



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 1250
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: INTERFACILITY TRANSFER POLICY

I. PURPOSE

To provide guidelines for interfacility transfers within Santa Cruz County.

II. AUTHORITY

Title 22, Article 2, Section 100063 and Section 100145.

III. PROCEDURE

- A. EMT-Is and Paramedics are approved to perform interfacility transfers within their scope of practice as defined by Title 22 and Santa Cruz County Policies and Protocols.
- B. In all cases requiring patient care exceeding the scope of practice of an EMT-I or EMT-P, a physician or nurse, and appropriate ancillary equipment supplies or equipment, must attend the patient in the patient compartment during the entire transfer.