

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 300.00.57	Page 1 of 9
	Original Effective Date: 10/15/01	New Effective Date: 03/20/23
	Supersedes: 300.00.57	Dated: 04/12/21
	Administrator's Approval: Sarah Cooper, Administrator – 3/9/23	
Required Posting or Restricted:		
<input type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 300 Administrative		
Subject: Hunger Strike – PIOC Refusal to Eat or Drink		

POLICY

The Division of Adult Institutions shall monitor and manage PIOC who refuse to eat and/or drink.

REFERENCES

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- Wisconsin Statutes s. 51.20 – Involuntary Commitment for Treatment
- Wisconsin Statutes Ch. 54 – Guardianships and Conservatorships
- DAI Policy 300.00.27 – Medical Guardianship
- DAI Policy 500.70.14 – Mental Health
- Multidisciplinary Teams
- Attachment – Calculating Body Adiposity Index

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DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Practitioner with prescriptive authority.

Affidavit Form – Physician

Affidavit Form – Security

BHS – Bureau of Health Services

BAI – Body Adiposity Index (see Attachment)

BMI – Body Mass Index

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2466 – Incident Report (WICS)

DOC-3452 – Acknowledgement of Not Eating or Drinking Information

DOC-3527 – Nutritional Monitor Hunger Strike

HSM – Health Services Manager

HSU – Health Services Unit

Hunger strike – The voluntary refusal to eat and/or drink fluids that does not include brief periods of abstinence between meals or short term fasts for religious purposes.

OLC – Office of Legal Counsel

PIOC – Persons in Our Care

PSU – Psychological Services Unit

Refeeding Syndrome – A syndrome consisting of metabolic disturbances that occur as a result of reinstatement of nutrition to PIOC who are starved, severely malnourished or metabolically stressed due to severe illness.

RN – Registered Nurse

WRC – Wisconsin Resource Center

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PROCEDURE

I. General Requirements

- A. When a staff member becomes aware of or suspects a PIOC has displayed a pattern of not eating and/or drinking, they shall have a discussion with the PIOC regarding the extent of the PIOC's stated fast. Staff shall report this to HSM/designee and a Security Supervisor and complete DOC-2466.
- B. PSU and HSU staff shall collaborate regarding assessment information and determine if a PIOC should be placed in medical monitoring and/or arrange with Security staff for a change in housing assignment for better monitoring.

II. Hunger Strike Classifications

- A. Emergent – Refusal of fluids for 24 hours and/or food for 72 hours or actively being forced treatments through a Court Order.
- B. Non-urgent – Intermittent refusal of food or fluids that leads to some degree of weight loss or dehydration. In addition, an ACP has determined that multi-disciplinary monitoring is required.
- C. Resolved – An ACP has determined there is sufficient caloric and fluid intake to maintain weight and hydration over a medically acceptable time frame.

III. Housing Unit Staff and Responsibilities

- A. Report when they become aware of a PIOC who has displayed a pattern of not eating and/or drinking.
 - 1. Attempt to obtain information regarding the PIOC's reasons for refusal, intention and food/fluid intake.
 - 2. Document on the DOC-2466 and verbally inform HSM/designee and Shift Supervisor of:
 - a. The PIOC's reason for not eating and/or drinking (if known).
 - b. An inventory of canteen items the PIOC has in his/her possession.
 - c. The PIOC's access to fluids.
- B. Offer regular meal trays and ensure fluids are available at all times.
- C. Offer an oral electrolyte replacement option (i.e., Gatorade) at the times meals are offered upon direction from HSU.
- D. When meals are eaten on the housing unit or a tray is placed in cell, record PIOC's intake of food/fluid at each meal on DOC-3527 as directed by HSU. Staff shall make inquiries and note observations of canteen items consumed.
- E. Participate in multi-disciplinary team meetings with PSU and HSM/designee as requested per this policy and DAI Policy 500.70.14.

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IV. HSM/designee Responsibilities Upon Notification

- A. Upon notification, Health Care staff shall document information obtained in the medical record and perform an initial assessment on the PIOC and document.
 1. If an ACP is on site, the ACP shall complete the initial assessment.
 2. If an ACP is not on site, a RN shall complete the initial assessment and arrange for an ACP to review within 24 hours, either on site or by the RN contacting the on-call physician.
 3. Elements of the initial assessment shall include:
 - a. An interview of the PIOC, including reason for hunger strike, recent food or fluid intake and any stated or non-stated report of physical symptoms related to the hunger strike.
 - b. A physical and mental health assessment shall include vital signs, weight, calculation of BMI and BAI, (see Attachment to this policy) and any signs of dehydration, malnutrition, or mental status changes.
 - c. A determination of the classification of the hunger strike and the level of monitoring required.
 4. In the event the PIOC is refusing a physical health assessment, health care staff shall collect and document subjective and objective data from visual inspection of the PIOC including, but not limited to:
 - a. What activity was the PIOC doing?
 - b. How did they look?
 - c. Were you close enough to note dry lips or mouth?
 - d. Did they talk to you?
 - e. Did they lay on their bed and not move at all?
 - f. Level of consciousness
 - g. Health care staff shall attempt additional assessments.

- B. Notify PSU staff of any emergent or non-urgent hunger strike.

- C. Discuss the consequences of refusal of food and fluids with the PIOC utilizing DOC-3452.
 1. Ask the PIOC to sign the form acknowledging the receipt of information.
 2. In the event the PIOC refuses to sign, write “refused to sign” on the signature line and complete the form.
 3. Scan into health record.

- D. Initiate nutrition monitoring via DOC-3527.
 1. When meals are eaten on the housing unit or a tray is placed in the cell, housing unit staff shall document food and fluid intake including intake of canteen items.
 2. When meals are eaten in the HSU area, health care staff shall document food and fluid intake.
 3. Health care staff shall review DOC-3527 at least once daily.
 4. If the PIOC has gone 24 hours with no fluids consumed or is showing signs and symptoms of dehydration, direct housing unit staff to offer an electrolyte replacement option (i.e., Gatorade) at the times meals are

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offered. Proactively replacing electrolytes prior to nasogastric feedings can reduce the risk of Refeeding Syndrome and death.

5. Document consumption of electrolyte replacement on the DOC 3527.
 - E. Notify OLC of the hunger strike if the PIOC is not cooperative or refusing care/assessments and/or if the PIOC has one or more of the following and is refusing interventions:
 1. BAI of $\leq 8\%$ for a male and $\leq 21\%$ for a female.
 2. BMI of less than 16Kg/m^2 .
 3. $\geq 10\%$ weight loss.
 4. Significant signs of dehydration and/or malnutrition or changes in level of consciousness other signs may include, but are not limited to: electrolyte imbalance, severe orthostasis, changes in mental status, and unsteady gait.
 - F. If a court order for forced feeding is obtained, nasogastric tube feeding placement shall be followed as detailed in the Lippincott Manual.
 - G. For an emergent hunger strike, arrange for an initial multi-disciplinary care plan meeting for the first business day after the initiation of the hunger strike. Participants shall include:
 1. HSM/designee.
 2. RN.
 3. PSU staff member.
 4. Unit Supervisor/designee.
 5. Social Worker.
 6. Housing unit staff.
 7. Security Director/designee.
- V. PSU Responsibilities Upon Notification**
- A. Complete PSU hunger strike assessment within 24 hours of being notified by HSM/designee of an emergent or non-urgent hunger strike and communicate with HSM/designee staff regarding findings.
 1. A member of the PSU clinical staff shall conduct a face-to-face evaluation prior to completion of PSU hunger strike assessment. If the PSU staff member who completes the initial examination is not a Licensed Psychologist or a doctoral-level Psychological Associate, the PSU staff shall consult with such staff at the time of the evaluation and document the consultation in the health record.
 2. The evaluation shall include a description of any suspected or known mental illness and give an opinion on the PIOC's mental capacity to refuse food and fluids.
 - B. Refer the PIOC for psychiatric evaluation, if clinically indicated.
 - C. If mental illness is causing a PIOC to refuse food or fluid (e.g., paranoia about food or severe depression leading to suicidality), PSU staff may consider a

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WRC referral or a Wisconsin Statutes Ch. 51 – Commitment for Treatment. A Chapter 51 commitment, if accompanied by a medication order, allows for involuntary administration of psychotropic medications, although does not allow involuntary administration of food or fluids.

- D. Discuss results of the evaluation with the multi-disciplinary team. Coordinate with HSM/designee staff if OLC needs to be notified (see Section VIII).

VI. Security Responsibility Upon Notification

A. Restrictive Housing Staff

1. Upon notification of a hunger strike, the PIOC shall be placed in a cell that has the capability to be closely monitored at the direction of HSM/designee or a Security Supervisor.
2. A DOC-3527 shall be placed on the door and under a cover sheet to ensure privacy.
3. Staff shall document on the DOC-3527 whenever the PIOC consumes food or drink (this shall include canteen).
4. If the PIOC is sleeping when meal trays are delivered, staff shall wake the PIOC and place the meal tray and/or oral electrolyte replacement (if ordered) in the cell.

- B. The PIOC shall remain in the closely monitored cell until the multi-disciplinary team determines otherwise. Such determinations shall be based upon:

1. The PIOC's medical status.
2. The need for continued close monitoring.
3. The availability of closely monitored cells and the prioritization of all PIOC's needs.

VII. Monitoring

A. Emergent Hunger Strike

1. A RN shall conduct medical monitoring at least daily and report any abnormal findings to the ACP.
2. An ACP shall conduct a physical examination every 72 hours or more frequently as condition indicates. A RN shall collect assessment data and consult with the on-call Physician if the 72 hour interval falls on an ACP non-work day.
3. HSM/designee shall provide daily updates about the PIOC's condition to the following staff:
 - a. Warden/designee.
 - b. BHS Director.
 - c. BHS Medical Director.
 - d. BHS Director of Nursing.
 - e. Nursing Coordinator.
 - f. PSU Supervisor/designee.
 - g. OLC.
 - h. Security Director/designee.

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4. HSM/designee staff shall arrange for a multi-disciplinary meeting twice weekly to discuss the PIOC's status, treatment needs and plan for care. The participants shall be the same as in Section IV.G.
5. PSU staff shall re-evaluate the PIOC as clinically appropriate or when health care staff requests an evaluation for mental status changes.

B. Non-Urgent Hunger Strike

1. A RN shall conduct medical monitoring and collaborate with the ACP including reporting any abnormal findings.
2. A multi-disciplinary plan of care, which includes assessment monitoring, shall be developed. Multi-disciplinary meetings shall occur as determined by the plan of care to discuss the PIOC's status, plan for care and treatment needs.
3. PSU staff shall re-evaluate the PIOC as clinically appropriate or when health care staff requests it for mental status changes.
4. HSM/designee shall provide updates weekly regarding the PIOC's status to the staff as noted in Section VII.A.3.

VIII. Emergency Care

Reasons to consult with an ACP or refer to an emergency room or hospital may include, but are not limited to, an inability to obtain a Court Order for evaluation and treatment within the facility (off shifts) or continued signs and symptoms listed below while providing forced treatments:

- A. Altered mental status such as delirium.
- B. Signs of medical instability such as electrolyte imbalance, severe orthostasis and unsteady gait.
- C. A 10% weight loss in a previously lean, healthy individual, BMI of $<16 \text{ Kg/m}^2$, or a BAI of $\leq 8\%$ for a male and $\leq 21\%$ for a female.

IX. Legal Action

- A. In general, PIOC who have the capacity to make health care decisions have a right to refuse care and treatment.
- B. There may be times when a PIOC's actions may be injurious to their health or threatens their life. In these cases, HSM/designee shall notify BHS and OLC and the physician shall provide required affidavits and testimony as needed for court proceedings.
- C. The presence of significant cognitive deficits shall prompt staff to consider a Wisconsin Statutes Ch. 54. guardianship following DAI Policy 500.00.27.
- D. HSM/designee/PSU Staff
 1. If HSM/designee or PSU determine a Court Order is necessary to administer involuntary food or fluids, the HSM/designee or PSU

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Supervisor shall immediately notify the Warden, Deputy Warden and Security Director.

2. Court Orders are only obtainable through an ACP/physician, not an advanced practice nurse practitioner or physician's assistant.
3. Once a Court Order has been obtained, the PIOC's medical condition shall be monitored at least daily and the classification will remain emergent until the forced interventions are discontinued.
4. If a Court Order is obtained to evaluate, treat, hydrate and provide nutrition involuntarily, the HSM/designee shall obtain physician orders on the amount and frequency of interventions.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
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Subject: Hunger Strike – PIOC Refusal to Eat or Drink		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.