


2277 HUNGER STRIKES	
Chapter: Sununu Youth Services Center	Section: Healthcare
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: _____ Approved: _____ Effective Date: 01-01-09 Scheduled Review Date: 01-01-11
	William W. Fenniman, DJJS Director
Related Statute(s): _____ Related Admin Rule(s): _____ Related Federal Regulation(s): _____	Related Form(s): _____ Bridges' Screen(s) and Attachment(s): _____

Each resident at the SYSC shall have the right to refuse food, liquids, and medical treatment as long as he/she is legally competent and has the ability to express him/herself. Any resident who declares, initiates, or participates in a hunger strike shall have an appropriate Treatment Plan developed by the health care and clinical staff.

Purpose

The purpose of this policy is to establish the SYSC procedure for handling hunger strikes.

Procedure

- I. **Limited Attention and Appropriate Monitoring**
 - A. A hunger strike shall not be encouraged by giving it undue importance. However, to ensure the health and well-being of the residents involved they will be appropriately monitored.

- II. **Notification**
 - A. When a resident demonstrates that he or she has not eaten for 24 hours then the Medical Department shall be notified. In consultation with the SYSC Physician and Dietician the Medical Department shall make the appropriate referrals.
 1. Facility Administrator
 2. Bureau Chief of Residential Services
 3. SYSC Physician
 4. Nursing Coordinator
 5. Treatment Coordinator

- III. **Clinical Intervention**
 - A. After the determination is made that a hunger strike is occurring, counseling shall be provided to the resident to determine the resident's intention and motivation. The treating nurse shall attempt to convince the resident to abandon the hunger strike both initially and throughout the episode.

IV. **Sick Status**

- A. Once a hunger strike has been established, the resident may be placed on sick status, if indicated but usually this will not be the practice. At the time, health care and clinical staff shall conduct a thorough physical and mental health assessment and a plan shall be developed. The physician and psychiatrist or psychologist will maintain frequent communication with the Nursing Coordinator and the Treatment Coordinator regarding the resident's status.

V. **Treatment Plan**

- A. The Treatment plan will provide guidance to staff as to the management and care of the resident. It will include, but is not limited to:
 - 1. Guidance from the physician regarding monitoring of mental status.
 - 2. Meals being offered at every scheduled meal period and as directed by the physician.
 - 3. Daily contact with health care and clinical staff.
 - 4. Medically indicated tests and evaluations.
 - 5. Specific instructions to other staff interacting with the resident.
 - 6. Sick status if needed and watch if needed.
 - 7. Criteria that, if met, should require transfer to a hospital or other medical facility.
 - 8. Directions regarding participation in physical activities.

VI. **Mental Competency**

- A. The psychiatrist or psychologist will determine mental competency as soon as possible. Health care and clinical staff, working in cooperation with the Bureau Chief of Residential Services will determine if the resident should be maintained in the facility or if transfer to a hospital or other facility is necessary. The physical and mental well-being of the resident will be primary in all decisions.

VII. **External Notification**

- A. After the completion of initial evaluations by health care and clinical staff, the Bureau Chief of Residential Services or designee shall make the external notifications to the resident's parent/legal guardian. After this initial notification, the above persons shall be updated daily by the Health Authority or designee.

VIII. **Documentation**

- A. Careful and complete documentation shall be maintained. Documentations shall include the following:
 - 1. Time and date the hunger strike is declared and/or initiated.

2. Time and date of required notifications.
3. Medical and mental health findings and test results.
4. Description of contacts, interactions, and care offered.
5. Description of the resident's activities, responses, and statements.
6. Record of food and liquid offered and consumed.
7. Entries related to specific areas of the special treatment plan.

IX. Legally Competent

- A. The right of the resident to refuse food, liquid, or medical treatment shall be recognized as long as the resident is considered legally competent. Should the resident lose consciousness, appropriate medical intervention (e.g., hospitalization for fluid administration or feeding tube) can be initiated with the assumption that the resident can no longer refuse treatment.

X. Supervision After Termination of a Hunger Strike

- A. Supervision of a resident will continue after the termination of a hunger strike based upon the clinical judgment of the supervising physician and psychiatrist.