



**HEALTH CARE SERVICES  
DIRECTIVE-YOUTH SERVICES  
Manual of Policies and Procedures**

Title

**HUNGER STRIKES**

Legal References  
(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures  
(includes but is not limited to)

01-02-101

Other References  
(includes but is not limited to)

National Correctional Healthcare  
Standards

I. PURPOSE:

This Health Care Services directive (HCSD) provides guidelines for managing youths 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 occurring for religious purposes or for diagnostic tests.

III. 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 the capacity to make such decisions.
- B. A hunger strike may come to the attention of facility staff because a youth 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. A youth shall be considered to be on a hunger strike when staff have observed that the youth has not eaten four (4) consecutive meals or has not eaten for more than forty-eight (48) hours. Non-Health Services staff may refer a youth for a medical evaluation before four (4) meals are missed if the staff member considers it prudent (e.g., the youth islethargic or acting in a bizarre manner).
- C. If the patient suffers from a physical or mental illness in which judgment is impaired (e.g., delirium, encephalopathy, paranoia), this HCSD is not applicable.

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In this situation, the medical or mental health staff shall manage the underlying physical or mental illness.

- D. Hunger strikes have the potential to become life threatening. Patients that have a baseline body mass index (BMI of less than 18), or certain medical conditions may be at a higher risk to develop serious complications from prolonged hunger strikes. Due to the potential risk 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.
  - 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 Services staff shall perform a baseline evaluation including a visual observation of health status, complete set of vital signs (including HT and WT), and a chart review.
  - b. Refusals of care shall be documented on State Form 9262 and in the electronic medical record (EMR). Refusal of medications shall be referred to the prescriber.
  - c. Obtain urine for dip stick analysis and report positive findings to prescriber.
  - d. Refer to behavioral staff; urgently if SMI is present.
  - e. If capacity is questioned, an urgent referral to psychiatry is necessary.
3. Notify the Warden, the Executive Director of Youth Services and Executive Director of Physical Health;
4. Monitor the patient as necessary:

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- a. Daily observation by health care professionals;
    - b. Complete set of vital signs (including HT and WT);
    - c. Frequent monitoring of BMI;
    - d. Visual observation for immediate signs of deterioration of health;
    - e. Obvious signs of malnutrition or dehydration;
    - f. Daily education should be provided regarding the effects of starvation, signs of dehydration, and importance of fluid intake and medical compliance;
    - g. Clinician visits weekly, or as directed by the prescriber with an updated treatment plan;
    - h. With any decline in status, immediate intervention must be scheduled with a provider for additional testing and monitoring; and,
    - i. Routine behavioral health evaluations as clinically indicated.
  5. Intervene as appropriate;
    - a. Housing changes may be required for closer monitoring;
    - b. Health Services shall seek legal advice if guardianship or court ordered interventions become necessary; and,
    - c. Emergent care/interventions when necessary to maintain patient's health status. No forced interventions are to be performed without legal direction;
  6. Notify physician and/or lead psychologist; and,
  7. Document the above in the electronic medical record (EMR).
- E. If the patient refuses the initial evaluation, a refusal form shall be obtained. Once the form is completed and signed by the patient it shall be scanned into the EMR. The Warden shall notify legal guardian and the Executive Director of Division

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of Youth Services.

- F. If serious mental illness is present and the hunger strike is dangerous to the physical health of the patient, unless the examiner can be certain that the patient has capacity to make the decision to refuse food and/or drink, the circumstances should be considered emergent and forcible psychiatric treatment should be sought. Depending upon the physical status of the patient, forcible nutrition (or at least liquids) should be provided. Simultaneously, assistance from the Department's Legal Services Division should be sought in obtaining a court order for forcible treatment and forcible nutrition.
- G. If there is no serious mental illness present, mental health staff shall not attempt to force treatment on the patient but shall frequently reassess the patient to ensure that no serious mental illness develops or becomes noticeable. The frequency of reassessment should be planned by the mental health professional. If serious mental illness is not present at the time of the initial evaluation but is subsequently present, the patient is to be managed as described in the previous paragraph.
- H. If there is a serious underlying physical illness present that will rapidly be affected negatively by the hunger strike or if debilitation secondary to the lack of nutrition is noted (dehydration with secondary signs, inanition secondary to starvation, or other problems likely to interfere with the youth's ability to survive), Legal Services is to be contacted immediately. In most circumstances, application will be made to the appropriate court for permission to feed forcibly. Forced feeding shall not be conducted in the absence of a court order unless a life threatening emergency develops (e.g., shock, loss of consciousness).
- I. The frequency of monitoring may be individualized depending on the patient's health status. The provider is expected to write orders to shorten the interval or obtain additional assessment or tests in accordance with the clinical condition or individual needs of the patient.
- J. When a hunger strike not initially deleterious to the individual's health becomes deleterious because of its duration or because of other considerations, the frequency of monitoring shall be increased. Once the patient's BMI drops to 20 or less:
1. The frequency of monitoring shall be increased to once each day and nursing staff should communicate the vital signs and weights to the provider;
  2. Additional labs such as an assessment of kidney function shall be obtained as clinically indicated; and,

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3. The Executive Director of Physical Health Services or designee and Legal Services Division shall be consulted.

- K. During a hunger strike Health Services and Operations staff must maintain regular communication regarding the status of the hunger striker. In addition to frequent conversations, formal management meetings are to review the circumstances, and these findings shall be documented in the health record.
- L. In general, a patient with decisional capacity may refuse food and drink as long as they remain with capacity. However, given the context of correctional placement, staff is well advised to seek court support not only for forcible intervention, but also for permitting a patient to proceed down a path that may be hazardous to their health. For this reason, it is advisable to seek assistance from the Department's Legal Services as soon as the BMI is equal to or less than 20, a mentally stable hunger striker's health becomes immediately threatened, or earlier at the practitioner's discretion. When court intervention is sought, staff must be prepared to accept the court's decisions, whether the court authorizes forced nutrition or refuses it.
- M. 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.

IV. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

signature on file

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Kristen Dauss, MD  
Chief Medical Officer

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Date