

## Safety of electric security fences

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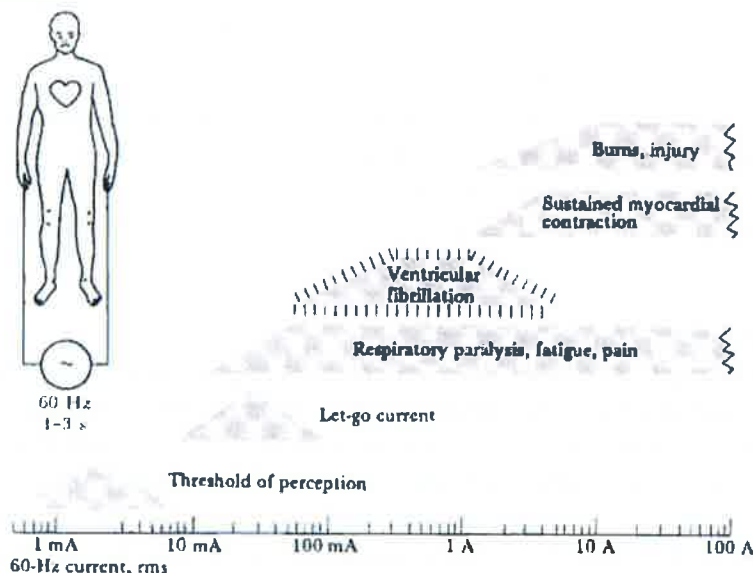
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### Electric current shocks us, not voltage

Most of us can remember receiving an electric shock; it can happen during a regular day. How can that happen and when? Walking across a carpet during dry weather, then touching a doorknob and feeling a spark that jumps to the doorknob is a very common way. Placing a finger inside of a lamp socket that inadvertently was turned on is yet another. Touching the spark plug in a car or lawn mower has happened to many people as well. But why are we all still alive after receiving these electric shocks during a regular day? *We are still alive because even though the voltage is high, not enough electric current flowed through our heart.*

Even when the voltage is high, when the current flows for only a very short duration we can not be electrocuted. Furthermore, it is even hard to get electrocuted in the home because the power line voltage of 120 volts can't drive enough continuous current through the high resistance of our dry skin. Kitchens and bathrooms fall in a different category; they are dangerous places because our skin may be wet. When our skin is wet, our skin resistance is low and permits a large electric current to flow through the body as shown in Figure 1. A large enough current can cause ventricular fibrillation. During ventricular fibrillation the pumping action of the heart ceases and death occurs within minutes unless treated. In the United States, approximately 1000 deaths per year occur in accidents that involve cord-connected appliances in kitchens, bathrooms, and other wet locations.

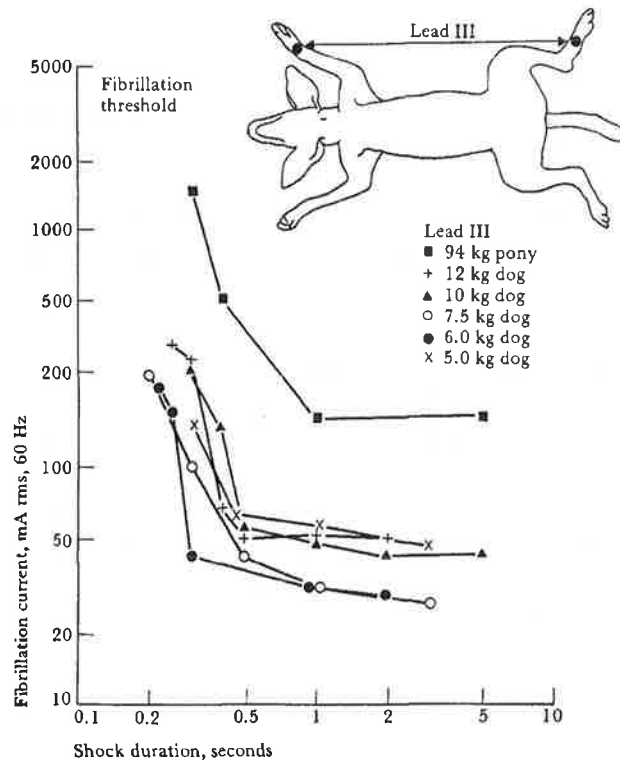


**Figure 1** Physiological effects of electricity. Threshold or estimated mean values are given for each effect in a 70 kg human for a 1- to 3 s exposure to 60 Hz current applied via copper wires grasped by the hands. From W. A. Olson, Electrical Safety, in J. G. Webster (ed.), *Medical Instrumentation Application and Design*, 3<sup>rd</sup> ed., New York: John Wiley & Sons, 1998.

Department of Biomedical Engineering

## Short duration pulses are safer than continuous electric current

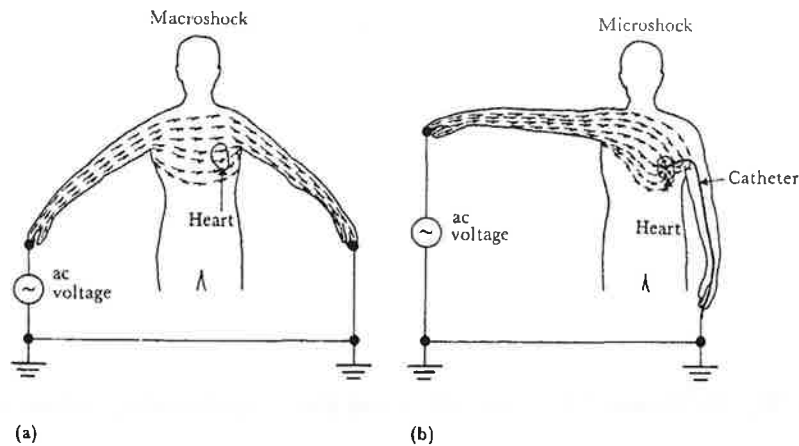
Figure 2 shows that shock durations longer than 1 second are the most dangerous. Note that as the shock duration is shortened to 0.2 seconds, it requires much more electric current to cause ventricular fibrillation. Electric security fences have taken advantage of this fact by shortening their shock duration to an even shorter duration of about 0.0003 seconds. Therefore, electric security fences are safe and do not lead to ventricular fibrillation due to the short 0.0003 second shock duration. .



**Figure 2** Thresholds for ventricular fibrillation in animals for 60-Hz ac current. Duration of current (0.2 to 5 s) and weight of animal body were varied. Fibrillation current versus shock duration for a 70 kg human is about 100 milliamperes for 5 second shock duration. It increases to about 800 milliamperes for 0.3 second shock duration. From L. A. Geddes, *IEEE Trans. Biomed. Eng.*, 1973, 20, 465-468.

### Electricity near the heart is most dangerous

There are four situations where electricity may be applied close to the heart. (1) Figure 3(b) shows when a catheter tube is threaded through a vein into the heart, any accidental current is focused within the heart and a small current can cause ventricular fibrillation. (2) Cardiac pacemakers also pass electric current inside the heart, but the current is kept so small that ventricular fibrillation does not occur. (3) A Taser weapon may rarely shoot a dart between the ribs very close to the heart and apply a 0.0001 second pulse, but this has not been shown to cause ventricular fibrillation. Typically when a person takes an overdose of drugs, he creates a disturbance, police are called, the person refuses to obey, the police Taser him, afterwards he dies of a drug overdose, and the newspapers report, "Man dies after Taser shot." (4) A defibrillator applies a 0.005 second, 40 ampere electric current. This causes massive heart contraction that can change ventricular fibrillation to normal rhythm and save a life.



**Figure 3** Effect of entry points on current distribution. (a) *Macroshock*, externally applied current spreads throughout the body, (b) *Microshock*, all the current applied through an intracardiac catheter flows through the heart. From F. J. Weibell, "Electrical Safety in the Hospital," *Annals of Biomedical Engineering*, 1974, 2, 126–148.

When comparing an electric security fence to the above examples, we know that an electric security fence is similar to Figure 3(a). Why do we know that? If a person contacts an electric fence, electric current is concentrated in the limbs and causes a deterrent shock; when it continues to pass through the torso, it spreads out and becomes more diffuse. Therefore as shown in Figure 3(a) and in Figure 2 electric security fences are safe because the deterrent shock spreads out and becomes more diffuse and is of a very short duration.

### Only power lines cause ventricular fibrillation

Table 1 shows that short duration electric pulses, even though applied near the heart do not cause ventricular fibrillation. In contrast, the continuous current from power lines kills 1000 persons per year.

**Table 1** Only power lines cause ventricular fibrillation

	Duration of pulse in seconds	Current in amperes	Likely to be applied near heart?	Caused ventricular fibrillation?
Power lines	Continuous	0.1	No	1000 per year
Electric security fence	0.0003 0.8 times/sec	10	No	No
Taser	0.0001 19 times/sec	2	May be	No
Cardiac pacemaker	0.001 1 time/sec	0.005	Yes	No
Defibrillator	0.005 1 time	40	Yes	Cures ventricular fibrillation
Spark plug	0.00002 1 time	0.2	No	No
Doorknob	0.00002 1 time	0.2	No	No

**Sentry Security Systems, LLC position on the relationship of security fences  
to codes and standards**

Electric fencing is used safely throughout the world, with applications for both animal control and commercial security. In a commercial security setting, security fences deter crime and help apprehend criminals. The mere presence of a security fence discourages unlawful entry, theft and the destruction of property. Additionally, it is easier to apprehend the determined criminal because the owner and police are notified instantaneously when the criminal distorts or breaks the fence. Security fences also protect the people who work at a site, providing business owners and employees significant peace of mind.

The security fence sold by Sentry Security Systems is powered by a 12 volt DC marine (or similar) battery. The National Electric Code does not cover battery powered products such as smoke alarms. Therefore, the security fence sold by Sentry Security Systems is not covered by the NEC.

There is in fact no US standard that addresses security fences whether main or battery powered. UL 69 addresses animal control fences but not security fences. There is, however, a good international standard - IEC 60335-2-76 - that addresses security fences. This standard is attached for your information.

We respectfully request that you determine that, as a battery powered device, security fences do not fall under the National Electric Code.

## Safety of electric fence energizers

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### Abstract

The strength–duration curve for tissue excitation can be modeled by a parallel resistor–capacitor circuit that has a time constant. We tested five electric fence energizers to determine their current-versus-time waveforms. We estimated their safety characteristics using the existing IEC standard and propose a new standard. The investigator would discharge the device into a passive resistor–capacitor circuit and measure the resulting maximum voltage. If the maximum voltage does not exceed a limit, the device passes the test.

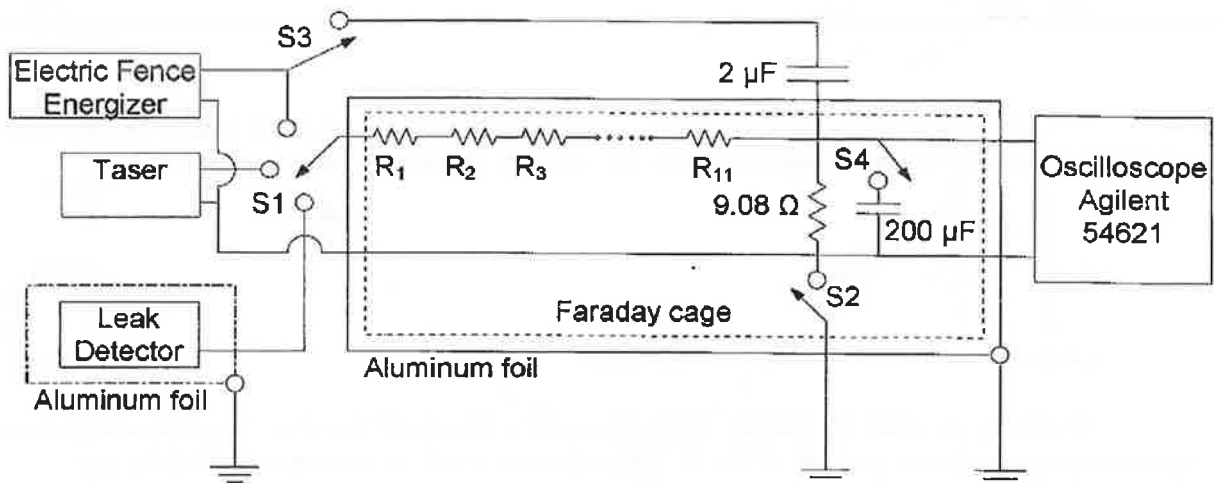
Key words: strength–duration curve, cardiac stimulation, ventricular fibrillation, electric safety, electric fence energizers, standards.

### 1. Introduction

The vast majority of work on electric safety has been done using power line frequencies such as 60 Hz. Thus most standards for electric safety apply to continuous 60 Hz current applied hand to hand. A separate class of electric devices applies electric current as single or a train of short pulses, such as are found in electric fence energizers (EFEs). A standard that specifically applies to EFEs is IEC (2006). To estimate the ventricular fibrillation (VF) risk of EFEs, we use the excitation behavior of excitable cells. Geddes and Baker (1989) presented the cell membrane excitation model (Analytical Strength–Duration Curve model) by a lumped parallel resistance–capacitance ( $RC$ ) circuit. This model determines the cell excitation thresholds for varying rectangular pulse durations by assigning the strength–duration rheobase currents, chronaxie, and time constants (Geddes and Baker, 1989). Though this model was originally developed based on the experimental results of rectangular pulses, the effectiveness of applying this model for other waveforms has been discussed (IEC 1987, Jones and Geddes 1977). The charge–duration curve, derived from the strength–duration curve, has been shown in sound agreement with various experimental results for irregular waveforms. This permits calculating the VF excitation threshold of EFEs with various nonrectangular waveforms. We present measurements on electric fence energizers and discuss their possibility of inducing VF.

### 2. Mathematical background and calculation procedures

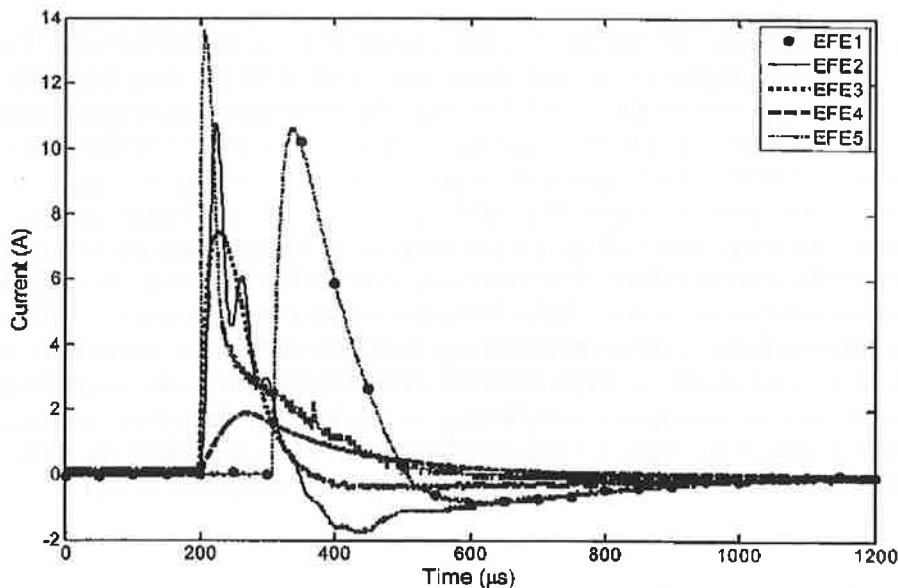
Based on the cell membrane excitation model (Weiss–Lapique model), Geddes and Baker (1989) developed a lumped  $RC$  model (analytical strength–duration curve) to describe the membrane excitation behavior. This model has been widely used in various fields in electrophysiology to calculate the excitation threshold. Figure 1 shows the normalized strength–duration curve for current ( $I$ ), charge ( $Q$ ) and energy ( $U$ ). The expression of charge is also known as the charge–duration curve which is important for short duration stimulations.



**Figure 2.** The EFE is selected by S1. The current flows through a string of  $47 \Omega$  resistors  $R_1$ – $R_{11}$  (total  $518 \Omega$ ) which approximates the internal body resistance of  $500 \Omega$ . The  $9.08 \Omega$  yields a low voltage that is measured by the oscilloscope.

### 3.1. Determination of current

EFEs are used in conjunction with fences wires to form animal control fences and security fences. We tested five EFEs (EFE1–EFE5) using the experimental set-up in Figure 2 and obtained the output currents shown in Figure 3.



**Figure 3.** The output current waveform for five EFEs. EFE1 yields about  $7.75 \text{ A}$  for  $151 \mu\text{s} = 1170 \mu\text{C}$ , EFE2 yields about  $3.34 \text{ A}$  for  $345 \mu\text{s} = 1150 \mu\text{C}$ , EFE3 yields about  $5.69 \text{ A}$  for  $91 \mu\text{s} =$

518  $\mu\text{C}$ , EFE4 yields about 1.25 A for 252  $\mu\text{s}$  = 315  $\mu\text{C}$  and EFE5 yields about 5.7 A for 137  $\mu\text{s}$  = 781  $\mu\text{C}$ .

#### 4. Results

Table 1 shows the approximate results for the rms current, power, duration and charge for all the EFEs.

**Table 1** Approximate results for all EFEs.

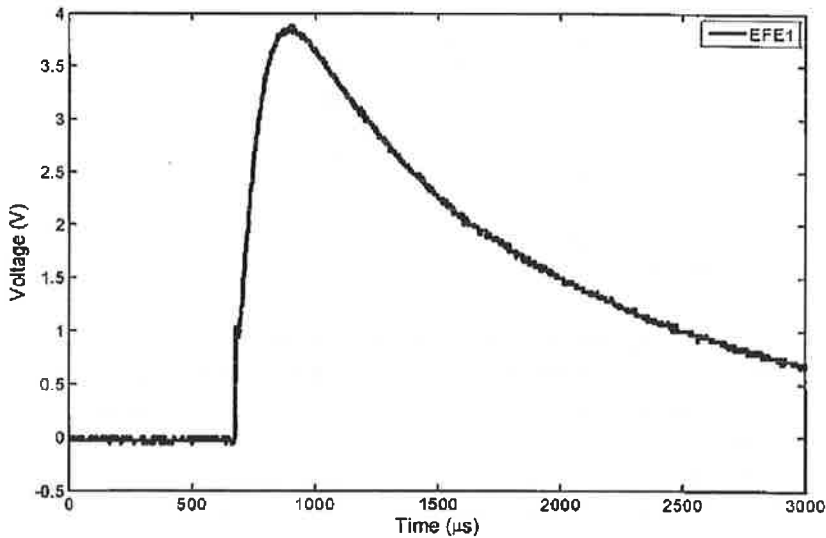
EFEs		EFE1	EFE2	EFE3	EFE4	ECF5
Parameters	Units					
<b>A. (IEC)</b>						
Total Energy	$\text{A}^2\text{ms}$	7.94	4.04	3.10	0.42	4.69
95% Energy Duration	$\mu\text{s}$	129	346	91	253	138
$I_{\text{rms}}$	A	7.65	3.33	5.69	1.25	5.69
IEC Standard $I_{\text{rms}}$	A	13.0	6.21	16.8	7.85	7.37
Pass IEC Standard	Yes/No	Yes	Yes	Yes	Yes	Yes
<b>B. Proposed standard</b>						
Voltage	V	3.88	2.91	NAv	NAv	NAv
Duration	$\mu\text{s}$	233	132			
Current	A	3.33	4.41			
Charge	$\mu\text{C}$	776	582			

NA- not applicable, NAv- not available

IEC (2006) defines in 3.116 “impulse duration: duration of that part of the impulse that contains 95% of the overall energy and is the shortest interval of integration of  $P(t)$  that gives 95% of the integration of  $P(t)$  over the total impulse.  $I(t)$  is the impulse current as a function of time.” In 3.117 it defines “output current: r.m.s. value of the output current per impulse calculated over the impulse duration.” In 3.118 it defines “standard load: load consisting of a non-inductive resistor of  $500 \Omega \pm 2.5 \Omega$  and a variable resistor that is adjusted so as to maximize the energy per impulse or output current in the  $500 \Omega$  resistor, as applicable.” In 22.108, “Energizer output characteristics shall be such that – the impulse repetition rate shall not exceed 1 Hz; – the impulse duration of the impulse in the  $500 \Omega$  component of the standard load shall not exceed 10 ms; – for energy limited energizers the energy/impulse in the  $500 \Omega$  component of the standard load shall not exceed 5 J; The energy/impulse is the energy measured in the impulse over the impulse duration. – for current limited energizers the output current in the  $500 \Omega$  component of the standard load shall not exceed for an impulse duration of greater than 0.1 ms, the value specified by the characteristic limit line detailed in Figure 102; an impulse duration of not greater than 0.1 ms, 15 700 mA. The equation of the line relating impulse duration (ms) to output current (mA) for  $1\,000 \text{ mA} < \text{output current} < 15\,700 \text{ mA}$ , is given by impulse duration =  $41.885 \times 10^3 \times (\text{output current})^{-1.34}$ .” We used these definitions and calculated the total energy, the shortest duration where 95% of the total energy occurs, the rms current for that duration from Figure 3 for the EFEs (EFE1–EFE5). Similarly we calculated the output current using the relationship impulse duration =  $41.885 \times 10^3 \times (\text{output current})^{-1.34}$ , provided by the IEC for all the EFEs (EFE1–EFE5). Table 1 lists these under the heading “A. (IEC)”. Table 1 shows that all the EFEs pass the IEC standard.

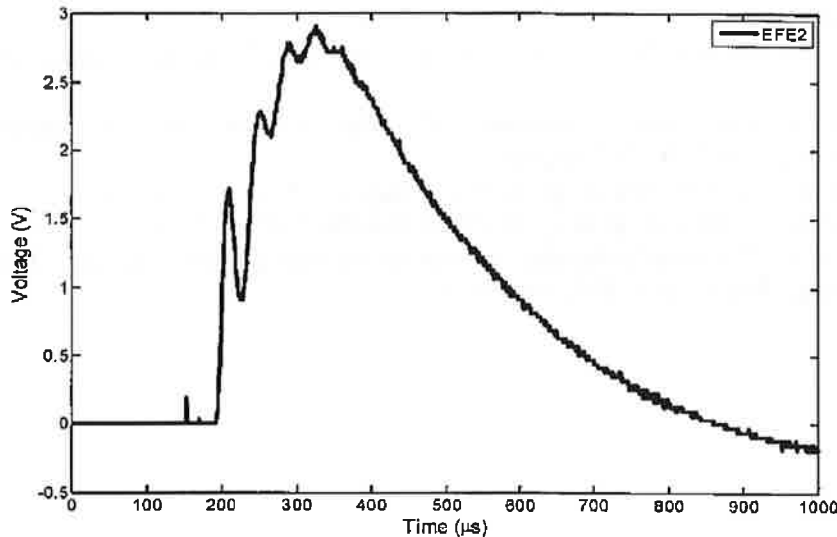
## 5. Proposed new standard

IEC (2006) uses the rms current for the shortest duration where 95% of the total energy occurs as the standard to determine if the EFE is safe for use. Geddes and Baker (1989) have shown that for pulses shorter than the cardiac cell time constant of 2 ms, the electric charge is the quantity that excites the cells. We propose a simple experimental set-up shown in Figure 2 to determine the maximum amount of charge that would flow from the EFEs and cause cardiac cell excitation. The cardiac cell is modeled as an RC circuit in Fig. 2 with  $R = 9.08 \Omega$  and  $C = 200 \mu\text{F}$  (GECONOL 9757511FC  $200 \mu\text{F} \pm 10\%$  250 VPK) with the RC time constant of 1.82 ms. For the EFEs (EFE1 and EFE2) the switches S1 and S4 are closed. This allows the  $200 \mu\text{F}$  capacitor to charge rapidly (about  $100 \mu\text{s}$ ) and discharge fairly slowly ( $\tau = RC = 1.82 \text{ ms}$ ). Figures 4 and 5 show the voltage vs time waveforms for the different EFEs. The test was not performed for electric fence energizers EFE3–EFE5.



**Figure 4.** Output voltage waveform for EFE1. The maximal charge that flows through the cardiac cell model is given by  $Q = CV = 200 \mu\text{F} \times 3.88 \text{ V} = 775 \mu\text{C}$ , the current during which the capacitor charges to maximal value is given by  $I = CV/T = (200 \mu\text{F} \times 3.88 \text{ V})/233 \mu\text{s} = 3.33 \text{ A}$ .





**Figure 5.** Output voltage waveform for the electric fence energizers EFE2. The maximal charge that flows through the cardiac cell model is given by  $Q = CV = 200 \mu\text{F} \times 2.91 \text{ V} = 582 \mu\text{C}$ , the current during which the capacitor charges to maximal value is given by  $I = CV/T = (200 \mu\text{F} \times 2.91 \text{ V})/132 \mu\text{s} = 4.41 \text{ A}$ .

## 6. Discussion

Geddes and Baker (1989) have shown that for pulses shorter than the cardiac cell time constant of 2 ms, the electric charge is the quantity that excites cardiac cells. Because the first half wave is the largest, the charge integrated in the first half wave determines cardiac cell excitation. The next half wave discharges the cardiac cell capacitance and does not contribute to cardiac cell excitation. Thus we list integral  $I(t) = \text{charge } Q$  in Table 1.

IEC (2006) integrates  $P(t)$ , which is roughly equal to  $I(t)$ . Their Figure 102 roughly follows charge.

We propose revising EFE standards for measuring current to determine a safety standard to prevent VF. The new standard would measure cardiac cell excitation. It would not require the complex calculations required to determine "The current which flows during the time period in which 95 percent of the output energy (is delivered)." It would use a simple circuit similar to that in Figure 2 composed of resistors and a capacitor. The investigator would discharge the device into the circuit and measure the maximum voltage. If the maximum voltage does not exceed 5 V (as a conservative estimate), the EFE passes the test. The 500  $\Omega$  resistor closely approximates the resistance of the body and determines the current that flows through the body.

## Acknowledgements

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