



VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
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4.22.2 INDIVIDUAL HUNGER STRIKE PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure provides requirements for providing health care (including assessment, monitoring, and treatment) to all hunger strike participants.

II. DEFINITIONS

High-Risk Hunger Strike Participant: A hunger strike participant who is identified by health care staff as being at high-risk of suffering a medical complication from fasting or refeeding. High-risk patients shall be identified through a review of registries of patients with chronic medical conditions and through a review of medication prescriptions for patients (e.g., prescriptions for insulin).

Hunger Strike Participant: An inmate who is identified by California Department of Corrections and Rehabilitation (CDCR) custody staff as being on a hunger strike.

Mental Health Evaluation: A psychological evaluation performed by a mental health clinician that includes a brief narrative of the presenting problem, historical information of relevance, a mental status examination and assessment of level of functioning, determination of need for mental health treatment and recommended level of care, and a referral to a psychiatrist if there is a possible need for psychotropic medication or other psychiatric intervention.

Physician Orders for Life-Sustaining Treatment: A physician order that documents a patient's 'preferred intensity of care' concerning life-sustaining treatment and end of life care, including resuscitation status, and which translates those expressed preferences into a physician's order. (See CDCR Form 7465, Physician Orders for Life Sustaining Treatment)

III. PROCEDURE

A. Hunger Strike

1. The Chief Executive Officer (CEO) or designee shall designate health care staff responsible to establish and maintain a Hunger Strike Participant log for use by health care staff. The log will contain information relevant to the Hunger Strike participant, to include the number of days the participant is on the Hunger Strike.
2. When custody staff identifies an inmate as a participant in a hunger strike, they shall notify nursing staff from the participant's facility/yard/clinic and the facility Lieutenant by completing a CDCR 128-B, General Chrono, which shall be added to the patient's health record.
3. When custody staff identifies an inmate who is fasting and refuses water for at least one day, they shall notify nursing staff from the participant's facility/yard/clinic via a completed CDCR 128-B. Nursing staff shall notify the Primary Care Provider (PCP) and ensure information is updated on the Hunger Strike Participant log.

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4. Designated licensed health care staff shall observe participants daily and shall determine if there is a need for medical attention. Documentation of the observations shall be on a checklist near the inmate's housing and shall be added to the patient's health record after the hunger strike ceases.
5. Within 72 hours of notification by custody staff that an inmate is a hunger strike participant:
 - a. Health care staff shall review the patient's health record to determine if the participant is at a high-risk for complications of starvation or refeeding.
 - 1) High-risk participants may be scheduled for a PCP visit, vital signs, and body mass index (BMI) determinations.
 - 2) Refusals shall be documented in the patient's health record. If participants are prescribed high-risk medications, a PCP may discontinue or adjust the medication dosage without a PCP visit.
 - 3) Participants shall be notified in writing regarding medication changes.
 - b. The participant shall have a mental health evaluation to rule out mental health or cognitive issues that may impact decisional capacity. For the purposes of a hunger strike mental health evaluation, the clinician shall ensure that the patient understands the implications and potential consequences of not eating and that the patient is not being coerced.
6. Within seven calendar days of notification, the participant shall be scheduled for a face-to-face triage assessment by a registered nurse who shall provide education on the adverse effects and risks of fasting and the refeeding syndrome. Nursing staff shall:
 - a. Provide the patient with information about the procedure for obtaining a CDCR 7465.
 - b. Document the encounter or refusal in the patient's health record.
7. Custody staff shall continue to offer State-issued meals to inmates during their hunger strike. While inmates are participating in a hunger strike, health care staff shall not prescribe meal replacements including milk, juice, or nutritional supplements for participants.
8. After 14 calendar days of participation in a hunger strike (as defined by custody), and at least weekly thereafter, all identified participants (even if not in a high-risk group) shall be scheduled for a PCP visit which shall include a BMI determination. The visit or refusal shall be documented in the patient's health record.
9. PCP visits shall be tailored to the individual participant and the clinical circumstances by following the clinical care guide for the health care management of hunger strike participants. The clinical care guide is not a substitute for a health care professional's clinical judgment.
10. After the initial 72-hour evaluation, a mental health evaluation shall be scheduled every 14 calendar days or more frequently, as clinically indicated. The visit or refusal shall be documented in the patient's health record.
11. After 21 calendar days of participation in a hunger strike:
 - a. Hunger strike participants shall be provided with written information about advance directives and a CDCR 7465.
 - b. If the participant accepts a primary care visit, the PCP shall perform and document a determination of capacity for informed consent as defined by

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California Code of Regulations, Title 15, Section 3353.1¹. Participants who lack capacity for informed consent shall be reported to the Chief of Mental Health, Supervising Dentist, Chief Medical Executive (CME), Chief Nurse Executive, and CEO.

- c. If the participant accepts the primary care visit, the PCP shall counsel the patient regarding advance directives and a CDCR 7465.
12. When the hunger strike participant decides to resume eating, custody staff shall immediately notify health care staff and complete a CDCR 128-B.
13. Health care staff shall use the clinical guidelines for refeeding to determine if the participant requires adjustments in the size or content of the State-issued meals.
14. Participants who fail to gain weight despite a trial of refeeding and who have experienced weight loss of more than ten percent body weight may be prescribed nutritional supplements as described in the California Correctional Health Care Services (CCHCS), Inmate Medical Services Policies and Procedures, Volume 4, Chapter 20, Outpatient Dietary Interventions, and in the refeeding section of the CCHCS Hunger Strike, Fasting, and Refeeding Care Guide.
15. Artificial feeding (enteral or parenteral nutrition support) may require transfer to a licensed health facility as clinically indicated.

B. Health Care Placement and Housing

1. The CME or designee may decide, based on participant's health care condition, to place the participant in an Outpatient Housing Unit or to immediately transfer to a licensed health facility (for services that are not available at the current institution). The participant may not refuse placement or housing for medical needs. This includes transfers between licensed health facilities, if the level of care needed requires transfer. If transfer is deemed necessary, the PCP shall notify the Warden or Administrator on Duty and initiate procedures to transfer the participant.
2. A licensed health facility includes but is not limited to the following:
 - a. Skilled Nursing Facility.
 - b. Correctional Treatment Center, including a Mental Health Crisis Bed.
 - c. Intermediate Care Facility.
3. To facilitate the transfer, the CME or designee of the sending facility shall contact the CME or designee of the receiving facility.
4. Clinical guidance for starvation and refeeding and emergency department patient management recommendations shall be shared with collaborating health care staff. Whenever a participant is transferred to a higher level of care, he/she shall be offered oral hydration, food, or supplements according to the clinical guidance refeeding assessment.

¹ 3353.1. Capacity for Informed Consent.

An inmate shall be considered capable of giving informed consent if in the opinion of health care staff the inmate is:

- (a) Aware that there is a physiological disorder for which treatment or medication is recommended.
- (b) Able to understand the nature, purpose and alternatives of the recommended treatment, medication, or health care procedures.
- (c) Able to understand and reasonably discuss the possible side effects and any hazards associated with the recommended treatment, medication, or health care procedures. An inmate shall not be deemed incapable of informed consent solely because of being diagnosed as mentally disordered, abnormal, or mentally defective.

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C. Informed Refusal

1. The participant shall receive information about his/her medical condition, the proposed course of treatment (including nutrition support), and his/her prospects for recovery. If the participant refuses recommended medical care, he/she shall be asked to sign an informed refusal form and complete a CDCR 7465 to delineate the care he/she will accept.
2. Health care staff shall grant participants autonomy in health care decisions.
 - a. If the participant refuses to clearly and consistently indicate his/her wishes regarding medical management including questions of refeeding and resuscitation if required, then all necessary interventions including artificial nutrition to protect life and limb shall be carried out.
 - b. If the participant is deemed unable to give informed consent as defined in California Code of Regulations, Title 15, Article 8, Section 3353, the institution shall seek a court order to treat the participant.
 - c. Health care staff shall not participate in forced feeding of patients.

IV. REFERENCES

- California Code of Regulations, Title 15, Section 3353, Capacity for Informed Consent
- California Code of Regulations, Title 22, Section 72527, Skilled Nursing Facility, Patients' Rights
- California Code of Regulations, Title 22, Section 72528, Skilled Nursing Facility, Informed Consent Requirements
- California Code of Regulations, Title 22, Section 79799, Correctional Treatment Center, Inmate-Patients' Rights
- California Probate Code Sections 3200-3212
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapters 20.1 and 20.2, Outpatient Dietary Intervention Policy and Procedure
- California Correctional Health Care Services, Hunger Strike, Fasting, and Refeeding Care Guide, July 2013