DEPARTMENT OF CORRECTIONS

Policy Number: **301.190**
Title: **Hunger Strikes**
Effective Date: **5/21/19**

PURPOSE: To provide guidelines for managing and monitoring offenders on hunger strikes.

APPLICABILITY: All adult facilities

DEFINITIONS:
Hunger strike – a prolonged refusal to participate in the food service program or to consume food or fluids for more than nine consecutive meals (72 hours); or refusing nourishment for a prolonged period of time, unless the offender is not eating because of a medical condition.

Multidisciplinary team – a group assembled that includes any of the following staff members: health services administrator, warden or superintendent, captain, caseworker, facility medical practitioner, facility behavioral health staff, behavioral health director, central office health services administrative staff , DOC medical director, dietitian, religious resources person, or designees, if indicated.

PROCEDURES:

A. Staff who have knowledge or observe that an offender is on a hunger strike must:
   1. Contact the watch commander to report their observations that the offender:
      a) Has not participated in the food service program or consumed food or fluids for more than nine consecutive meals; or

      b) Has consumed fewer than nine consecutive meals and is in poor physical health as determined by a medical practitioner; and

   2. Document their actions by writing incident reports describing their observations or the source of their information. All incident reports must be retained at the facility according to the retention schedule.

B. The watch commander must:
   1. Immediately ask the facility health services administrator and the facility behavioral health director or their designees to review the offender's medical and mental health records for any physical or psychological problem that may become aggravated by not eating;

   2. If there is any indication the offender is fasting for religious reasons, direct the religious resources coordinator or chaplain to meet with the offender;

3. Within 24 hours, or as soon as possible thereafter, direct staff to place the offender in a dry cell on administrative segregation status for hunger strike monitoring; and

4. Document all actions in incident reports. All incident reports must be retained at the facility according to the retention schedule.

C. If the watch commander requests, the chaplain or religious services coordinator must:

1. Interview the offender;

2. Explain the religious parameters of fasting; and

3. Document the meeting in an incident report. All incident reports must be retained at the facility according to the retention schedule.

D. After an offender has been placed on hunger strike monitoring, living unit staff must:

1. Shut off the water in the offender's cell/room in order to accurately document liquid intake;

2. Remove all canteen items and private food supplies from the offender's cell/room in order to accurately document food intake;

3. Ensure the offender is not allowed to make canteen purchases of food or beverage items while on hunger strike management;

4. Deliver three meals per day to the offender's cell and leave them with the offender until all unit food trays are collected, or as otherwise authorized by the medical practitioner. (See the Hunger Strike Food Offering Guide (attached).) A verbal offer of a meal does not suffice unless the offender's actions pose a threat to staff safety;

5. Offer the offender water a minimum of twice per hour during waking hours;

6. Monitor and document all liquid and solid intake and offerings of food and water in the segregation log;

7. Ensure the offender does not have direct contact with other offenders; and

8. Retain the segregation log in a designated area.

E. A registered nurse must:

1. Within 24 hours of placement on hunger strike monitoring, provide the offender with the Handout for Offenders on Hunger Strike (attached). If English is not the offender's first language, the handout must be provided in the offender's native language;

2. Evaluate and document in the offender's medical records the offender's current physical condition and, every day, record weight, blood pressure, pulse and respiration measurements and a description of the offender's skin condition for baseline readings;

3. Document refusals of medical evaluations in the offender's medical record, including actions taken to gain cooperation, such as patient education; and

4. Schedule the offender to be seen by the medical practitioner at the next available appointment.

F. The facility health services administrator or designee must:

1. Notify central office health services, the facility appointing authority, and the officer of the day by the first businesses day after the offender is placed on hunger strike monitoring; and

2. Arrange for a multidisciplinary team care conference to be held within seven calendar days of the offender's placement on hunger strike monitoring; or sooner, if clinically indicated by medical, nursing, or behavioral health assessments; and at ongoing intervals as agreed-upon by the clinical team. All care conference notes and individualized treatment plans must be maintained in the offender's medical record.

G. Mental health staff must:

1. Assess the offender's mental status within the first business day;

2. Complete mental health evaluations as clinically indicated;

3. Participate in the multidisciplinary team care conferences;

4. Provide services, as indicated by assessments and by the multidisciplinary team; and

5. Document mental health care and observations in the mental health file.

H. The facility medical care practitioner must:

1. Evaluate the offender's physical status as often as clinically indicated, and as directed by the multidisciplinary team;

2. Provide the offender with information about the offender's health status and the likely consequences of change or deterioration;

3. Document all interactions, assessments, and interventions in the offender's medical record;

4. Participate in all multidisciplinary team care conferences;

5. Send the offender to the emergency room if the practitioner determines the offender's condition is life threatening, or if the offender is refusing evaluations and is the provider determines treatment is essential; and

6. Consult with the DOC medical director if the practitioner determines the offender is clinically unstable or if the hunger strike continues beyond five days.

I. The multidisciplinary team, when convened, must determine and monitor an ongoing plan of care to address the offender's health status.

J. Whichever staff person is the first to observe the offender has begun to consume food must write an incident report and notify the facility health services administrator, the facility behavioral health director, and the facility appointing authority, or their designees.

K. Before discontinuing hunger strike monitoring, facility health services and behavioral health services staff must:

1. Conduct a health assessment and determine that hunger strike monitoring is no longer clinically necessary.

2. Ensure the medical practitioner has evaluated the offender for refeeding syndrome and developed a plan of care in conjunction with the dietitian, if clinically indicated.

3. Document the assessment and any other information in the offender's medical record.

INTERNAL CONTROLS:

A. Documentation of hunger strikes and all related medical and behavioral health information is retained in the offender's medical and behavioral health records, including care conference notes and individualized treatment plans.

B. All incident reports are retained by facility administration.

C. Segregation logs are retained at the facility in a designated area.

ACA STANDARDS: 4-4224, 4-4350.

REPLACES: Division Directive 301.190, "Hunger Strikes," 4/5/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Handout for Offenders on Hunger Strikes (301.190A)
Hunger Strike Food Offering Guide (301.190B)

Refusal of Health Care (500.010A)

APPROVALS:
Deputy Commissioner, Community Services
Deputy Commissioner, Facility Services
Assistant Commissioner, Operations Support
Assistant Commissioner, Facility Services