



**WEST VIRGINIA
DIVISION OF
JUVENILE SERVICES**

POLICY NUMBER:

415.00

PAGES:

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CHAPTER:

Facility Services

REFERENCE AND RELATED STANDARDS:

WV Code Chapter §49-5E-1 et seq.

SUBJECT: Hunger Strikes

DATE: April 1, 2009

POLICY

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

CANCELLATION

This is a new policy.

APPLICABILITY

This Policy applies to ALL Division of Juvenile Services' facilities.

DEFINITIONS

1. Hunger Strike: Declaration and/or the refusal by a resident to intake food and liquids for 48 hours or six consecutive meals, or refusal by a resident to intake food or liquid for 72 hours or nine consecutive meals.
2. Mental Health Authority: Contracted mental health providers.

PROCEDURES

1. When facility staff notice a pattern of a resident not eating, medical staff will be notified.
2. When a resident declares a hunger strike or otherwise meets the definition of a hunger strike, facility staff will immediately notify the following staff:
 - a. Facility Director

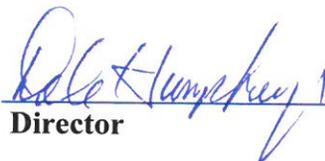
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- b. Health Authority
 - c. Mental Health Authority
 - d. Division Administrative Duty Officer
 - e. Division Staff Psychologist
3. The Facility Superintendent/Director will direct treatment staff to determine the mental status of the resident. Juvenile careworkers will attempt to establish dialogue to find the reason(s) for the hunger strike and attempt to talk the resident into eating something. Each attempt will be documented.
4. The condition of the resident will be monitored by medical and treatment staff.
5. The Facility Superintendent/Director will contact the Division's Mental Health Authority in order to assess the resident's competency.
7. The right of a resident to refuse food, liquid, or medical treatment will be recognized as long as the resident is considered legally competent.
 - a. Should the resident lose consciousness, medical treatment can be initiated with the assumption that the resident can no longer refuse treatment.
 - b. If, in the opinion of the Division's Mental Health Authority, the resident is no longer able to make rational decisions, the Facility Superintendent/ Director will contact the Division's Legal Representative in order to pursue a court order that allows the Division to force-feed the resident at a local hospital.
8. After the resident resumes eating, the Facility Superintendent/Director will ensure that monitoring of the resident will continue for as long as necessary based upon the judgment of the Division's Mental Health Authority.
9. Each facility will have in place an operational policy and procedural plan to ensure the standards and practices of this policy are followed

RIGHTS RESERVED

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

APPROVED:



Director



Date