# ICNIRP: STRUCTURE, ACTIVITIES, PROTECTION STANDARDS

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#### National Institute of Health, Rome, Italy Former Chairman of ICNIRP





# THE INTERNATIONAL COMMISSION ON NON-IONIZING RADIATION PROTECTION

**ICNIRP** is an independent scientific organization that:

- provides guidance and advice on the health hazards of non-ionizing radiation
- develops international guidelines on limiting exposure to non-ionizing radiation that are independent and science based
- provides science based guidance and recommendations on protection from non-ionizing radiation exposure





### **STRUCTURE OF ICNIRP**

ICNIRP operates through:

- A Main Commission (14 Members, including a Chairperson and a Vice-chairperson)
- Four standing committees
- Consulting experts





#### MAIN COMMISSION 2012 - 2016

#### http://www.icnirp.org/commission.htm

R. Matthes	Germany
M. Feychting	Sweden

- R. Croft Australia
- A. Green Australia
- K. Jokela Finland
- J..Lin USA
- C. Marino
- A. Peralta Philippines

Italy

• Z. Sienkiewicz

Vice Chairperson

- P. Soederberg
- B. Stuck

Chairperson

- E. van Rongen
- S. Watanabe
- UK Sweden USA Netherlands Japan

G. ZiegelbergerGermanyM.H. RepacholiSwitzerlandP. VecchiaItaly

Scientific Secretary Chairman Emeritus Chairman 2004-2012





#### A MULTI-DISCIPLINARY APPROACH

#### **Individual** competences

- Medicine
- Biology
- Toxicology
- Epidemiology
- Physics
- Engineering

**Collective** evaluation





### **STANDING COMMITTEES**

- SC I Epidemiology Chair: Antony Swerdlow (UK)
- SC II Biology Chair: Eric van Rongen (Netherlands)
- SC III Physics Chair: James Lin (USA)
- SC IV Optics
   Chair: Per Söderberg (Sweden)





ICNIRP Statement

# GENERAL APROACH TO PROTECTION AGAINST NON-IONIZING RADIATION

Health Physics 82:540-548 (2002) www.icnirp.org





### **FUNDAMENTALS OF ICNIRP GUIDELINES**

- Procedures and criteria are defined a priori
- Restrictions are based on science.
- No consideration for economic or social issues
- Only established effects are considered





### STEPS IN THE DEVELOPMENT OF GUIDELINES

- Critical review of the literature
- Identification of health effects and biological effects relevant for health
- Identification of the critical effect
- Establishment of basic restrictions
- Derivation of reference levels





### **REVIEW OF THE LITERATURE**

Any single observation or study may indicate the possibility of a health risk related to a specific exposure.

However, risk assessment requires information:

- From studies that meet quality criteria
- From the totality of science





#### **REVIEW OF THE LITERATURE**

The review performed by ICNIRP is at the same time:

• Comprehensive

No one single study can prove a health effect

Selective

Studies are critically evaluated based on

- Quality
- Replicability
- Consistency





### **OVERALL EVALUATION**

A decision must be made whether the available evidence allows the identification of an exposure hazard, i.e. an adverse health effect that is <u>caused</u> by an NIR exposure.

By this identification, the effect becomes "established".

Science-based exposure limits are set with regard to established effects





### SYSTEMS OF PROTECTION

- Health threshold based systems
   Adequate for well established, threshold effects
- Optimization systems
   Adequate for no-threshold known hazards
- Precautionary measures
   Adequate for suspected, not established hazards





### **ESTABLISHED EFFECTS**

Effects are considered as established based on:

- Quality of the studies (peer review)
- Consistency
- Replicability
- Cause-effect relationship





### THE CRITICAL EFFECT

If several effects occur, it may be possible to rank them according to the exposure level at which each effect becomes relevant.

The critical effect is the established adverse health effect that is relevant at the lowest level of exposure





#### **ESTABLISHED EFFECTS FOR RF FIELDS**

Absorption of electromagnetic energy Increase of body temperature (general or local) Thermal effects

Thermal effects are related to SAR, i.e. to to the energy absorbed per unit time and per unit body mass (W/kg)





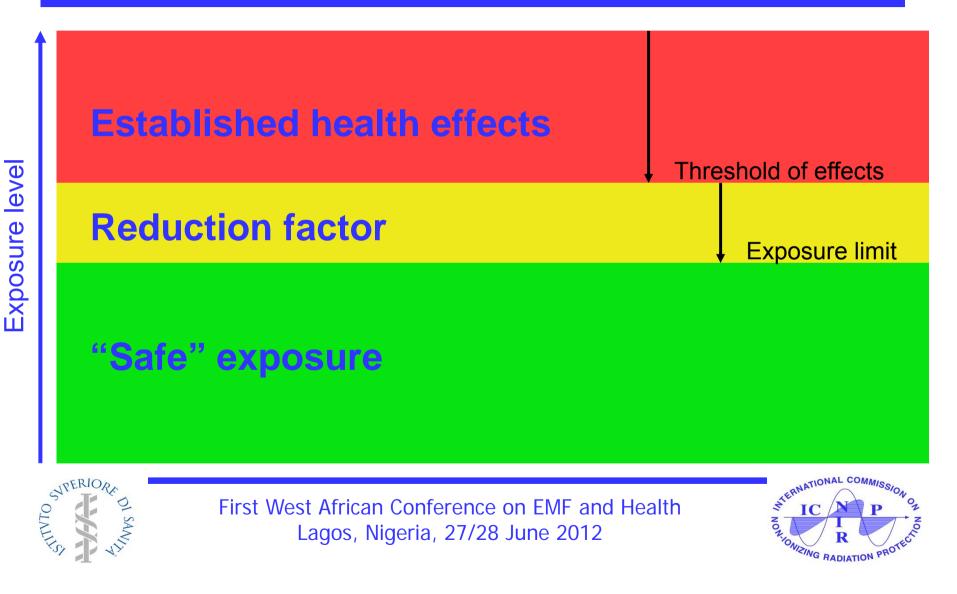
### **THRESHOLDS FOR EFFECTS**

- Guidelines are developed based upon a quantitative relationship between exposure and adverse effect
- If the relationship takes the form of a threshold, it may be possible to state a level of exposure below which the adverse effect may be avoided

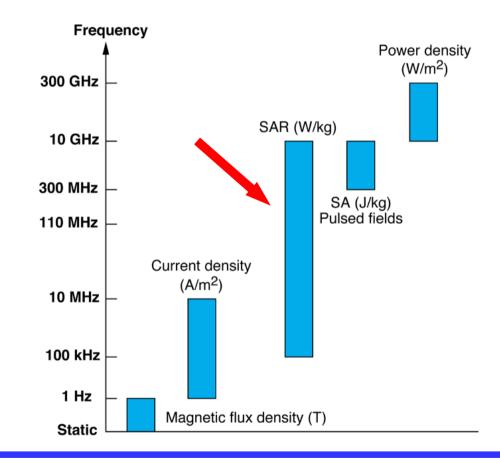




### THRESHOLD-BASED APPROACH (ELF and RF fields)



#### **BIOLOGICALLY EFFECTIVE QUANTITIES**







#### THE TWO-LEVEL SYSTEM

- Basic restrictions
  - in terms of biologically effective quantities
- Reference levels
  - in terms of an external exposure metric

Exposure below reference levels ensures compliance with basic restrictions, since the relations between them have been developed under <u>worst-case conditions</u>.

If the reference level is exceeded, the basic restriction is not necessarily exceeded.





### BASIC RESTRICTIONS AND REFERENCE LEVELS

- Basic restrictions (limits of exposure) are set in terms of the biologically effective quantity, below the threshold for effects
- Reference levels in terms of measurable quantities are derived by the basic restrictions assuming conditions of maximum coupling





**ICNIRP** Guideline

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

Health Physics 74:494-522 (1998) www.icnirp.org





#### **BASIC RESTRICTIONS ON SAR**

#### <u>Workers</u>

Whole body	0.4	W/kg
Local - head and trunk (average on 10 g)	10.0	W/kg
Local - limbs (average on 10 g)	20.0	W/kg

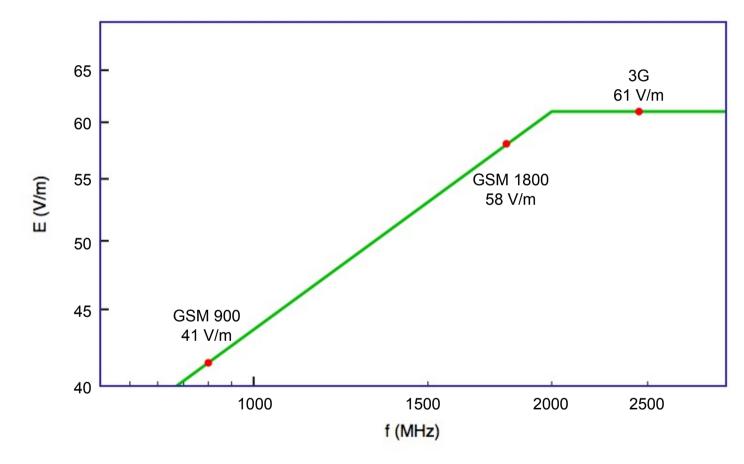
#### General public

Whole body	0.08 W/kg
Local - head and trunk (average on 10 g)	2.0 W/kg
Local - limbs (average on 10 g)	4.0 W/kg





#### REFERENCE LEVELS FOR MOBILE NETWORKS







#### **ICNIRP ON LONG-TERM EFFECTS**

#### RF

Although there are deficiencies in the epidemiological work, [...] the studies have yielded no convincing evidence that typical exposure levels lead to adverse reproductive outcomes or an increased cancer risk in exposed individuals.

ICNIRP Guidelines, 1988





#### **EVOLUTION OF ICNIRP GUIDELINES**

• RF (interim)	1984
• RF	1988
<ul> <li>50/60 Hz electric and magnetic fields (interim)</li> </ul>	1990
Static magnetic fields	1994
<ul> <li>Time-varying electromagnetic fields &gt; 0 Hz - 300 GHz</li> </ul>	1998

#### Basic features of guidelines have not changed over the time





### STATUS OF ICNIRP GUIDELINES January 1, 2012

#### Guidelines for:

- Static magnetic fields 16 years old
- Campi elettrici e magnetici ELF (e IF)
   12 years old
- Radiofrequency fields

14 years old

#### **Guidelines were old**

Were they outdated?





### WHY TO REVISE A STANDARD?

- New scientific data (new effects, change of thresholds, refinement of dosimetry)
- New technologies (revision of reduction factors, possibility of relaxation)
- Outdated rationale

Social pressure, on any side, <u>must not be a reason</u> to revise science-based standards





### NOT REASONS TO REVISE SCIENCE-BASED STANDARDS

- Social pressure
- Different regulations issued by national or local authorities
- Time passed from last revision





#### **UPDATE OF GUIDELINES**

Depending on the evaluation of the literature, the guidelines may be subject to:

- Global revision
- Refinement / Clarification
- Confirmation





### **STATUS OF ICNIRP GUIDELINES October 6, 2009**

Guidelines for:

- Static magnetic fields • ELF (and IF) electric and magnetic fields
- RF fields

Published 2009

Published 2010

Confirmed 2009





### **TYPICAL SEQUENCE OF ACTIONS**

- Update of science (Blue Book)
- Evaluation of carcinogenicity (Monograph)
- Overall evaluation of health hazard (EHC)
- Revision of standards

ICNIRP IARC WHO-ICNIRP ICNIRP





### **APPROACH TO HEALTH RISK ASSESSMENT**

ICNIRP Guidelines are based upon:

- Rigorous methodology
- Science only
- Weight of evidence
- Consensus





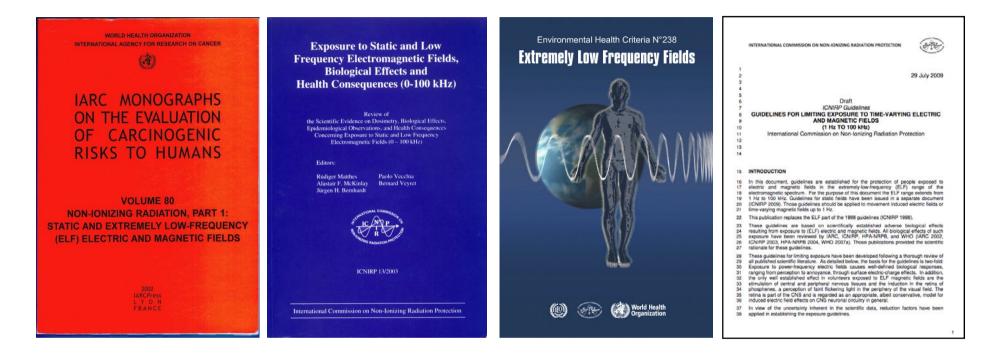
### THE WAY TO CONSENSUS

- Draft prepared by an ad hoc working group
- Discussion and approval by the Main Commission
- Expert consultation
- Incorporation of comments
- Final approval and publication





#### **ELF FIELDS**



#### **IARC 2002**

#### **ICNIRP 2003**

#### WHO 2007

#### **ICNIRP 2009**





#### **RF FIELDS**



ICNIRP 2009 (review)

#### ICNIRP 2009 (confirmation statement)

#### IARC 2011

#### WHO 2013(?)





#### **RF STATEMENT 2009**

#### ICNIRP STATEMENT ON THE "GUIDELINES FOR LIMITING EXPOSURE TO TIME-VARYING ELECTRIC, MAGNETIC, AND ELECTROMAGNETIC FIELDS (UP TO 300 GHz)"

The International Commission on Non-Ionizing Radiation Protection\*

#### INTRODUCTION

SINCE THE publication of the ICNIRP "Guidelines for limiting exposure to time-varying electric, magnetic, and electromagnetic fields (up to 300 GHz)" (ICNIRP 1998) many scientific studies of the effects of such fields have been published. In the frequency range up to approximately 100 kHz several scientific reviews and health hazard assessments have been undertaken by organizations such as the World Health Organization (WHO effects such as "work stoppage" caused by mild wholebody heat stress and/or tissue damage caused by excessive localized heating (D'Andrea et al. 2007). With regard to non-thermal interactions, it is in principle impossible to disprove their possible existence but the plausibility of the various non-thermal mechanisms that have been proposed is very low. In addition, the recent in vitro and animal genotoxicity and carcinogenicity studies are rather consistent overall and indicate that such effects are unlikely at low levels of exposure. Therefore, ICNIRP

#### **Health Physics**

#### www.icnirp.org





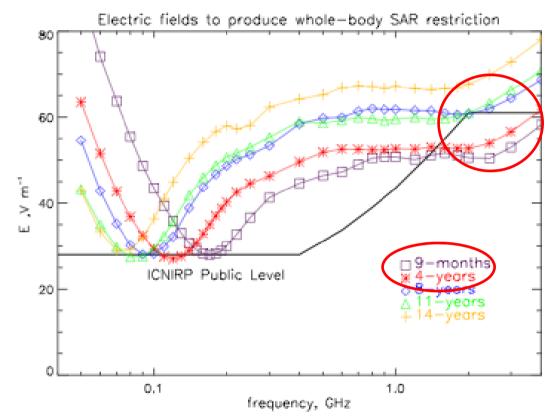
### **CONFIRMATION OF ESTABLISHED EFFECTS**

It is the opinion of ICNIRP, that the scientific literature published since the 1998 guidelines has provided no evidence of any adverse effects below the basic restrictions and does not necessitate an immediate revision of its guidance on limiting exposure to high frequency electromagnetic fields.





#### **CONSISTENCY OF REFERENCE LEVELS**



RMS E-values required to produce a whole-body-averaged SAR of 0.08 W/kg in child models *Dimbylow & Bolch 2007* 





#### **CONSISTENCY OF REFERENCE LEVELS**

A special concern was raised with regard to numerical computations using anatomical models of human bodies which might influence the derivation of reference levels from the basic restrictions.

[...] from 1 to 4 GHz for bodies shorter than 1.3 m in height (corresponding approximately to children aged 8 years or younger) at the recommended reference level the induced SARs could be up to 40% higher than the current basic restriction under worst-case conditions. However, this is negligible compared with the large reduction factor of 50 (5000%) for the general public.





#### **NON-THERMAL EFFECTS**

With regard to non-thermal interactions, it is in principle impossible to disprove their possible existence but the plausibility of the various non-thermal mechanisms that have been proposed is very low.

In addition, the recent *in vitro* and animal genotoxicity and carcinogenicity studies are rather consistent overall and indicate that such effects are unlikely at low levels of exposure.





### **CONCLUSIONS** (Personal views)

- A balance is needed between updating and stability of standards
- Most probably, the next revision of RF guidelines will not compromise the adequateness of present standards
- Relevant modifications of basic restrictions and reference levels are unlikely to occur in the future



