POLICY

FORCE FEEDING OF OFFENDERS

REVIEW/REVISION HISTORY:

Effective: 7/2/01
Revised: 7/18/07
Revised: 12/26/08
Revised: 12/13/10
Revised: 8/13/12
Revised: 12/22/14

SUMMARY OF REVISION/REVIEW:

I.B. - Clarified timeframe for reporting suspected food and/or fluids intake
III.D. - Adjusted that use of force plans will be approved in advance
IV.A. - Added policy reference

APPROVED:

Signature on file

G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

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KEVIN BOVENKAMP,
Assistant Secretary of Health Services

Signature on file

BERNARD WARNER, Secretary
Department of Corrections

Signature on file
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FORCE FEEDING OF OFFENDERS

REFERENCES:

DOC 100.100 is hereby incorporated into this policy; RCW 70.122; DOC 320.255 IMU/ITU/Segregation/Mental Health Segregation Operations; DOC 600.000 Health Services Management; DOC 610.010 Offender Consent for Health Care; DOC 620.010 Advance Directives; DOC 620.020 Non-Consensual Blood Draws; McNabb v. Department of Corrections, 2008

POLICY:

I. Offenders in total confinement will be provided with the nutrition and fluids necessary to preserve their life and health.

II. Nothing in this policy is intended to provide any offender with any interest not already guaranteed by the United States Constitution, the Washington State Constitution, or any federal or state laws.

DIRECTIVE:

I. Identifying Offenders at Risk

A. An offender will be identified as at risk when any employee/contract staff receives information that the offender:

1. Has not participated in the Food Service Program or consumed store food and/or fluids in more than 72 hours, or

2. Is failing to ingest food and/or fluids to the extent that the offender's health may be in jeopardy.

B. If an offender refuses all food and/or fluids for 9 consecutive meals, employees/contract staff will notify their supervisor before 72 hours so monitoring and early intervention may occur. Employees/contract staff will report suspected intake of food and/or fluids before the end of shift of the 9th refused meal.

C. If an offender in segregation or an Intensive Management Unit/Intensive Treatment Unit refuses all food and/or fluids, the refusal will be documented per DOC 320.255 IMU/ITU/Segregation/Mental Health Segregation Operations.

D. Terminally ill offenders who have executed a directive that life sustaining procedures be withheld per RCW 70.122 will not be identified as at risk, and the refusal will be addressed per DOC 620.010 Advance Directives.

E. Terminally ill offenders without an Advance Directive may be identified as at risk, but clinical judgment will be used when assessing the benefits of intervention.
II. Employee Responsibilities

A. Upon identifying an offender at risk, employees will immediately notify their supervisor, who will immediately notify the:

1. Health Authority/designee, and
2. Superintendent/designee, via the chain of command.

B. All actions taken will be documented in the appropriate unit log.

C. In collaboration with the Health Authority, the Superintendent may:

1. Retain the offender in his/her current housing unit,
2. Immediately transfer the offender to another unit or the infirmary, or
3. Recommend the offender be transferred to another Department or non-Department facility better equipped to treat the offender.

III. Health Services Employee/Contract Staff Procedures

A. Upon notification that an offender has been identified as at risk, the Health Authority/designee will:

1. Immediately assign appropriate medical and mental health employees/contract staff to examine the offender to determine his/her overall medical and mental health condition.
2. Assign medical employees/contract staff to perform diagnostic tests to determine the offender’s health condition, using the least invasive methods possible.

   a. The tests may include, but will not be limited to:

      1) Height and weight,
      2) Vital signs,
      3) Appropriate urine tests,
      4) Psychological or psychiatric evaluation by a licensed mental health professional,
      5) X-rays, and/or
      6) Necessary and appropriate blood tests.

   b. If the offender refuses any blood test, medical employees/contract staff will follow DOC 620.020 Non-Consensual Blood Draws.
3. Have all medical and mental health procedures completed or attempted by medical employees/contract staff documented in the offender health record.

4. Determine the frequency of medical employee/contract staff visits necessary to monitor the offender’s condition, based on test and evaluation results.
   a. At a minimum, visits will be once every 24 hours.

5. Encourage the offender to eat/drink voluntarily and explain the medical risks s/he faces by not eating or drinking. These efforts will be documented in the offender health record.

6. Ensure that food and drink are brought to the offender at meal times unless s/he is housed in a unit where trays are routinely offered.

7. If medically required, recommend to the Superintendent that the offender be transferred to a more appropriate facility for treatment or evaluation.

B. If efforts to encourage the offender to eat and/or drink voluntarily are not successful and/or the offender’s medical condition indicates serious deterioration in his/her health, the assigned practitioner will:

1. Make a written determination, based on medical criteria, whether the offender’s life or health is immediately threatened by continued refusal to eat and/or drink.

2. Immediately notify the Health Authority and the Superintendent if the criteria are met and recommend that the offender either:
   a. Remain in the facility and be force fed using any recognized medical procedure deemed appropriate by medical employees/contract staff (e.g., nasogastric tube, intravenous feeding), or
   b. Be placed in a medical facility better able to treat the offender’s medical condition (e.g., facility infirmary, community hospital).

C. Final approval for force feeding and the type and venue of feeding must be provided, in writing, by the Chief Medical Officer/designee.

D. A plan for use of force, if needed, requires approval by the Superintendent/designee in advance.
E. Restraints may be used on an ongoing basis, when necessary, to prevent removal of medical devices. If such use is inconsistent with any other restraint policy, written permission must be provided by the Assistant Secretary for Prisons/designee.

F. Treatment will continue until adequate oral intake of food and fluids is achieved, or until it is apparent through clinical and laboratory monitoring that the offender’s life or health is no longer threatened. If appropriate, any required diagnostic testing and procedures as noted above will be performed.

IV. General Provisions

A. When possible, the offender’s condition before force feeding, and the process of any invasive procedure done without the offender’s consent per DOC 610.010 Offender Consent for Health Care (e.g., insertion of feeding tube or intravenous catheter, venipuncture), should be videotaped.

1. It is not necessary to videotape ongoing or non-invasive activities (e.g., nutriment infusion, external intravenous tubing replacement, blood pressure measurement).

B. None of the procedures or guidelines in this section are meant to limit or override the exercise of sound medical judgment by the medical employees/contract staff responsible for the offender’s medical care. Each case will be evaluated on its own merits and individual circumstances.

C. Voluntary feeding is preferred over any medical intervention unless contradicted by medical evaluation.

D. Offenders at risk should be treated at their assigned facility when possible.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None