



Department of Corrections

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: ADULT Operations Only JUVENILE Operations Only DEPARTMENT-WIDE

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SECURITY AND CONTROL: Resident Hunger Strikes

Original Date Issued: 11-03-15 Replaces IMPP Issued: 11-03-15 **CURRENT EFFECTIVE DATE: 09-21-21**

Approved By: , Secretary Next Scheduled Review: 11/2024

POLICY

The KDOC, through a multidisciplinary approach, is to make provisions to closely monitor and provide care to prevent serious or irreparable self-inflicted harm to residents who refuse to consume adequate food and or drink or declare a hunger strike. Residents with decisional capacity have the right to voluntarily refuse nourishment and to declare a hunger strike or starvation diet and are not to be fed artificially without appropriate legal intervention. Healthcare staff is to inform and counsel residents about the physical and psychological ramifications of their decisions. The Site and Regional Medical Director is to determine when the resident's health status requires involuntary medical intervention. The department's legal counsel is to be consulted when such intervention is necessary for protection of the resident's health status.

DEFINITIONS

Decisional Capacity: Medical decision-making capacity is the ability of a resident to understand the benefits and risks of, and the alternatives to, a proposed treatment or intervention (including no treatment). Capacity is the basis of informed consent. Residents have medical decision-making capacity if they can demonstrate understanding of the situation, appreciation of the consequences of their decision, reasoning in their thought process, and if they can communicate their wishes.

Director of Health Care Compliance: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Health Care Staff: Persons who are registered or licensed with a health care regulating agency to include, but not limited to physicians, nurses, psychiatrists, psychologists, and social workers.

Hunger Strike: An announced or unannounced refusal to eat or drink for a period of 72 hours **or** when an individual initiates a starvation diet of 800-900 calories per day. The lack of essential nutrients over an extended period is characterized by multiple physiologic and metabolic dysfunctions.

Involuntary treatment: Medical treatment undertaken without the consent of the person being treated.

Qualified Behavioral Health Personnel: Psychiatrists, physicians, behavioral health professionals and nurses who meet the educational and registration or licensure/certification criteria specified by their respective discipline to provide evaluation and care for the behavioral health needs of residents.

Re-feeding Syndrome: Refeeding syndrome is a life-threatening complication that may occur after initiation of nutritional therapy in malnourished residents, as well as after periods of fasting and hunger.

Regional Medical Director: The physician Medical Director of the contracted agency or organization responsible for the provision of health care services for the KDOC resident population. This position has full clinical autonomy and responsibility for the provision of clinical services within the KDOC.

Site Medical Director: The physician at each site who serves as the facility clinical health authority and is responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative

matters.

PROCEDURES

I. Related Policies

- A. None.

II. Determining Hunger Strike

- A. This policy is not intended for residents who for medical or mental health reasons are unable to take nourishment. This policy is to address when a resident voluntarily refuses nourishment and is considered capable of making unimpaired and rational decisions. Residents may also participate in religious fasts for a reasonable length of time as determined by the Chaplain. These activities are not considered to be a hunger strike.
- B. If a resident communicates to any staff member that he/she is on a hunger strike, or staff observe the resident has refused sufficient nutrition and/or hydration for a period of 72 hours, the resident is to be considered to be on a hunger strike. If more than one (1) resident chooses to engage in a hunger strike at the same time, the provisions of this policy is to apply to each resident.
- C. A starvation diet is an intake of equal to or less than 800 to 900 calories per day. The lack of essential nutrients over an extended period is characterized by multiple physiologic and metabolic dysfunctions and is to be considered a hunger strike.

III. Initial Staff Response

- A. Once it is determined a resident is engaged in a hunger strike, staff is to:
 - 1. Interview the resident as soon as possible and attempt to determine the resident's reason for refusing sufficient nutrition or hydration.
 - 2. Immediately notify Warden/Superintendent verbally and in writing.
 - 3. Immediately notify the Health Services Administrator or designee verbally and in writing to request a clinical assessment.
 - 4. Identify individuals with potential influence on the resident.
 - 5. Attempt to resolve the problem through counseling.
 - 6. Maintain daily contact with the resident for the duration of the refusal period and fully document these contacts.
 - 7. Remove commissary food items and any other food items from the resident's cell.
 - 8. Allow resident to continue to make non-edible commissary purchases relating to personal hygiene needs while on hunger strike status.

IV. Healthcare Response

- A. Upon receipt of notification of the hunger strike, the healthcare staff is to:
 - 1. Review the health record for serious mental or physical illness which could be aggravated by refusing to take nourishment. The treatment plan is to be modified accordingly.
 - 2. Refer the resident to behavioral health for evaluation. The evaluation is to occur within one (1) day of the referral and is to be documented in the electronic health record.
 - 3. The behavioral health professional or psychiatrist is to evaluate the resident for decisional capacity and suicidal ideation and ensure the resident is placed in an appropriate setting.

4. Interview the resident to attempt to determine the reason for the hunger strike. Attempt resolution through counseling the resident.
 5. Inform the resident of the physical effects of starvation noted below and have him/her acknowledge the review by signing the Effects of Starvation form (Attachment A).
 - a. Starving can result in serious harm to the body and mind and can result in death.
 - b. When starvation begins, the body draws its required energy from sugar in the blood and the body's fat stores.
 - c. After the fat is used up, the body begins to use muscle and organ tissue to make fuel for energy.
 - d. The body reacts to starvation by weight loss and by potential irreversible damage to the major organs, like the heart and liver.
 - e. Breakdown in muscle and organ tissue reduces their size and ability to work properly to meet the body's needs.
 - f. The skin can become dry, lose its softness, stretch, and feel cold. Bones begin to protrude under the thin skin due to emaciation. Hair becomes dry and thin and falls out easily. Diarrhea or loose stools may occur and speed up the wasting process.
 - g. The individual may feel as if nothing matters, have a general lack of interest, and be irritable.
 - h. The immune system is weakened and there is greater risk for developing serious infections and diseases.
 6. If the resident refuses to sign the acknowledgement form, two (2) staff members are to sign as witnesses to the refusal.
 7. Notify the Health Services Administrator (HSA), medical director and institutional administration.
 8. Notify parent/guardian if deemed appropriate by the Multi-disciplinary Team (MDT) for juvenile residents.
 9. Healthcare staff are to enter the hunger strike information on the Hunger Strike Log (Attachment B) shared with the Office of Healthcare Compliance and update the log daily by 11:00 A.M.
 10. Schedule the resident with the Health Care Practitioner (HCP) for initial evaluation by the 5th day of the resident's abstinence from meals.
 11. The HCP is to conduct ongoing evaluation of the resident while on hunger strike in accordance with infirmary level of care requirements and based upon the resident's clinical condition.
 12. The HCP is to keep the resident apprised of his or her health status and the likely consequences of change or deterioration
 13. The resident is to be placed in the Infirmary by the 5th day of his/her abstinence from meals or earlier as determined by the resident's clinical condition.
- B. Initial health assessment is to include:
1. Height, Weight, and Body Mass Index.
 2. If the resident refuses subsection # 1 above, record the last known measurements and date.

3. Vital signs, including orthostatic blood pressure and pulse, respiratory rate, and oxygen saturation by pulse oximeter.
 4. Urine dipstick urinalysis.
 5. Lab as clinically indicated and as per the Health Care Practitioner's orders.
 6. General health evaluation.
 7. Immediate referral to the Health Care Practitioner is required if any of the following signs/symptoms are present.
 - a. Poor skin turgor.
 - b. Lethargy.
 - c. Disorientation.
 - d. Decreased activity level.
 - e. Difficulty with movement.
 - f. Abnormal vital signs.
 - g. Ketones in the urine.
 - h. Weight loss more than five (5) pounds.
- C. Refusal of health assessment.
1. The resident is to be asked to sign a refusal of treatment form if he/she refuses to permit the health assessment.
 2. An entry is to be made in the electronic health record that the assessment was offered and refused by the resident.
- D. Multi-disciplinary team (MDT).
1. The MDT is to include medical, behavioral health, security, unit team and the Warden or designee.
 2. The MDT is to identify one (1) member of the MDT most likely to be successful in working with the resident to end the hunger strike.
 3. The MDT is to set a schedule for meetings throughout the duration of the hunger strike. The initial MDT is to occur at 72 hours.
 4. The behavioral health professional is to document the results of the meeting in an administrative note in the electronic health record.
- E. Housing of residents on hunger strike.
1. A resident on hunger strike is to be removed from general population.
 2. The resident is to be placed in an observation cell in the infirmary for close monitoring.
 3. If an infirmary observation cell is not available, the resident is to be housed in a single cell where staff can monitor food intake and mental status.
 4. Water must be left on in the cell.

5. Intake and output are to be recorded as accurately as possible and entered in the electronic health record.
 6. Infirmity admission is required when a hunger strike reaches five (5) days and/or when the resident demonstrates any clinical symptoms of dehydration or starvation.
 7. The resident may not refuse placement or housing for medical needs.
- F. Availability and monitoring of food and fluid.
1. Food is to be presented three (3) times a day and left in the cell for 30 minutes.
 2. Correctional officers are to monitor food and fluid intake and document results on a food intake form developed by the contracted healthcare provider.
 3. Fluids are always to be readily available.
 4. A record of intake and output is to be maintained.
 5. Healthcare staff are to familiarize the correctional officers with the monitoring/food intake form.
 6. Canteen foods are not to be allowed while on a hunger strike.
- G. Healthcare monitoring of resident during hunger strike.
1. Vital signs including temperature, pulse, respirations, orthostatic blood pressure, oxygen saturation, weight, and BMI at a minimum of daily or more frequently as determined by the HCP.
 2. Urine ketones daily.
 3. Daily observation and documentation in the electronic health record as per the hunger strike monitoring template of the following parameters:
 - a. Resident's general appearance.
 - b. Activity level.
 - c. Condition of skin and mucous membranes.
 - d. Mood and cognition.
 - e. Presence of weakness, dizziness, or other symptoms stated or observed.
 - f. Review of food and fluid intake and output.
 - g. Encounter with the physician, APRN, or PA at a minimum of three (3) times weekly or daily as indicated by the resident's clinical condition.
 - h. Daily encounter with behavioral health staff to assess their mental status, overall mental health, and the appearance of new mental health symptoms or exacerbation of existing mental health symptoms.
 - i. Reasonable efforts by the HCP and nursing staff are to be made daily to convince the resident to end the hunger strike.
 - j. Offering meals and fluids.
 - k. Discuss with resident the present consequences of refusing to eat.
 - l. Discuss with resident the future consequences of refusing to eat.

V. Involuntary Treatment

- A. In the event the resident's condition deteriorates such that a serious medical outcome can be anticipated, the HSA and Site Medical Director are to consult with the Regional Medical Director to determine the most appropriate treatment plan and level of care indicated for the resident.
 - 1. The Warden/Superintendent is to be notified of the resident's needs/condition.
 - 2. The KDOC legal counsel is to be consulted to consider legal steps such as a competency hearing, and or court ordered involuntary treatment.
 - 3. The HSA is to notify the office of health care compliance of the resident's status.
- B. KDOC legal counsel is to address any concerns they have related to involuntary treatment interventions.
- C. If the resident's condition becomes unstable (i.e. hypoglycemia, dehydration, hypotension, change in mental status, etc.) and potentially life-threatening pending administrative and court actions/decisions, emergency medical treatment may be implemented without the resident's consent.
- D. Involuntary feeding (IV fluids and NG tube) may only be initiated and discontinued upon a physician's order.
- E. Restraints may be required to initiate and maintain involuntary feedings.
 - 1. The KDOC restraint policies are to be followed if restraints are utilized.
 - 2. Restraints are to be removed when the resident voluntarily consumes adequate oral food and fluids.
- F. KDOC Legal Counsel is to determine if any other entities may need notification prior to implementation of involuntary feeding.
- G. Discontinuation of involuntary feedings by the medical provider is to occur only when the resident demonstrates the following criteria:
 - 1. Significant weight gain.
 - 2. Stable vital signs.
 - 3. Lab studies within normal limits.
 - 4. Adequate oral food and fluid intake.

VI. Other Actions

- A. The Warden/Superintendent, upon advice of the Site Medical Director, may order a resident released from hunger strike evaluation and treatment status.
 - 1. This order is to be recorded in the resident's health record.
- B. Media contacts concerning a resident's hunger strike status is to be limited to the Warden/Superintendent or designee.
- C. **ADULT:** At the discretion of the warden, residents of minimum-security facilities who are on hunger strike status may be transported to the nearest maximum-security facility.

VII. Post Hunger Strike

- A. The HSA, Site Medical Director, and Warden/Superintendent are to be notified when a resident begins to eat.
- B. The resident's clinical condition, severity of the hunger strike, and risk level for refeeding syndrome determines the follow up care and housing needs of the resident.
- C. Nursing staff is to document the date and time hunger strike ended in the electronic health record and in the log shared with the office of healthcare compliance.
- D. The health care staff is to monitor the resident after hunger strike in accordance with the health care practitioner's orders.
- E. Behavioral Health staff is to conduct a follow up evaluation of the resident within seven (7) days of the end of the hunger strike.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

American Academy of Family Practice
National Institutes of Health

HISTORY

11-03-15 Original
09-21-21 Revision 1

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	The Effects of Starvation Form	1 page
B	Hunger Strike Monitoring Log	1 page

