

ADMINISTRATIVE POLICY AND PROCEDURE

Page	1	of	5
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Subject:	REPORTING OF PATIE	NTS WHO MAY BE UNSAFE TO DRIVE	Policy No.:	B847
Supersedes:	September 7, 2022	Review Date:	December 7, 2	2023
Origin Date:	November 30, 2003	Revision Date:	December 7, 2	2023

PURPOSE:

To comply with the regulatory requirements for the reporting of patients whose medical condition may make it unsafe for them to drive.

To reduce the likelihood of a patient injuring themselves or others by driving a motor vehicle when they have a diagnosis which may make it unsafe for them to drive.

POLICY:

Rancho Los Amigos National Rehabilitation Center will comply with regulatory standards which require that providers immediately report in writing to the local health officer the name, date of birth, and address of every patient at least 14 years of age or older whom the physician has diagnosed as having a disorder characterized by lapses of consciousness, Alzheimer's disease, or other conditions which may impair the ability to operate a motor vehicle safely (Health and Safety Code Section 103900).

DEFINITIONS:

Diagnose - means to identify the existence of a medical condition in a patient

<u>Activities of Daily Living</u>—means bathing, dressing, feeding oneself, brushing one's teeth, and performing more complex tasks such as grocery shopping, cooking, management of personal finances, and operating motor vehicle.

<u>Alzheimer's disease and Related Disorders</u> –means those illnesses that damage the brain causing irreversible, progressive confusion, disorientation, loss of memory, and judgment.

Disorders characterized by lapses of consciousness - Those medical conditions that involve:

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

<u>Sensory Motor Functions</u> means the ability to integrate seeing, hearing, smelling, feeling, and reaction with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

PROCEDURES:

 Within seven calendar days of the day a patient aged 14 years or older is diagnosed with a condition that may make the patient unsafe to drive, the provider must submit the "Confidential Morbidity Report Form" for reportable conditions to the Department of Motor Vehicles (DMV).

Revised: 3/10, 8/13, 6/16, 9/22, 12/23 Reviewed: 3/10, 8/13, 6/16, 9/22, 12/23

Approved By:

Subject: REPORTING OF PATIENTS WHO MAY BE UNSAFE TO DRIVE Policy No.: B847

2. The clinic or unit clerk prints the "Confidential Morbidity Report" form and completes the facility and patient information. The medical provider completes the information on the condition being reported.

NOTE: The "Confidential Morbidity Report" form is attached to this policy.

The clinic or unit clerk will fax the Confidential Morbidity Report to the Local Health Officer, DHS Morbidity Unit at (888) 397-3778. The clinic or unit clerk who faxes the form must initial the appropriate field on the Confidential Morbidity Report indicating that the form was faxed to DHS and ensure the original form is sent to Health Information Management (HIM) for scanning into the patient's electronic health record.

Exceptions to Reporting:

A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

- 1. The patient's sensory-motor functions are impaired to the extent that the patient is permanently unable to operate a motor vehicle, or
- 2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believe these statements made by the patient are true, or
- 3. The physician and surgeon previously reported the diagnosis and since that report, the physician and surgeon believe the patient has not operated a motor vehicle, or
- 4. There is documentation in the patient's medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believe the patient has not operated a motor vehicle.

Guidelines for Unsafe Drivers Following a Procedure or Medication Administration:

The guidelines below apply to patients who may **temporarily** be unsafe to drive following a procedure or administration of sedation or anesthesia. For conditions requiring a "Confidential Morbidity Report" to DMV, please refer to the "Definitions and Procedure" sections of this policy.

- 1. The patient is to confirm a safe means of transportation during the scheduling of the procedure. If the patient does not have a safe plan of transportation, notify Social Work for assistance in exploring the availability of transportation to get the patient home safely after the procedure.
- 2. Staff verifies a responsible escort or driver is present before the patient is discharged home from same-day surgery, post-anesthesia care unit (PACU), or following administration of sedation or anesthesia.
- 3. If the patient plans on driving him/herself home against the advice of the provider following a procedure or administration of medication:
 - a. Suggest for patient to request assistance from next of kin or friend for a ride home or to consider an alternative method of transportation such as a taxi, etc.
 - b. If the patient does not have the means to pay for alternative transportation:

Contact Social Work	M-F 08:00 am to 4:30 pm	X57867
Contact Nursing Resource Office	Afterhours, Weekends, and Holidays	X 56211

c. Notify campus Sheriff (**X57042**) if the patient's car is staying overnight in the parking structure and the date the patient will return to pick up the vehicle.

Subject: REPORTING OF PATIENTS WHO MAY BE UNSAFE TO DRIVE Policy No.: B847

- d. If the patient refuses alternative transportation, and insists on driving him/herself home despite discussions of safety risk to self and others:
 - 1. Inform the patient that you are required to notify law enforcement if the person driving a vehicle is a danger to self or danger to others. In the past, patients are amenable to alternative transportation if told that a report will be made to law enforcement.
 - 2. If the patient leaves to drive his/her vehicle against the recommendation, notify campus Sheriff (**X57042**) that the patient is driving away from the facility and is a danger to self and others.

ATTACHMENTS:

Confidential Morbidity Report Guidelines for Unsafe Driver Following a Procedure or Medication Administration

REFERENCES:

California Code of Regulations, Title 17, Subchapter 2.5 "Disorders Characterized by Lapses of Consciousness" Sections 2800 - 2812. California Vehicle Code, Divisions 6 and 7, and Section 1808.5 Health and Safety Code, Sections 100275 and 103900

SH:sh - 11/8/2000 TD:vz - 01/17/2003 PM:jm - 03/01/2010 IA:CM—8/19/2013 KT:MM:CM: 6/17/16, 9/7/22, 9/28/23



Guidelines for Unsafe Patient Driver Following a Procedure or Medication Administration

The guidelines below are applicable to patients who may <u>temporarily</u> be unsafe to drive following a procedure or administration of sedation or anesthesia. For conditions requiring "Confidential Morbidity Report" to DMV, please refer to <u>Rancho Administrative Policy B847</u>

- The patient is to confirm a safe means of transportation during the scheduling of the procedure. If the patient does not have a safe plan of transportation, notify Social Work for assistance in exploring availability of transportation to get the patient home safely after the procedure.
- Staff verifies a responsible escort or driver is present before the patient is discharged home from same-day surgery, post-anesthesia care unit (PACU) or following administration of sedation or anesthesia.
- 3. If the patient plans on driving him/herself home against the advice of the provider following a procedure or administration of medication:
 - a. Suggest for patient to request assistance from next of kin or friend for a ride home or to consider an alternative method of transportation such as taxi, etc.

Contact Social Work	M-F 08:00am to 4:30pm	X57867
Contact Nursing Resource Office	Afterhours, Weekends, and Holidays	X 56211

- b. If the patient does not have the means to pay for alternative transportation:
- c. Notify campus Sheriff (X57042) if the patient's car is staying overnight in the parking structure and the date the patient will return to pick up the vehicle.
- If the patient refuses alternative transportation, and insists on driving him/herself home despite discussions of safety risk to self and others:
 - a. Inform the patient that you are required to notify law enforcement if the person driving a vehicle is a danger to self or danger to others. In the past, patients are amenable to alternative transportation if told that a report will be made to law enforcement.
 - b. If the patient leaves to drive his/her vehicle against the recommendation, notify campus Sheriff (X57042) that the patient is driving away from the facility and is a danger to self and others.

County of Los Angeles

Department	of	Health	Services
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Note: Not intended for reporting STD, AIDS, or TB. Please see comments below. DISEASE BEING REPORTED:	District Code:
	(Internal Use)
Patient's Last Name: Social Security Number: First Name & Middle Name (or Initial): Birth Date: MM DD YYYY	Ethnicity (Check One) Hispanic/Latino Non-Hispanic/ Non-Latino Race (Check One) African-American/Black
	Asian/Pacific Islander (Check One)
Address: Street & Number: Apt/Unit Number:	Asian-Indian Japanese
City/Town:	Cambodian Korean
	Chinese Laotian
Area Code Home Telephone Gender:	Guamanian Victnamese
M Pregnant ?	Hawaiian Other
Area Code Work Telephone F Y N Unk Estimated Delivery Date:	Native American/Alaskan Native
MM DD YYYY	White Other
Patient's Occupation or Setting:	Risk Factors/Suspected Exposure Type (Mark all that apply):
Health Care School Other (Explain):	Blood Needle/ Transfusion Blood Exposure
Date of Onset: Health Care Provider: MM DD YYYY	Child Care Recreational Water Exposure
Health Care Facility:	Food or Drink Sexual
Date of Diagnosis: Address:	Foreign Travel Unknown
MM DD YYYY City:	Household Other
Telephone: FAX:	Type of diagnostic specimen(s):
Date of Death: MM_DD_YYYY	Bloed CSF Stool Urine
Date of Death: MM DD YYYY Submitted/Faxed By: Date CMR Submitted Faxed: MM DD YYYY	Blood CSF Stool Urine
Date of Death: MM DD YYYY Submitted/Faxed By: Date CMR MM DD YYYY VIRAL HEPATITIS Pos Neg Pend Done Pos Neg Pend Done follow the instructions below:	Blood CSF Stool Urine
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