



Charleston County Sheriff's Office Policy and Procedures Manual

Sheriff Carl Ritchie

18-05 Hunger Strike Procedures

- ☐ NEW
- ☒ REVISED
- ☒ REVIEWED

ACA Standards Reference: 5-ALDF-1C-05
CALEA Standards Reference:
NCCHC Standards Reference:
SCLEA Standards Reference:
SC Minimum Standards: 1065(f)

I. Purpose:

To provide guidelines for the medical treatment and administrative management of inmates who engage in a hunger strike.

II. Policy:

It is the responsibility of the Sheriff Al Cannon Detention Center (SACDC) to monitor the health and welfare of individual inmates who engage in a hunger strike, and to ensure that procedures are pursued to preserve life.

(Ref: SC Min. 1065(f); 5-ALDF-1C-05)

III. Definitions:

A. For purposes of this procedure, the word “deputy” applies to all agency employees with a certification classification of Class I, Class II, Class III, or Reserve Deputy, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and
2. civilian, non-sworn employee.

B. *Employee:* When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).

IV. Procedure:

Complete refusal of food and drink may result in serious medical complications within just a few days. Refusal to accept food while continuing to accept liquid nourishment is less dangerous but also problematic. If calorie-containing liquids are accepted, the circumstances should not be considered a hunger strike unless weight loss is documented. A hunger strike is a voluntary or intentional refusal to eat and/or drink and does not include brief periods of abstinence between meals or short-term fasting, such as those for religious reasons.

A. An inmate reporting to be on a hunger strike will be supplied with an adequate supply of drinking water and will be offered the same meal as the inmate population.

1. All refusals of food and drink will be documented in the inmate’s notes

in the Jail Management System (JMS).

2. The Housing Sergeant will be notified when an inmate refuses six (6) consecutive meals and the detention deputies' privy to the refusal will complete an *Incident Report* in JMS.
 3. Following six (6) skipped meals, the inmate will be transferred to the infirmary to be under direct observation by the contracted Physician or Health Services Administrator. Any canteen belonging to the inmate will be inventoried and stored in the commissary closet.
 4. The Housing Sergeant will notify the chain-of-command that the inmate has been transferred to the infirmary.
 5. All food and drink offered to the inmate, and that food and drink is taken or refused, will be documented in the inmate's notes in JMS.
- B. Initial health care and mental health evaluations will take place within twelve (12) hours of the inmate's transfer to the infirmary.
1. The inmate will be scheduled for a physical exam. If the inmate refuses medical attention, contracted medical services will document the refusal and the inmate will sign a *Refusal of Treatment* form. The documentation will indicate that the inmate was informed of the potential consequences of the hunger strike. If an inmate refuses to sign, Medical Services will write refused on the form and it will be signed by two witnesses: Medical Services and a detention deputy.
 - a. The inmate's physical exam findings, weight, and vital signs will be recorded in the inmate's medical record.
 - b. Baseline laboratory testing, diagnostic profile, and a urine dipstick will be performed at the discretion of the contracted physician or the request of the Detention Director.
 2. Additionally, the inmate will be referred to mental health for a psychological evaluation with the contracted Psychiatrist.
 3. The examining Physician and Psychiatrist will conduct a joint review of their findings to determine if the inmate is on a hunger strike within six (6) hours of the evaluations and shall make a written report to the Detention Director of their conclusions and recommendations as to the inmate's care.

- C. On-going evaluations by the mental health provider will be scheduled as indicated by the initial psychological evaluation. Medical Services will assess the inmate on hunger strike at minimum every twenty-four (24) hours.
 - 1. Health Staff will counsel the inmate on the potential consequences of the hunger strike.
 - 2. The findings of assessment and counseling will be documented in the inmate's health record.
 - 3. Additional monitoring may be ordered at the discretion of the physician.
- D. The Health Services Administrator will be apprised of the inmate's health condition on a daily basis via the Nursing Shift Report. The Health Services Administrator will ensure that the inmate's condition is forwarded to the Medical Director and the Contracts Manager on a daily basis, in turn the Contracts Manager shall notify the Detention Director. All parties shall ensure that the inmate's confidential health care information is not shared with anyone other than those staff members that absolutely need to be apprised of the same.
- E. If it is determined that the inmate's life or permanent health status may be affected without medical intervention, the attending medical staff will notify the Medical Director.
 - 1. Health staff will attempt reasonable efforts to convince the inmate to voluntarily accept treatment.
 - 2. The Medical Director will evaluate the inmate to determine if the inmate should be transferred to an acute care setting, if forced medical treatment should be administered, or both. This information should be communicated to the Contracts Manager, who will notify the Detention Director and Majors.
- F. Training:

All employees will be made aware of the contents of this policy and confidentiality requirements through pre-service training and initial issuance.