Appendix A:

Best Management Practices ("BMPs") for Minimization of Mercury Discharges from Dental Offices to the Sewerage System

Prepared by the Northeast Ohio Regional Sewer District in Cooperation with Representatives of the Ohio Dental Association and the Greater Cleveland Dental Society

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By making a check mark in the appropriate boxes (to indicate which, if any, of the recommended BMPs will be implemented at your office) and providing the requested information below, a signed copy of this document may be submitted to the Northeast Ohio Regional Sewer District ("NEORSD") as the required BMP Plan for this office. Additional pages may be attached, as necessary, to supplement this document.

If the practice at this office does <u>not</u> handle (place or remove) dental amalgam, you may make a check mark in this box and proceed directly to page 6 of this document. (If the practice at this office handles dental amalgam in any form, such as extractions of amalgam or extractions of teeth that contain amalgam, do <u>not</u> make a check mark in this box.)

Mandatory BMPs



Install a dental amalgam separator certified to meet a removal efficiency of at least 99% by ISO Standard 11143:1999. If the separator is not on the "Northeast Ohio Regional Sewer District Approved Dental Amalgam Separator Models" list, provide a copy of the certification to the NEORSD Mercury Program for approval before installing the unit. Keep documentation to show that you maintain the separator according to manufacturer's specifications. Your maintenance plan and maintenance records must be made available to NEORSD upon request.



Eliminate all use of bulk elemental mercury (also referred to as liquid or raw mercury). Use only precapsulated dental amalgam. Any bulk elemental mercury must be recycled or hauled away as hazardous waste. *It*



must <u>never</u> be poured into the regular trash, in with infectious waste (red bag), or down the drain. (You may contact NEORSD Mercury Program staff at 216-641-6000 or the Ohio Dental Association at 614-486-2700 for information on recycling bulk elemental mercury or dental amalgam.)



Limit the amount of amalgam used to the smallest appropriate size for each restoration. Keep a variety of amalgam capsule sizes on hand to more closely match the amount triturated to the amount needed in the restoration.



Change or clean chairside amalgam traps frequently. Flush the vacuum system before changing the chairside trap.



Change vacuum pump filters and screens at least once per month or as directed by the manufacturer.



All amalgam waste must be either recycled (preferred method) or hauled away as hazardous waste (acceptable alternative). Included are:

- Non-contact amalgam (scrap);
- Contact amalgam (e.g., extracted teeth containing amalgam);
- Amalgam/sludge captured by chairside traps, vacuum pump filters, screens, and other devices;
- Used amalgam capsules that visibly contain any mercury;
- Leaking or unusable amalgam capsules;
- Spilled mercury and or amalgam must be swept up immediately and placed into an amalgam recycling container. Any mercury should be cleaned up in accordance with proper procedures.

Amalgam waste must <u>never</u> be put in the regular trash, put in with infectious waste (red bag), or flushed down the drain. Amalgam-containing traps, filters, or screens must <u>never</u> be rinsed over drains or sinks.



Store amalgam waste in covered, segregated, and clearly labeled airtight plastic containers or as directed by your recycler.



Maintain a log of amalgam waste generation and recycling/disposal. Documentation of all amalgam waste recycling and disposal must be obtained from your recycler or hazardous waste hauler, kept on file, and made available to the NEORSD upon request.



Train all staff that handles or may handle mercury-containing material in its proper use and disposal.

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Use, when appropriate, mercury-free alternatives to amalgam (e.g., gold, ceramic, porcelain, composites, polymers, glass ionomers, cold silver, gallium).
Clean or replace under-sink traps and sumps, taking care to avoid spillage of the contents from plumbing parts. Remove sludge that may contain mercury, and have it recycled or hauled away as hazardous waste.
Install clear plastic, easily removable under-sink P-traps, and have the contents recycled or hauled away as hazardous waste if they may contain inadvertently spilled mercury-containing material.
Use disposable chairside amalgam traps instead of reusable traps in your cuspidor and vacuum system, and have the disposable traps recycled or hauled away as hazardous waste.
Maximize the use of the high-speed suction (vacuum) system, because it captures more of the amalgam waste than does the coarse screen in a cuspidor.
During amalgam restoration/extraction procedures, remove wet cuspidors from service and rely solely upon the high-speed suction (vacuum) system to remove debris and saliva.
Avoid using sodium hypochlorite (bleach) to disinfect vacuum lines, because it dissolves mercury out of amalgam.
Obtain mercury spill kits, place them in appropriate easy-to-access locations, and immediately use them as directed by the manufacturer for any spill of mercury-containing material. All spilled mercury-containing material must be recycled or hauled away as hazardous waste.
Implement a program to have mercury-containing thermostats, switches, and fluorescent light bulbs recycled when they are replaced. Thermostats and switches should be replaced with mercury-free alternatives.
Describe below any additional BMPs for mercury discharge minimization that you may have identified and plan to implement.

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Please provide the following information to the best of your ability.

1.	List the individuals, including all the dental care practitioners at your office, who are responsible for developing, implementing, and practicing under this BMP plan, and designate one individual who has the primary responsibility for it:
2.	List and describe all identified potential sources of mercury or mercury-containing materials that could enter the sewerage system from this office:
3.	currently implementing for mercury discharge minimization. (See previous pages of
	this document for examples.) Also, please provide any information that you may have obtained regarding the effectiveness of the BMPs:

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Provide information from any technical/economical evaluation that you may have
performed on BMPs for mercury discharge minimization:

4. Provide a schedule for implementation of the BMPs that you have indicated will be implemented for mercury discharge minimization at this office. *Implementation of all mandatory BMPs should begin as soon as possible and must begin no later than 90 days from the date of the BMP Plan.*

5. Describe any methods that you may have identified for measuring progress toward the BMP Plan goal and updating this BMP Plan (e.g., documenting increased utilization of mercury-free alternatives, researching new BMPs, etc.):

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Your Name:
Office Address:
Mailing Address (if different from Office Address):
TO Lock on March 1997
Telephone Number:

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If this document is to serve as your required BMP Plan for mercury discharge minimization, send one completed copy of it for each office at which you practice \underline{no} later than August 1, 2014 to the address below:

Date

Your Signature

Attn: Dental Program
Northeast Ohio Regional Sewer District
4747 East 49th Street
Cuyahoga Heights, OH 44125