EMF Safety Guidelines
- The ICNIRP View -

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International Commission on Non-Ionizing Radiation Protection
Outline

- ICNIRP
- Approach to RF protection
- Guideline relevant topics
- Guideline revision - schedule
ICNIRP

- independent group of experts
- emanated from IRPA/INIRC in May 1992
- members are not affiliated with commercial or industrial enterprises
- multidisciplinary
- balanced in terms of geography and gender
- formally recognized cooperation with WHO, ILO, and others
- registered not-for-profit
Commission 2012-2016

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ICNIRP activities

www.icnirp.net
ICNIRP objectives

- advance non-ionizing radiation protection
- provide scientific guidance and recommendations
- focus on people and the environment
  - general public, workers, patients
Outline

- ICNIRP
- Approach to RF protection
ICNIRP´s approach

- protection from established health hazards
detectable impairment of the health

- result from a careful analysis of the literature
rationale considers direct and indirect, acute and chronic effects

- risk assessment based on sound scientific evidence
studies that meet quality criteria
totality of science

- reduction (safety) factors to consider quantitative uncertainties in
the database and biological variability

- two tier system
  worker / general public
Precautionary approach

- precaution is an approach to risk management
- applied when:
  - health risks are suspected
  - sufficient scientific evidence is missing
- generally center on reducing needless exposure

ICNIRP notes:

- approach of national authorities responsible for risk management
- such approaches should not undermine evidence based guidelines
- the clarification afforded by the European Commission
Reduction factor

uncertainties in the data base
- biological variability
- uncertainties and variability in dosimetry
- threshold definition (often extrapolation)

impact of environmental conditions
- high temperature
- high activity levels

overall no rigorous scientific basis for reduction factors
- conservative expert judgement
Basic restrictions (SAR)

Workers
Whole body exposure 0.4 W/kg
Local exposure – head and trunk 10 W/kg
Local exposure – limbs 20 W/kg

General public
Whole body exposure 0.08 W/kg
Local exposure – head and trunk 2 W/kg
Local exposure – limbs 4 W/kg

All values averaged over 6 minutes
All local exposure is to be averaged over 10 g
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- Guideline relevant topics
  - cancer and mobile phone use
  - delayed effects at low levels
  - symptoms and well-being
  - age related effects
  - intermediate and THz frequencies
Nevertheless, while one cannot be certain, the trend in the accumulating evidence is increasingly against the hypothesis that mobile phone use causes brain tumors.
Delayed effects at low levels

- no convincing evidence from epidemiology
- key concerns
  - quality of exposure assessment, missing biological mechanism, short lag periods studied
- research focused on brain tumors
- only single studies on children
- recent high quality animal studies consistently report lack of an effect

- still insufficient evidence for firm conclusions
Symptoms and well-being

attribution of subjective symptoms to EMF (electrosensitivity)

- science does not support the attribution
- effects related to awareness of exposure (nocebo)
- short term lab studies might be less suitable
Age related effects

- age related dosimetric variability
- overall no robust evidence of age related health effects
- insufficient evidence from animal studies
- very young and elderly rarely included in experimental studies
- still insufficient evidence for firm conclusions
Age related dosimetry

induced SARs at recommended reference level could be up to 40% higher than the current basic restriction under worst-case conditions

- negligible compared with the large reduction factor of 50 (5,000%)
- the few studies with adequate exposure assessment in the far-field of RF transmitters did not reveal any health-related effects
- exposure levels due to cell phone base stations are generally around one-tenth-thousandth of the guideline levels
Intermediate frequencies

- very few epidemiological data available (no recent studies)
  - older studies, limited quality, no particular risk identified
- biological effects have not been studied very well

- data are still too limited for an appropriate risk assessment
- guidelines are largely based on extrapolation
THz frequencies

- numerous emerging applications (security, military, medical, …)
- health risks not assessed so far by ICNIRP or WHO
- photo thermal effects well known
- spurious reports of non-thermal effects in vitro

- THz not covered by guidelines so far (except for Laser radiation)
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RF revision

ICNIRP 2009 guidelines confirmed

IARC 2013

WHO 2014/15 (?)

ICNIRP 2015 (?)
Thank you for your attention