other caregivers who leave children unattended in bathtubs.³ The CPSC majority made it clear to the public that

“Bathtubs and unattended babies are a deadly combination. No product, no device, no convenience of any kind can substitute for the physical -- presence of a parent or caregiver. The incidents associated with bathtub seats and rings that have occurred were all tragic and preventable events. But these were all human tragedies, and not product failures. These bath seats and rings contained no manufacturing or design defects that constituted a mechanical hazard.”⁴

In voting against mandatory rulemaking for the product category, the CPSC stated

“It is clear that the irresponsible actions of those entrusted with caring for these children have, almost without exception, caused their deaths. If the Commission fails to address this issue, we will have failed in exercising our responsibility to alert consumers to the primary cause of these tragedies. Parents and caregivers must use these products as labeled and never leave a baby unattended in a bathtub.”⁵

³ “CPSC Votes Against Rulemaking for Baby Bath Seats”, Release #94-095, June 15, 1994.

⁴ Ibid. See also Statement of Commissioner Jacqueline Jones-Smith on a Staff Proposal to Issue an ANPR on Baby Bath Rings and Seats, June 15, 1994.

⁵ CPSC Press Release, #94-095, supra. See also Statement of Commissioner Mary Sheila Gall - Baby Bath Rings and Seats, June 15, 1994.

The Commission at that time believed that this category of products did not constitute a mechanical hazard or present an unreasonable risk of injury to consumers under the FHSA. The FHSA requires that before an article may be regulated under the Act, it be determined to present a mechanical hazard. In defining such hazard, consideration of the product's design or manufacture under normal use, or when subject to reasonably foreseeable damage or abuse, as it relates to an unreasonable risk of personal injury or illness, is required.⁶ When the product itself does not contain a mechanical hazard by virtue of its design under normal use or reasonably foreseeable misuse conditions, it cannot be considered as presenting a mechanical hazard. The record thus far does not indicate that the products themselves contain a design or manufacturing defect or that they fail when subjected to reasonably foreseeable damage or abuse. In almost all of the investigations cited by Petitioners, the bath aids did not fail to perform as intended. The unsubstantiated theory that use of the products themselves create a false sense of security because they are too well-made, leading users to somehow believe that it is safe to leave infants alone in water-filled bathtubs is not a basis for banning the product from the marketplace. Indeed, evidence suggests that such a theory is simply not true and this theory was explicitly rejected by the Commission as untenable.⁷

Industry Has Cooperated with CPSC Safety Initiatives on Bath Aids

⁶ Federal Hazardous Substances Act, 15 U.S.C. 1261(s)

⁷ See Statement of Commissioner Jacqueline Jones-Smith on a Staff Proposal to Issue an ANPR on Baby Bath Rings and Seats, June 15, 1994; and Statement of Commissioner Mary Sheila Gall - Baby Bath Rings and Seats, June 15, 1994.

During the past decade, the Association has worked extensively with the CPSC staff to improve baby bath seats and rings. The result of this collaborative effort has been permanent warnings on the product and warnings on the packaging of these products not to leave children unattended or to keep children within arm's reach. Advertising is developed to always show a caregiver in attendance when infants in bathtubs are depicted. The Association and industry has worked to advise retailers to always depict caregivers in attendance when using pictures of infants in a bath seat or bathtub. Bathing safety tips were included in the Association's "Be Sure It's Safe for Baby" brochures, with extensive distribution nationally. The Association has worked to obtain editorial coverage of the issue in national and trade media. Some of our members have developed creative programs designed to promote bathroom safety that covers a broad range of infant products. These efforts have been consistent with the vote of the CPSC to promote public information and education.⁸

The Commission needs to dedicate greater resources to promote public information and education about safe bathing practices. The fundamental flaw in the information and education approach by the government to date has been its unwillingness to focus on the issue as a bathtub safety issue, ignoring up to ten times as many fatalities as are estimated to occur in bathtubs where bath seats have not been used.⁹ This approach should be contrasted with other public service announcements (PSAs) used by other children's safety advocacy groups.¹⁰

Notwithstanding the Commission vote not to ban the products or establish performance and labeling standards or require development of a voluntary standard, an extensive voluntary

⁸ For example, JPMA contacted many consumer and trade publications to promote feature articles on safe bathing practices; Gerber Products Company distributes bathroom safety tips and a checklist in English and Spanish in its Baby Safety Shower How-To Kit; Sassy, Inc. distributes attractive play decals that incorporate bathing safety tips with its bath toys; Safety 1st, Inc. has promoted a proper display and representation of bath seat use with catalog and retail distributors.

⁹ For instance, see "CPSC Announces Study Results of Drowning Danger Using Infant Bathtub Seats", Release #98-002, October 6, 1997.

¹⁰ See, for example, Egleston Children's Hospital at Emory University PSA "A Child Can Drown in the Time It Takes to Answer the Phone", previously referred to by the CPSC staff as a model PSA; see also *Options to Address Risk With Baby Bath Rings/Seats*, OS #5348, May 1994, Tab D; AAP .

standard requiring performance and warning requirements has been implemented by the American Society for Testing and Materials (ASTM) at ASTM F1967. Interestingly, a comparison of the Standard's requirements with those originally set forth in the "Options to Address Risks with Baby Bath Rings/Seats", CPSC OS#5348, dated May 1994, indicates that almost all of the CPSC staff-delineated performance and labeling options have been implemented.

The Drowning Hazard is Created by Leaving Baby Alone in the Bathtub

Petitioners unsubstantiated claim that the inherent design of bath seat products induce a "false sense of security" among users in unfounded. Petitioners argue, in effect, that caregivers are not responsible for exercising reasonable due care while caring for infants in bathtubs. As we have noted, this speculative theory is contrary to the CPSC's official position that the action of caregivers leaving infants unattended in bath seats or rings, contrary to common sense and clear explicit warnings on the product not to, is unreasonable.¹¹

Risk of Drowning is Greater for Infants in Bathtubs Without Bath Seats

Petitioners contend that an aggregate numerical increase in drownings justifies banning the products. In doing so, they ignore statistical analysis comparing risk associated with and without use of such products in the bathtub. The 66 infant drownings during which bath seats were allegedly involved represent an aggregate over 17 years. This is an average of about 4 per year during such period. This represents only a small percentage of a larger problem since in excess of 50 infants under one year of age are estimated to drown because caregivers fail to watch infants in bathtubs.¹²

¹¹ FN 3-5, 7

¹² The National Center for Health Statistics (NCHS). Public use data tapes. *Compressed Mortality Files*: Code I910.4. Hyattsville, MD: U.S. Department of Health and Human Services

Since the 1970s drowning rates have decreased markedly in most age groups with the exception of toddlers, where rates have remained fairly stable, and infants, where rates may have actually increased.¹³ For the 12-year period from 1983-1994, 1219 infants drowned (2.60/100 000 infants), of which 1036 (85%) were coded as unintentional intent.¹⁴ In contrast to toddlers, who are likely to drown in residential swimming pools, ¹⁵more than 50% of unintentional infant drowning deaths occur in the bathtub.¹⁶

Based on the foregoing, the drowning rate in bathtubs associated with bath seat use is extremely low given the frequent bathing of infants. Petitioners have ignored the greater risk to children in bathtubs without bath seats. Statistically, it seems that children are safer when caregivers use bath seats compared to when they are not in use. The Association and CPSC estimates that approximately one million of such bathing aids are sold annually. CPSC staff has estimated that as many as 1.4 million products are in use with infants while the Association estimates the number now may be closer to 2 million. If the aggregate population of children under 1 year of age is approximately 4 million, the drowning rate in bathtubs for children bathed without the assistance of a bath seat may be more than ten times higher than for children with whom bath seats are used.

In 1994, the CPSC staff considered this risk and concluded that its own review of the data indicated that it cannot be stated with any degree of certainty that caretakers would have stayed in the bathroom if the child had not been in a bath seat/ring. Only a small portion of bathtub

¹³ Brenner RA, Smith GS, Overpeck MD Divergent trends in childhood drowning rates, 1971 through 1988. *JAMA*. 1994; 271:1606-1608 [Medline]. Note: Rates have remained relatively stable, despite increases in population for infants under 1 year old.

¹⁴ National Center for Health Statistics. Public Use data tapes. *Compress Mortality Files: 1983-1994*. Hyattsville, MD: US. Department of Health and Human Services

¹⁵ Quan L, Gore EJ, Wentz K, Allen J, Novack AH ten-year study of pediatric drownings and near-drownings in King County, Washington: lessons in injury prevention. *Pediatrics*, 1989; 83:1035-1040 [Abstract]

Wintemute GJ, Kraus JF, Teret SP, Wright M. Drowning in childhood and adolescence: a population-based study. *Am J Public Health*. 1987; 77:830-832 [Medline]

¹⁶ National Center for Health Statistics. Public Use data tapes. *Compressed Mortality Files: 1983-1994*. Hyattsville, MD: US Department of Health and Human Services.

drownings are known to involve such products. The common pattern with and without such products is that supervision of the victim is interrupted. Beyond that, little information is available on the events surrounding bathtub drownings.¹⁷

Under the circumstances, eliminating the product category from the marketplace will not reduce drownings to unattended children in bathtubs.

¹⁷ Memorandum of C.A. Sedney, EPHF, dated May 3, 1994, citing Memorandum of D. Tinsworth, EPHA, dated March 17, 1994.

Recent Research Does Not Establish That Use of the Products Increases Risk of Drowning

Petitioners cite to a recent study based on an extremely limited database involving 32 bathtub drowning incidents where a bath seat was present. The study found bath seat use resulted in greater water depths in bathtubs. Additionally, Petitioners argue that the study establishes willful decisions to leave infants alone in bathtubs are involved more often when bathing aids were used as opposed to when they are not. Even if taken at face value, such study does not establish that caregivers developed a “false sense of safety” because of use of bath seats. The study’s author admits that the study does not definitively establish that such behavior is attributable to bath seat use, that statements upon which the study was based may not have been truthful, that the determination of which activities were characterized as “willful” as opposed to “impulsive” were subjective, and that the database is too limited to draw “definitive conclusions that use of a bath seat caused tragic behavior.”¹⁸ The Association is aware of at least one case where it was independently determined that a bath seat was not causally responsible for an accidental bathtub drowning, contrary to statements by the caregiver that the product somehow created a false sense of security that she could leave her son alone in the bathtub.¹⁹

The other publication cited, while factually accurate, does not establish a causal connection between the use of bath seats and a higher risk of drowning in bathtubs. The research cited actually notes that although bath seats are involved in drowning deaths, it is not certain that use of these products increases the risk of drowning.²⁰

¹⁸ Discussions with Clay Mann, relating to “*Infant Seat Bathtub Drowning: Who’s to Blame*” as cited in FN 4 to Petition

¹⁹ White, et al. v. Safety 1st, Inc., Massachusetts Superior Court Civil Action No. 97-5748, dated June 2000. In this decision, the Court concluded that, contrary to allegations otherwise, the caregiver “. . . was aware of and appreciated the obvious danger she was incurring by leaving [her son] alone in the bath seat in the bathtub. She had read the warnings on the bath seat and knew her baby could drown if left unattended in the bathtub. No further warning was needed. Therefore [the Company] was not causally responsible for the accident . . .”.

²⁰ See, “The Role of Bathtub Seats and Rings in Infant Drowning Deaths”, Rauchschalbe, Brenner and Smith, Pediatrics, vol. 100, No. 4, October 1997. This study has been confused as representing the position of the CPSC, because one of the authors is a staff

member at the agency. This is not the case, indeed, the CPSC, in a press release citing the study, specifically states "CPSC reminds caregivers that bathtub seats are safe if used properly, which means providing constant adult supervision when young children are in the tub." (see FN 9). This differs from a bias evidenced by the authors.

A False Sense of Security Results From Repeated Risky Behavior By the Caregiver, Not Use of the Products

Statements made by product users provide a better indicia that caregivers undertake risky behavior in leaving infants alone in bathtubs, because they have previously done it without catastrophe. Caregivers fully understand the warnings on the products and the tragic potential of drowning if they leave infants unattended in a bathtub.²¹

In general, parents report that they would never, under any circumstances, leave a young child alone in the bath. Typically, the parents who are so adamant about not leaving a young child alone in the bath personally know someone who has drowned in water or have read or heard a story about accidents that have occurred because of children being left unattended near water.²²

“You never leave them. I don’t care what’s going on. You take the child out of the tub. Never leave them.”

“I know of a family where the mother ran to the phone and came back and the baby was face down. So I have that in my head constantly....If the phones rings I grab a towel and take her with me.”

“I never do. My brother’s baby drowned so I’m very conscious—not in a tub.”

Reasons typically given for having turned away or for having left the bathroom during bath time are minor and include going for a towel, diaper, sleepwear, or a portable telephone. Some parents do say they have left to prevent their older children from engaging in high risk behavior (e.g., responding to the door bell without an adult) or to prevent an emergency (e.g., removing something from the stove). It is worth noting, however, that parents seem more likely

²¹ See FN 19; see also A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats, CPSC P-93-5839, p. 23.

²² A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats, CPSC P-93-5839, p. 19, 21.

to leave their children in the bath for minor reasons than for household emergencies. Incredibly, some incident reports indicate that the caregiver left the infant alone in the bathtub to watch television, cook or perform household chores. Based upon the admissions of caregivers or other witnesses, the mean time lapse that an infant was left in the bathtub was six minutes, with the maximum time being thirty-five minutes. Such behavior is irresponsible.

Often, parents report that several things would make them feel more comfortable leaving a child unattended in the bathtub because there is an older sibling in the bath with the younger child, or because they are still able to see and hear the child even though they have physically left the bathroom.

The key factor in the determination to leave the child unattended in the bathtub appears to simply be that the caregiver has previously done it without accident or tragedy. It is this factor that seems to be the most significant issue. The confidence from a successful experience in leaving an infant alone in the bathtub leads to the likelihood of repeated high-risk behavior. There is no evidence that the product itself leads to this risky behavior. Indeed, the evidence supports a contrary determination. Almost all of the parents surveyed recalled the warnings on the product, packaging or instructions and view it as an important reminder that the consequences of leaving an infant alone in the bathtub could be drowning.²³ This fact undercuts Petitioners' argument that the warnings are not noticed and are ineffective. This might account for the lower drowning rate associated with use of these products, when compared to the higher drowning rate in bathtubs where such products are not present.

III. The Voluntary Standards Adequately Address Performance and Other Requirements

ASTM Voluntary Standard - Infant Bath Seats (F1967-99)

²³ See FN 19; see also A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats, CPSC P-93-5839, p. 23.

The ASTM has developed and implemented a voluntary standard for infant bath seats which codifies many of the practices developed by industry in collaboration with the CPSC and other safety advocacy organizations.²⁴ Based upon its own review of the industry, the Association believes that 100% of infant bath seats currently on the marketplace today are produced and distributed in compliance with the ASTM Standard. The Standard incorporates mandatory federal requirements such as 16 CFR 1303, 16 CFR 1500.48-1500.51 and 16 CFR 1501. Also, the Standard requires products not to scissor, shear or pinch, not to contain openings which are toe or finger entrapments and has performance requirements for stability, loading, use in the tub and function. Most importantly, the Standard codifies the uniform industry practice of producing such products with clear, explicit permanent warnings on the product (and its packaging and instructional literature), as follows:²⁵

WARNING:

Prevent Drowning. ALWAYS keep baby within arm's reach. NOT for use on textured, non-skid surfaces.

This warning or similar warnings have been permanently affixed to the products for many years. The ASTM Standard is constantly subject to review by consumer, industry and government representatives. Indeed, further revisions to the Standard were recently voted upon and are awaiting balloting and publication. Based on the foregoing, the Commission could not now as a matter of law reasonably determine that these products presented a mechanical hazard which is not adequately addressed by an existing voluntary standard.

²⁴ F1967-99, *Standard Consumer Safety Specification for Infant Bath Seats*, American Society for Testing and Materials.

²⁵ ASTM F1967-99, Sections 6,7 and 8; See also: Plastic Buckets Withdrawal of ANPR, FR 13597/June 2, 1995, Effective drowning warnings have previously been a basis for termination of rulemaking.

Petitioners argue, without assessment or regard to the evidence, that the voluntary standard is inadequate to address the risk of drowning associated with bath seats. The problem with this argument is that the risk of drowning is associated with leaving an infant alone in the bathtub, not with use of a bathing aid in the tub. In effect, this is a straw man argument which fails to support itself. We have already reviewed the Commission's clear determination that the drowning hazard does not constitute an unreasonable risk of injury due to the product's manufacture or design. The unreasonable actions of caregivers who leave infants unattended in bathtubs, whether or not a bath seat or ring is used, results in the hazard, with tragic consequences. This behavior itself defies the common sense approach used by 99.999% of the population and is unreasonable. As we have noted, the products themselves performed properly and as intended. It was not the normal or even foreseeable misuse of the product that creates the hazard, but rather the unreasonable behavior of the caregiver. No standard, whether mandatory or voluntary, can address this risk.

With respect to the substantive provisions of F1967-99, it is interesting to note that 7 of the 9 Petitioners evidenced no involvement or interest in participating in the development of any standard (either voluntary or mandatory) for the product category. Two of the 9 Petitioners (the Consumer Federation of America and The Danny Foundation) have participated in the development of the Standard and did not object to its adoption and implementation by ASTM. They have offered no evidence establishing that such standard is inadequate as to performance or warning requirements. Additionally, they cannot establish marketplace non-compliance with its requirements. One must question, then, what is their motivation in seeking a ban of a useful product category, and whether their position is truly representative of the public they claim to serve.

Petitioners' Reference to ASTM Voluntary Standard for Slip-Resistant Bathing Facilities (F46279) is Inapplicable

Petitioners allege that in 1979 (re-approved 1994), ASTM published a standard for slip-resistant bathing facilities.²⁶ In essence, the Standard requires a slip-resistant feature for bathtubs. It was implemented in an effort to prevent fall injuries in bathrooms, which Petitioners

²⁶ F462-79, *Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities*, American Society for Testing and Materials.

acknowledge is a serious injury problem to the general population and to the elderly, disabled, infants and young children. They correctly contend that the infant bath seats contain warnings on their packaging and printed instructions that the products are “not for use on textured, non-skid surfaces.”²⁷ They argue that the bath seats are incompatible with such bathtubs. However, they have not addressed the underlying fact that most bath seats are used on smooth surface tubs and most of the deaths occurred with such tubs. They ignore the fact that most of the nation’s housing stock contains smooth surface tubs to which such bath seats securely adhere. This fact was referenced in the CPSC’s own contracted research study when most respondents reported that their bathtubs were made of porcelain and are extremely slippery.²⁸ Additionally, a predominance of the fatalities (on identified tub surfaces) in which a bath seat was present did not involve tipovers of the product in slip-resistant bathtubs.²⁹ Even if such products were to be misused with such bathtubs, with proper caregiver attention there is no risk of death or serious injury.

CONCLUSION

For all the reasons set forth herein, the Association requests that the U.S. Consumer Product Safety Commission deny the Petition, in accordance with its prior determination of this issue, finding as a matter of law that there is no basis under Section 3(e) of the FHSA, 15 U.S.C. 1262, to determine that infant bath seats present a mechanical hazard. Furthermore, the Association requests the CPSC to actively implement its previous decision to continually and vigorously engage in a public information campaign focusing on the risk taken by parents and other caregivers who leave children unattended in **bathtubs**. Educational efforts must reinforce the need for continuous responsible supervision of infants and children around all bodies of water.³⁰ This approach would provide a significant public service and, when the message is

²⁷ ASTM F1967, Section 6.5

²⁸ A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats, CPSC P-93-5839.

²⁹ See ASTM F1967 Work Group Summary of Incidents , annexed hereto. This data also indicates that Petitioners ignore the role of abuse and unreasonable behavior in infant drownings.

³⁰ Jenson LR, Williams SD, Thurman DJ, Keller, PA, Submersion Injuries in Children

continually reinforced, might reduce the incidents of infant drowning in bathtubs in the United States. The Association is willing to work to promote this message, in partnership with any interested organization.

Dated: October 20, 2000

Respectfully submitted,
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Younger than 5 Years in Urban Utah. *West J. Med.* 1992; 157:641-644; see also Kemp AM, Mott AM, Silbert JR, Accidents and Child Abuse in Bathtub Submersions. *Arch Dis Child.* 1994; 70:435-438. Consistent with efforts cited in FNs 8 and 10 and contrary to Addendum to Statement of Chairman Ann Brown-Baby Bath Seats and Rings, June 15, 1994.

DEATHS

IDI Number	C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
830826DAL5118	x	83/8/18	Smooth	Unknown	2 legs stuck through one leg opening	Present	N	16F	6	legs stuck
891129CCCC2074	x	84/8/12	Unknown	3 legs with suction cups	Lying on back - seat upright in tub	Absent	N	9F	5	up/out
851016CBB3004	x	85/9/6	Unknown	Suction cups	Child submerged - seat overturned	Present - head turned	N	7F	Unknown	tipped
880413CBB0292	x	86/11/6	Unknown	Unknown	Out of seat, floating - seat upright and attached	Absent	N	8F	8-9	up/out
900425CCC1386		89/3/16	Textured	Suction cups	Standing at faucet, scalded	Absent	N	8F	3-4	scald
900305CCN1140	x	90/2/15	Smooth but with	Suction cups	Seat slid on tub	Absent	N	10F	12	up/out
910315CWE5015	x	91/2/17	Smooth	Unknown	Lying face down - seat upright and attached	Absent	N	8F	10	up/out
930312CCC3272	x	91/3/7	Smooth	Suction cups - 1 missing	Lying face down	Absent	N	9F	8-10	unknown
910429CCN1151	x	91/4/19	Unknown	Unknown	Lying on side with head submerged - seat on side	Absent	N	8F	4-5	tipped
Canada - 5/91		91/5/12	Smooth	Unknown	Submerged under bubbles - seat tipped	Absent	N	7F	9	tipped
C9240012A	o	91/6/12	Ridged	Unknown	Floating head down out of seat	Absent	N	12	10	unknown
920731CCC1532	x	92/2/12	Unknown - laundry sink	4 suction cups - one missing	Slumped over in seat - seat upright	Absent	N	6M	4	seat up
921105CCC3049	x	92/5/29	Unknown	Unknown	Floating in water	Absent	Y - 24 mo.	9F	5	unknown
941104CBB1015	x	92/7/19	Unknown	3 suction cups	Head leaned over; still in seat	Absent	N	5M	Unknown	seat up
921013CCC1010	x	92/8/10	Smooth	4 suction cups	Toppled, hit head, submerged - caregiver could not respond quickly	Present	N	6F	7	tipped
921130CWE4015	x	92/10/27	Granular	Suction cups - 3 missing	Lying on side, submerged - seat tipped over	Absent	Y - 19 mo.	8F	6	tipped

IDI Number	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
941104CAA2050	x 93/3/10	Unknown	4 suction cups	Seat still attached to tub; found face down	Absent	Y - 23 mo.	8M	6-7	up/out
930928CWW5022	x 93/8/5	Unknown	T-bar style	Lying on side, safety bar unlocked - on life support	Absent	N	6F	6-8	unknown
940426CCC2444	93/10/3	Unknown	Unknown	Lying face down	Absent	N	8M	Unknown	unknown
961129CCC5084	x 93/10/27	Unknown	Suction cups	Tipped over, submerged	Absent	N	6F	9	tipped
940602CNE5147	x 94/5/7	Unknown	Suction cups - 2 missing	Lying pitched forward - seat toppled	Absent	N	9F	4	tipped
950413HBB3087	x 94/6/11	Unknown	4 suction cups	Unknown - floating face down in water; seat upright on mat	Absent	Y - 24 mo.	8M	Tub "filled"	up/out
950918CCC2998	x 94/7/11	Unknown	Suction cups	Still in seat; face in water; seat upright	Absent	Y - 24 mo.	6M	6-8	seat up
950412HEP9017	x 94/7/16	Bottom not flat	3 suction cups	Still in seat; face in water; seat upright	Absent	Y - 27 mo.	7 1/2F	Tub 5/6 full	seat up
940830CBB3723	x 94/8/18	Unknown	4 suction cups but may have been missing	Still in seat; face in water; seat upright	Absent	N	10M	2-3	seat up
950601HAA4050	94/8/26	Unknown	Unknown	down in water; seat still attached to tub	Absent	N	7F	9-10	up/out
941012CAA1008	94/10/10	Unknown	Mult. suction cup mat; 4 leg openings	2 legs stuck through one leg opening	Absent	Y - 9 mo.	9F	6-8	legs stuck
950207HWE7020	95/1/13	Unknown	4 suction cups	Unknown - floating face down in water	Absent	N	7F	3	unknown
960910CCC5610	95/1/29	Unknown	4 suction cups, only 3 present	Unknown - floating face down in water; placed on vinyl mat	Absent	N	6M	6-8	unknown
950308CCN1422	95/2/15	Unknown	Suction cups	Flipped over - found lying on side	Absent	N	7M	Unknown	unknown
950621HCC1144	95/2/28	Unknown	Unknown - broken front leg	Unknown	Absent	Y - 24 mo.	9F	8	unknown
950509HEP9015	95/4/25	Unknown	Unknown	Unknown	Unknown	Unknown	7M	Unknown	unknown
950607CEP9015	95/5/17	Unknown	Unknown	Unknown	Unknown	Unknown	7F	Unknown	unknown
970709CCC3260	95/6/29	Unknown	Unknown - not sure if used by victim	Unknown - floating face down in water	Absent	N	8F	Tub full	unknown
950926CBB2034	95/8/14	Unknown	Unknown	Unknown - floating face down in water	Absent	N	10M	Unknown	unknown

Bathsort.xls

ID Number	C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
950830CBB1943		95/8/21	Unknown	4 suction cups w/ T bar - no damage	Unknown - floating face down in water	Absent	N	8M	6-8	unknown
960603CCCC5215		95/9/6	Unknown	Unknown	Unknown - floating face down in water	Absent	Y - 24 mo.	10M	Unknown	unknown
960719CCCC5365		95/10/3	Unknown	4 legs with suction cups	Tipped over, submerged	Absent	N	9F	Tub full	tipped
960816CCCC5520		95/10/3	Unknown	Unknown but has suction cups	Tipped over, submerged	Absent	Unknown	9F	Tub full	tipped
970418CCCC2121	x	95/10/27	Unknown	Multiple suction cup mat	Unknown - found face down in water; seat still upright in tub	Absent	N	14F	5-6	up/out
960919CCCC5628	x	95/10/30	White enamel	4 suction cups, only 3 present	Toppled over, floating face down	Absent	Y - 24 mo.	10M	10	tipped
970131CCCC5287	x	95/12/7	Unknown	Suction cups	Unknown - floating face down in water	Absent	N	9F	6	unknown
970227CCCC5361	x	96/4/2	Unknown	Unknown	Unknown - floating face down in water	Absent	N	6F	Unknown	unknown
970213CCCC5317	x	96/4/4	Smooth	Multiple suction cup mat	Unknown - floating face down in water	Absent	N	10F	7-8	unknown
960924CCCC5643	x	96/5/18	Unknown	4 suction cups	Tipped over, submerged	Absent	N	12M	8	tipped
960708CCA5323	x	96/7/2	Unknown	4 suction cups, only 2 present	Tipped over, submerged	Absent	N	7F	4	tipped
970626CCC3238	x	96/9/28	Unknown	No suction cups	Unknown - found under	Absent	N	5M	12	unknown
961213CCCC5141	x	96/10/16	Unknown	Suction cups, 3 vertical posts	Unknown - floating face with manslaughter; no product failure alleged	Absent	Y - 24 mo.	9F	2-3 and	unknown
970418CCCC3103		96/11/12	Unknown	Suction cups	product failure alleged	Absent	N	9F	overflowin	Susp.
970611CCCC1300	x	97/3/9	Unknown	Suction cups	Tipped over, submerged	Absent	N	6F	6	tipped
970129CCN0298		97/3/12	Unknown	Suction cups	Unknown - lying on side in	Absent	N	9M	Tub full	up/out
980217CNE5086	x	97/4/15	Unknown	Suction cups	Still in seat; face in water; seat upright	Absent	Y - 24 mo.	6M	Unknown	seat up
980529CCCC0458	o	97/6/21	Unknown	Unknown	Unknown	Absent	Unknown	20F	Unknown	unknown
980116CCCC1997	x	97/7/4	Unknown	Suction cups	2 legs stuck through one leg opening	Absent	N	7F	4-5	legs stuck
980219CCCC3611	x	97/7/13	Unknown	4 suction cups	Unknown - floating face down in water	Absent	N	6F	9-10	unknown
970717CBB2337	x	97/7/15	Unknown	3 suction cups with restraint	Tipped over, submerged	Absent	Y - 24 mo.	8F	8	tipped
980513CCCC5555	x	97/7/19	Unknown	4 suction cups with T bar	Unknown - floating face up in water; seat still attached to tub	Absent	Y - 30 mo.	11F	18-24	up/out

IDI Number	Incident C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
990415CCCC0429	x	97/9/20	Unknown	Unknown	Unknown - found unresponsive	Absent	Y - 36 mo.	9M	Unknown	unknown
980319CCCC1208	o	97/9/30	Unknown	Unknown	Unknown - buoyed up out of seat	Absent	Unknown	7F	Unknown	unknown
980811CCCC0643	o	98/3/24	Unknown	6-inch inclined surface	Rolled off - Father charged	Absent	N	8M	Unknown	Susp.
981228CCCC6099		98/5/12	Unknown	Unknown	Unknown - Mother charged with abuse/neglect	Absent	N	8M	8.5	Susp.
000112CCCC2198	x	98/6/23	Unknown	4 suction cups swivel seat	Sibling held infant under water	Absent	Y - 36 & 60 mo.	7F	12	Susp.
990312CCCC3214		98/8/11	Slip-resistant mats	3 suction cups, triangular shape, with seatbelt	2-yr. Old sibling fell on top of baby	Absent	Y - 24 mo.	11M	12	Susp.
980826CBB3967		98/8/21	Unknown	4 suction cups	Face down water - seat tipped over	Absent	N	9M	6	tipped
H9880216A		98/8/21	Unknown	Unknown	Seat flipped over - floating in tub	Absent	N	Unknown	7	tipped
990401CCCC2372	x	98/10/12	Unknown	Unknown	Unknown - submerged	Absent	Y - 36 mo.	11F	Unknown	unknown
990405CWE7189		98/12/09	Unknown	4 suction cups with T-bar	Sibling pulled baby out of bath seat	Absent	Y - 24 mo.	10M	6-8	Susp.
991026CCN0005	x	99/10/22	Unknown	3 suction cups, triangular shape, with seatbelt	Slumped over, still in upright bathseat, perhaps caused by "numerous medical problems"	Absent	N	24F	Unknown	seat up
000202CCCC0355	x	99/12/15	Unknown	4 suction cups, but bottom was separated from top ring	Unknown - found unresponsive	Absent	N	5F	6	unknown
000131CCN0078		00/1/27	Unknown	Blue with suction cups	Leaning backwards, still in upright bathseat, suspicious stories by 15-yr-old babysitter	Absent	Y - 24 mo.	6M	6	Susp.
000707CCCC0802	x	00/2/18	Unknown	4 suction cups swivel seat	Found face down	Absent	N	7F	2 1/2	unknown
000608CBB2599	x	00/6/2	Smooth	4 suction cups swivel seat	Lying face down in water in tipped over seat	Absent	N	7M	4-6	tipped
100660097		00/6/2	Unknown	Unknown	Unknown	Unknown	Unknown	7M	Unknown	unknown
000630CCCC2634	x	00/6/8	Smooth, Kitchen Sink	4 suction cups, swivel seat	Found face down in water in tipped over seat	Absent	N	7F	4-5	tipped

IDI Number	C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code

J129

IDI Number	C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
Notes and legend										
CFA/CPSC list inclusions...but not in the Bath Seat Subcommittee data base										
970116CC	5217	96/8/18			Found submerged					
970320CC	N0375	97/1/16			Found face down					
000215CB	B2296	99/3/28			Found not breathing		2 siblings			
000612CW	E5606	00/4/23			Found upright in seat, not breathing		Yes			
000727CB	B2648	00/3/1			Found face down					
CPSC code(C column)										
x = match with CFA/CPSC list										
o = taken out of list by CPSC										
blank = not on CFA/CPSC list										
Position Codes										
unknown = Found in water, seat position unknown										
tipped = Found in water, seat tipped over										
up/out = Found out of seat in water, but seat still upright and attached										
susp. = suspicious circumstances involved(not accidental)										
seat up = still in seat, seat still upright and attached to tub										
legs stuck = Legs stuck in opening of seat										
scald = Seat slid, scalded by hot water from faucet										

IDI Number	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
INJURIES									
941101CCN0379	94/10/24	Unknown	4 suction cups	Pinched and lacerated scrotum	Present	Y - 60 mo.	11M	Unknown	Minor l - pinch
960201CEP9001	95/12/19	Unknown	T-bar	Fell through T bar - laceration	Present	Unknown	23M	6-8	Minor l - cut
971023CCN0027	97/8/28	Unknown	Unknown	Recovered from pneumonia - inhaled water from small cavities	Present	Unknown	7F	Unknown	Minor l - pneumonia
NEISS	99/2/8	N/A	Unknown	Head injury - Fell off countertop, still in bath seat	Unknown	Unknown	1	None	Minor l - countertop
H993066A	99/3/28	Unknown	Unknown	Bruised legs - caught on restraint bar	Present	N	10	Unknown	Minor l - bruise
19959077A	99/4/19	Unknown	Unknown	Laceration from seat	Present	N	6	Unknown	Minor l - cut
990518CCC2462	99/5/9	Unknown	Suction cups	Bumped head - tipped over	Present	N	6	2-3	Minor l - bump
19950178A	99/5/28	Unknown	Unknown	Pinched finger in toy	Unknown	Unknown	8	Unknown	Minor l - pinch
19960243A	99/6/22	Unknown	Unknown	Cut by sharp edge on seat	Present	Unknown	8	Unknown	Minor l - cut

IDJ Number	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
NO INJURIES									
911216CWE5014	91/6/11	Smooth	Unknown	No injury, head under water - seat upright and attached	Absent	N	7F	4	up
930415CCC3319	91/6/14	Unknown	Suction cups	No injury - floating on back out of seat - seat upright and attached	Absent	Y - 24 mo.	10F	5	up
911007CCC1022	91/9/26	Smooth	Suction cups	No injury - sibling held head under water	Absent	Y - 36 mo.	11F	9	Susp.
920605CEP9003	92/5/14	Smooth	Unknown	No injury - slid beneath ring	Present	Y - 36 mo.	9F	6	slid
930727CEP9010	93/7/3	Appliques	Unknown	No injury - lying on side, submerged	Absent	N	10F	6	unk
940120CCC1207	93/8/22	Unknown	4 suction cups	No injury - 2 legs stuck through one leg opening while lifting out	Present	N	11M	Unknown	other
970612CCC3211	95/5/28	Unknown	Unknown	No injury - fell over	Absent	Unknown	7F	Unknown	tip
970612CCC3213	95/5/5	Unknown	Unknown	No injury - fell over	Absent	Unknown	7M	Unknown	tip
970122CEP9009	97/1/12	Unknown	Legs with suction cups	No injury - suction cups failed	Absent	Unknown	6F	1-2	tip
971128CCC2133	97/10/1	Unknown	Legs with suction cups	No injury - 1 support leg suction cup loose	Present	Unknown	5F	Unknown	tip
971224CCC2169	97/12/21	Unknown	Multiple suction cup mat	No injury - slipped and stuck	Present	Unknown	7M	4	slid
970721CCC1388	97/3/20	Unknown	3 suction cups	No injury - 2 legs stuck through one leg opening	Present	Unknown	3M	Unknown	slid
970428CBB3114	97/4/22	Unknown	Unknown	No injury - unknown	Present - head	Unknown	8F	6	unk
970729CBB2351	97/6/24	Unknown	Unknown	No injury - unknown	Absent	Unknown	2M	Unknown	unk
980331CCC1245	98/3/23	Unknown	T-bar style	No injury - T bar fell off	Present	Unknown	13F	Unknown	unk
990217CCC2276	99/2/8	Unknown	4 suction cups	No injury - Slipped through leg opening	Present	Y - 24 mo.	8	3.5	slid
19930122A	99/3/1	Unknown	4 suction cups	No injury - Tipped over	Present	Y	12	Unknown	tip
H9940031A	99/3/6	Unknown	Unknown	No injury - Leg caught between seat and restraint bar	Present	Unknown	7	Unknown	other

IDI Number	C	Incident Date	Tub Surface	Product Type	Observation of Position	Location	Sibling Present	Age mo./sex	Water Depth(in.)	Position Code
990413CCC3293		99/3/6	Unknown	Suction cups	No injury - upper/lower parts of seat detached	Absent	N	8	4-5	other
990527CNE5179		99/5/4	Unknown	Unknown	No injury - legs and 1 arm slipped through opening	Present	N	Unknown	Unknown	slid
NEISS H9960109A		99/5/17	Unknown	Unknown	No injury - slipped out, submerged	Unknown	Unknown	6	Unknown	slid
		99/6/1	Unknown	3 suction cups	No injury - Tipped over	Present	Unknown	7	Unknown	tip
NEISS 000724		99/6/2	Unknown	Unknown	No injury - found face down in 1/2 full tub	Absent	Unknown	7	1/2 full tub	unk
		00/6/9	Non-skid	4 suction cups	No injury, resuscitated	Absent	Y - 6 yr.	9M	12	tip
000707CWE6003		00/7/2	Unknown	4 suction cups swivel seat	No injury - legs slid into one opening	Present	N	10F	6	slid

Bath Seat Incident Summary - by Incident Date and Position Code

(bathsumm.xls)

10/22/00

Year	Deaths	Injuries	No Injuries	Position Codes for Deaths Only							
				Unknown	Tipped	Up/out	Susp.	Seat up	Legs stuck	Scald	
83-90	6	-	-		1	3				1	1
91	5	-	3	2	2	1					
92	5	-	1	1	2			2			
93	4	-	2	2	1	1					
94	7	1	-		1	2		3		1	
95	15	1	2	11	3	1					
96	7	-	-	4	2		1				
97	10	1	6	4	2	2		1		1	
98	8	-	1	1	2		5				
99	2	6	8	1				1			
00	5		1	2	2		1				
Totals	74	9	24	28	18	10	7	7	3	1	

Position Code Description

Unknown	Found in water, seat position unknown
Tipped	Found in water, seat tipped over
Up/out	Found out of seat in water, but seat still upright and attached
Susp.	Suspicious circumstances(not accidental)
Seat up	Still in seat, seat still upright and attached to tub
Legs stuck	Legs stuck in opening of seat
Scald	Seat slid, scalded by hot water from faucet

bathsumm.xls

Position Codes

DEATHS

	<u>Number</u>	<u>Caregiver Present</u>
Found in water, seat position unknown	28	
Found in water, seat tipped over	18	2
Found out of seat in water, but seat still upright and attached	10	
Suspicious circumstances(not accidental)	7	
Still in seat, seat still upright and attached to tub	7	
Legs stuck in opening of seat	3	1
Seat slid, scalded by hot water from faucet	1	

TOTALS

74 **3**

MINOR INJURY

Cut	3	3
Pinch	2	1
Bruise/bump	2	2
Inhaled water	1	1
Fell from countertop	1	

TOTALS

9 **7**

NO INJURY

Slid through opening(s)	7	6
Seat tipped over	6	3
Seat upright	2	
Unknown	5	2
Other	3	2
Sibling held infant under water	1	

TOTALS

24 **13**

Tape Test²
o-Resistant

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Paint
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or Use by

g a Sharp
s Intended

Abuse of
Children

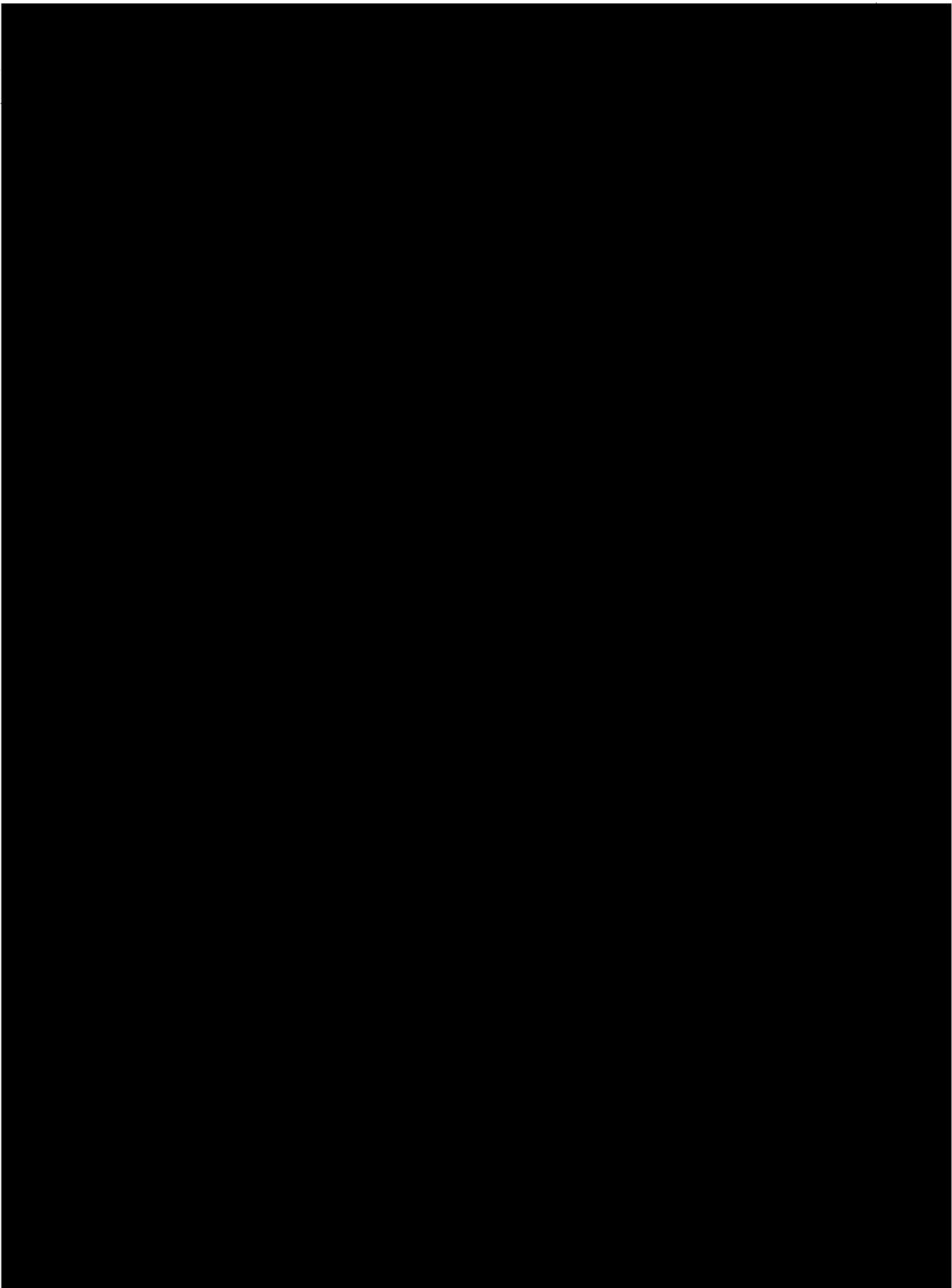
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Stevenson, Todd A.

From: Rick Locker [fblocker@lockerlaw.com]
Sent: Monday, October 23, 2000 4:22 PM
To: cpsc-os@cpsc.gov
Subject: FW:JPMA COMMENTS IN OPPOSITION TO PETITION HP00-4



Bathsort.xls



bathsumm.xls



F1967.pdf



JPMA Comments re
Petition to B...

Enclosed please find the Juvenile

Products Manufacturers Association (JPMA) comments in opposition to Petition HP00-4. These comments are being filed electronically pursuant to the Commission's solicitation of Comments concerning the Petition, set forth in the Federal Register/ Vol. 65, No. 163, Page 50968/ August 22, 2000.

October 18, 2000



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page 64

Sadye E. Dunn
Office of the Secretary
Consumer Product Safety Commission
Washington, DC 20207
telephone (301) 504-0800

Ms. Dunn,

After having read and reviewed Petition HP 00-4 requesting the Consumer Product Safety Commission to ban bath seats and bath rings used for bathing infants in bath tubs, I have decided to support the petition. In our research, we came across different statistics presented by both manufacturers and consumer groups. The information presented was alarming. The problem with baby bath seats is that children can step out of the seats into the water and become submerged. The suction cups on the bottom of the seat can detach from the tub, causing the baby to tip over and become trapped underwater by the seat.

According to Safety First, the product is manufactured for convenience and as bathing aids to parents with small children. Unfortunately parents take it as the perfect tool for "safe" bathing." Once the parent has tried the product and left their child alone for one minute, the parent will continue to follow the same risky behavior pattern for a longer period of time despite the warning label found outside the box and on the product itself. The warning label is written in minuscule letters outside the box and in the instruction booklet that accompanies the product. The product itself has the warning but the words are engraved in the product's color making it difficult to see.

The parents that have had success with the product either reuse the seat or ring for their second and third child or give it away to a relative to use. The wear and tear resistance on this product is minimal further increasing the risk that a child might get injured when using this product. The Consumer Product Safety Commission itself sent out a checklist that must be used when buying or using a second-hand baby bath seat or ring found in "Tips for Your Baby's Safety." It cautions about the suction cups securely fastened to the product and whether it attaches itself correctly to the tub.

There are new designs of baby bath seats that look more and more like car seats. This new designs give parents a false sense of security since they are bigger and more expensive than the earlier designs. Due to the size and "security" parents feel they ignore how high the water

level in the bathtub might get. Filling the tub with more water than is really needed since there is no mark on the product itself given by the manufacturer to aide the parent. This too gives the parent security in leaving their child unattended even for a few seconds. Infants and toddlers are not able to protect themselves from drowning, even in a few inches of water. Because a child's head is the heaviest part of its body, he or she can easily tip over into the overfilled bathtub. The bath seat will make the body weigh even more since they are strap into it and not allow the child to get out. Their lungs get filled with water and unable to scream for help. If the parent does not hear anything they assume the child is OK and continue to do whatever it is they are doing instead of returning to supervise the child.

We are asking for baby bath seat and rings manufacturers to further improve the faulty product design. Create more stability for the seat and improve the quality of the suction cups to increase stability and safety. Baby seats are in the market because they satisfied the minimum level of safety standards, which seemed to not have been enough. It only takes a few minutes to look at the statistics being presented by consumer groups of the number of children that have had untimely and unwanted deaths that could have been avoided. Because the powers exist under the Consumer Protection Act as an enforcement authority to suspend the sale of Baby Bath Seats due to faulty design and lack of the manufacturers efforts to correct the problem. Despite the concrete evidence suggesting the product to be unsafe for public use, baby bath seats are still in use and sold despite the higher risk of babies drowning than by not using the product. The information, which denounces the baby bath seats from being defected, has not been disseminated for others who purchase the product are aware of the dangers associated of it. The U.S. Consumer Product Safety Commission (CPSC) promoted baby safety in September by placing special emphasis on keeping babies safe throughout the year. Now is the chance to show that you mean what you say. Baby bath seats have hidden hazards that can seduce caregivers into dangerous behavior because they believe their babies are safe when they are not.

CPSC stated that "baby safety must be a shared responsibility. Like the three sides that support a triangle, government, consumers, and the manufacturers of baby products must work together for the safety of babies." By removing the product of the market you will be achieving this goal.

Sincerely,


Scarlette 


Student, Florida International University

J144

ban bath seats 65

~~Stevenson, Todd A.~~

From: Mary [REDACTED].net]

Sent: Tuesday, October 24, 2000 6:15 PM

To: cpsc-os@cpsc.gov

Please ban the Safety First Bath seat, to prevent more senseless deaths of infants! Thanks, Mary Biggart

J145

Stevenson, Todd A.

bath seats

66

From: Information Center
Sent: Thursday, October 26, 2000 9:22 AM
To: 'tbs115@home.com'
Cc: Stevenson, Todd A.
Subject: RE: Child bath seats

Hello,

We appreciate your concern and input. Your message will be forwarded to the appropriate CPSC office. Our Office of the Secretary will respond to you directly.

dcj

-----Original Message-----

From: Tanya [REDACTED].com]
Sent: Tuesday, October 24, 2000 1:31 PM
To: Information Center
Subject: Re: Child bath seats

Thank you for the information and access to the petition.

I read the petition and am appalled at the idea that it is ok to leave your infant alone in a bathtub, because "the seats give parents a false sense of security." This is an argument for stupidity and reckless disregard for the safety of their child(ren). Would these same parents leave their child alone in a pool, because their child is wearing floaties?

Please give me further information regarding who I can contact about this ridiculous petition.

I truly believe if a product is used improperly and parents disregard the warnings that the parent is responsible regardless of his/her false sense of security. This is plain common sense.

I also believe that if a product does cause harm to children because of defect or malfunction that it should be banned or recalled. So, I do appreciate the work that your agency does.

Thank you for the information.

Tanya B. Smith

Information Center wrote:

>
> Hello,
>
> We appreciate your feedback concerning child bath seats. We are working
> very diligently to increase awareness about this
> topic and have provided you with a link to our most recent CPSC news
> release:
>
> <http://www.cpsc.gov/library/foia/foia00/petition/babybath.pdf>
>
> We hope this information is informative and thought provoking. Please note
> you may obtain recall and general safety related information via our web
> site at www.cpsc.gov.

> mks/dcj

> -----Original Message-----

> From: Tanya [REDACTED].com]

J146

> Sent: Saturday, October 21, 2000 9:05 AM

> To: info@cpsc.gov

> Subject: bath seats

>
> I am writing in response to the current campaign by some groups to ban
> or recall bath seats. I am very concerned about parental
> responsibility. When infants or children are hurt by products that are
> not used properly, I believe that should be the responsibility of the
> parents. There are warnings on every baby product that I own. Parents
> stupidly disregard these warnings or cautions.

>
> There is a clear warning on the bath seat about not leaving a child
> unattended while in the bath. I believe that all of the deaths or
> injuries that occurred while using bath seats occurred because a parent or
> caretaker decided to leave the child alone in the bath not because of
> the bath seat.

>
> Please consider the responsibility of parents when deciding upon
> recalled products. People have lost this idea of responsibility because
> it is easier to blame a product or another person for their blatant
> disregard of warnings and practical safety.

> I appreciate the service that your agency provides. Thank you.

> Sincerely,

> Tanya [REDACTED]

J147

TAB K

Search: All [v] Browse: Choose a Category [v]



Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > Bathing Seats > **The First Years Adjustable Bath Seat**

Reviewed Item



The First Years Adjustable Bath Seat
rated by 28 people.
Average Rating: ★★★★★

[▶ Check latest prices!](#)

Splish Splash, I got Wedged in the bath!

★★★★★
by: [CopeSullivan](#) (Sun Apr 16 '00)

- Pros:** Didn't break when I threw it down the Cellar Stairs!
- Cons:** Doesn't live up to manufacturer claims

Opinion Rating: Highly Recommended advisor opinion

[Add your rating!](#)

Ever try to remove a wet, screaming, confused, squirming infant from a distressing situation? Let me tell you, it's **not** a pretty sight! That's exactly what happened each time I used this bath seat. I think I only used it maybe a total of 3 or 4 times (I'm not one to give up too easily. I had to give it an adequate chance to prove itself, and to make sure that **I** wasn't doing anything wrong). But after the last try, this seat found itself amongst the rubble down in our cellar.

About The Author

Epinions ID: CopeSullivan
Interests: Oh, there's far too many to list. Parenting, Law Enforcement, Shopping, Gardening, Finagling ways to save money, Getting bargains, Loving my Son (and Hubby, of course).....Oh, the list is endless.
Location: SAHMville, USA
[Member Profile](#)

[Trust CopeSullivan's opinions!](#)

[Distrust CopeSullivan's opinions!](#)

Whom should I trust?

We first purchased this seat when our son had just started sitting up on his own. Bathing was getting a little tricky because he no longer wanted to be in a *reclining* position in the tub. On the other hand, constantly holding him up while he sat and played for 15 or 20 minutes was causing my hand to go numb and turn blue!! We figured that we'd try a bath seat. That way, he could sit and play on his own (with me in the bathroom, of course..... you should **never** leave a child unattended in the tub). Having heard a lot of horror stories about bath seats, I set out to find **the** perfect one.

Mind you, I am generally a fan of **The First Years** products. So, when I saw this seat, I figured that it was just what I was looking for. The concept of the seat is this: The front portion of the seat slides back and forth, making the opening larger and easier to get a child in and out, or so *they* say. My son would have to disagree with that. Trust me, if he could talk, he'd give them an **ear full**. (He's *already* displaying his **fathers** temperament!!).

 Write an Opinion

[Agree or disagree?](#)

Let me completely describe this seat to you, so you can get a better Idea of what I'm talking about. The base of the seat is teal, and is shaped in a sort of rounded off triangle. You know, like the old bicycle seats (from maybe the 40's or 50's), that's what this seat is shaped like. There are three suction cups located under each point of the triangle. The surface of the seat is contoured to the shape of a baby's bottom. Supposedly these



K1

Agree or disagree?
Write an opinion!

Opinion Recommendation
Summary

Highly Recommended by:
(93%)

- [JENNI1396](#)
 - [stevez1](#)
 - [Vickie530](#)
 - [Prncess](#)
 - [surferdude7](#)
- and [57 others](#).

Recommended by: (7%)

- [sloving](#)
- [Mininut](#)
- [Melayna](#)
- [momofchris](#)
- [erica zach](#)

Note: Opinion ratings are based on your [Web of Trust](#), not the Opinion Recommendation Summary.

is contoured to the shape of a baby's bottom. Supposedly these contours are to make it easier to clean the child, but in my opinion, this made it more difficult. (There is also a safety seat belt made of cloth, with a plastic clip. It's almost exactly like the type you'd find on a stroller or high chair).

Coming up from all three points of the triangle, you have white bars that are connected to a white rail that runs around the seat (in the same shape of the seat itself). While the child is seated, the rail runs around his/her waist. On the front portion of the rail, there are three "spinnny" toys (they look like huge beads), which are purple and yellow. Our son **never** took an interest in these, and was actually quite irritated with them (they got in his way..... How *dare* they?... Stupid beads!!).

Now, the main feature of this seat is that it is adjustable. The front, center bar (that goes between the legs of the child) slides forward and back. On this bar there are two buttons, located at the base on either side of the bar. If you press these two buttons in, you can slide the bar and front portion of the rail to enlarge or make smaller the opening. I'd like to just add one small precaution here. If you **do** actually buy this seat, and your child is a male.... **watch out!** On more then one occasion, I almost caught our son's "privates" in the sliding mechanism. I'm not a male, but I'm **sure** this would have hurt!!

According to the manufacturer, this ability to make the opening larger or smaller will allow for easy removal of the child. Well, maybe **someone else's** child, but not ours! I found that the problem wasn't the width of the opening on the top, but the amount of space from the seat to the rail. Honestly, I had no problem getting him **into** the seat, that feature made it very simple. It was getting him **out** that was the problem.

No matter how I tried, I could not get his legs to slide properly out from in-between the seat and the rail. The more I struggled, the more upset my son became. Oh, and you know those suction cups? Incidentally, they never really adhered very well to the bottom of the tub. The seat tipped rather easily. That is, they didn't properly stick to the tub *except* when I **didn't** want them to stick!! Then they worked perfectly! I was having such a hard time, I figured I'd take him out, seat and all. **NOT !!!** Now the suction cups wouldn't let go. Well, I *finally* got him out of the seat. Like I said before, I did try the seat several times. I will say, it did get easier every time I used it, but not by much.

I finally succumbed to the idea that **I** would have to continue to be his bath support until he was better able to do it himself. This seat was more of a hindrance, then a help. Maybe the spiders and the centipedes in the basement will get morè use out of it than we did!!

Purchase Price: \$14.99

Recommend to other potential buyers? No

K2

Search:

Your neighbors hate your stereo.

[Home](#) > [Kids & Family](#) > [Health & Hygiene](#) > [Diapering & Bathing](#) > [Bathtubs & Bathing Seats](#) > **The First Years Adjustable Bath Seat**

Reviewed Item



[The First Years Adjustable Bath Seat](#) rated by 28 people. Average Rating: ★★★★★

[Check latest prices!](#)

For the mommy who needs an extra set of hands !!

★★★★★
by: [JustReg2](#) (Sun May 14 '00)

Pros: Mommy's hands are free to wash slippery baby

Cons: Suction cups don't always work

Opinion Rating: Highly Recommended advisor opinion

[Add your rating!](#)

Being a first time mom, I was so afraid that I was lacking in the *How To Take Care Of Baby* Department. Before my son was born, I could count the amount of diapers I changed **on one hand**. I was afraid that I *wouldn't be able to do it*. That fear is normal, in my opinion, and easy to work through. You want the best for your child and you don't want to make any mistakes along the way. I consider myself a **great Mom**, but let me tell you, I was far from perfect.

When my son was ready to graduate from the infant tub (the type you use on the kitchen table, counter, tub, or sink), I went searching for a product to make the transition easier for my son (and, of course me).

I found and purchased **The First Years Adjustable Bath Seat**. The base of the seat is made of sturdy plastic in a teal color. On the bottom there are three suction cups that attach to the tub (or so they say). I had some difficulty getting the suction cups to stick on a consistent basis. At best, only 2 actually stuck. There were a few occasions when my son would get cranky in the tub, he would squirm and wriggle. The seat would tip to the side. YIKES !! This scared him AND me !!

This seat comes equipped with a white belt that locks around the child (like a belt on supermarket shopping carts). This belt worked very well. No complaints about that. The white adjustable ring that goes around the child has three spinning toys on it. I think these toys are not necessary. We have plenty of bath toys that we didn't need these. This seat is supposed to be for support and to make the transition between infant tub and adult tub easy. It shouldn't be considered a toy. This white ring is adjustable so you can tailor its size to your child's size. This is great because it grows with your child, and you will get plenty of use out of it.

There is, however, something else that I don't like about this



About The Author

Regina
Epinions ID: JustReg2
Interests: My #1 interest is my family. When I have free time I enjoy online shopping, freebies, and playdates with friends. Come Back Soon !! Visits since June 14, 2000 Free counters provided by Honesty.com.
Location: Long Island, New York
[Member Profile](#)

[Trust JustReg2's opinions!](#)

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[Whom should I trust?](#)

 Write an

K3

Write an
Opinion

Agree or disagree?
Write an opinion!

Opinion
Recommendation
Summary

Highly Recommended
by: (89%)

- [dmfokif](#)
- [revco98](#)
- [ktryathart1](#)
- [casey215](#)
- [sloving](#)

and 12 others.

Recommended by:
(11%)

- [erica zach](#)
- and 1 person
(anonymous).

Note: Opinion ratings
are based on your Web
of Trust, not the
Opinion
Recommendation
Summary.

There is, however, something else that I don't like about this seat. It is very difficult to wash the baby's bottom while sitting in this seat. So, you'll have to take him out of the seat to do so.

Babies are so slippery when wet that this seat was great for me, a first time mom, who was unsure of herself. I was able to give my son a pretty good bath and I became more confident doing so. I would recommend this to you if you're looking for an item that is helpful to you, but it's not on my **Love It!** list.

Please make sure that if you use this item that you never leave the child unattended. Like I said earlier in this review, the seat has tipped over on a few occasions.

Purchase Price: \$16

Recommend to other potential buyers? Yes

What do you think?

Rate this opinion

How would you recommend
this opinion to others?

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Comments

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Cool.

Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > **The First Years Adjustable Bath Seat**

Reviewed Item



The First Years Adjustable Bath Seat rated by 28 people. Average Rating: ★★★★★

Check latest prices!

The First Years Bath Seat: Rub a Dub Dub - Safe in the Tub

★★★★★ by: WorkingMomof2 (Fri Feb 11 '00)

Pros: Easy to use, grows with baby, stays in place, toys are amusing, fairly inexpensive

Cons: Not foolproof, make sure baby is ALWAYS supervised, even in a bathseat

Opinion Rating: Highly Recommended advisor opinion

Add your rating!

About The Author

Amy
Epinions ID: WorkingMomof2
Interests: Reading, Spending time with my family, Cooking, working out at the gym, relaxing on a sunny beach... all in my "spare time"
Location: Southern California
[Member Profile](#)

[Trust WorkingMomof2's opinions!](#)

[Distrust WorkingMomof2's opinions!](#)

[Whom should I trust?](#)

I have to admit, I didn't even realize that there were such huge differences in the models of bathseats until my friend told me how she had quit using hers on her 11 month old daughter quite a while ago. "You're kidding!", I exclaimed, since my almost-two-year old daughter is still quite content in hers. My son also used his until he was almost three, and never complained (he had the discontinued Gerry Splash Seat, a lot like the First Years product but without the seatbelt). Since the Gerry and the First Years seats were so similar, I hadn't realized the other product(s) varied so much!

Well, there ARE a lot of differences in bath seats. The Safety First ring, which seems to be a big seller, is handy because it spins around; however, according to two close friends, does not hold baby in securely. This means as soon as baby learns s/he can escape by using the houdini-like maneuver of twisting one leg out, s/he will spend the entire bath trying to get OUT of the seat.

The First Years seat overcomes that problem. The bar slides, to allow easier entry and exit, but locks up in place so Junior is more securely fastened in. There is a waist-belt, which is just like the seat belt in a standard highchair, so if your little Houdini is compelled to escape, she can spend time trying to free herself from that first. The suction cups hold tightly - as in very tightly, this doesn't move easily once it's in place (you have to break the suction on 3 or more cups to get the seat repositioned). And there are three toys on the front that distract baby, cute and fun to play with. I believe I paid about \$18-20 for this new.

Now obviously I cannot speak for other kids. However, both of my kids were in the infant tubs for the first 6 months or so, then went into the bath seat. My daughter will be two in March, and she happily climbs into the bathseat on her own and pulls up the little handle. Any my son used his (similar) seat until almost age three without complaint. Of course it will depend on the personality and size of your children, but if my daughter's thundergut still fits in here, you



Write an

TE F E A

W ha an New New Spr



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K5

Write an
Opinion

Agree or disagree?

Write an opinion!

Opinion
Recommendation
Summary

Highly Recommended
by: (95%)

- [CHERYLSWISHER](#)
- [sunstreeks](#)
- [tiffer0220](#)
- [netKat](#)
- [hephep1](#)

and [14 others](#).

Recommended by:
(5%)

- [jsmorris](#)

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Opinion
Recommendation
Summary.

your children, but if my daughter's thundergut still fits in here, you know its roomy... Yet still tight enough to keep her secure.

One mom commented on how difficult she found it to wash her baby's bottom in this seat. I just undo the latch, lift baby up a little bit, swish around down there with a soapy washcloth, swish around again with a non-soapy washcloth, and plop her back down (and re-lock the bar) to keep playing in the tub.

One more area I want to comment on: These bathseats are NOT foolproof. My daughter can easily open the bar, if she wants to. My son could open the Gerry one, and my friend's daughter can clearly climb right out of the Safety First one. What they do is support your baby, so you have both hands free to wash, play, etc. What they do NOT do is guarantee your child's safety, and you should never, ever leave a child alone in the bathtub. Even if the phone rings, even if you are just dashing out to grab a clean set of clothes. Stay with baby, let the answering machine answer the phone, or get the clothes AFTER you get baby out of the tub.

I did not write the following, but it is important enough for me to quote it here:

"Think twice before using a bath seat. These plastic seats, designed to hold your baby safely in the tub, have been associated with an increasing number of reported infant drowning deaths, a new study published in Pediatrics electronic pages has found. Why? Parents may be more likely to leave their children in the tub unattended if they're using a seat or ring, researchers found. The Consumer Product Safety Commission investigated 32 drowning deaths involving bath seats or rings between 1983 and 1995, finding that adult supervision lapsed in more than 90 percent of the cases."

*From BabyCenter,
10/6/1997(<http://www.babycenter.com/news/19971006.html#1937>)*

One recommended option is to bathe with baby, placing her between your legs, and wrapping one arm around her belly to keep her upright. I have done this, and it works; however, if you don't want to take a bath with baby every night, a good bathseat will help.

I believe that baby bathseats are fabulous helpers for bathing baby. They prevent you from dropping a slippery baby/toddler, and they help keep baby upright in the tub. Of the three bathseats I know of, the First Years product is the safest, in my opinion. Nonetheless, no product replaces the safety of parental supervision, and you should never rely on the bathseat to keep your baby safe in the tub without you.

Purchase Price: \$18

Recommend to other potential buyers? Yes

What do you think?

K6

Search: All Browse: Choose a Category



Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > The First Years Adjustable Bath Seat

Reviewed Item



The First Years Adjustable Bath Seat rated by 28 people. Average Rating: ★★★★★

[Check latest prices!](#)

rub a dub dub he fell in the tub ★★★★★ by: RosaMay (Sun May 21 '00)

Pros: it looks like it would work Cons: it doesn't

Opinion Rating: Highly Recommended opinion

[Add your rating!](#)

I have this product in my home although it is no longer in use. I only used it about three times and I'll tell you it is not safe at all. It was very easy for my son to adjust it just right for him to climb on out..even with the straps strapped around him, he still managed. Plus the little suction cups do not stay suctioned to the bottom of the tub, which allows the child to slip and slide all over the tub..nope not good at all.

About The Author

Lara P
Epinions ID: RosaMay
Interests: My interests include but aren't limited to Music, movies, star gazing, internet chatting, reading, and believe it or not writing!! I don't have alot of time lately to write or rate epinions but, never fear, I will get all caught up as soon as possible. (when I finally get some days off)

[Member Profile](#)

Trust RosaMay's opinions!

Distrust RosaMay's opinions!

Whom should I trust?

At first I just thought my son was just really smart (which he is but,) to be getting out of the seat like that..then I came to realize it didn't take smarts the little adjustable area in the front is so east to move it isnt even funny. The last time we used it he was wiggling around in the seat and moved just a bit, the suction cups came unstuck he slid and fell face first in the water with the seat still attached.

Now had I not been standing right there (for some odd reason) my son could have drowned because with that little chair strapped to him he wouldn't have been able to get up. So I hope that helps some of you to decide not to buy this product for your childs safety..

Purchase Price: \$it was a gift

Recommend to other potential buyers? Yes

What do you think?

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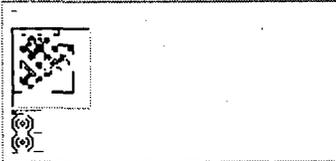
Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > **Safety 1st Swivel Bath Seat**



An accident waiting to happen.

★★★★★

Pros: None!
Cons: Suction cups loosen easily



I used this ring a total of 3 times, and then RAN it to the garbage can! DANGER is the word that comes to my mind when I see this product. The suction cups do not work very well, they seem to be attached, but become unattached in a very short amount of time. I had my then 6 month old son in this when the cups came unattached and dumped him face first in the water!! It terrified us both! I thought at first, that perhaps I didn't secure it properly so I gave it another try. Same kind of thing happened, but this time I saw it come unattached and saved my son from another dunking. I also found it somewhat difficult to take him out of. He got some scrapes on his legs since he would stiffen them as I lifted him out, and they rubbed the hard plastic as I was trying to get him out. After all this, I decided that bath time would become a play time for us, so I climbed in with him, and tossed that tub ring out right away.

I contacted safety first about this ring and they tried to tell me it was my tub, but my tub is a plain one, with no textures on it, so I know it wasn't the tub. After a few more emails and phone calls, they told me to mail them the suction cups, and they would send me some free bath toys. I decided I just wanted to forget about it, and never did send those suction cups.

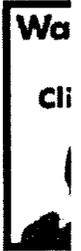
Parents beware!! If you have one of these, sit RIGHT beside your child in case it unattaches from the tub! I think that this tub ring is a tragedy waiting to happen!!!

Purchase Price: \$10.00

Recommend to other potential buyers? No

What do you think?

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See Late

K8



Search: Browse:

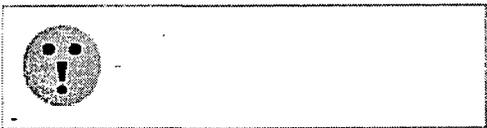


[Home](#) > [Kids & Family](#) > [Health & Hygiene](#) > [Diapering & Bathing](#) > [Bathtubs & Bathing Seats](#) > **Safety 1st Swivel Bath Seat**



Dido to Dawndev.....
★★★★★

Pros: non
Cons: suction cups dont hold, unsafe because baby falls forward, hard to get baby out of



We experienced the same problems with this seat. The suction cups never held down for us either, resulting in having to have quick reflexes! {to catch a falling face first baby} I was very unimpressed with the safety of this product, Safety 1st eh? I had problems getting my son out of the seat. I guess an infant reflex to stiffen the legs when being lifted out of it ??? Those were the times when those sorry suction cups came in handy.....because I'd have to remove baby, seat and all of the tub to get him out of the thing. Total cost? 10.00 Total uses? about 3 or 4 times cost efficient? I think not! Save your money folks! I found it much easier and SAFER to lay my son flat on his back on one of the tub sponges or to just bathe with him.

Purchase Price: \$10.00

Recommend to other potential buyers? No

What do you think?

[Rate this opinion](#)



Related Opinions

An accident waiting to happen.

★★★★★

Swivel on out to the garbage

★★★★★

Bathing Dangers

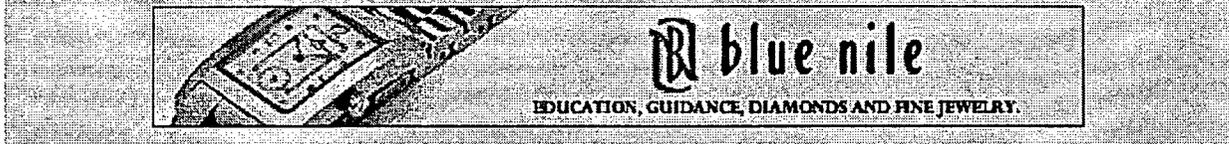
★★★★★

All opinions on this it

K9



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[Home](#) > [Kids & Family](#) > [Health & Hygiene](#) > [Diapering & Bathing](#) > [Bathtubs & Bathing Seats](#) > **[Safety 1st Swivel Bath Seat](#)**



UPDATE on Dangers with this seat!

★★★★★

Pros: Durable Plastic

Cons: Health Risk to your child

In February, I wrote a review on this seat:

<http://www.epinions.com/kifm-review-7415-7FF3A5C-3899C74A-prod1>

The initial review related my less than satisfactory opinion on the seats function as well as its entertainment level. This update is to voice a greater concern that could be harmful and/or fatal to your child.



About a month ago, I got this seat out and prepared my daughters bath as usual. The seat, as always, floated around in the tub and did not stick to the surface. My concerns about this problem have been minimal because I assumed the weight of my one year old would be sufficient support to hold the seat in place.

The usual bath ensued, and during her playtime, she reached forward for a toy. As she leaned forward, the entire seat went with her and she ended up face down in the water. Thankfully, I was sitting right there and quickly picked her up.

I have always preached about tub safety and the importance of never leaving your child unattended at any time. This is the perfect example of why. Upon researching, I found that many customers have had similar problems with the effectiveness of the suction cups. Because of the early stage of the investigation, it wouldn't be fair to quote numbers but I assure you that this is not an isolated case. My daughter is well within the age and weight requirements stated on the packaging as well.

I implore you not to use this seat with your child unless you do so knowing the safety factor involved. It takes less than two minutes for a child to drown in the bathtub and this seat increases the risk, in my opinion. I threw my seat in the garbage as soon as I had my daughter safely out of the tub. I will opt for the clothes basket method from now on.

Purchase Price: \$14.99

K10



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blue nile

EDUCATION, GUIDANCE, DIAMONDS AND FINE JEWELRY.

[Home](#) > [Kids & Family](#) > [Health & Hygiene](#) > [Diapering & Bathing](#) > [Bathtubs & Bathing Seats](#) > **Safety 1st Swivel Bath Seat**



Suction Cup Nightmare

★★★★★

Pros: durable plastic
Cons: suction cup nightmare

★★★★★
[Check latest prices!](#)



E_

After my daughter was old enough to sit up by herself I knew it was time to purchase a bath seat to make my daughter's bath time more enjoyable. I wanted a seat that would provide her with access to her toys while providing me with easy access to wash her little body. After looking around the store at the different brands and types I chose this one. It looked like it would provide just what we needed.

The Safety 1st Swivel Bath Seat is made of durable, brightly colored plastic, it has plastic beads attached on the front of the seat for the baby to play with while getting washed. I thought this would be a great seat to have as it would keep my hands free and my daughter would have extra mobility playing while being safe. The seat attaches to the tub with the suction cups that are located on the bottom of it.

This bath seat swivels all around but I found if my daughter turned to many times around that the suction cups would soon become unhooked from the bottom of my bathtub. The unhooking of the suction cups made this seat a serious safety hazard for my daughter because she would end up tipping over. I would be trying to grab her to get her out of the seat and it was difficult and very cumbersome to achieve this. If I had looked away for even a moment my daughter could have drowned when this happened and thankfully I never did look away and was able to pull her out to safety.

We did try using this seat a couple of more times but the same thing happened. I cannot say if the reason that the suction from the suction cups was broken when my daughter swiveled is because we have a textured tub or not, but in any case I was not happy with this product. We stopped using this seat and I opted to just hold my daughter while I bathed her instead.

Purchase Price: \$12.99

K11



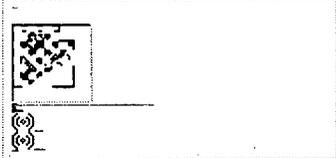
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Bathing Dangers
★★★★★
Pros: bath upright
Cons: seat may fall over, hard to wash and remove child



The Safety 1st Swivel Bath Seat, is one of those products where strict supervision is required. This so-called "Safety" seat, is closer to an "Un-safety" seat. There are dangers lurking around every tub ring.



Without the necessary supervision this product could be fatal to your child. . It takes only a few minutes for a child to drown in the bathtub. The phone rings, and before you know what happened, your child is face down in the bath water.



The Product:

The concept of this seat is for your infant to be sitting while you give them a bath. At the same time they can be spun around like a "Sit & Spin" to allow you to clean their front and back and all the parts in-between.

This narrow seat has just about enough room to fit a 15-20 pound infant. Any larger and it becomes increasingly difficult to get them into and out of the seat. On hand has to hold the baby, while the other has to maneuver their little chubby legs through the seat and out the leg holes.

On the top of the seat, your child can play with some plastic spinning pieces that are attached. Unfortunately, they would rather grab at other object they see in the water.

We've hatched another one.
New products.
New categories.
Spread the word.

[See New Sections](#)
[Latest Sections](#)

On the bottom of the seat are 4 suction cups, designed to anchor the seat to your tub. These suction cups have mixed results. Sometimes they appear to work great, where you can pry them away. (Get a chisel). Other times, they just break free for no apparent reason. That is where the danger lies.

The Use:

Once in the seat, it also becomes difficult to wash them. It's difficult to maneuver your hands in between the plastic supports and wash all their parts.

I guess the seat was mainly designed for a very active baby, they try to roll over when they are laying down in another type of infant bath.

The worst part is trying to remove the child from the seat too. My son's legs would always get stuck and I thought I was going to pull his feet right off with the force I was using to try to pry him free. They on occasion the suction cups would release and I pulled him and the seat out together.

Conclusion: There are other safer seats out there. Stay away from this one. If you must use this seat, please **never** leave your child unattended.

Purchase Price: \$12.50

Recommend to other potential buyers? Yes

What do you think?

Rate this opinion



Related Opinions

Suction Cup Nightmare

★★★★★

I hate to disagree but.....

★★★★★

Did not like

★★★★★

All opinions on this item

K13



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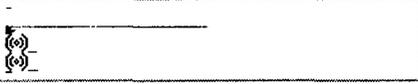


Not a good product

★★★★★

Pros: keeps baby sitting upright
Cons: suction cups don't stick, hard to get baby out

Check latest prices!



I received this bath seat as a gift. I'm glad I didn't buy it because if I did then I would say that I wasted my money. For starters, the suction cups on the bottom don't stick. I have a tub with a slip-resistant coating so that's probably why. Most newer homes these days seem to have slip-resistant tubs so why would Safety 1st use suction cups that don't work on this type of tub? Also, my son has always been on the tall side of the height percentile. His legs are long so it was always a chore trying to free him from this bath seat. I've read several reviews here on this product and everyone seems to have the same complaints. My son was another one who didn't take much interest in the beads. He was more interested in watching the water being poured and making the water splash with his feet.

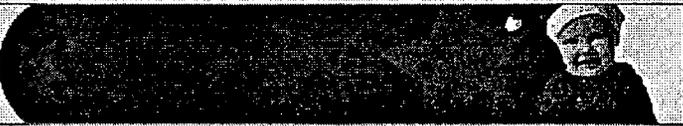
One good thing about this seat is that it helps a sitting baby stay seated in the bathtub. I wouldn't recommend using this with a baby who is still unable to sit up on his or her own though. This seat is meant to hold the baby steady and give mom or dad a free hand. One problem I had was when my son was sitting in the seat it was difficult to get in and clean the diaper area. I didn't end up using this seat for very long. Even though this seat is intended to give the parent a free hand I actually thought it was easier just letting him sit in the tub. Also, our bathroom is not much bigger than a broom closet so we had to store this in the hallway and try not to trip over it. Not easy to do if your baby is going through a tough bout of teething and wakes up every night at 3 AM!

Do I recommend this? NO, unless you have an older tub without the slip-resistant surface and your child is not exceptionally tall.

Purchase Price: \$gift

Recommend to other potential buyers? Yes

K14



Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > **Safety 1st Swivel Bath Seat**



This is a Terrible seat!! ★★★★★

Pros: Absolutely Nothing
Cons: Dangerous

★★★★★
▶ Check latest prices!



I received the **Safety 1st Swivel Bath Seat** as a shower gift from a dear friend. I honestly don't remember ever using a *seat* like this when my boys were younger. It was a gift and I thought what the heck I would use this for when my daughter was too big for the baby bath, but not big enough to sit on her own, this claims to be a *secure* seat for your child.

Features:

Unique swivel action that rotates 360 degrees.

Safety lock secures or releases the seat.

Includes 4 sturdy suction cups for safety and play beads for baby.

Recommended for ages 6 months to 2 years.

What did I like about this seat?? *Absolutely* nothing, at first my daughter liked this because it was something new to her and she had always enjoyed getting a bath, this was the only likeness to this product.

What I did not like?? First off this seat claims to rotate 360 degrees, it did this for about 2 weeks and then I could not get it to turn at all. This seat is very hard to get your children in and out of, their legs seems to get stuck very easily. It is very hard to clean certain parts of your little ones body with this seat.

This product *claims* to have 4 **sturdy** suction cups for safety, these suction are not, I repeat are not **sturdy**, they do not **secure** this seat at all, the seat slipped repeatedly when I used this in the tub. At first I thought I may have used too much bubble bath, but I also tried this with none and I got the same results. I was very unhappy with this seat and what happened next was terrible, she was seating in her seat and I was holding it as usual, I really don't know why I used this again but, she

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K15

started to topple over and almost went face first into the water. I immediately took her out of the tub, gave her a big hug and threw this piece of trash in the garbage.

Please whatever you do, **DO NOT BUY SAFETY 1st SWIVEL BATH SEAT**, this seat is just an accident waiting to happen. I realize as with all seats, you do not leave your child unattended even for a second, I never did this I was right there when she almost fell face first and it scared the heck out of me.

Purchase Price: \$10.99

Recommend to other potential buyers? No

What do you think?

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Related Opinions

A Runaway Bath Seat!

★★★★★

This Bath Seat Swivels Alright, But What About Their Bottom?

★★★★★

Didn't do the job for us

★★★★★

All opinions on this item





Search: All [dropdown] [input] Browse: Choose a Category [dropdown]



Home > Kids & Family > Health & Hygiene > Diapering & Bathing > Bathtubs & Bathing Seats > **Safety 1st Swivel Bath Seat**



Safety is not 1st with this bath seat!

★★★★★

Pros: None!
Cons: Suction cups do not work!

The Safety 1st Swivel Bath Seat in my opinion is VERY dangerous! I bought one when my daughter was a baby (now 5), and again about 6 months ago for my son. I should have known it was basically the same exact seat when I bought it, but I bought it online.

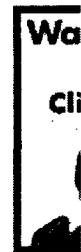
First, it is very hard to get a baby in and out of. By the time your baby can sit up and use this seat, it is too big to get it in and out of it. You have to use one hand to hold the baby, and the other one to try and slide your babies feet through the openings-which with a squirmy baby is no easy feat! Once it is time to get your baby out of the bath, you have to try and work your babies legs out without hurting him/her. The bigger your baby gets, the harder it is to take him/her out!

The 4 suction cups that are supposed to stick to the bottom of the tub can come loose at any time. We lived in 4 different houses, all had different style bathtubs, and they still wouldn't work properly. No matter what I would do to try and make them work, they would still not stay suctioned down. They would even lift while my child was in it, causing him to fall forward if he leaned a tiny bit to reach for a toy. Very dangerous!

The so-called toys on it is a joke! They are just 3 different colored beads that spin around, and provided no appeal to my baby. He did spin them once, and just went for his other bath toys instead. Since the suction didn't work properly, he would then fall forward!

This bath seat also features a swivel seat that I personally never used! It sound like a good feature, but when I am concentrating on trying to keep him still so he doesn't fall, this feature is useless!

Overall, I would not recommend this bath seat to anyone! I am actually surprised that it is still on the market, and not recalled. It is just way to dangerous to use-especially when considering



See Late

K17

our most precious gift on this world (our babies), it is not worth taking the risk.

Purchase Price: \$8.97

Recommend to other potential buyers? No

What do you think?

Rate this opinion



Related Opinions

Swivel on out to the garbage

★★★★★

I have a Love/hate relationship!

★★★★★

There's Got to Be Something Better

★★★★★

All opinions on this item



K18

TABL

DRAFT 3/29

CONSUMER PRODUCT SAFETY COMMISSION

16 CFR Part 1500

Baby Bath Seats and Rings; Advance Notice of Proposed Rulemaking; Request for Comments and Information

AGENCY: Consumer Product Safety Commission.

ACTION: Advance notice of proposed rulemaking.

SUMMARY: The Commission has reason to believe that baby bath seats and rings may present an unreasonable risk of injury. The Commission is aware of 69 deaths and 95 non-fatal incidents and complaints from January 1983 through November 2000 involving baby bath seats and rings. In July 2000 the Commission received a petition from the Consumer Federation of America and eight other organizations asking the Commission to ban baby bath seats. This advance notice of proposed rulemaking ("ANPR") initiates a rulemaking proceeding under the Federal Hazardous Substances Act. The Commission solicits written comments concerning the risks of injury associated with baby bath seats and rings, the regulatory alternatives discussed in this notice, other possible ways to address these risks, and the economic impacts of the various regulatory alternatives. The Commission also invites interested persons to submit an existing standard, or a statement of intent to modify or

develop a voluntary standard, to address the risk of injury described in this notice.

DATE: Written comments and submissions in response to this notice must be received by [insert date that is 60 days after publication].

ADDRESSES: Comments should be mailed, preferably in five copies, to the Office of the Secretary, Consumer Product Safety Commission, Washington, D.C. 20207-0001, or delivered to the Office of the Secretary, Consumer Product Safety Commission, Room 502, 4330 East-West Highway, Bethesda, Maryland; telephone (301) 504-0800. Comments also may be filed by telefacsimile to (301)504-0127 or by email to cpsc-os@cpsc.gov. Comments should be captioned "ANPR for Baby Bath Seats."

FOR FURTHER INFORMATION CONTACT: Jacqueline Elder, Office of Hazard Identification and Reduction, Consumer Product Safety Commission, Washington, D.C. 20207; telephone (301) 504-0554, ext. 2254.

SUPPLEMENTARY INFORMATION:

A. Background

In 1994, the CPSC staff prepared for the Commission a briefing package discussing options for baby bath seats. At that time, the staff was aware of 13 infant deaths and seven non-fatal injury incidents that were associated with baby bath seats and rings. Most of the victims were between 6 and 11 months of age. The Commission also had reports of

approximately 30 incidents in which the products failed, but no injuries were reported. The 1994 briefing package reported that in 1992, sales of bath seats/rings were around 660,000 units with a retail value of \$9 million. Bath seats were used by 28 percent of mothers with infants, with an estimated 1.4 million in use in 1992. Approximately 10 out of 66 firms that manufactured or imported bathing accessories for infants were identified as suppliers of baby bath seats/rings. In 1994, staff was not aware of any voluntary or mandatory safety standards for bath seats/rings.

In 1994, the Commission staff recommended that the Commission begin a rulemaking with the publication of an advance notice of proposed rulemaking ("ANPR"). On June 15, 1994, the Commission voted 2-1 against initiating a rulemaking, but instructed the staff to work with industry on a public information campaign. The staff worked with the Juvenile Products Manufacturers Association ("JPMA") to disseminate the message that caregivers should never leave a baby unattended in a tub of water.

In July 2000, the Consumer Federation of America and eight additional organizations petitioned the Commission to ban baby bath seats.¹ In August 2000, an additional

¹ The other petitioners are Drowning Prevention Foundation; Danny Foundation for Crib and Child Product Safety; Intermountain Injury Control Research Center; California Coalition for Children's Safety and Health; California Drowning Prevention Network; Contra Costa County Childhood

organization, U.S. Public Interest Research Group, submitted a letter requesting to be added to the list of petitioners. The petition was docketed under the Federal Hazardous Substances Act ("FHSA") (Petition No. HP 00-4) and a notice requesting comments was published on August 22, 2000 in the Federal Register, 65 FR 50968.

The petitioners state that at least eight babies a year die due to drowning associated with baby bath seats. They state that these drownings "typically occur when the infant tips over, climbs out of, or slides through the product." The petitioners also argue that the bath seats create a "false sense of security," which "leads to increased risk-taking behavior among those using the product even when the irresponsible nature of the caregivers is taken into account."

B. The Product

This rulemaking covers baby bath rings and baby bath seats. Bath rings typically consist of a plastic ring with three or four legs equipped with suction cups. The infant sits directly on the bathtub surface or on a fitted sponge pad within the ring, straddling a bath ring leg. As defined here, bath rings are no longer manufactured for the U.S. market. However, they may still be available in the secondhand market. Baby bath seats are similar to bath

Injury Prevention Coalition; Greater Sacramento SAFE KIDS Coalition; and Kids in Danger.

rings, but provide a molded plastic seat for the infant to sit on. Suction cups are attached to the underside of the molded plastic seat.

Bath seats and rings are not intended to be used with textured or non-skid bathtub surfaces. Textured and non-skid bathtubs represent a substantial portion of the residential tubs sold today.

The Juvenile Products Manufacturers Association ("JPMA"), a trade association of manufacturers, importers, and distributors of juvenile products, noted in its comments on the petition that "bath seats and rings are generally not recommended for use until six months of age or when the children can sit upright unassisted. They are usually discontinued in use when a child seeks to escape the confines of the product or can stand up while holding onto other objects. These [sic] products have a useful product life of several months with both lower and upper limits being determined by the development and ability of the child." Developmental literature indicates that infants begin to pull up on objects around 9 months of age. Based on this information, bath seats/rings are useful with infants from about 6 to 9 months of age.

At the time of the 1994 Commission briefing there were approximately 10 firms supplying baby bath seats/rings. Currently, however, there are only two manufacturers of bath seats in the U.S. market, with one of these controlling the

majority of the market. Their estimated retail sales of new baby bath seats may range from 700,000 to 1,000,000 annually.

Commission staff estimates that there are between 1.3 and 2 million bath seats available for use in homes with infants. This estimate is based on 1999 survey results that indicated 33 percent of new mothers own bath seats or rings, census data that show about 4 million infants born per year in the United States, and an industry estimate of 2 million bath seats/rings in use.

Prices for infant bath seats range from about \$10 to \$16. Seats that convert from an infant bathtub to an infant bath seat sell for about \$20 to \$25.

C. The Risk of Injury

1. Incident Data

The Commission has reports of 69 deaths and 95 non-fatal incidents and complaints associated with baby bath rings or seats' between January 1983 and November 2000.²

The victims involved in the fatal incidents ranged in age from 5 months old to 20 months old. Sixty-one of the victims were between 5 and 10 months of age. The age of victims most frequently involved in the fatal incidents was 7 months (18 of the 69). Sixty-six of the 69 deaths took

²The identified cases do not represent a complete count nor a sample of known probability of selection. The cases do, however, provide information about the types of incidents associated with baby bathing aids.

place when the victim was left unattended (by the caregiver) in the bathtub for a few minutes or longer. The times that the caregiver was out of the room varied from a reported 2 minutes to over one hour. Some of the reasons stated for leaving the child unattended were to respond to unexpected phone calls or company, to retrieve towels or clothing, or to tend to another child in the home. Some caregivers left the victims unattended for more deliberate reasons such as performing household chores, playing video games, or watching television.

The remaining three deaths occurred while the caregiver was with the child in the bathroom. In two of these cases, the caregivers reportedly turned away momentarily and looked back at the victims to find them face down in the water. In the other case, the caregiver saw the incident occur but panicked briefly.

In 26 of the 69 deaths (38%), the victim was put into the bathtub with another child (or children). However, not all of these other children were still in the bathtub when the drownings occurred.

Most of the caregivers involved in the reported incidents were parents. Fifty-eight of the victims were being cared for by a parent or a parent and another family member. The remaining eleven children died while under the supervision of a baby sitter. The youngest caregiver was 11 years old.

2. Hazard Scenarios

The Commission staff has identified six main hazard scenarios associated with bath seat/ring deaths and incidents. The identified scenarios are discussed below.

Bath seat tipping over. In 22 fatalities and 50 non-fatal incidents and complaints the bath seat/ring tipped over submerging the child in the water or allowing the child to escape the confines of the seat. In the incidents in which the seat tipped over, the suction cups may have contributed because they failed to adhere to the tub surface; they adhered but the legs of the seat separated from the suction cups; or the suction cups were missing. It does not appear that one manufacturer's products were involved in significantly more fatal tip-over incidents than any other manufacturer's products.

Infant came out of the seat. In 11 fatalities and 6 non-fatal incidents and complaints the infant was found outside of the upright seat. Presumably in these incidents the child came over the top of the seat when the seat failed to restrain him or her.

Entrapment and submersion. In 3 deaths and 15 non-fatal incidents and complaints the infant slid through the leg opening, becoming trapped and submerged in the water. In 2 of the fatalities the leg openings on the bath seats were large enough for the infants to fit both legs through one opening but not large enough to allow the shoulders and

head to pass through. In the third case, the leg post was broken and the infant slid under the rim. All 3 infants died because their faces were partially or completely submerged in the bath water.

Infant slumped over bath seat. In 8 fatalities and 2 non-fatal incidents and complaints the infant reportedly "slumped over" the bath seat rim. Although the water depth data provided in these cases is limited, water depth could have played a role in these incidents.

Overflowing water. In 2 fatalities the bath water reportedly overflowed. One incident involved a 5-month-old child in a laundry tub. The other incident involved an 8-month-old victim in a bathtub.

Bath seat breaking. The Commission received 7 complaints of bath seats breaking during use. The complaints included bath seat legs breaking or detaching, the rings around the child breaking, mats ripping away from the legs/suction cups and the bath seat cracking.

No scenario determined. In the remaining 23 fatalities and 15 non-fatal incidents and complaints, information was insufficient to determine a hazard scenario. These include incidents where children were found in water, but the position of the bath seat was unknown (16 fatal and 5 non-fatal); incidents where the bath seat was upright, but the position of the child was unknown (2 fatal), and incidents

where the circumstances were unknown or uncertain (5 fatal and 10 non-fatal).

D. 1993 Focus Group

In preparation for the 1994 Commission briefing on bath seats/rings, Human Factors staff worked with a contractor to conduct consumer focus groups to learn more about how consumers use bath seats/rings. The groups provided a variety of information regarding bathing children, bath time supervision habits, and use of bath seats/rings. The following points summarize participants' responses regarding leaving children in the bathtub for a short period of time:

(1) Despite an intellectual knowledge of the hazard of drowning, and agreement that children should never be left alone in the bath, some participants acknowledged having done so, albeit infrequently, and typically for only a few moments.

(2) Responses suggested that, although emergency situations occur, they are not the primary reason that caregivers turn away from a child in the bath. Participants reported that practical, non-emergency reasons, such as needing a towel, pajamas, or a diaper were more likely reasons for leaving the child.

(3) Participants' responses indicated that uneventful experiences with leaving a child unattended in the bath tended to encourage repetition of this behavior.

(4) In general, participants perceived bath rings as convenience items rather than as safety devices. However, responses suggested that some users gained a sense of security from the sets/rings, and believed the child was safer in a bath seat/ring. These included comments that they believed their child was less likely to stand up or slip around if they were restrained in a bath seat/ring.

(5) The sturdier, more luxurious-looking bath rings/seats were preferred by most participants, and were perceived to be safer than more basic models.

E. Research reported by Dr. N. Clay Mann

In the petition, petitioners refer to recent research conducted by Dr. N. Clay Mann under the auspices of the Intermountain Injury Control Research Center at the University of Utah. Dr. Mann compared infant drowning deaths in bathtubs with infant drowning deaths in bathing aids in bathtubs. The petitioners cite two main conclusions from Dr. Mann's paper. First, Dr. Mann concluded that caregivers are more likely to leave a child unattended in the bathtub for conscious, willful decisions if there is a bath seat present in the bathtub. Second, Dr. Mann's analysis found that the water at the time of the fatal incident was significantly deeper in incidents involving baby bath seats than in bathtubs without a bath seat.

CPSC staff analyzed the bath seat and bathtub data⁵ Dr. Mann used in his research. Although the staff's analysis

yielded slightly different results, the basic conclusions were the same. CPSC staff found that when a bath seat was involved caregivers were more likely to cite a conscious or willful decision for leaving the child alone than when there was a bathtub drowning with no bath seat involved. Staff also found a slightly higher water depth for those deaths where children were in bath seats.

The reasons for leaving the child unattended in the bathtub with or without a bath seat/ring were classified by Dr. Mann and by CPSC staff as either a willful decision or an impulsive decision. Willful decisions were defined as watching television, performing household chores, and getting clothing for the victim. Impulsive decisions were defined by Dr. Mann as answering the telephone, responding to the doorbell, responding to a distressed child and tending to cooking food. Dr. Mann's finding that consumers leave a child unattended in a bath seat more often for willful reasons than for impulsive reasons agrees with the results from a CPSC focus group study conducted in 1993 (see discussion in Section D). The focus group participants indicated that when using a bath seat non-emergency (willful) reasons were more likely to draw them away from the child than emergency (impulsive) reasons.

According to Dr. Mann, as far as the water depth is concerned, the actual water level is not as important as the fact that consumers appear to use more water when a bath

seat is in use. According to CPSC staff's analysis of the hazard scenarios, the water depth may be an issue in the situations in which the bath seat is upright and the infant slumps over the seat rim or when the infant comes out over the top of the seat; however, the water depth data was very limited and therefore no conclusions could be made.

F. Relevant Statutory Provisions

The petition was docketed under the FHSA, 15 U.S.C. 1261 *et seq.* Section 2(f)(1)(D) of the FHSA defines "hazardous substance" to include any toy or other article intended for use by children that the Commission determines, by regulation, presents an electrical, mechanical, or thermal hazard. 15 U.S.C. 1261(f)(1)(D). An article may present a mechanical hazard if "in normal use or when subjected to reasonably foreseeable damage or abuse, its design or manufacture presents an unreasonable risk of personal injury or illness." 15 U.S.C. 1261(s).

Under section 2(q)(1)(A) of the FHSA, a toy, or other article intended for use by children, which is or contains a hazardous substance accessible by a child is a "banned hazardous substance." 15 U.S.C. 1261(q)(1)(A).

Section 3(f) through 3(i) of the FHSA, 15 U.S.C. 1262(f)-(i), governs a proceeding to promulgate a regulation determining that a toy or other children's article presents an electrical, mechanical, or thermal hazard. As provided in section 3(f), this proceeding is commenced by issuance of

this ANPR. After considering any comments submitted in response to this ANPR, the Commission will decide whether to issue a proposed rule and a preliminary regulatory analysis in accordance with section 3(h) of the FHSA. If a proposed rule is issued, the Commission would then consider the comments received in response to the proposed rule in deciding whether to issue a final rule and a final regulatory analysis. 15 U.S.C. 1262(i).

G. Regulatory Alternatives

One or more of the following alternatives could be used to reduce the identified risks associated with baby bath seats and rings.

1. *Banning rule.* The Commission could issue a rule declaring baby bath seats and bath rings to be banned hazardous substances.

2. *Mandatory standard.* The Commission could issue a standard that would ban any baby bath seats or rings that did not comply with the specified standard. Thus, if the Commission found that some modifications to baby bath seats/rings were possible that would adequately reduce or eliminate the risk of injury associated with the current product, the Commission could issue such a standard-setting rule.

3. *Mandatory labeling rule.* Similarly, the Commission could issue a rule banning bath seats and rings that did not contain specified warnings if it found that such warnings

could sufficiently reduce the risk of injury associated with baby bath seats/rings.

4. *Voluntary standard.* If the Commission determined that a voluntary standard was adequate to address the risk of injury associated with the product, the Commission could defer to the voluntary standard in lieu of issuing a mandatory rule.

H. Existing Standards

When the Commission first examined baby bath seats in 1994, no mandatory, voluntary or international standards addressed drowning in baby bath seats and rings. Currently, the Commission is aware of one voluntary standard relating to bath seats, the ASTM F1967-99 Standard Consumer Safety Specification for Infant Bath Seats (first published in June 1999). During August and September 1999, additional requirements for improved performance of suction cups and latching/locking mechanisms were balloted; ASTM estimates that the revised standard will be published by July 2001.

1. Provisions of the Bath Seat Voluntary Standard

According to the statement of scope in the standard, "This consumer safety specification establishes performance requirements, test methods, and labeling requirements to promote the safe use of infant bath seats." A summary of the major requirements in this standard follows:

Stability. This requirement addresses the bath seat's resistance to tipping over during normal use. The provision

is intended to ensure that new bath seats' suction cups properly attach to the bathtub surface.

Restraint System. Bath seats must provide a passive crotch restraint to prevent the occupant from sliding out through the product. For bath seats on the market this requirement is met by a fixed vertical bar between the infant's legs. The standard also specifies that bath seats shall not include additional restraints that require action by the user. The rationale for this requirement was that a redundant system would give the caregiver a false sense of security.

Resistance to Folding. If the bath seat folds, it is required to have a latch or locking mechanism to prevent the unit from unintentionally folding during use.

Labeling. The standard requires a warning label on the product, instructions, and packaging consisting of the safety alert symbol (an equilateral triangle surrounding an exclamation point) and the following exact wording:

 **WARNING**
Prevent drowning

ALWAYS keep baby within arm's reach

The warning label printed above is the minimum specified size. The warning must be located on the product so that it is visible to the adult caregiver and must be a contrasting color to the background. If the bath seat is not recommended for use on a slip-resistant surface, an additional warning label stating this is required only on the package.

2. Concerns about the Bath Seat Voluntary Standard

After reviewing the voluntary standard, the staff is concerned that provisions for stability of the seat, suction cup operation, occupant retention and labeling may not adequately address the drowning hazard.

The stability of the seat is greatly affected by the performance of the suction cups. If suction cups are missing or detach from the tub surface or the bath seat, it is more likely that the bath seat will tip over when the occupant leans out over the rail. The stability test in the voluntary standard addresses suction cup performance but not performance over time or on non-smooth or dirty surfaces. The suction cups operate by creating an air or watertight seal between the bathtub surface and the bottom of the suction cup material. A leak in the seal between the suction cup and bathtub surface allows air or water to leak under the suction cup resulting in detachment of the suction cup from the tub surface. A rough tub surface would allow such a leak to occur. The suction cups used on bath seats

will not adhere to textured bath surfaces or slip resistant surfaces. Dirt or soap scum build up could also degrade the performance of the suction cups.

The occupant retention system currently required by the ASTM F1967 standard for bath seats is a passive crotch restraint. A center post is the most common form of passive restraint used on bath seats and is intended to prevent the infant from slipping down and out of the bath seat. However, the standard does not have any leg opening size requirements, and staff is aware of three deaths when infants got both legs through a leg opening and became trapped and submerged under water because their shoulders and head could not pass through the opening.

Moreover, this type of passive restraint does not prevent the infant from climbing out of the bath seat. To prevent the occupant from climbing out of the product, the restraint system would have to prevent the infant from lifting his bottom off the bath seat or tub. However, because this would make it difficult to wash the infant's lower body, it would reduce the utility of the product. Also, the ASTM F1967 bath seat standard does not allow additional user activated restraints because the subcommittee believed that this would provide the caregiver with a false sense of security and could increase the likelihood that a parent might leave a child unattended.

According to the Division of Human Factors, warning labels have limited effectiveness on user behavior when the product is familiar and perceived to be benign. Consumers who have used bath seats over time and have not had any indications that the seat could tip over or that the infant could climb out of or slide under it are led to believe the infant is secure in the seat. In addition, the more often consumers use the product, the less likely they are to notice and read the product labels. Thus, the arm's reach warning label required in the voluntary standard becomes less effective with each use of the product.

The voluntary standard also requires a label on the packaging of the product, but not the bath seat itself, advising consumers not to use the product on non-skid bathtub surfaces. This label is likely to have limited effectiveness because (1) it fails to explain to the user the hazard of using the product on a slip-resistant surface (i.e., suction cup failure), and (2) the product's packaging is not likely to remain with the product and the message is lost to anyone who does not see the packaging. This type of product is likely to be handed down to family and friends with young children or sold at garage sales without the packaging.

3. Voluntary Standard for Slip Resistant Tub Surfaces

The Commission is aware of an ASTM standard for slip-resistant bathtub surfaces, ASTM F 462-79 (reapproved 1999)

"Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities." According to the Plumbing Manufacturers Institute ("PMI"), this standard is used for most enameled-coated steel tubs but not for plastic tubs. Suction cups will not adhere to slip resistant surfaces. Therefore, this standard could affect the performance of bath seat suction cups.

I. Public Comments on the Petition

The Commission published a Federal Register notice asking for comments on the petition when it docketed the petition. 65 FR 50968 (August 22, 2000). The Commission received 66 comments in response to the notice. Of those 66 comments, 45 were a form letter expressing the same concerns as those of the petitioner and asking the Commission to support the petition to ban bath seats. Seventeen other comments also supported the petition and expressed concerns about the hazards involving bath seats. Three comments discussed in-depth why the CPSC should deny the petition. Finally, one consumer provided information both supporting and opposing the petition.

Discussed below are the eight primary issues raised in the comments and the Commission's responses to those issues. The numbers found in parentheses after a comment refer to the commenter number assigned by the Office of the Secretary. The letters "FL" refer to the form letter used by many of the commenters.

1. Unreasonable Risk

Comment: According to most commenters, 66 deaths from January 1983 to June 2000 and 37 near-drownings are too many. They note that when the Commission first looked into the hazards involving bath seats there had been 13 deaths in 10 years. In the following 6 years, 53 additional deaths occurred. They viewed this as an unreasonable risk because of the "alarming" number of deaths with a product that they stated had a useful life of only 2 months. (FL, #20, 24, 28, 56, 58, 60)

CPSC Response: The Commission is also concerned about the number of deaths. CPSC staff has identified 69 deaths and 95 non-fatal incidents from January 1983 to November 2000.

2. False Sense of Security

Comment: Many commenters quoted research conducted by Dr. N. Clay Mann that suggests parents and caregivers of infants who use bath seats engage in more risk-taking behavior than non-bath seat users. These commenters argue that bath seats are viewed as safety devices and thereby provide the user with a false sense of security. The petitioners and almost all of the comments from consumers in favor of granting the petition indicated that the product leads the user to believe that the child is "safe" in the bath seat in the water. (FL, #1, 54, 56, 59, 60, 62)

Some commenters stated that the product may not claim to be a "safety device" but it certainly gives the impression it is, especially those with the brand name "Safety 1st" on the package. (#13, 16, 28, 40, 64)

One commenter, who opposes the petition, stated that the product does not cause a false sense of security, but rather the caregiver undertakes risky behavior because previous behavior resulted in no injury. (#53)

Another commenter, who also opposes the petition, stated, "The unreasonable actions of caregivers who leave infants unattended in bathtubs, whether or not a bath seat or ring is used, results in the hazards, with tragic consequences. This behavior itself defies the common sense approach used by 99.999% of the population and is unreasonable. As we have noted, the products themselves performed properly and as intended. It was not the normal or even foreseeable misuse of the product that creates the hazard, but rather the unreasonable behavior of the caregiver. No standard, whether mandatory or voluntary, can address this risk." (#63)

CPSC Response: Various sources³ indicate that many consumers purchase the product for safety and convenience reasons. Consumers may not be ready to bathe their infants in a regular size bathtub and, therefore, are looking for a

³ Sources included: CPSC focus groups results, IDIs, consumer opinions on internet website and marketing information

device to help them contain a wet, slippery, squirmy infant. Some caregivers may perceive that the product provides a greater degree of safety than it does, and this false sense of security about the product may lead them to leave the child alone. Leaving the child alone could be considered a foreseeable misuse of the product.

3. Bath Seat Incompatible with Bathtubs

Comment: Several comments pertained to the current voluntary standard, ASTM F 462-79 (reapproved 1999) "Standard Consumer Safety Specification for Slip-Resistant Bathing Facilities." This standard establishes slip-resistance surface requirements to minimize injuries in tubs and showers. The commenters indicated that suction cups that are used to adhere the bath seats to the tub surface do not work on slip-resistant surfaces. (FL, #2, 28, 59, 60, 64)

Another commenter, who opposes the petition, stated, "As we have noted, the products themselves performed properly and as intended." However, that same commenter indicated that the data show suction cups on the seats failed on smooth surface bathtubs not just slip-resistant surfaces. (#63)

CPSC Response: According to CPSC Engineering Sciences staff, adherence of the suction cup to the bathtub surface requires an adequate seal between the mating surfaces. Suction cups used on bath seats will not adhere to textured

bath surfaces or slip-resistant surfaces. Dirt or soap scum build up could also degrade the performance of the suction cup. However, dissolved or suspended particles in the bath water such as oils and soap should not affect the suction cup adherence to the tub.

The Commission disagrees with the commenter's statement that the "products themselves performed properly and as intended." In 22 of the 69 fatalities and 50 reported non-fatalities, the bath seats detached from the tub surface and tipped over. In addition, many consumers reported on an opinion website that they were using the bath seat when all of a sudden, without any warning the seat tipped over and the child was under the water. In some of these incidents the consumers stated that they had used the product a number of times before and occasionally had difficulty removing the suction cups when bath time was over. Other consumers indicated that right from the start they had trouble with the suction cups only working some of the time.

CPSC data are inconclusive about the types of surfaces on which the tip-overs occurred, so CPSC is unable to verify the commenter's assertion that data show seats failed on smooth surface tubs. However, there were a number of comments on the Internet in which consumers specifically state that their tubs had smooth surfaces and the suction cups failed.

4. Labeling - Slip resistant surfaces

Comment: A few commenters stated that the label warning against the use of the bath seat on non-skid tubs should be on the product, not just the package. Due to the short useful life of the product, the bath seat is likely to be passed on to other family members or friends without the box. This makes the label ineffective for these other users. (#2, 59)

CPSC Response: CPSC agrees with the comments that a warning label only on the packaging and not on the product is likely to be less effective than a label placed on the product. The effectiveness of this label is limited for two reasons. First, it fails to explain to the user why the product should not be used on non-skid bathtub surfaces (suction cup failure). Second, the product's packaging is not likely to remain with the product; therefore, the message is lost to anyone who does not see the packaging.

5. Labeling - Keep child within arm's reach

Comment: Regarding the labeling warning to keep the child within arm's reach, a commenter who is against the petition, referenced information from CPSC focus groups that were conducted in 1993. The commenter states "Almost all of the parents surveyed recalled the warnings on the product, packaging or instructions and view it as an important reminder that the consequences of leaving an infant alone in the bathtub could be drowning. This fact undercuts the

Petitioners' argument that the warnings are not noticed and are ineffective." (#63)

CPSC Response: The Commission disagrees with the commenter's conclusion that the focus group results which showed that consumers recalled the warning label are evidence that undercuts the arguments that warnings are not noticed and ineffective. According to the focus groups, consumers were able to recall the warning not to leave a child unattended. However, the focus group members also reported situational variables that made them comfortable leaving a child unattended. Those variables include using a bath ring/seat, having an older sibling in the bath, and being able to see and hear the child even though they had physically left the bathroom.⁴ Judging from the focus group's comments and the actions of the caregivers in the fatal and non-fatal incident data who left the child alone in bath rings/seats, the warnings are ineffective.

6. Water Depth

Comment: A couple of commenters expressed the belief that if parents are not given proper guidance they will fill the tub with more water than is necessary. They stated that the bath seats should be marked with a "water line" so caregivers don't fill the water higher than the "safe

⁴ "A Focus Group Study to Evaluate Consumer Use and Perceptions of Baby Bath Rings/Seats CPSC-R-93-5839" by Shugoll Research.

level", since too much water increases chances of drowning.
(#2, 64)

One comment from a consumer against the petition states, "The marker should be set at a point where in case the baby fell out of the seat, he or she would not be in danger of drowning." (#53)

CPSC Response: The Commission disagrees with the need for a "waterline" on the product. A waterline suggests that there is a "safe" water level. Since infants have drowned in as little as 2 inches of water, the more critical hazard is leaving the child unattended in the bath seat.

7. Bath Seat vs. Bathtub Drownings

Comment: One of the comments against the petition states that on average 4 children per year drown in bath seats while "in excess of 50 infants under one year of age are estimated to drown because caregivers fail to watch infants in bathtubs." This commenter believes that "statistically, it seems that children are safer when caregivers use bath seats compared to when they are not in use." (#63) Another comment, also against the petition, stated that on average there are 9 bath seat drownings and 41 bathtub drownings as a result of the primary caregiver leaving the child alone. (#61)

CPSC Response: According to CPSC data, from 1993 to 1997, the latest 5 years for which CPSC has complete data on deaths, 41 deaths occurred in bathtubs, or about 8 deaths

per year. The cited 50 deaths per year include deaths in bathtubs with other products, including bath seats.

To address the relative risk of children drowning in bathtubs with a bath seat and without a bath seat, CPSC staff compared bath seat-related deaths to bathtub-related deaths. CPSC Hazard Analysis staff evaluated data for 1996 and 1997, since CPSC investigated most of the infant bathtub drownings during this time period. In these two years, 16 children 5 to 10 months of age drowned in bath seat-related incidents compared to 28 drownings of children 5 to 10 months in bathtubs without bath seats. For purposes of this analysis, the staff assumed that owners of bath seats used them during baths and non-owners bathed their children in the bathtub without any bath aids. Staff also assumed that the total number of children in the population and the number of bath seat users are uniformly distributed from age 1 day to 1 year. These assumptions were used to calculate a relative risk of death for bath seat use versus bathtub use for 5 to 10 month-old children in 1996 and 1997 as shown in the table below.

Age of Child	# Deaths per 500,000	#Deaths per 500,000
5 months-old	4.8	0.0
6 months-old	7.2	3.4
7 months-old	7.2	3.4
8 months-old	7.2	8.0
9 months-old	7.2	8.0
10 months-old	4.8	9.1

Source: CPSC databases (DTHS, IPII, INDP), Baby Products Tracking Study and NCHS data.

The data suggest that children 5 to 7 months old are more at risk of death when bathed in a bath seat as opposed to being bathed in the bathtub without other bathing aids. At 8 to 10 months old, the risk of death is greater in a bathtub as opposed to a bath seat. Although CPSC does not know the reason why the risk of bath seat drowning is less than bathtub drowning at 8 months of age, one possible explanation may be related to the diminished utility of the product as children reach this age. At this age, children are beginning to stand and are getting "big" for the bath seat. The risk analysis assumes that the number of bath seats being used is constant for 5 through 10 months of age. If, in fact, fewer bath seats are being used by older children, then the risk of bath seat drowning would be greater than that shown in the table.

8. Current Bath Seat Voluntary Standard

Comment: Three of the comments supporting the petition stated that the current ASTM F1967-99 "Standard Consumer Safety Specification for Infant Bath Seats" is ineffective in addressing the hazard of bath seat drownings. One consumer called the standard a "performance" standard rather than a "safety" standard. (#40) Another stated that the standard failed to adequately address the leg opening problem, the efficacy of suction cups, the lack of a water line, and the failure to label the product regarding non-skid surfaces. (#2) The third consumer felt the standard

was inadequate because it called for "no significant structural changes to existing bath seat designs." (#54)

One comment against the petition states that "the voluntary standard addressed most of all of the CPSC staff recommendations." (#63)

CPSC Response: The Commission agrees that there are concerns with the adequacy of the voluntary standard. These concerns are discussed in detail in section H.2. above. As noted, the current voluntary standard does not address leg-opening requirements. CPSC is aware of 3 fatalities and 15 non-fatalities in which infants slipped partially through the leg opening and became trapped and submerged under water. Although the voluntary standard has requirements for testing the stability of the seat, the test is performed using a new bath seat on a simulated bathtub surface and does not address suction cup performance over time or suction cup performance on non-smooth or dirty surfaces. CPSC data show 22 fatalities and 50 non-fatalities occurred when the seat tipped over. In most of these cases the suction cups played a part in the tip-over by either failing to adhere to the tub surface; adhering to the surface but separating from the seat legs; or from being missing. The adequacy of the requirement for labeling on the package concerning non-skid surfaces is also questionable because it does not specifically identify the hazard and because the label is only required for the package.

The voluntary standard does not require a water line, but CPSC agrees with this. There is no "safe" water level and therefore, it would be misleading to consumers to put a water line mark on the product.

The staff recommendations that were provided to the voluntary standards' working group were intended to make bath rings/seats less dangerous. The staff's position as reported in the May 1994 briefing package stated: "Based on current research, labeling is known to have limited effect on user behavior, particularly when the product is familiar and perceived to be benign. Judging from the IDIs, the effectiveness of the current label is questionable, but for the sake of those who may read and heed it, a more specific and direct warning such as 'Stay in arm's reach of baby in bath seat...' was recommended." Also, staff recommended leg-opening requirements that were not included in the standard.

J. Solicitation of Information and Comments

This ANPR is the first step of a proceeding that could result in a mandatory rule for baby bath seats and rings to address the described risk of injury. All interested persons are invited to submit to the Commission their comments on any aspect of the alternatives discussed above. In accordance with section 3(f) of the FHSA, the Commission solicits:

1. Written comments with respect to the risk of injury identified by the Commission, the regulatory alternatives being considered, and other possible alternatives for addressing the risk.

2. Any existing standard or portion of a standard which could be issued as a proposed regulation.

3. A statement of intention to modify or develop a voluntary standard to address the risk of injury discussed in this notice, along with a description of a plan (including a schedule) to do so.

In addition, the Commission solicits the following specific information:

1. Information on the useful life of currently produced bath seats;

2. Information on the potential effect of any regulatory action on firms, including small entities;

3. Information on potential loss of consumer utility from any regulatory action;

4. Any other information available related to the potential costs and benefits of a rule.

Comments should be mailed, preferably in five copies, to the Office of the Secretary, Consumer Product Safety Commission, Washington, D.C. 20207-0001, or delivered to the Office of the Secretary, Consumer Product Safety Commission, Room 502, 4330 East-West Highway, Bethesda, Maryland 20814; telephone (301) 504-0800. Comments also may be filed by

telefacsimile to (301)504-0127 or by email to cpsc-os@cpsc.gov. Comments should be captioned "ANPR for baby bath seats." All comments and submissions should be received no later than [insert date that is 60 days from publication].

Dated:

Sadye E. Dunn, Secretary
Consumer Product Safety Commission

List of Relevant Documents

1. Briefing memorandum from Ronald Medford, Assistant Executive Director, Office of Hazard Identification and Reduction and Celestine Kiss, Project Manager, Division of Human Factors, to the Commission, March ____, 2001.

2. Petition HP 00-4 from the Consumer Federation of America, The Drowning Prevention Foundation, et al. to Ban Baby Bath Seats, July 25, 2000.

3. Memorandum from Mary F. Donaldson, Directorate for Economic Analysis, "Baby Bath Seat Petition, HP-00-4," February 16, 2001.

4. Memorandum from Suad W. Nakamura, Ph.D., Physiologist and Sandra E. Inkster, Ph.D., Pharmacologist, Directorate for Health Sciences, "The Pathophysiology of Drowning," December 7, 2000.

5. Memorandum from Debra Sweet, Division of Hazard Analysis, "Hazard Analysis Memorandum for Bath Seat Petition," January 29, 2001.

6. Memorandum from Celestine T. Kiss, Division of Human Factors, "Human Factors Response to Bath Rings/Seats Petition (HP-00-04)," January 25, 2001.

7. Memorandum from M. Kumagai, Directorate for Engineering Sciences, "Review of BATH SEAT ASTM STANDARD F1967 and Response to Comments to Petition HP 00-4," March 2, 2001.

8. Memorandum from M. Kumagai, Directorate for Engineering Sciences, "Evaluation of Bath Seat Design," March 2, 2001.