

Hunger Strikes .....	1
I. Hunger Strike Guidelines .....	1
A. Reporting Intent of a Hunger Strike .....	1
B. Verification of Intent.....	1
C. Reporting a Verified Hunger Strike.....	2
D. Evaluation of Competency .....	2
E. Monitoring Food and Liquid Intake .....	3
F. Hunger Strike Individualized Monitoring Plan .....	4
G. Administrative Review Committee .....	5
H. Determining the Conclusion of the Hunger Strike .....	5
I. Compulsory Court Intervention .....	5
II. References.....	6
III. Action.....	6

<b>Section-14 Health Services</b>	<b>OP-140122</b>	<b>Page: 1</b>	<b>Effective Date: 01/21/2022</b>
<b>Hunger Strikes</b>	<b>ACA Standards: 2-CO-3B-02M, 5-ACI-3B-14M</b>		
<b>Scott Crow, Director Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Hunger Strikes

When an inmate, or group of inmates, reports or clearly implies behaviorally their intention to begin a hunger strike, the following procedures will be implemented. This procedure will be distributed to all applicable staff and will be reviewed at least annually with revisions made as needed. (2-CO-3B-02M, 5-ACI-3B-14M)

### I. Hunger Strike Guidelines

#### A. Reporting Intent of a Hunger Strike

Communication from an inmate or group of inmates indicating their intention to begin a hunger strike will be immediately reported by the discovering correctional staff to a qualified health care professional (QHCP). Additionally, staff will immediately report occasions where they observe an inmate refraining from eating for more than 72 hours or nine consecutive meals. The following data will be provided

1. Name(s) and ODOC number(s) of affected inmate(s); and
2. Name and job title of the person reporting the hunger strike.

#### B. Verification of Intent

Hunger strikes can be viewed as existing on a continuum of severity, from refusal of all liquids and solid food, to refusal of solid foods while ingesting liquids such as milk and/or juices in excess of 72 hours or nine consecutive meals. A health care provider or correctional health services administrator

(CHSA) will verify the inmate's intent to begin/continue a hunger strike, the date/time it began, and the exact nature of the food products refused and ingested.

1. Verification will include observation and documentation from security and other staff familiar with the inmate's everyday behavior indicating that the inmate's eating behavior is consistent with the declared hunger strike.
2. Verification will include a review of canteen purchases or information regarding bartering.
3. The inmate will be assessed by a health care provider, RN or LPN within 24 hours following notification. The assessment will be documented immediately after it is performed on the "Hunger Strike Nursing Protocol" form ([MSRM 140117.01.13.1](#)) and cosigned to the health care provider, CHSA and the appropriate qualified mental health professional (QMHP).

C. Reporting a Verified Hunger Strike

1. Baseline data, including current weight, will be obtained and documented in the inmate's medical record.
2. The facility CHSA will immediately notify the facility head.
3. The facility head will immediately notify the appropriate administrator of Institutions.
4. The facility head/CHSA will notify the chief medical officer (CMO) and medical services administrator by email within 24 hours.

D. Evaluation of Competency

The facility qualified mental health professional (QMHP) will evaluate the inmate after 72 hours on the hunger strike to determine if the inmate suffers from a mental disorder that renders him/her incapable of making a rational, reasonable decision concerning the hunger strike. The mental health evaluation will assess whether the inmate suffers from a mental illness or developmental disability, which prevents him/her from understanding the health consequences of his/her hunger strike.

1. The facility QMHP will provide a confidential, written evaluation report to the chief mental health officer, and the facility head or designee within 24 hours of completion of the evaluation.
2. If it is determined by the psychiatrist or psychologist that the inmate

is not competent to make a rational decision about his/her hunger strike, the facility mental health authority, in collaboration with other involved mental health and health care providers, will develop an individualized treatment plan. The plan will detail ongoing monitoring, psychotropic medication and psychotherapy.

- a. If the inmate refuses the treatment prescribed by the psychiatrist and treatment plan and continues the hunger strike, the inmate will be transferred to the appropriate mental health unit (MHU) for further evaluation and possible treatment via [OP-140652](#) entitled “Involuntary Psychotropic Medication in Non-Emergency Situations.”
  - b. The procedures outlined in [OP-140652](#) entitled “Involuntary Psychotropic Medication in Non-Emergency Situations” are only for psychotropic medications. Any other involuntary health care will require implementation of the legal procedures outlined in this procedure.
3. If it is determined by the psychiatrist or psychologist that the inmate is competent to make a rational decision about his/her hunger strike, the inmate will continue to be assessed by a QMHP at least weekly, or more often if deemed necessary by a QMHP, to evaluate for any psychological decompensation and if any mental health intervention is needed. If it is determined at any time during the hunger strike, that the inmate is not competent to make a rational decision about his/her hunger strike, the CMHO will be notified.

E. Monitoring Food and Liquid Intake

1. Once the hunger strike has been verified and the competency evaluation of the inmate has been completed, the inmate will be single-celled for the duration of the hunger strike for the purpose of monitoring food and liquid intake.
  - a. All food and water intake by the inmate will be monitored and recorded as needed or to the extent possible.
  - b. Personal food items will be removed from the cell, inventoried, and stored throughout the duration of the hunger strike by security staff.
  - c. Inmate may not purchase any commissary food items while under hunger strike management.
  - d. Meals will be offered to the inmate giving him/her an opportunity to partake in each scheduled meal.

- e. Adequate supplies of drinking water will be provided.
- f. Medical and Food Service staff may offer alternative beverages, including liquid nutritional supplements, if authorized by the health care providers. Any beverages other than drinking water will be documented and that information relayed to medical staff. Acceptance of liquids alone should not be documented as accepting a meal.
- g. Correctional staff observing the inmate will submit incident reports to facility medical staff at the end of their shift verifying if the inmate refused meals or consumed food/drink.

F. Hunger Strike Individualized Monitoring Plan

- 1. Within 72 hours of establishing legitimacy of the hunger strike, the facility health care provider will develop an individualized care plan for medical management, based on the nature of the hunger strike.
  - a. This plan will be submitted by the CHSA to the chief medical officer through the facility head and a copy will be documented in the inmate's electronic medical record.
  - b. The care plan will be updated as clinically indicated.
- 2. The plan will include, but not be limited to:
  - a. Periodic weights and vital signs;
    - (1) Inmates declaring a hunger strike will be required to submit to periodic weighing, health assessment examinations, and laboratory testing. If the inmate refuses to comply with the evaluation procedures, a "Waiver of Treatment" ([DOC 140117D](#)) will be completed in accordance with [OP-140117](#) entitled "Access to Health Care."
  - b. Criteria for laboratory monitoring such as urinalysis and serum chemistry testing;
  - c. Other parameters to be monitored;
  - d. Education of risks and potential clinical deterioration for the inmate, and addressing the living will/advanced directive and DNR consent per [OP-140138](#) entitled "Inmate Living Will/ Advance Directive for Health Care and Do Not Resuscitate"

(DNR) Consent;”

- e. Criteria for seeking court intervention; and
  - f. Designating the frequency and content of reports to the CHSA, medical services manager, CMO, and facility head.
3. The medical services administrator will report on the inmate’s current condition to the CMO weekly.

G. Administrative Review Committee

1. If the inmate is evaluated as competent and once the hunger strike has continued for seven days, the CHSA will convene an administrative review committee combined of the following recommended staff: facility head, assistant facility head, chief of security, CHSA, health care provider, mental health provider and unit manager or other designated staff. The committee will review the following:
  - a. Inmate’s current condition, both physical and mental;
  - b. Effects of the treatment plan;
  - c. Identified causes of present behavior;
  - d. Complete documentation of events and outcomes; and
  - e. Current legal status of the inmate.
2. The committee will meet at least once a week until the hunger strike is concluded to ensure that all action taken is in accordance with agency procedure and the individualized treatment plan.

H. Determining the Conclusion of the Hunger Strike

The conclusion of the hunger strike will be determined when the inmate has declared he/she is no longer on hunger strike and is observed by staff eating meals. Upon the conclusion of the hunger strike, the inmate will receive follow-up medical assessment (including body weight and complete vital signs), within one week or as ordered by the health care provider.

I. Compulsory Court Intervention

1. If the hunger strike continuation becomes life threatening or could result in injury to the inmate, as determined by the health care

provider's judgment, the CHSA, medical services manager, and the facility head will be notified immediately.

2. The medical services manager, in conjunction with the office of the General Counsel, will determine the necessity of seeking a court order allowing ODOC to initiate life-sustaining measures if the inmate refuses to consent to treatment.
3. The medical services administrator will notify the CMO, CMHO, the facility head, and the CHSA when a court order is obtained.

## II. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140117 entitled "Access to Health Care"

OP-140138 entitled "Inmate Living Will/ Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent"

OP-140652 entitled "Involuntary Psychotropic Medication in Non-Emergency Situations"

## III. Action

The chief medical officer is responsible for compliance, annual review and revisions of this procedure.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140122 entitled "Hunger Strikes" dated November 30, 2020

Distribution: Policy and Operations Manual  
Agency Website

Referenced Forms

Title

Location

[DOC 140117D](#)

“Waiver of Treatment”

[OP-140117](#)

[MSRM 140117.01.13.1](#)

“Hunger Strike”

[MSRM 140117.01 TOC](#)