



United States

**Consumer Product Safety Commission**

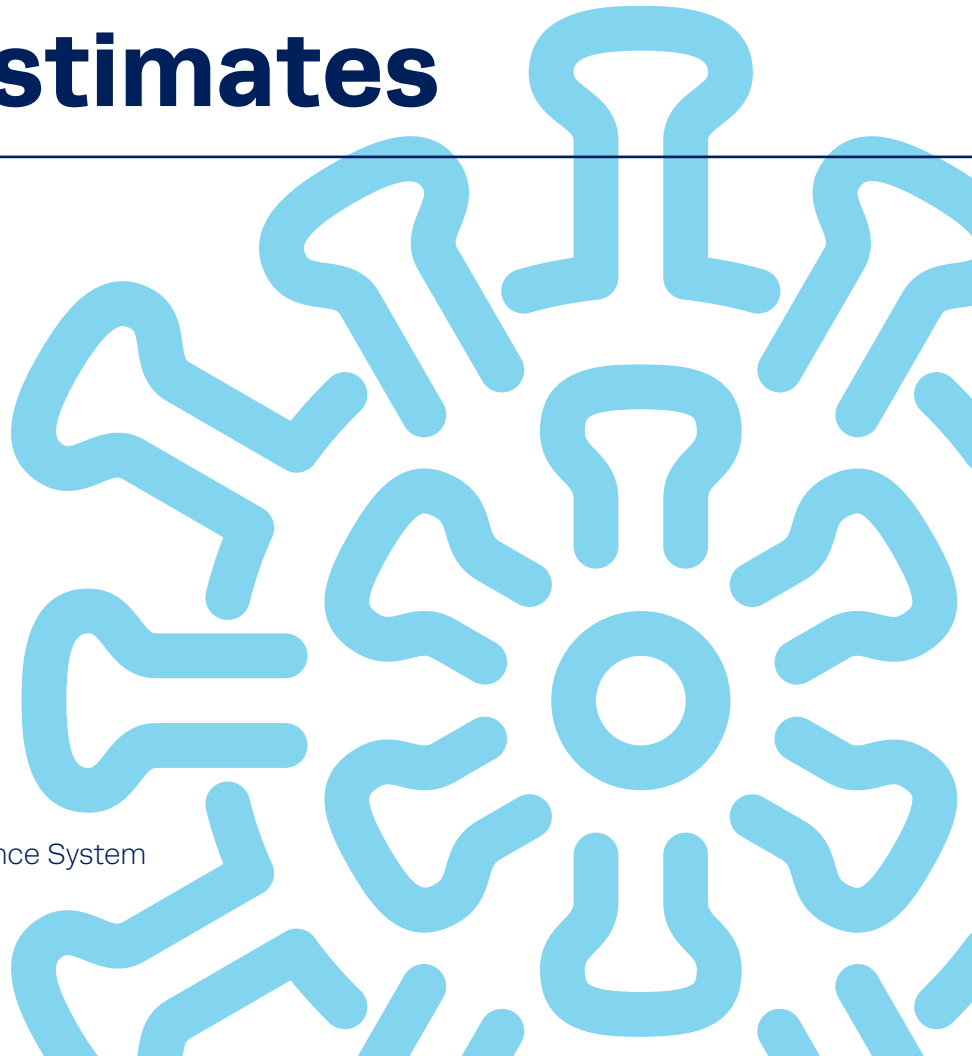
**Report Highlights:**

# **Effect of Novel Coronavirus Pandemic on Preliminary NEISS\* Estimates**

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January 2021

\*National Electronic Injury Surveillance System



## Highlights from the Consumer Product Safety Commission Report, “Effect of Novel Coronavirus Pandemic on Preliminary NEISS Estimates”

*The year 2020 was remarkable, as the Coronavirus pandemic (“COVID-19”) swept the globe, and ushered in a new way of living for U.S. consumers. The closing of schools, and the shifts to remote work for all but essential workers, affected millions. This report provides preliminary information on the impact COVID-19 may have had on Emergency Room (ER)-treated, product-related injuries. Such impacts cannot be measured fully by the data available to us today, nor can the effects necessarily be gauged quickly. This report provides a first glimpse into the injury patterns for the first 7 months of the pandemic, March to September 2020. Importantly, this report does not capture data on injuries not requiring ER treatment, and it cannot measure whether consumers’ fears of possible exposure to COVID-19 in hospitals kept them from seeking ER treatment for injuries during this period.*

### KEY INSIGHTS FROM THE REPORT

- **Emergency Room (ER) treatment for all product-related injuries decreased by 24%, during the March-September 2020 timeframe, but dropped by only 1% for the most severe injuries.** This finding is consistent with the timeline of the pandemic—in the early months when hospitals were overrun with COVID-19 cases, consumers likely avoided visiting a hospital for anything but the most serious injuries. The Centers for Disease Control and Prevention (CDC) estimates that overall emergency room visits dropped by 42 percent.
- **Sports and school injuries occurring at schools dropped sharply (81%) beginning in March, likely the result of school closures and the widespread suspension of school-related sports activities during this period.**
- **The largest increases in ER-treated injuries across all age ranges occurred with fireworks and flares (56%), skateboards, scooters, and hoverboards (39%), and all-terrain vehicles (“ATVs”), mopeds, and minibikes (39%).** A notable increase in injuries from fireworks and flares is likely due to more consumers using these products at home, rather than in community settings with professional fireworks handlers. **The increase in skateboard, scooter, and hoverboard injuries is commensurate with increased use while kids were out of school, because the age group of young children (5-9 years) saw a 143% increase.**
- **ER-treated injuries related to cleaning agents rose sharply (84%), while injuries related to soaps and detergents also rose markedly (60%). This is likely because** as consumers stayed home and did more housecleaning, injuries increased. These included injuries from liquid laundry packets, which continue to be a severe hazard for both small children in the event of ingestion and—increasingly—for seniors, who suffer ocular injuries.
- **Injuries related to batteries rose significantly (93%) among young children (ages 5-9).** These injuries mostly involve ingestion, but some involve foreign body issues, where a child may place a small battery in a nose or ear.
- **Injuries from mask-wearing rose significantly.** This year, as millions of Americans wore face coverings to combat COVID-19, injuries from eye, ear, respiratory (including face coverings), and other similar products, rose by nearly 40 %, and for seniors over age 70, rose by 109 %. The majority of the injuries were the result of skin irritations, with a smaller number of injuries occurring as a result of distractions while putting on or adjusting a mask, shortness of breath while wearing a mask, or obscured vision from glasses fogging while wearing a mask. CPSC does not regulate medical-grade masks, such as the N-95, commonly referred to as Personal Protective Equipment (PPE), which are considered FDA Medical Devices. The face coverings in this data set are nonmedical and are considered articles of wearing apparel regulated by CPSC.

## **WHAT ABOUT ...?**

### **Why doesn't this report on hospital-treated injuries show information about drowning, furniture tip-overs, or window cord strangulations?**

- Put simply, these tragedies are often not reflected in NEISS data, which focuses on injuries and not fatalities. There may also be types of injuries that do not wind up in emergency departments, either because they are not severe, or the victim was found dead or died before they could be admitted to an emergency department. Those hazards are real, significant, and tragic, regardless of whether they appear in NEISS injury data.

### **What kinds of injuries occur with hot tubs, spas, and whirlpools (which went up 25%)?**

- The apparent increase was not statistically significant, so we can't rule out that the uptick may be a result of chance. The injuries most frequently involved adults, and were frequently slips or falls while entering or exiting the hot tub. In a number of cases, alcohol was involved.

### **Why was there such a large increase (52%) of product-related injuries on farms?**

- We don't know. The NEISS data exclude injuries that would have occurred from *working* on a farm—whether the work is done by employees or by members of a family who may live on the farm. There's no easy explanation for why more injuries may have occurred on farms during this period, except possibly that farms may have more tools, miscellaneous workshop items, and lawn and garden care equipment.

### **What about injuries from high-powered magnets?**

- High-powered magnets continue to be a serious concern for CPSC. While injuries from magnets are captured within the larger Toy category (and fatalities would not be captured) other data sources suggest that these serious incidents continue.

## **UNDERSTANDING NEISS AND THIS REPORT**

This report highlights the importance of robust and timely data for the agency to identify and respond to product-related injuries. Importantly, however, the NEISS data set is a high-level snapshot of injury trends around the country, but as a snapshot, the level of detail that can be captured is necessarily limited.

### **How do we determine the number of participating hospitals?**

- About one in 50 hospitals nationally participates in NEISS as part of a scientifically selected sample of hospitals nationwide. Hospitals that provide data to the federal government are required to participate in a complex contracting process that is often overwhelming or impractical for local and regional hospitals. In 2020, the COVID-19 pandemic put an undeniable strain on hospitals, but data collection has continued in most instances. Final data from calendar year 2020 will be posted on CPSC.gov in early April 2021. (Some data may continue to arrive from participating hospitals in the coming months.) We are in the process of a multiyear effort to increase hospital participation, and are seeking additional funds to support this expensive endeavor, including in the FY 2022 Budget Request to Congress, where CPSC requested significant additional funding to enhance NEISS participation. CPSC intends to refresh and resample the number of hospitals participating with these additional monies. That expansion will be focused on reducing the variability of national estimates and exploring various ways of better identifying diverse populations within the NEISS data. The evolution of NEISS is an agency priority, and CPSC will continue to seek additional funding to expand this critical public health tool. With additional resources (both staff and dollars), we anticipate being able to recruit more hospitals to improve our data quality.

### **Should NEISS expand to include urgent care centers or doctor's offices?**

- CPSC has examined the value of expanding NEISS to other medical treatment facilities. Aside from the obvious resource implications required on such an expansion, there is not clear evidence to indicate that data from these sources would substantially add to our current understanding of product-related injuries. Medical literature, for example, suggests that consumers typically visit urgent care, minute clinics, and doctor's offices, more for illness than for injury, putting those visits outside of the data set useful for CPSC. It is important to note that as our data-collection abilities improve through enhancement of our infrastructure, CPSC will continue to evaluate whether to include medical facilities apart from hospitals.

## **AGENCY ACTION STEPS**

This report just begins the process of measuring the impact of the COVID-19 pandemic on hospital-treated, product-related injuries in 2020. More data must be gathered and additional conclusions drawn. However, CPSC's work to address these hazards—and many others not listed in this report—continues. Beginning in March 2020, CPSC's campaign of COVID-19-related home safety messaging has reached millions of consumers through social and traditional media. Using the data contained here, CPSC communications staff can improve and target these messages for the duration of the pandemic. Products shown to have increased injury patterns during the pandemic can be emphasized now, while staff prepares a shift to those that have seen decreases (*e.g.*, sports and school supply-related injuries) as the nation goes back to in-person learning.

Although educating consumers about hazards is critical, it is not the only way that CPSC can protect people from product-related injury. CPSC's ambitious Operating Plan for 2021 will tackle many of the hazards from products found in these pages, and other serious hazards that do not appear in this data. Among other priorities, the agency intends to issue final rules on a variety of infant products, including crib bumpers, infant sleep products, and crib mattresses. Rulemaking is also underway to address furniture tip-overs, table saws, and window coverings. The agency expects that the data in this report will provide valuable insight into our ongoing work to protect consumers from unsafe products long after the urgency of the pandemic has passed.