

ICE/DRO RESIDENTIAL STANDARD

HUNGER STRIKES

I. PURPOSE AND SCOPE. The health and well-being of adult residents is protected by monitoring, counseling, and, when appropriate, treatment of any adult resident on a hunger strike.

Nothing in this Residential Standard is intended to limit or override the exercise of sound medical judgment by the medical authority responsible for a resident's medical care. Each case must be evaluated on its own merits and specific circumstances, and treatment shall be given in accordance with accepted medical practice.

II. EXPECTED OUTCOMES. The expected outcomes of this Residential Standard are as follows:

1. Any resident who does not eat for 72 hours will be referred to the medical department for evaluation and possible treatment.
2. When medically advisable, a resident on a hunger strike will be placed under close supervision for observation and monitoring.
3. The Chief, JFRMU and ICE/DRO Field Office Director will be notified when a resident is on a hunger strike.
4. The resident's health will be carefully monitored and documented, along with the resident's intake of food and liquids.
5. A resident on a hunger strike will be counseled and advised of the medical risks, and will be encouraged to end the hunger strike or to accept medical treatment.
6. Medical treatment will be administered against a resident's will only with the medical, psychiatric, and legal safeguards specified herein.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

III. DIRECTIVES AFFECTED. None

IV. REFERENCES

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that

deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-52, 4D-15.

V. EXPECTED PRACTICES

1. Staff Training

All staff shall be initially and annually trained to recognize the signs of a hunger strike and to follow the procedures for medical assessment referral.

2. Initial Referral

Procedures for identifying and referring to medical staff a resident suspected or announced to be on a hunger strike shall include obtaining a medical assessment. This assessment shall be made by qualified medical personnel, and shall include a statement of whether the resident's action is reasoned and deliberate, or is a manifestation of mental illness. Upon medical recommendation, the resident may be placed in close supervision for observation and monitoring.

When an ICE/DRO resident is on a hunger strike, the facility shall notify ICE/DRO, which shall notify DIHS.

a. Any resident observed to have not eaten for 72 hours shall be immediately referred to the medical department for an evaluation of whether the resident is on a hunger strike, or in need of medical or mental health intervention.

- Any minor observed or known to have missed three consecutive meals or four meals in any two day period shall be referred to the medical unit for examination and evaluation to determine if medical or mental health intervention is required.

b. When medically advisable, medical personnel may place the resident in a single-occupancy observation room, for the purpose of measuring food and liquid intake and output.

c. The facility administrator shall immediately report the hunger strike to the Chief JFRMU and ICE/DRO Field Office Director, who shall follow standard policy for reporting significant incidents to headquarters.

3. Initial Medical Evaluation and Management

Medical staff shall monitor the health of a resident on a hunger strike. If the resident is engaging in a hunger strike due to a mental condition, appropriate medical action shall be taken.

- a. During the initial evaluation of a resident on a hunger strike, medical staff shall:
- 1) Measure and record his or her height and weight.
 - 2) Measure and record resident vital signs;

- 3) Conduct a urinalysis of the resident.
 - 4) Conduct a psychological or psychiatric evaluation of the resident;
 - 5) Assess the resident's general physical condition.
 - 6) If clinically indicated, proceed with radiographs and/or laboratory studies.
- b. Medical staff shall take and record weight and vital signs at least once every 24 hours during the hunger strike, and repeat other medical procedures as indicated.
 - c. The Clinical Director (CD), or equivalent medical authority, may modify or augment standard procedures when medically indicated.
 - d. Medical staff shall record all examination results in the resident's medical file.
 - e. All physical and mental examinations, treatments, and other medical procedures require the informed consent of the resident.
 - If the resident refuses the initial medical evaluation, medical staff must attempt to secure the resident's signature on a "Refusal of Treatment" form.
 - If the resident will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form.
 - f. If medically indicated, the resident may be transferred to a community hospital or an alternate ICE facility that is appropriately equipped for treatment.
 - g. After the hunger strike, medical staff shall provide follow-up medical and psychiatric care as long as necessary. Only the medical authority may order a resident's release from hunger strike treatment, and shall document that order in the resident's medical record.

4. Food and Liquid Intake and Output

After consultation with the CD, the facility administrator may require staff to measure and record food and water intake and output, using the following procedure:

- a. Record intake and output on the Hunger Strike Monitoring Form (*DIHS-839 in DIHS-staffed facilities*), until this record-keeping is terminated by the CD.
- b. Deliver three meals per day to the resident's room, unless otherwise directed by the medical staff. Regardless of the resident's response to a verbally offered meal, staff shall deliver each meal to the resident.
- c. Provide an adequate supply of drinking water, and offer to provide other beverages.
 - Remove all food items not authorized by the medical staff from the resident's room. During the hunger strike, the resident's purchase of commissary or vending machine food and beverages shall be documented, and this information be provided daily to medical.

5. Refusal To Accept Treatment

Staff shall make reasonable efforts to convince the resident to accept treatment

voluntarily. Forced medical treatment shall not be administered at a family residential facility. Residents requiring forced medical treatment shall be transferred to an alternate ICE facility or other facility, as appropriate for intervention. The transfer of a resident who is a part of a family unit shall not adversely affect the housing assignment of that family unit, of and by itself.

- a. Staff shall explain to the resident medical risks associated with the refusal of treatment and document their treatment efforts in the resident's medical record.
- b. The CD may recommend involuntary treatment when clinical assessment and available laboratory results indicate the resident's weakening condition threatens the life or long term health of the resident.

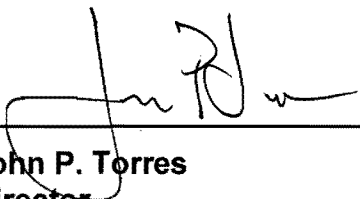
The CD shall notify the JFRMU in writing of the proposed plan for force-feeding the resident, and the requirement to transfer the resident immediately to an alternate ICE facility for treatment.

- c. Medical staff shall:
 - Document all treatment efforts in the resident's medical record.
 - Continue clinical and laboratory monitoring as necessary, until the resident's life or permanent health is out of danger - ordinarily, until adequate oral intake of food and liquid is achieved.
 - Continue medical, psychiatric, and/or mental health follow-up as necessary.

6. Release from Treatment

The CD may order that a resident be released from hunger strike evaluation and treatment. That order shall be documented in the resident's medical record.

Standard Approved:



John P. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date