



Australian Dental Association Inc.

**Submission to the Australian Government, Department of the
Environment, Water,
Heritage and the Arts on
A National Waste Policy – Consultation Paper**

19 May 2009

**Authorised by
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ABOUT THE AUSTRALIAN DENTAL ASSOCIATION

The Australian Dental Association Inc. (ADA) is the peak national professional body representing about 10,000 registered dentists engaged in clinical practice. ADA members work in both the public and private sectors. The ADA represents the vast majority of dental care providers.

The primary objectives of the ADA are:

- to encourage the improvement of the oral and general health of the public and to advance and promote the ethics, art and science of dentistry, and
- to support members of the Association in enhancing their ability to provide safe, high quality professional oral health care.

There are Branches in all States and Territories other than in the ACT, with individual dentists belonging to both their home Branch and the national body. Further information on the activities of the ADA and its Branches can be found at www.ada.org.au

The ADA thanks the Department of Environment, Heritage and the Arts for the opportunity to respond to the consultation paper on *A National Waste Policy: Managing Waste to 2020*.

The Australian Dental Association's Victoria Branch (ADAVB) has made a submission to this consultation paper which is endorsed by ADA Inc.

The ADA would like to make the following comments in relation to the following questions posed in the paper.

Are there opportunities to further coordinate, harmonise or streamline approaches to waste management across jurisdictions?

The ADA would like to make the point that national guidelines exist for waste management in the health care industry such as those published by the NHMRC, however many of these are aimed at institutional settings like hospitals and do not cater for small office based practices such as dental surgeries.

Standards and Guidelines for Infection Control in Dental Practice (2008) published by ADA Inc, makes the following statements on waste management:

“Management of medical and related waste must conform to the local State or Territory regulations and AS/NZS 3816. Waste in the dental practice should be separated according to its category (medical or non-medical) at the point of generation, using appropriately colour coded and labeled containers according to AS/NZS 3816. Medical waste includes recognizable human tissues (excluding teeth) and material or solutions containing free flowing blood. Such waste must be placed in appropriate leak resistant bags and then yellow containers bearing the international black biohazard symbol and clearly marked medical waste. Standard precautions (gloves, mask, protective eyewear) must be used when handling medical waste bags and containers. These must not be overfilled and must not be compacted by hand.

Medical waste and hazardous waste (some chemicals and mercury used in dental practice) must never be disposed of at local refuse tips. Medical waste and sharps containers must be stored securely before collection by licensed waste contractors for final disposal using approved technologies by licensed/accredited contractors.

Extracted teeth may be given to the patient or wrapped before disposal in the general waste. In some States/Territories it is illegal to incinerate teeth restored with amalgam, therefore those teeth must not be placed in medical waste or the sharps container.”

The variation in approaches to the disposal of extracted teeth containing amalgam across Australian jurisdictions offers a clear opportunity to improve national consistency.

The use of amalgam has declined dramatically in recent years however, many people have amalgam fillings. Even if no new amalgam fillings were placed, dental practices would still be removing amalgam fillings for many years to come. As dental waste includes small amounts of mercury in the form of waste dental amalgam, ADA Inc has also developed guidelines on best management practice in handling amalgam waste (*See attached Policy Statement 5.15 Amalgam Waste Management*). This forms part of the national policy framework for the dental profession, however each State and Territory approaches the issue in a different way. An opportunity exists for a more coordinated approach such as the successful model developed in Victoria described below.

The ADAVB has been working in partnership with the EPA Victoria and Victorian water boards to promote the use of ISO 11 143 compliant amalgam separation technology via the “Dentists for Cleaner Water Project”. More information on this project is available at:

www.adavb.net/DentistsforCleanerWater/tabid/555/language/en-US/Default.aspx

The ADA recommends the introduction of similar technology via such a scheme throughout Australia.

Do the current waste management frameworks across jurisdictions:

- ***deliver an effective regulatory framework?***
- ***provide an appropriate suite of approaches to address waste and resource recovery issues?***
- ***work effectively in conjunction with planning and other environmental legislation?***
- ***provide the right incentives to manage materials, products and waste sustainably and holistically?***
- ***need improving, and if so, how could this be done?***

In the interests of public health and safety, infection control requirements are paramount. However the ADA feels that the waste produced as a consequence of the extensive use of plastic barrier protections, and packaging of single use items warrants consideration. To ensure patient and practitioner safety, hospitals and dental practices are amongst the most significant waste producers in the health sector.

The ADA therefore recommends that research be conducted into the life cycle of such various wastes produced in healthcare to determine if alternative materials and / or approaches could be used with less environmental impact.

Australia needs to safely manage hazardous waste and waste containing hazardous materials over the long term.

- ***Are there any changes to current arrangements that would improve Australia's capability to safely manage hazardous waste, for example in regard to adequate infrastructure or disclosing the contents of goods and substances?***

The most hazardous waste associated with dental treatment is mercury. In the form most commonly encountered however, the mercury is bound into amalgam filling materials and so is not a handling hazard. Its hazardous status attaches to waste management, and is chiefly determined by the uses to which sewerage biosolids are put when recycled for agricultural or fuel purposes.

As mentioned previously, the ADAVB has conducted the Dentists for Cleaner Water Project which is now well advanced in promoting the installation of amalgam separation technology in Victorian dental practices. The only concern relates to the fact that there is only one licensed mercury recycling plant in the country (*Ecocycle* in Campbellfield, Victoria), which means they have monopoly control over the recycling market.

ADA Inc therefore encourages the development of mercury recycling plants in Australia to stimulate local competition.

There are a number of approaches to product stewardship operating in Australia.

- ***What, if any, role is there for a national approach and what would be the costs, benefits, opportunities and focus of such an approach?***
- ***What models might work in Australia?***

The ADA recommends establishing battery and light globe recycling facilities at point-of-sale. This would provide opportunity for both commercial and domestic consumers to return used items when purchasing new ones. This initiative could be supported with a deposit system similar to the South Australian regulated container deposit scheme.

What, if any, place should there be for approaches that seek to avoid waste through changes in design, production processes and transport?

ADA Inc supports strengthening the National Packaging Covenant, which encourages good practice across a wide range of manufacturers and distributors, through major education campaigns.

As most of the original packaging materials are determined internationally, unfortunately the Covenant can only potentially influence the way that local distributors package goods for delivery to health practices.

The ADA therefore recommends taking steps to make the National Packaging Covenant an international code.

In what ways can waste management and resource recovery (including recycling, re-processing, re-manufacturing) industries add further value to the economy and create employment?

The ADA believes it is important to advise the public that the cost of steps taken by dentists and other healthcare professions to protect the environment will inevitably need to be passed on to consumers. Extra work is involved in segregating and processing different forms of waste. Whether it is within a dental practice or within waste management agencies that offer their services to assist dental practices and other healthcare facilities, this extra work will need to be paid for. The overheads of running a dental practice are already high. These extra costs will be passed on to taxpayers and consumers of dental services.

The ADA recommends, that in conjunction with the introduction of the various initiatives proposed, the public through both government announcements and advertising of the introduction of such measures be informed that the introduction of the measures will come at the expense of increased costs for services.

Thank you for the opportunity to comment.

A handwritten signature in black ink, appearing to read "Neil D Hewson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dr Neil D Hewson
Federal President

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