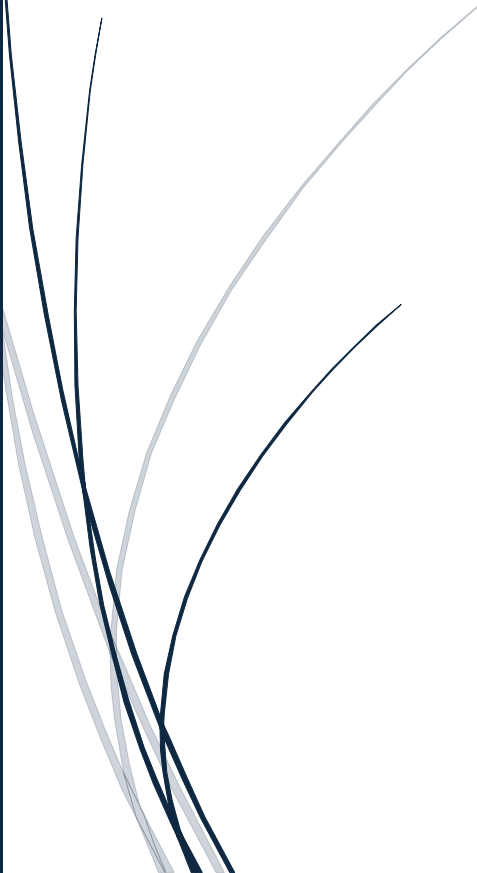




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WESR-ESI



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Electrical Shock Instruction — WESR

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Effective Date: TBD

Owner: PREI

Applies to: All personnel and activities within the WESR-controlled boundary

Table of content

Electrical Shock Instruction — WESR.....	1
1. Purpose & Scope	2
2. Roles & Responsibilities.....	2
3. Definitions & Types of Electrical Shock	2
4. Immediate Response Procedure (At the Scene)	3
5. Incident Scene Control & Evidence	3
6. Mandatory Medical Evaluation & Handover	4
7. Reporting & Records	4
8. Training, Drills & Readiness	4
Annexes (Forms & Aids)	5
Annex A — Shock Severity Quick-Reference (for triage)	5
Annex B — Medical Handover Sheet (use EIR-Form-001).....	5
Annex C — Scene Control Checklist	5
Annex D — Return-to-Work (RTW) Record	5
Annex E — Version History (Template)	5



1. Purpose & Scope

This instruction standardises the **response and management** of any **electrical shock** event (including static, capacitive discharge, induction, ELV/LV/HV contact) across all WESR sites. It integrates with the WESR roles and with the **Electrical Injury Response & Reporting (EIR) — WESR Add-On** and associated forms. Where this instruction is more stringent than baseline WESR, **this instruction prevails**. Stricter local law/site rules take precedence.

In scope: employees, contractors, and visitors at all WESR sites and controlled locations.

Out of scope: non-electrical injuries (managed under local incident processes); however, multi-hazard events must still follow this procedure for any electrical component.

2. Roles & Responsibilities

- **First Responder (nearest competent person):** Do not approach until safe to do so; stop the task; call for help; provide first aid within competence; coordinate until relieved by the **PCWA** or Incident Lead.
- **PCWA (Person in Charge of Work Activity):** Assumes on-scene leadership; confirms **power/isolation** with the **PCEI**; secures the area; initiates documentation (**EIR-Form-001**) and notifies per Section 7.
- **PCEI (Person in Charge of Electrical Installation):** Ensures hazardous energy is **removed/isolated**; verifies and documents isolation status (e.g., ILOR/LI references); supports preservation of switching positions and HMI indications.
- **Isolation Lead / Verifier (IL/IV):** If a lockout is required/ongoing, IL executes and IV independently verifies; records in ILOR.
- **Incident Lead Investigator (ILI):** Leads evidence preservation and investigation; coordinates with HSE and engineering.
- **Medical Liaison (ML):** Provides the **medical handover** (Annex B) to clinicians and records outcomes/fitness for duty.
- **PREI:** Governance, resources and close-out review.

3. Definitions & Types of Electrical Shock

Electrical shock: physiological effects from contact with, or proximity to, electrical energy.



- Types:**
- **Static electric shock** — spark discharge of static between body and an object.
 - **Capacitive discharge shock** — discharge from an inadequately discharged capacitor/capacitor bank.
 - **Induction shock** — spark from field-induced charge to an earthed object.
 - **ELV contact shock** — <50 VAC or <120 VDC.
 - **LV contact shock** — 50–1000 VAC or 120–1500 VDC.
 - **HV contact shock** — >1000 VAC or >1500 VDC.

Note: Any suspected electrical shock requires **medical evaluation** (see Section 6). Severity cues support triage but are **not** a medical diagnosis.

4. Immediate Response Procedure (At the Scene)

- 1) **Secure the scene; stop work.**
- 2) **Do not approach** until hazards are controlled; ensure **power removed/isolated** and the area is safe.
- 3) **First aid / life support** within competence (e.g., CPR/AED as indicated).
- 4) **Call emergency services** per site protocol and arrange **transport**.
- 5) **No driving by the injured person.** Arrange escort/transport even if symptoms appear minor.
- 6) Begin documentation only **after** medical response is underway; **do not delay treatment**.

5. Incident Scene Control & Evidence

- **Prevent access** to the incident area with barricades/alerting; keep switching positions and HMI indications unchanged where safe.
- **Quarantine** relevant tools/PPE/instruments, Lockout Instruction and ILOR; capture photos showing device IDs and lock/tag IDs.
- **Transfer custody** to the Incident Lead; maintain a simple chain-of-custody log.
- **Do not restore power** until the PCEI confirms it is safe.



6. Mandatory Medical Evaluation & Handover

- **Mandatory medical evaluation:** required for all **LV and HV shocks** immediately; for other types, required if any symptoms persist (>5 minutes) or clinical risk is suspected.
- Provide clinicians the **Electrical Injury Report Form (EIR-Form-001)** with: task description, suspected voltage and AC/DC, arc/explosion/enclosed space, clothing ignition, falls/secondary injuries, PPE, witnesses, LOC/CPR/defib, and **estimated current pathway**.
- Clinical decisions rest with medical professionals; follow their guidance for treatment and observation.

7. Reporting & Records

- **Report** the event in the incident system promptly with preliminary classification and location.
- **Notify** the electrical safety governance group and site management as required.
- **Records to attach:** EIR-Form-001 (medical handover), Photo Log, Evidence Register, Chain-of-Custody, ILOR/LI references, and statements.
- **Retention:** per incident management policy (min. 5 years unless stricter local law).

8. Training, Drills & Readiness

- Annual drills covering scene safety, isolation confirmation, first aid, EMS call-out, and completion of the medical handover form.
- Ensure AEDs, first-aid kits, and printed EIR-Form pads are available and signposted.
- Brief PCWA/PCEI/IL/IV/ILI/ML roles; confirm understanding (tabletop exercises).



Annexes (Forms & Aids)

Annex A — Shock Severity Quick-Reference (for triage)

- **Mild:** no disorientation/lightheadedness/LOC/arrhythmia sensation/burn/persistent pain; no visible damage; no chest path; may feel transient fatigue/ache.
- **Moderate:** any of disorientation/lightheadedness/brief LOC/arrhythmia sensation/burn/persistent pain; possible chest path.
- **Major:** significant symptoms or sustained effects; possible chest path.

Annex B — Medical Handover Sheet (use EIR-Form-001)

Provide the clinician with EIR-Form-001: exposure details, AC/DC & voltage (if known), arc/explosion/enclosed-space, clothing ignition, falls, PPE, witnesses, LOC/CPR/defib, **body current pathway sketch**, and contact for follow-up.

Annex C — Scene Control Checklist

- ☐ Area secured; hazards removed or controlled
- ☐ Power isolated and verified (PCEI)
- ☐ Tools/PPE/instruments quarantined
- ☐ Photos captured (locks/tags/devices/indications)
- ☐ Lockout docs (LI/ILOR) captured
- ☐ Witness details recorded
- ☐ Chain-of-custody started
- ☐ Do not restore power until authorised by PCEI

Annex D — Return-to-Work (RTW) Record

Follow medical guidance and company policy. Capture **clearance, restrictions**, and review by Manager/PCWA before resuming similar tasks.

Annex E — Version History (Template)

Version	Date	Description of Changes
v1.0.0	TBD	Initial issue (WESR standalone add-on)