

<p align="center"><b>GEORGIA DEPARTMENT OF JUVENILE JUSTICE</b></p>	<p align="center"><b>Transmittal # 16-08</b></p>	<p align="center">Policy # 11.17</p>
<p>Applicability:  <input type="checkbox"/> All DJJ Staff  <input type="checkbox"/> Administration  <input type="checkbox"/> Community Services  <input checked="" type="checkbox"/> Secure Facilities (RYDCs and YDCs)</p>	<p><b>Related Standards &amp; References:</b>  O.C.G.A 49-4A-7, 49-4A-8  DJJ 11.19, 12.11, 12.12, 12.22, 12.23  4-JCF-2A-01, 3-JDF-3A-01</p>	
<p>Chapter 11: HEALTH AND MEDICAL SERVICES</p>	<p>Effective Date: 6/10/16  Scheduled Review Date: 6/10/17  Replaces: 7 / 1 / 1 4</p>	
<p>Subject: HUNGER STRIKES</p>	<p>Division of Support Services, Office of Health Services  APPROVED:</p>	
<p>Attachments:  NONE</p>	<p align="center">   <hr/> <b>Avery D. Niles, Commissioner</b> </p>	

**I. POLICY:**

Any youth who declares, initiates, or participates in a hunger strike shall have a Special Management Plan developed by medical services and behavioral health staff. Each youth 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 himself or herself.

**II. DEFINITIONS:**

**Designated Health Authority:** The individual responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to juveniles. The Designated Health Authority will be a Registered Nurse.

**Designated Mental Health Authority:** The individual responsible for the facility’s behavioral health services, including ensuring the quality and accessibility of all behavioral health services provided to juveniles. The Designated Mental Health Authority must be a mental health professional with at least a master’s degree in a mental health related field and who is serving in a mental health staff position.

**Hunger Strike:** Declaration and/or the refusal by a youth to intake food and liquids for 48 hours or 6 consecutive meals, or refusal by a youth to intake food or liquid for 72 hours or 9 consecutive meals.

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**Medical Services Staff:** Staff licensed as a Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Physician's Assistant, or Physician.

**Mid-Level Provider:** Nurse Practitioner (NP) or Physician's Assistant (PA).

**Responsible Physician:** The facility primary care physician who makes the final medical judgment regarding the care provided to youth at a specific facility. This includes, reviewing the recommendations for treatment made by health providers in the community and directing the overall medical for youth at that assigned facility.

### III. PROCEDURES:

- A. When staff notices a pattern of a youth not eating, the medical services staff will be notified.
- B. When a youth declares a hunger strike, security staff will immediately notify the following staff:
  1. Facility Director;
  2. Designated Health Authority; and
  3. Designated Mental Health Authority.
- C. After the youth declares a hunger strike, medical services staff will notify the Responsible Physician.
- D. After the youth declares a hunger strike, a qualified behavioral health professional will conduct a mental health assessment, in accordance with DJJ 12.11, Mental Health Assessment, and consult with the facility psychiatrist.
- E. After 24 hours or the rejection of 3 consecutive meals because of an apparent hunger strike, the facility Director (or designee) will make the following external notifications:
  1. Appropriate Deputy Commissioner of secure facilities and also Deputy Commissioner of Support Services, DJJ Medical Director (or designee);
  2. Director of Behavioral Health Services (or designee);
  3. Regional Health Services and Regional Behavioral Health Services Administrators;
  4. Community Case Manager; and
  5. Parent/legal guardian, if under the age of 18.
- F. After initial notification, the above persons will be updated daily by the facility Director or designee.

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- G. After 48 hours or the rejection of 6 consecutive meals because of an apparent hunger strike, the youth will be referred to the facility psychiatrist or psychologist for a psychodiagnostic evaluation, in accordance with DJJ 12.12, Psychodiagnostic Evaluation, and will receive a thorough physical assessment by a facility physician or mid-level provider.
- H. Behavioral health and medical services staff will jointly develop a Special Management Plan within 72 hours of the youth declaring the hunger strike (see DJJ 12.22, Special Management Planning). If a youth is placed on a Special Management Plan due to the hunger strike, the youth will also be referred to the Behavioral Health Placement Review Panel.
- I. The facility physician, mid-level provider, and psychiatrist or psychologist will maintain frequent communication with the Designated Health Authority and Designated Mental Health Authority regarding the youth's status.
- J. In accordance with DJJ 12.23, Emergency Psychiatric Hospitalization and DJJ 11.19, Emergency Medical Services, medical services and behavioral health staff, working in cooperation with the facility Director, will determine if the youth may be maintained in the facility or if transfer to a hospital or other facility is necessary. The physical and mental wellbeing of the youth will be primary in all decisions.
- K. The right of the youth to refuse food, liquid, or medical treatment is recognized as long as the youth is considered clinically stable. If the youth loses consciousness, appropriate medical intervention (e.g., hospitalization for fluid administration or feeding tube) can be initiated with the assumption that the youth can no longer refuse treatment.
- L. Monitoring of a youth will continue after termination of a hunger strike based upon the clinical judgment of the supervising physician and/or the Special Management Team.

**IV. LOCAL OPERATING PROCEDURES REQUIRED: NO**