





legacy is yours.



# **Electrical Injuries Presentation**

#### Oregon Burn Center

Legacy Health System



# Oregon Burn Center

- Only burn center in Oregon and SW Washington
- 16 beds, 20,000 square feet
- Regional burn center for 41 years
- Offering experienced burn care, on site therapy, pharmacy and family centered care





# Oregon Burn Center Education and Prevention Program

- Sponsored by:
- PacifiCorp
- IBEW workers
- PGE
- Northwest
  Natural Gas
- Legacy
  Emanuel
  Medical Center











## **OBC** Team

- Physicians, Nurses,
  Pharmacy Residents, Nurse
  Practitioner and Physician
  Assistants
- Physical and Occupational Therapy
- Chaplain Services
- Social Services
- Nutrition
- Child Life and Art Therapy





#### Partners With the OBC

The OBC works with Life Flight and other emergency transports systems to get the patient to appropriate care as quickly as possible.







# Safety at Home





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# **Burn Injuries in Oregon**

- Approximately 400 patients seen per year at the Oregon Burn Center
- 1/3 of the patients are children – most under the age of 5
- Children most often scalded in kitchen
- Adults most often burned while putting accelerants on a heat source
- Hospital length of stay from 2 days to 9 months



Many, many more injuries are seen in ED's, doctors offices or never treated at all



#### Children





- Children have thin skin that burns deeper and quicker than an adult.
- Children can receive severe burns at lower temperatures than an adult.
- Children do not perceive danger and have less control over their environment.







#### Scald Prevention – Kitchen

- Don't drink hot liquids while holding a child
- Pots and pans
  - > Turn handles back away from the stove edge
- Microwave
  - > Stir and test foods before serving
  - > Do not use to heat baby bottles
- Cooking appliances
  - > Cords coiled and away from counter edge



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	Water Temperature	Length of Time to Receive a Severe Burn	
	156°	1 second	
	149°	2 seconds	
	140°	5 seconds	
	133°	15 seconds	
	127°	60 seconds	
$\bigcirc$	124°	3 minutes	LEGA
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# Tap Water Burn









# Scald Prevention -Hot Water Heater

- Turn water heater down to 120°
  F. Or 48° C.
- Always run cold water first, then add hot water.
- Always supervise children in the bathroom.







#### Flammable Liquids

- Do not pour lighter fluid on barbeque coals once a fire has started.
- Do not add fuel to a hot lawnmower or motor bike.
- Do not use gasoline as a cleaning agent.
- Do not use gasoline around any device with a heating element – including drop lights.





## Why Do We Need This Program?

- Prior to 2000 the Oregon Burn Center did not have a formalized education and prevention program.
- Injuries were increasing in the high-risk workers, pediatric, and geriatric populations.
- All burn injuries are preventable with education.



# Groups at High Risk for Receiving Electrical Injuries

- Electrical workers on the job site, while working on the "live" wires.
- Construction workers working around the high voltage lines.
- Children playing around high voltage lines.







# Electrical Injuries Vs. Professional Electrical Workers



**Electrical Injuries** 

LEGAC

HEALTH



# **Electrical Burn Injuries**

- Electrical injuries are some of the most debilitating burns a body can endure.
- Actual flame burns.
- Deep hidden tissue damage.
- Loss of limb or multiple limbs common.

Potential for neurological injury.





# **Electrical Injuries**

- Current
- Arc and/or flash flame









#### Electrical Current







# Arc Injury

- Current does not pass through the tissue
- High heat, short duration
- No contact points
- No hidden tissue damage
- Rare cardiac arrythmias
- Volts- 110, 220,480 (480 most common)





#### Arc – Flash Flame Burn







#### Arc – Flash Flame Burn







#### Arc – Flash Flame Burn







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#### Arc or Flash Flame – Clothing on Fire







## **Current Injury**

- High Voltage = 600V or more
- Contact points present.
- Deep, hidden tissue damage present.
- Risk of myoglobinuria and kidney failure.
- Limb loss common-usually multiple limb loss with high voltage.
- Flame injuries may also be involved.
- Requires overnight stay at OBC







# **Electrical Burns**

- Severity is influenced by:
- Voltage and amperage
- Duration of contact
- Path of the current
- Resistance of tissue









# Deep Tissue Burn









# **Contact Point**







# Contact Point (Claw Grip) Caused by Muscle Tetany









# **Initial Point of Contact**

- May vary in size
- Generally small in comparison to a grounding contact point
- Potential to have less tissue loss than ground site







## Multiple Sites and Hidden Damage





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# Low Voltage Injury









# Low Voltage Injury Grounding Contact Point









# **Grounding Contact Point**

- Can be larger than the entrance site
- Can result in large tissue lossoften will result in limb loss
- Common to have multiple sites





# Grounding Contact Points Can Vary in Size







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#### Anatomy of the Skin (The Body's Largest Organ)





#### The Functions of the Skin

- Protect against infection
- Prevent loss of body fluids
- Regulate body temperature
- Excrete body waste
- Produce vitamin D
- Serve as sensory organ
- Determine identity

The first three functions are critical to survival in the first 24 hours post burn injury and where attention should be focused.





# **Superficial Burn Characteristics**

- Intact skin
- Red appearance
- Painful
- Blanches upon pressure, demonstrates good capillary refill
- Burn is into epidermis
- Usually heals in 5-10 days

Example: sunburn









# Partial Thickness Burn

- Burn into epidermis and dermis
- Skin is not necessarily intact
- Moist, red appearance
- Blistered
- Subcutaneous edema may be









# Full Thickness Burn

- Burned through epidermis, dermis, and subcutaneous tissue
- Dry appearance
- May be red, white, black, or brown in color
- Leathery in appearance









# Fourth Degree Burn

- Burned through epidermis, dermis, subcutaneous tissue, usually into muscle and/or bone
- Charred appearance
- May appear cracked
- Immobility of area
- Usually seen in electrical injuries or someone who has been on fire for extended amount of time







#### First Aid

# What you will see and what to do if a worker is injured.







#### **Electrical Injuries**

- Always remember to remove the source of electricity after confirming it is de-energized and grounded
- Cardiac arrythmias are rare- if present they will be seen in the first 15-20 minutes post injury
- Can result in cardiac arrest
- More often respiratory arrest is seen







#### You First

- Do not become a victim
- Check the scene first
- Remove source of electricity







#### At the Scene

- Remove the heat/ turn off electricity.
- Call 911.
- Start CPR if necessary.
- Check for other injuries.
- Keep victim calm and in one place.





#### At the Scene

- Don't put anything on the burn (lotions, creams, butter).
- Do not give the victim anything to eat or drink.
- Tell us what you know about the scene of the accident – volts involved, loss of consciousness, etc.







# At the Scene and Transportation

- Protect from hypothermia.
  - >No ice water, use cool water on the burn to stop the heat.
  - >Cover patient and keep warm and dry. Very important in large burns.







# Get All Electrical Contacts Checked Out By a Physician

- Potential for hidden damage
- Possible neurological symptoms





#### **Electrical Burns**

#### **Hidden Damage**



24 hours after injury



#### 4 hours after injury





# **Neurological Damage**

- Any electrical contact should immediately be considered a candidate for potential brain and nerve damage.
- Some symptoms of neurological damage can be delayed, employees should be monitored for the following abnormal symptoms:







# **Delayed Symptoms**

- Tremors
- Weakness
- Numbness
- Ongoing headaches
- Difficulties with speech
- Vision impairment or changes (double or triple vision)
- Problems with balance





## **Best Solution To This Problem**

# Injury Prevention Through Education and Awareness









# Thank you!

