



VOLUME 4: MEDICAL SERVICES	Effective Date: 09/2011
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4.22.4 MASS ORGANIZED 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 Mass 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).

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

Mass Organized Hunger Strike: An organized hunger strike including multiple inmates who have a common goal or set of demands. A mass hunger strike disrupts institution operations and requires statewide or institutional mobilization to effectively and safely evaluate and manage the health needs of patients.

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. Identifying a Mass Organized Hunger Strike

1. The institution Warden and Chief Executive Officer (CEO) or designee shall determine when a mass organized hunger strike exists.
2. The Warden and CEO or designee shall determine the need to implement the institution emergency operations and activate the Incident Command System (ICS) based on facts of the event.
3. The CEO or designee shall notify the Statewide Chief Medical Executive within one hour of ICS activation.
4. To provide safe and effective health care for all patients, the Joint Clinical Executive Team may implement an emergency operations mode and create an ICS at headquarters to organize and coordinate an emergency medical response statewide.

B. Notification of Mass Organized Hunger Strike Participants

1. As participants are identified, health care executives (i.e., Chief Medical Executive [CME], Chief Nurse Executive [CNE]) shall receive certain information from custody, such as:

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- Names.
 - CDCR numbers.
 - Dates and times of all State-issued meals refused.
 - Current housing.
2. When custody identifies an inmate as a participant, they shall notify the participant's facility/yard/clinic Registered Nurse (RN) and the facility Lieutenant using a Mass Hunger Strike Participant List.
 - a. The CEO or designee shall designate health care staff responsible to obtain the Mass Hunger Strike Participant List from custody and update and maintain it for use by health care staff.
 - b. The number of days on a hunger strike shall be indicated on the list for each participant.
 - c. The list maintained by health care may differ from the custody list.
 3. When custody identifies an inmate who is fasting and refuses water for one day, they shall notify the participant's facility/yard/clinic RN.
 4. The RN shall then notify the Primary Care Provider (PCP) and ensure all information is updated on the Mass Hunger Strike Participant List.

C. Response to Mass Organized Hunger Strike

1. Custody shall ensure participants have access to water at all times.
2. Custody shall continue to offer all State-issued meals to participants daily as scheduled.
3. Custody may adjust the State-issued meals and/or portions offered to participants at the advisement of medical staff.
4. Health care staff shall not prescribe meal replacements, including; milk, juice, or nutritional supplements to patients participating in a mass hunger strike unless medically necessary.
5. Designated licensed health care staff shall observe all participants daily and determine any need for immediate medical attention.
6. Health care staff shall adhere to the following regarding all observations, nursing assessments, and PCP visits:
 - a. Tailor to the clinical circumstances of each individual participant.
 - b. Refer to the CCHCS Hunger Strike, Fasting, & Refeeding 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.
 - c. Document all observations on the CDCR 7527, Hunger Strike Observation Checklist placed near the patient's housing, and file the CDCR 7527 in the patient's health record after the hunger strike ceases.
 - d. Document all nursing triage, PCP visits, and refusals in the patient's health record.
7. When custody notifies health care executives of mass hunger strike participants, staff shall adhere to the following timelines:
 - a. Within 24 hours, health care staff shall notify each participant that they are eligible for sick call evaluations during the hunger strike.
 - b. Within 72 hours:
 - 1) Health care staff shall review the patient's health record to determine if the participant is at a high-risk for complications of starvation and refeeding.
 - a) Some high-risk participants may be scheduled for a PCP visit, vital signs,

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- and Body Mass Index (BMI) determinations.
- b) Refusals shall be documented in the patient's health record.
- c) If participants are prescribed high-risk medications, a PCP may discontinue or adjust the medication dosage without a PCP visit.
- d) Participants shall be notified in writing regarding medication changes.
- 2) 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.
- c. Within seven calendar days, the participant shall be scheduled for a face-to-face triage assessment by an RN who shall provide education on the adverse effects and risks of fasting and the refeeding syndrome. Nursing staff shall:
 - 1) Provide the patient with information about the procedure for obtaining a CDCR 7465, Physician Orders for Life-Sustaining Treatment.
 - 2) Document the encounter or refusal in the patient's health record.
- d. After 14 calendar days, and at least weekly thereafter, health care staff shall schedule all identified participants (even if not in a high-risk group) for a PCP visit which will include a BMI determination. The visit or refusal shall be documented in the patient's health record.
- e. 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.
- f. After 21 calendar days of participation in a hunger strike, participants shall be provided with written information about advance directives and the CDCR 7465.
 - 1) If the participant accepts a primary care visit, the PCP shall perform and document a determination of capacity for informed consent as defined by California Code of Regulations (CCR), Title 15, Section 3353.1.
 - 2) The PCP's determination will document the inmate's understanding and ability to discuss possible medical effects and medical hazards associated with a hunger strike.
 - 3) The PCP may consider mental health input and/or consult with mental health regarding those inmates who lack capacity for informed consent.
 - 4) Participants who lack capacity for informed consent shall be reported to the Chief of Mental Health, Supervising Dentist, CME, CNE, or CEO.
 - 5) If the participant accepts the primary care visit, the PCP shall counsel the patient regarding advance directives and the CDCR 7465.
- 8. When the hunger strike participant decides to resume eating, custody shall immediately notify health care staff using the Mass Hunger Strike Participant List.
- 9. Health care staff shall use the CCHCS Hunger Strike, Fasting, & Refeeding Care Guide to determine if the participant requires adjustments in the size or content of the State-issued meals.
- 10. 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,

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Chapter 20, Outpatient Dietary Interventions, and in the refeeding section of the CCHCS Hunger Strike, Fasting, and Refeeding Care Guide.

11. Artificial feeding (enteral or parenteral nutrition support) may require transfer to a licensed health facility as clinically indicated.

D. Health Care Placement and Housing

1. The CME or designee may decide, based on a participant's health care condition, to either place the participant in an Outpatient Housing Unit or to immediately transfer to a licensed health care facility (for services that are not available at the institution). The participant may not refuse placement or housing for medical needs. This includes transfer from one licensed facility to another if the level of care needed requires transfer. If transfer is deemed necessary, the CME, Chief Physician and Surgeon, or designee shall notify the Warden or Administrator on Duty and initiate procedures to transfer the participant.
2. A licensed health care 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. Health care executives will inform physicians in local community hospitals and Emergency Department's (ED) of mass organized hunger strikes and keep them apprised of potential participant referrals.
5. Clinical guidance for starvation and refeeding and ED patient management recommendations shall be shared with collaborating health care staff.
6. When 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.

E. 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 a CDCR 7225, Refusal of Examination and/or Treatment 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 CCR, Title 15, Section 3353.1, the institution shall obtain a court order to treat the participant.
3. 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

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- 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 1, Chapter 18, Physician Orders for Life Sustaining Treatment
- 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