

Electromagnetic fields protection



**Basics and
standardisation**

Long tradition
New equipment and infrastructure



Long tradition
New equipment and infrastructure



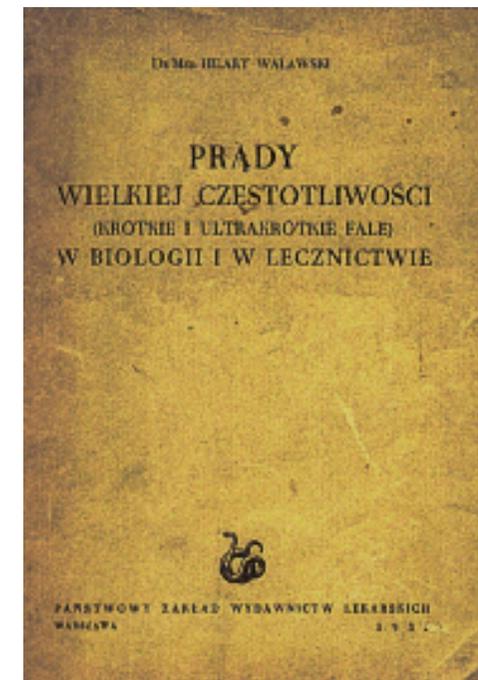
Long tradition
New equipment and infrastructure



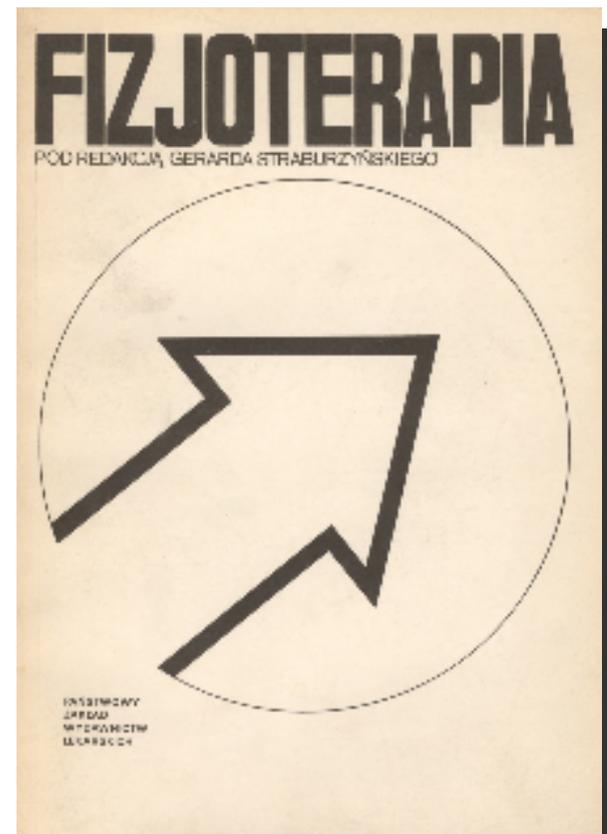
Main mechanisms

Literature example from 1953

(High frequency currents in
biology and medicine)



Phisiotherapy



1988

6

HF and UHF heating



ENVIRONMENTAL HEALTH CRITERIA 137 ELECTROMAGNETIC FIELDS (300 HZ TO 300 GHZ)

This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the United Nations Environment Programme, the International Radiation Protection Association, or the World Health Organization.

Published under the joint sponsorship of the United Nations Environment Programme, the International Radiation Protection Association, and the World Health Organization
World Health Organization
Geneva, 1993
WHO Library Cataloguing in
Publication Data
Electromagnetic fields (300 Hz to 300 GHz)



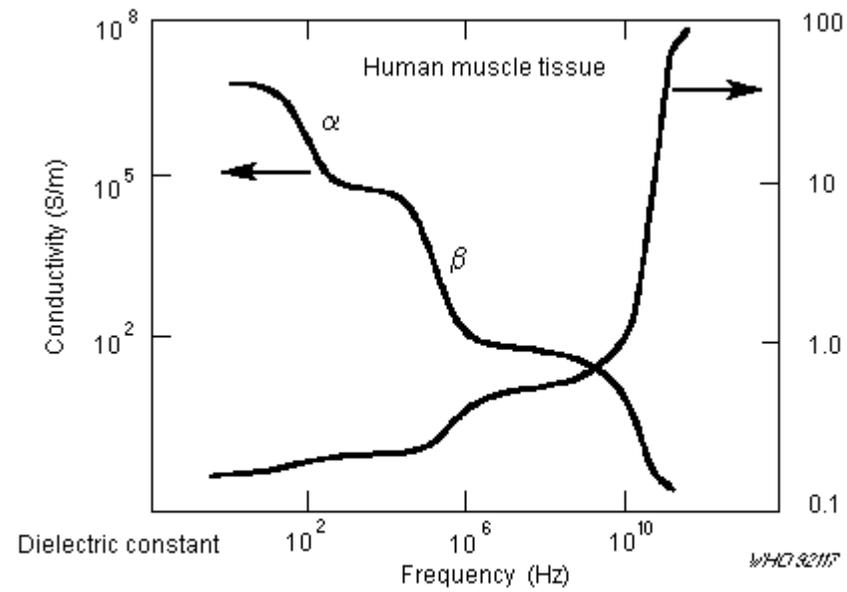


Fig. 9. The dielectric constant and conductivity of typical biological tissue as functions of frequency. From: Schwan (1985).

Source: EHC 137

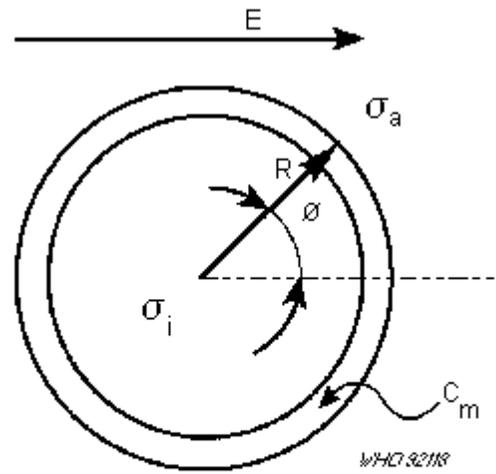
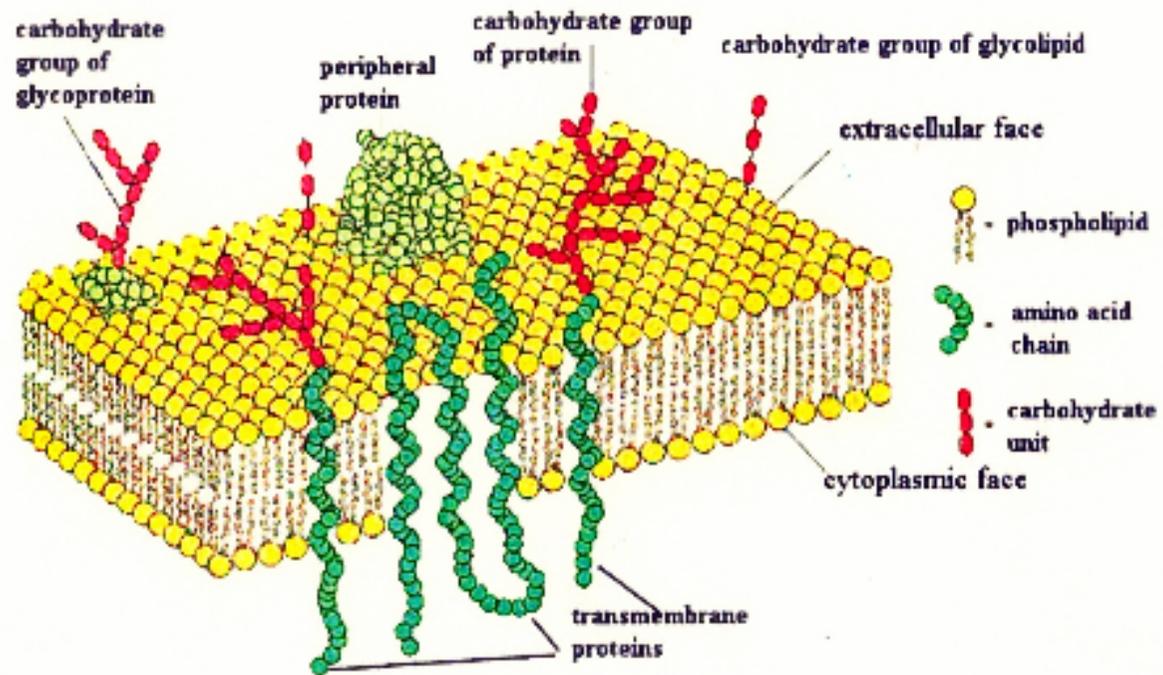
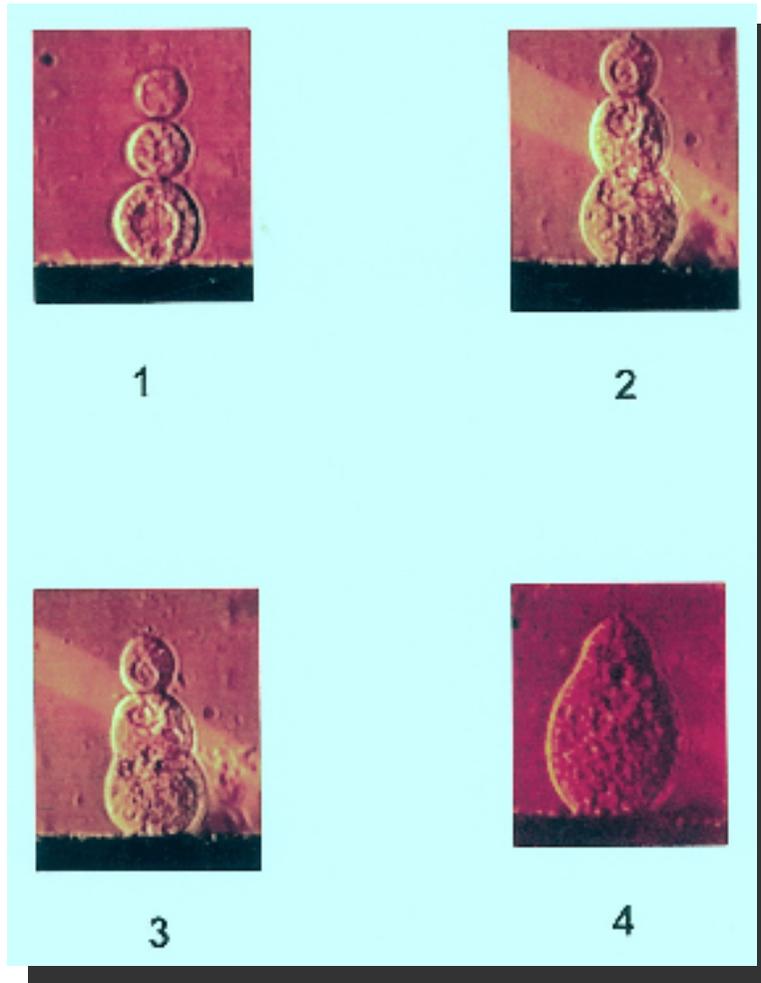


Fig. 10. A spherical cell in an electric field.

Source: EHC 137





Electrofusion of the living cell
Effect of very high amplitude pulse

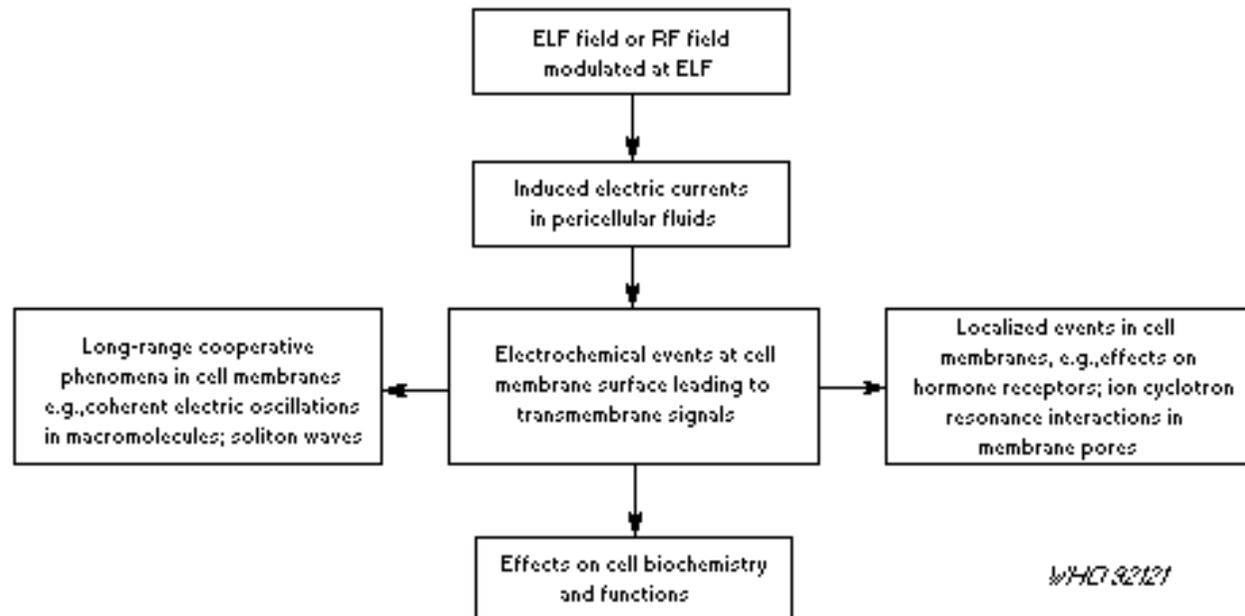


Fig. 13. Hypothetical interaction mechanisms of ELF fields or RF fields modulated at ELF. Modified from: Tenforde & Kaune (1987).

Source: EHC 137

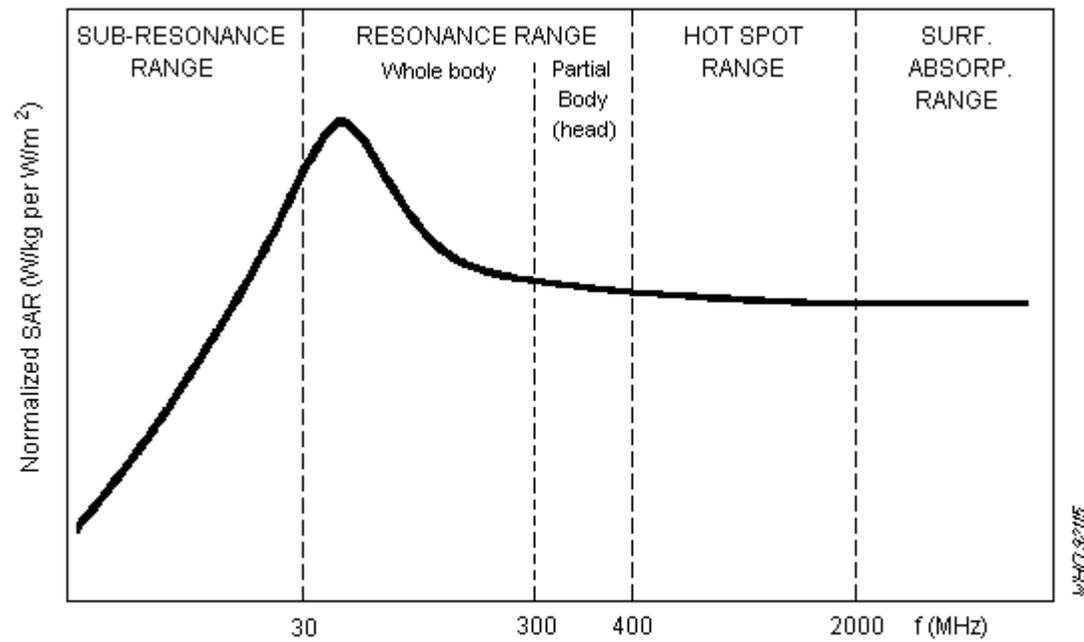
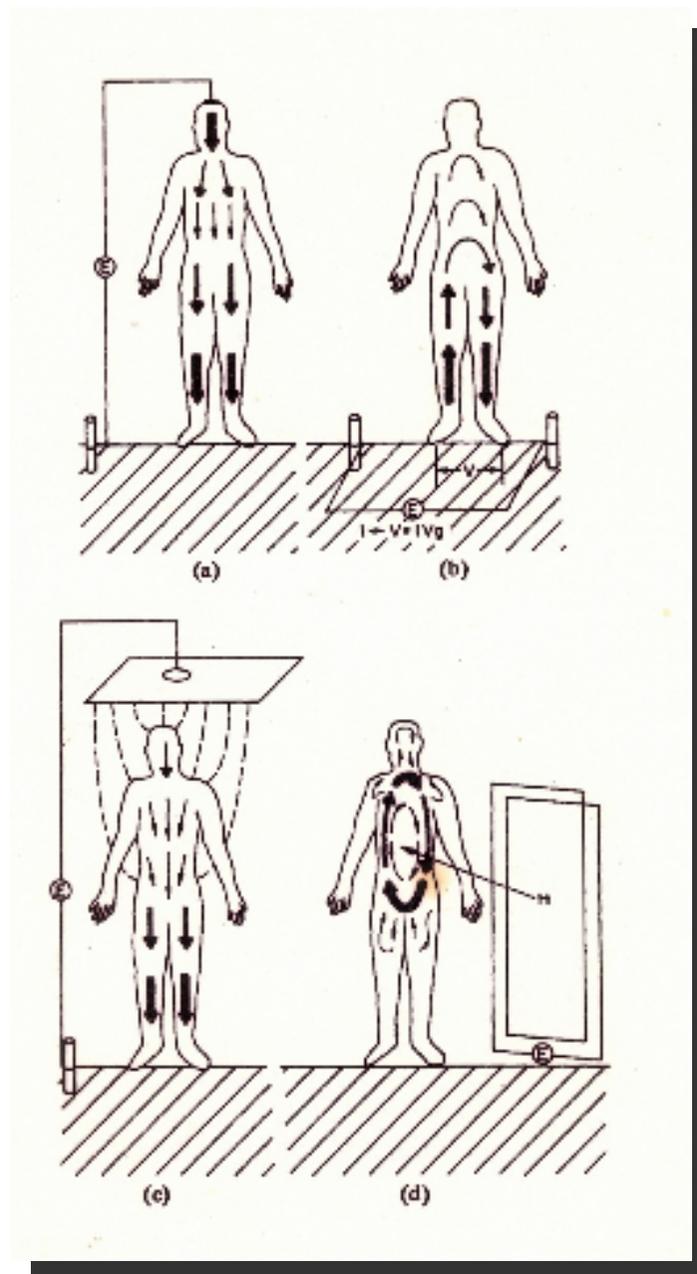
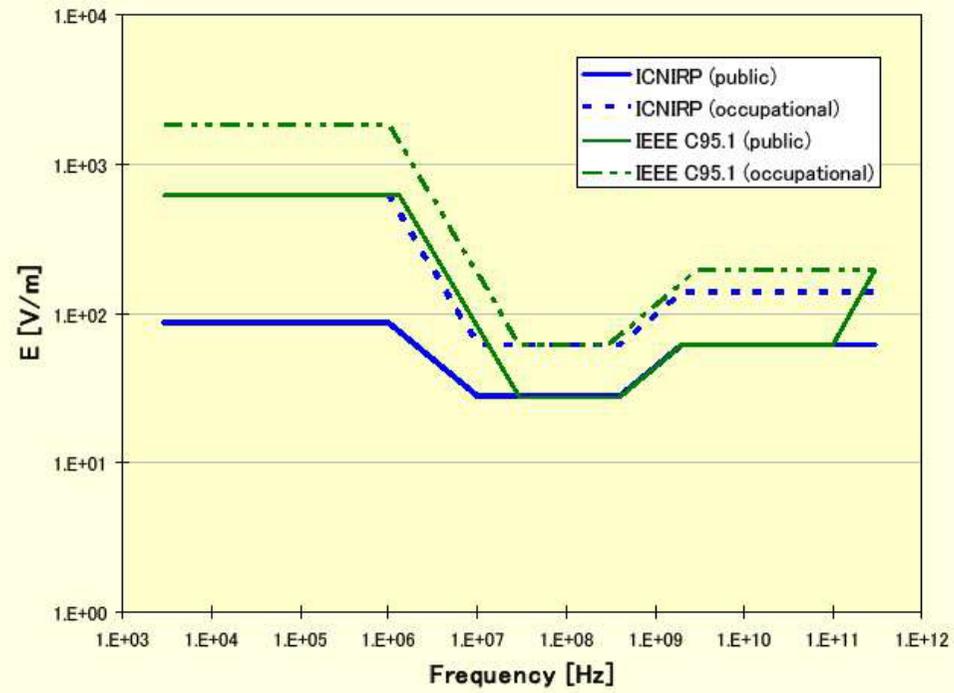


Fig. 7. Variation of normalized SAR with frequency and related absorption characteristics in living organisms.

Source: EHC 137



Comparison of ICNIRP/ICES E-field limits



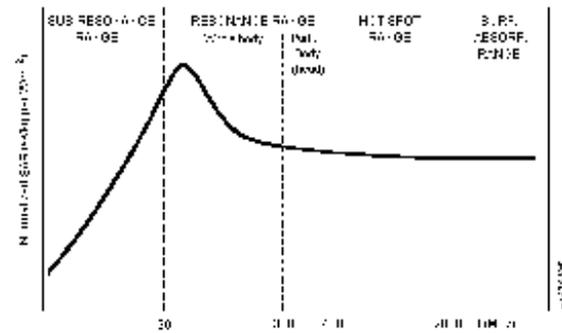
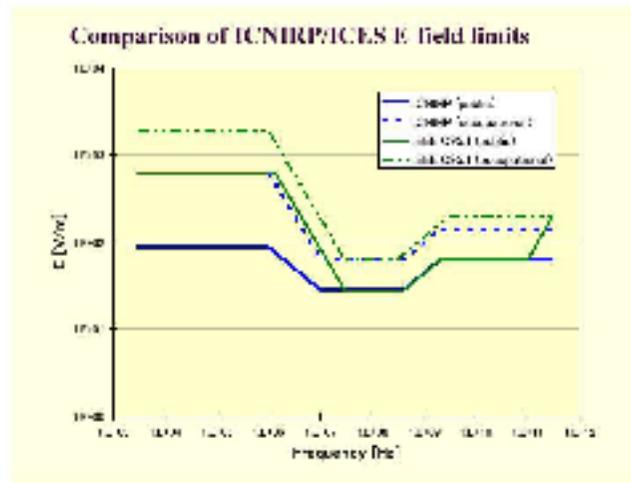


Fig. 7. Variation of normalized SAR with frequency and related absorption characteristics in living organisms.

**HYGIENA I BEZPIECZEŃSTWO PRACY
W POLU
ELEKTROMAGNETYCZNYM MIKROFAL**

PRACA ZBIOROWA



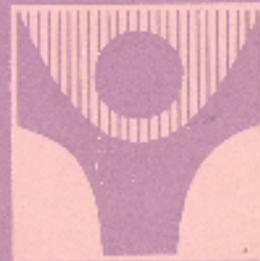
Warszawa 1984

PRZEMYSŁOWY INSTYTUT TELEKOMUNIKACJI

Henryk Miłośajczyk

**POLA
ELEKTROMAGNETYCZNE**

oddziaływanie
czynników
współczesnego
środowiska
na organizm
człowieka



Example of the old regulations

255

ROZPORZĄDZENIE RADY MINISTRÓW

z dnia 20 października 1951 r.

w sprawie bezpieczeństwa i higieny pracy przy używaniu urządzeń mikrofalowych.

Na podstawie art. 3 ust. 1 dekretu z dnia 10 listopada 1950 r. o przepisach przeciwzwiązkowej zwalczania w dziedzinie wykonywania robót o charakterze, bezpieczeństwie i higienie pracy oraz urzędowania inspekcji pracy (Dz. U. Nr 52, poz. 269) na wniosek Instytutu Rany Zakajków Zawodowych — rozpraszam się, co następuje:

§ 1. Rozporządzenie dotyczy bezpieczeństwa i higieny pracy pracowników zatrudnionych przy urządzeniach mikrofalowych.

§ 2. 1. Urządzenia mikrofalowe w rozumieniu rozporządzenia są urządzeniami wytwarzające wzmocnione lub generatory wytwarzające depanty o częstotliwości od 100 MHz do 300 000 MHz, tj. o długości fal elektromagnetycznych mieszczących w sobie wynoszącej odpowiednio od 100 cm do 30 cm, nazywanych dalej „mikrofalami”.

2. Pole elektromagnetyczne mikrofal może być wytwarzane:

- 1) w sposób celowy w postaci pola promieniowanego przez anteny urządzenia albo
- 2) w sposób nie zamierzony w postaci pola rozpraszającego walcówkami bliska wznoszą w falowodach, przemieszczania obrotów kolumn lamp generacyjnych, niebezpieczność lamp odstronne falowodowych bądź wskutek leciała amocni przypadkowych błędów prowadzenia w generatore mikrofalowym lub w torze falowodowym.

§ 3. Działania następujące należy uważać za szczególnie niebezpieczne w stosunku do zdrowia ludzi:

- 1) gęstość od 10 do 100 mikrowatów na cm², przy której czas pracy lub przebywania w tym polu nie podlega ograniczeniu;
- 2) gęstość od 10 do 100 mikrowatów na cm², przy której łączny czas pracy lub przebywania w tym polu nie może przekroczyć 2 godzin na dobę;

3) gęstość od 100 do 1000 mikrowatów na cm², przy której łączny czas pracy lub przebywania w tym polu nie może przekroczyć 20 minut na dobę.

§ 4. Przebywanie ludzi w polu elektromagnetycznym mikrofal o gęstości przekraczającej 1000 mikrowatów na cm² jest dozwolone jedynie w przypadku zastosowania specjalnej kabinizacji oraz pod warunkiem zastosowania specjalnych środków ostrożności ustalonych każdorazowo przez kierownika zakładu pracy.

§ 5. 1. Do pracy naradzającej na działaniu pola elektromagnetycznego mikrofal nie wolno dopuszczać młodocianych, kobiet w ciąży oraz osób ze schorzeniami, których objawy i przebieg pod wpływem pola elektromagnetycznego mikrofal mogą ulec pogorszeniu.

2. Minister Zdrowia i Opieki Społecznej ustali wykaz schorzeń, przy których zabronione jest prace naradzające na działaniu pola elektromagnetycznego mikrofal.

§ 6. 1. Kandydat do pracy powodującej narazenia na działanie pola elektromagnetycznego mikrofal powinien być poddany wstępnemu badaniu lekarskiemu i może być dopuszczony do tej pracy po przedstawieniu zaświadczenia lekarskiego stwierdzającego brak przeciwwskazań do zatrudnienia ich ze względu na stan zdrowia.

2. Pracownicy narazeni na działanie pola elektromagnetycznego mikrofal podlegają kontrolnym badaniom lekarskim co najmniej jeden raz w roku.

3. Wstępne i kontrolne badania lekarskie przeprowadzają zakłady bezcennon-zaopiekowane przy zakładach pracy, a w razie braku takich zakładów — przychodnie obwodowe właściwe ze względu na położenie zakładu pracy.

4. Minister Zdrowia i Opieki Społecznej określi zasady przeprowadzania badań, prowadzenia dokumentacji lekarskiej oraz tryb postępowania w razie stwierdzenia u pracownika schorzenia powstającego w związku z pracą przy urządzeniach mikrofalowych.

Recognized as an
American National Standard (ANSI)

IEEE C95.1-1991
Revision of ANSI C95.1-1982

IEEE Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz

Circuits and Devices

Communications Technology

Computer

*Electromagnetics and
Radiation*

Energy and Power

Industrial Applications

*Signals and
Applications*

IEEE C95.1-1991

Standards Coordinating Committees

Sponsored by the
IEEE Standards Coordinating Committee 28,
Non-Ionizing Radiation Hazards



Published by the Institute of Electrical and Electronics Engineers, Inc., 345 East 47th Street, New York, NY 10017 USA.
April 1992 014879

1998

ICNIRP Guidelines
**GUIDELINES FOR LIMITING EXPOSURE TO TIME-VARYING
ELECTRIC, MAGNETIC, AND ELECTROMAGNETIC FIELDS
(UP TO 300 GHz)**

International Commission on Non-Ionizing Radiation Protection

In establishing exposure limits, the Commission recognizes the need to reconcile a number of differing expert opinions. The validity of scientific reports has to be considered, and extrapolations from animal experiments to effects on humans have to be made. The restrictions in these guidelines were based on scientific data alone; currently available knowledge, however, indicates that these restrictions provide an adequate level of protection from exposure to time-varying EMF.

Two classes of guidance are presented:

Basic restrictions: Restrictions on exposure to time-varying electric, magnetic, and electromagnetic fields that are based directly on established health effects are termed “basic restrictions.” Depending upon the frequency of the field, the physical quantities used to specify these restrictions are current density (J), specific energy absorption rate (SAR), and power density (S). Only power density in air, outside the body, can be readily measured in exposed individuals.

1998

ICNIRP Guidelines
**GUIDELINES FOR LIMITING EXPOSURE TO TIME-VARYING
ELECTRIC, MAGNETIC, AND ELECTROMAGNETIC FIELDS
(UP TO 300 GHz)**

International Commission on Non-Ionizing Radiation Protection

Reference levels: These levels are provided for practical exposure assessment purposes to determine whether the basic restrictions are likely to be exceeded. Some reference levels are derived from relevant basic restrictions using measurement and/or computational techniques, and some address perception and adverse indirect effects of exposure to EMF. The derived quantities are electric field strength (E), magnetic field strength (H), magnetic flux density (B), power density (S), and currents flowing through the limbs (*IL*). Quantities that address perception and other indirect effects are contact current (*IC*) and, for pulsed fields, specific energy absorption (SA). In any particular exposure situation, measured or calculated values of any of these quantities can be compared with the appropriate reference level. Compliance with the reference level will ensure compliance with the relevant basic restriction. If the measured or calculated value exceeds the reference level, it does not necessarily follow that the basic restriction will be exceeded. However, whenever a reference level is exceeded it is necessary to test compliance with the relevant basic restriction and to determine whether additional protective measures are necessary.

Table 4. Basic restrictions for time varying electric and magnetic fields for frequencies up to 10 GHz.^a

Exposure characteristics	Frequency range	Current density for head and trunk (mA m ⁻²) (rms)	Whole-body average SAR (W kg ⁻¹)	Localized SAR (head and trunk) (W kg ⁻¹)	Localized SAR (limbs) (W kg ⁻¹)
Occupational exposure	up to 1 Hz	40	—	—	—
	1–4 Hz	40/ <i>f</i>	—	—	—
	4 Hz–1 kHz	10	—	—	—
	1–100 kHz	<i>f</i> /100	—	—	—
	100 kHz–10 MHz	<i>f</i> /100	0.4	10	20
	10 MHz–10 GHz	—	0.4	10	20
General public exposure	up to 1 Hz	8	—	—	—
	1–4 Hz	8/ <i>f</i>	—	—	—
	4 Hz–1 kHz	2	—	—	—
	1–100 kHz	<i>f</i> /500	—	—	—
	100 kHz–10 MHz	<i>f</i> /500	0.08	2	4
	10 MHz–10 GHz	—	0.08	2	4

^a Note:

1. *f* is the frequency in hertz.
2. Because of electrical inhomogeneity of the body, current densities should be averaged over a cross-section of 1 cm² perpendicular to the current direction.
3. For frequencies up to 100 kHz, peak current density values can be obtained by multiplying the rms value by $\sqrt{2}$ (~1.414). For pulses of duration t_p the equivalent frequency to apply in the basic restrictions should be calculated as $f = 1/(2t_p)$.
4. For frequencies up to 100 kHz and for pulsed magnetic fields, the maximum current density associated with the pulses can be calculated from the rise/fall times and the maximum rate of change of magnetic flux density. The induced current density can then be compared with the appropriate basic restriction.
5. All SAR values are to be averaged over any 6-min period.
6. Localized SAR averaging mass is any 10 g of contiguous tissue; the maximum SAR so obtained should be the value used for the estimation of exposure.
7. For pulses of duration t_p the equivalent frequency to apply in the basic restrictions should be calculated as $f = 1/(2t_p)$. Additionally, for pulsed exposures in the frequency range 0.3 to 10 GHz and for localized exposure of the head, in order to limit or avoid auditory effects caused by thermoelastic expansion, an additional basic restriction is recommended. This is that the SA should not exceed 10 mJ kg⁻¹ for workers and 2mJ kg⁻¹ for the general public, averaged over 10 g tissue.

Table 6. Reference levels for occupational exposure to time-varying electric and magnetic fields (unperturbed rms values).^a

Frequency range	E-field strength (V m ⁻¹)	H-field strength (A m ⁻¹)	B-field (μT)	Equivalent plane wave power density S_{eq} (W m ⁻²)
up to 1 Hz	—	1.65×10^3	2×10^2	—
1–8 Hz	20,000	$1.65 \times 10^3 f^{0.7}$	$2 \times 10^2 f^{0.2}$	—
8–25 Hz	20,000	$2 \times 10^3 f^{0.7}$	$2.5 \times 10^2 f^{0.2}$	—
0.025–0.82 kHz	$500f^{0.7}$	20f	25f	—
0.82–65 kHz	610	24.1	20.7	—
0.065–1 MHz	610	1.6f	2.0f	—
1–10 MHz	610f	1.6f	2.0f	—
10–400 MHz	61	0.16	0.2	10
400–2,000 MHz	$3f^{1/2}$	$0.008f^{1/2}$	$0.01f^{1/2}$	140
2–300 GHz	137	0.36	0.45	50

^aNote:

- f 's indicated in the frequency range column.
- Provided that basic restrictions are met and adverse indirect effects can be excluded, field strength values can be exceeded.
- For frequencies between 100 kHz and 10 GHz, S_{eq} , E^2 , H^2 , and B^2 are to be averaged over any 6-min period.
- For peak values at frequencies up to 100 kHz see Table 4, note 3.
- For peak values at frequencies exceeding 100 kHz see Figs. 1 and 2. Between 100 kHz and 10 MHz, peak values for the field strengths are obtained by interpolation from the 1.5-fold peak at 100 kHz to the 32-fold peak at 10 MHz. For frequencies exceeding 10 MHz it is suggested that the peak equivalent plane wave power density, as averaged over the pulse width, does not exceed 1,000 times the S_{eq} restrictions, or that the field strength does not exceed 32 times the field strength exposure levels given in the table.
- For frequencies exceeding 10 GHz, S_{eq} , E^2 , H^2 , and B^2 are to be averaged over any $68f^{1/10}$ min period (f in GHz).
- No H-field value is provided for frequencies <1 Hz, which are effectively static electric fields. Electric shock from low impedance sources is prevented by established electrical safety procedures for such equipment.

Table 7. Reference levels for general public exposure to time-varying electric and magnetic fields (unperturbed rms values).^a

Frequency range	E-field strength (V m ⁻¹)	H-field strength (A m ⁻¹)	B-field (μT)	Equivalent plane wave power density S_{eq} (W m ⁻²)
up to 1 Hz	—	3.2×10^4	4×10^4	—
1–8 Hz	10,000	$3.2 \times 10^4 f^{0.2}$	$4 \times 10^4 f^{0.2}$	—
8–25 Hz	10,000	4,000f	5,000f	—
0.025–0.8 kHz	250f	4f	5f	—
0.8–3 kHz	250f	5	6.25	—
3–150 kHz	87	5	6.25	—
0.15–1 MHz	87	0.73f	0.93f	—
1–10 MHz	87f ^{1/2}	0.73f	0.93f	—
10–400 MHz	28	0.073	0.092	2
400–2,000 MHz	$1.375f^{1/2}$	$0.0037f^{1/2}$	$0.0046f^{1/2}$	1300
2–300 GHz	61	0.16	0.20	10

^aNote:

- f 's indicated in the frequency range column.
- Provided that basic restrictions are met and adverse indirect effects can be excluded, field strength values can be exceeded.
- For frequencies between 100 kHz and 10 GHz, S_{eq} , E^2 , H^2 , and B^2 are to be averaged over any 6-min period.
- For peak values at frequencies up to 100 kHz see Table 4, note 3.
- For peak values at frequencies exceeding 100 kHz see Figs. 1 and 2. Between 100 kHz and 10 MHz, peak values for the field strengths are obtained by interpolation from the 1.5-fold peak at 100 kHz to the 32-fold peak at 10 MHz. For frequencies exceeding 10 MHz it is suggested that the peak equivalent plane wave power density, as averaged over the pulse width, does not exceed 1,000 times the S_{eq} restrictions, or that the field strength does not exceed 32 times the field strength exposure levels given in the table.
- For frequencies exceeding 10 GHz, S_{eq} , E^2 , H^2 , and B^2 are to be averaged over any $68f^{1/10}$ min period (f in GHz).
- No E-field value is provided for frequencies <1 Hz, which are effectively static electric fields. penetration of surface electric charges will not occur at field strengths less than 25 kV m⁻¹. Spark discharges causing stress or annoyance should be avoided.

1999

**COUNCIL
COUNCIL RECOMMENDATION
of 12 July 1999
on the limitation of exposure of the general
public to electromagnetic fields (0 Hz to 300
GHz)
(1999/519/EC)**

ANNEX 3

BASIC RESTRICTIONS

Depending on frequency, the following class of possible human responses is expected or used to qualify the basic restrictions on electromagnetic fields:

- Between 3 and 1 MHz basic restrictions are provided for magnetic field limits. For electric fields (E) (Hz and current density for time-varying fields are 100 V/m to protect effects on the cardiovascular and central nervous systems;
- Between 1 Hz and 10 MHz, low restrictions are provided to protect effects on nervous system functions;
- Between 100 kHz and 10 GHz, basic restrictions on SAR are provided to protect whole-body heat stress and excessive localized heating of tissues. In the range 100 kHz to 10 MHz, restrictions on field current density (J) are provided;
- Between 10 GHz and 300 GHz, basic restrictions on power density are provided to protect heating of tissues on the body surface.

The basic restrictions given in Table 1 are strict to be achieved for intermittent and/or allowed conditions, occupational conditions, and for the full time the use and full classes of members of the public, etc.

TABLE 1

Basic restrictions for electric, magnetic and electromagnetic fields
(0 Hz to 300 GHz)

frequency (MHz)	Magnetic field (μT)	Current density (A/m^2)	Whole-body average SAR (W/kg)	Local SAR (mW/kg)	Localized SAR (W/kg)	Power density (W/m^2)
0 Hz	40	—	—	—	—	—
0.1 Hz	—	5	—	—	—	—
1 Hz	—	25	—	—	—	—
4-1000 Hz	—	5	—	—	—	—
100 Hz-100 MHz	—	0.02	—	—	—	—
100 kHz-10 MHz	—	0.02	0.08	2	4	—
10 MHz-10 GHz	—	—	0.08	2	4	—
10 GHz-300 GHz	—	—	—	—	—	10

Notes:

1. μT is the frequency in Hz.

2. The basic restriction on the current density is intended to protect against some exposure effects on central nervous system tissues in the head and trunk of the body and includes a safety factor. The basic restriction for ERF (kHz) are based on a standard where electric field in the central nervous system, such as an effect on neuronal transmission and there is no suitable justification to modify the basic restriction for exposure of that kind as, however, since the basic restriction refers to a cross-section of the central nervous system, the basic restriction may also apply to current densities in large vessels other than the central nervous system under the same exposure conditions.

3. Estimate of distributed absorption of the body surface tissues should be accepted, which may involve at least 1 cm² perpendicular to the incident waves.

ANNEX A

REFERENCE LEVELS

Reference levels of exposure are provided for the purpose of comparison with values of measured quantities. Degree of environmental reference levels will ensure respect of basic restrictions.

If the quantity of measured values are given for the reference levels, it does not necessarily follow that the basic restrictions have been exceeded. In this case, an assessment should be made as to whether exposure levels are below the basic restrictions.

The reference level for heating exposure are obtained from the basic restrictions for the avoidance of excessive coupling of the field to the exposed individual, thereby providing a maximum protection. A summary of the reference levels is given in Tables 2 and 3. The reference levels are generally intended to be quickly averaged values over the duration of the body of the exposed individual, but with the important proviso that the localized basic restrictions on exposure are not exceeded.

In some situations where the exposure is highly localized, such as with hand-held equipment and the localized level, the use of reference levels is not appropriate. In such cases, respect of the localized basic restrictions should be assessed directly.

Field levels

Table 2

Reference levels for electric, magnetic and electromagnetic fields
 10 Hz to 100 GHz, unmodulated rms values

Frequency range	Electric field strength (V/m)	Magnetic flux density (µT)	Electric field (kV/m)	Maximum plane wave power density (W/m ²)
0-1 Hz	—	1.0×10^6	4×10^7	—
1-8 Hz	10 000	3.2×10^5	4×10^6	—
8-25 Hz	10 000	$4 000$	$1 000$	—
0.015-0.1 kHz	200	4	5	—
0.1-1 kHz	200	5	6.7	—
1-10 kHz	27	5	6.7	—
0.1-1 MHz	8	1.75	1.92	—
1-10 MHz	5.7	1.7	1.87	—
10-100 MHz	5	1.67	1.82	2
0.1-1 000 MHz	$1.571 \cdot f^{0.5}$	$0.017 \cdot f^{0.5}$	$0.045 \cdot f^{0.5}$	0.001
1-100 GHz	61	0.16	0.20	10

Notes

1. f as indicated in the frequency range column.
2. For frequencies between 100 MHz and 10 GHz, S_{avg} , E_{avg} , and H_{avg} to be averaged over any arbitrary period.
3. For frequencies exceeding 10 GHz, S_{avg} , E_{avg} , and H_{avg} are to be averaged over any 50/50% duty cycle period (i.e. 0.5s).
4. No field value is provided for frequencies > 1 THz, which are effectively static electric fields. For most parts the averaging procedure in static electric charges will not occur if field strength is less than 25 kV/m. Static discharges during tests or exposures should be avoided.

**DIRECTIVE 2004/40/EC OF THE EUROPEAN
PARLIAMENT AND OF THE COUNCIL
of 29 April 2004**

**on the minimum health and safety requirements
regarding the exposure of workers to the risks
arising from physical agents (electromagnetic
fields) (18th individual Directive within the meaning
of Article 16(1) of Directive 89/391/EEC)**

Article 1
Aim and scope

1. This Directive, which is the 18th individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC, lays down minimum requirements for the protection of workers from risks to their health and safety arising or likely to arise from exposure to electromagnetic fields (0 Hz to 300 GHz) during their work.
2. This Directive refers to the risk to the health and safety of workers due to known short-term adverse effects in the human body caused by the circulation of induced currents and by energy absorption as well as by contact currents.
3. This Directive does not address suggested long-term effects.
4. This Directive does not address the risks resulting from contact with live conductors.
5. Directive 89/391/EEC shall apply fully to the whole area referred to in paragraph 1, without prejudice to more stringent and/or more specific provisions contained in this Directive.

Table 1

Exposure limit values (Article 3(1)). All conditions to be satisfied

Frequency range	Current density for head and trunk J (mA/m ²) (rms)	Whole body average SAR (W/kg)	Localised SAR (head and trunk) (W/kg)	Localised SAR (limbs) (W/kg)	Power density S (W/m ²)
Up to 1 Hz	40	—	—	—	—
1 — 4 Hz	40/f	—	—	—	—
4 — 1 000 Hz	10	—	—	—	—
1 000 Hz — 100 kHz	f/100	—	—	—	—
100 kHz — 10 MHz	f/100	0,4	10	20	—
10 MHz — 10 GHz	—	0,4	10	20	—
10 — 300 GHz	—	—	—	—	50

Notes:

1. f is the frequency in Hertz.
2. The exposure limit values on the current density are intended to protect against acute exposure effects on central nervous system tissues in the head and trunk of the body. The exposure limit values in the frequency range 1 Hz to 10 MHz are based on established adverse effects on the central nervous system. Such acute effects are essentially instantaneous and there is no scientific justification to modify the exposure limit values for exposure of short duration. However, since the exposure limit values refer to adverse effects on the central nervous system, these exposure limit values may permit higher current densities in body tissues other than the central nervous system under the same exposure conditions.
3. Because of the electrical inhomogeneity of the body, current densities should be calculated as averages over a crosssection of 1 cm² perpendicular to the current direction.
4. For frequencies up to 100 kHz, peak current density values can be obtained by multiplying the rms value by $(2)^{1/2}$.
5. For frequencies up to 100 kHz and for pulsed magnetic fields, the maximum current density associated with the pulses can be calculated from the rise/fall times and the maximum rate of change of magnetic flux density. The induced current density can then be compared with the appropriate exposure limit value. For pulses of duration t_p , the equivalent frequency to apply for the exposure limit values should be calculated as $f = 1/(2t_p)$.
6. All SAR values are to be averaged over any six-minute period.
7. Localised SAR averaging mass is any 10 g of contiguous tissue; the maximum SAR so obtained should be the value used for estimating exposure. These 10 g of tissue are intended to be a mass of contiguous tissue with nearly homogeneous electrical properties. In specifying a contiguous mass of tissue, it is recognised that this concept can be used in computational dosimetry but may present difficulties for direct physical measurements. A simple geometry such as cubic tissue mass can be used provided that the calculated dosimetric quantities have conservative values relative to the exposure guidelines.
8. For pulsed exposures in the frequency range 0,3 to 10 GHz and for localised exposure of the head, in order to limit and avoid auditory effects caused by thermoelastic expansion, an additional exposure limit value is recommended. This is that the SA should not exceed 10 mJ/kg averaged over 10 g of tissue.
9. Power densities are to be averaged over any 20 cm² of exposed area and any $68/f^{1,05}$ -minute period (where f is in GHz) to compensate for progressively shorter penetration depth as the frequency increases. Spatial maximum power densities averaged over 1 cm² should not exceed 20 times the value of 50 W/m².
10. With regard to pulsed or transient electromagnetic fields, or generally with regard to simultaneous exposure to multiple frequency fields, appropriate methods of assessment, measurement and/or calculation capable of analysing the characteristics of the waveforms and nature of biological interactions have to be applied, taking account of European harmonised standards developed by Cenelec.

Table 2
Action values (Article 3(2)) (unperturbed rms values)

Frequency range	Electric field strength, E (V/m)	Magnetic field strength, H (A/m)	Magnetic flux density, B (µT)	Equivalent plane wave power density, S_{eq} (W/m ²)	Contact current, I_c (mA)	Limb induced current, I_L (mA)
0 — 1 Hz	—	$1,63 \times 10^5$	2×10^5	—	1,0	—
1 — 8 Hz	20 000	$1,63 \times 10^5 f^2$	$2 \times 10^5 f^2$	—	1,0	—
8 — 25 Hz	20 000	$2 \times 10^4 f$	$2,5 \times 10^4 f$	—	1,0	—
0,025 — 0,82 kHz	$500 f$	$20 f$	$25 f$	—	1,0	—
0,82 — 2,5 kHz	610	24,4	30,7	—	1,0	—
2,5 — 65 kHz	610	24,4	30,7	—	$0,4 f$	—
65 — 100 kHz	610	$1 600 f$	$2 000 f$	—	$0,4 f$	—
0,1 — 1 MHz	610	$1,6 f$	$2 f$	—	40	—
1 — 10 MHz	$610 f$	$1,6 f$	$2 f$	—	40	—
10 — 110 MHz	61	0,16	0,2	10	40	100
110 — 400 MHz	61	0,16	0,2	10	—	—
400 — 2 000 MHz	$3 f^a$	$0,008 f^a$	$0,01 f^a$	$f/40$	—	—
2 — 300 GHz	137	0,36	0,45	50	—	—

Notes:

1. f is the frequency in the units indicated in the frequency range column.
2. For frequencies between 100 kHz and 10 GHz, S_{eq} , E, H, Band I_c are to be averaged over any six-minute period.
3. For frequencies exceeding 10 GHz, S_{eq} , E, H and I_c are to be averaged over any 68/f^{0,5}-minute period (f in GHz).
4. For frequencies up to 100 kHz, peak action values for the field strengths can be obtained by multiplying the rms value by $(2)^{0,5}$. For pulses of duration t_p , the equivalent frequency to apply for the action values should be calculated as $f = 1/(2t_p)$.
For frequencies between 100 kHz and 10 MHz, peak action values for the field strengths are calculated by multiplying the relevant rms values by 10, where $a = (0,665 \log (f/10) + 0,176)$, f in Hz.
For frequencies between 10 MHz and 300 GHz, peak action values are calculated by multiplying the corresponding rms values by 32 for the field strengths and by 1 000 for the equivalent plane wave power density.
5. With regard to pulsed or transient electromagnetic fields, or generally with regard to simultaneous exposure to multiple frequency fields, appropriate methods of assessment, measurement and/or calculation capable of analysing the characteristics of the waveforms and nature of biological interactions have to be applied, taking account of harmonised European standards developed by Cenelec.
6. For peak values of pulsed modulated electromagnetic fields, it is also suggested that, for carrier frequencies exceeding 10 MHz, S_{eq} as averaged over the pulse width should not exceed 1 000 times the S_{eq} action values or that the field strength should not exceed 32 times the field strength action values for the carrier frequency.

**IEEE Standard for Safety Levels with Respect to Human Exposure
to Radio Frequency Electromagnetic Fields,
3 kHz to 300 GHz**

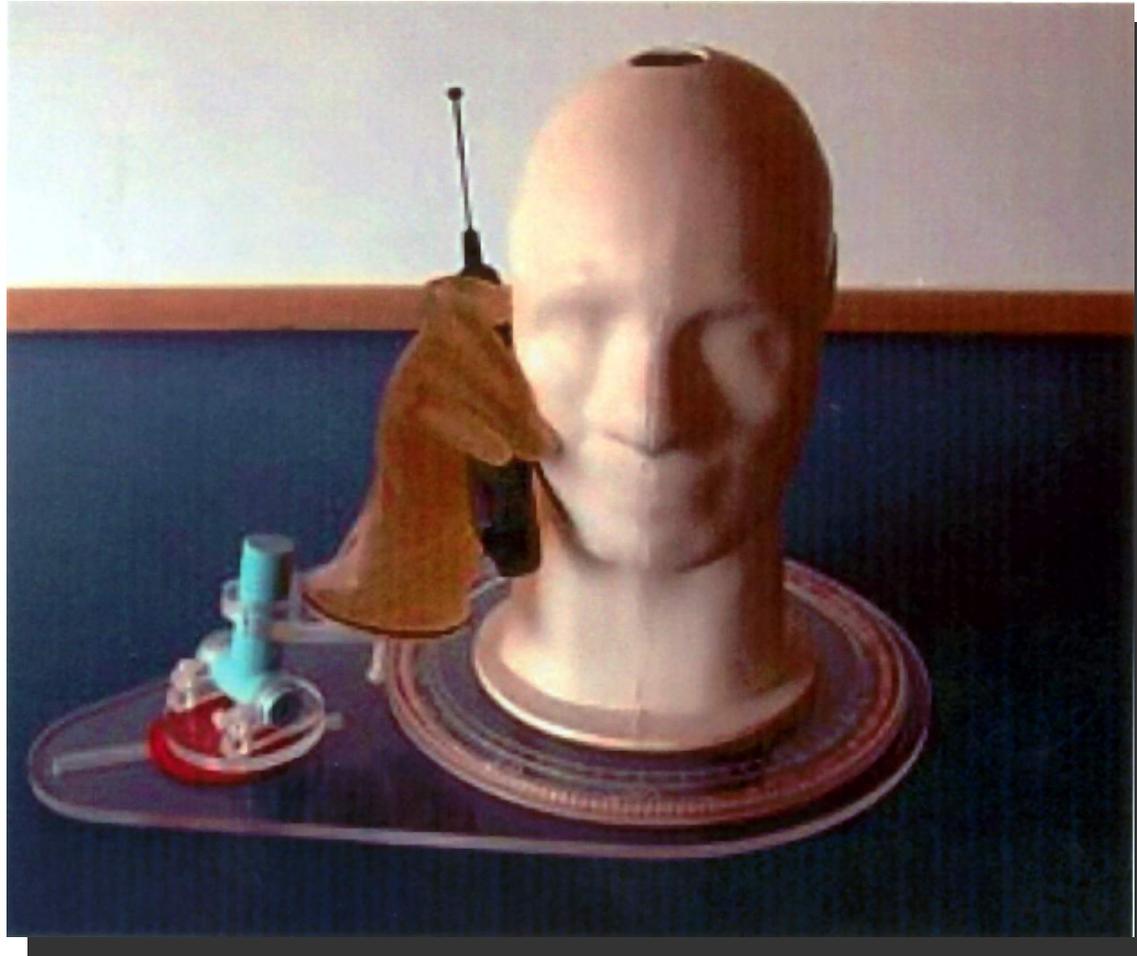
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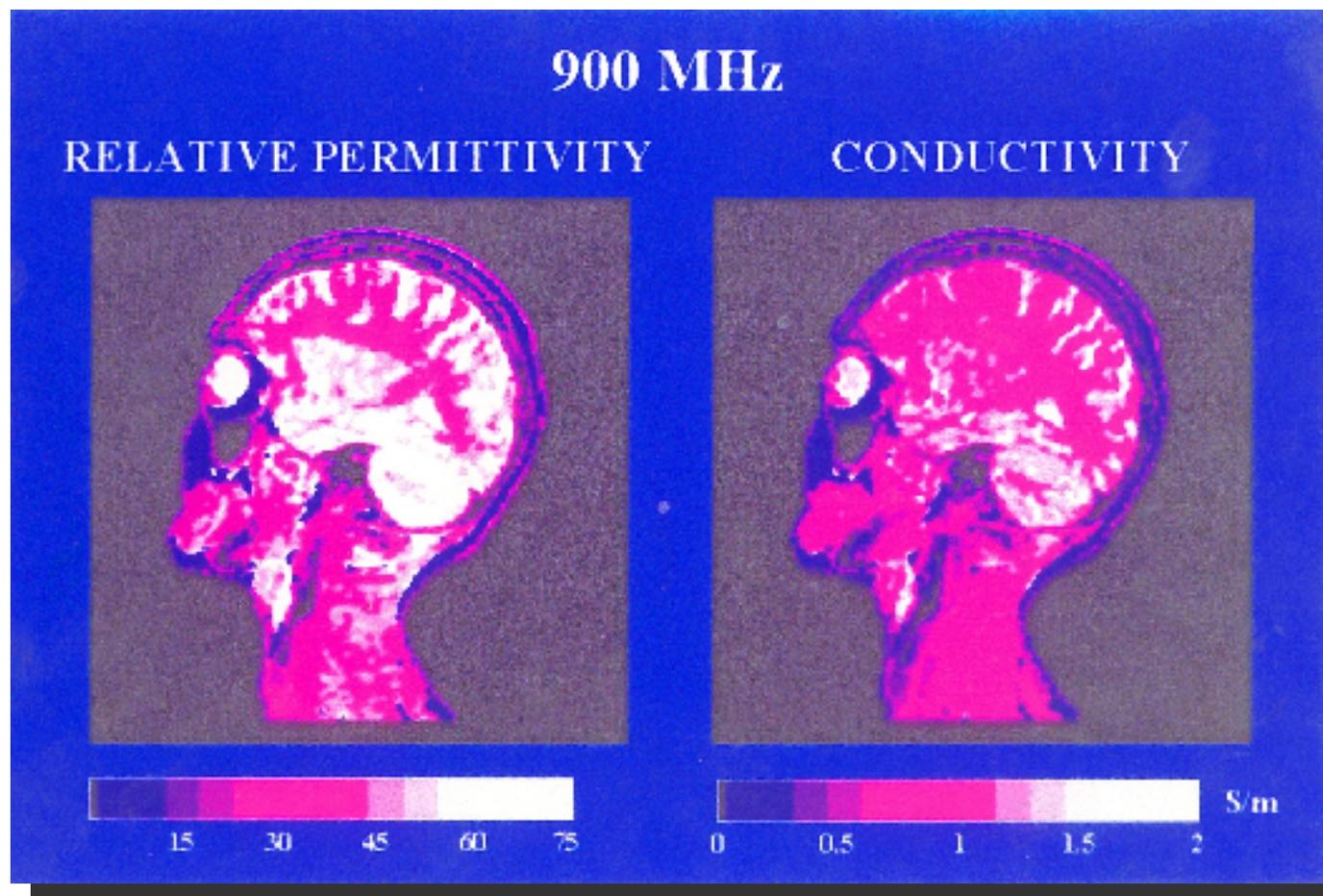
EMF Measurements



Difficulties



Difficulties





<http://www.who.int/peh-emf/en/>



<http://www.jrc.cec.eu.int/emf-net/index.cfm>



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Scientific Committee on Emerging and Newly Identified Health Risks

SCENIHR

Possible effects of Electromagnetic Fields (EMF) on Human
Health



The SCENIHR adopted this opinion at the 16th plenary of 23 March 2007
after public consultation

http://ec.europa.eu/health/scientific_committees/emf/docs/scenihr_o0012007.pdf

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[Electromagnetic fields](#) of all frequencies represent one of the most common and fastest growing environmental influences, about which anxiety and speculation are spreading. All populations are now exposed to varying degrees of EMF, and the levels will continue to increase as technology advances.

As part of its Charter to protect public health and in response to public concern, the World Health Organization (WHO) established the [International EMF Project](#) in 1996 to assess the scientific evidence of possible health effects of EMF in the frequency range from 0 to 300 GHz.

The EMF Project is open to broad participation

The EMF Project is open to any WHO Member State government, i.e. department of health, or representatives of other national institutions concerned with radiation protection. The project is fully funded by participating countries and agencies.

Further information

- for more information on the EMF Project, please email:

Participating countries & entities in EMF Project

WHAT'S NEW!

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[Fact Sheet N°304](#)
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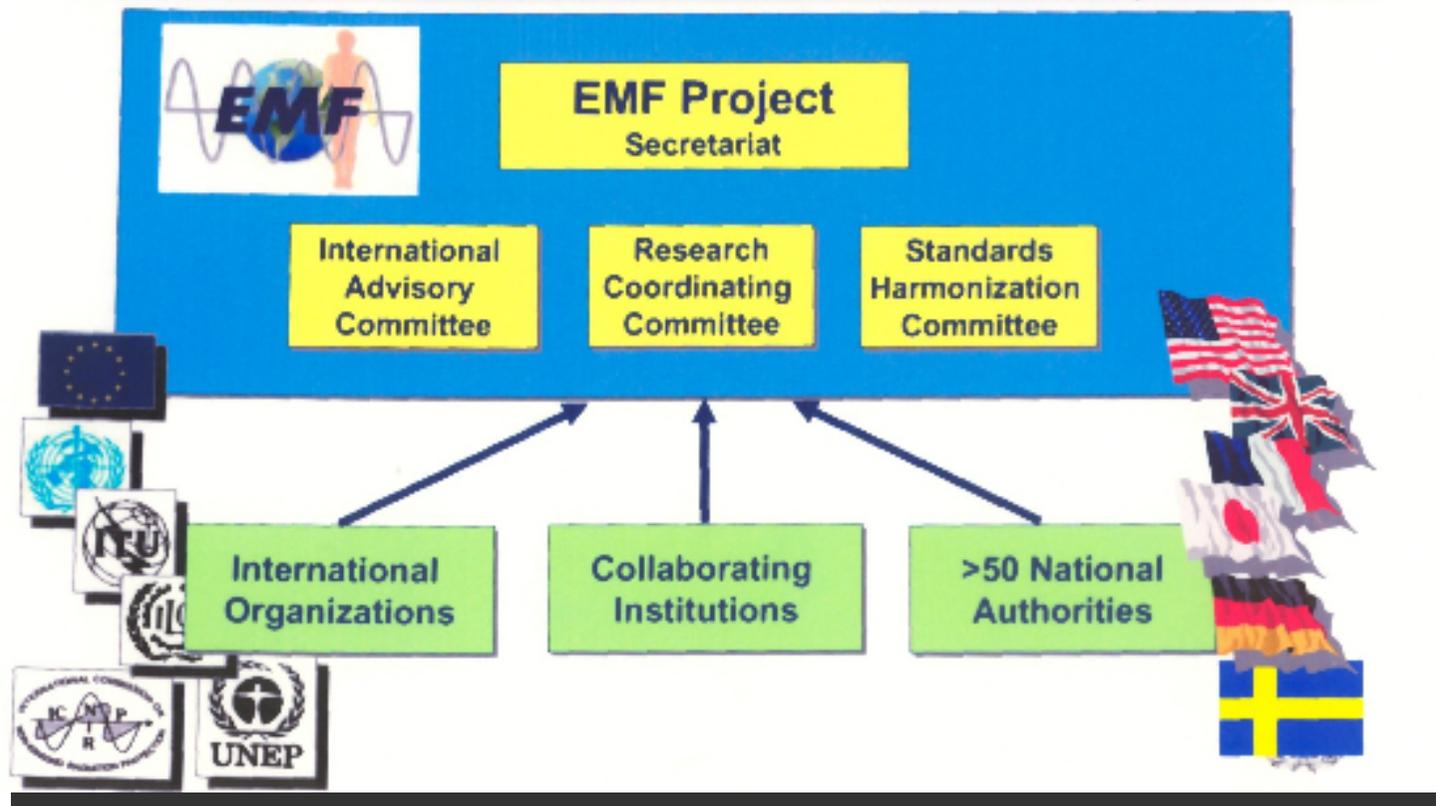
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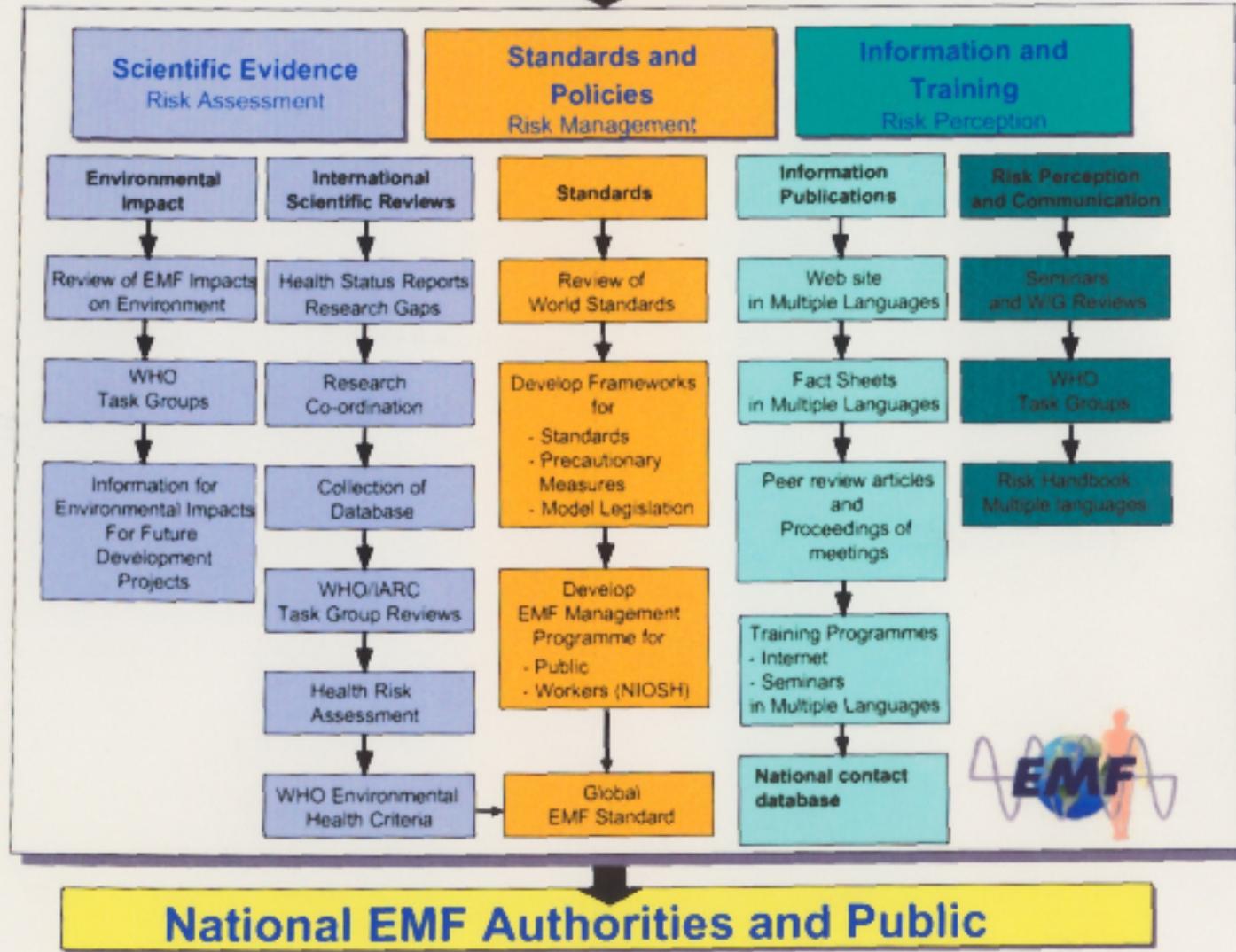
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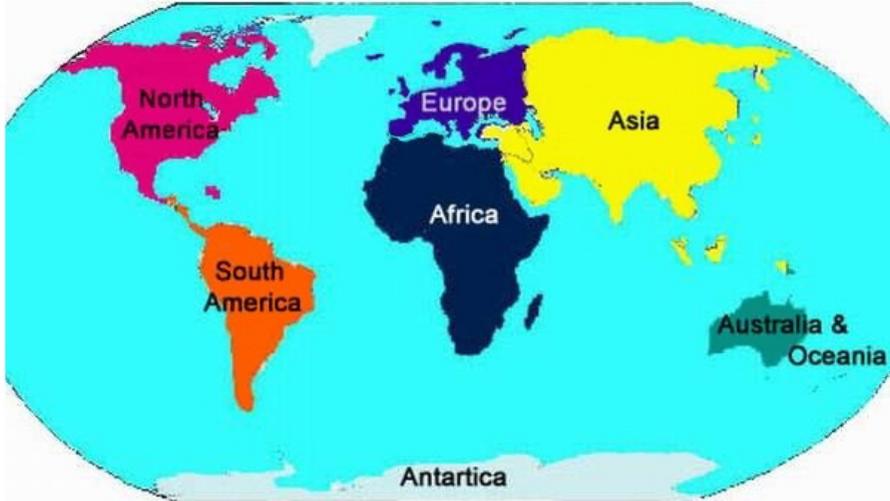
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WEAK ELECTRIC FIELD EFFECTS IN THE BODY

Proceedings of an International Workshop
National Radiological Protection Board, Chilton, Didcot, Oxon, UK
March 24-25 2003

Proceedings Editors

A. McKinlay
M. Repacholi

ISSN 1 904453 02 3
RADIATION PROTECTION DOSIMETRY
Published by Nuclear Technology Publishing Vol. 106 No. 4 2003

Electromagnetic Hypersensitivity

Proceedings
International Workshop on EMF Hypersensitivity
Prague, Czech Republic
October 25-27, 2004

Editors

Kjell Hansson Mild
Mike Repacholi
Emilie van Deventer
Paolo Ricciardi



Electromagnetic fields and public health Electromagnetic Hypersensitivity

As societies industrialize and the technological revolution continues, there has been an unprecedented increase in the number and diversity of electromagnetic field (EMF) sources. These sources include video display units (VDUs) associated with computers, mobile phones and their base stations. While these devices have made our life richer, safer and easier, they have been accompanied by concerns about possible health risks due to their EMF emissions.

For some time a number of individuals have reported a variety of health problems that they relate to exposure to EMF. While some individuals report mild symptoms and react by avoiding the fields as best they can, others are so severely affected that they cease work and change their entire lifestyle. This reported sensitivity to EMF has been generally termed "electromagnetic hypersensitivity" or EHS.

This fact sheet describes what is known about the condition and provides information for helping people with such symptoms. Information provided is based on a WHO Workshop on Electrical Hypersensitivity (Prague, Czech Republic, 2004), an international conference on EMF and non-specific health symptoms (COSEHHS, 1998), a European Commission report (Bergqvist and Vogel, 1997) and recent reviews of the literature.

WHAT IS EHS?

EHS is characterized by a variety of non-specific symptoms, which afflicted individuals attribute to exposure to EMF. The symptoms most commonly experienced include dermatological symptoms (redness, tingling, and burning sensations) as well as neuroathetic and vegetative symptoms (fatigue, tiredness, concentration difficulties, dizziness, nausea, heart palpitation, and digestive disturbances). The collection of symptoms is not part of any recognized syndrome.

EHS resembles multiple chemical sensitivities (MCS), another disorder associated with low-level environmental exposures to chemicals. Both EHS and MCS are characterized by a range of non-specific symptoms that lack apparent toxicological or physiological basis or independent verification. A more general term for sensitivity to environmental factors is Idiosyncratic Environmental Intolerance (IEI), which originated from a workshop convened by the International Program on Chemical Safety (IPCS) of the WHO in 1996 in Berlin. IEI is a descriptor without any implication of chemical etiology, immunological sensitivity or EMF susceptibility. IEI encompasses a number of disorders sharing similar non-specific medically unexplained symptoms that adversely affect people. However since the term EHS is in common usage it will continue to be used here.

PREVALENCE

There is a very wide range of estimates of the prevalence of EHS in the general population. A survey of occupational medical centres estimated the prevalence of EHS to be a few individuals per million in the population. However, a survey of self-help groups yielded much higher estimates. Approximately 10% of reported cases of EHS were considered severe.



Fact sheet N°310
May 2010

Electromagnetic fields and public health Base stations and wireless technologies

Mobile telephony is now commonplace around the world. This wireless technology relies upon an extensive network of base stations, or base stations, to deliver information with radiofrequency (RF) signals. Over 1.4 billion base stations exist worldwide and the number is increasing significantly with the introduction of 4G/LTE generation technology.

Other wireless networks for ultra-high speed internet access and services, such as wireless local area networks (WLANs), are also becoming common in homes, offices, and many public areas (e.g. parks, schools, universities and shopping centres). As the number of base stations and local wireless networks increases, so does the RF exposure of the population. Recent surveys have shown that the RF exposure from base stations, even from 4G/LTE, is 75% of the levels of indoor and outdoor exposure levels, depending on the density of factors such as the proximity to the stations and the surrounding environment. This is lower than comparable RF exposures from radio or television broadcast transmitters.

There has been concern about possible health consequences from exposure to the RF fields produced by wireless technologies. This fact sheet reviews the scientific literature on the health effects from continuous low-level human exposure to base stations and other local wireless networks.

Health concerns

A common concern about base stations and local wireless network antennas relates to the possible long-term health effects that whole-body exposure to the RF signals may have. To date, the main health effect from RF fields identified in scientific reviews has been related to an increase in body temperature (1–2°C) from exposure to very high field intensity found only in certain industrial facilities, such as RF heaters. The levels of RF exposure from base stations and wireless networks are so low that the temperature increases are insignificant and do not affect human health.

The strength of RF fields is greatest close to source, and diminishes quickly with distance. A person near base station antennas is restricted where RF signals may exceed international exposure limits. Recent surveys have indicated that RF exposures from base stations and wireless technologies in publicly accessible areas including schools and hospitals are normally thousands of times below international standards.

In fact, due to their lower frequency, at similar RF exposure levels, the body absorbs up to five times more of the signal from FM radio and television than from mobile phones. This is because the transmitter used in FM radio (around 100 MHz) and in TV broadcasting (around 300 to 400 MHz) are lower than those employed in mobile telephony (900 MHz and 1900 MHz) and because a person's height makes the body an efficient receiving antenna. Further, radio and television broadcast antennas have been in operation for the past 50 or more years without any adverse health consequences being established.

While most radio technologies have used analog signals, modern wireless telecommunications are using digital transmissions. Detailed reviews conducted so far have not revealed any harmful effects to different RF modalities.

Cancer – Multiple anecdotal reports of cancer clusters around mobile phone base stations have been claimed with concern. It should be noted that geographically, cancers are normally distributed among any population. Given the widespread presence of base stations in the environment, it is expected that possible cancer clusters will occur near base stations mainly by chance. Moreover, the reported clusters in these clusters often consist of different types of cancer with no common characteristics and hence unlikely to have a common cause.

Scientific evidence on the distribution of cancers in the population can be obtained through case files, place and time and epidemiological studies. Over the past 15 years, studies evaluating a potential relationship between RF transmitters and cancer have been published. These studies have not provided evidence that RF exposure from the transmitters increases the risk of cancer. Likewise, long-term animal studies have not established an increased risk of cancer from exposure to RF fields, even at levels that are much higher than produced by base stations and wireless networks.

Other (SIDS) – Few studies have investigated general health effects in individuals exposed to RF fields from base stations. This is because of their low fields including giving possible health effects from the very low signals emitted by base stations from either higher strength RF signals in the environment. Most studies were focused on the RF exposures of mobile phone users. Human and animal studies concerning both acute patterns, symptoms and behavioral effects exposure to RF fields, such as those emitted by mobile phones, have not identified adverse effects. RF exposures used in these studies were about 1000 times higher than those associated with general public exposure from base stations or wireless services. No consistent evidence of altered sleep or circadian cycle function has been reported.



THE INTERNATIONAL EMF PROJECT

Progress Report

June 2006-2007



**World Health
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Future?

