




SUBJECT: <b>Hunger Strike</b>	PAGE <u> 1 </u> OF <u> 8 </u>
	NUMBER: <b>68-MED-17</b>
RULE/CODE REFERENCE:	SUPERSEDES: 68-MED-17 dated 07/28/14
RELATED ACA STANDARDS: 4-4224	EFFECTIVE DATE: <b>October 23, 2017</b>
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

The purpose of this policy is to provide procedural guidelines for the management of inmates participating in a hunger strike, intervening to prevent death and serious harm.

**III. APPLICABILITY**

This policy shall be applicable to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC) who are involved, directly or indirectly, in the care and custody of inmates who participate in a hunger strike.

**IV. DEFINITIONS**

**Advanced Level Provider (ALP)** - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician’s Assistant under Ohio Revised Code section 4730.

**Hunger Striker** - Any inmate who has refused to eat all meals for three (3) consecutive days or nine (9) consecutive meals. Once declared a hunger striker, consummation of only non-nutritional substances or an extreme minimum of nutritional substances (as determined by the institutional Advanced Level Provider) does NOT constitute the end of the hunger strike.

**Non-Nutritional Substances** - Substances such as, but not limited to, water or ice, coffee without cream or sugar, and tea without cream or sugar.

**V. POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to monitor any inmate who is participating in a hunger strike and to force treatment before death or serious, irreversible damage to life support systems or major organs occurs.

**VI. PROCEDURES****A. The Hunger Strike Team**

1. Each institution shall designate a hunger strike team to deal with inmates who meet the definition of Hunger Striker noted above. The team shall consist of:
  - a. Responsible Deputy Warden or Health Planning Administrator 4, as designated by the Managing Officer - Hunger Strike Team Leader;
  - b. Chief Medical Officer (CMO) or designee Advanced Level Provider (ALP);
  - c. Health Care Administrator (HCA);
  - d. Mental Health Manager (MHM);
  - e. Religious Services Supervisor;
  - f. Security Chief;
  - g. Other members designated by the team leader.
2. Any potential hunger striker shall be reported to the responsible deputy warden or health planning administrator 4.
  - a. After a hunger striker has been identified, the responsible deputy warden or health planning administrator 4 shall inform the managing officer, the managing director of health care, the regional nurse administrator (RNA), the regional behavioral health administrator (RBHA), and the hunger strike team members via email.

The RNA shall facilitate all hunger strikes. The RNA shall monitor the hunger strikes utilizing the RNA Hunger Strike Tracking Sheet (Appendix A).
  - b. The inmate shall be transferred to a single cell to facilitate monitoring by the security staff.
    - i. The security officer shall maintain a detailed Hunger Strike Log (DRC4178).
    - ii. The inmate shall have no access to commissary food items.
3. Upon determination of a hunger striker, the hunger strike team leader/designee shall meet with the inmate and inform the inmate of the DRC's policy on hunger strikes.
  - a. The team leader/designee shall attempt to determine the reason for the hunger strike.
  - b. The team leader/designee shall then prepare a statement for the inmate to sign that includes the inmate's reason(s) and intent for the hunger strike.

- c. The hunger strike team leader shall maintain a hunger strike file that includes the inmate's statement and/or a statement by the hunger strike team designee and meeting minutes from each hunger strike team meeting.
  4. The hunger strike team shall meet no less than every seventy-two (72) hours during the hunger strike (after the initial hunger strike team leader/designee meeting with the inmate) and upon termination of the hunger strike. In the event of a holiday, the hunger strike committee meeting shall be on the next business day.
    - a. Meeting topics and documentation shall include:
      - i. Sign-in sheet with date/time of meeting;
      - ii. Reason for hunger strike;
      - iii. Attempts at resolution and results thereof; and
      - iv. Clinical condition:
        - a) Medical assessments
        - b) Mental health status
        - c) Hydration status
        - d) Malnourished status
        - e) Oral intake
        - f) Lab findings
        - g) Education provided to patient
        - h) Possibility of need for forced care, IV fluid administration or FMC transfer.
5. The hunger strike team leader/designee shall maintain, on a daily basis, a running Hunger Strike Log (DRC4178) of all relevant information pertaining to the Hunger Striker.
6. The managing officer and/or the hunger strike team leader/designee are the only person(s) authorized to discuss with the inmate any possible resolution of the problems that have contributed to the hunger strike.
  - a. Other staff may discuss the reasons for the hunger strike with the inmate; however, they may not discuss methods of resolution of the problem leading to the hunger strike.
  - b. All pertinent information about the hunger strike shall be communicated to the hunger strike team leader/designee for notation in the daily Hunger Strike Log (DRC4178).
7. Refusal of Non-Medical Treatment
  - a. If the inmate refuses any part of the non-medical hunger strike procedure, the hunger strike team leader/designee shall counsel the inmate about the need for the procedure and potential consequences of refusal of the procedure.
  - b. If the inmate continues to refuse the non-medical hunger strike procedure, the managing officer may use his/her discretion to order the use of such force as is reasonably necessary to carry out the necessary procedure.

8. The Hunger Strike Team Leader/designee shall notify the RNA:
  - a. After each hunger strike team meeting with updates on the status of the Hunger Striker via copies of meeting minutes;
  - b. When the hunger strike ends;
  - c. If there is any significant change in the health status of the Hunger Striker;
  - d. If the need for forced care, IV fluid administration, or transfer to Franklin Medical Center (FMC) is likely or necessary.
9. In the event that forced care, IV fluid administration, or transfer to FMC is likely or necessary, the Managing Director of Health Care shall be notified as well as the RNA.
10. Healthcare staff shall provide the necessary health services notated in below section VI.B of this policy and shall encourage the inmate to eat; however, they should not attempt to intervene in the issues that provoked the hunger strike.

## **B. Healthcare Procedures**

1. Upon notification of the hunger strike, the institution ALP shall order the following lab tests. The necessity for all such testing shall be discussed with the inmate and documented in the electronic health record.
  - a. CBC with Differential;
  - b. BMP8 Anion Gap;
  - c. Calcium Serum;
  - d. Phosphorus Serum;
  - e. Magnesium Serum;
  - f. Albumin Serum;
  - g. Prealbumin;
  - h. Hepatic Function Panel;
  - i. UA;
  - j. Beta-hydroxybutyrate (only if UA is positive for ketones).
2. Upon notification of the hunger strike, the nurse shall weigh the inmate and document the weight, appearance, mental status, vital signs (to include height, temperature, orthostatic pulse rates, respiration rates, and orthostatic blood pressure rates) on the hunger strike flowsheet.
3. Mental health staff shall evaluate the inmate to determine if mental health issues are causing or adding to hunger strike issues.
4. On days two (2) through five (5) of the hunger strike, the nurse shall complete a hunger strike flowsheet on the inmate daily.
  - i. More frequent vital signs and assessments may be conducted, as indicated by the patient's condition or as ordered by the ALP.

- ii. The nurse shall immediately notify the institution ALP if the standing blood pressure reading is  $\geq 10$  mm hg lower than the sitting pressure and/or the standing pulse rate is  $\geq 20$  higher than the sitting rate.
  - iii. The inmate shall be weighed at the same time, on the same scale, under the same conditions each day.
  - iv. If the inmate refuses assessment, the nurse shall document the refusal and chart the inmate's appearance and mental status utilizing visual cues.
5. On the sixth (6<sup>th</sup>) day of the hunger strike, the institution ALP shall write an order to admit the inmate to the infirmary and counsel the inmate about the possible consequences of continued fasting.
  - a. Based on the inmate's overall clinical condition and comorbidities, the ALP may admit the inmate to the infirmary prior to the sixth (6<sup>th</sup>) day of the hunger strike.
  - b. Any variation from physically housing the Hunger Striker in the infirmary must be approved by the State Medical Director/designee.
6. An ALP shall evaluate the admitted Hunger Striker and document an infirmary admission progress note on the day of admission or the next scheduled day at the institution and then each scheduled day thereafter until the patient is discharged from the infirmary.
7. Upon the Hunger Striker's admission to the infirmary, the nurse shall complete and document a head-to-toe physical assessment and hunger strike flowsheet.
  - a. If the patient refuses assessment, the nurse shall document the refusal and chart the patient's appearance and mental status utilizing visual cues.
  - b. The team leader has the discretion to withhold the results of the inmate's weight from the inmate.
8. The nurse shall complete and document a condition-specific physical assessment and a hunger strike flowsheet at a minimum of every eight (8) hours.
  - a. More frequent vital signs and assessments may be conducted, as indicated by the patient's condition or as ordered by the ALP.
  - b. The nurse shall immediately notify the institution ALP if the standing blood pressure reading is  $\geq 10$  mm hg lower than the sitting pressure and/or the standing pulse rate is  $\geq 20$  higher than the sitting rate.
  - c. If the patient refuses assessment, the nurse shall document it in the progress note and chart the inmate's appearance and mental status utilizing visual cues.
9. A nurse shall make rounds and document a safety check at least every two (2) hours, or more often as indicated by the patient's condition or an ALP order.

10. Upon termination of the hunger strike, the patient shall continue to be evaluated in the infirmary for at least forty-eight (48) hours to monitor nutritional intake.
  - a. Above noted ALP and nursing assessments (sections VI.B.6, 8 and 9 of this policy) shall continue until the patient is discharged from the infirmary, unless the ALP orders increased assessments.
  - b. Once off the hunger strike, the patient shall resume a regular diet; a nutrition supplement is not indicated at this time.
  - c. If weight gain is inadequate, the ALP shall reevaluate the patient's dietary needs.
11. An ALP order and distinct discharge note is required for discharge from the infirmary.

Nursing staff shall provide and document condition-specific patient education and instructions concerning follow-up care to the patient.
12. If the patient's condition warrants, due to medical monitoring/assessments refusals or diminishing mental health status, the ALP or nurse may send a referral to mental health services for assessment via a "MH-Referral Hunger Strike" action within the electronic health record.
13. If the patient refuses medical monitoring/and/or medically necessary intervention, refer to below policy section VI.D.

### **C. Franklin Medical Center (FMC) Procedures**

1. The inmate shall be transported and admitted to the FMC when such admission is determined to be appropriate by the FMC Chief Medical Officer (CMO)/designee, after consultation with the institutional CMO, or when specified by the Bureau of Medical Services (BOMS) for special reasons or conditions. Such indications may include:
  - a. Change in mental status;
  - b. Signs of significant electrolyte imbalance (i.e., tenting of skin, slurred speech, muscle spasms, muscle weakness, irregular pulse);
  - c. Serious infection; and
  - d. Loss of vision.
2. Transfers to FMC shall be conducted in accordance with FMC admission procedures and shall be coordinated through the Bureau of Classification and Reception (BOCR).
3. The sending institution hunger strike team leader shall provide a copy of all information regarding the hunger striker to the FMC CMO/designee and responsible deputy warden or health planning administrator 4 upon transfer to that facility.

- a. Upon admission to FMC, the Hunger Striker shall be placed and maintained in a locked medical isolation room without access to other inmates.
  - b. The FMC hunger strike team leader/designee shall meet with the inmate upon admission.
  - c. Food intake, including non-nutritional substances, shall be observed and recorded in the electronic health record and on the Hunger Strike Log (DRC4178).
  - d. Food or other nutrients may be given to the Hunger Striker upon request. Food provision shall be documented in the Hunger Strike Log (DRC4178) and in the medical file, and the CMO shall be notified.
4. The responsible deputy warden or health planning administrator 4 shall convene the FMC hunger strike team. Above policy criteria concerning parent institution Hunger Strike Teams apply.

The FMC hunger strike team shall meet no less than every seventy-two (72) hours during the hunger strike (after the initial FMC hunger strike team leader/designee meeting with the patient) and upon termination of the hunger strike. In the event of a holiday, the hunger strike committee meeting shall be on the next business day.

5. Following admission to FMC, a psychiatrist shall examine the inmate and make a determination as to the inmate's capacity to make health care decisions.
6. Above noted parent institution ALP and nursing assessment criteria in sections VI.B.6 through VI.B.13 of this policy shall continue until the patient is discharged from FMC, unless the ALP orders increased assessments.

If the inmate refuses assessment, the nurse shall document it in the progress note and chart the inmate's appearance and mental status utilizing visual cues.

7. The FMC hunger strike team leader/designee and FMC CMO/designee shall keep the FMC managing officer and the BOMS Director of Nursing informed of the patient's physical condition on a regular basis via copies of the hunger strike team meeting minutes and additional correspondence.

#### **D. Forced Medical Treatment**

1. Forced treatment shall be recommended for the inmate when the CMO has determined further fasting is reasonably likely to cause death or serious permanent damage to the patient's health. The decision to initiate forced medical treatment shall be based on the patient's total physical and mental health condition, not merely on any individual test result.
2. If the CMO determines forced care is necessary to avoid imminent substantial bodily harm, DRC policy 68-MED-24, Consent to or Refusal of Medical Treatment, section VI.D, shall be followed.

3. Any needed forced treatment shall be terminated if/when the inmate terminates his/her declared hunger strike and/or voluntarily consumes sufficient nutrition (as determined by the institutional ALP) to sustain life and prevent serious harm.
  
- E. For inmates whom have documented missed meals and are suspected of undernourishment but have not declared a hunger strike, an immediate referral shall be made to the institutional medical department for evaluation and infirmary admission; DRC policy 68-MED-21, Infirmary Services shall be followed.

**Attachments:**

Appendix A            RNA Hunger Strike Tracking Sheet

**Related Department Forms:**

Hunger Strike Log                            DRC4178



