POLICY STATEMENT

Provisions shall be made to prevent offenders from self-inflicted harm through a refusal to take nourishment. Upon becoming aware that an offender has refused to eat or declares to be on a hunger strike, the offender’s health and well-being shall be closely monitored in accordance with the procedures established herein. Staff shall advise the offender of the potential damaging effects of starvation. When a medical necessity is determined the Site Medical Director may authorize staff to administer medical treatment against the offender’s will. Management of an offender or a number of offenders on a hunger strike shall include the involvement of all members of the available facility treatment team. Professionals in the fields of medicine, behavioral health, and correctional supervision shall all work together to provide a multi-disciplinary approach to the management of offenders involved in hunger strikes.

DEFINITIONS

Facility Administrative Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Departmental Clinical Health Authority: The physician Regional Medical Director of the agency or organization responsible for the provision of health care services for the KDOC. This position has full clinical autonomy and responsibility for clinical health care issues within the KDOC.

Facility Clinical Health Authority: The physician Site Medical Director responsible to the Regional Medical Director for all clinical matters and to the Health Services Administrator for all administrative matters.

Hunger Strike: An announced or unannounced refusal to eat or drink for a period of 24 hours or more. Not included in this definition are medically imposed fasts for the purpose of conducting medical tests or procedures, or, religious fasts.

PROCEDURES

I. Immediate Actions to be Taken

A. When staff determines that an offender has not had anything to eat or drink for a period of 24 hours, whether or not the offender has expressed intent to engage in a hunger strike, the Unit Team Manager or designee shall:

1. Interview the offender as soon as possible;
2. Attempt to determine the reason(s) for the hunger strike;

3. Immediately notify the warden/superintendent verbally and in writing;

4. Immediately notify the Health Services Administrator or designee verbally and in writing and request a health assessment;

5. Attempt to resolve the problem through counseling; and,

6. Maintain daily contact with the offender for the duration of the refusal period and fully document these contacts.

A. Upon notification by the Unit Team, the Health Services Administrator or designee shall:

1. Provide a health assessment of the offender.

   a. If the offender refuses to permit the health assessment, a record shall be made by the Health Services Administrator, or designee, to indicate that the assessment was offered but refused by the offender.

      (1) The record shall be maintained to reflect all health attention/treatment offered and the assessment or treatment refused during the claimed hunger strike

      (2) The Medical Director or designee shall advise the offender that, at a minimum, the offender’s weight must be recorded.

         (a) **ADULT:** If the offender does not cooperate in this process the warden may authorize the use of planned force (IMPP 12-111).

         (b) **JUVENILE:** If the offender does not cooperate in this process, the superintendent may authorize the use of planned force (JJA IMPP 12-111).

   b. No other assessment procedures shall be performed over the offender’s objections until, in the judgment of the Regional Medical Director, it is determined that due to the length of time the offender has claimed to have been on the hunger strike, or because observations of the offender’s condition indicate the offender is in or approaching a life threatening stage.

   c. Once this determination has been made by the Regional Medical Director, the health assessments, as well as clinical treatment, may be conducted as emergency actions pursuant to IMPP 10-127D.

2. Institute daily or more frequent monitoring as indicated for the duration of hunger strike;

3. Document contacts with the offender and record the findings;

4. Request a clinical assessment by behavioral health staff; and,

5. Make recommendations in writing to the warden/superintendent as appropriate.

C. The offender shall be removed from the general population unless other arrangements are deemed necessary by the Health Care Practitioner or the warden/superintendent.

D. If more than one (1) offender undertakes a hunger strike at the same time, the provisions of this policy shall be applicable to each of them.
II. Initial Referral Requirements

A. Upon initial referral of an offender on a hunger strike to the qualified health care staff, the following actions shall be taken:

1. The Health Services Administrator or designee shall advise the offender of the physical effects of starvation and shall complete the following evaluative procedures:
   a. Measure and record height and weight;
   b. Record vital signs;
   c. Urinalysis;
   d. Baseline complete blood counts, sedimentation rate and blood chemistry tests as per Health Care Practitioner’s orders; and,
   e. General health evaluation.

2. The Site Medical Director or designee shall complete the Effects of Starvation form (Attachment A), obtain the offender’s signature on the form, and provide the offender with a copy of the form.

III. Action Subsequent to the Initial Referral

A. The health care professional shall initiate monitoring every 24 hours or more frequently as clinically indicated and according to the Health Care Practitioner’s orders which shall include at a minimum observation and documentation of:

1. Urine Ketones;
2. Appearance and activity level;
3. Condition of skin and mucous membranes;
4. Mood and cognition;
5. Presence of weakness, dizziness, or other symptoms;
6. Vital signs;
7. Weight; and
8. Other tests as per the Health Care Practitioner’s orders.

B. When valid health reasons exist, the Regional Medical Director may modify the offender’s facility housing to the infirmary for observation or order the offender admitted to a local hospital for treatment.

C. Complete documentation of all health decisions and actions shall be recorded in the electronic health record.

D. Meals shall be offered to the offender three (3) times a day and a supply of drinking water shall be available.

1. The refusal of each meal shall be recorded in the daily living unit log.

E. Staff shall remove all commissary food items and any other food items from the offender’s cell or room.
1. An offender may continue to make non-edible commissary purchases relating to personal hygiene needs while on hunger strike status.

F. To the extent possible, all food and water given to the offender shall be measured and counted, and recorded in the offender's health record.

G. To the extent possible, all output shall be measured and recorded in the offender's health record.

IV. Forced Feeding

A. When required by medical necessity, the Regional and Site Medical Director shall order that appropriate treatment be administered without the consent of the offender.

1. Prior to health treatment being administered against an offender's will, staff shall make a reasonable effort to convince the offender to voluntarily accept treatment.

B. The warden/superintendent shall be notified prior to the forced feeding of an offender, unless a health emergency necessitates immediate treatment.

1. In the event a health emergency necessitates immediate treatment, the warden/superintendent shall be notified at the conclusion of the treatment action.

2. The warden/superintendent shall immediately notify the Secretary of Corrections of this action.

V. Other Actions

A. The warden/superintendent, upon advice of the Site Medical Director, may order an offender released from hunger strike evaluation and treatment status.

1. This order shall be recorded in the offender's health record.

B. Media contacts concerning an offender's hunger strike status shall be limited to the warden/superintendent or designee.

C. **ADULT:** At the discretion of the warden, offenders of minimum security facilities who are on hunger strike status may be transported to the nearest maximum security facility.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff 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 or offenders, or an independent duty owed by the Department of Corrections to employees, 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 is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

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<th>Name/Type of Report</th>
<th>By Whom To Whom</th>
<th>Due</th>
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<tbody>
<tr>
<td>Forced Feeding Report</td>
<td>Warden/Superintendent to Secretary of Corrections</td>
<td>Upon Action</td>
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<tr>
<td>(Telephone)</td>
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REFERENCES

IMPP 10-127D, 12-111

ATTACHMENTS

<table>
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<td>A</td>
<td>The Effects of Starvation</td>
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THE EFFECTS OF STARVATION

Prolonged starvation can result in serious harm to a person’s body and mind. When a person’s caloric intake falls far below the body’s daily energy expenditure, a complex series of reactions are set in motion by the body in an effort to defend itself against this abnormal condition. These reactions go far beyond a simple loss of weight and an emaciated appearance. If these reactions are prolonged and severe enough, they can result in serious damage or death.

When there is a deficit in energy intake, the body draws on its own stores to maintain blood glucose, its main fuel. The body will first use whatever stored fat may be available. When fat stores are exhausted, the body will then begin to use muscle and organ tissue to produce energy. As this occurs there is a wasting away of muscle and of tissue in the liver and intestines, the heart decreases in size and output. Blood pressure and respiratory rates are reduced and cardiorespiratory failure can eventually occur. The skin becomes thin, dry, inelastic, pale and cold and bones protrude. A patchy brown pigmentation may occur. Hair becomes dry and sparse and falls out easily. There is a loss of sex drive. Diarrhea may occur and hasten the wasting process. Apathy and irritability are common. Eventually the body enters a comatose state, usually followed by death.

Proteins are essential for maintenance of cellular functions and when the body’s proteins have been depleted to approximately one-half of their normal levels, death ordinarily ensues.

In addition to the above factors, many negative changes in the chemistry of the body also occur. Vitamin deficiencies occur, particularly the Vitamin B group and Vitamin C and further weakened the body. Resistance to disease and infections decreases making the body vulnerable to other illnesses.

I understand that my refusal to eat can bring about the above deleterious effects (as well as others) on my body and my well-being. I understand that continued refusal to eat may result in serious and possibly irreversible bodily changes and can eventually result in my death. Furthermore, I understand that the Department of Corrections will do everything within its power to prevent the death of any person committed to its custody.

I hereby certify that I have read (or had read to me) and had explained to me the destructive effects that occur to my body as a result of my refusal to eat.

_____________________________  ___________________________ _______________
WITNESS       SIGNATURE     DATE
_____________________________ has been advised of the above information regarding
(Offender’s Name)
the deleterious effects of his continued refusal to eat by ________________________ on __________ but
(Physician)            (Date)
refused to sign the above form.

_____________________________  ___________________________ _______________
WITNESS       SIGNATURE     DATE
_____________________________  ___________________________ _______________
WITNESS