NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

SUMMARY OF CHANGES
AR 615 – LEVELS AND CONTINUITY OF CARE
Effective PENDING

Description	Page Number
Updated Utilization Review Panel (URP) to Utilization Review Committee (URC)	1-2
Added National Commission on Correctional Health Care Standards, 2018 P-D-07, P-D-08. under references.	3
Other minor changes have been made in formatting for improved clarity and consistency.	

_____ _____
James E. Dzurenda, Director Date

This summary of changes is for training record purposes only. -You must also consult the Administrative Regulation and/or Manual for proper instructions.

I, _____, acknowledge receipt of this Summary of Changes and understand it is my responsibility to implement into the course of my duties.

_____ _____
Signature Date

NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION

LEVELS AND CONTINUITY OF CARE
ADMINISTRATIVE REGULATION – 615

SUPERSEDES: AR 615 (06/17/12); AR 615 (Temporary 04/23/13); AR 615 (10/15/13)

EFFECTIVE DATE: PENDING

AUTHORITY: NRS 209.131; NRS 209.381

RESPONSIBILITY

The Director of the Nevada Department of Corrections (NDOC and Department) is responsible for the implementation of this Administrative Regulation (AR).

The Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

The Associate Wardens will ensure that their appropriate assigned subordinate supervisors have read and understand this regulation.

Supervisors will ensure that their appropriate subordinate staff members have read and understand this regulation.

Designated staff members will know, comply with, and enforce this regulation.

If, and where applicable, offenders will know and comply with this regulation.

615.01 LEVELS AND CONTINUITY OF CARE

~~1.~~ It is the policy of the NDOC to make available the level of health care required by the ~~inmates'~~ offenders' medical condition and follow through by continuing with a treatment plan to an appropriate medical ~~conclusion. The~~conclusion. The practice should align with proven, effective, evidence-based medical practices.~~The care should be commensurate with proven effective, evidence-based, medical practice.~~

1.

2. Each infirmary and health care unit will implement ~~have procedures~~ appropriate Medical Directives to ~~for assuring~~ensure prompt ~~expedient~~ access to the following levels of health care.

   A. Self-Care - Treatment for a condition that can be accomplished solely by the ~~inmate~~ offender 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 - S~~s~~ituation 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. These medical conditions are not acute or emergent in nature.

   D. Emergency Care - ~~Treatment of an acute illness, injury, or unanticipated m~~Medical conditions that ~~need which requires the~~ are of an immediate, acute, or emergent nature which have a reasonable likelihood of a rapid deterioration. Where intervention has a reasonable likelihood of preventing death and allows for minimizing morbidity~~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~~ URC.

   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 URC~~URP~~.

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

   G. Health Care Unit - Treatment for the ambulatory ~~inmate~~ offender with health care complaints that are evaluated, and appropriate disposition is rendered. Health care unit treatment does not require URC approval.

   H. Hospital Care - In-patient admission ~~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~~URC.

3. The Medical Director/designee will develop a system of ~~procedures~~ Medical Directives that provide ~~inmates~~ offenders 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~~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~~ offender is transferred to other facilities and sharing health information.

~~D.~~E. Providing adequate information regarding the current clinical status of the ~~inmate~~ offender 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.

REFERENCES~~:~~

ACA Standards 5th Edition 5-ACI-6A-04, 5-ACI-6A-05

-National Commission on Correctional Health Care Standards (NCCHC), 2018 P-D-07, P-D-08.
~~ACA Standards 5th Edition, March 2021:5-ACI-6A-04, 5-ACI-6A-05~~

Kenneth L. Williams MD., Ph.D., Medical Director _____ Date

James E. Dzurenda, Director _____ Date