

Resolution 139/2009 ARGENTINE MINISTRY OF HEALTH
Feb. 19, 2009
PUBLIC HEALTH PLAN FOR MINIMIZATION OF EXPOSURE TO /
REPLACEMENT OF MERCURY

Published in the Official Ministry Bulletin, Feb. 23, 2009
Number: 31600
Page: 11

Summary:
PLAN FOR MINIMIZATION OF EXPOSURE AND REPLACEMENT OF
MERCURY IN THE HEALTHCARE SECTOR. INSTRUCTIONS FOR
ARGENTINE HOSPITALS AND HEALTHCARE CENTERS ON NEW SUPPLY
PURCHASING PROCEDURES.

Ministry of Health
PUBLIC HEALTH
Resolution139/2009

Plan for minimization of exposure to and replacement of mercury in the
healthcare sector. Instructions for Argentine hospitals and healthcare centers on
new supply purchasing procedures.

Buenos Aires, 2/19/2009

IN VIEW OF file 2002-5739-08/1 of this Ministry's records, and

WHEREAS:

It is the Ministry of Health's job to advocate the reduction of exposure to
inevitable hazards and eliminate those in excess in keeping with national health
policies and the international commitments adopted with the country's adhesion
to the 1992 Earth Summit Earth Charter and Agenda 21;

Agenda 21, Chapter 6, point E (Promotion and Support of Good Health)
expresses the need for reducing health risks derived from pollution and
environmental hazards.

The risks derived from exposure to heavy metals are considered one of the most
identifiable threats to childhood health.

Mercury is a heavy metal with a high-potential toxic impact on ecosystems,
because its biochemical cycle produces various compounds capable of negative

interaction with elements from the physical and natural environment. The transformation of mercury from metallic and inorganic to organic forms, through the intervention of microorganisms in the soil and water causes the formation of liposoluble organic mercury compounds easily absorbed by cellular membranes.

Organic forms of mercury characteristically enter the food chain, in which bioaccumulation, bioconcentration and biomagnification occur; through these processes mercury constitutes a food contaminant for those people exposed, particularly those who consume fish and seafood.

Given the continued rise in toxic mercury levels on the planet, the Governing Council of the United Nations Environment Program (UNEP) has concluded that there is sufficient evidence to warrant international action to reduce the global risks to humans and life in general posed by mercury emissions in the environment.

This metal is widely used in medical supplies and devices whose disposal, rupture or leakage contribute not only to potential alterations in the quality of hospital environments, but also significantly add to the global environmental effects of this toxin.

In keeping with the framework established by mutual accord between the members of the INTERGOVERNMENTAL FORUM on CHEMICAL SAFETY, once a health risk to people and the environment is identified, governments and involved industries must commit to adopting measures to prevent or reduce exposure.

The WORLD HEALTH ORGANIZATION published a position paper supporting the need to replace the use of mercury in the healthcare sector and sustains that healthcare centers are one of the main sources of mercury release into the atmosphere, due to the emissions caused by incinerating medical waste and leakage of metallic mercury, especially that used to make dental fillings.

The UNIVERSITY OF BUENOS AIRES MEDICAL SCHOOL, Dept. of Toxicology, expressed its support for the need to progressively eliminate the use of mercury in healthcare supplies and replace it with more environmentally safe alternatives; such alternatives exist and are available for most uses of mercury in the medical field.

The shift towards these alternatives voluntarily initiated in many hospitals in Argentina is proving satisfactory and, in addition to concrete reduction of risks, has lowered costs in the short term.

In a strategy aimed at eradicating the industrial use of this metal, on June 16, 2007, the European Parliament approved a regulation prohibiting both the export

of mercury from the EU to other countries and the use of mercury-containing devices.

Chemical-risk matters took priority in a meeting of the Advisory Committee convened by the PAHO/WHO (1999); the MINISTRY OF HEALTH participated through the HEALTHCARE WORKERS' PROGRAM to formulate a plan for regional technical cooperation among Healthcare Workers.

In the MERCOSUR Sub-group VI meeting in Montevideo, Uruguay in Dec. 2007, the group agreed to prioritize reducing the health and environmental risks associated with work processes in the healthcare sector; it also agreed upon working to minimize the use and production of goods and supplies which contain mercury and advocate their replacement in the MERCOSUR zone.

Government Decree No. 20 of Dec. 13, 1999 grants the MINISTRY OF HEALTH the power to adopt the necessary measures to protect the public's health in the event that any risk factor is detected which poses a threat thereto.

The GENERAL DEPT. OF LEGAL AFFAIRS has taken the intervention under its jurisdiction.

This measure is passed in accordance with the provisions of the Law of Ministries, TO. 1991, amended by Law No. 26,338.

Therefore, the MINISTER OF HEALTH does hereby RESOLVE that:

Article 1 – The MINISTRY OF HEALTH shall adopt the policy of the WORLD HEALTH ORGANIZATION in defining a plan to minimize exposure to mercury and replace its use in the healthcare sector.

Article 2 – All hospitals and healthcare centers shall be instructed that newly acquired clinical sphygmomanometers and thermometers must be mercury-free according to the new supply purchasing procedures.

Article 3 – The NATIONAL DEPT. OF HEALTH AND RESEARCH DETERMINANTS shall create a TASK FORCE composed of dental, medical technology and environmental healthcare professionals in charge of:

- a) discussing the feasibility of a national plan to progressively restrict the use of mercury in equipment or in medical and dental practices, and evaluate the possible alternatives available and the timeframe needed to achieve a substantial decrease in mercury pollution emanating from the health sector;
- b) revising healthcare center protocols for cleaning and handling mercury waste;
- c) collaborating with the different areas responsible for training healthcare professionals, technicians, administrative personnel, maintenance and teachers regarding current sanitation, labor and environmental regulations;

safe practices for handling and storage; how to respond to minor spills; and use and upkeep of protective equipment;

- d) considering these steps as the first stage in an eventual phase-out of mercury in the country;
- e) convening professionals, technicians and organizations both from within and outside the healthcare sector, whose advice and support is relevant to the proposed objectives.

Article 4 – Invite the provinces to start an inventory of existing supplies, equipment and devices containing mercury in healthcare centers, and evaluate possible substitutions, the timeframes and budgets they would require and the feasibility of an adequate supply.

Article 5 – Communicate, publish and deliver for official filing with the National Registrar's Office.

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