



<b>Subject: Electric Shock Protocol</b>		<b>Review Date: 06/16/2019</b>	<b>Page 1 of 3</b>
<b>Effective: 5/16/2016</b>	<b>Document Owner:</b>	<b>Approved By: Safety Manager</b>	
<b>Revised: 4/19/2017</b>	<b>Safety Manager</b>		

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## Electric Shock Protocol

### I. Scope

All employees who sustain an electrical shock from contact with live current at work shall report the incident promptly to supervision and then receive an evaluation by a nurse or medical first responder to determine the need for follow-up.

### II. Procedure

- A. A Nurse or Medical First Responder (MFR) shall assess the employee by following the Electrical Injury Evaluation Sheet.
- B. If any of the questions are answered yes on the Electrical Injury Evaluation Sheet, the affected employee shall be sent to the Riverview Emergency Room for follow-up.
- C. If all questions are answered no on the Electrical Injury Evaluation Sheet, the employee may return to work.
- D. Any employee who requests to be seen by a health care provider after an electric shock incident shall be referred.
- E. An exam at the Riverview Emergency Room shall include an electrocardiogram.

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**Electrical Injury Evaluation Form**

(To be completed by Mill Nurse or designated trained Medical First Responder)

**Name:** \_\_\_\_\_ **Business Area/Dept:**  
\_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:**  
\_\_\_\_\_

Brief (trivial) shocks from household levels of current/voltage or less in asymptomatic individuals who felt the "shock" in only one body part require no treatment. Any employee who has received a shock and requests evaluation should be referred to a health care provider.

1. Check vital signs and document:

B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Yes \_\_\_ No \_\_\_

2. Is the employee known to be pregnant? Yes \_\_\_ No \_\_\_

3. Does the employee have a history of any heart problems?  
*(This includes irregular or fast heart beats, skipped heart beats, angina, blockages, heart attacks or defects.)* Yes \_\_\_ No \_\_\_

4. Did the employee feel the shock or tingle or any symptom in more than one body part? (example – both arms or arm and leg) Yes \_\_\_ No \_\_\_

\*5. Is the employee having any symptoms now? Yes \_\_\_ No \_\_\_

\*6. Does the employee have chest discomfort, shortness of breath, heart palpitations, or pain? Yes \_\_\_ No \_\_\_

7. Was the level of current involved greater than 20 mA? Yes \_\_\_ No \_\_\_

\*8. Is there any external/visible evidence of injury or burn (redness, open wound, etc.)? Yes \_\_\_ No \_\_\_

9. Is the employee's heart rate irregular (<60 bpm or >100 bpm)? Yes \_\_\_ No \_\_\_

If all questions are answered "No," the employee can be returned to regular duty. If any question is answered "Yes," or if employee requests evaluation, then refer to Riverview Emergency Room.

\*If the answer to Question 5, 6 or 8 is "Yes," or if employee has any significant burn, or if clinically indicated for another reason, then send employee to Emergency Room by ambulance (EMS).

**(Please complete form and indicate disposition for individual and forward to Mill Medical Services)**

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**Disposition:** Return to Work \_\_\_\_\_ Referred to ER \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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