



ICNIRP GUIDELINES

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

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Notes:

Equation 11 was subsequently amended by the ICNIRP Commission in the 1999 reference book. The amended version is added here at the end of the document.

In addition to the ICNIRP Guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields (up to 300 GHz) published in: health physics 74 (4):494-522; 1998) this PDF contains two excerpts from: Guidelines on Limiting Exposure to Non-Ionizing Radiation. A reference book based on guidelines on limiting exposure to non-ionizing radiation and statements on special applications. Munich: International Commission on Non-Ionizing Radiation Protection; 1999. ISBN 978-3-9804789-6-0: Use of the EMF Guidelines and Questions and Answers on the EMF Guidelines.

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

International Commission on Non-Ionizing Radiation Protection*[†]

INTRODUCTION

In 1974, the International Radiation Protection Association (IRPA) formed a working group on non-ionizing radiation (NIR), which examined the problems arising in the field of protection against the various types of NIR. At the IRPA Congress in Paris in 1977, this working group became the International Non-Ionizing Radiation Committee (INIRC).

In cooperation with the Environmental Health Division of the World Health Organization (WHO), the IRPA/INIRC developed a number of health criteria documents on NIR as part of WHO's Environmental Health Criteria Programme, sponsored by the United Nations Environment Programme (UNEP). Each document includes an overview of the physical characteristics, measurement and instrumentation, sources, and applications of NIR, a thorough review of the literature on biological effects, and an evaluation of the health risks of exposure to NIR. These health criteria have provided the scientific database for the subsequent development of exposure limits and codes of practice relating to NIR.

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At the Eighth International Congress of the IRPA (Montreal, 18–22 May 1992), a new, independent scientific organization—the International Commission on Non-Ionizing Radiation Protection (ICNIRP)—was established as a successor to the IRPA/INIRC. The functions of the Commission are to investigate the hazards that may be associated with the different forms of NIR, develop international guidelines on NIR exposure limits, and deal with all aspects of NIR protection.

Biological effects reported as resulting from exposure to static and extremely-low-frequency (ELF) electric and magnetic fields have been reviewed by UNEP/WHO/IRPA (1984, 1987). Those publications and a number of others, including UNEP/WHO/IRPA (1993) and Allen et al. (1991), provided the scientific rationale for these guidelines.

A glossary of terms appears in the Appendix.

PURPOSE AND SCOPE

The main objective of this publication is to establish guidelines for limiting EMF exposure that will provide protection against known adverse health effects. An adverse health effect causes detectable impairment of the health of the exposed individual or of his or her offspring; a biological effect, on the other hand, may or may not result in an adverse health effect.

Studies on both direct and indirect effects of EMF are described; direct effects result from direct interaction of fields with the body, indirect effects involve interactions with an object at a different electric potential from the body. Results of laboratory and epidemiological studies, basic exposure criteria, and reference levels for practical hazard assessment are discussed, and the guidelines presented apply to occupational and public exposure.

Guidelines on high-frequency and 50/60 Hz electromagnetic fields were issued by IRPA/INIRC in 1988 and 1990, respectively, but are superseded by the present guidelines which cover the entire frequency range of time-varying EMF (up to 300 GHz). Static magnetic fields are covered in the ICNIRP guidelines issued in 1994 (ICNIRP 1994).

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 experi-

ments 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.
- **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 (I_L). Quantities that address perception and other indirect effects are contact current (I_C) 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.

These guidelines do not directly address product performance standards, which are intended to limit EMF emissions under specified test conditions, nor does the document deal with the techniques used to measure any of the physical quantities that characterize electric, magnetic, and electromagnetic fields. Comprehensive descriptions of instrumentation and measurement techniques for accurately determining such physical quantities may be found elsewhere (NCRP 1981; IEEE 1992; NCRP 1993; DIN VDE 1995).

Compliance with the present guidelines may not necessarily preclude interference with, or effects on, medical devices such as metallic prostheses, cardiac pacemakers and defibrillators, and cochlear implants. Interference with pacemakers may occur at levels below

the recommended reference levels. Advice on avoiding these problems is beyond the scope of the present document but is available elsewhere (UNEP/WHO/IRPA 1993).

These guidelines will be periodically revised and updated as advances are made in identifying the adverse health effects of time-varying electric, magnetic, and electromagnetic fields.

QUANTITIES AND UNITS

Whereas electric fields are associated only with the presence of electric charge, magnetic fields are the result of the physical movement of electric charge (electric current). An electric field, **E**, exerts forces on an electric charge and is expressed in volt per meter ($V\ m^{-1}$). Similarly, magnetic fields can exert physical forces on electric charges, but only when such charges are in motion. Electric and magnetic fields have both magnitude and direction (i.e., they are vectors). A magnetic field can be specified in two ways—as magnetic flux density, **B**, expressed in tesla (T), or as magnetic field strength, **H**, expressed in ampere per meter ($A\ m^{-1}$). The two quantities are related by the expression:

$$\mathbf{B} = \mu\mathbf{H}, \quad (1)$$

where μ is the constant of proportionality (the magnetic permeability); in a vacuum and in air, as well as in non-magnetic (including biological) materials, μ has the value $4\pi \times 10^{-7}$ when expressed in henry per meter ($H\ m^{-1}$). Thus, in describing a magnetic field for protection purposes, only one of the quantities **B** or **H** needs to be specified.

In the far-field region, the plane-wave model is a good approximation of the electromagnetic field propagation. The characteristics of a plane wave are:

- The wave fronts have a planar geometry;
- The **E** and **H** vectors and the direction of propagation are mutually perpendicular;
- The phase of the **E** and **H** fields is the same, and the quotient of the amplitude of E/H is constant throughout space. In free space, the ratio of their amplitudes $E/H = 377\ \text{ohm}$, which is the characteristic impedance of free space;
- Power density, **S**, i.e., the power per unit area normal to the direction of propagation, is related to the electric and magnetic fields by the expression:

$$\mathbf{S} = \mathbf{E}\mathbf{H} = E^2/377 = 377H^2. \quad (2)$$

The situation in the near-field region is rather more complicated because the maxima and minima of **E** and **H** fields do not occur at the same points along the direction of propagation as they do in the far field. In the near field, the electromagnetic field structure may be highly inhomogeneous, and there may be substantial variations from the plane-wave impedance of 377 ohms; that is, there may be almost pure **E** fields in some regions and almost pure **H** fields in others. Exposures in the near field are

Table 1. Electric, magnetic, electromagnetic, and dosimetric quantities and corresponding SI units.

Quantity	Symbol	Unit
Conductivity	σ	siemens per meter ($S\ m^{-1}$)
Current	I	ampere (A)
Current density	\mathbf{J}	ampere per square meter ($A\ m^{-2}$)
Frequency	f	hertz (Hz)
Electric field strength	\mathbf{E}	volt per meter ($V\ m^{-1}$)
Magnetic field strength	\mathbf{H}	ampere per meter ($A\ m^{-1}$)
Magnetic flux density	\mathbf{B}	tesla (T)
Magnetic permeability	μ	henry per meter ($H\ m^{-1}$)
Permittivity	ϵ	farad per meter ($F\ m^{-1}$)
Power density	\mathbf{S}	watt per square meter ($W\ m^{-2}$)
Specific energy absorption	SA	joule per kilogram ($J\ kg^{-1}$)
Specific energy absorption rate	SAR	watt per kilogram ($W\ kg^{-1}$)

more difficult to specify, because both E and H fields must be measured and because the field patterns are more complicated; in this situation, power density is no longer an appropriate quantity to use in expressing exposure restrictions (as in the far field).

Exposure to time-varying EMF results in internal body currents and energy absorption in tissues that depend on the coupling mechanisms and the frequency involved. The internal electric field and current density are related by Ohm's Law:

$$\mathbf{J} = \sigma\mathbf{E}, \quad (3)$$

where σ is the electrical conductivity of the medium. The dosimetric quantities used in these guidelines, taking into account different frequency ranges and waveforms, are as follows:

- Current density, \mathbf{J} , in the frequency range up to 10 MHz;
- Current, I , in the frequency range up to 110 MHz;
- Specific energy absorption rate, SAR, in the frequency range 100 kHz–10 GHz;
- Specific energy absorption, SA, for pulsed fields in the frequency range 300 MHz–10 GHz; and
- Power density, \mathbf{S} , in the frequency range 10–300 GHz.

A general summary of EMF and dosimetric quantities and units used in these guidelines is provided in Table 1.

BASIS FOR LIMITING EXPOSURE

These guidelines for limiting exposure have been developed following a thorough review of all published scientific literature. The criteria applied in the course of the review were designed to evaluate the credibility of the various reported findings (Repacholi and Stolwijk 1991; Repacholi and Cardis 1997); only established effects were used as the basis for the proposed exposure restrictions. Induction of cancer from long-term EMF exposure was not considered to be established, and so

these guidelines are based on short-term, immediate health effects such as stimulation of peripheral nerves and muscles, shocks and burns caused by touching conducting objects, and elevated tissue temperatures resulting from absorption of energy during exposure to EMF. In the case of potential long-term effects of exposure, such as an increased risk of cancer, ICNIRP concluded that available data are insufficient to provide a basis for setting exposure restrictions, although epidemiological research has provided suggestive, but unconvincing, evidence of an association between possible carcinogenic effects and exposure at levels of 50/60 Hz magnetic flux densities substantially lower than those recommended in these guidelines.

In-vitro effects of short-term exposure to ELF or ELF amplitude-modulated EMF are summarized. Transient cellular and tissue responses to EMF exposure have been observed, but with no clear exposure-response relationship. These studies are of limited value in the assessment of health effects because many of the responses have not been demonstrated *in vivo*. Thus, *in-vitro* studies alone were not deemed to provide data that could serve as a primary basis for assessing possible health effects of EMF.

COUPLING MECHANISMS BETWEEN FIELDS AND THE BODY

There are three established basic coupling mechanisms through which time-varying electric and magnetic fields interact directly with living matter (UNEP/WHO/IRPA 1993):

- coupling to low-frequency electric fields;
- coupling to low-frequency magnetic fields; and
- absorption of energy from electromagnetic fields.

Coupling to low-frequency electric fields

The interaction of time-varying electric fields with the human body results in the flow of electric charges (electric current), the polarization of bound charge (formation of electric dipoles), and the reorientation of electric dipoles already present in tissue. The relative magnitudes of these different effects depend on the electrical properties of the body—that is, electrical conductivity (governing the flow of electric current) and permittivity (governing the magnitude of polarization effects). Electrical conductivity and permittivity vary with the type of body tissue and also depend on the frequency of the applied field. Electric fields external to the body induce a surface charge on the body; this results in induced currents in the body, the distribution of which depends on exposure conditions, on the size and shape of the body, and on the body's position in the field.

Coupling to low-frequency magnetic fields

The physical interaction of time-varying magnetic fields with the human body results in induced electric fields and circulating electric currents. The magnitudes of the induced field and the current density are propor-

tional to the radius of the loop, the electrical conductivity of the tissue, and the rate of change and magnitude of the magnetic flux density. For a given magnitude and frequency of magnetic field, the strongest electric fields are induced where the loop dimensions are greatest. The exact path and magnitude of the resulting current induced in any part of the body will depend on the electrical conductivity of the tissue.

The body is not electrically homogeneous; however, induced current densities can be calculated using anatomically and electrically realistic models of the body and computational methods, which have a high degree of anatomical resolution.

Absorption of energy from electromagnetic fields

Exposure to low-frequency electric and magnetic fields normally results in negligible energy absorption and no measurable temperature rise in the body. However, exposure to electromagnetic fields at frequencies above about 100 kHz can lead to significant absorption of energy and temperature increases. In general, exposure to a uniform (plane-wave) electromagnetic field results in a highly non-uniform deposition and distribution of energy within the body, which must be assessed by dosimetric measurement and calculation.

As regards absorption of energy by the human body, electromagnetic fields can be divided into four ranges (Durney et al. 1985):

- frequencies from about 100 kHz to less than about 20 MHz, at which absorption in the trunk decreases rapidly with decreasing frequency, and significant absorption may occur in the neck and legs;
- frequencies in the range from about 20 MHz to 300 MHz, at which relatively high absorption can occur in the whole body, and to even higher values if partial body (e.g., head) resonances are considered;
- frequencies in the range from about 300 MHz to several GHz, at which significant local, non-uniform absorption occurs; and
- frequencies above about 10 GHz, at which energy absorption occurs primarily at the body surface.

In tissue, SAR is proportional to the square of the internal electric field strength. Average SAR and SAR distribution can be computed or estimated from laboratory measurements. Values of SAR depend on the following factors:

- the incident field parameters, i.e., the frequency, intensity, polarization, and source–object configuration (near- or far-field);
- the characteristics of the exposed body, i.e., its size and internal and external geometry, and the dielectric properties of the various tissues; and
- ground effects and reflector effects of other objects in the field near the exposed body.

When the long axis of the human body is parallel to the electric field vector, and under plane-wave exposure conditions (i.e., far-field exposure), whole-body SAR reaches maximal values. The amount of energy absorbed depends on a number of factors, including the size of the exposed body. “Standard Reference Man” (ICRP 1994), if not grounded, has a resonant absorption frequency close to 70 MHz. For taller individuals the resonant absorption frequency is somewhat lower, and for shorter adults, children, babies, and seated individuals it may exceed 100 MHz. The values of electric field reference levels are based on the frequency-dependence of human absorption; in grounded individuals, resonant frequencies are lower by a factor of about 2 (UNEP/WHO/IRPA 1993).

For some devices that operate at frequencies above 10 MHz (e.g., dielectric heaters, mobile telephones), human exposure can occur under near-field conditions. The frequency-dependence of energy absorption under these conditions is very different from that described for far-field conditions. Magnetic fields may dominate for certain devices, such as mobile telephones, under certain exposure conditions.

The usefulness of numerical modeling calculations, as well as measurements of induced body current and tissue field strength, for assessment of near-field exposures has been demonstrated for mobile telephones, walkie-talkies, broadcast towers, shipboard communication sources, and dielectric heaters (Kuster and Balzano 1992; Dimbylow and Mann 1994; Jokela et al. 1994; Gandhi 1995; Tofani et al. 1995). The importance of these studies lies in their having shown that near-field exposure can result in high local SAR (e.g., in the head, wrists, ankles) and that whole-body and local SAR are strongly dependent on the separation distance between the high-frequency source and the body. Finally, SAR data obtained by measurement are consistent with data obtained from numerical modeling calculations. Whole-body average SAR and local SAR are convenient quantities for comparing effects observed under various exposure conditions. A detailed discussion of SAR can be found elsewhere (UNEP/WHO/IRPA 1993).

At frequencies greater than about 10 GHz, the depth of penetration of the field into tissues is small, and SAR is not a good measure for assessing absorbed energy; the incident power density of the field (in W m^{-2}) is a more appropriate dosimetric quantity.

INDIRECT COUPLING MECHANISMS

There are two indirect coupling mechanisms:

- contact currents that result when the human body comes into contact with an object at a different electric potential (i.e., when either the body or the object is charged by an EMF); and
- coupling of EMF to medical devices worn by, or implanted in, an individual (not considered in this document).

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