REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Approval of Additional Pilot Programs, Medications, and Equipment
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: December 17, 2025

APPROVAL OF ADDITIONAL PILOT PROGRAMS, MEDICATIONS, AND EQUIPMENT

I. PURPOSE

To review and approve all pilot programs, medications, and equipment, other than those covered by national EMS education standards, for use in the EMS System.

II. POLICY

A. To apply for approval of a pilot program, or to add medications and/or equipment, the EMS Medical Director (EMS MD) shall submit documentation covering the following to the Illinois Department of Public Health (IDPH):

1. The education program for all additional psychomotor skills and the number of continuing education hours.

2. A curriculum for the pilot program or each additional medication, psychomotor skill, equipment, or device, which includes at least the following (as applicable):

   a. Objectives;
   b. Methods and materials;
   c. Content, which shall include, but not be limited to, usage, complications, adverse reactions, and equipment maintenance and use;
   d. Evidence-based standards and guidelines relevant to the proposal; and
   e. Evaluation of learning.

3. New written protocols or procedures.

B. Upon receipt of the application from the EMS System, the Office of Preparedness and Response (OPR) Medical Director or Division Chief, or his or her designee, shall either approve the program, medication, or equipment, approve the program, medication or equipment on a conditional basis, or disapprove the program, medication or equipment.

1. The OPR Medical Director or Division Chief, or their designee's, decision shall be based on a review and evaluation of the documentation submitted as above; the application of technical and medical knowledge and expertise; consideration of relevant literature and published studies on the subject; and whether the program, medication or equipment has been reviewed or tested in the field.

2. The OPR Medical Director or Division Chief may seek the recommendations of medical specialists or other professional consultants to determine whether to approve or disapprove the specific program, medication, or equipment.

C. The OPR Medical Director or Division Chief, or their designee, shall consider whether the medication or equipment may be used safely and with proper education by the pre-hospital care provider and shall

disapprove any program, medications or equipment that he or she finds are generally unsafe or dangerous in the pre-hospital care setting.

D. When a program, medication or equipment is approved on a conditional basis, the EMS System shall submit to IDPH, on a quarterly basis (January 1, April 1, July 1, and October 1) the following information:

1. Indications for use;
2. Number of times used;
3. Number and types of complications that occurred; and
4. Outcome of patient after use of medication or equipment; and
5. Description of follow-up actions taken by the EMS System on each case in which complications occurred.

E. When a death or complication that results in a deterioration of a patient's condition occurs, involving a program, medication or equipment approved on a conditional basis, the EMS System shall notify IDPH within three business days, followed by a written report of the situation submitted to IDPH within 10 business days.

F. Failure of the EMS System to submit the information as required above shall be considered as a basis for withdrawal of approval of the program, medication, or equipment on a conditional basis. Failure of the EMS System to notify IDPH as required above shall be considered as a basis for withdrawal of approval of the program, medication, or equipment on a conditional basis.

G. The OPR Medical Director, or their designee, shall evaluate the information submitted and any required notification as outlined above. IDPH will notify the EMS System that a program, medication or equipment is disapproved and may no longer be performed on a conditional basis when the evaluation of the information submitted indicates that the safety of the medication or equipment has not been established for use in the pre-hospital setting.

H. An EMS MD shall not approve EMS Personnel to implement a program or use new medications or equipment unless that individual has completed the EMS System-approved education program and examination and has demonstrated the required knowledge and skill to use that intervention safely and effectively.

I. An EMS MD shall not be required to provide education on new interventions to EMS Personnel who will not be using the new interventions.

J. IDPH may share best practice models with proven efficacy with the EMS System MDs.