# **CONSCIOUS REFUSAL OF FOOD/FLUIDS**

## POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) that the Facility's Medical Unit will make every effort to insure the physical health and well being of the inmates.

#### PURPOSE.

When an inmate consciously decides to refuse food or fluid, steps will be taken to maintain the health and welfare of that inmate.

# SECTION A: GENERAL GUIDELINES

- **A-1.** When the inmate refuses three (3) meals in a row, or has a noticeable pattern of refusing meals, the shift supervisor will be notified. The supervisor will ensure this information is communicated to both corrections and medical staff.
- **A-2**. Deputies will ensure the food tray is either handed to the inmate or placed in the cell, even if the inmate does not want to eat. Documentation will be logged in the jail computer system under "Meal" and in "Attachments" in the inmate's JMS file.
- **A-3.** The Facility Nurse will add the inmate to the next sick call list. The inmate will be seen each consecutive day he/she refuses food/fluids by medical staff. If medical staff is not available, HTO will interview and check physical status as appearing stable or unstable, as they are required to do on the intake medical screen when admitting an inmate into the facility. A Facility Nurse will coordinate with the shift supervisor when deputies need to conduct this interview.
- **A-4.** If the fast continues into a third day, the on-duty nurse, as well as on-duty shift supervisor, will be notified. By the third day of consecutive meal refusals, medical staff will explain the harmful effects of refusing food/fluids to the inmate. The inmate will be given the *Information Conscious Refusal of Food/Fluids Form No. 714* to read and sign. The form will be explained to all inmates if they are unable to read or comprehend the form. The form will be signed by the inmate, a medical professional and a witness. If the inmate refuses to sign the form, the medical professional will write "refused" on the inmate signature line, and the form will be signed by the medical professional and the witness.

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- A-5. Mental Health evaluation should be done on the third day by Mental Health Specialist.
- A-6. Inmate will be transported to the emergency room at the direction of medical staff.

## FORMS USED:

• Information - Conscious Refusal of Food/Fluids Form No. 714