

# Electromagnetic fields protection



**Basics and  
standardisation**

Long tradition  
New equipment and infrastructure





Long tradition  
New equipment and infrastructure



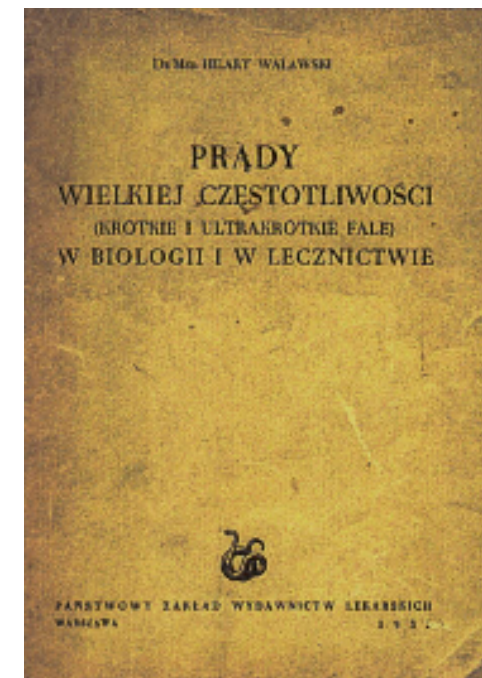
Long tradition  
New equipment and infrastructure



## Main mechanisms

Literature example from 1953

(High frequency currents in  
biology and medicine)



## Phisiotherapy



1988



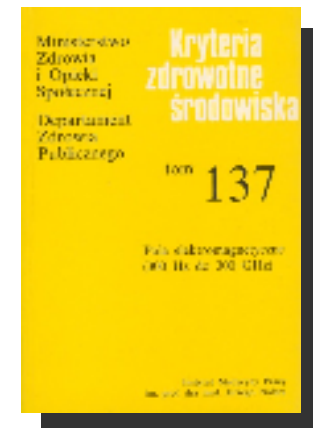
## HF and UHF heating

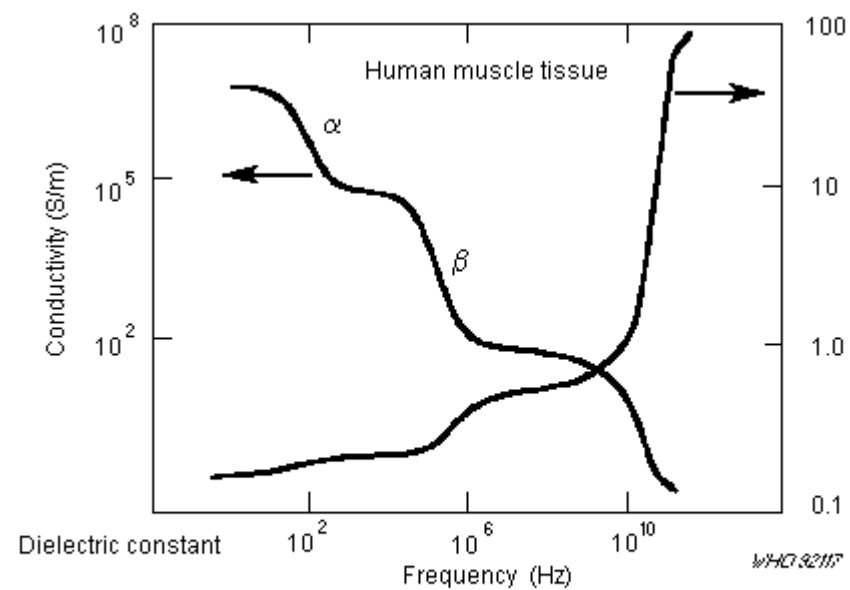


## **ENVIRONMENTAL HEALTH CRITERIA 137 ELECTROMAGNETIC FIELDS (300 HZ TO 300 GHZ)**

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.

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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

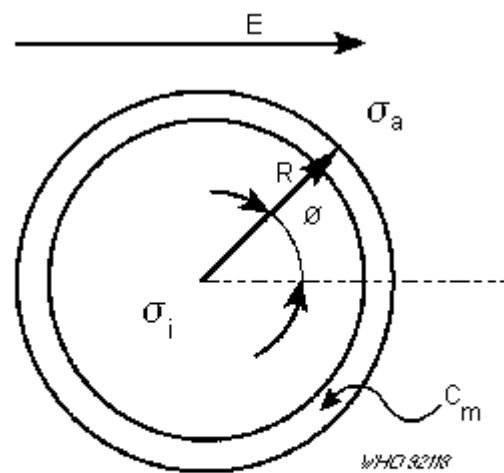
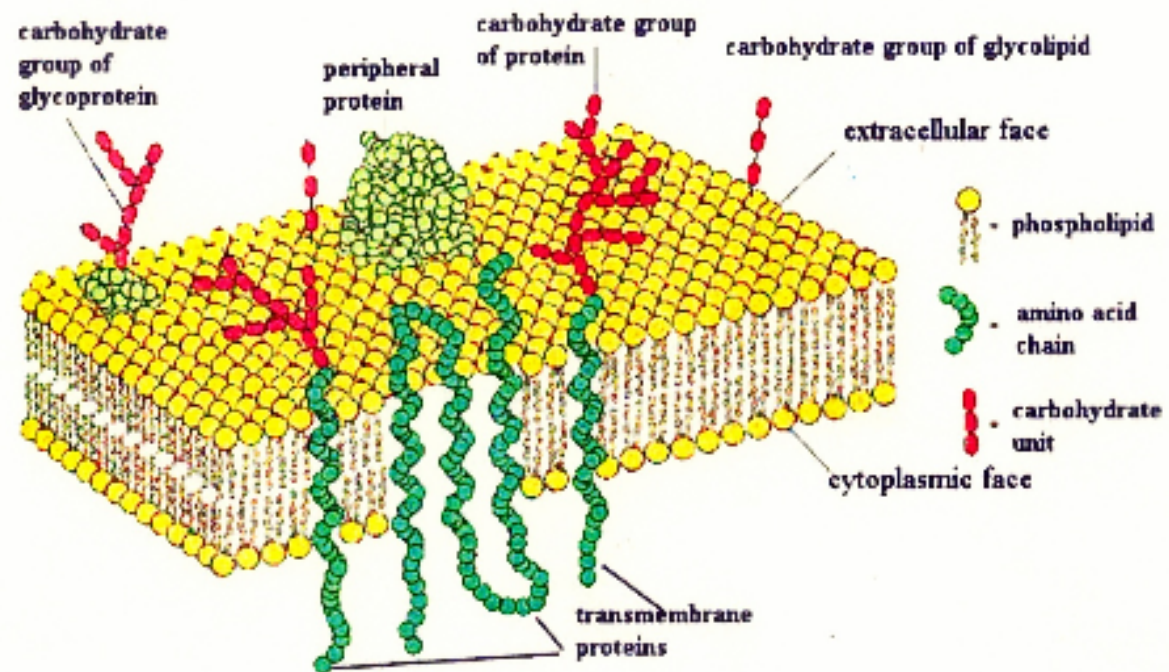
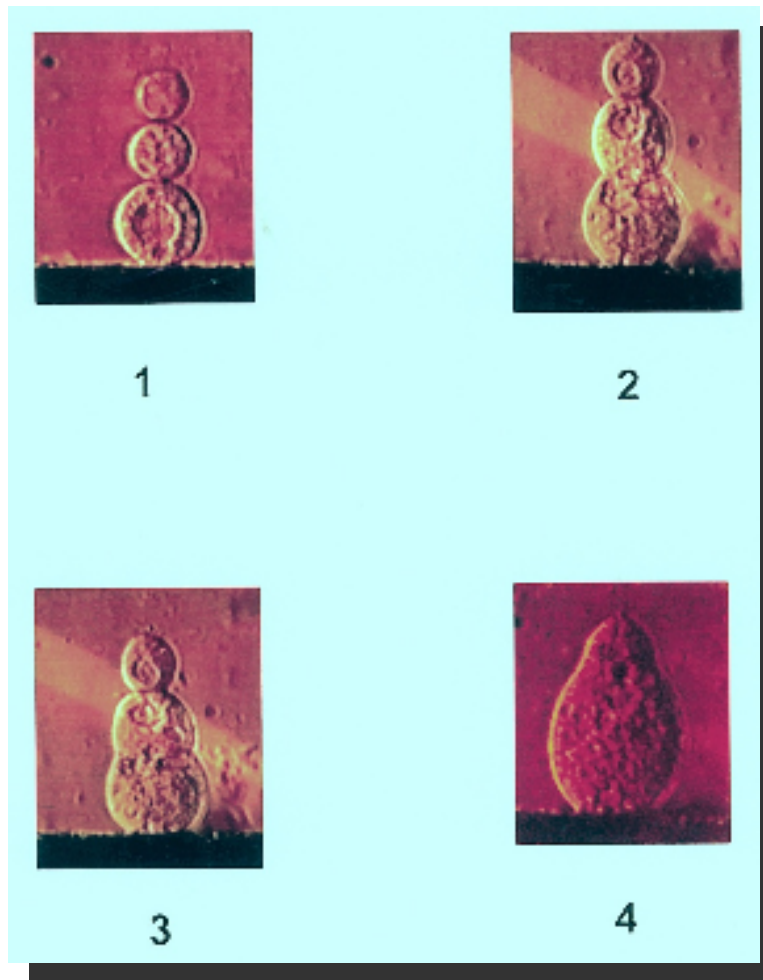


Fig. 10. A spherical cell in an electric field.

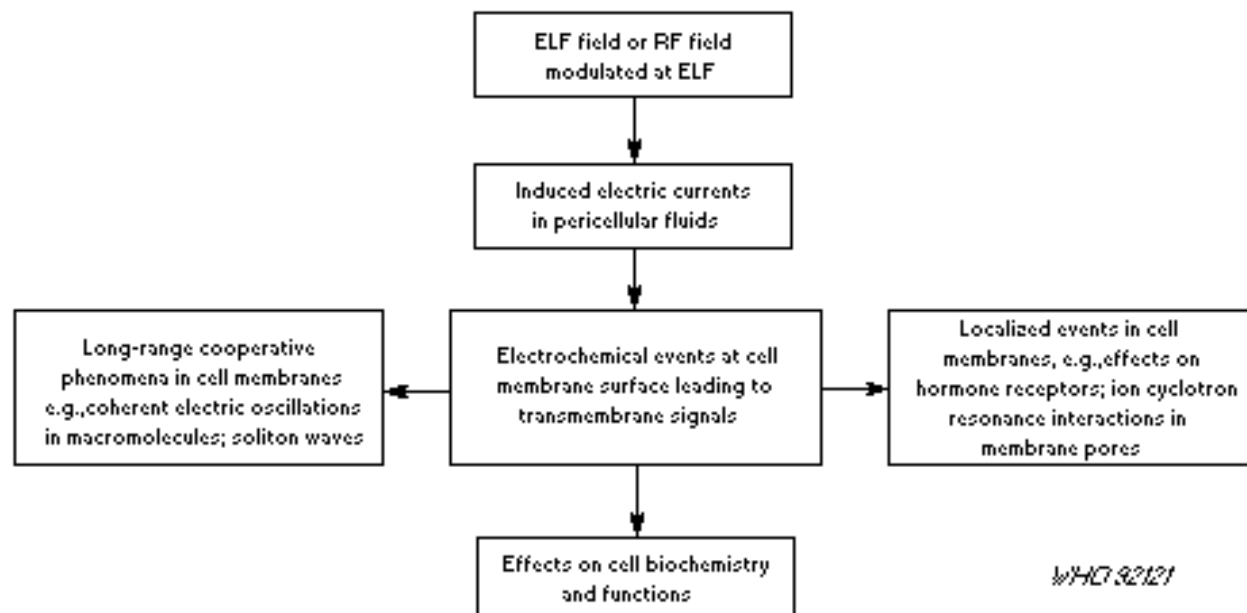
Source: EHC 137





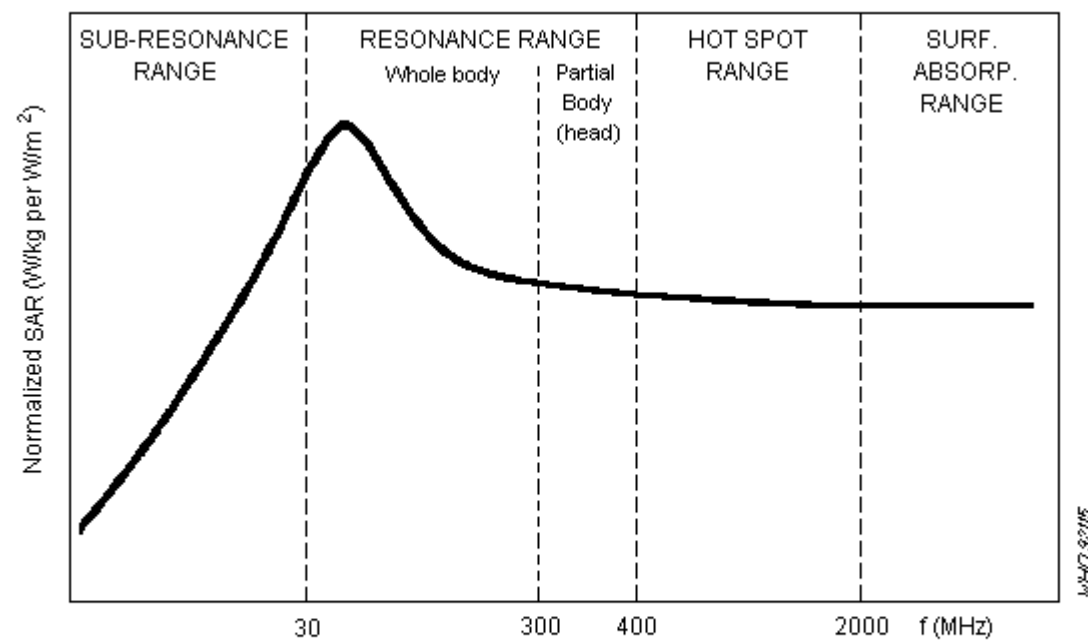


Electrofusion of the living cell  
Effect of very high amplitude pulse



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

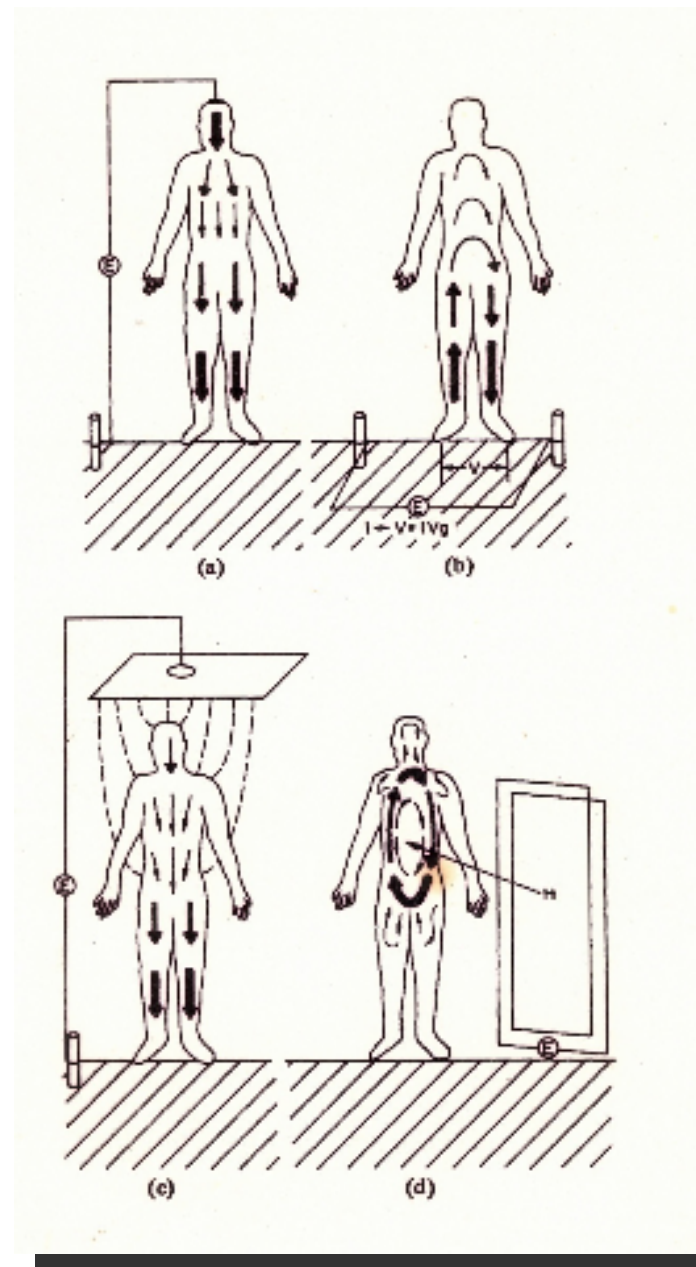
Source: EHC 137



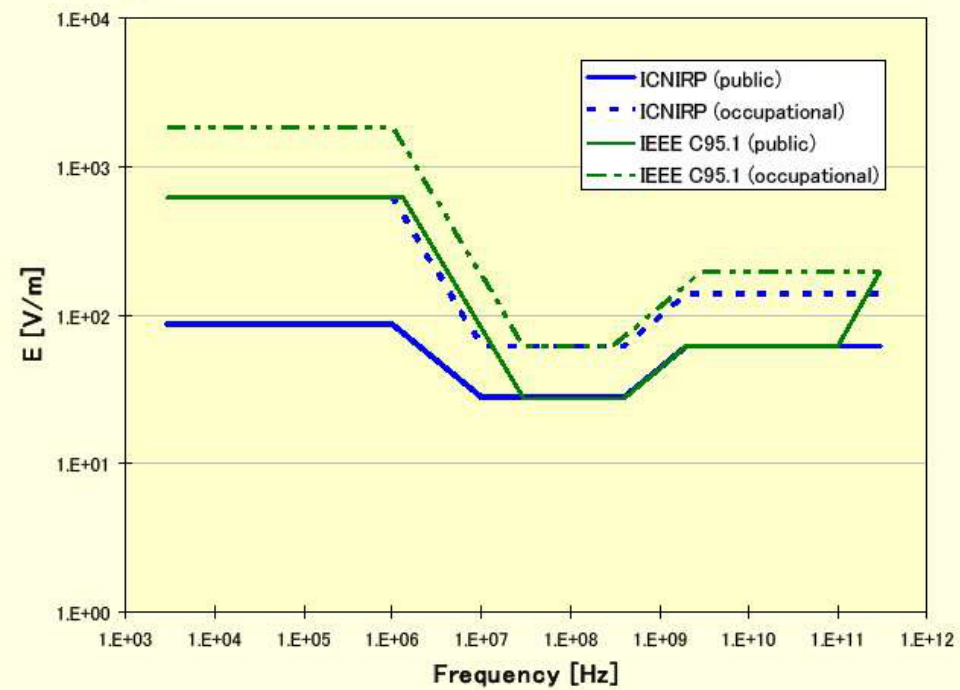
**Fig. 7. Variation of normalized SAR with frequency and related absorption characteristics in living organisms.**

Source: EHC 137





### Comparison of ICNIRP/ICES E-field limits



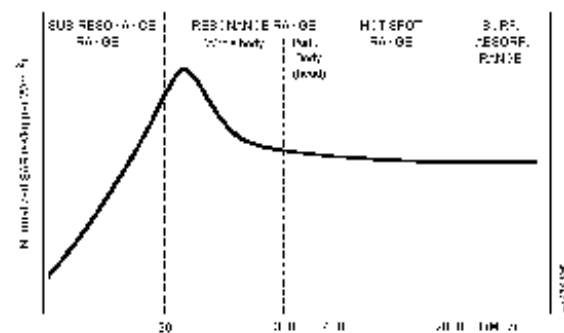
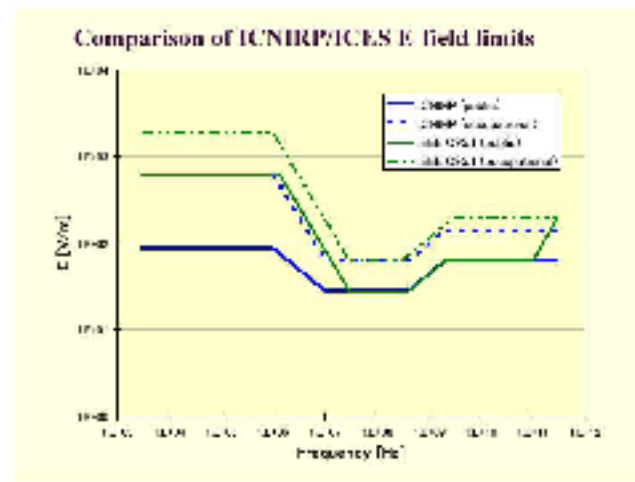


Fig. 7. Variation of normalized SAR with frequency and related absorption characteristics in living organisms.

WIGIENA I BEZPIECZEŃSTWO PRACY  
W POLU  
ELEKTROMAGNETYCZNYM MIKROFAL

PRACA ZBIOROWA



WARSZAWA 1964

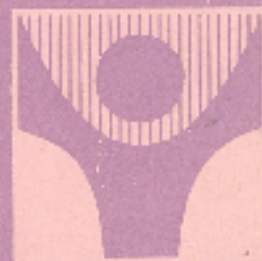
PRZEMYSŁOWY INSTYTUT TELEKOMUNIKACJI



Henryk Miłośajczyk

# **POLA ELEKTROMAGNETYCZNE**

oddziaływanie  
czynników  
współczesnego  
środowiska  
na organizm  
człowieka



## Example of the old regulations

255

### ROZPORZĄDZENIE RADY MINISTRÓW

z dnia 20 października 1925 r.

w sprawie bezpieczeństwa i higieny pracy przy używaniu urządzeń mikrofalowych.

Na podstawie art. 3 ust. 1 dekretu z dnia 10 listopada 1924 r. o przepisach przez zwłaski zawodowe zadań w dziedzinie wykonywania robót o charakterze, bezpieczeństwie i higienie pracy oraz urządzania i eksploatacji pracy (Dz. U. Nr 52, poz. 189) na wniosek Ministerstwa Rady Związków Zawodowych — rozprawy się, to postanawia:

§ 1. Zarządca placu doposażonego bezpieczeństwem i higieną pracy pracowników zatrudnionych przy urządzeniach mikrofalowych.

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

2. Pole elektromagnetyczne mikrofal może być wytworzone:

- 1) w sposób celowy w postaci pola promieniowanego przez antenę urządzenia albo
  - 2) w sposób nie zamierzony w postaci pola rozpraszającego walcówkami bliskimi wzmocniaczom, promiennikom obrotowym, kolumnom lamp generacyjnych, niebezpiecznym ładunków odrzutowych falowodowych bądź wskutek działania innych przypadkowych źródeł promieniowania w generowaniu mikrofalowym lub w torze falowodowym.
- § 3. Działania następujące są najwyższe dopuszczalne ładunki wskutek gośdności mocy pola elektromagnetycznego mikrofal w miejscach przebywania ludzi:

- 1) gośdność do 10 mikrowatów na cm<sup>2</sup>, przy której czas pracy lub przebywania w tym polu nie podlega ograniczeniu;
- 2) gośdność od 11 do 100 mikrowatów na cm<sup>2</sup>, przy której łączny czas pracy lub przebywania w tym polu nie może przekroczyć 2 godzin na dobę;

3) gośdność od 100 do 1000 mikrowatów na cm<sup>2</sup>, 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 gośdności przekraczającej 1000 mikrowatów na cm<sup>2</sup> 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 narażonej na działanie 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 narażające na działanie pola elektromagnetycznego mikrofal.

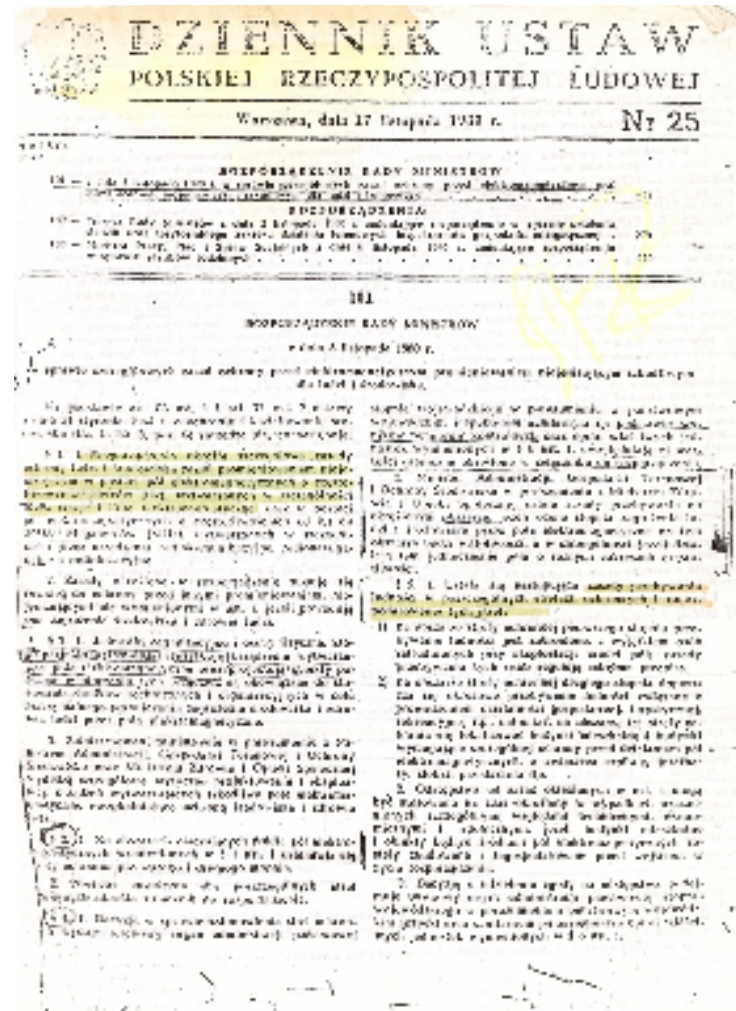
§ 6. 1. Kandydat do pracy powodującej narażenia na działanie pola elektromagnetycznego mikrofal powinien być poddany wstępniemu badaniu lekarskiemu i mieć brzo dopuszczony do tej pracy po przedstawieniu świadectwa lekarskiego stwierdzającego brak przeciwwskazań do zatrudnienia ich ze względu na stan zdrowia.

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

3. Wstępne i kontrolne badania lekarskie przeprowadzają zakłady bezcennopomocowe przy zakładach pracy, a w razie braku takich zakładów — przychodnie albo w szpitalu 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.

## Example of the old regulations



## Example of the old regulations

[illegible]

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*

## Standards Coordinating Committees

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

IEEE C95.1-1991



Published by the Institute of Electrical and Electronics Engineers, Inc., 345 East 47th Street, New York, NY 10017 USA.  
April 1992 2114679

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.<sup>a</sup>

Exposure characteristics	Frequency range	Current density for head and trunk (mA m <sup>-2</sup> ) (rms)	Whole-body average SAR (W kg <sup>-1</sup> )	Localized SAR (head and trunk) (W kg <sup>-1</sup> )	Localized SAR (limbs) (W kg <sup>-1</sup> )
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

<sup>a</sup> 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 cm<sup>2</sup> 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<sup>-1</sup> for workers and 2mJ kg<sup>-1</sup> 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).<sup>a</sup>

Frequency range	E-field strength (V m <sup>-1</sup> )	H-field strength (A m <sup>-1</sup> )	B-field (μT)	Equivalent plane wave power density $S_{eq}$ (W m <sup>-2</sup> )
up to 1 Hz	—	$1.63 \times 10^3$	$2 \times 10^2$	—
1–8 Hz	20,000	$1.63 \times 10^3 f^{1/2}$	$2 \times 10^4 f^{1/2}$	—
8–25 Hz	20,000	$2 \times 10^4 f^{1/2}$	$2.5 \times 10^4 f^{1/2}$	—
0.025–0.82 kHz	500 <i>f</i>	20 <i>f</i>	25 <i>f</i>	—
0.82–65 kHz	610	24.1	20.7	—
0.065–1 MHz	610	1.6 <i>f</i>	2.0 <i>f</i>	—
1–10 MHz	610 <i>f</i>	1.6 <i>f</i>	2.0 <i>f</i>	—
10–400 MHz	61	0.16	0.2	10
400–3,000 MHz	$3 f^{1/2}$	$0.008 f^{1/2}$	$0.01 f^{1/2}$	340
3–300 GHz	137	0.36	0.43	50

<sup>a</sup> Note:

- <sup>1</sup> *f* as indicated in the frequency range column.
- <sup>2</sup> Provided that basic restrictions are met and adverse indirect effects can be excluded, field strength values can be exceeded.
- <sup>3</sup> 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.
- <sup>4</sup> For peak values at frequencies up to 100 kHz see Table 4, note 3.
- <sup>5</sup> 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.
- <sup>6</sup> For frequencies exceeding 10 GHz,  $S_{eq}$ ,  $E^2$ ,  $H^2$ , and  $B^2$  are to be averaged over any  $68 f^{1/2}$  min period (*f* in GHz).
- <sup>7</sup> No B-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).<sup>a</sup>

Frequency range	E-field strength (V m <sup>-1</sup> )	H-field strength (A m <sup>-1</sup> )	B-field (μT)	Equivalent plane wave power density $S_{eq}$ (W m <sup>-2</sup> )
up to 1 Hz	—	$3.2 \times 10^4$	$4 \times 10^4$	—
1–8 Hz	10,000	$3.2 \times 10^4 f^{1/2}$	$4 \times 10^4 f^{1/2}$	—
8–25 Hz	10,000	4,000 <i>f</i>	5,000 <i>f</i>	—
0.025–0.8 kHz	250 <i>f</i>	4 <i>f</i>	5 <i>f</i>	—
0.8–3 kHz	250 <i>f</i>	5	6.25	—
3–150 kHz	87	5	6.25	—
0.15–1 MHz	87	0.73 <i>f</i>	0.92 <i>f</i>	—
1–10 MHz	87 <i>f</i> <sup>1/2</sup>	0.73 <i>f</i>	0.92 <i>f</i>	—
10–400 MHz	28	0.073	0.092	3
400–3,000 MHz	$1.375 f^{1/2}$	$0.0037 f^{1/2}$	$0.0046 f^{1/2}$	330
3–300 GHz	61	0.16	0.20	10

<sup>a</sup> Note:

- <sup>1</sup> *f* as indicated in the frequency range column.
- <sup>2</sup> Provided that basic restrictions are met and adverse indirect effects can be excluded, field strength values can be exceeded.
- <sup>3</sup> 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.
- <sup>4</sup> For peak values at frequencies up to 100 kHz see Table 4, note 3.
- <sup>5</sup> 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.
- <sup>6</sup> For frequencies exceeding 10 GHz,  $S_{eq}$ ,  $E^2$ ,  $H^2$ , and  $B^2$  are to be averaged over any  $68 f^{1/2}$  min period (*f* in GHz).
- <sup>7</sup> No B-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<sup>-1</sup>. 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 *basic* restrictions (expressed as a quotient) are used to qualify the basic restrictions on electromagnetic fields:

- between 0 and 1 Hz: basic restrictions are provided for magnetic field density, for electric field density (H) and current density for time-varying fields as well as for the exposure to power density on the cardiovascular and central nervous system;
- between 1 Hz and 10 MHz: basic restrictions are provided for current density to prevent effects on nervous system functions;
- between 100 kHz and 10 GHz: basic restrictions on SAR are provided to prevent whole-body heat stress and excessive localized heating of tissue. In the range 100 kHz to 10 MHz, restrictions on field current density and SAR are provided;
- between 10 GHz and 300 GHz: basic restrictions on power density are provided to prevent heating of tissue near the body surface.

The basic restrictions, given in Table 1, are intended to account for uncertainties related to individual sensitivity, nonuniform conditions, and for the fact that the age and health status of members of the public vary.

Table 1

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

frequency [Hz]	Magnetic field density [mT]	Current density [mA/m <sup>2</sup> ]	Whole-body average SAR [W/kg]	Localized SAR (adults > 17 yr) [W/kg]	Localized SAR Infants [W/kg]	Power density S [W/m <sup>2</sup> ]
0 Hz	40	—	—	—	—	—
0.1 Hz	—	5	—	—	—	—
1 Hz	—	25	—	—	—	—
4-1 000 Hz	—	2	—	—	—	—
1 000 Hz-100 MHz	—	1 000	—	—	—	—
100 kHz-10 MHz	—	1 000	0.08	2	4	—
10 MHz-10 GHz	—	—	0.08	2	4	—
10 GHz	—	—	—	—	—	10

## Notes

1.  $f$  is the frequency in Hz.

2. The basic restriction on the current density is intended to prevent significant exposure effects on central nervous system tissue in the head and trunk of the body and to induce a safety factor. The basic restriction for EFS fields are based on a full-body exposure to the central nervous system. Such acute effects are essentially instantaneous and therefore an individual's posture to modify the basic restriction for exposure of that location. However, since the basic restriction refers to a worst case of the central nervous system, the basic restriction may permit higher current densities in body tissue other than the central nervous system under the same exposure conditions.

3. Estimate of absorbed field energy of the body surface tissues should be accepted under a maximum of 1 unit perpendicular to the normal direction.

# ANNEX A

## REFERENCE LEVELS

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

If the quantity of measured value is greater than 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 levels for heating exposure are obtained from the basic restrictions for the avoidance of excessive coupling of the field to the exposed individual, thereby providing necessary 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 certain instances where the exposure is highly localized, such as with hand-held telephones and the like, the use of reference levels is inappropriate. 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  
(0.1 Hz to 100 GHz, unmodulated rms values)

Frequency range	Electric field strength (V/m)	Magnetic flux density (μT)	Electric field strength (kV/m)	Magnetic flux density (mT)
0.1 Hz	—	$1.0 \times 10^5$	—	—
1-10 Hz	10 000	$3.2 \times 10^3$	—	—
10-100 Hz	10 000	—	—	—
0.015-0.1 kHz	—	—	—	—
0.1-1 kHz	—	—	—	—
1-10 kHz	—	—	—	—
0.1-1 MHz	—	—	—	—
1-10 MHz	—	—	—	—
10-100 MHz	—	—	—	—
0.1-1 GHz	—	—	—	—
1-100 GHz	—	—	—	—

### Notes

1.  $f$  as indicated in the frequency range column.
2. For frequencies between 100 MHz and 10 GHz,  $E_{ref}$ ,  $H_{ref}$ , and  $S_{ref}$  are to be averaged over any arbitrary period.
3. For frequencies exceeding 10 GHz,  $E_{ref}$ ,  $H_{ref}$ , and  $S_{ref}$  are to be averaged over any 50/50% duty cycle period (i.e., 0.5s).
4. No field value is provided for frequencies  $< 1$  Hz, which are effectively static electric fields. For most people the averaging procedure in static electric charges will not occur if field strength is less than 25 kV/m. Static discharges causing stress or annoyance 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 <sup>2</sup> ) (rms)	Whole body average SAR (W/kg)	Localised SAR (head and trunk) (W/kg)	Localised SAR (limbs) (W/kg)	Power density $S$ (W/m <sup>2</sup> )
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 cross-section of 1 cm<sup>2</sup> 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 cm<sup>2</sup> 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 cm<sup>2</sup> should not exceed 20 times the value of 50 W/m<sup>2</sup>.
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 <sup>2</sup> )	Contact current, $I_c$ (mA)	Limb induced current, $I_L$ (mA)
0 — 1 Hz	—	$1,6 \times 10^5$	$2 \times 10^5$	—	1,0	—
1 — 8 Hz	20 000	$1,6 \times 10^5/f^2$	$2 \times 10^5/f^2$	—	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	$3f^a$	$0,008f^a$	$0,01f^a$	$f/40$	—	—
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, B and  $I_L$  are to be averaged over any six-minute period.
3. For frequencies exceeding 10 GHz,  $S_{eq}$ , E, H and B 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  $(2)^{1/4}$ . 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**

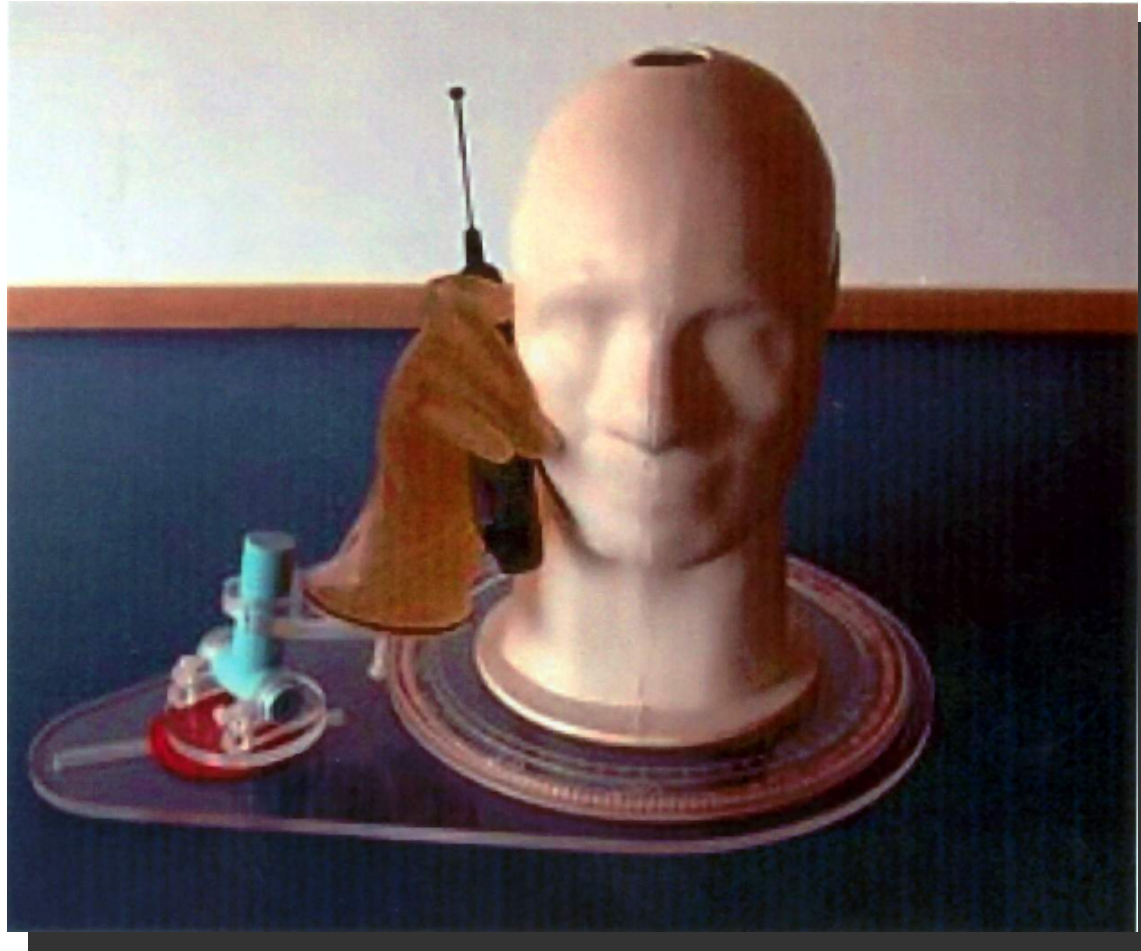
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**IEEE Std C95.1™-2005**  
(Revision of IEEE Std C95.1-1991)

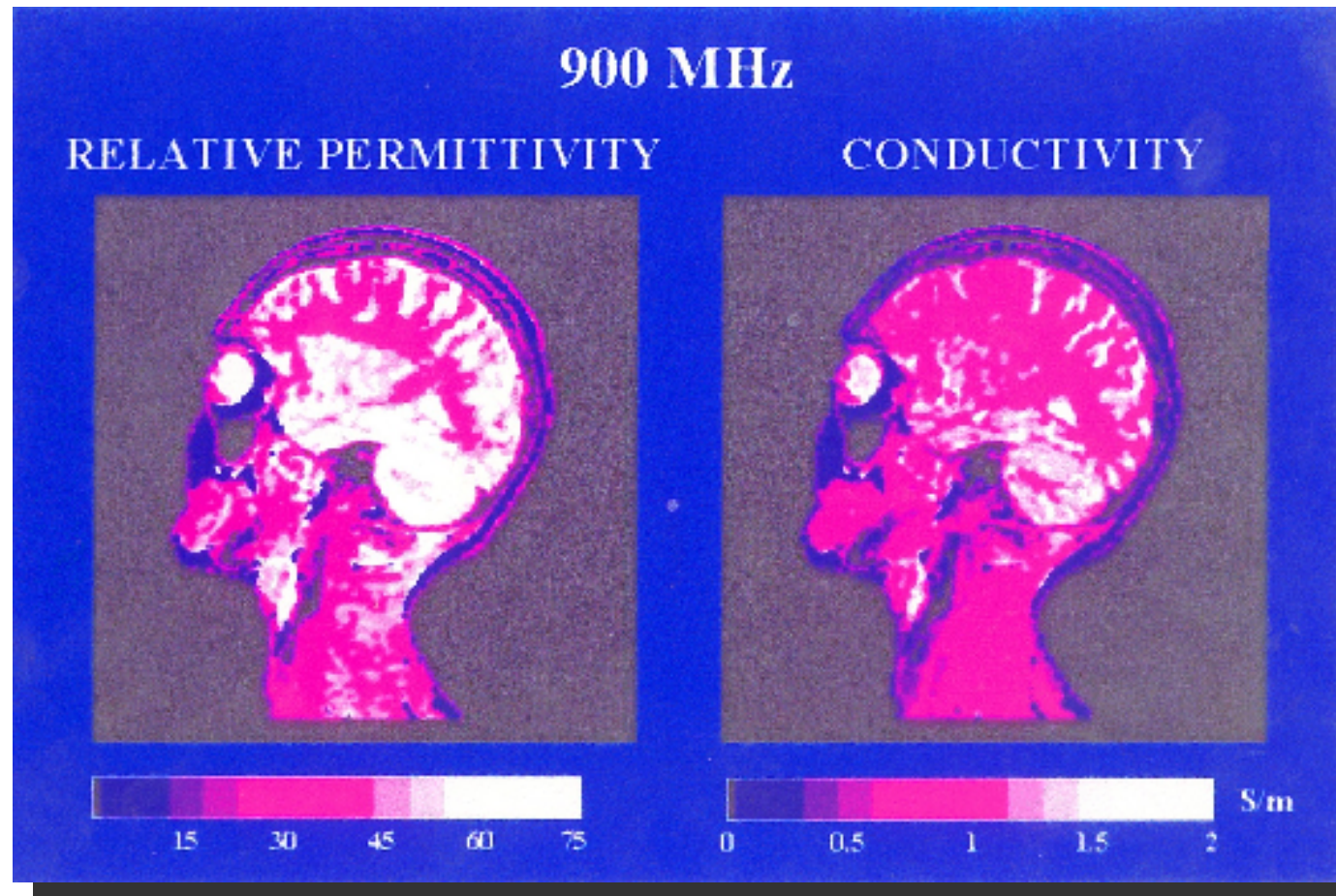
## EMF Measurements



## Difficulties



## Difficulties







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



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



<http://natura2000.mos.gov.pl/natura2000/index.php>





Health & Consumer Protection  
Directorate General

Scientific Committee on Emerging and Newly Identified Health Risks

SCENIHR

Possible effects of Electromagnetic Fields (EMF) on Human  
Health



Scientific Committees

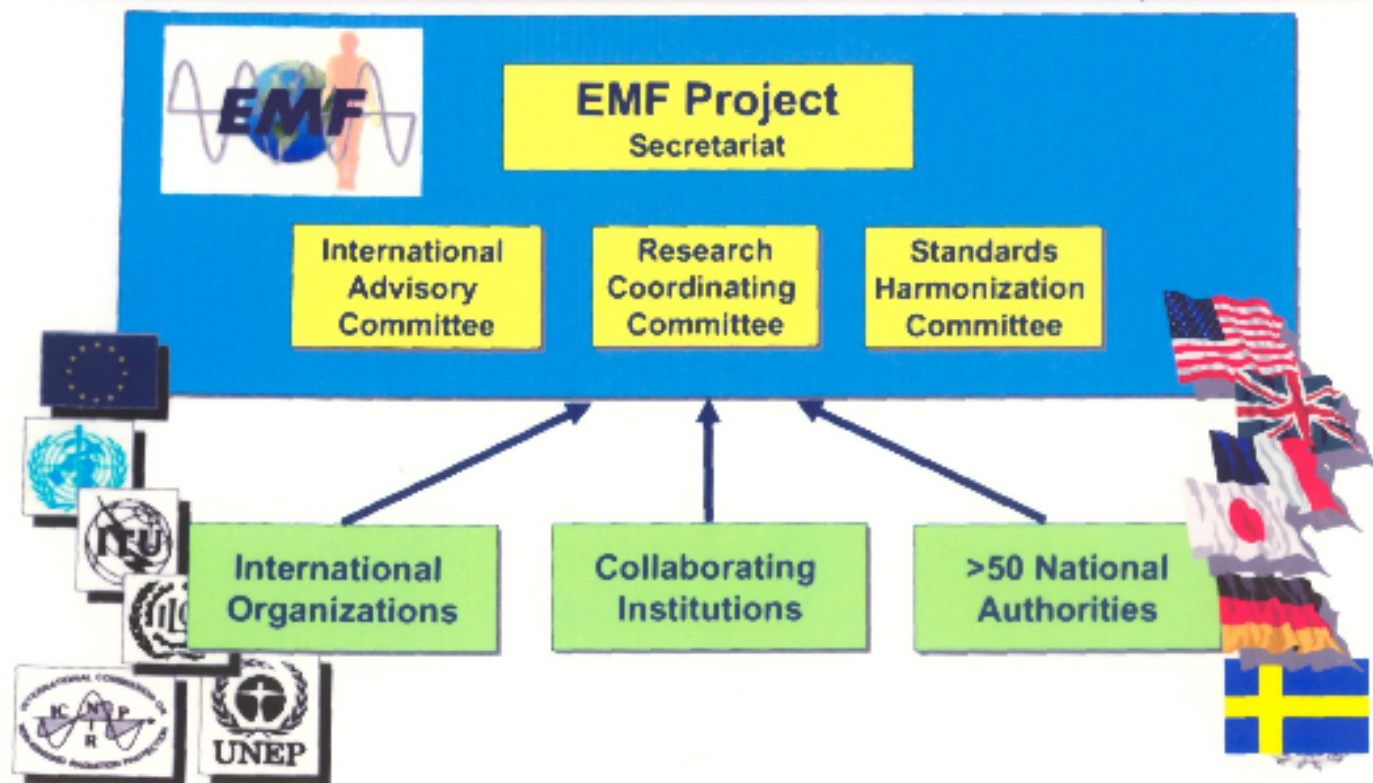
- on consumer products
- on emerging and newly identified health risks
- on safety and environmental risks

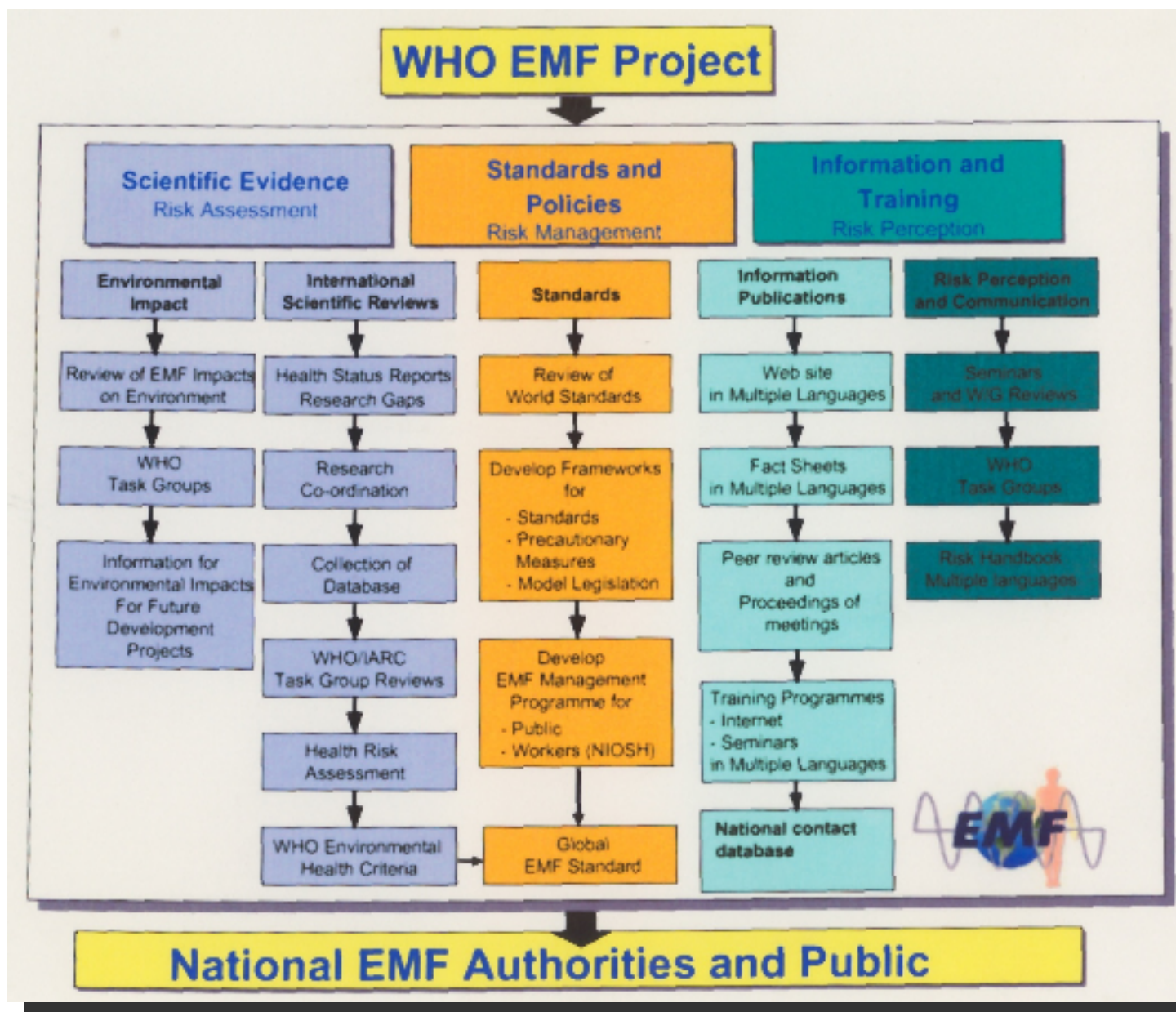
The SCENIHR adopted this opinion at the 16<sup>th</sup> plenary of 23 March 2007  
after public consultation

[http://ec.europa.eu/health/scientific\\_committees/emerging/docs/scenihr\\_op\\_000207.pdf](http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_op_000207.pdf)

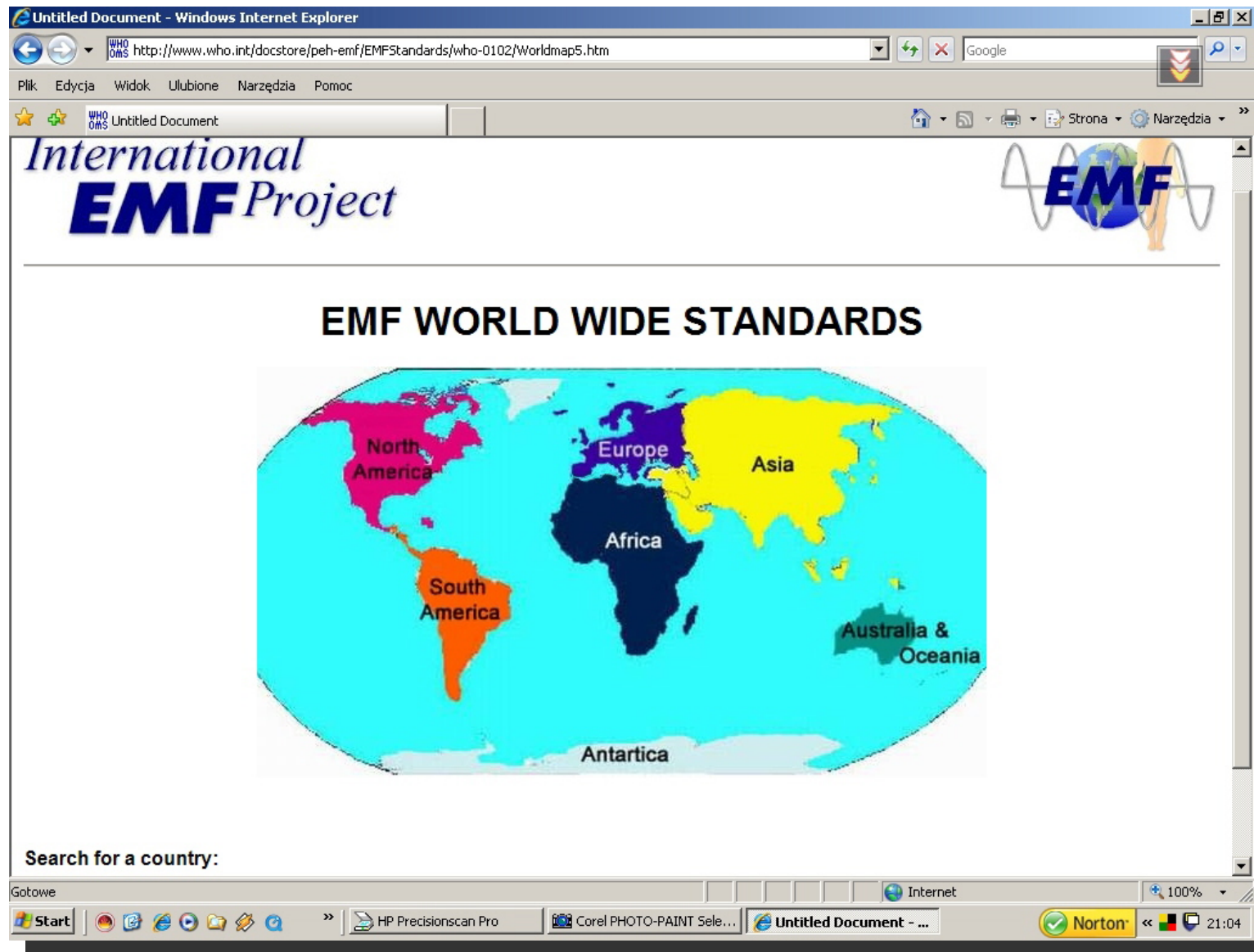


# Structure









# Radiation Protection Dosimetry

## WEAK ELECTRIC FIELD EFFECTS IN THE BODY

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*Proceedings Editors*

A. McKinlay  
M. Repacholi

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# Electromagnetic Hypersensitivity

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

## Editors

*Kjell Hansson Mild*  
*Mike Repacholi*  
*Emilie van Deventer*  
*Paolo Ricciardi*



World Health  
Organization



## 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 (COST14-1Ns, 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 1073  
June 2010

## Electromagnetic fields and public health Base stations and wireless technologies

Mobile telephony is now commonplace around the world. This wireless technology relies upon radio frequency waves of electromagnetic base stations, which transfer information with radiofrequency (RF) signals. Over 1.4 billion base stations exist worldwide and the number is increasing significantly with the introduction of 4G generation technology.

Other wireless networks include high-speed Internet access and services, such as wireless local area networks (WLANs), are also increasingly common in homes, offices, and many public places (e.g. parks, schools, restaurants and supermarkets). 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 can be from 100% to 75% of the levels of interest in the average guidelines, depending on a variety of factors such as the proximity to the stations and the surrounding environment. This is lower or comparable to RF exposure from radio or television broadcast transmitters.

There has been concern about possible health associations 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 only 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 proportional to distance, 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 exposure from base stations and wireless technologies in publicly accessible areas including schools and hospitals is 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 base stations. This is because the frequencies 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 communications 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 highlighted with concern. It should be noted that geographically, cancers are usually 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 mostly by chance. Moreover, the reported clusters in these clusters are often a collection 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-control, cohort and case-control 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 effects:** Few studies have investigated potential health effects in individuals exposed to RF fields from base stations. This is because of the difficulty in identifying possible health effects from the very low signals emitted by base stations from other higher strength RF signals in the environment. Most studies were focused on the RF exposures of mobile phone users. Human and animal studies concerning heat stress patterns, eye irritation and headache after exposure to RF fields, such as those emitted by mobile phones, have not identified adverse effects. RF exposure used in these studies was about 1000 times higher than those associated with general public exposure from base stations or wireless networks. No consistent evidence of altered sleep or circadian rhythm has been reported.



## THE INTERNATIONAL EMF PROJECT

### Progress Report June 2006-2007



World Health  
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Future?

