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		HEALTH CARE SERVICES DIRECTIVE-Adult Manual of Policies and Procedures		

Title
HUNGER STRIKES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101	National Correctional Healthcare Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for managing incarcerated individuals who are refusing to accept food and/or drink.

II. DEFINITIONS:

- A. **HEALTH EMERGENCY:** A health problem that, if not attended to immediately, is likely to lead to a loss of life, significant pain, or a significant disability.
- B. **HUNGER STRIKE:** The voluntary refusal to eat and/or drink. This does not include brief periods of abstinence between meals or short-term fasts, such as occur for religious purposes or for diagnostic tests.

II. GUIDELINES:

- A. The Department's response to hunger strikers shall be in proportion to the problem presented and shall respect an individual's rights to manage their own body when they have capacity to make such decisions.
- B. A hunger strike may come to the attention of facility staff because an incarcerated individual may declare themselves to be refusing food and/or drink, through staff noting such a refusal, or through a third party bringing the matter to staff's attention. An incarcerated individual shall be considered to be on a hunger strike when staff have observed that the incarcerated individual has not eaten four consecutive (4) meals or has not eaten for more than 48 hours. Non-Health Services staff may refer

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an incarcerated individual for a medical evaluation before 4 meals are missed if the staff member considers it prudent (e.g., the incarcerated individual is lethargic or acting in a bizarre manner).

- C. If the incarcerated individual suffers from a physical or mental illness in which judgment is impaired (e.g., dementia, encephalopathy, paranoia), this Health Care Services Directive is not applicable. In this situation, the Physical Health or Behavioral Health staff shall manage the underlying physical or mental illness.
- D. Hunger strikes have the potential to become life threatening. Patients that are pregnant, older than 65 years of age, have a baseline body mass index (BMI of less than 18), or certain health conditions may be at a higher risk to develop serious complications from prolonged hunger strikes.
- E. Due to the potential risks in these groups the following steps must occur:
 1. Ascertain whether a hunger strike is occurring and determine the nature of the strike (food, drink, both, etc.);
 - a. Documentation in the EMR of the nature of the hunger strike;
 - b. Review of patient's record to determine level of risk;
 - c. Operations staff shall document intake of food and fluids; and,
 - d. In a collaborative and routine fashion determine the appropriate housing for the patient participating in the hunger strike
 2. Assess the patient for the presence of serious physical or mental illness;
 - a. Health Care Staff shall perform a baseline evaluation including a visual observation of health status, complete set of vital signs (including height and weight), and a chart review;
 - b. Refusals of care shall be documented on State Form 9262 and in the EMR. Refusal of medications shall be referred to the prescribing clinician;
 - c. Obtain urine for dip stick analysis and report positive findings to clinician;
 - d. Refer to behavioral staff, urgently if Serious Mental Illness is present; and,

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- e. If capacity is questioned, an urgent referral to psychiatry is necessary.
3. Monitor the patient and take steps as necessary to maintain order in the facility;
 - a. Daily observation by Health Services Professional
 1. Complete set of vital signs (including height and weight)
 2. Frequent monitoring of BMI
 3. Visual observation for immediate signs of deterioration of health such as obvious signs of malnutrition or dehydration;
 - b. Daily education should be provided regarding the effects of starvation, signs of dehydration, and importance of fluid intake and medical compliance;
 - c. Clinician visits weekly, or as directed by the clinician with an updated treatment plan;
 - d. With any decline in status, immediate intervention must be scheduled with a clinician for additional testing and monitoring; and,
 - e. Routine behavioral health evaluations as clinically indicated.
4. Intervene as appropriate;
 - a. Housing changes may be required for closer monitoring;
 - b. Health Services staff shall seek Legal advice if guardianship or court ordered interventions become necessary;
 - c. Advanced Directives offered and discussed with patient;
 - d. Emergent care/ interventions when necessary to maintain patients' health status. No forced interventions are to be performed without legal direction; and
 - e. An evaluation to determine capacity may be indicated.

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Of note, a provider can implement these interventions at any time based on clinical decision making.

- F. If a patient does not meet the above high-risk criteria, the patient must be seen by nursing staff at least weekly for a complete set of vitals, visual observation for immediate signs of deterioration of health and patient education. This information shall be documented in the EMR and reported to the provider. Additional intervention may be indicated and close communication as a multidisciplinary team is to occur.
- G. When the patient has resumed eating, periodic assessments may be stopped. The patient shall be seen within seven (7) days after the strike has ended or as otherwise prescribed by the provider to ensure the patient is not experiencing any adverse effects and has regained weight.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities providing Health Services to incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date