1. Purpose and Background
   1.1 Morphine Sulfate (MS) is a Class 2 controlled substance and midazolam; (Versed) is a Class 4 controlled substance. The records and utilization of both are therefore subject to Federal regulation and inspection. The purpose of this policy is to advise paramedic service providers on:
       1.1.1 The procedure for maintaining lines of medical accountability
       1.1.2 Storage, use, and wasting of these controlled substances
       1.1.3 The procedure for restocking
       1.1.4 The review of patient care records and related records of utilization
       1.1.5 The financial re-imbursement for the cost of the medication.
   1.2 The term EMS Supervisor shall be used to describe the AMR Field Supervisor, the JPA EMS Supervisors, South San Francisco Fire Department EMS Captain, AMR CES Manager or Operations Manager or pre-designated temporary replacement meeting the requirements of a Field Supervisor

2. Storage and Inventory of Controlled Substances.
   2.1 Paramedic service providers shall have provisions to store morphine sulfate and midazolam according to federal regulations and existing standards for storage and documentation
   2.2 Paramedic service providers shall maintain a tracking system for morphine and midazolam
   2.3 Controlled substances must remain in the original manufacturer’s containers, Food and Drug Administration (FDA) compliant labels remaining intact and unaltered, until the time of administration. Morphine and Midazolam will be double locked when stored in any location.
       2.3.1 Controlled substances shall be inventoried whenever there is a change of paramedic personnel with access to the inventory. Dates, times, names and signatures shall be documented of the oncoming and off going paramedics.
2.3.2 If no other licensed individual is available when controlled substances are locked in a safe or removed from a safe, the most senior fire officer available will witness the count of morphine and/or midazolam. The ALS EMS Supervisor will be notified next business day if after hours or on weekends, when this occurs.

2.3.3 If video surveillance is available and functioning it may serve as the second witness.

2.3.4 The EMS Supervisor may move units of medication that are nearing their expiration date to a higher volume unit. If this is done, the agencies/unit’s inventory will reflect the transfer of medication.

3. Records shall include:
   3.1 Record of receipt of inventory signed by a licensed staff of the EMS agency or other designated distribution agency (when an increase in inventory is requested)
   3.2 Annual inventory of medications maintained by each EMS provider agency and the agency that serves as the point of distribution.
   3.3 Morphine Restock Record identifying the EMS Supervisor’s name and the name of the licensed EMS agency staff restocking the controlled substance. This documents the use of the controlled substance and the signatures on the log document that restocking has been done per unit of medication.
   3.4 Daily inventory cosigned by two licensed individuals, preferably the oncoming and off going paramedics
   3.5 Patient Care Record (PCR) documentation including the date, time, dose and patient response
   3.6 Controlled Substance Administration Form documenting the date, time, the EMS incident number, the name of the medication, the patient’s name and chief complaint, the amount administered and the amount wasted, the name and signature of the paramedic that administered the medication and the name and signature of the witness to any wasting of the medication filled out for each unit of medication.
   3.6.1 Wastage of a controlled substance must be witnessed by a licensed individual; paramedic or registered nurse.
   3.7 Re-supply log of medication to the field units is to be maintained by the EMS Supervisor

4. Record of Administration and Wasting of Controlled Substances
   4.1 As a part of the restock record review the dispensing agency will review the patient’s vital signs, documented pain scale, dosage, route of administration and reassessment of the drug.
   4.1.1 The EMS Agency will review the patient care record (PCR) and the Controlled Substance Administration and Re-supply Form including documentation of the patient’s pain using the appropriate pain scale when possible, the dose administered, route of administration, time of administration and patient response.

   4.2 If midazolam is administered the appropriate indication should be
documented as well as the dosage, route of administration and response

4.3 If a portion of the drug is not given it should be wasted in the presence of another licensed individual, either a paramedic or nurse. Both licensed individuals should sign the Controlled Substance Administration Form

4.4 Complete a County Controlled Substance Administration and Re-supply form to correspond with each delivery unit of morphine or midazolam

4.5 A copy of the PCR and the Substance Administration and Re-supply form will be retained for review by the EMS Supervisor

5. Review of Administration:

5.1 EMS Supervisor will conduct a review of the administration and related records for each use of morphine.

5.2 The EMS Supervisor will conduct a review of each administration and related records for each administration of midazolam

5.3 EMS Supervisors will review the patient’s medical records, discuss the case with the paramedics who administered the medication if necessary, and comment as appropriate on the form under the Provider Management Comments section. The EMS Field Supervisor will conduct any needed retraining and document the training and outcome on the record of administration.

5.4 The EMS Supervisor will watch for trends (e.g., frequent wastage or documentation problems.)

5.5 The EMS Supervisor will immediately notify the County EMS Agency and the administrative staff of the involved provider agency of any suspected abuse or significant breech of policy involving morphine sulfate. An investigation will be conducted in a coordinated manner between the EMS Agency, the involved provider agency, and the EMS Supervisor

6. Re-Supply of Morphine Sulfate or Midazolam (Versed)

6.1 The appropriate EMS Supervisor will do re-supply.

6.1.1 In unusual circumstances the AMR supervisor may restock fire-staffed ambulances and first response vehicles. There will be direct communication between the EMS Supervisors if this need arises at the time of restock or at the first reasonable opportunity. The decision regarding the restock of a first response vehicle will rest with the AMR Supervisor

6.2 The EMS Supervisor shall review and complete any missing information on the County Controlled Substance Administration and Resupply form (see attached). Signatures of the paramedics are required as well as any witnesses to the waste of the drug at the receiving hospital

6.3 A legible copy of the patient’s PCR must be attached to the Administration/Re-supply form

6.4 Expired morphine sulfate or midazolam shall be given to the EMS Supervisor intact for return to the dispensing agency. A SEPARATE Controlled Substance Restock Form must be completed for each medication that is expired.
6.5 The dispensing agency shall implement a system for reverse distribution of the controlled substance.

6.6 Controlled substances damaged during storage should be is given to the EMS Supervisor or designee in the exact condition it was found/or when damage occurred. A completed incident form shall be submitted with the request for restock with a completed incident form detailing the incident.

7. Restocking

7.1 The individual restocking morphine or versed must be a currently licensed EMT-P, Registered Nurse, or Physician in order to restock morphine.

7.2 The EMS Supervisor will call well ahead of time to establish a time for resupply with a member of the EMS clinical staff for morphine or with the AMR administrative or CES staff for midazolam. Pick-up is available weekdays only.

7.3 The EMS Supervisor will bring the completed paperwork (PCR’s and Administration Re-supply form)

7.4 Replacement of morphine is issued in multiples of 5 or 10 medication single dose systems.

7.5 The EMS Supervisor completes EMS restock record or equivalent by listing each preload being replaced (one per line) with date, patient name, amount given, amount wasted, and Field Supervisor name printed and signature.

7.6 The EMS Agency representative will review the Controlled Substance Administration and Re-supply Form and the attached PCR, comment as appropriate, and initial on the Morphine Restock Record for morphine restock.

7.7 The AMR administrative or CES staff will review the Controlled Substance Administration and Re-Supply Form and the PCR for each use of midazolam and comment as appropriate.

7.8 The EMS Supervisor according to pre-established procedures and guidelines shall do re-supply of the field unit.