

EMFcomp[®]
Safety Specialists For Electromagnetic Fields

EMF Safety & 5G

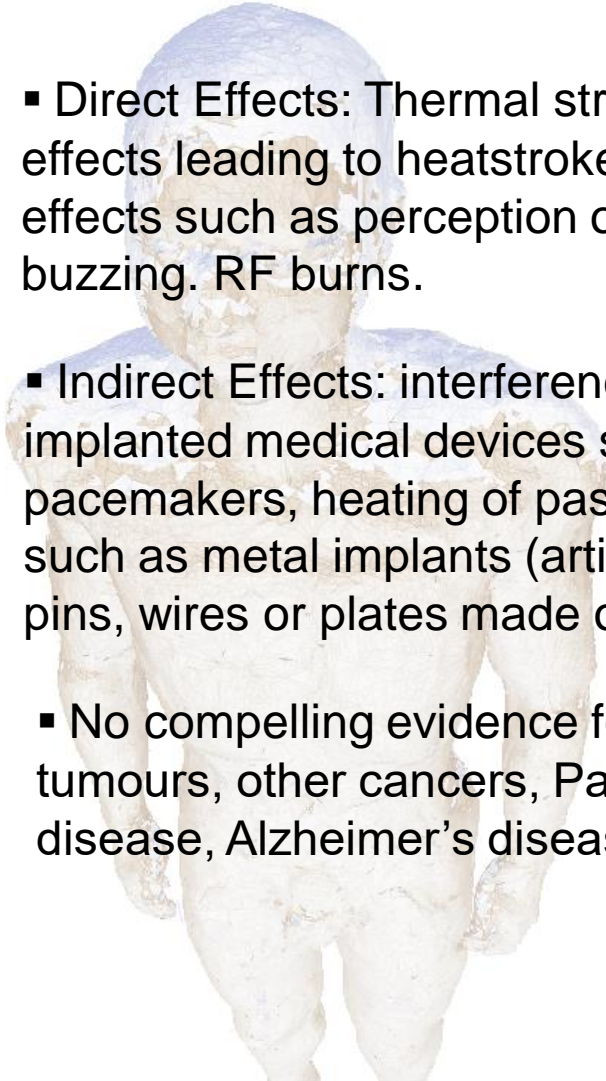
EMFcomp Limited
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Dr Richard Findlay
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- PhD in electromagnetics, Chair of the UK's EMF Safety Committee for the Society for SRP. Published over 20 papers in the peer-reviewed scientific literature on EMF safety.
- Almost 20 years' experience in EMF safety, previously worked for the UK's NRPB and HPA. Now manager of my own EMF safety company.
- Specialise in measurement (e.g. completed over 30 rooftop antenna surveys), modelling (e.g. carried out all modelling for the EC's EMF Directive practical guide) and advice (e.g. international expert committees).



- Direct Effects: Thermal stress, heating effects leading to heatstroke etc. Auditory effects such as perception of clicks or buzzing. RF burns.
- Indirect Effects: interference with implanted medical devices such as pacemakers, heating of passive devices such as metal implants (artificial joints, pins, wires or plates made of metal).
- No compelling evidence for: brain tumours, other cancers, Parkinson's disease, Alzheimer's disease etc.

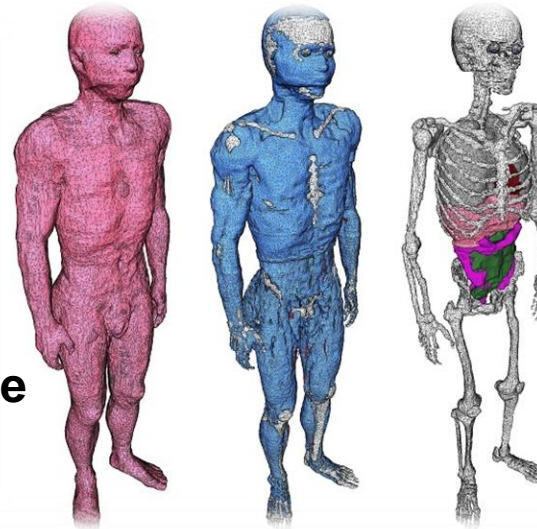


- Direct Effects: Compare the measured radiofrequency fields ($V\ m^{-1}$ or $W\ m^{-2}$) from base station antenna arrays with the **Action Levels (ALs)** in the **EMF Directive 2013/35/EU**.

- Direct Effects: If ALs are exceeded, compare the modelled Specific Absorption Rate (SAR, $W\ kg^{-1}$) with the **Exposure Limit Values (ELVs)** in the EMF Directive 2013/35/EU.

- Indirect Effects: Compared measured/modelled fields with **EC Council Recommendation 1999/519/EC Reference Levels (RLs)** – these are the same as ICNIRP 1998 public reference levels.

Measurement



Modelling

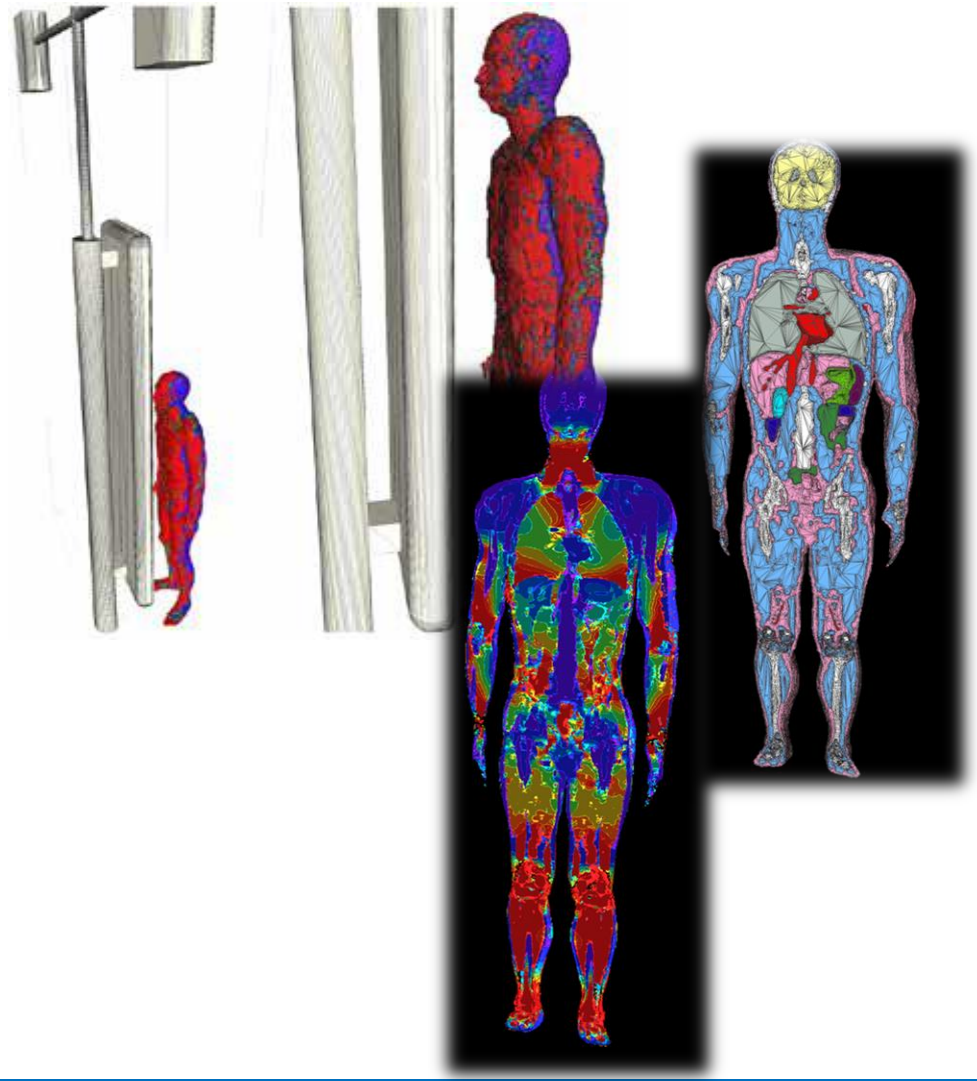
Measurement Comparisons With Action Levels

- Procedure is to measure the RF field with an RF probe and map out an exclusion zone – within which the field is not in compliance with the **EMF Directive Action Levels (ALs)**.
- You can time average the measured field (average over 6 minutes).
- You can spatially average the measured field (over the area of the human body – for localised EMF exposure).



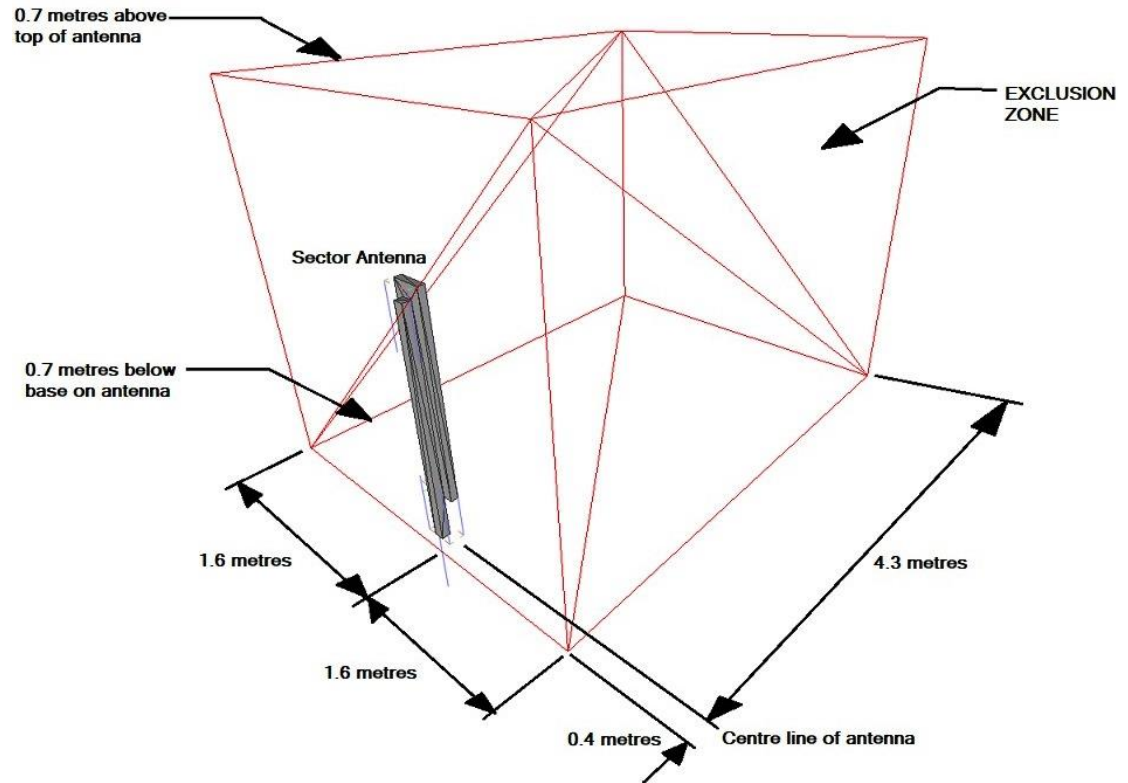
Modelling Comparisons With Exposure Limit Values

- **Body temperature rise**
 - 0 – 3 °C : increasing discomfort
 - above 3 °C : heat stroke, tissue damage
- Procedure is to model the SAR in the body using an appropriate numerical method and a realistic model of the human body. Then compare these with the **EMF Directive Exposure Limit Values (ELVs)**.
 - Different SAR limits for the whole-body (0.4 W kg^{-1}), head and torso (10 W kg^{-1}) and limbs (20 W kg^{-1}).
 - Again, you can time average the exposure.



Typical Exclusion Zones - Measured

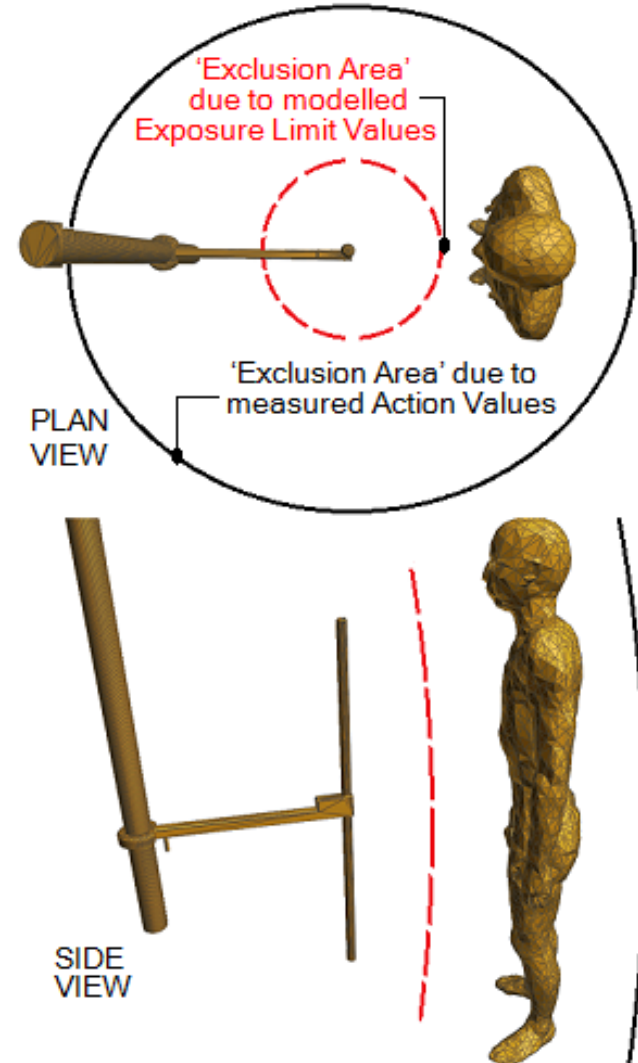
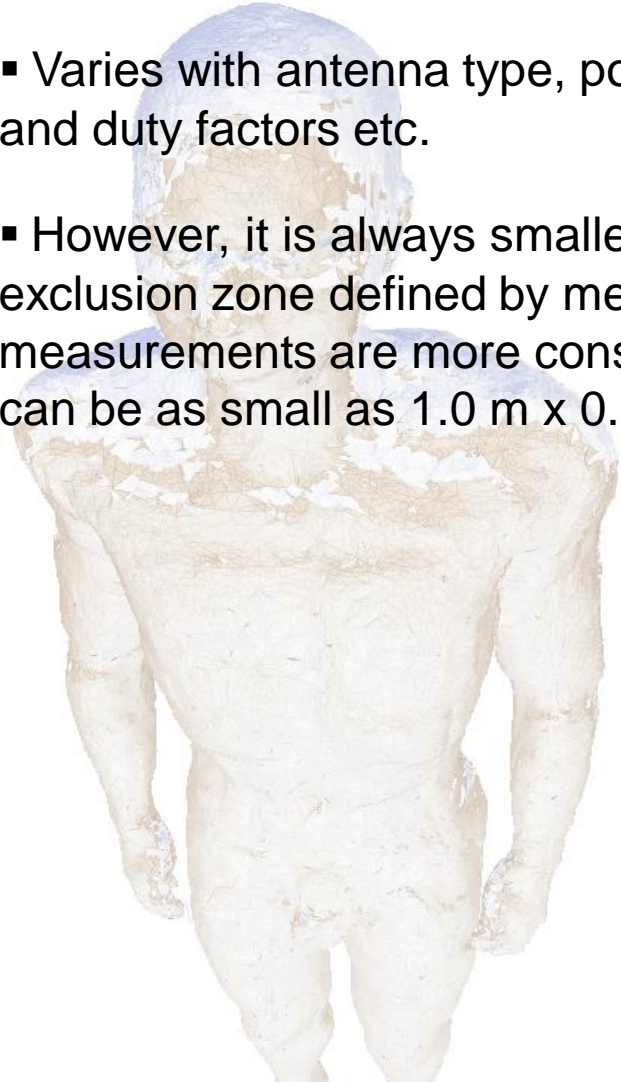
- Based on measurements of 2G/3G/4G/5G base station antenna arrays.



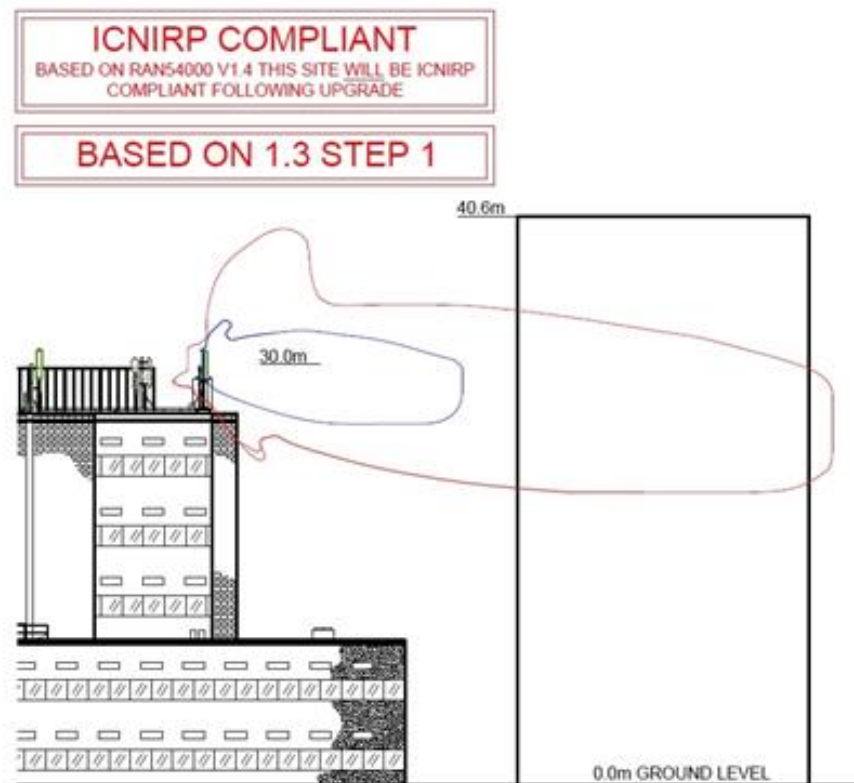
- Typically a 3 m by 3 m by 4 m exclusion zone.

Typical Exclusion Zones - Modelled

- Varies with antenna type, power, frequency and duty factors etc.
- However, it is always smaller than the exclusion zone defined by measurement (as measurements are more conservative) and can be as small as 1.0 m x 0.5 m x 0.5 m.



- The way in which 5G works is complicated (when compared to 2G/3G), therefore people do not understand how it works – hence people are concerned.
- Because it is complex, worst-case calculations for the exclusion zones (using software such as the ProX5) are unrealistic (sometimes up to 60 metres) as assumptions are made about 100% transmission, beam forming etc.
- Because exclusion zones are so much larger, they are being mounted at a higher level on rooftops. Workers/public see larger exclusion zones and antennas mounted higher, therefore assume 5G presents a greater risk to their health.

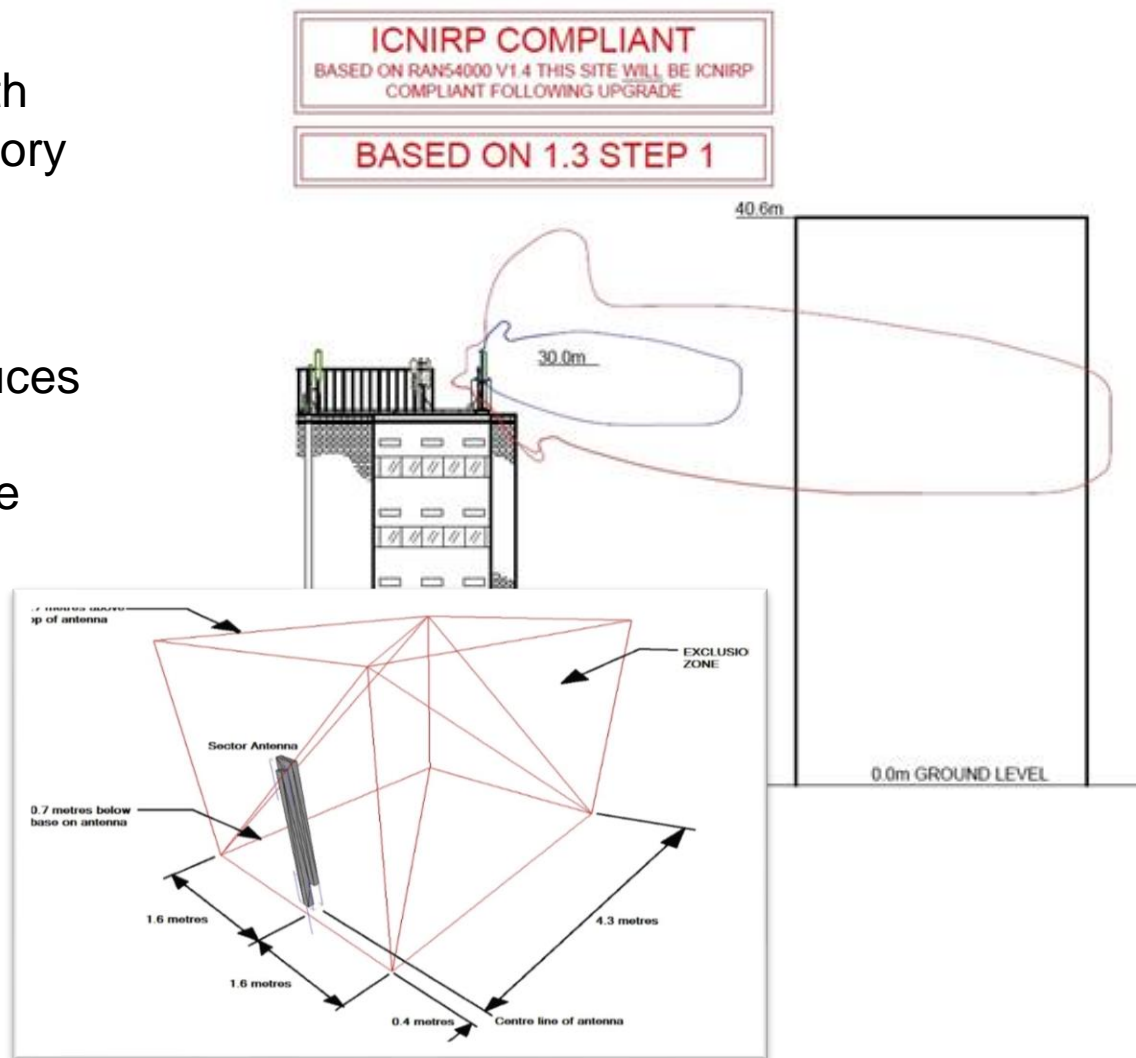


Excessive 5G exclusion zones
(blue – workers, red – public)
being given to building owners

- The recognised adverse health effects are tissue heating, auditory effects and interference with medical devices.

- Measurement/modelling produces exclusion zones in front of 5G antenna arrays. Outside of these exclusion zones, there is no compelling evidence for any adverse health effects.

- Practical assessments so far suggest that exclusion zones should be similar to that for 2G/3G/4G.



- More assessments of 5G are required, because it is such a new technology and hence take up of 5G, traffic etc. has not peaked.

- A 'realistic' way of assessing human exposure, hence 'realistic' exclusion zones (not 60 metres in size) needs to be defined.

- Communication of the risks of 5G, conversations between the scientists/engineers and workers/members of public needs to improve.

