



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 86-19

No. 00-06

Date: 08/24/00

**Re: Security of Drug Boxes
and Drug Paraphernalia on
EMS Response Vehicles**

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This policy is designed to clarify the minimum requirements of the NYS Codes, Rules and Regulations specific to the security of medications and authorized controlled substances as well as needles and syringes utilized in the (EMS) environment. Local REMACs may have additional requirements in place. It is each agency and individuals responsibility to become familiar with all appropriate requirements within the state and their region.

Part 800.23 (f) of the New York State Emergency Medical Services Code states that for each ambulance carrying controlled substances, drugs or needles, there shall be a securely locked cabinet in which these items are stored when not in use. Additionally, 80.136 (4) (i)(ii) requires that controlled substances be locked in a box within a locked stationary cabinet under a two-lock system using different keys.

These laws, rules and regulations will be interpreted as follows for ambulance, EASV or ALS first response vehicles carrying these materials:

1. Drug boxes or bags holding syringes or needles (used or unused), IV starter sets containing syringes and/or needles, non-controlled drugs, (items not found in Article 33 PHL) shall be kept in a key-locked compartment within the ambulance vehicle at all times when not being used for patient care purposes. The drug box or bag need not be locked inside the compartment.

Agencies using sharps disposal bins will be considered to be in compliance with the security requirements so long as the disposal container is secured in the vehicle and the manufacturer's original security/safety barrier is intact. Agencies which carry smaller disposal bins such as the ones carried in "first-in bags", are reminded that these types of disposal bins still need to be stored within the locked cabinet.

Non-medicated IV solutions and oxygen do not need to be locked, but do need to be secured within the vehicle.

2. Drug boxes or bags holding authorized controlled substances (items found in Article 33 PHL, ie: morphine and/or diazepam) must be double locked at all times using a two different key lock system, when not being used for patient care purposes. This means that the container holding the controlled substances must be locked and stored inside a key locked compartment within the ambulance, EASV or ALS first response vehicle in accordance with the approved agency controlled substance plan.

If a soft style first in bag is to be used in conjunction with controlled substances, the container holding the controlled substances must be constructed of a hard rigid plastic or metal and must be able to be locked with a key.

The requirement for securing of controlled substances may also be accomplished by having the approved certified and authorized personnel maintain direct possession of controlled substances while on duty. Individuals are not allowed to carry controlled substances on their person while "on call".

3. For the purpose of this policy, a locked ambulance, EASV or ALS first response vehicle will be considered a locked cabinet so long as all compartments and doors are able to be secured and are fully operational.

An ALS ambulance, EASV or ALS first response vehicle not carrying controlled substances may keep an unlocked drug box outside a compartment so long as the vehicle is locked at all times. In this instance the vehicle is the cabinet.

If controlled substances are a part of the medication formulary, a two key locking system is required. One of these systems may be the locked ambulance, EASV or ALS first response vehicle.

4. Access to drugs, controlled substances and needles must be carefully monitored. In most cases, only properly certified and authorized personnel should have access to or possess keys which allow access to these items. Each agency needs to develop policies addressing these issues in accordance with regional and state guidelines. Agency administrators are advised to contact their local Department of Health office for further assistance.