

RX DESTROYER

EMS EDITION

Controlled Substance Waste Readiness Guide

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Controlled Substance Disposal in EMS



Emergency Medical Services (EMS) crews handle controlled medications in unpredictable settings.

The process still has to account for what was administered, what remained, who witnessed the waste and what happened to the filled container.

The Drug Enforcement Administration's final rule implementing the Protecting Patient Access to Emergency Medications Act of 2017, commonly referred to as PPAEMA, became effective on March 9, 2026. The rule created a new EMS Agency DEA registration category, establishing for the first time a purpose-built federal framework specific to EMS controlled substance programs, and clarified requirements related to controlled substance delivery, storage, administration and record keeping.

Controlled substance destruction requirements under **21 CFR 1317.90 and 1317.95** apply to EMS agencies and are not altered by the PPAEMA rule. EMS agencies must continue to meet these requirements when wasting or disposing of controlled medications.



Purpose of This Guide

This guide helps EMS agencies evaluate the portion of their controlled substance program involving:

- Partial-dose medication waste
- Witnessing and documentation
- Disposal container placement and security
- Filled-container management
- Final disposal workflows

It does not provide a complete interpretation of every requirement established under PPAEMA or the Controlled Substances Act.

Who Should Use This Guide?

This guide may support reviews conducted by:

- **EMS agency leadership**
- **Medical directors**
- **Compliance and quality personnel**
- **Clinical operations leaders**
- **Pharmacy or medication-management personnel**
- **Training and education teams**
- **Logistics and waste-management personnel**

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How to Get Started

1. Review the three controlled substance waste scenarios.
2. Complete the Workflow Readiness Assessment.
3. Identify questions requiring additional review.
4. Evaluate where a medication disposal solution may support the workflow.
5. Use the action plan to assign ownership and next steps.

DISCLAIMER

This guide is provided for general informational purposes only and does not constitute legal, regulatory or medical advice. Federal requirements provide a baseline; state, tribal, local, environmental, medical-control and organizational requirements may impose additional obligations.

Use of this guide does not determine or certify compliance. Agencies should consult their medical director, legal counsel and applicable regulatory authorities before making program decisions.

Identifying the Controlled Substance Waste Event



The term “disposal” can describe several different events. Identifying the event before selecting a disposal method helps the agency follow the appropriate process.

SCENARIO 1

Residual Medication After Patient Administration

EXAMPLE

A clinician administers part of a morphine vial to a patient. Medication remains in the vial or syringe.



Questions your process should answer:

- Who confirms the amount administered and the amount remaining?
- Where does the partial-dose wasting occur?
- What method does the agency use to dispose of the residual medication?
- Who witnesses the event?
- What happens when the preferred witness is unavailable?
- Where is the event documented?
- How does the agency reconcile the administered and wasted amounts?

Rx Destroyer may support the physical medication-disposal step within this workflow when the product is used according to its instructions and agency policy.

SCENARIO 2

Expired, Damaged or Unused Inventory

EXAMPLE

A sealed controlled medication expires, becomes damaged or must be removed from active inventory without being administered.



Questions your process should answer:

- Who removes the medication from active inventory?
- Where is it secured while awaiting disposition?
- How does the agency maintain inventory accountability?
- What authorized destruction or transfer pathway applies?
- Who completes and retains the required records?
- How does the agency confirm final disposition?

Expired, damaged or otherwise unused inventory may require reverse distribution, qualifying on-site destruction or another authorized process. On-site destruction of expired or unused inventory carries additional federal documentation requirements. Agencies completing on-site destruction must prepare a **DEA Form 41** identifying each substance by name, schedule, dosage form, strength and quantity, and must have two witnesses personally observe the destruction and sign the record upon completion.

Agencies should not assume that partial-dose waste procedures satisfy the requirements applicable to inventory destruction.

Identifying the Controlled Substance Waste Event



SCENARIO 3

A Filled Medication Waste Container

EXAMPLE

A medication disposal container reaches its designated capacity or use limit and must be removed from service.



Questions your process should answer:

- Who determines when the container is ready for replacement?
- How is the container closed and secured?
- Where is it stored while awaiting removal?
- Who documents the removal?
- What medications or waste types may be present?
- What final disposal endpoint applies?
- What shipment, receipt or destruction records must the agency retain?

Final disposition may depend on:

- The medications placed into the container
- Product instructions
- Environmental regulations
- Whether hazardous pharmaceutical waste is present
- State and local waste requirements
- Agency or receiving-facility policy

A managed endpoint, such as an **Incineration Mail-Back program** or approved waste contractor, may help an agency document the container's movement through final disposal.

Mail-back or incineration is not a universal federal requirement for all filled containers. However, state environmental and hazardous pharmaceutical waste regulations may require it depending on the medications present. Agencies handling Schedule II opioids or other National Institute for Occupational Safety and Health (NIOSH)-listed hazardous drugs should confirm whether state or local requirements mandate a managed incineration endpoint for filled containers holding those agents.

TWO RELATED DECISIONS

Rendering a controlled medication non-retrievable and determining how to manage the filled container are related but separate decisions.

Meeting a controlled substance destruction standard does not automatically resolve every environmental, hazardous-waste or organizational requirement governing the filled container.

EMS Controlled Substance Waste Readiness Assessment



QUESTION	YES	NO	NEEDS REVIEW
PROGRAM OWNERSHIP			
Has the agency assigned responsibility for its controlled substance program?	☐	☐	☐
Does the policy distinguish partial-dose waste from expired or unused inventory?	☐	☐	☐
Does the policy address filled medication waste containers?	☐	☐	☐
FIELD WORKFLOW			
Can personnel access the approved disposal method where controlled medications are administered?	☐	☐	☐
Does the same approved process apply across units, stations and shifts?	☐	☐	☐
Does the policy explain what personnel should do when the standard process cannot be completed?	☐	☐	☐
DOCUMENTATION AND WITNESSING			
Does the record capture the controlled substance name, strength or concentration and date?	☐	☐	☐
Can personnel document the amount administered and the amount disposed of?	☐	☐	☐
Does the record identify the administering or disposing individual?	☐	☐	☐
Does the record identify the authorizing medical professional?	☐	☐	☐
Does the policy define who may serve as the witness and does the record identify the witness when applicable?	☐	☐	☐
Can the agency reconcile inventory, administration and waste records?	☐	☐	☐
SECURITY AND CONTAINER MANAGEMENT			
Are medication waste containers protected against unauthorized access?	☐	☐	☐
Are portable or vehicle-based containers secured against removal?	☐	☐	☐
Does the policy define who may access or replace a medication waste container?	☐	☐	☐
Do personnel know when a container should be removed from service?	☐	☐	☐
Is there a secure location for filled containers awaiting final disposition?	☐	☐	☐
FINAL DISPOSITION			
Has the agency established an approved endpoint for filled containers?	☐	☐	☐
Has the agency reviewed applicable state, local and environmental requirements?	☐	☐	☐
Can the agency document the final disposition of filled containers and retain applicable shipping, receipt or destruction records?	☐	☐	☐

ANALYZE YOUR RESULTS

A "No" or "Needs Review" response does not independently establish noncompliance. It identifies an area that may require additional review by agency leadership, medical direction, legal counsel, compliance personnel or another qualified stakeholder.

NEXT STEP

If your assessment identified potential gaps in disposal accessibility, container security, documentation support or final disposition, the next section explains where Rx Destroyer may support the workflow.

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Where Rx Destroyer Fits



Rx Destroyer uses **chemical digestion** to render controlled substances non-retrievable, the standard required by 21 CFR 1317.90. Activated carbon helps bind pharmaceutical compounds as part of the disposal process. This supports the physical destruction step within the agency's broader controlled substance accountability program.



Depending on the selected product and configuration, Rx Destroyer can help an agency:

- Establish a consistent process for partial-dose medication waste.
- Place a medication disposal option near the point of care.
- Select a container size suited to the agency's anticipated volume.
- Support use in vehicles, stations or other approved locations.
- Secure containers using compatible mounting or security accessories.
- Pair the medication disposal step with the agency's witness-waste documentation.
- Establish a managed final endpoint through an Incineration Mail-Back program option, particularly important for agencies handling Schedule II opioids or NIOSH-listed hazardous drugs, where a documented incineration endpoint may be required by state or local environmental regulations.

USING YOUR ASSESSMENT RESULTS

Use the areas identified in your assessment to determine which product sizes, placement options, security accessories, documentation resources and final disposal options require further review.

What Remains the Agency's Responsibility

The agency remains responsible for:

- DEA registration and agency policy
- Medication inventory and electronic Patient Care Report (ePCR) systems
- Witness eligibility and exception procedures
- Medication discrepancy review
- Staff training and operational oversight
- State, local and environmental requirements
- The authorized pathway for expired or unused inventory
- Final approval of the complete controlled substance workflow

Rx Destroyer supports the medication-disposal step within the agency's broader controlled substance program. Use the following action plan to assign ownership and address the areas identified in your assessment.

Turning Readiness Findings Into Action



Review the questions marked “No” or “Needs Review” and use them to identify your agency’s next steps.

1 Assign an Owner

Name the individual or team responsible for coordinating updates to the controlled substance waste process and tracking them through completion.

2 Map the Workflow

Walk through what happens from medication administration through documentation and final disposal. Note where field practice differs from the written policy.

3 Address the Identified Gaps

Separate the procedures for partial-dose waste, expired or unused inventory and filled containers. Confirm that the disposal method, security controls, documentation and final endpoint work together.

4 Test the Process with Crews

Use realistic field scenarios to confirm that personnel can follow the updated process. Document any points of confusion or delay and review the workflow again after implementation.

Readiness Action Plan

PRIORITY GAP	REQUIRED ACTION	ASSIGNED OWNER	TARGET DATE	REQUIRED REVIEW OR APPROVAL

Regulatory References



01 Drug Enforcement Administration. *Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017.* Final Rule. 91 FR 5216. Published February 5, 2026. Effective March 9, 2026.

02 21 CFR § 1304.27: *Additional Recordkeeping Requirements Applicable to Emergency Medical Services Agencies*

03 21 CFR §§ 1317.90 and 1317.95: *"Methods of Destruction" and "Destruction Procedures"*

04 Drug Enforcement Administration, Diversion Control Division. *Disposal and Destruction Questions and Answers.*

NON-RETRIEVABLE UNDER 21 CFR 1317.90

A controlled substance is considered non-retrievable when it has been permanently and irreversibly altered such that it can no longer be transformed back into a physical or chemical condition or state as a controlled substance or controlled substance analogue. Meeting this standard satisfies the federal destruction requirement for that substance. State, local and environmental requirements may impose additional obligations governing the filled container, the disposal method or the final endpoint.

Requirements may vary based on jurisdiction, agency structure, registration status, medication type and disposal method. Organizations are responsible for determining and complying with all federal, state, tribal, local and organizational requirements applicable to their operations.

Product selection and use should follow the product's instructions, medication compatibility, agency policy and all applicable requirements.

DID THE ASSESSMENT IDENTIFY AN AREA THAT NEEDS ATTENTION?

Ready to review your EMS medication waste workflow?

Rx Destroyer can help you compare product configurations based on where and how your crews manage partial-dose medication waste. Our team can help you evaluate:

- Container size and formula options
- Vehicle and station placement
- Mounting and security accessories
- Witness-waste resources
- Incineration Mail-Back program options

DISCLAIMER

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CONTACT US

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DRUG DISPOSAL QUESTION?

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REGULATORY REVIEW

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