6.10 Hunger Strikes

Policy Summary

The management of hunger strikes or the refusal to eat requires coordinated care between Justice Health & Forensic Mental Health Network (JH&FMHN) and Corrective Services NSW (CSNSW).

A hunger strike is defined as the voluntary abstinence from food and/or fluid. Inmates are considered to be on a hunger strike if they have missed three meals and have indicated (either verbally or non-verbally) their intention to refuse further food and/or fluid. An inmate on a hunger strike becomes a medical patient once the inmate commences the hunger strike or refuses to eat. Food and drink is to be available and accessible to the inmate.

Management of Public Correctional Centres Service Specifications

Outcome	Decency and Respect

DRAFT

Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW), and all CSNSW employees.

Related Documents

Crimes (Administration of Sentences) Act 1999

Crimes (Administration of Sentences) Regulation 2014

Management of Public Correctional Centre Outcome Specifications

Related Custodial Operations Policy and Procedures

13.1 Medical Emergencies

19.6 Medical Escorts

Definitions

Authorised Officer	The officer authorised by the Governor to perform the functions set out in this part of the Custodial Operations Policy and Procedures.
COPP	Custodial Operations Policy and Procedures
CSNSW	Corrective Services NSW
EDCO	Executive Director Clinical Operations
IRM	Incident Report Module
JH&FMHN	Justice Health & Forensic Mental Health Network
NDONMS	Network Director of Nursing & Midwifery Services
OIC	Officer in Charge
OIMS	Offender Integrated Management System
SDCMH	Service Director Custodial Mental Health

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1 Hunger Strikes

1.1 Policy

The care and management of an inmate refusing to eat or is on a hunger strike is coordinated by Corrective Services NSW (CSNSW) and Justice Health & Forensic Mental Health Network (JH&FMHN). An inmate on a hunger strike will not be admitted to hospital by JH&FMHN unless intervention is required due to deterioration in the inmate's physical or mental health.

A hunger strike is defined as the voluntary abstinence from food and/or fluid. An inmate is considered to be on a hunger strike if they have missed three meals and have indicated (either verbally or non-verbally) their intention to refuse further food and/or fluid.

If an inmate is on a hunger strike, their physical and mental health is to be monitored daily, and food, drink, and buy-ups are to be made available and accessible. The inmate's physical and mental health is to be monitored daily by JH&FMHN.

JH&FMHN has a duty of care to inmates; JH&FMHN staff however will not routinely admit the inmate to hospital, either within or outside the correctional system unless medical or psychiatric intervention is necessary. Senior CSNSW staff are to be involved in any decision to move an inmate outside a secure environment.

JH&FMHN will advise the inmate of the medical implications/risks of refusing food and/or fluids. Under section 73 of the *Crimes (Administration of Sentences) Act 1999* a medical practitioner may carry out medical treatment, which may include force feeding, of an inmate without the inmate's consent if the JH&FMHN Chief Executive (or delegated medical practitioner) is of the opinion, after taking into account the cultural background and religious views of the inmate, that this is necessary to save the inmate's life or to prevent serious damage to the their health.

1.2 Procedure

	Procedure	**Responsibility**
1.	Verbally report to the Governor (or in their absence to the next most senior correctional officer on duty) immediately if an inmate commences a hunger strike or refuses to eat	Discovering Officer
2.	Prepare an ***Incident Report*** about the inmate's hunger strike or refusal to eat	Discovering Officer
3.	Interview the inmate and establish the reason/circumstances for the inmate's hunger strike or refusal to eat	Governor/Authorised officer
4.	Advise the inmate that: • food and buy-ups will continue to be offered and be made available • they will remain in normal discipline and have access to programs, as long as it is medically safe to do so	Governor/Authorised officer

	Procedure	Responsibility
	• if they are in protective custody, the above provisions will apply • their health will continue to be monitored by the Governor (or authorised officer) and medical authorities • no negotiations will be entered into on any matter of placement or regime while the inmate refuses to eat • a long period of refusing to eat may result in force feeding or other medical treatment to preserve life and health	
5.	Notify JH&FMHN immediately if an inmate commences a hunger strike or refuses to eat	Governor/Authorised officer
6.	Advise the following by telephone: • General Manager, State-wide Operations, Custodial Corrections • Director, Contracted Corrections Compliance and Reporting, Operational Performance Review Branch (for inmates housed in privately managed correctional centres)	Governor/Authorised officer
7.	Monitor the inmate's physical and mental health daily and relay information about the inmate's condition to: • the JH&FMHN Network Director of Nursing & Midwifery Services (NDONMS) • Service Director, Custodial Mental Health (SDCMH) • the appropriate Clinical Director(s). • In the absence of the above positions, the Executive Director Clinical Operations (EDCO) must be notified	JH&FMHN staff
8.	Confirm that food and fluids have been offered to the inmate, that food and fluids are always available and accessible even if it is not requested, and that JH&FMHN has monitored the inmate's health daily	Governor/Authorised officer
9.	Direct officer in charge (OIC) of the wing, to record in the *Inmate Accommodation Journal* (running sheet) each refusal by the inmate to accept food and/or buy-ups	Governor/Authorised officer
10.	Report daily all refusals by the inmate to accept food and/or buy-ups to the Governor and JH&FMHN	OIC
11.	Arrange for a report of the refusal to be entered into the Offender Integrated Management System (OIMS) in the Health Screen – *Incident Reporting Module* (IRM). The report will include: • the inmate's name	Governor/Authorised officer

	Procedure	Responsibility
	• the reason the inmate has given for being on a hunger strike • the start date of the hunger strike • the number of meals refused • when JH&FMHN observations commenced • when the running sheet commenced. Update this report once the inmate has stopped the hunger strike or refusing to eat	
12.	Arrange for the correctional centre psychologist to visit the inmate to: • assess the inmate's mental state and refer to a psychiatrist where necessary, or • to offer assessment and/or counselling where appropriate If the inmate is willing to accept such assessment and/or counselling	Governor/Authorised officer
13.	Arrange for CSNSW and JH&FMHN staff to develop a joint management plan for an inmate who continues to hunger strike on an on-going basis (on and off) or for a prolonged periods of time (seven days or more). A joint case management conference between CSNSW and JH&FMHN must be held weekly to determine ongoing care	Governor/Authorised officer
14.	Regularly collect reports that identify: • the circumstances about why the inmate has refused to eat • details of action that followed • JH&FMHN report on the inmate's physical health • psychologist's report on the inmate's mental state • Accommodation officer's report which details the inmate's relationship with officers and other inmates and any other relevant observations/information	Governor/Authorised officer
15.	Forward these reports to: • respective Director, Custodial Operations • General Manager, State-wide Operations, Custodial Corrections • Director, Contracted Corrections Compliance and Reporting, Operational Performance Review Branch (for inmates in privately managed correctional centres).	Governor/Authorised officer

2 Document Information

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1.0		Initial publication *(Replaces section 7.8 of the superseded Operations Procedures Manual)*