



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUAL

REVISION DATE
9/27/23

PAGE NUMBER
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NUMBER
DOC 620.100

POLICY

TITLE
FORCE FEEDING OF INCARCERATED INDIVIDUALS

REVIEW/REVISION HISTORY:

Effective:	7/2/01	Revised:	8/13/12
Revised:	7/18/07	Revised:	12/22/14
Revised:	12/26/08	Revised:	5/6/22
Revised:	12/13/10	Revised:	9/27/23

SUMMARY OF REVISION/REVIEW:

Policy statement I., Directive I.D., and III.A.6. - Added clarifying language
Policy statement II., Directive I.H. & I., II.A.1., II.C., III.A., and III.C.2., - Adjusted language for clarification
Removed I.C. as repetitive information
I.D.3. and III.A.3. - Removed unnecessary language
Added II.B.1. that the Facility Medical Director will be immediately notified upon identifying an individual at risk
Added III.A.2. that an MDT may be convened when an individual is identified as at risk
Added III.B. that the Health Services Manager will provide administrative assistance upon request from the Facility Medical Director

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

8/25/23

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

8/31/23


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

9/7/23

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; [RCW 70.122](#); DOC 320.255 Restrictive Housing; DOC 610.010 Patient Consent for Health Care; DOC 620.010 Advance Directives; DOC 620.020 Non-Consensual Blood Draws

POLICY:

- I. Individuals in total confinement will be provided with the nutrition and fluids, including intravenous fluids, necessary to preserve their life and health.
- II. Nothing in this policy is intended to:
 - A. Supersede an individual's rights under federal or state law.
 - B. Limit or override the exercise of sound medical judgment by medical employees/ contract staff responsible for the individual's medical care. Each case will be evaluated on its own merits and individual circumstances.

DIRECTIVE:

- I. General Requirements
 - A. When possible, the individual's condition before force feeding, and the process of any invasive procedure done without the individual's consent per DOC 610.010 Patient Consent for Health Care (e.g., insertion of feeding tube or intravenous catheter, venipuncture), should be videotaped.
 1. It is not necessary to videotape ongoing or non-invasive activities (e.g., nutriment infusion, external intravenous tubing replacement, blood pressure measurement).
 - B. Voluntary feeding is preferred over any medical intervention unless contradicted by medical evaluation.
 - C. Individuals at risk should be treated at their assigned facility when possible. In collaboration with the Facility Medical Director and Health Services Manager, the Superintendent may:
 1. Retain the individual in the individual's current housing unit,
 2. Immediately transfer the individual to another unit or the infirmary, or
 3. Recommend the individual be transferred to another facility better equipped to treat the individual.
 - D. All actions taken will be documented in the appropriate unit log.



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- E. Final approval for force feeding and the type and venue of feeding must be provided, in writing, by the Chief Medical Officer/designee.
- F. A plan for use of force, if needed, requires approval by the Superintendent/designee in advance.
- G. Restraints may be used on an ongoing basis when necessary to prevent removal of medical devices. If there are conflicts with any other restraint policy, written permission must be provided by the appropriate Assistant Secretary for Prisons/designee.
- H. Treatment and documentation of intake and output of fluid/food will continue until adequate oral intake of food and fluids is achieved or until it is apparent through clinical and laboratory monitoring that the individual's life or health is no longer threatened.

II. Individuals at Risk


- A. An individual will be identified as at risk when any employee/contract staff receives information that the individual:
 - 1. Has not participated in the Food Service Program for 9 consecutive meals or consumed commissary food and/or fluids in more than 72 hours, or
 - 2. Is failing to ingest food and/or fluids to the extent that the individual's health may be in jeopardy.
- B. Upon identifying an individual at risk, employees will immediately notify their supervisor/Shift Commander, who will immediately notify the:
 - 1. Facility Medical Director,
 - 2. Health Services Manager/designee, and
 - 3. Superintendent/designee, via the chain of command.
- C. Monitoring and documentation of food and/or fluid intake and output will be initiated immediately.
 - 1. Employees/contract staff will report suspected intake of food and/or fluids before the end of shift of the 9th refused meal.
- D. If an individual in segregation or an Intensive Management Unit/Intensive Treatment Unit refuses all food and/or fluids, the refusal will be documented per DOC 320.255 Restrictive Housing.
- E. Terminally ill individuals:

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1. Without an Advance Directive may be identified as at risk, but clinical judgment will be used when assessing the benefits of intervention.
2. Who have executed a directive that life sustaining procedures be withheld per RCW 70.122 will not be identified as at risk, and the refusal will be addressed per DOC 620.010 Advance Directives.

III. Health Services Employee/Contract Staff Procedures

- A. Upon notification that an individual has been identified as at risk, the Facility Medical Director will:
 1. Immediately assign appropriate medical and mental health employees/contract staff to examine the individual to determine the individual's overall medical and mental health condition.
 2. Determine if a Multidisciplinary Team (MDT) needs to meet to review the case.
 - a. The MDT will be comprised of:
 - 1) Medical
 - 2) Behavioral health
 - 3) Nursing
 - 4) Custody
 - 5) Assigned Classification Counselor
 - 6) Others as appropriate (e.g., Religious Coordinator, Social Worker)
 - b. Input from the individual's immediate family should be considered.
 - c. The MDT will meet at least weekly until the individual is no longer at risk.
 3. Assign medical employees/contract staff to perform diagnostic tests to determine the individual's health condition, using the least invasive methods possible.
 - a. The tests may include, but will not be limited to:
 - 1) Height and weight
 - 2) Vital signs
 - 3) Appropriate urine tests
 - 4) X-rays

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- 5) Necessary and appropriate blood tests
 - 6) Psychological or psychiatric evaluation by a licensed mental health professional
- b. If the individual refuses any blood test, medical employees/contract staff will follow DOC 620.020 Non-Consensual Blood Draws.
4. Have all medical and mental health procedures completed or attempted by medical employees/contract staff documented in the health record.
 5. Determine the frequency of medical employee/contract staff visits necessary to monitor the individual's condition, based on test and evaluation results.
 - a. At a minimum, visits will be conducted once every 24 hours.
 6. Encourage the individual to eat/drink voluntarily and explain the medical risks the individual faces by not eating or drinking. These efforts will be documented in the health record.
 7. Ensure that food and drink are brought to the individual at mealtimes and document on the intake/output record unless the individual is housed in a unit where trays are routinely offered.
 8. If medically required, recommend to the Superintendent that the individual be transferred to a more appropriate facility for treatment or evaluation.
- B. The Health Services Manager will provide administrative assistance upon request from the Facility Medical Director.
- C. If the individual's medical condition indicates serious deterioration in the individual's health, the assigned practitioner will:
1. Make a clinical determination and document in the health record whether the individual's life or health is immediately threatened by continued refusal to eat and/or drink.
 2. Immediately notify the Facility Medical Director, Health Services Manager/designee, and Superintendent that the criteria are met and recommend the individual either:
 - a. Remain in the facility and be force fed using any recognized medical procedure deemed appropriate by medical employees/contract staff (e.g., nasogastric tube, intravenous feeding), or

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- b. Be placed in a medical facility better able to treat the individual's medical condition (e.g., facility infirmary, community hospital).

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None