

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Hunger Strike	PAGE <u>1</u> OF <u>6</u>
	NUMBER: 68-MED-17
RULE/CODE REFERENCE:	SUPERSEDES: 68-MED-17 dated 04/08/2011
RELATED ACA STANDARDS: 4-4224	EFFECTIVE DATE: July 28, 2014
	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 Department 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, and 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 consecutive days or nine consecutive meals. One brunch meal is counted as two meals for the purpose of determining status as a hunger striker. 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 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) Health Care Administrator;
 - c. Mental Health Manager;
 - d. Religious Services Supervisor;
 - e. Security Chief;
 - f. 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, and the Hunger Strike team members via email.
 - i. The Regional Nurse Administrator shall act as the Office of Correctional Health Care hunger strike liaison and shall be copied on all email updates regarding the hunger strike.
 - b. The responsible Deputy Warden or Health Planning Administrator 4 shall notify the medical department via email in all cases and the mental health department in those cases where the inmate is on the mental health caseload.
 - c. The inmate shall be transferred to a single cell to facilitate monitoring by the security staff and the security officer shall maintain a detailed Hunger Strike Log (DRC4178) in attendance. The inmate shall have no access to commissary food items.
3. The Hunger Strike Team designee shall meet with the inmate and inform the inmate of the Department's policy on hunger strikes.
 - a. The designee shall attempt to determine the reason for the hunger strike.

- b. The 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 responsible Deputy Warden or Health Planning Administrator 4 shall maintain a hunger strike file that includes the inmate statement and/or a statement by the Hunger Strike Team designee.
 4. The Hunger Strike Team Leader or designee shall maintain on a daily basis a running Hunger Strike Log (DRC4178) of all relevant information pertaining to the hunger striker.
 5. The Managing Officer, Hunger Strike Team Leader and/or the team's 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, but 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).
 6. Refusal of Treatment
 - a. If the inmate refuses any part of the hunger strike procedure, the hunger strike team leader, or 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 hunger strike procedure, the Director may use his/her discretion to order the use of such force as is reasonably necessary to carry out the necessary procedure.
 7. The responsible Deputy Warden or Health Planning Administrator 4 shall notify the Regional Nurse Administrator:
 - a. After each hunger strike team meeting with updates on the status of the hunger striker;
 - 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 FMC is likely or necessary.
 8. In the event that forced care, IV fluid administration, or transfer to FMC is likely or necessary, the Managing Director of Health Care shall also be notified as well as the Regional Nurse Administrator.

B. Medical Procedures

1. The medical staff shall provide the necessary medical services and may encourage the inmate to eat, but should not attempt to intervene in the issues that provoked the hunger strike. The institution ALP shall counsel the inmate about the possible consequences of continued fasting.
2. A nurse shall weigh the inmate and document the weight, appearance, mental status and vital signs, including orthostatic blood pressure and orthostatic pulse readings as soon as possible after the inmate is identified as a hunger striker. The team leader has the discretion to withhold the results of the inmate's weight from the inmate.
3. The institution ALP shall order any necessary lab tests. The ALP shall discuss the necessity for all such testing with the inmate and document the discussion in the medical record.
4. The inmate shall be weighed every week of the hunger strike and more often as designated by the team leader or ALP. The inmate weight, mental status, and appearance shall then be documented in the medical record and on the Hunger Strike Log (DRC4178).
5. A nurse shall assess vital signs daily, including orthostatic blood pressure and orthostatic pulse readings.
 - a. The inmate's weight, vital signs and general appearance shall be documented in the interdisciplinary progress notes each time the inmate is assessed.
 - b. The nurse shall immediately notify the institution ALP if the standing blood pressure reading is ≥ 10 mm hg lower than the sitting pressure and the standing pulse rate is ≥ 20 higher than the sitting rate.
6. If an inmate refuses medical monitoring and/or medically necessary intervention, refer to Department Policy 68-MED-24, Consent to or Refusal of Medical Treatment.

C. Franklin Medical Center Procedures

1. The inmate shall be transported and admitted to the Franklin Medical Center (FMC) when such admission is determined to be appropriate by the FMC CMO /designee, after consultation with the institutional CMO, or when specified by the FMC Medical Center Administrator 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 ~~CMC~~ FMC admission procedures and shall be coordinated through the Bureau of Classification and Reception.
3. The 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. The responsible Deputy Warden or Health Planning Administrator 4 shall convene the FMC Hunger Strike Team.
 - 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. Food intake, including non-nutritional substances, shall be observed and recorded in the medical record and on the Hunger Strike Log (DRC4178).
 - c. 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 will be notified.
4. Following admission to FMC, a psychiatrist shall examine the inmate and shall make a determination as to the inmate's mental competency. A medical ALP shall examine the inmate as indicated by the inmate's physical condition.
5. Nursing staff shall assess the hunger striker every shift in accordance with FMC nursing assessment procedures.
6. The FMC CMO/designee and responsible Deputy Warden or Health Planning Administrator 4 shall keep the FMC Managing Officer informed of the inmate's physical condition on a regular basis.

D. Forced Medical Treatment

1. Forced treatment shall be recommended for the inmate when the CMO has determined that further fasting is reasonably likely to cause death or serious permanent damage to the inmate'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, Department 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 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 will be made to the institutional medical department for evaluation and infirmary admission and Department Policy 68-MED-21, Infirmary Services, will be followed.

Related Department Forms:

Hunger Strike Log DRC4178