

SAN MATEO COUNTY  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: October 10, 2007

MENTAL HEALTH POLICY NO.: 07-03

SUBJECT: Reporting Lapses of Consciousness to the County Health Officer

AUTHORITY: California Health and Safety Code 103900; CCR Title 17 §2800-2812;  
Title 16 CCR §1364

SUPERSEDES: Prior accepted protocol

#### BACKGROUND

California regulations identify a broad list of diseases and conditions that must be reported by health care providers (see definitions, below) to the local health officer. This policy and protocol is particularly concerned with the following conditions: Alzheimer's disease and related conditions (this includes dementia), and "disorders characterized by lapses of consciousness". Included within the definition of these disorders are sensory and other functional impairments (see definitions).

It is the Health Officer's responsibility to communicate this information to the Department of Motor Vehicles (DMV). The DMV is required to gather information (which may include a road test) and make a determination about imposing a temporary or permanent hold on the individual's right to drive. The DMV is not required to withhold an individual's license on the basis of the report itself.

Failure to report is a misdemeanor and is a citable offense under the Medical Board of California's Citation and Fine Program. The physician who reports a patient diagnosed with a disorder characterized by lapses of consciousness shall not be civilly or criminally liable to any patient for making the report.

#### POLICY

All San Mateo County Behavioral Health and Recovery Services' physicians and nurse practitioners who determine, in the course of their treatment of a client, that the client's condition is reportable as defined by statute shall inform the County Health Officer using the attached form. While clinical judgment must be exercised in determining whether this statute applies to any given individual, once that determination has been made, the reporting mandate must be followed in a timely manner.

Other behavioral health staff are encouraged to consult with the client's assigned psychiatrist, the regional medical chief, youth medical chief, or the Behavioral Health and Recovery Services' medical director if they become aware of a client's reportable condition.

## DEFINITIONS

### Activities of Daily Living CCR Title 17 §2800

...bathing, dressing, feeding oneself, brushing one's teeth, and performing complex tasks such as grocery shopping, cooking, management of personal finances, and operating motor vehicles

### Disorders Characterized by Lapses of Consciousness CCR, Title 17 §2806

...means those medical conditions that involve;

- (1) a loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
- (2) the inability to perform one or more activities of daily living; and
- (3) the impairment of the sensory motor functions used to operate a motor vehicle.

### Health Care Provider

For purposes of this policy, this means a physician or nurse practitioner.

### Sensory Motor Functions CCR Title 17 §2808

...the ability to integrate seeing, hearing, smelling, feeling and reacting to movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green light to avoid hitting a pedestrian crossing the street.

## PROTOCOL

- a. The behavioral health care provider who determines that a client's condition is reportable shall complete the attached form (Confidential Morbidity Report) and send it by FAX or mail to the County Health Officer within seven calendar days of identification. The mailing address is included on the reporting form.

NOTE: If reporting other mandated communicable diseases, shorter reporting timelines may exist. Check the form for instructions.

- b. *The attached form is used primarily to report communicable diseases, such as sexually transmitted diseases and tuberculosis. The correct place to record the disorder that triggered the report is on the header line on the first page which reads "Disease Being Reported".*
- c. In the case where more than one behavioral health care provider becomes aware of the reportable condition, the assigned physician will complete and send the form.

- d. The Regional Medical Chief should be informed when a report has been filed.
- e. In any situation where there are questions about whether the condition is reportable, the provider should request consultation with the Regional Medical Chief, the Behavioral Health Medical Director, and County Counsel.
- f. Whenever possible, the client/family and mental health co-providers must be informed of the intent to file a report, and the rationale for doing so.
- g. Progress note(s) shall indicate the critical thinking behind filing the report, the communication with the family and other clinicians, and any pertinent consultation.
- h. Activities associated with completing and filing the form are not billable and should be identified as an administrative note (activity code 56, no charge code 9).
- i. A copy of the completed form shall be filed in the “restricted” section of the medical record.

Approved: \_\_\_\_\_

Gale Bataille, Director  
Behavioral Health and Recovery Services Division

Attachment: CA Dept. of Health Services Confidential Morbidity Report, PM 110 (8/05)

Reviewed: \_\_\_\_\_  
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