

**NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION  
613**

**ACCESS TO CARE**

**Supersedes:** AR 613 (Temporary, 10/12/11)  
**Effective date:** 06/17/12

**AUTHORITY:** NRS 209.131; NRS 209.381

**RESPONSIBILITY**

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

**613.01 INMATE ACCESSIBILITY TO HEALTH CARE**

1. Health care services will be accessible to all inmates to meet their serious medical, dental and mental health needs.
  - A. Inmates housed in segregation units will not forfeit the right of access to health care services.
  - B. At the time of admission to an institution, each inmate will receive written and verbal instructions explaining access to health care services by designated medical staff.
  - C. The health care complaints of inmates will be processed, reviewed, and responded to daily by trained medical personnel according to priority of the need.
2. Inmates' Right to Privacy; Informed Decisions and Consent
  - A. All employees involved in the delivery of health services within the Department will treat all inmates who are receiving health care with professional consideration for their dignity.
  - B. Inmates will be informed of the medical treatment and procedures to be performed and their consent will be obtained prior to its initiation.
  - C. In life threatening situations where consent cannot be obtained prior to the initiation of treatment to sustain life, emergency treatment may be initiated without consent.
3. Informing Inmates about access to treatment
  - A. The institution/facility will have a written procedure outlining access to health care services.

B. Upon arrival at the given institution, inmates shall receive a verbal briefing or written orientation as to the availability of and how to apply for health services.

C. Written instructions concerning access to health care will also be provided to each inmate upon entry to the institution.

4. Health Care for Inmates in Segregation

A. Segregated housing areas will be visited each day by a nurse to observe the inmates and collect any medically related notes.

**613.02 OUTSIDE MEDICAL TREATMENT**

1. All of the institutions non-emergency referrals should be in keeping with the Department's security requirements.

A. Any out-of-institution consultation or treatment must have prior approval of the Utilization Review Panel, excepting emergencies.

B. In the case of an emergency, a full explanation should be provided to the Medical Director/designee the next working day.

2. Out-of-institution diagnostic and therapeutic services not available in the institutions may be requested by an institutional practitioner (physician/mid-level practitioner) or dentist.

3. For security reasons, inmates are not permitted to know either the time or date of an outside appointment.

4. The second opinion concept will be used as necessary to resolve borderline cases with the concurrence of the Medical Director.

A. Telephone consults or transfer of diagnostic data should be utilized when feasible.

B. Non-emergency visits to offsite medical services must be approved by the Utilization Review Panel.

6. Inmates returning from community hospitals should be cleared by medical staff prior to return to original housing in order to review the inmate's condition, transfer and medical orders.

**APPLICABILITY**

1. This regulation requires a Medical Directive for access to health care services.

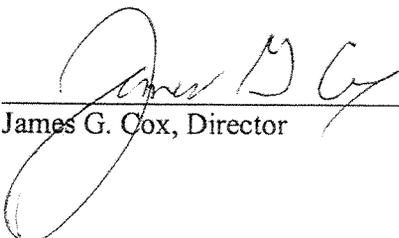
2. This regulation requires an audit.

**REFERENCES:**

National Commission on Correctional Health Care Standards, 2008: P-A-01, P-D-05, P-E-01, P-E-07

  
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R. Bruce Bannister, D.O., Medical Director

5-30-12  
Date

  
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James G. Cox, Director

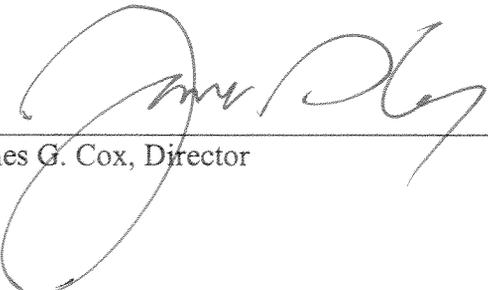
6/12/12  
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AR 613, Access to Care, was reviewed on April 22, 2013 and no changes are required.

  
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R. Bruce Bannister, D.O., Medical Director

4-29-13  
Date

  
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James G. Cox, Director

5/7/13  
Date