

Gatwick IRC Food and Fluid Ref Standard Operating Procedure

Food and Fluid Refusal – Version 1.0

Document Control

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History Sheet

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V.01	18.05.20	Approved for live	All staff
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Ref	Document title and reference	version
1	The Equality Act	(2010)
2	DSO Detainees who Refuse to Eat or Drink	09/2019
3	DSO Adults at Risk in Detention Immigration	08/2016
4	Borders, Citizenship and Immigration Act– The need to safeguard children	S.55 (2009)
5	DSO ACDT	06/2008

6	Mental Health Capacity Act	(2005)
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Objective

The purpose of this SOP is to set out the procedures that are to be followed when an individual declines food or fluids stating / indicating that they are on a food or fluids refusal.

This SOP series of steps that may involve other departments and agencies, and it is therefore essential that we follow this procedure in a structured manner. It is managers' responsibilities to ensure that the procedure is being adhered to, and to satisfy themselves that other participants in this procedure are conversant and compliant with the requirements of this and associated rules

The National Institute for Health and Care Excellence (NICE) Guidelines define self-harm as an intentional self-injury or self-poisoning regardless of the intent of the act. Food and or liquid refusal over a period of time may result in the weakening and possible damage to the body. Food and or fluid refusal will be classed as intentional self-harm.

The DSO guidelines for food and or fluid refusal are separate to those for ACDT however, the act of food and or fluid refusal will fall under an act of self-harm if the detainee is continuing to refuse food for 48 hours and or refusing fluids for 24 hours. At these points in time an ACDT will be opened.

1. Requirements

There is a requirement from the Home Office (HO) that Gatwick IRC reports every detained person that misses an evening meal

A record of any detainee who has refused meals or fluids that have been prepared and provided by the supplier for over 48 hours (6 meals) or refused fluid for over 24 hours. This log must also include details of any detainees previously on a refusal who have resumed eating and/or drinking in the last 24 hours

Where a detainee is refusing both food and fluid this must be recorded separately

At Gatwick IRC, the Night Duty Manager collates all the missed meal sheets from around the Centre and completes the Meals Refusal log (Annex A). This form is printed off daily and a copy is handed to the Healthcare department.

The Night Duty Manager will then transfer all information from the Meal Refusal log of detainees that have refused fluids for 24hrs or refused food for 48hrs onto the electronic Food and Fluid Refusal Report.

2. Health Care Actions

Once notification has been received by Serco staff, they must offer the detainee a routine medical appointment with a Doctor. This must be recorded on System 1.

If the detainee appears unwell, an urgent appointment must be offered on clinical grounds.

The detainee prefers to have the appointment with a nurse this must be arranged but again recorded on system 1.

The initial appointment is to ensure that the detainee:

- Has no undiagnosed mental illness causing the refusal
- Has no physical illness causing the refusal
- Has no food allergies or dietary requirements causing the refusal
- Understands the consequence of their action
- Is offered appropriate care from any source where it is considered this might be helpful, such as counselling from the relevant IRC chaplain
- Has a base line weight recorded and is advised of any interference the refusal of food and/or fluid refusals may cause to other medical problems or medication?

When a detainee refuses the offer of a medical appointment, this must be documented both by Serco staff via CMS (and via Healthcare staff on System One. Should the detainee change their mind they should be seen by Healthcare as soon as practicably possible.

The offer of a medical appointment should be made to a detainee at least twice a day and their response documented both on CMS and System One.

Informed decision making should be supported and promoted as it is crucial to the consent process. The healthcare professional should provide an overview of the possible consequences of the food and or fluid refusal taking into any communication barriers such as language.

The health care provider will consider a Psychiatrist's assessment, especially if there is any uncertainty over the detainee's mental state. If a psychiatrist's assessment is deemed necessary, then the healthcare provider must inform the DET team and document this on System One.

Detainees who are refusing food and/or fluid will be fully entitled to confidentiality, to retain responsibility for their own health wherever possible and their ability to give informed consent will be assessed by appropriately trained healthcare staff.

Healthcare providers must provide the local DET team and Gatwick IRC via the A2 Form. All detainees included on the A2 Form must be risk assessed by Healthcare using the Black, Red, Amber, Green BRAG ratings.

Provided they consent to a healthcare appointment, detainees who are refusing both food and fluid must be seen by healthcare staff on a daily basis.

Detainees who are refusing food only do not, however, necessarily require to be seen by healthcare staff daily in the first instance. Additional healthcare appointments will be made available to food and/or fluid refusers whenever they wish to make one.

Detainees who decline to receive treatment or undergo examination in connection with their food and/or fluid refusal remain fully entitled to access healthcare in relation to other health matters.

Healthcare professions must use the food and fluid refusal assessment record (Form B) both to record information relating to the food and/or fluid refusal and to report it to the local DET team. Not all parts of the form will be relevant in every case.

The form must be completed at the outset of food and/or fluid refusal (to allow for baseline observations to be recorded) and updated as appropriate where the information it contains changes significantly, particularly in relation to the detainee's state of health.

When a detainee refusing food and/or fluid becomes physically unwell as a consequence of their food and/or fluid refusal their health needs will be met by the healthcare staff as far as the detainee allows.

It may be unlawful to treat a detainee should they lose consciousness if their previous, clearly stated intention was to continue food and/or fluid refusal to death. There are exceptions to this position, see [advance decisions](#).

Where a detainee with mental capacity who is refusing food and/or fluids is also refusing medical treatment, at a time when a healthcare professional judges it is becoming necessary, the healthcare professional may wish to consider explaining the consequences of these refusals to the detainee, in the presence of another healthcare professional.

In all cases where an individual has been identified as refusing food and/or fluid healthcare staff must:

- continue to monitor each food and/or fluid refusal case closely as required and provide updates to the local DET team whenever a significant change in health is observed, provided the detainee gives their consent to this.
- Lead on speaking to the detainee about completing an advance decision at whatever point or points they consider this to be appropriate.
- Where a detainee declines to accept medical treatment or assessment, healthcare must advise the local DET team of this as part of the daily return.
- Healthcare assessments must be completed on the food and fluid refusal assessment record (Form B) and contain as much detail as is available, including outcomes of tests, visual observations and any other evidence which has led to the conclusion of the assessment, detainees must give their consent to sharing of information set out in this form.

3. Observation and Monitoring

Detainees who are food or and fluid refusing should still be encouraged and support to making contact with family and friends.

An ACDT/ARDT will be opened at the point of a food and or fluids refusal becoming official namely 48 hours for food and 24 hours for fluids. The process for ACDT via DSO 06/ 2008 will be followed.

The daily log for food and or fluid refusal must be maintained by the Duty manager OF ALL food and or fluids offered or taken to the detainee alongside the ACDT.

The Duty Manager must ensure that any staff coming into contact with or observing the detainee note if there is any evidence or indication that food and or fluids are being consumed. If they are this would place the detainee outside of the definition provided of food and or fluid refusal.

Staff must note any behaviour or activity by the detainee which may be relevant in an assessment of their general well-being. This information will be included in the daily food and or fluids refusal observation log and submitted by the Duty Manager to the local DET team.

The daily food and fluid refusal observation log includes a case review record template which must be used to record the details and outcome of case review meetings.

4. Reporting

The Duty Manager will use the information contained within the daily escalation log to compile a monthly report setting out the number of individuals who refused:

- food (over 48 hours) and the number of instances that each of these individuals have refused food (each separate period over 48 hours)
- fluid (over 24 hours) and the number of instances that each of these individuals have refused fluid (each separate period over 24 hours).

The monthly report must be submitted to the Home Office IRC team and the DES FOI mailbox by the 5th working day of the month. This report must be shared monthly with the Detention Services FFR Management Inbox and the local Compliance and DET teams.

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