1.4.E.11 Inmate Hunger Strike

II Policy:

The Department of Corrections (DOC) shall provide guidelines for the medical and administrative management of inmates who engage in hunger strikes. It is the responsibility of the DOC to monitor the health and welfare of individual inmates and to ensure procedures are pursued to preserve life.

III Definitions:

Hunger Strike:
If an inmate refuses sufficient nutrition and/or hydration for nine (9) consecutive meals, the inmate is considered to be on hunger strike. Medically imposed fasts for the purpose of conducting medical tests or procedures and religious fasts for a reasonable length of time are exempt from this definition.

Staff:
For the purposes of this policy, staff consists of all employees and student interns of the DOC assigned to a DOC adult institution.

Behavioral Health Services Staff:
For the purposes of this policy, a psychiatrist, psychologist, or mental health professional employed by the Division of Mental Health or contracted by the Division of Mental Health to provide mental health services within a DOC institution.

Health Services Staff:
For the purposes of this policy, health services staff consists of all individuals employed by the Department of Health or contracted by the Department of Health (excluding medical representatives as defined below) to provide physical health services in a DOC institution.

Medical Representative:
A physician, physician assistant or nurse practitioner, as defined in SDCL §§ 34-12D-1, 36-4A-1, 36-9A-12 and 24-11B-2.

Attending Physician:
A physician that provides primary care and directs emergent, chronic and continuing care for an inmate who is attempting a hunger strike. This physician will provide information to the Involuntary Feeding and Hydration Treatment Panel and other physicians that may review the inmate’s case.
IV Procedures:

1. Determining an Inmate Hunger Strike:

   A. Inmates may participate in medically imposed fasts for the purpose of conducting medical tests or in preparation for medical procedures at the direction of Health Services staff. Inmates may participate in religious fasts for a reasonable length of time, as determined by faith doctrine and the Cultural Activities Coordinator (See DOC policy 1.5.F.2 Religious Diet and DOH policy P-F-02 Medical Diets).

   B. If an inmate communicates to staff he/she is on a hunger strike, or staff observe the inmate has refused sufficient nutrition and/or hydration for a period of nine (9) consecutive meals, the inmate will be considered to be on a hunger strike. Once it is determined the inmate is engaged in a hunger strike, staff will:

   1. Interview the inmate as soon as possible and attempt to determine the inmate’s reason(s) for refusing sufficient nutrition or hydration.

   2. Immediately notify senior staff at the facility where the inmate is housed; e.g. Warden, Deputy Warden, Associate Warden(s). Health Services and/or Behavioral Health Services staff will be notified as deemed appropriate.

   C. If more than one inmate chooses to engage in a hunger strike at the same time, the provisions of this policy shall apply to each inmate.

   D. Health Service staff and/or DOC staff may consult with a qualified nutritionist or dietician to determine the appropriate dietary allowance for the inmate; adjusted for age, sex and activity.

   E. Inmates who are unable to maintain sufficient nutrition or hydration by virtue of their mental illness or acute medical conditions and are not intentionally fasting or engaging in a hunger strike, will be observed by staff for long or short term deprivation of sufficient nutrition or hydration.

2. Initial Response:

   A. Within 12 hours of staff determining an inmate is on a hunger strike:

   1. All food deliveries to the inmate will be recorded (may be documented in the inmate’s medical record or other approved location).

   2. Staff may modify the inmate’s housing placement to enhance observation of the inmate, and/or provide medical care to the inmate. An inmate’s contact with other inmates may be limited to allow staff to accurately document the inmate’s consumption of food or beverages. Inmates may be housed in the infirmary, camera room or a dry cell.

   3. Inmates choosing to engage in a hunger strike will be subject to disciplinary action, in accordance with DOC policy 1.3.C.2 Inmate Discipline System.

   B. The inmate will be offered an opportunity to eat and drink at each regularly scheduled meal times.

   1. DOC and/or Health Services staff will maintain a written report of any food and/or beverages consumed or refused by the inmate (See Attachment 1).
2. To facilitate the monitoring of the inmate’s intake of food and water, the Warden may approve the removal of any commissary food items from the inmate’s room while the inmate is engaged in a hunger strike. The inmate’s commissary privilege may be suspended. (See DOC policy 1.2.E.1 Inmate Commissary).

3. Health Services staff may approve alternative beverages, including liquid nutritional supplements, is authorized by the attending physician.

4. Acceptance of liquids/beverages alone will not be documented as acceptance of a meal.

C. The following evaluation procedures will be conducted by Health Services within 12 hours (or sooner if deemed necessary) of staff determining the inmate is on hunger strike:

1. Daily measurement of the inmate’s vital signs and weight.
2. Counseling to encourage the inmate to resume sufficient nutrition and hydration.
3. Urinalysis, as ordered by a physician, physician’s assistant or nurse practitioner; no less than one time per week.
4. Lab work, as ordered by a physician, physician’s assistant or nurse practitioner with a basic metabolic panel completed at least weekly.
5. General medical evaluation by a physician, physician’s assistant or nurse practitioner after the inmate has been on a hunger strike (not to exceed five (5) days from when staff determined the inmate was on hunger strike). Follow-up evaluation frequency will be determined by the physician, physician assistance or nurse practitioner for the duration of the inmate’s hunger strike to ensure the inmate is not at, or approaching a life threatening stage.
6. Other tests, procedures, evaluations or information gathering deemed necessary by the DOC or Health Services and/or Behavioral Health Services staff.

D. If the inmate refuses to comply with the evaluation procedures, a record will be made by Health Services staff documenting the procedures were offered but refused by the inmate (See DOH Policy P-I-06 Informed Consent and Right to Refuse).

1. The record will be maintained to reflect all medical attention/treatment evaluation procedures offered and those that were refused by the inmate during the hunger strike.
2. Health Service staff will advise the inmate that at a minimum, the inmate’s weight will be recorded.
3. If the inmate does not cooperate in measuring his/her weight, or with the required laboratory evaluation (i.e. urine specimen collection and blood draw for the lab work) the Warden or designee may authorize a planned use of force (See DOC policy 1.3.A.3 Use of Force - Adult Institutions).

E. Health Service staff will advise the inmate of the physical effects of starvation and will complete the Effects of Starvation form (See Attachment 2).

F. Health Service staff will refer the inmate to Behavioral Health Services staff for an assessment (See DOH policy P-E-05 Mental Health Screening and Evaluation).
G. Assessment procedures will not outweigh an inmate’s objection to the procedure, unless Health Services staff determines the inmate is causing or may cause severe harm or death to himself/herself by continuing to refuse sufficient nutrition or hydration.

1. If such a determination is made, medical assessments and/or medical treatments will be conducted as deemed necessary by Health Services.

H. Health Services, Behavioral Health Services and DOC staff will continue to meet with the inmate to assess his/her current status.

1. Staff will maintain daily contacts, including weekends and holidays with the inmate for the duration of the hunger strike and fully document these contacts.

2. No agreements, bargains or deals will be made with an inmate to end the inmate’s hunger strike.

3. Criteria for Considering Involuntary Treatment:

A. Involuntary feeding or hydration may be considered for an inmate when it is determined the inmate is likely to cause severe harm to himself/herself or death, or the inmate’s condition is deteriorating to the extent that intervention may soon be required.

B. An inmate will not be involuntary fed or hydrated without a hearing, except in cases requiring emergency treatment (See section on Emergency Treatment).

C. An Involuntary Feeding or Hydration Treatment Panel will be convened to determine if an inmate will be involuntarily fed or hydrated.

4. Involuntary Feeding or Hydration Treatment Panel:

A. The Involuntary Feeding or Hydration Treatment Panel will consist of three (3) members, none of whom may have participated in the inmate’s current diagnosis, evaluation or treatment.

1. Two (2) members of the panel will be either a physician, physician assistant or nurse practitioner (See SDCL § 24-11B-2).

2. One (1) member of the panel will be a staff representative appointed by the Warden, who will chair the hearing.

B. The Involuntary Feeding or Hydration Treatment Panel will review information regarding the inmate and his/her hunger strike and determine if it is likely the inmate’s continued refusal of sufficient nutrition and/or hydration is likely to cause severe harm or death to the inmate, thus warranting a need for involuntary feeding and/or hydration treatment (See SDCL § 24-11B-3).

1. The panel may seek testimony or written statements from anyone having knowledge of the circumstances surrounding the inmate’s hunger strike.

2. The panel will engage in a confidential review of the inmate’s medical records.

3. The panel will receive and review the proposed course of treatment for the inmate, including possible involuntary feeding and/or hydration of the inmate.

4. The inmate’s attending physician will provide testimony on the inmate’s circumstances/condition to the panel.
5. **Inmate Notification and Hearing Rights:**

A. The inmate will be notified no less than forty-eight (48) hours in advance of the hearing before the Involuntary Feeding or Hydration Treatment Panel (See Attachment 3) (See SDCL § 24-11B-2).

B. The inmate has the following rights regarding the hearing:

1. To request assistance, advice and representation at the hearing by a disinterested lay advisor who is knowledgeable about medical issues.
2. To personally attend the hearing.
3. To present information on his/her own behalf and/or have his/her lay advisor present evidence.
4. To cross-examine any witnesses.

6. **Decision of the Involuntary Feeding or Hydration Treatment Panel:**

A. Involuntary feeding or hydration may proceed upon a majority vote of the Involuntary Feeding or Hydration Treatment Panel (See SDCL § 24-11B-4).

   1. The decision will be based in part on reasonable medical certainty that there is an immediate threat to the inmate’s life, or possibility of permanent damage to the inmate’s health.

B. The inmate will be advised, in writing, of the Involuntary Feeding or Hydration Treatment Panel’s decision (See Attachment 4).

C. Copies of the Involuntary Feeding or Hydration Treatment Panel’s decision will also be provided to the attending physician and respective Warden.

7. **Inmate Appeal of the Panel’s Decision:**

A. The inmate may appeal an adverse decision by the panel to the Secretary of Corrections within ten (10) working days of notification of the Involuntary Feeding or Hydration Treatment Panel’s decision (See Attachment 5) (See SDCL § 24-11B-4).

   1. The inmate’s lay advisor may assist him/her with the appeal/appeal process.

   2. Appeals are exempt from certain provisions of DOC policy 1.3.E.2 *Administrative Remedy for Inmates*. The appeal must be filed directly with the Secretary of Corrections.

   3. The Secretary of Corrections will respond to the inmate’s appeal within five (5) working days after receipt, unless cause is shown for delay.

B. The inmate may appeal the decision of the Secretary of Corrections to the circuit court, pursuant to SDCL § Chapter 1-26.

C. Involuntary feeding and/or hydration treatment will proceed against the inmate during the pendency of any appeals.
8. Ordering Treatment and Physician Reviews:

A. If involuntary feeding and/or hydration is ordered, the inmate will be placed in the infirmary and treatment will proceed, pursuant to the orders of the attending physician(s), for an initial period not to exceed thirty (30) days.
   1. The decision to commence involuntary feeding and/or hydration is a medical decision, and should be supported by the physician’s written order.

B. After the first ten (10) days of treatment, and at intervals not to exceed three (3) days thereafter, the treatment must be reviewed by a physician, who is not the attending physician (See SDCL § 24-11B-6).
   1. The non-attending physician will review the inmate's case and make a written determination whether the involuntary treatment should continue.
   2. Copies of the report of the non-attending physician will be provided to the attending physician, the Warden and the inmate.

9. Documentation of Hearings and Findings:

A. Documentation of all hearings and findings will be maintained in the inmate's institutional file and copies will be provided to Health Services (See SDCL § 24-11B-7).
   1. A record of the involuntary feeding or hydration treatment will be maintained in the inmate’s medical file or other designated and approved location.
   2. A copy of any ten (10) day review and any subsequent three (3) day reviews by a non-attending physician will be provided to Health Services.

B. The Chair of the Involuntary Feeding or Hydration Treatment Panel will maintain a log of hearings conducted by the Panel. The log will include:
   1. The date the Involuntary Feeding or Hydration Treatment Panel conducted the hearing.
   2. The name(s) and identification number(s) of the inmate(s) seen.
   3. The names, titles and business addresses of the Panel members.
   4. The name(s) of any other person appearing and presenting information to the Panel.
   5. The decision of the Panel.

10. Emergency Treatment:

A. In an emergency, involuntary feeding and/or hydration of an inmate may be administered without Panel review for up to three (3) days if the treatment is ordered by two (2) medical representatives (a physician, physician assistant or nurse practitioner) (See SDCL § 24-11B-5).

B. Involuntary feeding and/or hydration treatment for a greater length of time requires the approval of the Panel.

C. If the medical representatives believe there is a likelihood treatment will exceed three (3) days, an Involuntary Feeding or Hydration Treatment Panel will be convened as soon as reasonably
possible within the initial three (3) days, consistent with the forty eight (48) hour notice requirement of this policy.

D. Prior to emergency involuntary medical treatment being administered, staff will make reasonable efforts to convince the inmate to voluntarily accept treatment. Possible medical risks faced by the inmate if treatment is not accepted will also be explained to the inmate. Staff will document their treatment efforts in the inmate’s medical record.

E. Written documentation for the ordering of emergency involuntary treatment will be maintained in the inmate’s medical file.

1. Daily written reports of such treatment administered shall be submitted to the medical director and Warden.

2. Health Service staff will continue clinical and laboratory monitoring as necessary until the inmate’s life or permanent health is no longer threatened.

F. When the attending physician determines it medically mandatory, an inmate on hunger strike will be transferred to an outside medical provider considered medically appropriate.

G. None of the procedures or guidelines contained in this policy is meant to limit or override the exercise of sound medical judgment of the attending physician.

1. Each case must be evaluated on its own merits and individual circumstances.

2. Treatment is to be given and documented in accordance with accepted medical practice.

11. Liability/Immunity:

A. Pursuant to SDCL § 24-11B-8, no person who serves on the Involuntary Feeding or Hydration Treatment Panel, who is the attending physician, who is the Warden, or who orders or participates in the involuntarily feeding or hydrating of an inmate may be held civilly or criminally liable for the involuntarily feeding or hydrating of the inmate pursuant to SDCL § Chapter 24-11B, if the person performs these duties in good faith and in a reasonable manner according to generally accepted medical or other professional practices.

12. Other Action:

A. The attending physician, with input from the Panel, may order an inmate released from hunger strike evaluation and treatment status when it is medically determined the inmate’s oral intake of food and liquid has been achieved. Medical monitoring for severe or life-threatening complications of malnutrition may continue at the discretion of the attending physician, beyond the point at which the inmate resumes adequate oral intake.

1. This order will be recorded in the inmate’s medical file.

2. Media contacts concerning an inmate’s hunger strike status will be directed to the Warden, the Communications & Information Manager and Secretary of Corrections.

B. Reporting an inmate on a hunger strike to the DOC Administration will be in accordance with DOC policy 1.1.A.3 Reporting Information to DOC Administration.
V Related Directives:

DOC policy 1.1.A.3 – Reporting Information to DOC Administration
DOC policy 1.2.E.1 -- Inmate Commissary
DOC policy 1.3.A.3 – Use of Force – Adult Institutions
DOC policy 1.3.E.2 – Administrative Remedy for Inmates
DOC policy 1.5.F.2 – Religious Diet
DOH policy P-F-02 – Medical Diets
DOH policy P-I-06 – Informed Consent and Right to Refuse

Inmate Living Guide

VI Revision Log:
October 2006: Added reference to policies 1.5.F.2 and P-F-02. Added language in the procedures regarding religious diets and medical diets. Revised the record-keeping procedures for approved/declined fasts.
October 2007: Minor style/format changes made.
September 2008: Revised formatting of policy and attachments in accordance with DOC policy 1.1.A.2. Deleted first segment of statement regarding an inmate’s indicated intent to initiate an individual hunger strike in ss (C of Determining an Inmate Hunger Strike). Added statement about collaborating with Mental Health in ss (A1) and replaced intake and output and measurements with food deliveries in ss (A2) of Initial Handling of an Inmate Hunger Strike. Added “consisting of a physician, physician’s assistant or nurse practitioner” in ss (A of Emergency Treatment). Replaced “chapter” with “§”, added “8” to SDCL 24-11B and replaced “24-11B-1 to 24-11B-8” with “24-11B-8” ss (A of Liability/Immunity). Replaced “or” with “and” in ss (A2 of Other Action) when referencing media contacts directed to the CIM, Warden and Secretary of DOC. Added DOC policy to section V. Revised Attachment 1 specifying where form should be returned and moved form from SDSP tab to DOC tab. Revised title of attachment 2 to Effects of Starvation. Revised titles of attachments 3, 4 and 5 to be consistent with policy, attachments and WAN.
September 2009: Added definitions of Staff, Mental Health Staff and Health Services Staff.
Added § 24-11B-2 in definition of Medical Representative. Added definition of Attending Physician. Replaced “medical provider” with medical representative” as appropriate. Deleted reference to may request assistance from Special Security in ss (C1) and added ss (F) regarding medical placing inmates on a hunger strike both within (Determining an Inmate Hunger Strike). Added weekends and holidays in ss (H1 of Initial Handling of an Inmate Hunger Strike). Replaced physician or PA with medical rep. within ss (B4 of Involuntary Feeding or Hydration Tx Panel). Deleted reference to physician, PA, or NP in ss (A) as it is defined in Medical Rep. and added initial as it relates to three days in ss (C) both within Emergency Tx. Deleted “unit” and “inmate’s unit” when referencing staff throughout policy. Added reference to 45 CFR in ss(B2 of Ordering Tx and Physician Reviews) and within section V. Revised formatting of offender’s intent to attend, not to attend, whether he/she is requesting a lay advisor and directions for staff to sign if offender refused all within Attachment 3.
September 2010: Revised formatting of Section 1.
October 2013: Deleted “seventy two (72) hours” and Replaced with “nine (9) consecutive meals” in definition of “Hunger Strike”. Deleted “Inmates are not required to eat a particular meal, however, inmates must abide by specific guidelines as they pertain to religious diets and medical diets” and Replaced with “Inmates may participate in medically imposes fasts for the purpose of conducting medical tests or procedures as the direction of Health Services or religious fasts for a reasonable length of time” in Section 1. A. Deleted 1. “An inmate provided a religious diet cannot:” in Section 1 A. Deleted 2. “If an inmate refuses a prescribed medical diet, follow up nutritional counseling will be provided” in Section 1 A. Added “meals or staff determine an inmate is causing severe harm to
himself/herself by refusing sufficient nutrition or hydration” in Section 1 B. **Deleted** E. “An inmate who wishes to fast for religious purposes must submit a written request to his/her respective CAC, seeking permission for a religious fasts prior to beginning such a fast” in Section 1. **Added** D. to Section 1. **Deleted** “non-edible” and **Deleted** “while on a hunger strike, provided the commissary items are allowed in the inmate’s housing unit” and **Added** “unless their privileges have been suspended as part of a disciplinary sanction” in Section 2 B. 2. **Deleted** “and at least once every five days thereafter for the duration of the hunger strike” and **Replaced** with “Follow-up evaluation frequency will be determined by the physician, physician assistant or nurse practitioner for the duration of the hunger strike” in Section 2 C. 5. **Added** 6. to Section 2 C. **Added** “sufficient” to Section 2 C. 2. **Deleted** “may” and **Replaced** with “will” in Section 2 F. **Deleted** “is at or approaching a life threatening stage and **Replaced** with “is determined by staff to be causing severe harm or death to himself or herself by refusing sufficient nutrition of hydration” in Section 2 G. 1. **Deleted** “that an inmate is at or approaching a life threatening state” in Section 2 G. 2. **Added** “mental health staff” to Section 2 H. **Deleted** “medical representative” and **Replaced** with “a physician, a physician assistant or nurse practitioner” in Section 4 A. **Deleted** “criteria” and **Replaced** with “inmate is likely to cause severe harm or death to himself/herself by refusing sufficient nutrition or hydration and thus resulting in a need” and **Deleted** “has been met” in Section 4 B. **Deleted** “treatment” and **Replaced** with “feeding or hydration” in Section 6 A.

**November 2014:** **Added** “If an inmate communicates to staff he or she is on a hunger strike, or staff observe an inmate refused” and **Deleted** “suspect an inmate has not had” and **Deleted** “staff suspect an inmate is causing severe harm to himself/herself by refusing sufficient nutrition or hydration” in Section 1 B. **Deleted** “After it is determined by staff an inmate is on hunger strike, the inmate may be isolated from the general population” and **Replaced** with “Within 12 hours of staff determining an inmate is on a hunger strike” in Section 2 A. **Deleted** “To the extent possible” in Section 2 A. 2. **Added** “observation of the inmate and to provide medical care to the inmate and limit the inmate’s contact with other inmates to accurately document the inmate’s consumption of food or beverages” in Section 2 A. 2. **Deleted** “To the extent possible” and **Deleted** “Meals” and **Replaced** with food and/or beverages and **Deleted** “during the hunger strike” in Section 2 B. 1. **Deleted** “The inmate may continue to make purchases of commissary items, unless” and **Replaced** with “In order to monitor all food and water intake, the Warden may approve the removal of any commissary food items from the inmate’s room while the inmate is on hunger strike” and **Deleted** “as a disciplinary sanction for committing an offense in custody” in Section 2 B. 2. **Added** 3 & 4 to Section 2 B. **Added** “or the inmate’s condition is deteriorating to the extent that intervention may soon be required.” to Section 3 A. **Deleted** “Upon initial” and **Replaced** with “Inmates determined to be on hunger strike will” and **Added** “within 12 hours (or sooner if deemed necessary) of staff determining the inmate is on hunger strike” in Section 3 C. **Added** 1. to Section 6 A. **Deleted** “ten days” and **Replaced** with “five days” in Section 7 A. 3. **Added** 1. to Section 8 A. **Added** D. - G. to Section 10. **Deleted** Warden” and **Replaced** with “attending physician” **Added** “when it is medically determined the inmate’s oral intake of food and liquid has been achieved. Medical monitoring for severe or life-threatening complications of malnutrition may continue at the discretion of the attending physician, beyond the point at which the inmate resumes adequate oral intake.” to Section 12 A.

**October 2015:** **Added** “camera room” in Section 2 A. 2.
Attachment 1: Food Strike Form

The *Food Strike Form* is located on the state’s WAN.

A copy may be printed using *Microsoft Word* as follows:

1. Click [here](#) to access the *Food Strike Form* by:
   a. Placing mouse on the word “here” above
   b. Press and hold the “Ctrl” key on the keyboard
   c. Click the left button of mouse.

2. Or Select *File/New* from the Menu Bar / Select the *DOC* tab / Select *Food Strike Form*.

The gray areas indicate the information that is to be entered.
Attachment 2: Effects of Starvation

The **Effects of Starvation** form is located on the state’s WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click **here** to access the **Effects of Starvation** by:
   a. Placing mouse on the word “here” above
   b. Press and hold the “Ctrl” key on the keyboard
   c. Click the left button of mouse.

2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Effects of Starvation**.

The gray areas indicate the information that is to be entered.
Attachment 3: Notice of Hearing by the Involuntary Feeding or Hydration Treatment Panel

The Notice of Hearing by the Involuntary Feeding or Hydration Treatment Panel form is located on the state’s WAN.

A copy may be printed using Microsoft Word as follows:

1. Click here to access the Notice of Hearing by the Involuntary Feeding or Hydration Treatment Panel by:
   a. Placing mouse on the word "here" above
   b. Press and hold the "Ctrl" key on the keyboard
   c. Click the left button of mouse.

2. Or Select File/New from the Menu Bar / Select the DOC tab / Select Notice of Hearing by the Involuntary Feeding or Hydration Treatment Panel.

The gray areas indicate the information that is to be entered.
Attachment 4: Findings of the Involuntary Feeding or Hydration Treatment Panel

The *Findings of the Involuntary Feeding or Hydration Treatment Panel* form is located on the state’s WAN.

A copy may be printed using *Microsoft Word* as follows:

1. Click [here](#) to access the *Findings of the Involuntary Feeding or Hydration Treatment Panel* by:
   a. Placing mouse on the word "here" above
   b. Press and hold the "Ctrl" key on the keyboard
   c. Click the left button of mouse.

2. Or Select *File/New* from the Menu Bar / Select the *DOC* tab / Select *Findings of the Involuntary Feeding or Hydration Treatment Panel*.

The gray areas indicate the information that is to be entered.

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<table>
<thead>
<tr>
<th>FINDINGS OF THE INVOLUNTARY FEEDING OR HYDRATION TREATMENT PANEL</th>
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<tbody>
<tr>
<td>Inmate Name: [ ]</td>
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<tr>
<td>Panel chairperson's name and title: [ ]</td>
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<tr>
<td>The Panel reviewed the evidence and found the following:</td>
</tr>
<tr>
<td>1. There is no available information indicating the Inmate is likely to cause serious harm to himself or herself and;</td>
</tr>
<tr>
<td>2. The Inmate is not in need of medical attention or temporary incapacity due to medical or religious reasons;</td>
</tr>
<tr>
<td>3. Involuntary feeding or hydration treatment the Inmate is likely to result in significant physical injury;</td>
</tr>
<tr>
<td>Other considerations of the panel: [ ]</td>
</tr>
<tr>
<td>RESULTS ON HUNGER STRIKE: Based on information presented on this form, the Panel finds as follows:</td>
</tr>
<tr>
<td>1. The Inmate is or is not engaged in a hunger strike: If the Panel determines the Inmate is engaged in a hunger strike, complete the remaining items in this section and the section on Feeding or Hydration Panel.</td>
</tr>
<tr>
<td>2. The Inmate's hunger strike has been underway for [ ] days.</td>
</tr>
<tr>
<td>3. Based on the records kept by the Health Center, the Inmate's weight changed during the hunger strike from:</td>
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<td>[ ] pounds on [ ] to [ ] pounds on [ ]</td>
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<tr>
<td>RESULTS ON TREATMENT: The Panel has determined the following (check one):</td>
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<td>M</td>
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<td>[ ]</td>
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<td>Gained:</td>
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<td>1. Medical representation: [ ]</td>
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<td>2. Medical representation: [ ]</td>
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Attachment 5: Appeal of the Involuntary Feeding or Hydration Treatment Panel’s Findings

The Appeal of the Involuntary Feeding or Hydration Treatment Panels Findings form is located on the state’s WAN.

A copy may be printed using Microsoft Word as follows:

1. Click here to access the Appeal of the Involuntary Feeding or Hydration Treatment Panels Findings by:
   a. Placing mouse on the word “here” above
   b. Press and hold the “Ctrl” key on the keyboard
   c. Click the left button of mouse.

2. Or Select File/New from the Menu Bar / Select the DOC tab / Select Appeal of the Involuntary Feeding or Hydration Treatment Panels Findings.

The gray areas indicate the information that is to be entered.