Standard operating procedure (SOP) · DEN-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 31.10

At a glance

- Amalgam waste is collected in a closed, labelled container.
- Amalgam waste is never flushed to a drain.
- A separator or equivalent collection is in use and serviced on schedule.
- Disposal is by a licensed contractor and recorded (WST-SOP-001).
- Stop and get help straight away if: amalgam waste is flushed to a drain.

1. Purpose

To stop mercury from amalgam waste entering water and the environment (31.10).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Dental amalgam contains mercury. Waste from it, if thrown out or washed down a drain, releases mercury into the environment. Collecting and storing it safely prevents that.

5. Responsibilities

Role	Responsibility	Competence
Clinical director	Owns the amalgam waste route and the contractor	Medical director
Dental nurse or assistant	Collects and labels the amalgam waste	Clinical director

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Collect.

- Place amalgam waste and extracted fillings in the closed, labelled container.

Key point: Collected.

Step 2. Separate.

- Keep the separator in service and record its service.

Key point: Separated.

Step 3. Dispose.

- Hand the container to the licensed contractor and keep the disposal record.

Key point: Disposed.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Separators serviced on schedule	100%	Quarterly	Clinical director	Escalate to the medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
WST-SOP-001	Waste management	Procedure

17. Evidence

Reference	Note
E-009	
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Hand Hygiene and Standard Precautions (T-06)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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