



Monterey County Behavioral Health Policy and Procedure

Policy Number	307
Policy Title	Reporting Of Lapses Of Consciousness
References	California Health & Safety Code, Section 410; California Code Of Regulations, Title 17, Section 2572
Form	Report To Local Health Officer Of Diagnosed Case Of Disorder Characterized By Lapses Of Consciousness
Effective	September 10, 1991 Revised: April 6, 2006

Policy

All Behavioral Health Division employees who are physicians or surgeons shall comply with the provisions of the Lapse of Consciousness Reporting Law as defined in the Health and Safety Code, Section 410 and the California Code of Regulations, Section 2572. The law requires the following:

1. Every physician and surgeon shall report immediately to the local health officer in writing the full name, date of birth, and address of every patient at least 14 years of age or older whom the physician and surgeon has diagnosed as having a disorder characterized by lapses of consciousness, Alzheimer's disease, dementia and related disorders as defined below. However, if the physician and surgeon reasonably and in good faith believe that the reporting of a patient will serve the public interest, he/she may report the condition even if it may not be required under the Department of Health Services' definition of disorders characterized by lapses of consciousness, Alzheimer's disease, dementia and related disorders.
2. Disorders characterized by lapses of consciousness are defined by the Department of Health Services as those disorders that are associated with inability to respond rationally to the environment (excluding mental disorders), severe impairment of recent memory or marked confusion. These include lapses of consciousness associated with epilepsy, seizure disorders, abnormal metabolic states, cardiovascular disorders, alcoholism, head injuries and brain tumors.
3. Alzheimer's disease is a progressive dementia disorder in which destructive changes in cortical brain cells lead to dementia and death. It typically occurs in the later years of life and is usually diagnosed by exclusion of other dementia illnesses.
4. "Related disorders," as used by the Department of Health Services, includes but is not limited to: Dementia conditions associated with metabolic abnormalities, cardiovascular disease, cerebrovascular disease, alcoholism, head injuries, chronic toxic states, brain tumors and infectious encephalopathies.

31 5. Dementia's essential feature is impaired intellectual capacity. Manifestations include impairments in
32 memory, abstract thinking and judgment. Visual-spatial deficits, disturbances of higher cortical function and
33 language, and paranoia are common. Bizarre changes in personality and behavior frequently occur.
34 Dementia is primarily a clinical diagnosis that requires assessment of how well the patient functions in daily
35 life. If the disturbance is severe enough to interfere with the patient's usual activities of daily living, it is
36 severe enough to warrant reporting.

37
38 6. Reporting of functional impairment shall be included in all reports of lapses of consciousness, Alzheimer's
39 disease, dementia and related disorders. Any of the following that apply, shall be indicated on the report:

- 41 a. Loss of consciousness or marked acute reduction of alertness or responsiveness to external
42 stimuli.
- 43 b. A change in sensory or motor function which would impair the operation of a motor vehicle.
- 44 c. Difficulty with orienting to the environment.
- 45 d. Loss of an activity necessary for daily living.

46
47 7. Patients with disorders characterized by lapses of consciousness, Alzheimer's disease, dementia and
48 related disorders, as defined above, need not be reported when:

- 49 a. The patient's health has deteriorated to the point that he/she is incapable of operating a motor
50 vehicle, and the patient has previously been reported.
- 51 b. The patient is believed to have never operated a motor vehicle and is incapable of learning because
52 of severe disability or progressive disease.
- 53 c. The physician and surgeon has medical documentation that the patient has already been reported
54 and continues under a controlled medical regimen.
- 55 d. The disorder was transitory and is not likely to recur or is not likely to recur while driving.
56 Such conditions include simple syncope of vasovagal variety, simple partial seizures that are stable and
57 under treatment, seizures that have occurred only during sleeping, hyperventilation syndrome and panic
58 attacks.
59

60
61 8. Any physician and surgeon who makes this report is precluded from being civilly or criminally liable to a
62 patient for making any report required or authorized pursuant to this law.

63 **Procedure**

64 **1. Report of Diagnosed Disorder Characterized Lapse of Consciousness**

65
66 Any Behavioral Health Division employee who is a physician or surgeon who is mandated by the
67 California Health and Safety Code to report diagnosed cases of disorders characterized by lapses of
68 consciousness shall report the required information to the local health offices. The employee should
69 submit a photocopy of the report to the reporting professional's immediate supervisor for information only
70 and then be placed into the client's file.
71

72
73
74 2. Reporting professionals must advise the client, matter-of-factly, but supportively, regarding their
75 assessment and requirement for reporting.
76

77 3. The report (Attachment 1) will be sent to the County Local Health Officer in a registered letter with a return
78 receipt and a copy will be filed in the client's medical record.
79

**MONTEREY COUNTY HEALTH DEPARTMENT
BEHAVIORAL HEALTH DIVISION**

80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96

97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113

_____ is an individual that I have diagnosed as having a disorder
(Patient Name)
characterized by lapses of consciousness, Alzheimer’s disease or a related disorder. He/she is
_____ years of age and resides at _____, in the County of
(Address)
_____, in the state of _____.

He/she has the following impairment(s) (specify by marking X):

- _____ Loss of consciousness or marked acute reduction of alertness or responsiveness to external stimuli.
- _____ A change in sensory or motor function which would impair the operation of a motor vehicle.
- _____ Difficulty with orienting to the environment.
- _____ Loss of an activity necessary for daily living.
- _____ Other as described below:
- _____ Other functional impairment(s): _____
- _____
- _____
- _____

_____ is an individual whom I am reporting because of a good faith
(Patient Name)
belief that the severity of his/her condition would impair his/her ability to operate a motor vehicle.
He/she is _____ years of age and resides at _____, in the
(Address)
County of _____, in the state of _____.

Physician or Surgeon Name Date of Diagnosis of Patient