NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
615

LEVELS AND CONTINUITY OF CARE
(TEMPORARY)

Supersedes: AR 615 (09/06/04)
Effective date: 11/25/10

AUTHORITY: NRS 209.131; NRS 209.381

RESPONSIBILITY

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

615.01 LEVELS AND CONTINUITY OF CARE

1. It is the policy of the Nevada Department of Corrections (NDOC) to make available that level of health care required by the inmates' medical condition and follow through by continuing with a treatment plan to an appropriate medical conclusion. The care should be commensurate with proven effective, evidence based, medical practice.

2. Each infirmary and health care unit will have procedures for assuring expedient access to the following levels of health care.

A. Self Care - Treatment for a condition that can be accomplished solely by the inmate and may include "over the counter" medications, i.e., aspirin.

B. First Aid - Care for a condition that requires the attention of a person trained in first aid procedures. First aid kits will be available at designated areas of the institutions/facilities based on need.

C. Non-Emergent -situation in which the patient's condition requires medical attention, but can be scheduled in a timely manner and the individual will not suffer any adverse consequences.

D. Emergency Care - Treatment of an acute illness, injury, or unanticipated medical need which requires the immediate attention of a qualified health care provider and cannot be deferred until the next scheduled sick call or access period. Emergency care does not require pre-approval by the Utilization Review Panel (URP).

E. Consultant Care - Treatment of medical complaints beyond the scope available at the institution. The need for this level of care is determined by the medical staff at the institution, and approved by the URP.

F. Infirmary Care - In-patient and out-patient care for illnesses, which require observation and/or clinical management, but do not require admission to an acute care hospital. This level may include long term convalescent care.

G. Health Care Unit - Treatment for the ambulatory inmate with health care complaints that are evaluated and appropriate disposition is rendered.

H. Hospital Care - In-patient bed care for an illness or diagnosis that requires twenty-four (24) hour clinical management in a hospital facility licensed to provide such service and approved by the URP.

3. The Medical Director/designee will develop a system of procedures that provide inmates with continuity of medical care from admission to discharge from the institution, including referral to community care when needed. The procedure(s) will include, but are not limited to:

A. Providing adequate access to health care facilities and licensed health care providers.

B. Timely initiation and follow through of medical treatment.

C. Referral to medical personnel and facilities outside the institution when indicated.

D. Providing for the continuity of medical care when the inmate is transferred to other facilities and sharing health information.

E. Providing adequate information regarding the current clinical status of the inmate during community or institutional medical transfer or referrals.

APPLICABILITY

1. This regulation requires a Medical Directive for Continuity of Care at each institutional Infirmary and at the Regional Medical Facility.

2. This regulation requires an audit.

R. Bruce Bannister, D.O., Medical Director — Date: 10-28-10

Howard Skolnik, Director — Date: 11/10/10