







Phasing down the use of dental amalgam and managing its associated waste: from knowledge to action

Webinar, Monday 18 December 2023



Opening remarks and scene setting

Kenneth Davis, Chemicals and Health Branch, UNEP





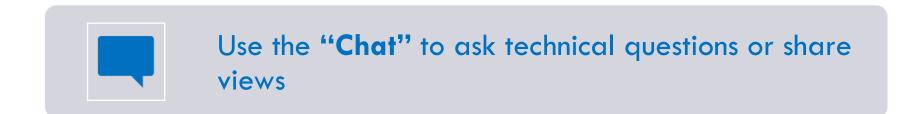
For the smooth running of the webinar, please :



UN () environment programme



Keep microphones off unless when making an intervention, cameras are optional





The **meeting will be recorded**. Please indicate if you have any objection

Opening remarks and scene setting (2:30 pm), Kenneth Davis, Chemicals and Health Branch, UNEP

Available knowledge and existing actions (2:35 pm), facilitated by Benoit Varenne, World Health Organization

- Dental amalgam and the Minamata Convention: latest updates pursuant to COP5, Eisaku Toda, Minamata Convention Secretariat
- Best practices for dental amalgam waste management in health facilities, Nicolas Martin, Sheffield University
- International developments in policies and regulatory framework and momentum building towards a global phase out of dental amalgam, Michael Bender, Zero Mercury Working Group, Florian Schulze, European Network for Environmental Medicine

Questions and Answers

- Phasing down the use of dental amalgam: project overview and current progress, Gabriela Sardon, World Health Organization
- Challenges in the management of dental amalgam waste, Kumar Rajan, World Health Organization South-East Asia Regional Office
- Best practices and current approaches for the sound transport, treatment and final disposal of mercury in dental wastes, David Hunter, *BATREC*

Questions and Answers

Closing remarks (3:55 pm), Grace Halla, GEF Chemicals and Waste Unit, UNEP

AGENDA



Available knowledge and existing actions

facilitated by Benoit Varenne, World Health Organization



Fifth meeting of the Conference of the Parties





Fifth meeting of the Conference of the Parties to the Minamata Convention on Mercury (COP-5)

Geneva, Switzerland, 30 Oct 2023 - 03 Nov 2023



More than 800 participants and 115 Parties represented

21 decision adopted

COP-5 Decisions



- The effects of mercury pollution on Indigenous Peoples and on local communities
- Mercury supply sources and trade
- Study of the global supply, trade and use of mercury compounds
- Amendments to annexes A and B
- Preparation of a report on cosmetics listed in part I of annex A to the Minamata Convention on Mercury
- Information on the Economic and Technical Feasibility of Mercury-Free Catalysts in VCM Production
- Artisanal and small-scale gold mining
- Mercury emissions
- Guidance on BAT/BEP to control releases
- Mercury waste thresholds
- Review of the financial mechanism

- Capacity building, technical assistance and technology transfer
- National reporting
- First effectiveness evaluation of the Minamata Convention on Mercury
- Gender action plan
- Knowledge management
- Contribution of the Minamata Convention to the Kunming-Montreal Global Biodiversity Framework
- Enhanced international cooperation and coordination
- Cooperation between the secretariat of the Minamata Convention on Mercury and the BRS secretariat
- Programme of work and budget for 2024-2025
- Dates and venue of COP-6

Decision MC-5/4: Amendments to annexes A and B and feasibility of mercury-free alternatives for manufacturing processes listed in annex B



Annex A Part II

Mercury-added products	Provisions
Dental Amalgam	Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party's domestic circumstances and relevant international guidance and shall include two or more of the measures from the following list: (i) (ix) In addition, Parties shall: (i) (ii)
	 In addition, Parties that have not yet phased out dental amalgam shall: (i) Submit to the secretariat a national action plan or a report based on available information with respect to progress they have made or are making to phase down or phase out dental amalgam every four years as part of national reporting.

Decision MC-5/4: Amendments to annexes A and B and feasibility of mercury-free alternatives for manufacturing processes listed in annex B



The Conference of the Parties

6. Decides to consider at its sixth meeting the proposal to amend part I of annex A by adding the following entry:

	Date after which the manufacture, import or export of the product shall not be allowed (phase-out date)	
[Dental Amalgam]	[2030]	

7. Decides to consider at its sixth meeting the proposal to amend part II of annex A by adding the following provision:

Mercury-added products	Provisions
Dental	In addition, Parties shall:
Amalgam	(iv) [[Exclude or not allow] [Phase down], by taking measures as appropriate, the use of dental amalgam in government insurance policies and programmes.]
	(Alternative to (iv)) [Take measures, as appropriate, to exclude, not allow, [or phase down] dental amalgam in government policies or programmes]



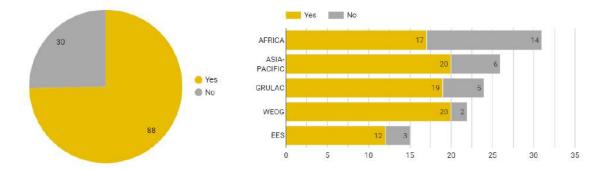
Article 21 national report

Question 4.3: Has the party taken two or more measures for the mercuryadded products listed in part II of annex A in accordance with the provisions set out therein? (para. 3)

Yes

No

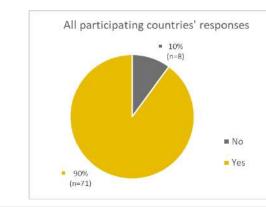
If yes, please provide information on the measures.



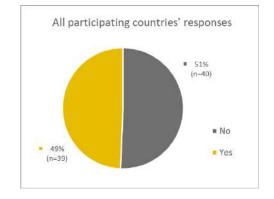
UNEP/MC/COP.5/INF/23: Article 21 synthesis report

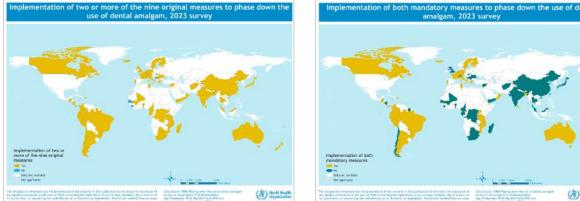
WHO/MC Secretariat joint survey

Implementation of two or more of the nine original measures



Implementation of both mandatory measures





amalgam, 2023 survey

UNEP/MC/COP.5/INF/30/Rev.1: WHO and ILO reports to COP-5



Clinical Dentistry.

Best practices for dental amalgam waste management in health facilities – Awareness & action

Professor Nicolas Martin 18th December 2023



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Waste Dental Amalgam

- The need for careful and safe management
- The fate of waste amalgam
- The fate of waste mercury
- Best Practice



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Partnership Objective:

"to minimize and, where feasible, eliminate unintentional mercury releases to air, water, and land from waste containing mercury and mercury compounds by following a Life Cycle Management approach"

- Identify and disseminate information on environmentally sound collection, transportation, **treatment and disposal techniques and practices** for different types of **mercury wastes** to reduce mercury releases from waste by following a Life Cycle Management approach.
- Assess environmental impacts of current waste management practices and processes, including providing support to countries to assess their national situation and needs.
- Promote public awareness of the hazards associated with mercury wastes and their management and support community engagement in the activities of the Partnership Area.



Fate of dental amalgam



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Partnership Objective:

"to minimize and, where feasible, eliminate unintentional mercury releases to air, water, and land from waste containing mercury and mercury compounds by following a Life Cycle Management approach"

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- **placement and removal** of fillings
- **dental waste** degradation of amalgam in setting and release of human excretion
- **end of life** following burial and emissions from cremation

- Air Cremation or incineration of medical waste
- Earth Interment, landfill and sewage sludge spreading
- Water Indirect discharges via wastewater treatment



Management of waste dental amalgam in the dental practice



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Waste Dental Amalgam at chairside

- Amalgam particles
- Dissolved elemental mercury
- Inorganic mercury
- Methyl mercury



Amalgam in wastewater streams

Accumulation in:

- Wastewater lines
- Tanks and pipework
- Potential for biogenesis of MeHg

(anaerobic bacteria, temperature, pH, Oxygen levels, organic matter, sulphate levels and speciation of Hg) Dental wastewater lines are an ideal environment for methyl mercury genesis

The

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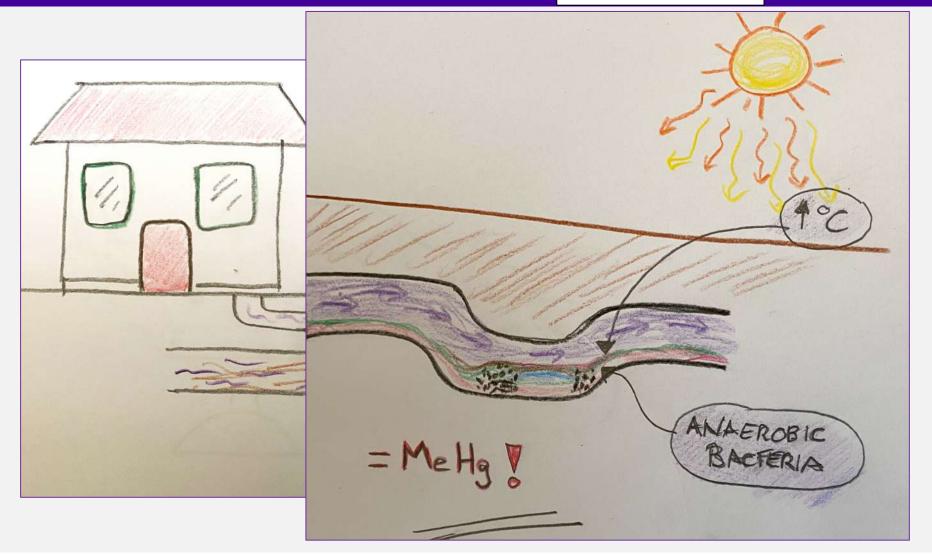
Management of waste dental amalgam in the dental practice



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Amalgam in waste water –

- Sedimentation and accretions
- Anaerobic
 bacteria
- Higher temperatures





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Amalgam separators –

The most effective way to mitigate the effect of waste Hg from Amalgam • A minimum mercury removal efficiency of 95% of particulate mercury (ISO 11143)

Effective clinical governance:

- Local waste collection
- ICP guidelines and protocols
- Municipal water management legislation





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IPC –

Infection Prevention Control

- International standards (ISO 11143 and ISO 45006)
- National legislation (e.g. UK: HTM 01-05)
- Engagement with waste disposal services
- Water lines flushed with nondetergent enzymatic vacuum cleaners

The waste 'sludge' in the amalgam separator is now 'safe' for collection and disposal

Use of appropriate PPE and waste containers





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IPC – National Legislation

e.g. In the UK: HTM 01-05

(HTM 01-05) Decontamination in primary care dental practices



HTM 01-05 is intended to raise the quality of decontamination work in primary care dental services by covering the decontamination of reusable instruments within dental facilities.

The Infection Prevention Society have produced a <u>dental audit tool</u> to help practices to self-assess compliance with HTM 01-05.

HTM 01-05 is not available to order in hard copy. It is intended to be read online or for private print purposes only.

Some of these documents are not fully accessible. If you require any of these documents in a different format, please contact: <u>england.estatesandfacilities@nhs.net</u>



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Good Waste Management is Key

- Good management
- Separators •
- Regulated • collection system
- Simple guidelines essential

- The environmental impact of dental mercury is mainly due to the poor management of dental amalgam waste.
- The use of **amalgam separating devices reduces** the amount of **amalgam**-• contaminated water released from dental clinics.
 - A regulated collection system for mercury-contaminated solid waste, especially extracted teeth with amalgam fillings, will prevent mercury vapour release during the combustion of mercury-contaminated solid waste.
 - **The application of simple guidelines for mercury waste** handling will reduce the environmental concerns of dental waste to an insignificant level without compromising dental amalgam's important role in dentistry.





Thank you for your kind attention



Professor Nicolas Martin n.martin@sheffield.ac.uk

International developments in policies and regulatory framework and momentum building towards a global phase out of dental amalgam

UNEP Global Mercury Partnership Webinar on:

Phasing down the use of dental amalgam and managing its associated waste: from knowledge to action

18 December 2023

Michael Bender

Co-Lead, Mercury in Products Partnership Area of the Global Mercury Partnership

Executive Director, Mercury Policy Project Co-Coordinator of the Zero Mercury Working Group www.zeromercury.org

Florian Schulze Managing Director European Network for Environmental Medicine http://environmentalmedicine.eu





Who we are:

Zero Mercury Working Group:

- An international coalition of more than 110 public interest, environmental and health nongovernmental organizations from over 55 countries from around the world.
- Aim: Reduce/eliminate mercury supply, use, emissions, exposure, implementing the Minamata Convention

European Network for Environmental Medicine:

 We are committed to reduce environmental exposures, promoting research into health links and treatments, better aligning medical care with these findings, and facilitating patient access to analysis.

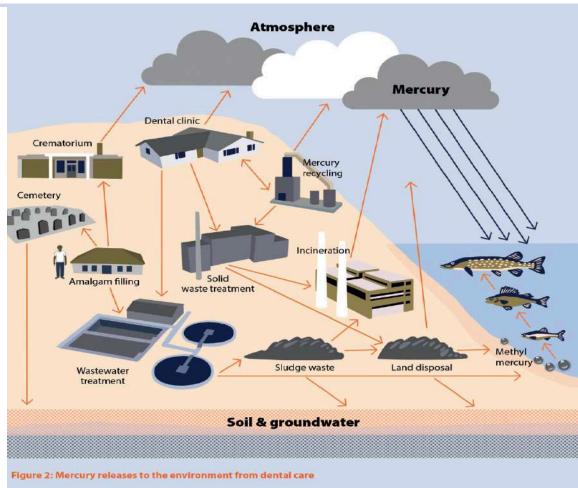




Challenges of managing amalgam especially without hazardous waste infrastructure in place

Global releases/ pathways	Mercury (metric tons/year)	
Atmosphere	50-70	
Surface water	35-45	
Groundwater	20-25	
Soil	75-100	
Recycling of dental amalgam	40-50	
Sequestered, secure disposal	40-50	
Total	260-340	

Table 1: Mercury used in dentistry - pathways to the



Source: Concorde 2007

Sources: Maxson 2009, as cited in WHO 2011 and AMAP/UNEP 2013

https://www.unep.org/globalmercurypartnership/resources/re port/lessons-countries-phasing-down-dental-amalgam-use

Tons of mercury released each year from cremation, crematoria

Table 4: Country statistics on controlling mercury releases from cremation

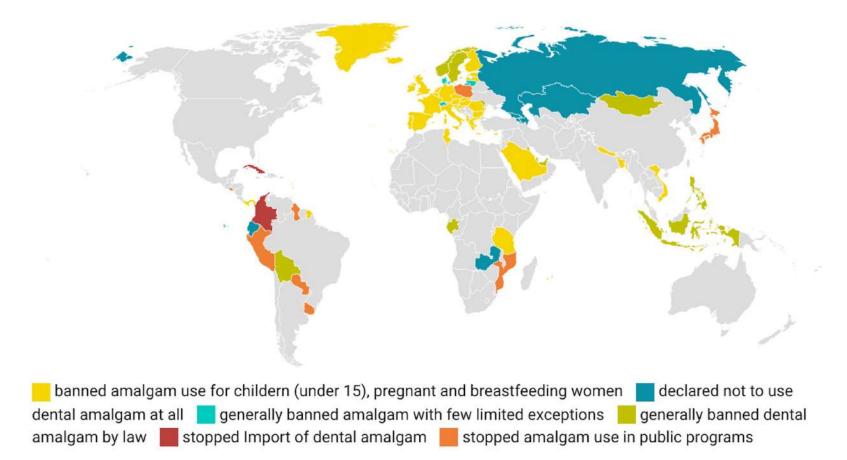
Country	% units with mercury controls	Requirements and/ or date required	Cremations per year	Installation costs per crematorium	NOTE: As
Sweden	64% (2009)	95% removal rate required at large units	70,000 (82% at facilities with mercury removal)	Around 100,000 USD, 10% cost for mercury contami- nant removal	you can see in the last
Switzerland			20,000 (2011)	Ranges from 1,000,000 USD to 1,500,000 USD	column, crematoria
Finland		23% of units by 2015-2016			installation
Norway	62.5% (2012)	Large crematories (>200 cremations- /yr.) regulated in 2007	15,544 (2012) 37% at facilities with mercury removal	Investment cost mercury filter (144,000 USD)	costs are quite high and for
Denmark		2011			most
Netherlands	>90%	Requirements on large units first: smaller ones required by 2012	75,000 (2008) 55.8% at facilities with mercury removal	Costs for installing devices for 50 crematoria estimated at 32 million USD	countries, they are
Sources: Survey questionnaire responses from Sweden, Switzerland, Finland, Norway, Denmark and the Netherlands					

https://www.unep.org/globalmercurypartnership/resources/re port/lessons-countries-phasing-down-dental-amalgam-use





Global overview of countries phasing out dental amalgam







Global overview of countries phasing out dental amalgam



Global Dental Amalgam Tracker -EnvMed Network According to the Minamata Conventions... environmentalmedicine.eu

https:// environmentalmedicine.eu/ mercury-free-dentistry-forplanet-earth/ 19 Countries ban Dental Amalgam by law (incl. 4 EU countries, 4 with narrow exceptions, for 4 countries the ban has yet to enter into force)

6 Sountries declared not to use Dental Amalgam at all

9 Countries have withdrawn Dental Amalgam from public programs, effectively phasing it out

The EU 27 are currently discussing the COM proposal for an overall dental amalgam ban by 1 January 2025, which will affect 23 EU Countries.

37 Countries have phased out Dental Amalgam for Children up to 15 years, pregnant and breastfeeding Women





Countries banning dental amalgam use

Norway: **2008** with limited exemption period for **3 years 2009** (exemptions ceased in 2018) Sweden: Mongolia: 2011 New Caledonia (FR territory): September 2019 (immediate*) Moldova: 2020 (15 month) January 2020 (11 month) Kuwait: July 2021 (9 days) Qatar: **Bahrain:** Reported without specification (Ban on use of mercury 2002) UAE: Reported without specification (UAE Cosmetics Control System) Indonesia: December 2021 (14 month) Philippines: June 2023 (3 Years) Gabon: **October 2023 (immediate)**

Nepal: August 2024 (5 Years) Panama: January 2025 (4 Years) Tanzania: December 2029 (8 Years) Slovakia: December 2030 (11 Years)

with narrow exemptions

Switzerland:September 2015Liechtenstein:September 2015Denmark:July 2018Lithuania:May 2021





Implementing the COP4 "Children's Amendment"

By **28 September 2023** parties shall:

Exclude or not allow, by taking measures as appropriate, or recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner based on the needs of the patient. Countries not allowing the use of Dental Amalgam for Children up to 15 years, pregnant and breastfeeding Women:

Soviet Union: **1982** (due to direct health risks) Sweden: 1995 23 EU: July 2018 (1 year* + Phase Out Plans) Bangladesh: **July 2018** (4 month) April 2019 (6 days + Phase Out Plan) Vietnam: Iceland: July 2019 (3 weeks + Phase Out Plan) Nepal: August 2019 (immediate + Phase Out: 21 August 2024) **Philippines:** June 2020 (2 weeks + Import Stop + Phase Out: June 2023) **2021** according to first full Reports Saudi Arabia: July 2021 (2 years + Phase Out Plan) Albania: Tanzania: September 2021 (20 month + Phase Out: December 2029) Panama: January 2021 (immediate + Phase Out: January 2025)





National Action Plans for dental amalgam required by COP5

Minamata Convention Requirements for Parties that have not yet phased out dental amalgam shall:

Submit to the secretariat a national action plan or a report based on available information with respect to progress they have made or are making to phase down or phase out dental amalgam every four years as part of national reporting.

The next full national reporting is due by **31 December 2025**

Examples of National Action Plans from the EU (2019)

- **12** Member States presented a general phase-out plan
- 7 Member States plan to provide insurance reimbursement for alternative restorations in the same amount as amalgam.
- **Poland** directly replaced dental amalgam in the public health insurance
- Portugal and Romania planned to require informed consent to use dental amalgam
- Germany, Latvia and the Netherlands ended the teaching of amalgam placement in its dental schools.

https://circabc.europa.eu/sd/a/4fd46a0f-54aa-48c6-8483-288ad3c1c281/Dental%20Amalgam%20feasbility%20study%20-%20Final%20Report.pdf

https://environmentalmedicine.eu/national-action-plans-to-phase-out-the-use-of-dental-amalgam-in-the-eu-2/





Thank you!





Questions and Answers

facilitated by Benoit Varenne, World Health Organization









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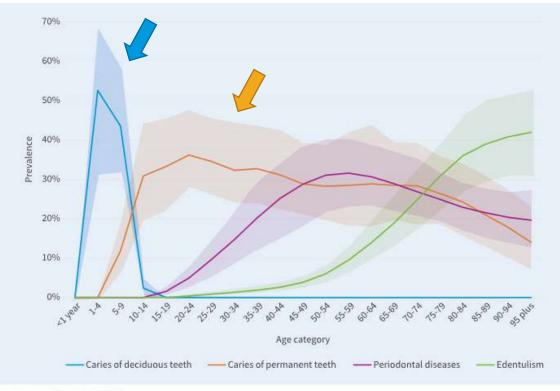
Gabriela Sardon Panta

Oral Health Programme, NCD Department, WHO



BACKGROUND

- Dental caries (tooth decay) is the most common non-communicable disease worldwide and a major public health problem, affecting more than 2.5 billion people, including 514 million school-aged children.
- Dental caries across the life-course, affecting deciduous and permanent teeth
- Dental caries is preventable



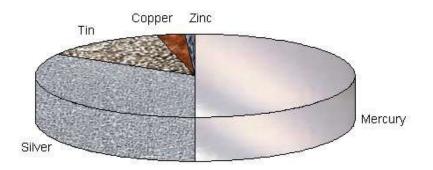
Note. Data are from GBD 2019 (4).



BACKGROUND

- Dental amalgam is
 - a filling material used to treat cavities caused by dental caries for over a 175 years.
 - composed of a mixture of metals, consisting of elemental mercury (~50%) and a powdered alloy composed of silver, tin, and copper, therefore, it is a significant source of mercury pollution.
- Estimates suggest that approximately two thirds of dental amalgam is eventually released to the environment.¹
- The consumption of mercury in the dental amalgam sector for 2019 was estimated to be in the range of 200 – 500 metric tons.²







1. UNEP, 2016, Lessons from countries phasing down dental amalgam use

2. UNEP/MC/COP.5/INF/22 - The first effectiveness evaluation of the Minamata Convention on Mercury Draft report on mercury trade, supply and demand

MONITORING PROGRESS IN PHASING DOWN DENTAL AMALGAM USE

Annex A Part II, Dental amalgam provisions:

Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party's domestic circumstances and relevant international guidance and shall include two or more of the measures from the following list:

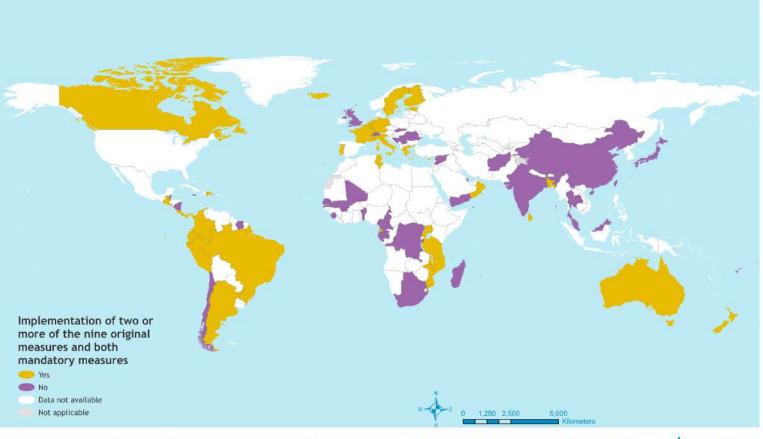
- (i) Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration;
- (ii) Setting national objectives aiming at minimizing its use;
- Promoting the use of cost-effective and clinically effective mercuryfree alternatives for dental restoration;
- Promoting research and development of quality mercury-free materials for dental restoration;
- Encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and on promoting best management practices;
- (vi) Discouraging insurance policies and programmes that favour dental amalgam use over mercury-free dental restoration;
- (vii) Encouraging insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration;
- (viii) Restricting the use of dental amalgam to its encapsulated form;
- (ix) Promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.

In addition, Parties shall:

- Exclude or not allow, by taking measures as appropriate, the use of mercury in bulk form by dental practitioners;
- Exclude or not allow, by taking measures as appropriate, or recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner based on the needs of the patient.



Implementation of two or more of the nine original measures and both mandatory measures adopted at COP4 to phase down the use of dental amalgam, September 2023

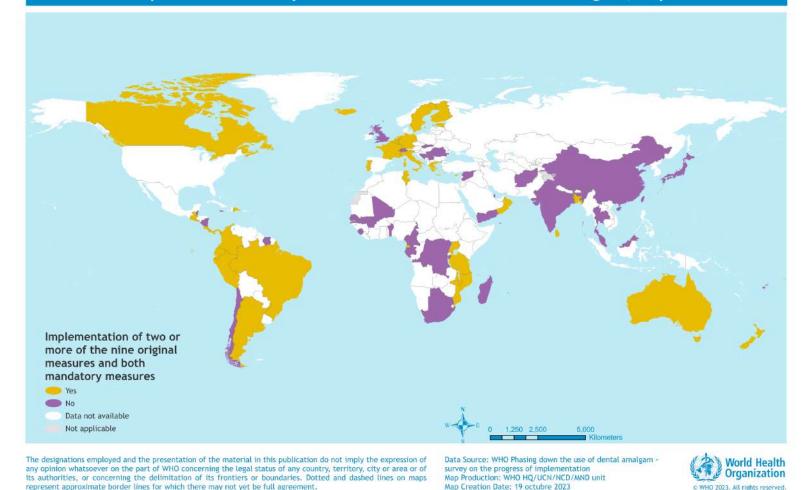


The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO Phasing down the use of dental amalgam survey on the progress of implementation Map Production: WHO HQ/UCN/NCD/MND unit Map Creation Date: 19 octubre 2023 World Health Organization

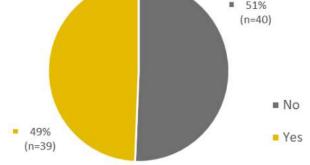
MONITORING PROGRESS IN PHASING DOWN DENTAL AMALGAM USE

Implementation of two or more of the nine original measures and both mandatory measures adopted at COP4 to phase down the use of dental amalgam, September 2023



51%

All participating countries' responses

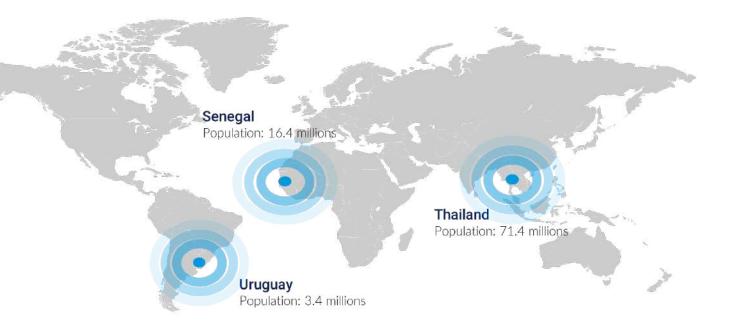


World Health Organization 75 HEALTH FOR ALL

GEF7 PHASING DOWN DENTAL AMALGAM PROJECT SCOPE: OBJECTIVE AND COMPONENTS

🗭 Project objective

To protect human health and the environment from harmful effects of mercury through implementation of policies and improved practices to phase down the use of dental amalgams









Multisectoral collaboration between Ministry of Health and Ministry of Environment in project countries

GEF7 PHASING DOWN DENTAL AMALGAM PROJECT SCOPE: OBJECTIVE AND COMPONENTS

Phase down of dental amalgam use through improved policies and technical capacity



Conduct national situational assessment on regulations, insurance policies, oral health workforce model and curricula – and make improvements in line with the Minamata Convention on Mercury



Establish an inventory of dental amalgam and mercury-free alternatives



Develop case studies that demonstrate the feasibility to phase down the use of dental amalgam





) Improve management of mercury and hazardous waste from dental use



Conduct a national situational assessment on the dental amalgam/mercury waste management schemes and the possibility of a health system-wide approach on mercury management



Select dental/health facilities to demonstrate sound management practices to handle dental amalgam and their wastes



Manage and dispose of dental amalgam waste collected in an environmentally sound manner



Knowledge management and global awareness



Disseminate project results through the Project Knowledge Hub (UNEP Global Mercury Partnership) and WHO project webpage.



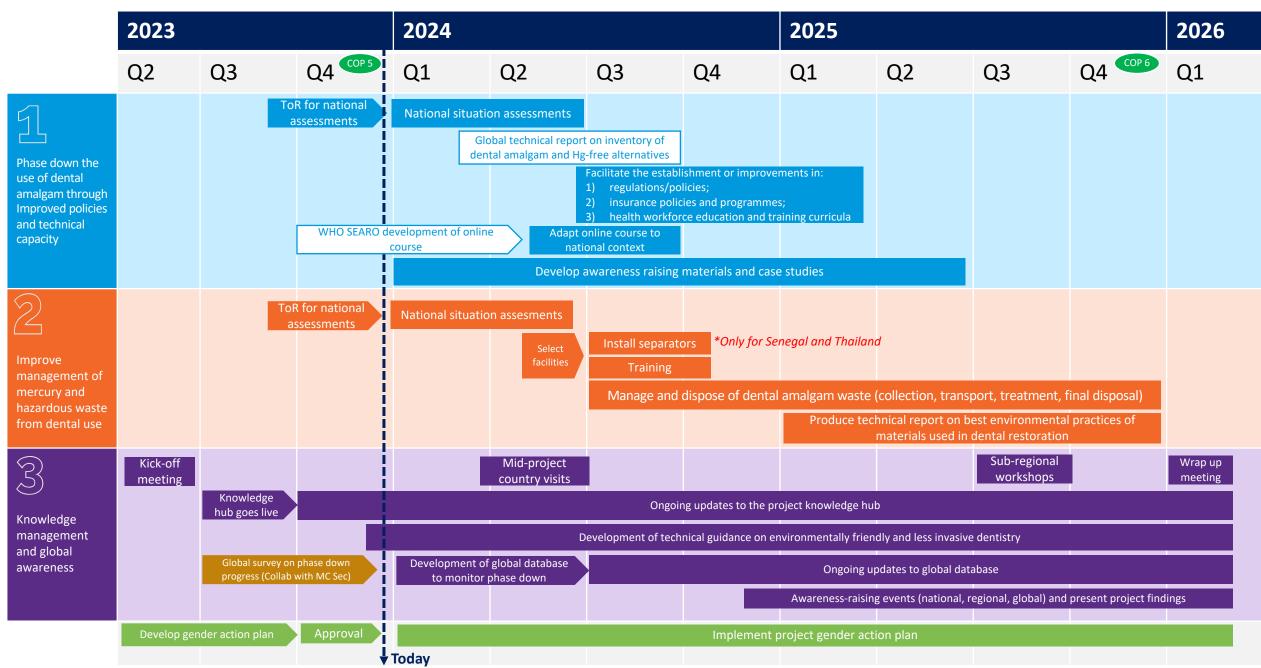
Conduct awareness raising events, present project results at national, regional and international events.



Development of global products: 1) Global database to inform project

outputs/results, relevant decisions of Conference of the Parties and reporting Technical guidance on environmentally friendly and less invasive dentistry.

CURRENT STATUS AND TIMELINE



KEY MESSAGE

- WHO strongly advocates for close collaboration between Ministry of Health and Ministry of Environment to effectively phase down the use of dental amalgam and, in some cases when appropriate, even a phase out.
- This can be achieved by creating a national roadmap with a time-bound agenda including clear roles, deadlines, key stakeholders, and sufficient resources that should be aligned to the WHO Global Oral Health Action Plan (2023-2030)



Thank you very much for your attention

For more information, contact: varenneb@who.int, sardong@who.int



Visit the project knowledge hub: www.unep.org/phasedowndentalamalgam





Challenges in the management of dental amalgam waste: From knowledge to action

UNEP Global Mercury Partnership *18 December 2023*

Kumar Rajan WHO SE Asia Regional Office/ HPN



Picture courtesy: CDER, AIIMS & WAC





Thankfully, encapsulated form and amalgamators have improved working conditions



Collection, safe transportation, processing, treatment & recovery

Stakeholders – managing mercury & dental amalgam (DA) waste

Educational & research institutions

- Course curriculum
- Studies on impact on health

Oral health professionals

- Primary user
 - Purchase
 - Storage
 - Handling
 - Disposal

Laboratories – developing products

 Restorative materials containing mercury

Dental traders & suppliers

- Import/ export
- Maintaining stocks for sale

Manufacturers of dental amalgam separators

- Provide necessary equipment

Stakeholders – managing mercury & dental amalgam (DA) waste (slide - 2)

Regulatory agencies

- Governmental bodies
- Health & safety authorities
- Compliance monitoring

United Nation agencies

- Knowledge sharing
- Developing guidance

Environmental organizations

- Advocacy
- Push for stricter regulations

Waste management companies

- Collection
- Transportation
- Processing

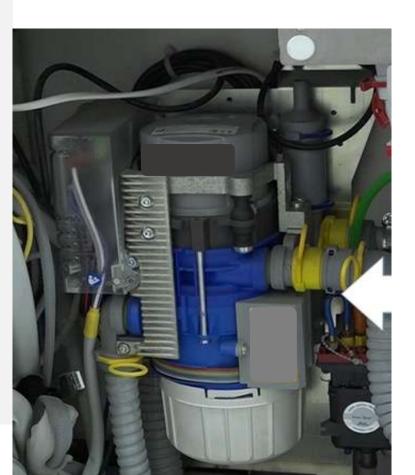
Local communities

- Concerned for DA waste
- Health & environmental impact
- Patient safety groups

- Patient demand for most affordable treatment
- Coverage under insurance plans
- Lack of information on regulatory compliances
- Lack of national plan on phasing out dental amalgam
- Training of staff
- Limited resources smaller dental practices (PPE, high volume suction, rubber dam application etc.)
- Record keeping
- Regular monitoring & auditing
- DA waste collection systems
- Appropriate disposal

Dental amalgam separators

- Availability
- Purchase cost
- Installation
 - Feasibility
 - Renovation
- Maintenance
- Replacement



Challenges 77

Awareness & educating oral health professionals on **Mercury**

Dental school/college students

(dentist, specialist, hygienist, laboratory technician, dental nurse, dental therapist, dental assistant)

Dental practitioners 1. Older professionals – usage

2. Newer professionals – removal of dental amalgam Institutions, National Dental Associations & Specialty Associations

• Why to buy

OptionsDA separator

Storage • Where to store • How to store • Designated

containers

Handling

- Liquid Mercury
- Encapsulated form
- Trituration, mulling,
- squeezing, carving
- Removal of DAR
- Managing spills

Disposal

- Knowledge of regulations
- How and where to store
- Extracted tooth with DAR
- Knowledge of waste collector



Government of India



Advance Search 2003 Onwards



A

Online link

Hazardous Waste Management Series: HAZWAMS/39/2011-2012

Environmentally Sound Management of Mercury Waste Generated From the Health Care Facilities



CENTRAL POLLUTION CONTROL BOARD

(Ministry of Environment & Forests) Parivesh Bhawan, East Arjun Nagar DELHI -110 032 Website: www.cpcb.nic.in January 31, 2012

English Release February 2018
Ministry of Environment, Forest and C 🗸
Management of e-Waste
 Centre Sanctions New Project to Control Pollution of River Sal at Navelin, Goa

 Celebration of World Wetlands Day at Deepor Beel in Assam

- Workshop on Technological Innovation for Mitigation of Pollution as Part of clean air Campaign
- > Drying up of Rivers
- Cabinet approves Ratification of the Minamata Convention on Mercury
- 'It is our duty to Give Back Clean and Green Environment to Next Generation': Dr Harsh Vardhan

Ministry of Environment, Forest and Climate Change.

07-February, 2018 20:49 IST

Cabinet approves Ratification of the Minamata Convention on Mercury

The Union Cabinet chaired by the Prime Minister Shri Narendra Modi has approved the proposal for ratification of Minamata Convention on Mercury and depositing the instrument of ratification enabling India to become a Party of the Convention.

The approval entails Ratification of the Minamata Convention on Mercury along with flexibility for continued use of mercury-based products and processes involving mercury compound up to 2025.

The Minamata Convention on Mercury will be implemented in the context of sustainable development with the objective to protect human health and environment from the anthropogenic emissions and releases of mercury and mercury compounds.

The Convention protects the most vulnerable from the harmful effects of mercury and also protects the developmental space of developing countries. Therefore, the interest of the poor and vulnerable groups will be protected.

The Minamata Convention on Mercury will further urge enterprises to move to mercury-free alternatives in products and non-mercury technologies in manufacturing processes. This will drive research & development, and promote innovation.

AKT/VBA/SH

(Release ID :176356)

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सत्यमेव जयते	Ministry of Environment, Forest and Clima Government of India			ursuit of Clean Environment
HOME ABOUT CP	CB 😙 STANDARDS 😁	CPCB'S ACTIVITIES 🔫	AIR WATER NOISE DATA	- LABORATORIES - CONTACT US
		Annual Reports		20 C
	ith Our Small ontribution,	Air Quality Management	1	
We	Can Reduce Air Pollution fer Cycling for Shorter Distance	Water Quality Management		
		Quality Assurance/Quality Control		Azadi _{Ka} Amrit Mabotsav
		Waste Management	Hazardous Waste	Rules OLSOV
AIR QUALITY INDEX : Cities		Contaminated Sites	E-Waste	Technical guidelines
Environmental Acts & Ru	iles Messages	Industrial Pollution	Municipal solid waste	Inventory
Media Corner		Noise Pollution	Bio Medical Waste	Orders of Hon'ble NGT &
iddiadad Ant Borback II Alachi (Chairman	Urban Pollution	Plastic V	SKIP TO MAIN CONTENT SCREEN READER ACCESS Q TT ST LANGUAGE
Court Cases	Sh. Tanmay Kumar, IAS	Pollution Control Planning	Batterie	Delhi Pollution Control Committee Government of NCT of Delhi
Best Environmental Management practices	Member Secretary Sh. Bharat Kumar Sharma	Information Technology	Constru	Acts , Rules & standards ~ EIA CONSENT ~ Air / Water / Noise Monitoring Report ~ Yamuna Rejuvenation Solid Waste Monitoring Committee Waste Manage
	Research and Development			
E-Governance Portals	Important Announcemen	Environmental Training	Waste M Technol	MERCURY WASTE HOME / WASTE MANAGEMENT / MERCURY WASTE
Air Pollution Complaint	% 26th AOC Despatched	NGT/Court Cases	8	

WASTE MANAGEMENT

Mercury Waste

O Bio Medical Waste

Cen	tral Pollution Control Board	(TSDFs) with Common Incinerators & Secured Landfills					
Ministry of CPCB	of Environment, Forest and Climate Change Government of India	S.No.	States/UTs	Integrated TSDFs (with both SLF & Incinerator)	TSDFs with only Common Secured Landfills	TSDFs with Only Common Incinerator	
		1.	Andhra Pradesh	1	1	0	
HOME ABOUT CPCB	STANDARDS CPCB'S ACTIVI	2.	DD&DNH	1	0	0	
Home CPCB's Activities Waste Management Hazardous Waste Common HW T		3.	Delhi	1	0	0	
		4.	Goa	1	0	0	
Air Quality Management 🛛 🕂	Common HW TSDFs	5.	Gujarat	2	7	2	
Weter Ouelite Management		6.	Haryana	0	1	0	
Water Quality Management 🕂		7.	Himachal Pradesh	0	1	0	
Quality Assurance/Quality	Information on Common Hazardo	8.	Jharkhand	1	0	0	
Control +	Protocol for reporting quarterly performed and the second seco	9.	Karnataka	1	2	7	
		10.	Kerala	0	1	0	
Waste Management +	Availability of Common TSDFs	11.	Madhya Pradesh	1	0	0	
Contaminated Sites +	Status of Escrow Account	12.	Maharashtra	3	1	0	
		13.	Odisha	0	1	0	
		14.	Punjab	1	0	0	
		15.	Rajasthan	0	2	1	

16.

17.

18.

19.

20.

Tamil Nadu

Telangana

Uttar Pradesh

Uttarakhand

West Bengal

Total

Online link

1

1

2

1

2

20

1

0

1

0

0

19

0

0

1

0

0

11

FTS 3150818 F.No.T-20018/38/2018-NCD Ministry of Health & Family Welfare **Directorate General of Health Services** National Oral Health Programme (NOHP)

> Nirman Bhawan, New Delhi Dated, 7 August 2018

Meeting Notice

Subject: Invitation for Workshop on Phasing Down the Use of Dental Amalgam in India on 23rd August 2018

Dear Sir/ Madam,

The Directorate General of Health Services and the Ministry of Health & Family Welfare under the National Oral Health Programme is conducting a workshop on phasing down the use of dental amalgam in India. The meeting is scheduled to be held on 23rd August 2018 in Room 445, A Wing, Nirman Bhawan, New Delhi.

You are requested to kindly participate in the workshop. A tentative programme is as attached in Annexure A. Travel support and dearness allowance (to meet the stay arrangements and other expenditure) for outstation participants has been made available as per Government regulations. Please find attached maximum allowable TA/DA as per grade pay. Please also note that air travel must be done via Air India only (booked through the Air India website or through authorized travel agencies - M/s Balmer Lawrie and Company, M/s Ashok Travels and Tour or IRCTC). TA/DA for Delhi based participants are to be borne from source of salary.

For any gueries, please reach out to Dr. Akriti Mehta, National Consultant - NOHP at nohpindia@gmail.com or at 011-23063537.

> (Dr. L. Swasticharan) Chief Medical Officer

Yours sincerely.



About Us Membership Publications Advocacy Students Public Events Science & Education

0	Advocacy Issues		Dental Professionals	Public						
0	National Acts		Dental Professionals	Public	Dental Trade Industry					
	Formulating Policies Advocacy Activity by	🕐 2021				×				
	IDA	18 0.000								
R	elated Links	2019 CP 2018				~				
Ð	Dental Council of India	Natio	nal							
0	Dentist Act									
0	Code of Ethics	From	15							
0	Clinical Establishment Act			1. 1. 1. 1.						
0	National Rural Health Mission	21st March - Placing the draft of "Digital Information Security in Healthcare, act (DISHA)" in public domain for comments/views-								
0	Central Drug Standard Control Organisation		reg.							
0	National Consumer	(TA	Dates Tutte Deviced Deal	dation in f	antal Dadialaau Deactica					
		Filens all actions)							

Mercury Hygiene Practices in Dentistry



safer working conditions 8 environme nt

Thank you

Report of the informal global WHO consultation with policymakers in dental public health, 2021

Monitoring country progress in phasing down the use of dental amalgam



Setting a timeline for achieving the Minamata Convention on Mercury measures to phase down the use of dental amalgam



Global Mercury Partnership Phasing down dental amalgam

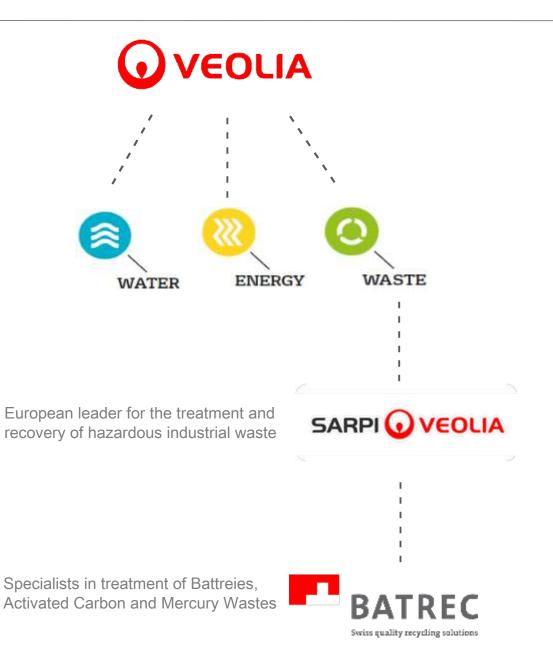
Treatment of Mercury wastes including Dental Amalgam & Stabilisation of Mercury

Batrec Industrie AG 18th Dec 2023 David Hunter

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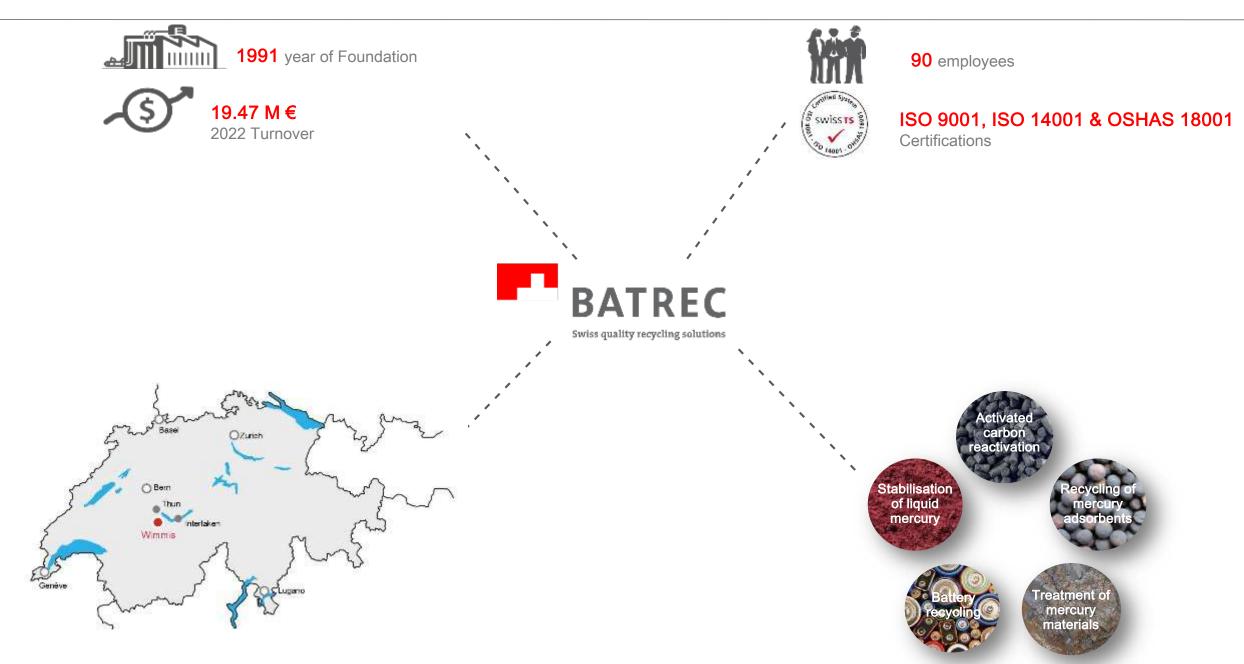






BATREC Industrie AG

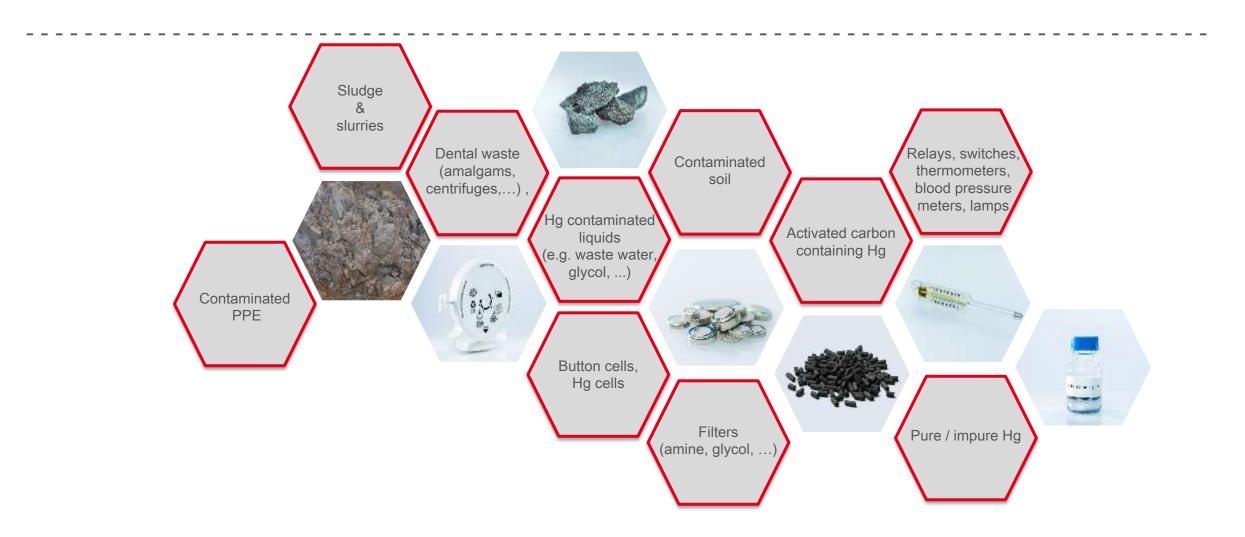






BATREC's capability

Treating all kinds of mercury wastes from all over the world







GEF-7 Project – Phasing Down Dental Amalgam Project





Dental Amalgam – Mercury Waste Examples









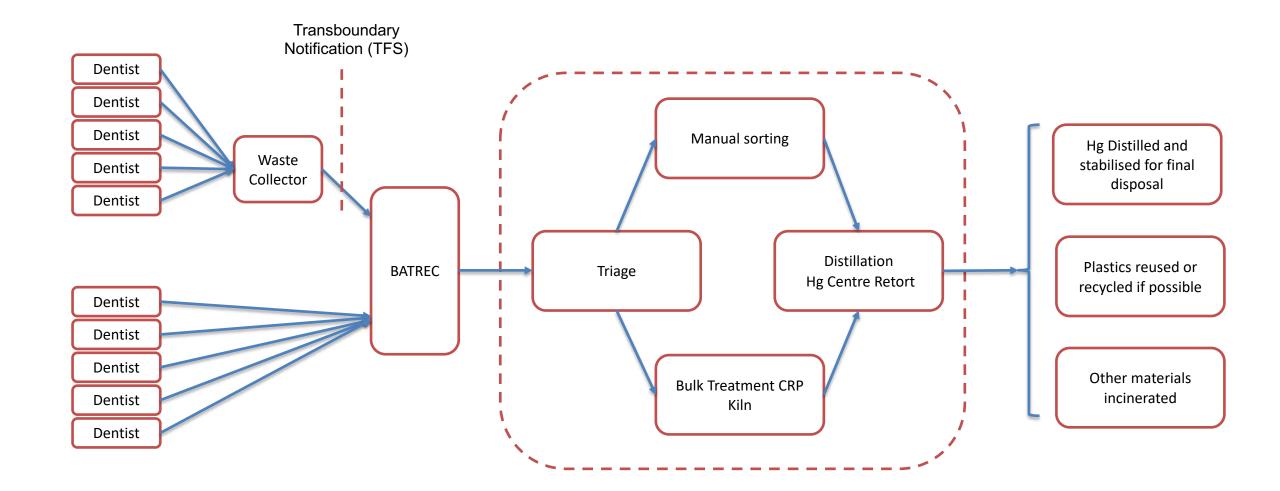












Dental Amalgam Treatment – International Transport



International Transportation of Mercury Waste - Batrec has experience to support our Partners

Packing and labelling

- UN Approved Packaging
- Correct Labelling ADR/IMDG/IATA/National regulations
- Batrec can provide guidance

Transboundary Notification Application

- Basel Convention Rules
- 2-6 months
- · Batrec has team to support with this process

Road Shipping

- Must Follow ADR Regulations
- 40 ft Truck Load
- Local Overland Transport

Maritime and Road Shipping

- Must Follow ADR and IMDG Regulations
- 20 ft ISO Shipping Container
- Large volume cheap transport if volume is used

Air and Road Shipping

- Must Follow ADR and IATA Regulations
- Palletised loads
- Small volume expensive transport



Treatment Process

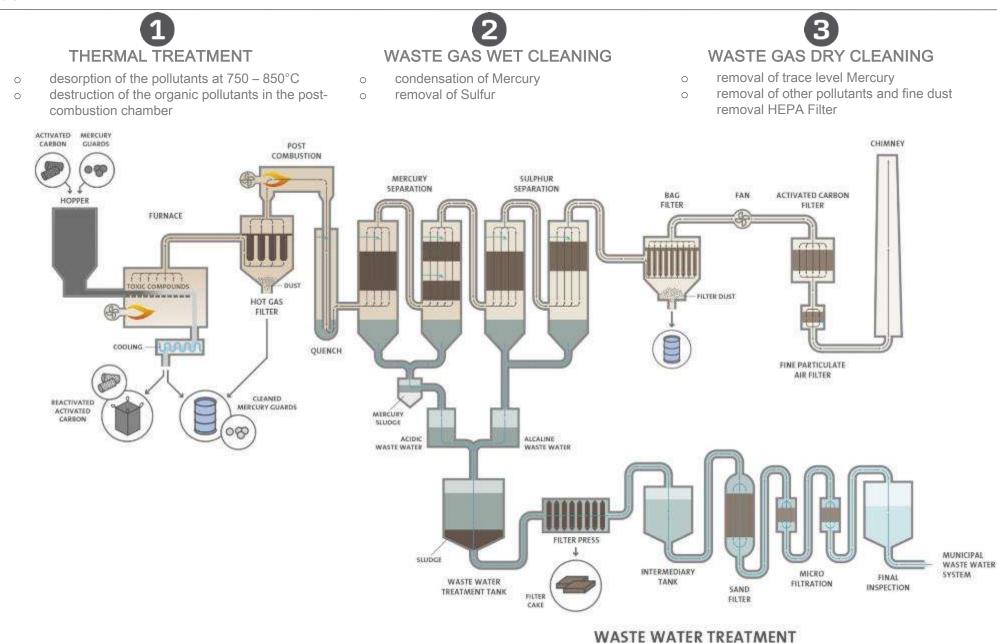
Decontamination Kiln



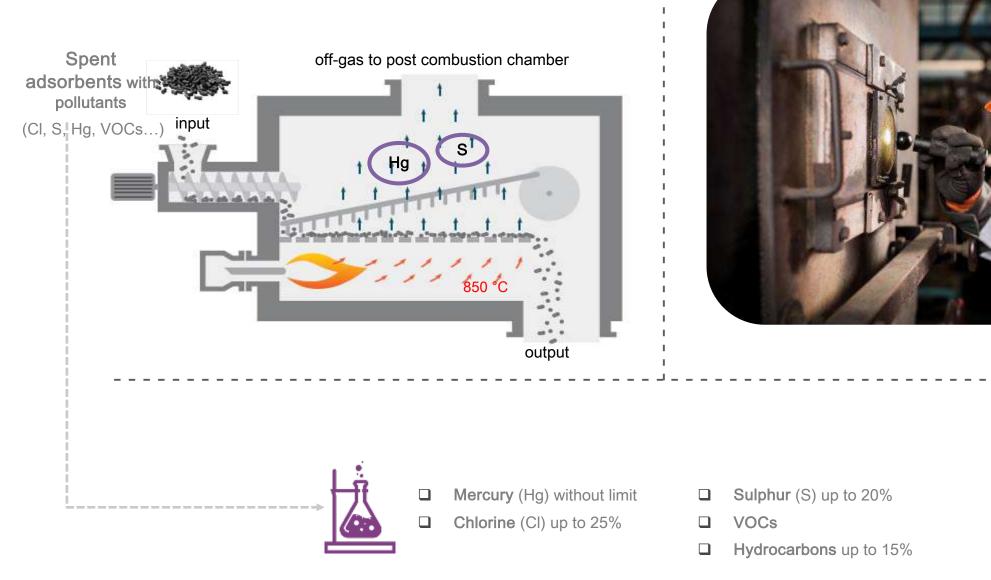


Treatment Process



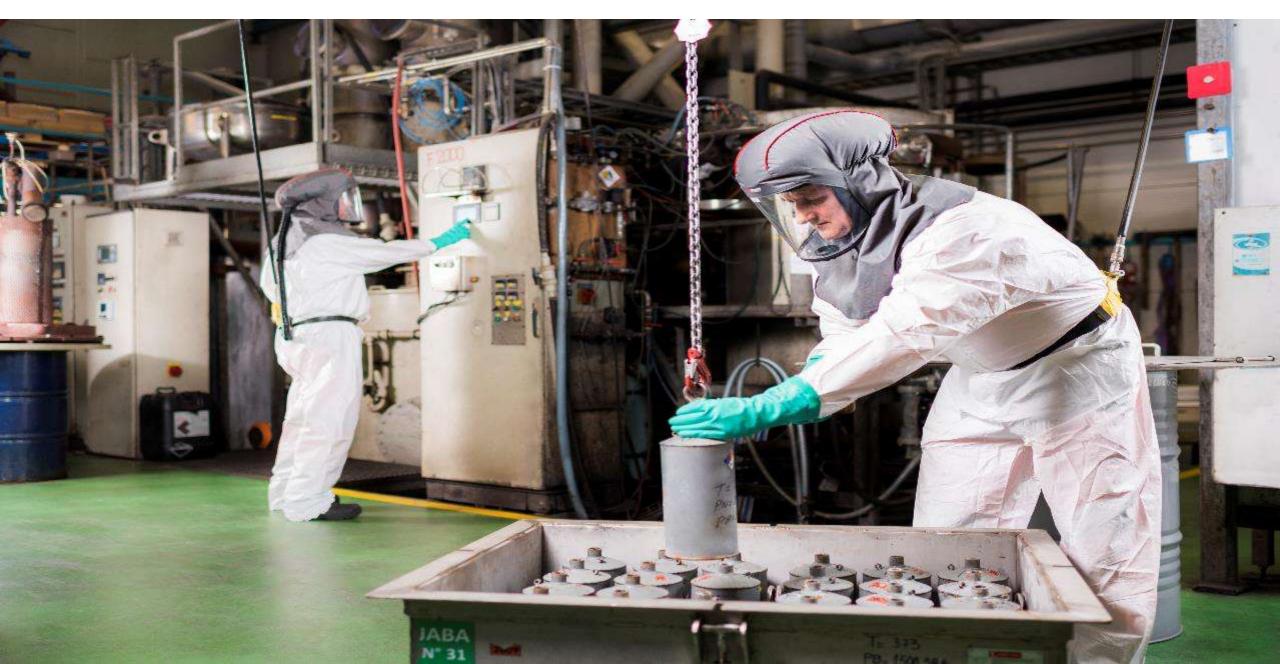




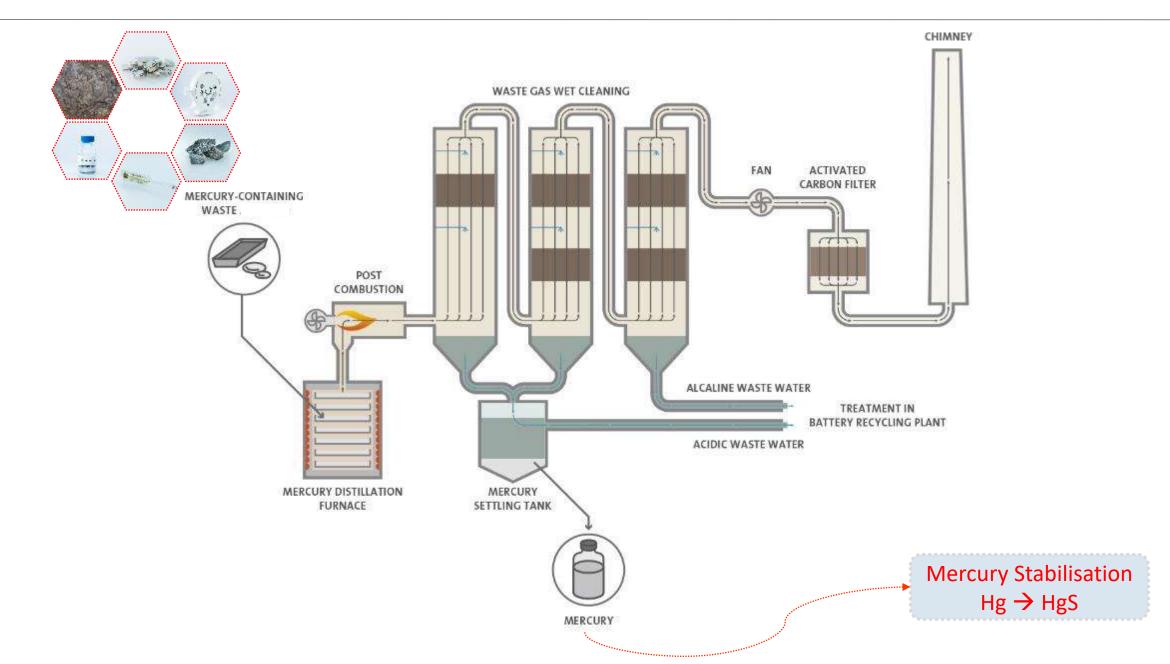


Mercury Operations



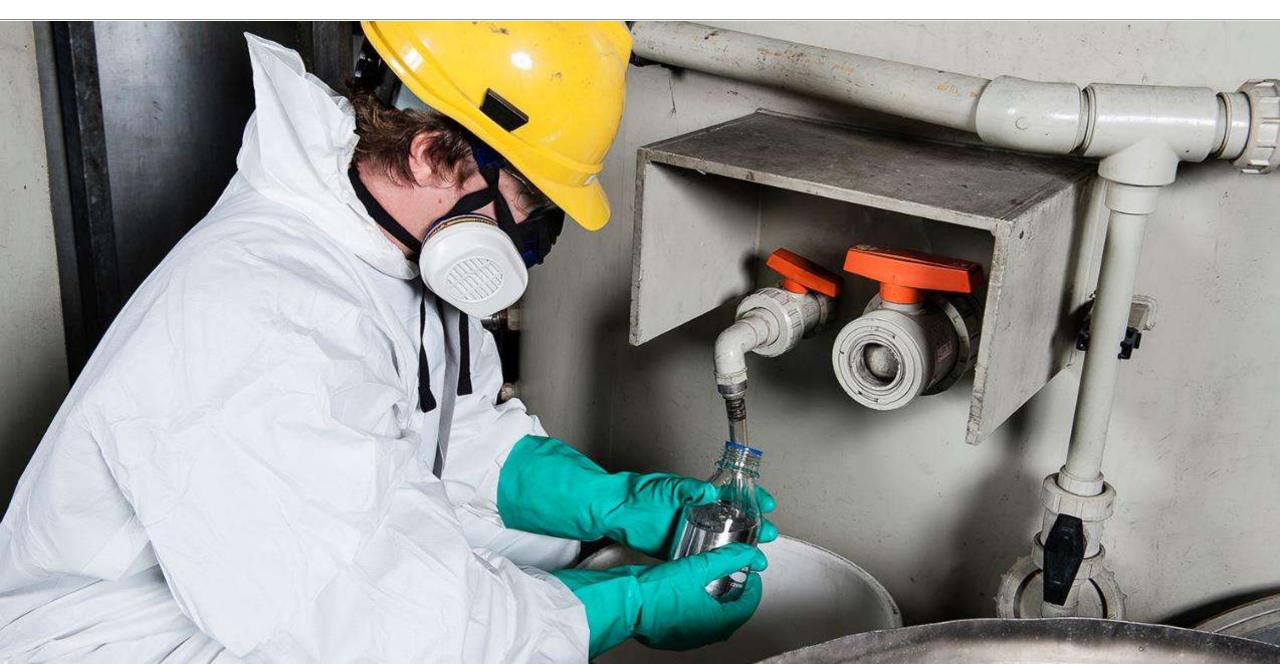






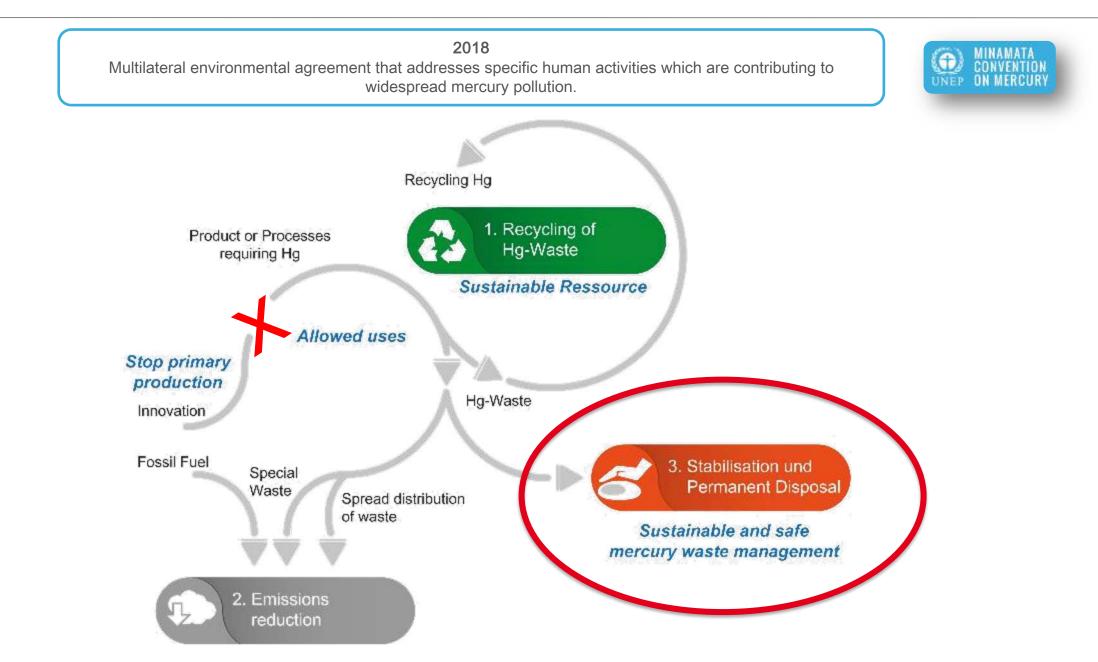
Distilled mercury – ready for stabilisation





Why Stabilise Mercury? - The Minamata Convention

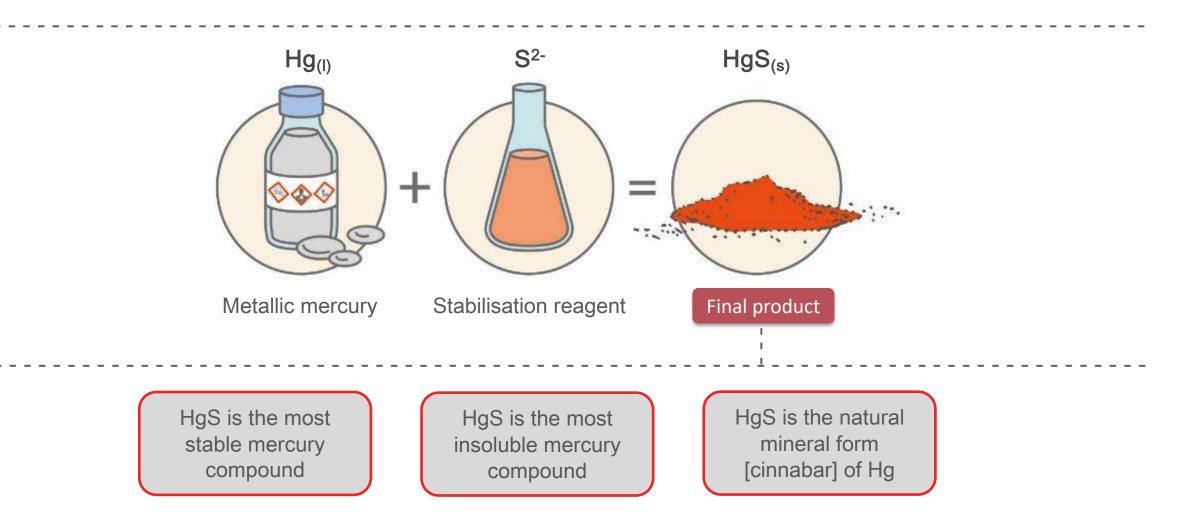






Convert Hg into HgS

Controlled reaction at ambient temperature and pressure → low risk, high conversion and consistent product

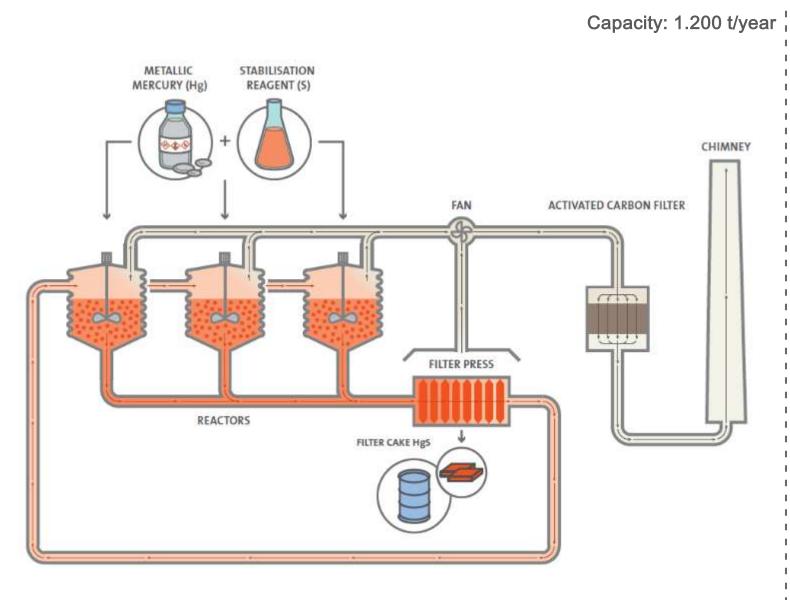


Mercury Stabilisation – Process



Process characteristics

- batch process \checkmark
- wet process at low temperatures in a closed \checkmark circuit limits the risk of Hg emissions
- no Hg vapour in the process \checkmark
- stabilisation solution is regenerated \checkmark → zero effluents produced
- simple reactants \checkmark





Mercury Stabilisation – The Result HgS or Cinnabar





Mercury Stabilisation – Disposal solution



Safe disposal of HgS in a salt mine K+S Herfa-Neurode (Germany) Long-term-safe removal of hazardous wastes from the biosphere



Acceptance

criteria



Shaft transport



Underground transport



Storage

chambers





Artificial barriers Waste packaging Brick walls...

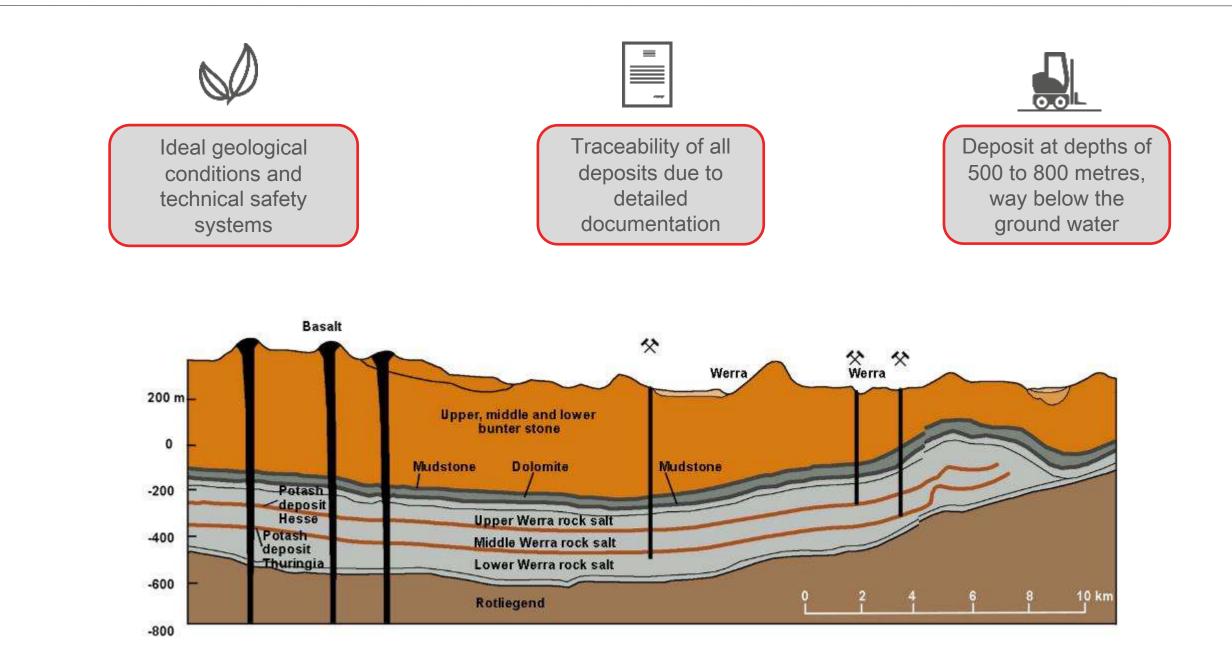
Restricted acceptance criteria e.g. Not biodegradable Not releasing gases Non-liquid Not radioactive No insufficient stability of geomechanical conditions













Thank you for your attention

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Questions and Answers

facilitated by Benoit Varenne, World Health Organization





Closing remarks

Grace Halla, GEF Chemicals and Wastes Unit, UNEP



