



www.radiationresearch.org

2nd April 2026

Submitted via Email by Eileen O'Connor, Director EM Radiation Research Trust

OBJECTION

Planning Application 2026/01156/PA
Proposed 18m Telecommunications Installation – Spring Lane, Erdington

I write further to my original objection to the proposed 18-metre telecommunications installation at Spring Lane, Erdington.

This submission provides additional material planning considerations following further review of the application and supporting documentation. The focus is on evidential transparency, vulnerability of receptors, and adequacy of assessment in relation to public health.

Original objection:

<https://radiationresearch.org/emf-health-objection-submitted-a-tool-to-protect-children-communities/>

1. ICNIRP Compliance Documentation – Transparency and Public Availability

The application checklist indicates that an ICNIRP compliance declaration has been submitted in support of the proposal.

However, this document is not clearly identifiable within the publicly accessible planning record.

As a result, it is not possible to verify:

- whether the ICNIRP compliance assessment has been formally submitted as part of the validation pack
- whether it has been reviewed and relied upon in the assessment process
- the evidential basis upon which compliance conclusions have been reached

This creates a transparency and evidential traceability issue, as any reliance on ICNIRP compliance must be demonstrably evidenced within the public planning record to allow meaningful scrutiny of exposure assumptions and technical conclusions.

Where ICNIRP compliance is relied upon in support of the application, the absence of a clearly published document within the planning record undermines the ability of consultees and the public to properly assess the robustness of the technical evidence base.

Accordingly, it is requested that the Local Planning Authority:

- confirms whether an ICNIRP compliance report has been submitted; and
- ensures that all relevant compliance documentation relied upon in decision-making is clearly published and accessible within the planning record.

Without such clarity, the evidential basis for exposure compliance cannot be fully assessed in relation to the proposal.

2. Vulnerable Groups (AIMD Users), Electromagnetic Compatibility (EMC), and Regulatory Framework

2.1 Definition of EMC and Relevant Standards

Electromagnetic compatibility (EMC) refers to the ability of electrical and electronic equipment to operate correctly in its electromagnetic environment without causing or suffering unacceptable interference.

Active Implantable Medical Devices (AIMDs), such as pacemakers and neurostimulators, are governed by separate technical frameworks, including European Norm (EN) standards such as EN 45502 (active implantable medical devices) and EN 50527 (procedures for assessing electromagnetic field exposure in occupational settings).

ICNIRP guidelines address general public exposure limits, whereas EMC and EN standards relate to device performance and workplace risk procedures; however, none of these frameworks provide a site-specific or spatially defined assessment of electromagnetic interference risk to AIMD users in the public environment surrounding telecommunications installations.

2.2 UKHSA FOI Evidence

The UK Health Security Agency (UKHSA) confirmed in a response to a Freedom of Information request that AIMD safety in proximity to RF sources is considered within a framework combining:

- ICNIRP (1998) general public exposure limits
- medical device EMC standards
- manufacturer compliance assumptions

FOI reference:

UKHSA FOI Response: 20/10/24/LS/427

Date: 23 December 2024

This indicates that AIMD safety is not assessed through site-specific environmental modelling, but rather through compliance assumptions across multiple regulatory domains.

2.3 Structural Regulatory Gap

A key issue arises:

- ICNIRP guidelines do not assess implant malfunction thresholds or electromagnetic interference with medical devices
- EMC standards apply to device design and testing, not local planning or site-specific exposure conditions
- UKHSA nevertheless relies on ICNIRP compliance as part of the assumed safety framework

This results in a regulatory dependency chain rather than a direct environmental assessment of AIMD risk at the development site.

2.4 Absence of Site-Specific Assessment

The application provides no:

- electromagnetic interference assessment for AIMD users
- spatial modelling of RF exposure variation
- exclusion zones or separation distances
- buffer mapping for vulnerable receptors

Instead, safety is inferred through a chain of compliance assumptions, namely that:

- devices are inherently immune
- ICNIRP compliance ensures protection for all receptors (despite ICNIRP not addressing electromagnetic compatibility or implant interference risk)
- operator compliance guarantees safety outcomes

Accordingly, the application does not provide a site-specific assessment of risk to vulnerable individuals.

2.5 Planning Relevance

Given that AIMD users are recognised as vulnerable individuals, the absence of spatially defined assessment or mitigation measures represents a material gap in the evidential base.

3. EIA Screening Opinion (2017 Regulations)

Under the Town and Country Planning (Environmental Impact Assessment) Regulations 2017, the Local Planning Authority is required to consider whether development is likely to have significant environmental effects and therefore constitutes EIA development.

Given:

- scale of development (18m mast)
- proximity to residential and sensitive receptors
- absence of site-specific exposure modelling

It is not clear that the proposal has been the subject of a formal Screening Opinion, or that any such opinion has been published.

Request:

- A formal Screening Opinion under Regulation 6
- Publication of the screening determination with full reasoning, particularly in relation to population and human health considerations

4. Planning Balance – Vulnerable Receptors

The planning balance must properly consider:

- vulnerable groups, including AIMD users and children
- site-specific impacts rather than generic compliance assumptions
- adequacy of technical evidence supporting safety conclusions

Where uncertainty exists, the precautionary principle is engaged.

5. Absence of Defined Exclusion Zones

UKHSA guidance acknowledges that AIMD users may need to avoid exclusion zones near RF-emitting infrastructure. However, these zones are not defined or mapped within the planning system.

This creates a practical safety gap, as vulnerable individuals cannot identify where such risks may exist.

6. Legal Position – ICNIRP Not Determinative

Case law confirms that ICNIRP compliance does not remove the duty to assess health impacts, including:

- Skelt v First Secretary of State (2003)
- Westminster Hall Debate (28 January 2004)
- Steven Thomas v Cheltenham Borough Council

In the latter case, the Court held that failure to properly consider impacts on individuals with medical implants constituted an error.

These authorities confirm that planning judgment must address material considerations beyond technical compliance alone.

7. Scientific Evidence and Emerging Risk

The WHO (IARC) classifies RF radiation as a Group 2B possible carcinogen.

This 2025 systematic review reports high level of certainty of carcinogenic effects in laboratory animals exposed to RF radiation, that may predict carcinogenic hazards to humans, reinforcing the need for precaution.

<https://www.sciencedirect.com/science/article/pii/S0160412025002338>

8. Technical Evidence – Proximity, Exposure Variability and Research Findings

Technical documentation demonstrates that RF exclusion zones and beams of maximum intensity can be highly localised and directional:

https://www.itu.int/en/ITU-T/Workshops-and-Seminars/20171205/Documents/S3_Christer_Tornevik.pdf

Without site-specific modelling, such zones remain unknown to the public.

Peer-reviewed studies have reported associations between proximity to mobile phone base stations and a range of non-specific health symptoms, with several investigations identifying distance-related patterns extending into residential separation distances, in some cases up to approximately 500 metres depending on local environmental conditions.

Reported symptoms include sleep disturbance, fatigue, headaches, concentration difficulties, dizziness, and mood-related effects. These outcomes are most frequently reported in populations living closer to base station installations, with variation dependent on antenna configuration, transmitted power, and environmental context.

The Environmental Health Trust (EHT) provides a consolidated review of peer-reviewed studies documenting reported health effects in relation to base station proximity.

Source: <https://ehtrust.org/cell-tower-radiation-science/>

Pearce (2019/2020), Limiting liability with positioning to minimize negative health effects of cellular phone towers (Journal of Environmental Research, Elsevier), reviews international literature on health outcomes associated with proximity and discusses precautionary siting approaches, including restrictions near sensitive receptors in some jurisdictions.

Source: <https://gc.nh.gov/statstudcomm/committees/1474/documents/Pearce%202020%20Limiting%20liability%20with%20positioning%20to%20minimize%20negative%20health%20effects%20cell%20phone%20towers.pdf>

From a planning perspective, proximity is therefore a relevant variable in assessing potential environmental effects where installations are located within residential settings.

However, the application does not provide any site-specific distance-based exposure assessment, attenuation modelling, or receptor-based spatial analysis. This limits the ability to assess whether proximity-related impacts have been adequately characterised.

9. Children as Vulnerable Receptors

Children are recognised within public health frameworks as a vulnerable receptor group due to developmental sensitivity, longer lifetime exposure potential, and ongoing physical maturation.

In the context of proximity-based exposure, this vulnerability is relevant where residential dwellings, schools, nurseries, or other child-sensitive locations are situated within the surrounding environment of a base station installation.

Despite this, the application provides no site-specific spatial analysis of exposure distribution in relation to nearby residential areas or child-sensitive receptors.

In the absence of child-specific spatial assessment, uncertainty remains as to whether adequate precautionary safeguards have been applied in relation to children living or attending school near the proposed installation.

This is a consideration where sensitive receptors are present.

10. Statutory Duties and Environmental Health

Under the Environmental Protection Act 1990, local authorities have a duty to consider and investigate conditions potentially prejudicial to health.

Given peer-reviewed evidence of biological effects associated with chronic RF exposure, environmental health impacts require full and transparent assessment.

11. Conclusion

The application does not currently provide a complete evidential basis for determination.

Key omissions include:

- absence of a published ICNIRP compliance report
- absence of site-specific spatial risk assessment for vulnerable receptors
- absence of a published EIA Screening Opinion
- absence of any defined mitigation for AIMD users or proximity risks

The proposal relies on layered compliance assumptions rather than direct environmental assessment of receptor-specific risk.

In light of the matters raised, I formally request that the Local Planning Authority undertakes and publishes an Environmental Impact Assessment (EIA) screening opinion and, an Environmental Impact Assessment report for this development, in accordance with the Town and Country Planning (EIA) Regulations 2017.

Eileen O'Connor Director EM Radiation Research www.radiationresearch.org