

Guidelines for EMS/EHS Related Disability Diagnosis, Prognosis, Prescription and Need for Accommodation

These guidelines are designed to assist a treating physician presented with EMS/EHS patients that have severe symptoms and need accommodation. An Opinion letter should include a diagnosis, prognosis and prescription, and then make a finding of disability and the resulting need for accommodation.

Diagnosis

The letter can use the term EMS (Electromagnetic Sensitivities) or EHS (Electrosensitivity) or one of the variants. But we recommend you avoid exclusive focus on this disease name, as such, although it is a recognized condition that can lead to disability. This can facilitate an unnecessary debate over whether EMS/EHS is a “real disease.” Instead, be sure to diagnose based on the underlying symptoms and conditions. The References include several published diagnostic guidelines. We set out some relevant CDC ICD 2023 codes in footnote 1.¹ Then discuss how – if sufficiently severe – these symptoms and conditions interfere with major life activities.

The most important point to make is that exposure triggers the symptoms. There must be a strict, direct, definitive finding that RFR exposure triggers the relevant symptoms.

If there are other triggers for the same or similar symptoms, they should also be listed. If the person has other relevant pre-existing issues, then separately address those health conditions and diagnoses. Explain how exposure exacerbates these comorbidities and/or interferes with treatment of them.

One of the areas where you may get overlap in symptoms with different exposures is when the patient is both MCS (multiple chemical sensitivity) and EMS/EHS. Both exposures, for example, may cause headache and/or cognitive impairment. But MCS can be better controlled within the home; EHS much less so, particularly in a situation where a neighbor or property nearby has RF emitting equipment (*e.g.*, Wi-Fi, repeater or antennae on a tower). Most EHS patients can discern when their exposure comes from some form of RF radiation. If the distinction can be made, it is helpful to do so. If the distinction cannot be made, it may suffice

¹ The most directly relevant 2023 US ICD injury or “cause” codes are W90.0, Exposure to radiofrequency and W90.8, Exposure to other nonionizing radiation.

- [W90.0](#) Exposure to radiofrequency
 - [W90.0XXA](#)...initial encounter
 - [W90.0XXD](#)...subsequent encounter
 - [W90.0XXS](#)...sequela
 - [W90.2XXA](#)...initial encounter
 - [W90.2XXD](#)...subsequent encounter
 - [W90.2XXS](#)...sequela
- [W90.8](#) Exposure to other nonionizing radiation
 - [W90.8XXA](#)...initial encounter
 - [W90.8XXD](#)...subsequent encounter
 - [W90.8XXS](#)...sequela

to say the panoply of sensitivities includes radiofrequency radiation (RFR) sensitivity. This is not at all uncommon, particularly with delayed reactors.

For purposes of educating and clarifying the diagnosis of EMS/EHS, the effects and to the extent possible, the prognosis with EMS/EHS, it is important to clearly state that for this patient the cause (RFR exposure) has been identified with a sufficient degree of medical certainty. This is imperative to any useful diagnosis.

Prognosis

A prognosis is essential to a thorough letter that may be going to some third party, whether the wireless provider, electric utility, some public agency that has its own wireless network in a public building, or for presentation to a state or federal agency or court. The prognosis should state the probable course and outcome if the RFR exposure continues, and then the course and probable outcome if exposure is removed or limited. The prognosis should note that EMS/EHS is progressive and usually permanent. Continued exposure leads to worsened symptoms, while non-exposure will lessen or eliminate them. When exposure is renewed, the patient will likely begin to experience symptoms at the same levels as before, if not more acutely, and the progression will continue. Treating physicians may be reluctant to outright say death is certain, but that is a common end-state for progressive conditions and this should be expressed if that is a likely outcome of the patient being forced to suffer continued involuntary exposure.

Prescription

Finally, you need a “prescription.” Although there may be some medication involved, what is necessary here is a statement of the remedy. In this case, the “remedy” is non-exposure everywhere that is possibly achievable. For example, it might be that a patient cannot enter a library unless the Wi-Fi is turned off; a teacher or student may not work in/attend school unless Wi-Fi and cell phones are prohibited in one entire wing of the school. It may be that a tower’s emissions need to be adjusted, or the facility moved to another location. For severely compromised EHS patients, *i.e.*, the ones who are medically fragile, the “prescription” would be for that individual to constantly be in an environment where there is no exposure or only extremely limited exposure. For the most electrosensitive individuals, the physician must emphasize that right now the only effective treatment is non-exposure because that is the **only** remedy that will mitigate the patient’s symptoms. There is no alternative.

Finding of Disability and Need for Accommodation

After you have made your diagnosis, prognosis and prescription, you should address how the EHS patient’s symptoms “substantially limit” one or more of the patient’s “major life activities” and the patient is therefore “disabled” in your professional medical opinion.² You

² The ADA definition for “Disability” and “Major Life Activity” appear at [42 U.S.C. §12102](#)(1) and (2):

(1) Disability

The term “disability” means, with respect to an individual—

(A) a physical or mental impairment that substantially limits one or more major life activities of such individual;

(B) a record of such an impairment; or

should then conclude that the patient requires “reasonable accommodations” for purposes of the Americans with Disabilities Act, the Rehabilitation Act and/or the Fair Housing Act to the extent they apply to the patient’s life circumstances. The most basic aspect of any accommodation is exposure avoidance and that should be the emphasis. But how that is ultimately accomplished may vary depending on the circumstances and may require technical rather than medical expertise.

Summary:

1. Diagnosis based on symptoms and how they affect one or more major life functions.
2. Establish the causal connection to RFR.
3. Express prognosis and prescription
4. The emphasis should be the symptoms and the causal finding that these symptoms are triggered by RFR exposure.
5. Conclude with the opinion that the patient is disabled and requires accommodations that will lead to no further exposure in the relevant environment.

References:

ICD: The Centers for Disease Control’s 2023 Classification of Diseases Codes Clinical Modification and Procedural Classification System implements the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Available at <https://icd10cmtool.cdc.gov/>.

Clinical Practice Guidelines in the Diagnosis and Management of Electromagnetic Field Hypersensitivity (EHS), Women’s College Hospital and University of Toronto, <https://www.womenscollegehospital.ca/assets/pdf/environmental/Preliminary%20Clinical%20Guidelines%20%20for%20EHS.pdf>;

EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses: https://www.researchgate.net/profile/Igor-Belyaev/publication/305689940_EUROPAEM_EMF_Guideline_2016_for_the_prevention_diagnosis_and_treatment_of_EMF-related_health_problems_and_illnesses/links/59f2dafaeca272cdc7d0312c/EUROPAEM-EMF-Guideline-2016-for-the-prevention-diagnosis-and-treatment-of-EMF-related-health-problems-and-illnesses.pdf?origin=publication_detail

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- (C) being regarded as having such an impairment
- (2) Major life activities
- (A) In general:
Major life activities including caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. For some people, this may include more functions.
- (B) Major bodily functions
A major life activity also includes the operation of a major bodily functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The “Access Board,” an independent federal agency responsible for publishing Accessibility Guidelines used by the U.S. Department of Justice to enforce the Americans with Disabilities Act (“ADA”), recognized in 2002 that “electromagnetic sensitivities may be considered disabilities under the ADA.” U.S. Access Board. (n.d.). *Indoor Environmental Quality*. U.S. Access Board - Introduction. Retrieved March 31, 2022, from <https://www.access-board.gov/research/building/indoor-environmental-quality/>. The Access Board contracted for the publication of the National Institute of Building Sciences 2005 report, which concludes that radiofrequency/electromagnetic frequency (RF/EMF) radiation is an “access barrier,” and can render buildings “inaccessible” to those with electromagnetic sensitivity. The NIBS report recommends accessibility guidelines. National Institute of Building Sciences (NIBS), *Indoor Environmental Quality (IEQ) Final Report* (July 14, 2005), ©2005, National Institute of Building Sciences. A web-based version of the NIBS IEQ Final Report is available at <https://www.access-board.gov/research/building/indoor-environmental-quality/>.

IEQ Indoor Environmental Quality:

https://web.archive.org/web/20060714175343/ieq.nibs.org/ieq_project.pdf

For ADA Title I purposes, the U.S. Department of Labor’s Office of Disability Employment Policy has issued guidelines for accommodations/.<https://www.dol.gov/agencies/odep/program-areas/employers/accommodations>. These guidelines emphasize exposure avoidance and list the EMF Medical Conference 2021, which trains medical doctors on the issue of electromagnetic radiation and health as a resource. <https://emfconference2021.com/>. The DOL-affiliated Job Accommodation Network’s Accommodation and Compliance: Electrical Sensitivity and Accommodation and Compliance Series: Employees with Electrical Sensitivity Publication Downloads provide further information. <https://askjan.org/publications/Disability-Downloads.cfm?pubid=226622>; <https://askjan.org/disabilities/Electrical-Sensitivity.cfm>; <https://askjan.org/articles/When-New-Technologies-Hurt.cfm>.