Corey Weinstein, MD

SUMMARY OF SOME SALIENT POINTS OF CDCr HUNGER STRIKE POLICY

1. In general the policies and management guidelines concerning Mass Hunger Strikes are adequate to inform the prisoners, guide the staff, and access medical issues and dangers for the strikers and provide for humane treatment.
2. It is clearly stated that: "Health care staff…shall not force feed the participant unless one of the following criteria is met: If the participant refuses to clearly and consistently indicate their wishes regarding medical management of their hunger strike including questions of refeeding and resuscitation…[and]…The participant is deemed unable to give informed consent … and the institution obtains a court order to treat the participant." And forced feeding is to only take place in a licensed facility by licensed clinical staff. From CA Correctional Health Care Services, V.4, Chapter 22, Policy 4.22.2 (6/28/2012)
3. Punitive measures are instituted as a matter of routine policy against participants and leaders of the strike. Leaders are to be isolated from other prisoners. Strikers' cells are inspected and all canteen/food items removed, inventoried and securely stored for return at the end of the strike. All visits for leaders are suspended, including legal visits except for those with active legal cases.
4. There is a day to day and week to week practical Hunger Strike Care Guide that outlines a clear and detailed protocol to be done with each person on hunger strike.

DAY 1 --- Custody must inform Health Care staff (facility RN) and facility Lieutenant of any person who identifies as on a hunger strike (after refusing nine consecutive meals), and custody must insure that strikers have access to water at all times and are offered food daily as scheduled. . Licensed health care staff is to observe each person daily including verbal contact, observation of obvious health issues and to document in the chart. The designated health care staff will keep a list of all on strike for use by health staff. The list shall indicate the number of days on strike. Custody keeps its own list. Prisoners are to receive education to drink at least 1.5 liters of liquid each day and are to be given fact sheets re: fasting, refeeding and medical care and are notified that they are sick call eligible. The LHCS are to report to the Primary Care Clinic RN all with changes in conditions that might indicated housing changes. (it is not clear if the LHCS have the training and skill to make clinic judgments at this level of sophistication).

DAY 1-3 --- Within 72 hours the Primary Care Provider reviews records to identify high risk patients with chronic medical conditions and may adjust medication doses without a medical visit (eg. insulin, Diabetes medications, NSAID, antacids, diuretics). Some high risk patients may get a PCP visit and if so Ht/Wt for BMI, vital signs must be done and labs as indicated. Those at high risk get further counseling. Mental health will review the list for those under care and who have developmental disabilities.

DAY 4-7 --- Everyone gets face to face interviews with the RN for triage within 7 days. Education is done and Ht/Wt, vital signs and attention to signs and symptoms of dehydration and mental status done and documented. The PCP reviews any medications.

DAY 7-14 --- Daily nursing evaluation is done and the PCP sees those in need.

DAY 14-20 --- Daily nursing observation. PCP visit for BMI at 14 days and weekly thereafter, and after 21 days all get written information about advance directives and a Physician Order for Life Sustaining Treatment, and vitamins are offered. **Signing advance directives and POLST are required to avoid forced feeding.**

DAY 21-34+ --- Daily nursing observation. At 21-28 days evaluation is done for higher level of care for weight loss more than 15% or BMI less than 19. Weekly PCP visit is done to assess hydration, mental state for informed consent ability and possible lab testing.

Important to recommend filling out the advance directive and POLST, and to consider taking the vitamins offered after two weeks to avoid Thiamine deficiency. Complications begin often after about 18% weight loss. (eg. for a 170# man that would be 30# loss to 140#).