

<p style="text-align: center;">NEVADA DEPARTMENT OF CORRECTIONS</p>	<p style="text-align: center;">SERIES 600 HEALTH CARE SERVICES</p>	<p style="text-align: center;">SUPERSEDES: IB# 93-52 (07/01/93)</p>
<p style="text-align: center;">ADMINISTRATIVE REGULATIONS MANUAL</p>	<p style="text-align: center;">ADMINISTRATIVE REGULATION 638 CONSENT/REFUSAL OF TREATMENT TEMP</p>	<p style="text-align: center;">EFFECTIVE DATE: 07/20/03</p>

TABLE OF CONTENTS

PURPOSE

AUTHORITY

RESPONSIBILITY

DEFINITIONS

APPLICABILITY

PROCEDURES

638.01 CONSENT/REFUSAL OF TREATMENT

REFERENCES

ATTACHMENTS

MANDATORY REVIEW DATE 07/20/04

PURPOSE

To provide the requirements within the Department for informed consent or refusal of health care treatment for inmates.

AUTHORITY

NRS 209.131
NRS 209.381

RESPONSIBILITY

All Medical Division staff has the responsibility to have knowledge of and comply with this regulation.

DEFINITIONS

INFORMED CONSENT – The voluntary competent consent of agreement to a treatment, examination, or procedure by the patient after the patient receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.

APPLICABILITY

This procedure applies to all inmates housed within the Department.

PROCEDURES

601.06 CONSENT/REFUSAL OF TREATMENT

1.1 Informed Consent

1.1.1 A signed Consent for Operation/Procedure, DOC 2502, will not be required for routine treatments provided in the clinic such as sick call, routine first-aid, etc. The inmate has given implied consent through presenting himself/herself for treatment and through his/her written request to be seen. **(3-4372)**

1.1.2 Prior to the initiation of an examination, treatment, or procedure involving invasion of a body cavity, surgery, or procedures involving a risk to the individual's life or health status, the physician, mid-level practitioner, dentist, psychiatrist, or designated assistant will explain the procedure, alternatives, and risks to the inmate. **(3-4372)**

1.1.3 The patient will be given an explanation of the treatment. Efforts will be made to ensure the inmate understands the necessity for the treatment, as well as the risks involved and any alternative treatments. **(3-4372)**

1.1.4 The inmate will sign a written consent form authorizing the treatment prior to receiving any type of invasive procedure or treatment beyond that of venipuncture except for HIV testing in accordance with the Department's Administrative Regulation 610.

1.1.4.1 A member of the health care staff will also sign this form as a witness to the consent and then file the completed form in the medical record.

- Inmates are not allowed to witness consent forms.

1.1.4.2 If an inmate consents orally to procedures outlined above, but refuses to sign a consent, two medical staff members may sign witnessing the inmate's verbal consent.

1.1.5 In the case of a minor, the Department is the guardian and needs no other consent. (3-4372)

- The minor should be given the opportunity to sign the consent form.

1.2 Consent Waivers

1.2.1 The informed consent requirement will be waived for the following situations:

- An emergency that requires immediate medical intervention for the safety of the inmate.
- Emergency care involving an inmate who does not have the capacity or ability to understand the information.

1.3 Refusal of Treatment

1.3.1 In those cases where an inmate chooses to refuse treatment, a Release of Liability form, DOC 2523, will be completed. A member of the medical staff will witness the completion of the form.

1.3.2 If an inmate refuses to sign the Release of Liability, two staff members will write, "Inmate refuses to sign" and witness the form.

1.3.3 In addition to placing the refusal form in the medical record, a full documentation will be made in the Progress Notes of the inmate's medical record.

1.3.4 The right of the inmate to refuse treatment may be waived under the following circumstances:

- An emergency which requires immediate medical intervention for the safety of the patient, including suicidal patients, self-mutilation, or the emergency care of patients who do not have the capacity to understand the urgent need for treatment.
- The inmate will be medically quarantined in cases where the refusal of treatment could potentially jeopardize the health and well being of other inmates or staff members.
- Inmates, who refuse the intake physical examination, transfer screening, or who are suspected of having a contagious illness or venereal disease will not be housed in the general population until a determination is made as to their health status.

1.4 Involuntary Treatment

1.4.1 Treatment beyond that required for the safety of the patient or others in an emergency situation will not be forced by the medical staff.

- For such cases, a court order for treatment may be sought by the Director or Warden after consultation with the treating physician. **(3-4372)**
- In all cases involving the forced treatment of an inmate whether under emergency conditions or for the safety of the patient or others, thorough documentation will be included in the medical record.

1.4.2 A panel may be appointed by the Medical Director/designee to review, approve, defer, or disapprove any proposed use of forced medication and will review any approval at least every six months. **(3-4372)**

- The panel will consist of at least a psychiatrist, who is not the treating psychiatrist, the Warden/designee and one other Mental Health specialist.

1.5 Inmates may not choose practitioners.

1.5.1 All medical services for inmates in the care of the Department will be provided by Medical Division personnel employed by and paid by the Department.

1.5.2 All consultations with specialists will be ordered by the institution's physician, approved by the Medical Director/designee, and paid for by the Department.

1.5.3 In rare circumstances, an outside consultation or second opinion may be ordered with prior approval of the Medical Director and/or the Director.

1.5.4 Generally, inmates may not choose their own specialist when a consultation is requested and deemed appropriate.

- Inmates on work release may choose their own physician when they are employed in the private sector and are covered by their employer's insurance.


1.5.5 The institution's physician will decide when such consultations are needed, and what specialist will be employed for the consultation using the guidelines set down by the Medical Director.

REFERENCES

ACA Standard 3-4372

ATTACHMENTS

Release of Liability, DOC 2523
Consent for Operation/Procedure, DOC 2502



Jackie Crawford, Director

5/5/03

Date



Ted D'Amico, D.O., Medical Director

5/6/03

Date

CONFIDENTIAL XX
 Yes No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.

