

## Dental Amalgam Clinical Use and Disposal

**Summary** This Guideline provides recommendations on the clinical use and the safe disposal of dental amalgam when treating patients in public dental clinics.

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**Applies to** Public Health Units, Local Health Districts, Dental Schools and Clinics, Public Hospitals, Environmental Health Officers of Local Councils

**Distributed to** Public Health System, Environmental Health Officers of Local Councils

**Audience** All Staff, Administration, Managers of Public Oral Health Services

## DENTAL AMALGAM CLINICAL USE AND DISPOSAL

### GUIDELINE SUMMARY

This Guideline provides recommendations on the clinical use and the safe disposal of dental amalgam when treating patients in public dental clinics.

It is to be read with *NSW Health Clinical and Related Waste Management for Health Services* (PD2017\_026).

### KEY PRINCIPLES

NSW Health supports the specific measures outlined in the Minamata convention, by firstly improving oral health through systems and health promotion support, minimising the need for dental restorations. Where dental restorations are needed, current evidence-based approaches are supported, and cost-effective mercury free alternative materials are available to dental practitioners.

This Guideline also provides amalgam disposal practices to support environmental best practice to minimise the release of mercury compounds generated from dental clinics.

### CLINICAL USE OF AMALGAM

Existing amalgam restorations remain safe and should not be removed or replaced with alternative restorative materials unless deemed strictly necessary by the dental practitioner. There is no evidence to justify the removal of dental amalgam restorations to relieve other systemic medical conditions or treat medical conditions (other than a proven allergy).

Cost effective, mercury-free alternative materials are available to dental practitioners to support modern evidence-based approaches to restorative care. These alternative materials should be favoured when treating patients who are pregnant, especially in the first trimester, breastfeeding mothers and those patients with severe renal disease and children under the age of 15.

Only pre-encapsulated amalgam is used when dental practitioners deem its necessity based on the specific medical and dental needs of the patient.

If placing or removing dental amalgam, clinical measures to reduce exposure to mercury vapour would include the use of rubber dam, ample water supply and evacuation.

### WASTE MANAGEMENT OF DENTAL AMALGAM

The Minamata Convention on Mercury outlines measures to minimize the emission of mercury from dental practice into the environment to protect human health and the environment.

All clinics should be equipped with dental units that have amalgam waste traps that comply with ISO 11143.

Amalgam and amalgam-filled extracted teeth should not be placed in the 'general', yellow 'contaminated', or 'sharps' disposal containers, where contents are often incinerated.

Dental clinics should collect, store and ensure amalgam waste is sent to a licensed mercury waste processing facility for mercury recovery. These facilities recycle the mercury present in all the dental amalgam waste. If necessary, the Environment Protection Authority should be contacted for specific requirements for the disposal of mercury.

## REVISION HISTORY

Version	Approved by	Amendment notes
July-2020 (GL2020_015)	Chief Health Officer and Deputy Secretary, Population and Public Health	Rescinds GL2011_002. Updates information on the clinical use and waste management of dental amalgam. Changes in associated documents.
February 2011 (GL2011_002)	Deputy Director-General Population Health	Rescinds IB 99/24. Updates information on the use clinical use of Amalgam and its disposal and changes the document type to a guideline.
December 1999 (IB 99/24)	Director General	Information bulletin on clinical use of amalgam and its disposal