

Recommendations of the National Preventive Mechanism (2012 – 2020)

RETIREMENT AND NURSING HOMES

Living conditions

Uniform nationwide standards for the access and quality requirements of care in long-term care facilities must be defined. A database should be set up in which evidence-based projects from the *Laender* can be invoked in order to increase efficiency and improve the quality of life of the residents. (2018)

Unusual mealtimes and early bedtimes are an expression of structural violence. The wishes of the residents should be taken into consideration when mealtimes are scheduled; nutritional recommendations should be followed. According to these recommendations, three main meals and two snacks are ideal. The time between meals should not be longer than five hours, and the time between supper and breakfast should not be longer than twelve hours. Evening activities for residents with dementia who have insomnia and are restless are necessary. (2013, 2015)

The NPM calls for more activities and occupational programmes throughout the day. Access to the outdoors must be ensured once a day, in particular for residents with mobility impairments. (2015)

The elderly and chronically ill need special attention during periods of hot weather; in particular in rooms with little or no air conditioning is available. The guideline developed by the municipal department MA 15 in Vienna for medical and care facilities includes instructions for heat prevention action plans and should attract attention beyond the borders of the city. (2019)

Those in need of care and their relatives shall be actively included in all decision-making processes, in particular in care planning and care work. Persons with psychosocial or intellectual impairments shall be enabled through the appropriate forms of assistance and support, to make independent decisions in the best way possible. (2018, 2019)

Retirement and nursing homes are not an adequate living environment for young persons with disabilities. (2013). Persons with mental illnesses must be cared for in compliance with the UN Convention on the Rights of Persons with Disabilities (CRPD) in low-threshold and local care settings. Misplacements in nursing homes must be reversed and stopped. (2017, 2018)

In order to comply with their duty to protect persons with severe impairments under human rights law, supervisory authorities must investigate all evidence. They must prohibit treatment of persons with severe impairments in facilities that have not been officially approved. When safe and humane care cannot be guaranteed, the residents must be transferred to another facility. (2014, 2016)

Infrastructural fixtures and fittings

In new buildings, structural aspects for the prevention of heat-related health impairments should be taken into consideration. (2019)

Right to family and privacy

The private and intimate sphere must be maintained when providing care-related services as well as during the planning phase of multi-bed rooms (setting up of screens etc.). (2013)

As relatives can be a great support for residents and positively affect their quality of life, all facilities should seek cooperation with them in structured processes. (2018)

Access to information, complaint management

It must be guaranteed that residents are informed of their rights, and that relatives and trusted persons know these rights. (2017)

Professional complaint management is an important preventive mechanism for avoiding conflict. Residents should be able to submit verbal, written or anonymous complaints. (2017)

Complaints should be followed up on without delay. Misunderstandings and unfulfilled wishes must be clarified, the lack of information rectified, and solvable problems should be addressed quickly. (2017)

Measures that restrict freedom

Care that is based on human dignity and human rights is unthinkable without the active protection of personal freedom. Therefore, this right to respect calls for institutions and facilities to rethink the use of measures that restrict freedom in their own practice and examine themselves self-critically on a regular basis. (2014)

Measures that restrict freedom must be avoided as far as possible in order to prevent negative health consequences. Measures that restrict freedom can often be reduced by simple psycho-social interventions, special attention or consideration of individual needs. Equipment with the necessary materials for care in accordance with current standards as an alternative to measures that restrict freedom (low-profile beds, beds equipped with split side guards, bed alarm systems, sensor mats, etc.) have to be ensured. It is recommended that restraints only be used along with the medicinal products authorised for that purpose. (2014, 2015, 2018)

Any coercive measure is excessive if a suitable and milder directive is sufficient to achieve the desired level of success. Interference with the right to personal freedom and other personal rights may not be more dramatic than is necessary as far as substance, space, time and personnel are concerned. (2014)

The NPM calls for the compulsory introduction of training in prevention of falls and care concepts for persons with dementia in order to avoid measures that restrict freedom. (2015, 2016)

The NPM recommends drawing up founded biographies and creating a customised care plan that conserves resources in order to avoid medication-based measures that restrict freedom. (2019)

In order to assess potential effects of psychotropic medication that may restrict freedom, it is necessary not only to follow medical recommendations precisely, but also to document explicitly the goal of the therapy or the target symptom being treated. (2016)

Restrictions of freedom by way of medication are subject to control by the courts and must be reported by the facility management to residents' representatives as part of enforcement of the rights of the individual. (2014)

Health care

It must be ensured that persons in facilities for the elderly can freely choose their doctors. Care by specialists must be ensured without restrictions. The (specialist) medical, nursing and therapeutic care in nursing homes must cover the entire range of preventive interventions, health improvement and preservation to palliative care due to the complexity of multi-morbidities. Regular case analyses between specialist doctors and nursing staff must be established. (2014, 2016, 2018)

Every seriously and terminally ill person has a right to the comprehensive medical, nursing, psychosocial and spiritual care and support that is commensurate with their individual life situation and hospice palliative care needs. (2017)

Care dialogues should be established in all facilities. Residents and their trusted persons should be supported in making decisions that affect the final phase of their lives. This requires space and time for passing on comprehensible information related to predictions as well as treatment and care options. (2017)

Specific needs-based care concepts must be established for treating of persons with chronic and/or psychiatric diseases. Individual support measures that facilitate full reintegration should be part of the rehabilitative treatment concept. (2017)

In order to strengthen mental health, biography work, validation and supportive care planning are helpful in reinforcing the identity of residents with dementia and activating their resources. (2018)

It is necessary to confront the topic of "Sexuality in old age and with dementia" in order to safeguard the right to sexual self-determination and to protect against sexual assaults. (2019)

Doctors and professional nursing staff must always try to recognise the causes for restlessness, tendencies to run away and potential risks of falls and to remedy them without restraints if possible. (2015)

Fall incidents must be carefully analysed, centrally documented and evaluated. Residents' individual risk of falling must be recorded not only when they enter a facility but on a regular basis, particularly if the condition of their health or their medication change. Orientation training, exercises, investing in low-profile beds, bed, chair and floor mat alarms, individually adjusted hip protectors, visual aids and grab bars in hallways contribute to the prevention of falls. (2014, 2015)

Pain in elderly persons must be treated. Pain must not be accepted as simply part of old age. Professional treatment of pain requires cooperation between nursing staff and doctors, with inclusion of the persons affected and their relatives. Training of the entire nursing staff with regard to recognition and assessment of pain in cognitively impaired persons is absolutely necessary. Pain assessments need to be carried out. Efficient treatment with powerful analgesics must always be possible in a reasonable amount of time for care facilities, hospices and mobile palliative care services. (2015, 2016, 2018)

Care that honours the right to the best possible health shall be organised with a rehabilitative approach. Attempts shall be made to minimise the use of medication-based restrictions of freedom on care visits. Before medications are prescribed, the type, extent, implementation, expected side effects and risks of the medication treatment must be explained to the persons affected and their informed consent must be obtained. It is not admissible to administer medication unobtrusively with food without obtaining informed consent from the persons affected. (2014, 2019)

The aim of medication-based treatment must in all cases be to achieve or increase well-being. Treatment with psychotropic medication may only be started if somatic, psycho-social and environmental causes of "problematic" behaviour can be excluded and non-medication-based nursing measures have been unsuccessful. Regular visits by specialist doctors are desirable. In particular, prescribing benzodiazepines and antipsychotics without corresponding indication or without regular evaluation of whether another prescription is necessary should stop. Regular attempts must be made to reduce doses and wean patients off the medication. The effects of sedatives must be evaluated regularly with reference to the target symptom. (2016, 2017)

Administering medication can be delegated to qualified nursing staff in individual cases, provided that the criteria for the assessment of timing and dose of the medication to be administered are unambiguous, beyond any doubt and verifiable according to the doctor's instructions and that the nursing staff will not make inadmissible diagnostic or therapeutic decisions at their own discretion that exceed their competence. (2014)

Administering medicines is fundamentally the job of doctors and can be delegated to qualified nursing staff, provided that the amount, dose, type and time of administration is noted in written form in the patients' charts by the doctors authorised to issue prescriptions. (2014)

Research is needed with regard to drug safety for the very elderly both in and outside of long-term inpatient care. (2014)

The starting point of strategies to avoid inappropriate polypharmacy for geriatric patients is often a complex and time-intensive medication anamnesis. The extent to which medication is suitable must be evaluated in each individual case and, if appropriate, an intervention in the form of a medication adjustment must be carried out. At the same time it should be remembered: evaluations and stocktaking must be carried out at regular intervals. (2015, 2017)

It is recommended that the Federal Minister of Social Affairs, Health, Care and Consumer Protection contribute to creating a framework that facilitates, at least in phases, the implementation of the GEMED project. (2019)

Education in all health professions should ensure that elderly persons are not subjected to undesired adverse medical events. Orientation on the GEMED project should also be examined in this respect. (2019)

The nationwide implementation of an equal access to hospice and palliative care in nursing homes has to be sensitive to the personal and cultural values, beliefs and rituals in order to facilitate dying with dignity. (2017)

Care dialogues should be established in all facilities. Residents and their trusted persons should be supported in making decisions that affect the final phase of their life. This requires space and time for passing on comprehensible information related to predictions as well as treatment and care options. Authorised doctors should be available in order to ensure that such situations are handled with reverence and dignity. (2017, 2019)

The pronouncement of death in care facilities should, insofar as possible, take place shortly after the residents have passed. (2019)

The inspection of the corpse is a responsible task which also involves recognising crimes and establishing legal certainty. Training should thus include a special focus on skills that help recognise violence to older persons. (2019)

Personnel

In order to guarantee a good quality of life for residents, good working conditions must be secured for staff, along with the necessary staff management skills on the part of managers. Caregivers must be permitted to apply their competence with full legal backing in the way they have learned by means of improved working and framework conditions. (2016, 2018)

Staff resources, especially during the night shift, must be adequate enough to guarantee the safety of the residents. Care personnel must be able to undertake unforeseen assistance and care promptly, recognise emergencies early on and hear calls for help. (2014)

High staff turnover should be perceived by home operators and supervisory authorities as an alarming indication of inadequate nursing. Health-promoting measures should be established for staff in all homes in order to make work for trained caregivers and the profession for interested parties more attractive. (2016, 2018)

In order to maintain and improve the working capability of personnel, it is necessary to have professional psychological supervision that takes place during working hours with external supervisors who can select the care teams. This improves mental hygiene and helps to prevent burnout, bullying/harassment and violence. (2013, 2016)

Management responsibility also consists of practicing and supporting a positive culture of error. (2019).

The ability of nursing staff to act with confidence must be guaranteed by regular nursing rounds and controls of nursing documentation along with targeted training in nursing processes. Care visits for quality assurance should contribute to a jointly supported understanding of care and to resolving difficult situations. The necessity for any further education measures that become evident through this experience shall be met. (2016, 2019)

Implementation of insights based on health care science and the application of important assessment instruments, including from the perspective of preventive and human rights monitoring – e.g. for risk assessment in connection with fall prevention, pain, hygiene, malnutrition, skin damage – requires a reorientation and professionalization of care. (2014)

A changed morbidity spectrum requires the interlocking of primary medical and nursing care. The collaboration between the general practitioner's office and nursing specialists should comprise joint case planning, effective communication and mutual understanding. (2017)

Practical guidelines on dealing with violence and aggression should be developed for all care facilities. The commitment to care free of violence must be established in guidelines. Violence prevention concepts must be elaborated in all facilities and be discussed regularly with the staff. (2016, 2019)

The operators of homes must raise staff awareness in order to ensure the reasonable usage of mechanical, electronic and medication-based restrictions of freedom. This requires appropriate training and cooperation with the representatives of the residents. (2016)

More specific education of doctors with regard to treatment of elderly patients with medication is necessary. (2014)

The prevention of heat-related illnesses and measures that restrict freedom in vulnerable persons as well as the care of heat-related health impairments require additional effort that should be included in staff planning. (2019)

Employers shall take protective measures that have a positive effect on the safety and health of the staff. (2019)

COVID-19

The needs of the residents for family and personal contact shall be given appropriate priority when balancing infection prevention and social participation. (2020)

There should be a stop to visiting bans – both nationwide and in the respective Laender. In the event of changes in the law, the facilities should be given sufficient preparation time so that they can inform residents and relatives about the current visiting regulations. (2020)

Prior to concluding a home contract, the pandemic concept of the home shall be explained to the interested parties and their relatives. (2020)

Right to freedom may not be unconditionally subordinated to infection prevention even during a pandemic; legal limits shall always be observed in this context. (2020)

Programmes that promote exercise for those in care to prevent immobility and a further deterioration of cognitive deficits shall be observed even during the pandemic. (2020)

The nationwide availability of telemedicine programmes such as video consultation hours or tele monitoring facilitate the medical and therapeutic care of residents in care facilities and should be integrated into regular care. (2020)

Prioritisation of the execution and analysis of PCR tests after suspected cases of infection in retirement and nursing homes ("first lane") is urgently required. The necessary precautions shall be taken by the respective health authorities. (2020)

The range of tasks for the fully trained higher service should be expanded such that more medical tasks reserved for doctors can be performed by qualified care staff without a doctor's prescription in the future. (2020)

Government agencies shall supply care facilities with sufficient PPE in emergencies during catastrophes. These should be able to rely on quickly getting the required support, be it technical, procedural or personnel. (2020)

Mass testing of the staff in care facilities shall not be painful or cause other health complications. Priority shall be given to more tolerable test methods. (2020)

HOSPITALS AND PSYCHIATRIC INSTITUTIONS

Location

Local care of the patients must be ensured as part of the regionalisation of psychiatry. Time-consuming transports must be avoided by setting up decentralised accommodation areas for patients in acute situations. (2017)

Strengthening and the regionalisation of the structures for outpatient and day-care clinic child and adolescent psychiatry are urgently required. (2017)

Infrastructural fixtures and fittings

The architecture of health care institutions has an effect on the recovery process and on the occurrence of violence. Suitable architectural conditions must be ensured to guarantee the quality of care and to avoid violence. (2016)

The highest level of protection and guarding the intimate and private space of the patients shall be taken into consideration in the structural design of patient rooms and sanitary facilities. (2019)

Suitable architectural conditions must be guaranteed in psychiatric wards in particular. It is unacceptable that the modernisation of psychiatric wards often has lower priority than the modernisation of other wards. In the field of psychiatry, refurbishment measures and new construction are urgently required and must be initiated as soon as possible. (2016, 2017, 2018)

New buildings shall be constructed as quickly as possible to ensure adequate and contemporary psychiatric care. (2020)

Patient rooms with up to six beds and worn sanitary facilities are unacceptable. (2020)

Interim concepts, refurbishment and renovation are thus essential until new buildings have been completed. (2020)

The configuration of the space and the organisational procedures in psychiatric institutions can contribute significantly to the prevention of violence and aggression. (2014)

In child psychiatry departments, attention shall be given, amongst others, to space concepts that provide the opportunity to get exercise, which is adapted to the different age groups. The bed capacities in child and adolescent psychiatry must be increased quickly in order to facilitate adequate care for children and adolescents in part-inpatient as well as outpatient day-care. (2016, 2017, 2018, 2019)

Residential and rehabilitation possibilities for persons with chronic mental illnesses must be expanded in order to prevent effects that require hospitalisation. (2014)

Living conditions

Psychiatric care services must be aligned to the respective needs with as few restrictions for the individual as possible. Sufficient services meeting these criteria must be made available and further developed. (2016)

Availability of psychiatric care must be planned in a forward-looking way and flexibly adjusted to regional conditions. (2014)

The subsidisation of the long-term accommodation of persons with chronic mental illnesses in large institutions in the form of the so-called psychiatry supplement should be discontinued. Suitable types of housing and care structures shall be created instead. (2020)

The goal must be a long-term deinstitutionalisation of persons with mental impairments. (2020)

Non-residential facilities for taking care of persons with psychiatric diseases and for gerontopsychiatric patients must be increased in order to avoid hospital stays that are no longer medically indicated. (2015, 2017)

A staged financing plan shall be developed for the creation of adequate living arrangements and care structures for persons with chronic psychiatric illnesses and mental impairments as soon as possible. (2019)

Transfers of patients requiring placement must be avoided where possible and must be accompanied by psychiatrically trained personnel. (2016)

The staff of all institutions and facilities shall be made familiar with the guideline on "Heat protection measures for medical and care institutions to create customised heat protection plans" from the municipal department MA 15. Rapid implementation of the recommended measures in the guideline shall be ensured. If necessary, additional technical measures (installation of ventilation systems etc.) shall be implemented quickly. (2019)

Psychiatric hospitals and departments are obliged to provide the opportunity for patients who are even involuntarily restrained to go outdoors for at least one hour every day, which serves to promote their health. (2018)

Protection of women and girls against exploitation, violence and abuse must be comprehensively guaranteed in accordance with the provisions of international law and Austrian regulations. A comprehensive preventive concept is required in order to avoid sexual assault in medical facilities. (2015, 2017)

Children and adolescents may not be housed and treated in adult psychiatric wards. According to the CPT, this is a violation of preventive human rights and professional standards. A separation rule also serves to avoid sexual abuse of minors. (2015, 2018)

Special departments must be set up to provide adequate treatment in the field of child and adolescent psychiatry. Psychosomatic wards in paediatrics and adolescent medicine departments cannot replace these. (2018)

Adolescents need development-specific programmes in therapy and in the psychosocial setting. These care models must cater to the peculiarities in the transition from childhood to adulthood. (2018)

The wishes and needs of the residents of nursing homes and private medical facilities under the age of 40 in particular in relation to the meaningful organisation of their daily structure shall be surveyed. (2019)

Right to family and privacy

Measures for the promotion of patient participation shall be further expanded. Only in this way can it be guaranteed that patients can draw attention to their problems. (2019)

Therapeutic meetings should take place in designated rooms in the interest of protecting the personal space of the patients. (2017)

Relatives and past caregivers should be involved in the therapy concept of risk patients, if possible. (2018)

Video surveillance with a digital recording of picture data must be reported to the data protection authority. If there is video surveillance in a ward, there must be visible information indicating the same. Where permanently installed video cameras are used, it must be clearly visible whether these are in operation or not. The permanent video surveillance of patients is – even if only real-time monitoring – amongst others only permissible if it is of vital interest to the affected person and no other milder measures are possible. The consent of the affected patients to permanent video surveillance as well as of employees of the health care facility must be obtained and documented. Information about granting consent to permanent video surveillance must be understandable to patients even when they are in an acute situation. It must contain the information that granted consent can be revoked. Places that are classified as highly personal living areas may not be permanently video monitored. The same applies to places of work if the surveillance can be used for the purpose of monitoring employees. (2018)

A designated single room must be set up for applying restraints. (2017)

Wearing private clothes is a personal right of each patient. Continuously wearing institutional clothing is only permissible in duly substantiated exceptional cases, of which the patients' representatives must be informed immediately. The requirement to wear both institutional clothing and a chip band constitutes a disproportionate infringement of the rights of the patients. Technical possibilities need to be examined, to enable the use of personalising the chip bands in future. (2016, 2018, 2019)

Measures that restrict freedom

Hospitals and psychiatric institutions must ensure – as far as personnel, concept and organisation are concerned – that there be as many graduated response approaches with regard to intervention intensity as possible before coercive measures are used. Consensus-based treatment agreements can reduce the frequency and duration of coercive measures. Closely meshed personal care with very frequent verbal contact and sufficient staffing must be provided in order to avoid or reduce the use of coercive measures. The application of measures that restrict freedom must be fully documented in a comprehensible way. The setting up of central registers to record measures that restrict freedom in psychiatric hospitals should be implemented nationwide and as soon as possible. (2013, 2014, 2017, 2018)

Whenever measures that restrict freedom are applied, they must be applied as gently as possible. This also includes holding follow-up meetings with the patients after the end of the measure. (2016, 2017)

In implementation of a recommendation by the CPT, a central register must be set up in all psychiatric hospitals and wards to record the cases when measures to restrict freedom of movement were used in order to be able to evaluate their use and frequency without consulting patient records. (2014)

CPT recommendations from 2015 regarding permanent and direct supervision, beds in hallways and introduction of central registers in psychiatric facilities must be implemented. (2015)

The provisions of Section 38d (2) of the Hospital and Convalescent Homes Act on the current recording of measures that restrict freedom in electronic documentation systems shall be implemented nationwide. (2020)

The recorded data should be accessible by the *Laender* in anonymised form in a centralised evaluation. (2020)

Within the framework of statistical data collection, measures that restrict freedom should be recorded over a longer period of time and put in relation to the number of patients. On the basis of this data, it is possible to identify significant differences and take preventive action. (2020)

Placement of patients in beds set up in hallways accompanied by the use of restraints is an unacceptable violation of their human dignity and their fundamental personal rights. Restraint of patients must take place out of sight of third parties. Restraints can be used only with constant and direct supervision in the form of a watch by an attendant. Restraining straps on beds may not be constantly visible. (2014, 2016)

When the use of net beds is discontinued, alternatives to measures restricting freedom must be considered and realised. (2014)

Restraints and isolation are not therapeutic interventions but purely security measures that are used when a therapeutic approach is not possible. If their use appears to be unavoidable, it is necessary to maintain human dignity and guarantee legal certainty. Interventions must be kept as short and as non-intrusive as possible. Restraint persisting over several days is extremely alarming from a human rights perspective and should fundamentally be avoided. In special cases, seamless documentation and monitoring must be ensured. (2014)

If restraints are used as a last resort, they may not be perceived by the persons affected as a threat, nor may the way that the restraint process was undertaken increase feelings of powerlessness and fear. (2013)

One-point restraints must be stopped due to the risk of strangulation. (2016)

The application of measures that restrict freedom due to doctors' prescriptions that have been made in advance or in reserve must stop because this results in the illegal delegation of the relevant mandatory authority to write prescriptions to the nursing staff. (2017)

After they have been restrained, patients must be supervised 1:1 "constantly, directly and personally" as the CPT has been demanding for years. (2014)

In hospitals measures that restrict freedom must also be reported to the representatives of the residents if they affect persons who, during their stay in hospital, progress to a final condition of permanent mental illness or mental disability with the probable need of permanent nursing and care. (2018)

Medication-based restrictions of freedom can also be applied in psychiatric hospitals and must be reported pursuant to the Hospitalisation of Mentally Ill Persons Act (*Unterbringungsgesetz*). (2017)

Locking ward doors must be considered a measure that restricts freedom and must not result in an inadmissible "de facto compulsory admission" of unaccompanied minors. (2015)

Potentially overwhelming situations that can result from joint care of adolescents, some of whom are being compulsorily treated and some of whom are being treated voluntarily, must be minimised. (2015)

De-escalation can take place at various different levels. It begins with prevention of aggression, in a conversation that seeks to calm an agitated patient and then ranges from conflict resolution without losers to restraints, which must be used with the least invasive impact on the patient while maintaining the patient's dignity. (2014)

Any coercive measure is excessive if a suitable and milder directive is sufficient to achieve the desired level of success. Interference with the right to personal freedom and other personal rights may not be more dramatic than is necessary with regard to substance, space, time and personnel. (2014)

Security measures

The deployment of a security company for the purposes of care must be avoided in general. The area of activity of the staff of the security companies in medical facilities must be clearly regulated in guidelines. (2016)

The holding of mentally ill persons prior to the application of mechanical restraints is already part of psychiatric health care and nursing. This means that carrying out such actions is reserved exclusively to the nursing staff under the Federal Act on Healthcare and Nursing Professions (*Gesundheits- und Krankenpflegegesetz*). Given the lack of any statutory basis, private security companies appointed by medical facilities are not allowed to implement nursing measures and to participate in the application of restraints. (2014)

Health care

The number of specialised after-care facilities for persons with chronic mental illnesses must be urgently increased in order to avoid frequent and longer stays in acute psychiatric wards. (2018)

A defined, close, interdisciplinary and inter-professional cooperation is necessary for the prevention, diagnostics and therapy of delirium in medical facilities. (2018)

The prescription of PRN medication must be precise and in accordance with the legal requirements. (2017)

Prevention of falls: When being admitted to hospital, all patients should be observed and questioned with regard to fall risk factors. There should be regular analyses in each ward with regard to frequent reasons for falls in order to minimise risks (damp or slippery floors, poor lighting, lack of grab bars, high steps, etc.). A multi-professional team should plan measures, distribute information and implement therapeutic interventions. (2014)

Orientation training, exercises, investing in low-profile beds, bed, chair and floor mat alarms, individually adjusted hip protectors, visual aids, grab bars in hallways, etc. contribute to the prevention of falls. (2014)

The intensive care of severely traumatised adolescents with high violence potential requires specialised institutions with substantial personnel resources and flexible, individually tuneable socio-educational concepts. (2016)

The waiting time for a nursing place for patients for whom hospitalisation is no longer necessary shall be shortened further. (2020)

Hospitalism, i.e. mental and physical impairments due to a lack of social, emotional and cognitive stimuli, shall be avoided. (2020)

Personnel

Sufficient medical and nursing care staff shall be made available to guarantee an adequate medical care of the patients. (2019)

Sufficient financial means shall be provided for hiring more public medical officers. (2019)

More staff must be made available in psychiatric hospitals and departments in order to enable all patients to go outside regularly accompanied by a member of staff. (2019)

The working conditions for personnel in the health sector shall be improved in order to make filling vacant positions easier. (2020)

The night shifts in the nursing area shall be staffed with qualified personnel in order to ensure adequate care of the patients at all times. (2020)

Strengthening of the outpatient and day-care clinic structures as well as the creation of positions for medical specialists contracted by the public health insurance is urgently required. (2016)

When changing teams and filling vacant positions, attention shall be given to training the new employees in time. This is imperative to provide continuous adequate care of the patients. (2019)

Aspects, such as communication, information and transparency of action while maintaining privacy and self-determination, are highly important, especially vis-à-vis people who are ill. Gender-specific issues and vulnerabilities always require particular attention. (2014)

Video interpreting services should be expanded in hospitals in order to accommodate the intercultural care of patients. (2016)

Attention must be given to an appreciative approach when caring for persons with mental illnesses in order to avoid a feeling of powerlessness and degradation. (2017)

The guiding criteria for professional action must be the principles of voluntary action, (assisted) self-determination, participative decision-making, intensive care and occupational activity – if necessary during acute crises at a ratio of 1:1. This requires resources, patience and personal attention, equal footing between staff and patient, respectful attitude vis-à-vis individual life patterns, as well as ongoing qualification of staff in dealing with crisis situations, violence and aggression. (2014)

All staff of the medical facility with patient contact should take part in de-escalation training programmes in the interest of comprehensive violence protection. Staff-related, organisational and patient-related strategies must be intertwined in violence protection. (2016, 2017)

It shall be ensured that staff is sufficiently informed about the legal conditions and the resulting (documentation) obligations concerning measures that restrict freedom. (2019)

The preservation of evidence by doctors in hospital must be carried out comprehensively and sensitively vis-à-vis the victim. (2015)

When allegations are made against hospital staff, competent professional support for alleged victims must be guaranteed, while suspicions are being investigated as well as beyond that. (2015)

According to the Istanbul Protocol, doctors in hospitals have a critical role in the investigation of assaults by police officers. They must therefore be trained in how the alleged consequences of injuries have to be documented for evidence purposes. (2015, 2016)

A stronger sensitisation in relation to victims of human trafficking or psychic or physical violence (children, women or persons with disabilities) must be anchored in the training of all health care professions. This must also be made legally binding. (2016)

Sexual harassment must be combatted with further education and training of the personnel on the topics of culture, tradition, closeness and distance. Patients should receive information material on possible contacts during admission to hospital. Easily accessible advisory services should be extended. (2016)

Austria-wide guidelines must be developed in accordance with the recommendations of the CPT by the Societies for Psychiatry and Psychotherapy. (2015)

The number of doctors who can arrange enforced hospitalisation should be increased by amending Section 8 of the Hospitalisation Act. (2016, 2019)

A lack of staff required to accompany patients cannot be used to justify not allowing them to go outdoors. (2018)

Training capacity must be stepped up to meet increasing demand and in light of the expansion of services in the child and adolescent psychiatry area. (2014, 2016, 2017)

Demand in the out-patient area of child and adolescent psychiatry cannot be covered by the existing institutions and current staffing levels. The medical staff shall thus be increased in these institutions in order to ensure nationwide treatment programmes. Furthermore, permanent positions in the public health insurance scheme for child and adolescent psychiatry have to be created. (2017, 2019)

The care mandate of the psychosomatic sections of paediatric wards should be clearly defined by separating it from treatment reserved for child and adolescent psychiatric wards. (2017)

Adequate transitional psychiatry requires intensive interdisciplinary cooperation between medical specialists in child and adolescent psychiatry as well as adult psychiatry and therapeutic and care staff. Sufficient financial resources are required here to guarantee the necessary human resources. (2019)

Effective incentives (financial reward, attractive working conditions and working hours, career opportunities, further education programmes amongst others) must be created in order to win specialists in child and adolescent psychiatry for positions in clinics of the Vienna Health Association. (2020)

Parallel to this, (non-hospitalised) care settings must be created, which address the psychiatric symptoms as well as the developmental and behavioural disorders of the target group. (2020)

In order to ensure adequate transitional psychiatry, a detailed plan of the structural and organisational principles is necessary, which also defines the required staffing and personnel development programmes. (2020)

Returns and management of release

The authority of persons having powers of representation must be carefully examined as part of discharge management. (2017)

The non-hospitalised care of patients following in-patient psychiatric treatment must be ensured nationwide in order to avoid non-indicated stays in hospital. (2019)

Attention shall be paid to setting up after-care facilities for patients with special needs which have sufficient staff to provide the individual care of these persons. (2019)

COVID-19

Even during a pandemic, close relatives and persons of trust shall have the opportunity to get a direct personal impression of how patients are – and not only via video telephony. (2020)

At most, visitors shall be given the same PPE as is used by the staff. (2020)

Video contact opportunities shall be guaranteed. Legal proceedings for involuntary hospitalisation in relation to restrictions to freedom shall be held without delay. The management of hospitals is responsible for the relevant IT equipment. (2020)

Preventing personal contact between a parent and a child shall be the absolute exception. Every possible contact opportunity that does not put the child's welfare at risk shall be used when children are in in-patient care. (2020)

Telephone times shall be extended if a restriction of visiting hours is urgently necessary. (2020)

The isolation of minors who are suspected of being infected in their rooms until their COVID-19 test result is available shall be imposed by health authorities. This shall be prohibited for minors without a medically verified suspicion of infection due to the lack of a legal basis. (2020)

CHILD AND YOUTH WELFARE FACILITIES

Infrastructural fixtures and fittings

Individual privacy must be enabled for minors as well. While staff should be able to open doors, it should also be possible for minors to lock them from the inside. (2015)

Lockable containers (boxes) for the private property of minors should be part of the minimum provisions in facilities in which children and adolescents live. (2015)

Facilities operated by child and youth welfare organisations must be fully accessible. (2014)

Crisis centres shall be set up throughout Austria. (2020)

The number of crisis places shall meet the demand. (2020)

Plans for expanding follow-up places shall be urgently implemented. (2020)

Living conditions

The life of many minors is characterised by the breakup of relationships, violence, abuse, social deprivation, neglect and traumatising. Personal biographic histories must be taken into consideration in the facilities. (2019)

Minors, in particular, must be protected. Care must be taken that their accommodation is suitable. (2019)

Regional differences in the regulations for the care of children and adolescents in institutions shall be eliminated. (2019)

Further harmonisation of the *Laender* minimum standards in the socio-pedagogical care of children and adolescents should be pursued on a nationwide level. (2017)

Crisis places must be expanded to meet demand accordingly. Crisis de-escalation places must be expanded. (2018) There must be crisis centres for children and adolescents suffering from psychiatric or post-traumatic stress disorders throughout Austria. The measures to relieve the crisis centres in Vienna must be strengthened. (2017, 2019)

Special crisis centres for children and adolescents with psychiatric diagnoses need to be set up. (2015)

The NPM demands the expansion of preventive measures such as outpatient, family-supporting assistance to avoid and reduce the out-of-home care of minors. Carinthia, Salzburg and Styria must continue their course of the increased use of non-residential support. In Vienna, the range of non-residential support forms shall be expanded, in particular for specific target groups with high risk factors. (2017, 2018)

Support for young adults must be expanded in Vienna, Lower Austria and Burgenland. The age limit for support should be raised throughout Austria. (2019)

The non-residential help programme, in particular for special target groups with higher risk factors, should be further expanded in Vienna. (2020)

The legal claim to support for young adults should be anchored in the law. The maximum age for this type of support should be raised throughout Austria. (2020)

Minors for whom a socio-pedagogical care setting does not (no longer) suffice must be transferred to more suitable, multi-disciplinary oriented socio-therapeutic or socio-psychiatric facilities without delay. (2017, 2018)

Adolescents with psychiatric diagnoses shall not be accommodated in low-threshold care facilities and left on their own. (2020)

The FICE quality standards should be used as an examination criterion on visits by the supervisory authorities to child and youth welfare facilities in all *Laender*. (2020)

The NPM recommends all private and state competent authorities for child and youth welfare and protection to consult the "Quality development in in-patient child and youth welfare manual when implementing internal quality management systems. The technical supervision of the *Laender* is recommended to pay special attention to the quality areas described in the manual on inspections. (2018)

The "Quality standards for processes of accommodation and care of children and adolescents in residential facilities" ("*Qualitätsstandards für Prozesse der Unterbringung und Betreuung von Kindern und Jugendlichen in stationären Einrichtungen*") published by FICE Austria should be taken up by the regional governments and used in cooperation with the service providers for further development. The *Laender* must monitor the implementation of these quality standards through the technical supervision. (2019)

Compliance with official requirements must be closely monitored in problem facilities. The effectiveness of technical supervision in "problematic facilities" must be increased. Visits there should also be unannounced. (2016, 2018)

In all *Laender*, children and adolescents should not be cared for in large facilities, but rather in small, family-like residential groups. The number of crisis de-escalation places must be commensurate with the actual requirement. It is recommended that the maximum permitted group size be reduced to ten minors. The daily allowances agreed with the institutions and facilities must be increased on a needs-related basis. The Land Burgenland must increase daily allowances. It is urgently necessary that the Land Carinthia adopt the regulation on the Children's and Youth Assistance Act to ensure the protection and well-being of the children. (2016, 2017, 2018, 2019)

The structures in homes hamper work in accordance with the insights that social pedagogy provides. The effect of negative group dynamics can be much stronger than that of pedagogical and therapeutic social and conflict training or additional mechanisms that are supposed to support development of the personality, behavioural changes, as well as school and occupational integration. Smaller regional "family-style" care facilities should replace large homes. (2014)

Children may not be sent back to the family home where their welfare is at risk, to wait there for a vacant place in shared accommodation because there is a lack of suitable follow-up care facilities. Minors must be prepared for moving when facilities have to be closed. As far as possible, it must be ensured that supportive relationships to schools, training centres and the circle of friends are not lost. (2018)

Models with time-out shared accommodation must be developed. (2016)

As competent authorities for child and youth welfare and protection, the *Laender* must ensure that restructuring processes do not come to a standstill before completion. (2017)

The Burgenland regional government should quickly raise the daily allowances in order to enable the amendments to the Child and Youth Welfare Facilities Regulation. (2020)

The regional government of Lower Austria should increase the care ratio for socio-pedagogical inclusive shared accommodations and align the daily allowances with the increased demand. (2020)

The regional government of Carinthia is requested yet again to enact the announced Regulation on Children's and Youth Assistance Act. (2020)

Violence prevention concepts and sex education concepts must be available and implemented in all shared accommodations. Violence prevention and sex education concepts should be a condition for granting permits for socio-pedagogical facilities in all *Laender*. The implementation of these concepts must be monitored by the technical supervision of the *Laender*. Deficits in education on the topic of violence prevention must be eliminated through regular training. (2015, 2017, 2018, 2019)

Sexual violence may not be trivialised by using the wrong terms. (2018)

Changes need to be made to basic conditions of children and adolescents' environment which create opportunities for sexual violence. (2015)

The differentiation between children and adolescents under full residential care both under and outside of reception conditions under the Basic Provision Agreement contradicts the UN Convention on the Rights of the Child and must therefore be rejected. Unaccompanied minor refugees are subject to the full protection of the operator of child and youth welfare organisations and are therefore also entitled to care that is appropriate to their needs and is based on the latest developments in pedagogy. The child's wellbeing must be the main focus in supporting unaccompanied minor refugees. Occupation and recreational opportunities in facilities for unaccompanied minor refugees must be expanded. More budget resources from funds provided under the reception conditions are needed to make psychosocial care and integration easier. Uniform minimum standards across Austria for the care of unaccompanied minor refugees are necessary. The financing of the care facilities for unaccompanied minor refugees and the standards of reception conditions under the Basic Provision Agreement must be aligned with those of the socio-pedagogic facilities. (2014, 2015, 2017, 2018, 2019)

Mass accommodation is unsuitable for unaccompanied minor refugees and asylum seekers. Unaccompanied minor refugees should be accommodated exclusively in residential groups. Special care places for multiply and severely traumatised minor refugees must be created. Specialised accommodation forms with the appropriate care and crisis intervention must be provided for unaccompanied minor refugees and young adults with special needs. (2015, 2016, 2019)

Daily allowances for accommodation for unaccompanied minor refugees must be adapted to the level of child and youth welfare facilities, in order to be able to guarantee sufficient and adequately qualified staff required for needs-based support. (2018)

Unaccompanied minor refugees need practical support in mastering everyday tasks and must be involved in decisions that affect their lives in as much as possible. (2018)

Access to information within institutions

House and group rules must be developed in a participatory process with the minors. (2014)

The NPM recommends "house councils", children's teams or children's representatives as mechanisms to guarantee the participation of the children and adolescents within the framework of institutionalised care and to live this in practice. Records must be made in these meetings, and decisions taken in a participatory manner must be implemented. (2016, 2017)

Measures that restrict freedom

Child and youth welfare facilities must deal with the conditions that the Nursing and Residential Homes Residence Act (Heimaufenthaltsgesetz) requires for the permissible restriction of freedom, and they should actively seek cooperation with the representatives of the residents. (2017)

Unaccompanied minor refugees must also be offered integrative care that is oriented to professional requirements and needs instead of reacting to problems with impermissible measures that deprive or restrict freedom. (2018)

Right to family and privacy

Placement of minors should be in close proximity to the parents' residence unless this is inadvisable for pedagogical reasons. Out-of-home placement at a great distance from the place of residence of the family of origin must be avoided. The aim is to protect the opportunity to visit and stay in contact in the interest of the children's wellbeing. All *Laender* must fulfil their care responsibilities themselves by way of providing suitable facilities, in order to avoid breakdowns of relationships that do not support the welfare of the children. As competent authorities for child and youth welfare and protection, the *Laender* have to provide a needs-based expansion of the care structures. The proportion of out-of-home minors from other *Laender* must be kept as low as possible. There must be an upper limit for admission of children from other *Laender*. (2014, 2017, 2018, 2019)

The NPM demands the expansion of outpatient, family-supporting assistance to avoid and reduce the out-of-home care of minors. Children should be looked after in their Land insofar as another solution is more advisable in the interest of the child's welfare. The lack of special places shall not constitute the reason for placement outside a minor's own Land. (2014, 2019)

Educational and occupational opportunities

The NPM calls for the organisation of advanced training for staff and workshops for children and adolescents as preventive measures. (2015)

The legal entitlement to continuation of support by the child and youth welfare organisations to safeguard the completion of education after reaching legal age must be anchored in the law. (2017, 2018)

Socio-pedagogical support should be possible for the duration of education (maximum up to the age of 26). (2016, 2018)

The NPM demands the introduction of performance-related daily rates and regular adjustments. (2016)

Support for young adults must be provided for the entire duration of their education. (2016)

The NPM demands a Austria-wide master plan for the extensive provision of offers for language learning, in particular for minor refugees. (2016)

The training and education opportunities for minor asylum seekers who are no longer of school age should be improved throughout the country. (2017)

Care of refugees of legal age in training must be intensified. (2016)

Signs of torture, mistreatment, abuse, neglect and degrading treatment

Children and adolescents shall be protected from violence in the best possible way. (2020)

Protection concepts shall be openly available in all shared accommodations and the staff shall be familiar with the same. (2020)

Upbringing that is free of violence must be fully ensured for all minors. (2014)

Responses to undesirable behaviour must be made immediately and must be directly connected to the behaviour. (2015) Sanctions must be directly associated with the rule violation. (2017)

Pedagogical consequences as a reaction to disruptive or abnormal behaviour may not be excessive or humiliating. Degrading punishments as pedagogical measures in child and youth welfare facilities are prohibited pursuant to Article 3 of ECHR. (2013, 2015, 2017)

Imposing group punishments is inadmissible. Rule violations must be handled individually. Models for redress need to be established, as an alternative to sanction systems. (2013, 2015)

Health care

Documentation regarding administering of medications must be clear and comprehensive. (2015)

Doctors must provide concrete instructions and prescriptions. (2015)

When administering prescription medication such as psychotropic medication, close attention must be paid to side-effects and interactions. (2015)

PRN medication may not be administered by pedagogic staff. (2014)

Particular caution is necessary with regard to medication being used off-label. (2014)

Personnel

Personnel resources must meet care needs both qualitatively and quantitatively. (2020) An improvement in working conditions must be implemented in order to fill all of the vacant positions. Solutions for preventing high personnel fluctuation have to be found in order to avoid the frequent change in contact persons that is harmful for the children's well-being. Causes of fluctuation must be prevented. (2016, 2017, 2019)

Working time models with 32-hour or 48-hour shifts shall be revised. (2020)

Two persons per shift should be the universal standard. (2020)

The qualification of the staff shall correspond to the specific requirements of the shared accommodations and guarantee the implementation of children's rights. (2020)

With the help of further education and advanced training, the staff shall be able to deal with the pedagogical challenges appropriately. (2020)

The opportunity for the reflection on care situations shall be provided nationwide. (2020)

Personnel resources must be met, especially in the care of inclusive groups. (2019)

The range of special places for minors with psychiatric care needs must be further increased. (2019)

As competent authorities for child and youth welfare and protection, all *Laender* should create facilities for crisis periods with a higher personnel ratio and a lower number of children. (2016)

Uniform training standards and quality standards in child and youth welfare must be created for all of Austria. (2017)

Both laws governing occupations and professions and also the training of social pedagogues should be standardised Austria-wide (agreement under Section 15a of the Austrian Federal Constitution). (2014, 2017)

In addition to basic training, socio-pedagogic staff must have special competences in dealing with violence in crisis situations. Mandatory training and continuing education on this subject, the inclusion of violence prevention in institutional models and codes of practice, as well as the appointment of a violence protection specialist are absolutely necessary measures to prevent violence. (2013)

Prevention of violence, sex education and prevention of sexual assault are indispensable. Effective prevention must teach the different types of boundary violations and encourage children and adolescents to get help, to insist on their right to physical and sexual self-determination and to critically question gender role stereotypes. Recurring mandatory advanced training of the staff on the topic of sex education is necessary in all facilities. The NPM calls for the adoption of a sex education concept as a condition for granting permits. (2014, 2016, 2017)

The staff shall be trained in order to be able to implement protection concepts. (2020)

The personnel in the institutions and facilities must be informed about the legally compliant implementation of the Nursing and Residential Homes Residence Act (*Heimaufenthaltsgesetz*). (2018)
Additional training of the staff in the Nursing and Residential Homes Residence Act is necessary in many facilities. (2019)

Training in the legal requirements laid down in the Pensions for Victims of Children's Homes Act (*Heimopferrentengesetz*) is required. (2017)

New owners and operators must be supported when taking over shared accommodation in order to rectify deficits as quickly as possible. (2019)

Scientific-based plans by the *Laender* to assist children and adolescents must include care deficits and measures to remedy them. (2014)

Assistance opportunities must be individualised, including within the framework of full residential care in facilities. (2014)

The legal entitlement to assistance of young adults should be embedded in legislation and case management surrounding the termination of care should be improved. (2014)

Capacities for caring for children and adolescents with mental illnesses should be increased accordingly in line with regular needs assessments. The NPM calls for the organisation of advanced training for staff and workshops for children and adolescents as preventive measures. (2015)

Special attention must be given to the need to treat traumatisation and psycho-social knock-on effects in unaccompanied minor refugees. Qualified staff must be trained in recognising abnormalities and symptoms so that they can quickly initiate help measures. (2017)

Returning children to their families

Increased numbers of children returning to their own homes through concentrated outreach work with the families saves cost in the long term. (2019)

Working with families by applying an outreach and activating approach must be used more. (2019)

Additional resources must be made available for working with parents in the shared accommodations. (2019)

COVID-19

Child and youth welfare shared accommodations shall be equipped with the technology necessary for home-schooling. (2020)

The development of children is at high risk both during the health crisis and thereafter. This shall be countered, in particular after the pandemic has levelled off. (2020)

The staffing required to cover the additional demand caused by the pandemic shall be provided. (2020)

Socio-pedagogical staff should be given the opportunity to receive vaccination at the same time as teachers, as they are part of the system-relevant infrastructure. (2020)

INSTITUTIONS FOR PERSONS WITH DISABILITIES

Infrastructural fixtures and fittings

Structural shortcomings and a lack of comprehensive barrier-free accessibility impair the social development of persons with disabilities and must therefore be avoided. (2014)

Cost cuts may not be allowed to result in persons with mental illness being moved to other institutions against their will. (2017)

Living conditions

Persons with disabilities have to be enabled to plan their everyday life according to their own personal needs and to participate in society. The concept of social space and community issues (*Sozialraumorientierung*) should be applied. Dismantling large-scale institutions and a consistent reorientation towards aid in the form of personal assistance and offerings within the socio-spatial sphere is the core piece of disability policies that conform to human rights principles. (2014)

It is an intrinsic quality of large-scale institutions that the basic attitude to persons with disabilities is primarily protective rather than an attitude that is based on resources and strengths. But also personal contacts and supportive relationships that might be possible in the vicinity are made more difficult when residents are transferred to homes that are further away. (2014)

The inclusion of persons with disabilities must be considered as a basic principle in all budget planning. The NPM calls on federal and regional legislators to completely re-structure the current support system for persons with disabilities. (2017, 2018)

The development of one's own potential is a human right and must therefore be guaranteed by the facilities. Concrete and quantifiable target and measure agreements are crucial. (2016)

Increased efforts must be made to promote the equal participation of persons with serious illnesses or mental impairments nationwide. Adequate psychiatric care and specific support must be ensured. Needs and wishes of those affected must have priority. (2015, 2016, 2018)

Participation means involvement in political decision-making processes; the framework necessary for this shall be secured in institutions and facilities. (2019)

Self-advocacy must be ensured regardless of the kind of disability. Suitable support measures are necessary. Peer-to-peer sharing of information should be promoted. (2014)

It is recommended that communication possibilities adapted to individual needs be opened to persons who have no ability to speak or who have impaired speech. Augmentative and Alternative Communication contributes to prevention of violence. To guarantee this, knowledge of the methods, relevant training and sufficient resources are required. (2016)

New, more flexible structures for elderly persons with disabilities will therefore be needed, particularly in terms of residential, occupational and leisure needs. The NPM calls for measures to enable persons with disabilities to live self-determined lives also at an advanced age. However, strict requirements regarding attendance at day workshops are an obstacle to this. (2015)

Examples of good practice should serve as models for the operators of institutions and facilities. (2017)

The scope of the Equal Opportunities Acts be extended to include the housing of persons with mental illnesses, but also of persons with substance use disorders. (2017)

If an operator organisation offers a residential place as well as daily structure, the individual in question de facto lives within a very narrow control system. This linkage between working and living spaces fosters power relations and unilateral dependency and should be avoided, also according to the UN CRPD. (2015)

Residential facilities for persons with psychiatric diagnoses and addictions, rehabilitation must be provided for by sufficient resources (2015)

After the official country review of Austria within the scope of the UN Convention on the Rights of Persons with Disabilities, the UN Committee on the Rights of Persons with Disabilities recommended that Austria should undertake additional measures to “protect women, men, girls and boys with disabilities against exploitation, violence and abuse”. The NPM also calls for this. (2014)

Facilities must take special care that persons with disabilities or a mental illness are not exposed to degrading treatment. Protection against inhuman or degrading treatment needs to be swiftly implemented in a comprehensive and effective manner. (2015, 2016)

Recognising possible triggers of aggression (pain, lack of opportunity to withdraw into one’s own space, no sexual self-determination, insufficient medication etc.) is a requirement for effective violence prevention. (2018)

Hypotheses regarding aggressive behaviour should be developed and individually adapted de-escalation measures described in personalised development plans. (2018)

The main results of this research study should be presented in all *Laender* and be taken up by regional governments and institutions and facilities. Strategies for violence prevention and protection shall be further developed. In the same way, the research results and information about forms of violence and protection against the same shall also be accessible to persons with disabilities and their representatives in a barrier-free way so that they know where they can get support internally and externally, if needed. (2019)

The NPM calls for the establishment of emergency plans for persons with disabilities among refugees as provided for under the UN CRPD. (2015)

Right to family and privacy

Persons with disabilities must be guaranteed sufficient privacy in all institutions and facilities. (2017)

Sex concepts should be mandatorily created and implemented by all operators of institutions and facilities. Persons with disabilities should be guaranteed the right to receive sex education and information in accordance with the right to sexual self-determination. Participatively developed sex education concepts should be the basis for the approval and operation of institutions and facilities for persons with disabilities and for children and adolescents. (2017, 2018)

The *Laender* should create standards and guidelines on the framework conditions of sexual self-determination in institutions and facilities. (2018)

Educational and occupational opportunities

In order to enable the affected persons to live a more independent life, they have to be prepared as well as possible and supported accordingly. (2017)

Owners and operators of facilities must provide qualified care and align this with the desires and needs of persons with disabilities. Pure occupational therapy without catering to the needs of the affected persons is impermissible. (2019)

Employment of persons with disabilities in sheltered workshops in their current legal and factual configuration does not comply with the provisions of UN CRPD, especially with Section 27 “Work and employment”. This is specifically but not exclusively because the persons with disabilities who work in these workshops are – without exception – not considered employees under labour law by the Austrian legal system and are not covered by any social insurance from this employment (except for statutory accident insurance). The ability of all persons with disabilities, who are currently employed in (sheltered) workshops, of earning a living should be guaranteed regardless of their individual performance capability and apart from the current social welfare or minimum benefit system. (2014)

Persons with learning difficulties must have the possibility to receive sex education and information in institutions and facilities. The staff must be motivated and trained for this important task. (2018)

A transparent financial situation should be a prerequisite for receiving state subsidies; non-profit limited liability companies are required to use double-entry bookkeeping and adhere to accounting practices. (2019)

Complaint management

Persons with disabilities must be provided with the adequate means to be able to file a complaint. (2013)

Care home agreements in written form for persons with disabilities are obligatory by the law in force. These agreements must be worded in a simple and comprehensive way. The persons involved must be able to understand and follow the content and to understand the rights and obligations relating to it. (2014)

Measures that restrict freedom

Caregivers must be familiar with the formal and material regulations of the Nursing and Residential Homes Residence Act in order to avoid impermissible measures that restrict freedom. At the least, training in the support of basic medical care should be a basic requirement for care work with persons with disabilities. (2018)

Measures that restrict freedom, which are used to compensate a lack of barrier-free accessibility or space and personnel shortages, are without exception inadmissible and are an expression of structural violence. (2013)

When measures that restrict freedom are used allegedly to protect patients against being a threat to themselves or others, particular care and a review of the alternatives is always necessary. (2014)

Crisis intervention plans and increasing of awareness with a view to milder measures must be implemented. (2018)

Psychosocial interventions and individual care are always preferable to isolation and measures that restrict freedom. Measures that restrict freedom and that are ordered because patients are a threat to themselves or others must be both the least severe means of control and the last resort. (2014)

Minors with learning disabilities or who are mentally ill may not be subjected to any age-atypical measures that restrict freedom. Just like adults, they are entitled to a review of these measures by the court. (2014)

The use of time-out rooms may not be the result of inadequate care, insufficient medical or psychiatric care or unsuitable settings and presumes a crisis intervention plan and de-escalation training for the staff. It is solely for the temporary protection of the person in question or other persons in the event of acute aggression against third parties and it is not a permissible measure to discipline or sanction other abnormal behaviour. It should be as brief as possible, with constant observation and the opportunity for calming conversations. It must occur in an environment that is free of fear, stimulus-free and with no risk of injury. It must be documented and reported to the representative(s) of the residents as a measure to restrict freedom. It must be accompanied by observations and analyses of interaction that can show the interplay between the behaviour of the persons involved and actions/reactions of staff or other residents. (2014)

Imposing a barring order on persons with disabilities from residential/in-patient institutions and facilities is only permissible when all less severe measures have been exhausted and while observing the principle of proportionality. (2019)

Preventive measures should avoid escalations of violence and police intervention in institutions and facilities as much as possible. The conditions for this are general and individual crisis intervention plans as well as specialised staff that is trained in violence prevention. (2019)

If a barring order is imposed; the *Laender* shall continue to honour their responsibility for the housing and care of persons with disabilities even if legal representatives are entrusted with the task of “finding a place to live”. To this end, a sufficient number of crisis places for persons with disabilities shall be provided. The continued housing and care of such persons shall be guaranteed with immediate effect through a coordination centre and a 24-hour emergency hotline. (2019)

Signs of torture, mistreatment, abuse, neglect and degrading treatment

Protection against inhuman or degrading treatment needs to be swiftly implemented in a comprehensive and effective manner. The authorities must draft quality standards for victim support in institutions and facilities. These should then serve the operators as guidelines for their work. (2015, 2017)

As a result of the size of the facilities, individual needs and wishes are addressed in a less optimal way. Increased efforts to drive de-institutionalisation forward are necessary. Comprehensive overall concepts are lacking and must be developed. (2014)

Clients with a high potential for violence should only be admitted to an institution if it is prepared for dealing with potential risks. (2017)

Regulations under Federal and *Laender* laws should stipulate a formulated de-escalation concept as the condition for granting permits for institutions and facilities for persons with disabilities. (2017)

Health care

Persons with disabilities are entitled to the very highest level of health. In the view of the NPM, inclusive access to medical care must be expanded. (2015)

Health promotion through therapy offers must be based on professionally recognised concepts, which allow the highest possible level of self-determination in all areas. (2016)

Curative pedagogical processes must be designed in such a way that the pedagogical support is linked to the current development and action level, and daily routine is planned according to a multimodal therapy concept individually “suitable” to the needs. (2016)

The use of supported communication when required is urgently necessary as communication barriers have to be removed, in particular in relation to the diagnosis of pain. Assistive technologies (e.g. apps for communicating with doctors in sign language) should be developed further and made available Austria-wide. (2015, 2017)

Practical hygiene aids can contribute to living an independent life for persons with disabilities. As long as there are no infectious diseases or illnesses that weaken the immune system, special hygiene measures do not have to be observed in institutions and facilities for persons with disabilities. Preferences of the residents must be taken into account in the choice of hygiene products. (2019)

Knowledge about pain diagnoses and the treatment of persons with disabilities must be enhanced for both the care staff and the medical staff. (2017)

Stable relationships between the staff and the persons being cared for are necessary to be able to perceive when these are in pain. High fluctuation rates and staff shortages have thus to be avoided. (2017)

More complex conditions and multiple disabilities often require specially optimised care. This must not be a question of resources. The development of the personality in children and adolescents with major mental or physical disabilities depends in large part on whether and how they are supported in perceiving their environment, grasping it in the truest sense of the word and being able to explore it themselves. (2017)

Professional action-oriented expertise on assessing and predicting suicidal tendencies must be applied before therapy is (involuntary) discontinued. Evidence must be provided that the affected person has been informed of the increased mortality risk caused by discontinuing therapy. (2017)

Psychotropic medication therapies require comprehensible pedagogical, psychological and psychiatric diagnostics and reasoned indication. Facilities must take care that therapy objectives are explained and executed in a comprehensible way and are evaluated regularly. (2016)

Those suffering from addiction must have free and quick access to treatment programmes. Needs-based, top quality treatment programmes based on scientific standards must thus be guaranteed in the inpatient and in outpatient sector. (2017)

Relapses must be seen as a part of substance use disorders that is inherent in crises and require an in-depth multidisciplinary therapeutic approach. (2017)

After-care facilities for persons suffering from addiction must implement standardised crisis and discharge management with functioning interfaces to better quality care services in hospitals. Comorbid disorders and illnesses have to be an integrative component of such treatment programmes in after-care facilities. (2017)

Personnel

Inadequate staffing during day or night shifts, poorly adjusted aids or insufficient advancement of mental or practical capabilities for persons with disabilities have the effect of hampering social development and are therefore circumstances that must be avoided. (2014)

Sufficient and extensively trained staff for persons with disabilities must be available in all institutions and facilities. (2018)

The public sector must provide sufficient personnel with the required competence as well as suitable framework conditions to the owners and/or operators of facilities so that these can also care for persons with multiple disabilities and an increased potential for aggression in accordance with the principles of the UN CRPD. (2018)

Effective violence prevention is only possible if staff is trained accordingly. This should be mandatory in institutions for persons with disabilities. (2017)

Safety in institutions and facilities must be guaranteed during the night by suitable staff. (2018)

Operators of institutions should remove legal uncertainties on the part of staff in relation to the sexual self-determination of persons with disabilities through training and guidelines. (2017)

COVID-19

Authorities shall generate evidence-based risk analyses, make clear guidelines for the content of prevention concepts as well as monitor the implementation thereof. (2020)

Employees shall be trained in the conditions under which measures that restrict freedom are permissible. These training programmes should be mandatory. (2020)

Every resident shall be given the opportunity to go outside, if required accompanied by another person. (2020)

Visiting areas should be set up in the institutions and facilities in order to guarantee personal contact to close persons. (2020)

Day-care centres should remain open in crisis situations. (2020)

If day-care centres are closed, contact to caregivers should be maintained where possible. The technical conditions for this should be provided. (2020)

Crisis situations for which those affected are not at fault shall in no way result in the loss of places in day-care centres. (2020)

All clients have a right to adequate and timely information even in crisis situations. The best possible communication channels should be used. (2020)

Staff shortages can worsen in crisis situations. Sufficient staff shall thus be ensured in normal times. (2020)

Social contacts should be facilitated as much as possible in emergency situations too. Activities close to the community should be a matter of course in normal times. (2020)

Owners and operators of institutions shall be supported in the procurement of PPE by the public administration. Relevant precautions could be made as part of a civil defence project. (2020)

Authorities should give owners and operators of institutions clear guidelines as quickly as possible. (2020)

Medical care shall be guaranteed nationwide; even in institutions and facilities in remote places. Deficits have an even stronger impact in crisis situations. (2020)

Therapy programmes are a component of medical care and should therefore be available at all times to the extent possible. (2020)

Violence prevention shall be a fundament in every institution and facility for persons with disabilities. Failures can become more evident in emergency situations. (2020)

Adequate staffing can reduce the risk of violence. (2020)

Persons with disabilities shall be protected against violence. Violence prevention shall focus on the right to self-determination, privacy, the right to physical and emotional integrity (protection against sexual assault) as well as the right to sex education and sex counselling. (2020)

CORRECTIONAL INSTITUTIONS

Detainees awaiting trial and convicts must be accommodated separately (rule of separation). (2018)

The detention of adolescents for pre-trial and criminal offences shall be separate from that of adults.

Adolescents shall be detained in a way that they are not exposed to harmful influences or other disadvantage. In particular, adolescents shall be detained separately from adult detainees. (2019)

If mentally ill offenders are held in correctional institutions, the relevant sections must be structurally separated. (2018)

Mentally ill offenders should be placed in single rooms. (2019)

Correctional institutions must have a least one inmate cell that is adapted to the needs of persons with disabilities including barrier-free sanitary facilities which are accessible in a wheelchair. (2018)

There should be at least one parking space for persons with disabilities in the immediate proximity to the entrance of each correctional institution.

In order to enable the daily stay outside even in bad weather, prison courtyards should be at least partially covered.

All inmate cells must have sufficient light for reading and let in daylight. (2015, 2017)

(Holding) cells must be equipped with an adequate seating arrangement (2019)

A toilet in a cell for multiple inmates that is only separated by a partition that is open at the top and the bottom does not comply with the principle of safeguarding human dignity. Toilets shall be completely separated from the remainder of the cell in cells for multiple inmates and the installation of ventilation systems is also recommended.

All cells for multiple inmates should be equipped with lockable lockers. (2014, 2016)

All standardised inmate cells should be equipped with a refrigerator or an adequate refrigerating option for food, according to the size of the inmate cell.

Specially secured cells must have suitable places to sit or recline. (2015)

Worn-out cell furniture must be replaced regularly.

Communal shower rooms must have a privacy screen between the individual showers. Furthermore, an alarm button has to be installed there as well. (2018)

The NPM recommends fitting a mirror in each toilette where urine samples are normally given. In order to protect the privacy of the tested persons, a screen should be installed in case there is an adjoining waiting area.

It should be possible to air sports facilities easily.

Inmates who are presented to the doctor should have adequate seating while they are waiting to be called in.

The examination room in correctional institutions must be equipped with an emergency call system. (2016)

Adequate (long-term) visiting rooms should be available in all correctional institutions. (2018) Visits that include children should take place in a friendly atmosphere. (2017)

Tables used for table visits shall not be too large; visiting persons should not experience the same distance as for visits through a pane of glass.

Prison guards should be provided with appropriate social areas and rest areas. Female prison guards shall have their own rest and sanitary facilities (showers).

External facilities should have a door sign to avoid long searched for first-time visitors. (2019)

Living conditions

A maximum of four persons should be accommodated in cells for multiple inmates. (2019)

Single cells shall be allocated according to objective criteria (waiting time, participation in the objectives of enforcement).

It should be ensured that inmates are provided with sufficient individual living space in their cells. To prevent crowded conditions the max. capacity of inmate cells and of a correctional institution must be reviewed from time to time and reduced, if necessary. (2017)

Prison administration must guarantee adequate and humane living conditions for those who cannot expect to be released. (2019)

The standard of hygiene of all mattresses, blankets and pillows shall be regularly examined, cleaned at regular intervals and replaced if necessary.

Inmate cells may not be locked during meal times.

Diets should be varied and take into account ritual rules such as living and eating habits. It should be ensured that inmates receive sufficient food which is rich in vitamins, such as fresh fruit.

Meals should be distributed at a day time usual for the respective meal. Lunch should be provided between 11 a.m. and 2 p.m. and supper between 5 p.m. to 9 p.m. (2018)

Every inmate must be permitted to meet the needs of his/her religious and spiritual life, particularly by attending worship services or gatherings at the correctional institution. (2016) To the extent possible, the religion of the inmates should be taken into consideration with regard to the selection of food. (2013)

Inmates do not have to prove their religious affiliation to have a right to ritual food.

Shampoo and shower gel are sanitary products and shall be provided to new inmates upon their arrival.

The contents of the package provided upon admission should match the gender of the inmate. This should be monitored by the officers of the women's section, who distribute these packages.

It should be ensured that patients needing care who are unable to clean their inmate cells themselves and to maintain adequate bodily hygiene receive adequate assistance. (2016)

For hygienic reasons, all inmates should be provided with rubber gloves for cell cleaning; they are part of the standard cleaning utensils.

The possibility of daily time outdoors of at least one hour for adults and two hours for juveniles must be provided. This must be a net period of time available to inmates. (2014, 2019)

Inmates should be encouraged to exercise outdoors. (2018)

Stays in the courtyard are essential for the health of inmates and the time outside should be used for exercise. Phone calls should be possible in the section.

If daily time spent outdoors is cancelled due to bad weather, alternative opportunities for exercise should be offered (e.g. in a gymnasium). (2017) Detainees should be offered more time for activities outside the inmate cell, including on Fridays and weekends. The lock-up times must be shortened, particularly for unemployed prisoners. Lockup times of up to 23 hours per day are intolerable. (2016)

The cell doors must be opened during the day shift in as far as possible so that detainees can spend eight hours per day outside their cells and occupy themselves meaningfully. (2018)

More areas for relaxed detention shall be created so that the detainees with no occupational opportunities are not locked in their cells for 23 hours per day.

Emphasis shall be put on providing the widest possible range of sporting activities. At least one sports room should be equipped with a cardio apparatus.

Prisoners shall know which penalty to expect in the event of misconduct. (2020)

In order to guarantee consistent penal practice, the creation of a catalogue with criteria or guidelines for comparable infringements with harmonised disciplinary penalties is required. (2020)

Isolation shall not be imposed as a purely universal preventive measure because this would violate the presumption of innocence. (2020)

The minimum standards for women in prisons set forth in a decree of the Federal Ministry for the Constitution, Reforms, Deregulation and Justice must be implemented as soon as possible. (2016) The concepts for women's sections shall undergo an annual evaluation. (2019)

All women's sections shall usually be operated as shared accommodation in accordance with the minimum standards for women in prison. Female detainees shall only be kept in regular detention in justified exceptions. (2020)

The cells in the women's sections shall be open all day on weekdays, weekends and public holidays. (2018)

Women should have equal access to leisure and sports activities. (2014, 2018) They should be able to use the gym room to the same extent as male inmates. (2019)

Women detainees should be offered supervised leisure activities on a regular basis. (2019)

It must be ensured that the increased need for hygiene during the menstrual period is taken into account. Female detainees shall be informed about the possibility of taking additional showers during their menstrual period. (2019) Menstruating women should have the opportunity to shower every day without having to request the same. (2020)

The range of hygiene products should also include tampons (in different sizes). (2020)

The low number of female adolescents in custody cannot justify worse detention conditions. (2016)

In order to avoid violent assaults among juvenile detainees, a structured and balanced daily routine must be established with the shortest possible lock-up times. (2015)

Detention in shared accommodation must be provided for adolescents as a matter of principle. (2019)

Adolescents who are detained together with adults shall be at no disadvantage compared to the adolescents detained in the juvenile department. (2020)

Adolescents shall be detained in such a way that they are not exposed to harmful influence or other disadvantage. They shall be detained separately from adult detainees. (2020)

All court prisons in which adolescents can be detained shall develop a youth concept. The daily routine shall be specified in a youth concept. (2019)

As a rule, all persons with a substance use disorder must be housed in shared accommodation. They shall only be kept in regular detention in justified exceptions. (2018)

Contact to the outside

Every correctional institute shall provide the possibility to deliver laundry packages by mail (by post or other courier services) or in person. (2018)

Visiting hours should be structured in such a way that working people can also make use of them. Visits should be possible in the afternoon and, in particular in juvenile sections, the early evening and on weekends. (2016, 2018, 2019) This shall also apply for detainees awaiting trial. (2018)

The opportunity to use Internet telephony and video services for visits should be introduced nationwide as soon as possible. (2015, 2016)

It shall be possible to contact relatives or persons of trust for free in the case of an emergency.

Family visits shall be made possible with children of all ages and partners as a matter of principle. Visits with children shall be organised in a child-friendly way as far as possible. (2019)

Numbering systems like those used by many service providers facilitate the handling of visits and shall therefore be used in larger correctional institutions.

Unless there are specific concerns in an individual situation, prison guards have to wear civilian clothing when taking juveniles outside.

It must be ensured, that closed psychiatric wards in hospitals provide rooms in which inmates can receive visitors.

Forensic ward/psychiatric institutions: Whether a restriction on visits by minors is necessary should be examined on a case-by-case basis. (2017)

Minors accompanied by adults should be allowed to visit patients in follow-up care facilities.

Right to family and privacy

Body and cell searches are sensitive intrusions into the fundamental right to privacy. If the intrusion is not to be a violation of the fundamental right, it has to be proportionate. (2020)

It shall be ensured that no unnecessary or routine naked body searches and inspection of normally covered orifices shall be conducted, as these are in violation of the law and are inhumane and humiliating. (2019)

Body searches involving disrobement must be conducted in the presence of two enforcement officers of the same gender as the person to be searched and must not be carried out in the presence of fellow inmates or persons of the opposite sex. (2015, 2017, 2019)

Body searches shall be conducted in two steps and shall respect the pride and dignity of the person being searched. Body searches with disrobement shall be documented in writing due to the intensity of the intrusion. (2015, 2017, 2019, 2020)

Other persons should not be able to see into the room in which a strip search is carried out, to ensure standards of common decency for the person that is to be searched. (2018) Body searches shall not to be conducted under camera surveillance. (2019)

Body searches that are conducted in a room with a surveillance camera, of which the searched person does not know if it is activated or not, are a breach of the proportionality principle.

Alternative methods (for example, the use of body scanners) shall be developed for the purpose of replacing body searches including those with disrobement. (2019)

Surveillance footage from the sanitary facilities, should only show persons in a schematic or pixelated form.

The detainees can choose whether they would prefer an indirect observation when giving a urine sample or being searched beforehand.

The surveillance of sanitary rooms by infra-red cameras violates the fundamental right to respect for privacy.

Surveillance footage of the toilets in isolation rooms must be pixelated. (2019)

The NPM warns that infringements of the privacy of the affected persons must be proportionate and compliance shall be observed. In a video-monitored patient room, it must be possible for the patient to see if the camera is in operation. (2019)

If the common areas of follow-up care facilities are under video surveillance, this must be clearly indicated right at the entrance of the facility by putting up signs.

Health-related data of inmates must not be posted on the inmate cell doors. (2017)

The doors of the doctor's office must be kept closed during medical consultations and examinations to ensure privacy and confidentiality. (2017)

Medical confidentiality must be ensured in prisons to the same extent as in the outside world. (2017)

Telephones should be installed in a way that one's privacy can be protected while using them; if necessary, a small cubicle shall be put up.

Measures must be taken to ensure that no media representatives are present during searches of inmate cells and body searches. (2017)

Educational and occupational opportunities

Every detainee should carry out useful work or participate in meaningful activities. The employment rate should be increased. (2015, 2016)

Companies providing occupational opportunities at correctional institutions should be continuously open. Work opportunities should also be expanded for detainees awaiting trial. (2017)

The employment of external skilled workers must be expanded in the companies. Operations of companies providing occupational opportunities and workshops in the correctional institutions should be continuously open. Additional personnel is necessary, in particular, in order to reduce lock-up times and increase the employment rate. (2018, 2019)

Female detainees should have the possibility to acquaint themselves with different types of work in different companies providing occupational opportunities. (2018) The possibility for the joint performance of work by women and men should be expanded. (2014, 2015, 2018)

In particular, women should not be financially disadvantaged by the lack of employment opportunities. (2014)

Adolescents should be educated in a profession that corresponds to their knowledge, skills and preferences. Apprenticeship programmes should meet the needs and the interests of the adolescents. Girls shall not be discriminated against in this respect. (2019)

Every effort should be made to provide young adults with timely access to appropriate (further) training programmes.

In addition to education and occupational or other training, involvement in sports should also be an important part of the programme of activities for young inmates. (2016)

The daily routine as well as care shall be specified in a youth concept; in so doing, consideration shall be given to defining educational and occupational opportunities as well as (socio-pedagogical) care plans for female adolescents. (2019)

Socio-pedagogical supervision concepts must be defined for adolescent girls. (2018)

There may be no discrimination against addicted persons with respect to their access to work and educational offerings due to their illness. (2017)

A total ban on Internet access and computer use is inadmissible. Permanent steps must be taken to provide abuse-proof access to the Internet for continuing education purposes. (2014)

Access to information within institutions

Information must be provided to the inmates in a language and vocabulary they can understand. (2013)

The house rules must be made available to inmates in a language that they understand. House rules should also be available in pictogram form in all correctional institutions. (2015, 2018)

Inmates must have access to the house rules to be able to act accordingly.

Juveniles shall not only be informed about the rules verbally, they shall also be provided with the rules in writing. (2019)

Information notices must be revised as soon as possible if there is a change in the law. (2014)

Inmates are not to be involved to provide translation services. When there are communication problems, trained interpreters should be utilised. (2016)

The video interpreting systems available nationwide shall be used without exception in the medical area, in administrative penalty proceedings and for counselling. Detainees shall not be deployed for translation services. (2019)

Video interpreting shall also be provided in the satellite facilities. (2019)

The use of the video interpreting system shall be documented in the Integrated Prison Administration. (2019)

Inmates should know the punishment they can expect for various forms of disruptive and abnormal behaviour. Providing this data to inmates is preventive in nature. This data should provide decision-makers with a background for establishing a uniform ruling practice. (2014)

A standardised procedure shall ensure that the prison ward is fully informed about alleged mistreatments of inmates by prison guards.

Complaint management

The establishment of a complaint register must be vigorously pursued. (2014, 2015)

Mentally ill offenders (in particular if they are restrained or isolated) should have the same legal protection or have the opportunity to be represented as provided under the Hospitalisation of Mentally Ill Persons Act . (2017)

The lawfulness of compulsory examinations or treatments shall be reviewed by the (enforcement) court.

Every follow-up care facility shall provide a complaint box which can be used in a secluded way. (2019)

Measures that restrict freedom

If a person is placed in a specially secured cell in the event of acute danger to themselves or to others, the dangerous situation must be described exactly and the time of the first medical check noted. (2018)

During the night, lights in specially secured cells should be dimmed to a level that still enables video surveillance.

Inmates placed in specially secured cell must still be able to take care of their personal hygiene.

Reason for and duration of the use of handcuffs and foot shackles must be verifiably documented. (2018)

If video-monitored cells are to fulfil their function, they must be fully observably.

Strapping a patient to a hospital bed in a forensic ward/psychiatric institutions is only permissible when it is absolutely necessary due to the progression of the disease. The external conditions accompanying the restraint may not be frightening to the person affected. During the period of restraint, this type of detention must be continually questioned. A form on "Restrictions on the freedom of movement", recommended by the NPM, must be prepared. (2014)

Restraint logs must document precisely the necessity of each measure that restricts freedom. Even in recurring constellations in connection with a chronic disease, each and every measure that restricts freedom must be explained. (2019)

Measures that restrict freedom shall be recorded centrally. (2019)

The ordering of urine tests should be noted in a register in order to ensure a traceability of random urine tests. (2013)

In the case of an insufficient urge to urinate, a uniform approach is required with regard to the handing out of water and providing a time window for urination.

Containers for urine samples must be labelled before handing them over to the test persons.

Saliva tests should replace urine tests because they are less intrusive by nature. (2014)

Task force trainings may not cause longer lock-up times. (2014)

Records of the task force must be more detailed to be able to assess whether an intervention was proportionate.

Signs of torture, mistreatment, abuse, neglect and degrading treatment

Calling inmates „non-humans“ is unacceptable and has to be sanctioned by the supervisory control.

It shall be ensured that no unnecessary or routine naked body searches and inspection of normally covered orifices shall be conducted, as these are in violation of the law and are inhumane and humiliating. (2019)

The practice of handing out medication through the door flap for meals, where the inmate has to kneel or bend down to receive the medicine, must be put to an end.

The term „Muslim food“ is discriminatory and must be replaced by a value-free term such as pork-free food. (2018)

(Language) discrimination against inmates with a substance use disorder or in substitution treatment cannot be tolerated.

It must be ensured that female detainees are not being harassed by male inmates when they spend time in the courtyard.

The straps on strap beds should always be covered so they are not visible to patients. (2017)

Fixation straps should be removed from the bed directly after the restraint is ended, to ensure that patients do not have to lie on the straps when they sleep in these beds. (2019)

Health care

Persons in detention are entitled to the same level of medical care and nursing as persons at liberty in hospitals and nursing homes. (2014, 2015)

Failure to administer medication must then be medically indicated and objectively founded. In particular, detained persons should not be precluded from receiving remedies that have less severe side effects. (2019)

Computer programmes for examining the interaction of medications shall be installed in all correctional institutions. (2019)

Medical experiments on inmates are prohibited by law. The prohibition is absolute. It is irrelevant whether an adverse effect can be expected from the invasive procedure. (2016)

The correctional institutions shall ensure that pregnant inmates receive birth preparation support from a midwife. Birth preparation and post-natal care should be available to inmates to the same extent that it is to women living in freedom. (2019)

It must be ensured that smoking bans are observed in non-smoking cells. (2019)

Personnel must know about the emergency backpack and be able to use it. (2019)

Only trained health care and nursing personnel should provide services in infirmaries and doctor's offices; this also applies on weekends. (2018)

Prison guards may only be utilised as an exception by request of the doctor and due to a risk assessment. The workplace of the prison officers must be physically separated from the treatment room.(2018)

Infirmery staff should wear a clearly visible tag stating their name or function. (2017)

If it is absolutely necessary to have a prison guard present at the examination of a detainee, this should only be a person of the same gender. (2015)

The mandatory use of hand sanitizers will raise the hygienic standard at the infirmaries.

Newly arrived inmates must be subject to a medical examination by a doctor (health examination upon arrival) within 24 hours of their admission, or also in the event of a transfer (e.g. due to a change of prisons or a change of classification). (2016)

The scope of the health examination upon arrival must be standardised in the sense of a nationwide procedure. In the interest of self-protection, the protection of others and the discovery of mistreatment, it should also include a detailed anamnesis interview and a full-body inspection including disrobement. (2016, 2017)

Inmates should be expressly informed of the option of a blood test. The refusal by an inmate to take a blood test should be documented. (2017, 2018) A mandatory automatic follow-up appointment shall be scheduled with the patient after a blood test to discuss the results. (2019)

Doctors shall inform female detainees about the possibility of a gynaecological examination at the health examination upon arrival. (2018)

Diagnoses must be entered in the emergency sheet. Diagnoses provide key information in the event of acute treatment outside of the correctional institution. (2018)

Regular visits should help prevent the physical and emotional neglect of long-time inmates. (2014, 2015)

The intake of medication or its refusal must be documented.

There shall be clear rules when and how nursing staff is allowed to administer PRN and prescription-free medication to inmates; these rules shall be clearly communicated as well.

Before providing placebo medication, steps must be taken to ensure that the consent of the individual in question is obtained. (2015)

The request for a specific therapy, the approval of the same and/or care as well as the course of the treatment must be documented in the Electronic Patient Record Module and in the patient file. (2018)

Preventive examinations are part of standard medical care. (2014)

After diagnosis, all persons with chronic HCV infection should quickly receive an interferon-free combination treatment with direct antiviral agents. (2020)

Issuing medication based on a quota is contrary to the principle of equality and a violation of the equivalence principle. (2020)

Nationwide uniform rules for the initial interview with the psychological service and the initial psychiatric examination are required. (2018)

Psychiatric and psychological care is part of health care and, as such, must be ensured by the institutions in pre-trial detention and in detention of mentally ill offenders. (2014) For adolescents

and young adults, the psychiatric and psychological care must be provided by specialists in child and adolescent psychiatry, and must in particular involve the implementation or definition of the indications for substitution treatment. (2016)

Inmates who suffer from a (pre-existing) psychiatric disease should be sent to a specialist in psychiatry shortly after their admission to the correctional institution and receive psychiatric support through regular contacts. (2016)

Prison inmates with psychological idiosyncrasies who are unsuited for housing with the general prison population must be separated from the other prison inmates and are to receive adequate special treatment and therapy. Standards for care and treatment of these prison inmates must be established along with criteria providing guidance for their classification (2017)

Prison inmates with psychological idiosyncrasies who are unsuited for housing with the general prison population must be separated from the other prison inmates and must receive adequate specialist care and therapy. Standards for care and treatment of these prison inmates must be established along with criteria providing guidance for their classification. (2017)

Effective transition management is required in order to continue treatment after in-patient care in hospital. (2020)

Adequate psychiatric care includes psychotherapeutic treatment. (2020)

An examination of the VISCI status of every detainee shall be performed as quickly as possible after their transfer. This shall be documented. (2020)

Persons who are classified as VISCI "red" at admission should be sent to the psychiatric specialist service as soon as possible. (2020)

Non-German speaking inmates must have access to the same offers of therapy as German speaking inmates.

Separate documentation of the different care services is impractical and obstructs the multi-professional exchange of information.

Personnel

As part of the State's monopoly on the use of force, body searches are particularly intrusive. It is all the more important to not only train new hires in theory on how these searches shall be conducted. (2020)

The communication with inmates shall be respectful. (2020)

Prison inmates shall be treated with respect for their sense of honour and dignity. (2020)

Rules of conduct shall be determined by the law. (2020)

A set of rules shall be formulated such that the interpretation and implementation thereof is not left to the discretion of the staff. (2020)

It shall be ensured that adolescents in detention are cared for by trained personnel. (2020)

All officers deployed in juvenile departments should complete the training course for detention of juvenile offenders as soon as possible. (2020)

The key figures in the medical area, which have been lacking for years, must be determined as soon as possible. (2017)

There must be an adequate number of medical and nursing staff to provide medical and nursing treatment under conditions that are comparable to those of patients who are at liberty. (2017)

Only trained health care and nursing personnel should provide services in infirmaries and doctor's offices. They may not perform any supervisory functions. Prison guards may only be utilised as an exception by request of the doctor and due to a risk assessment. (2016)

It is necessary to hire additional medical personnel, particular for the purpose of psychiatric care, in numerous correctional institutions. (2015, 2016)

Personnel in psychiatric services must be organised in such way that enough capacities are available for psychiatric care and the diagnostic conversations with patients, as well as the cooperation with other specialist services and the participation in multidisciplinary expert teams. (2018)

Capacities need to be expanded in the eastern parts of Austria to ensure adequate treatment of detainees and detainees awaiting trial, who are in need of acute psychiatric care. (2019)

The need for nursing staff must be assessed and adjusted on a regular basis. (2017)

Nursing staff should give unrequested support to patients who need care and who may not be able to maintain adequate bodily hygiene on their own. (2016)

The maintenance of an electronic record of nursing care is indispensable. The ability to trace the individual instances of treatment and care shall ensure increased care in dealing with prisoners in need of nursing care. (2015)

In order to ensure effective suicide prevention, inmates who have been coded red in the VISCI system must be sent to the psychological and psychiatric service as soon as possible, and (medical) findings and therapy proposals must be prepared. (2016)

Suicide prevention concepts should be regularly evaluated. (2019)

The long-term placement of suicide-prone inmates in single cells is not permissible. Placement in a single cell can only be an exceptional measure for a limited period of time. (2016) Video monitoring does not rule out suicide by the persons at risk during an unobserved moment. (2014)

All detainees must be offered testing to establish possible infectious diseases and their immune status with regard to HCV and HIV; this has to be documented. (2019)

Detainees who receive benzodiazepine-therapies should not generally be excluded from HCV-therapies with Direct Acting Antivirals (DAA) medication. (2018)

Detainees awaiting trial must not be placed in a less favourable situation than other inmates; they all should have the same access to therapies with Direct Acting Antivirals (DAA) medication as patients outside the penal system. (2018)

A substance use disorder is a serious (psychiatric) condition and a diagnosable, chronic disease that requires treatment. Detainees with a substance use disorder are entitled to receive the appropriate means to cover the specific needs for care and support during their stay in prison. (2018)

Pursuant to section 68a of the Penitentiary System Act (*Strafvollzugsgesetz*) accepting drug work and the so-called acceptance paradigm should be "state of the art". (2018)

Outdated contracts on the treatment with opioid substitution therapies are predominantly punitive and regulative in content and tonality and should no longer be in use. A new contract on treatment must be established, which has to be available in German as well as in the most frequent foreign languages. (2019)

Every correctional institution shall establish a multi-professional team for the treatment of substance use disorders. (2019)

The examination to determine whether a substance use disorder exists must be performed by the medical staff during admission; at the latest within 24 hours. This also applies on weekends and public holidays. In exceptional cases the specially trained nursing staff can perform such an initial examination to establish the status and decide which further measures should be taken. The relevant decision may only be taken by law enforcement officers if they have appropriate additional qualifications. (2018)

If there is no medical staff available, the on-call (emergency) doctor must be consulted or the detainee transferred to a hospital if there is a suspected substance use disorder. (2018)

A comprehensive risk assessment as to which medication is the most suited in the individual case should always be carried out before substitution medication is changed. (2019)

Inmates with a substance use disorder, who do not receive a place in therapy, shall not be discriminated against in relation to treatment and care. (2018)

Patients with opioid addiction require a suitable (opioid) substitution therapy as soon as possible on the day of their admission (at the latest within 24 hours). An indication for an opioid substitution therapy does not only apply if patients already received non-hospitalised substitution therapy when admitted to the correctional institution. The basis for the indication of an opioid substitution therapy is rather a diagnosed opioid addiction. Patients who discontinue an opioid substitution therapy must be verifiably informed about the consequence of an increased risk of mortality. (2018)

Comorbid disorders and illnesses have to be an integral component of treatment programmes for persons with substance use disorders. Dealing with comorbid disorders shall be documented in the patient files. (2018)

DETENTION OF MENTALLY ILL OFFENDERS

If the prison administration assigns a person in detention to a public psychiatric institution, it is responsible for the infrastructural deficits. If the prison administration cannot ensure that these deficits are remedied, the persons affected must be accommodated in facilities which belong to the prison administration itself. (2014)

Patients should have the possibility to spend outdoors as they see fit, without having to rely on nursing staff to accompany them.

All law enforcement officers working in the detention of mentally ill offenders should receive basic training in illnesses and treatment of detained mentally ill offenders. (2018)

Forensic patients are in need of increased care. This must be taken into account when establishing staffing ratios. (2018)

Written de-escalation concepts must be available in follow-up care facilities and additional training must be offered to staff.

Staff in follow-up care facilities should be offered free access to external supervision. (2019)

Living conditions

The living conditions in a hospital are determined to a considerable extent by the amount of available space. This applies, in particular, to wards in which patients are not merely housed temporarily. (2020)

Facilities in which women are detained should ensure that at least one female officer is on duty at all times. (2019)

Continuing education programmes must be offered in a way that employees in women's correctional institutions can fulfil their annual training obligation. (2018)

The female detention training course must be compulsory for prison officers, who take care of female adolescents. (2018)

An autonomous pool of employees should be available to the juvenile sections. These employees should have completed the training programme on "Detention of juvenile offenders as a field of work". They should be available in sufficient numbers for night work and accompany juvenile inmates when they are taken outside. (2014, 2016)

Unless there are specific concerns in an individual situation, prison guards have to wear civilian clothing when taking juveniles outside. (2015, 2016)

Adolescent detainees must only be accompanied by officers who have a profound knowledge of pedagogy.

A sufficient number of social pedagogues and social workers needs to be available to ensure that leisure-time activities are better planned for adolescents.

The night shift in juvenile sections should at least consist of two employees to ensure that certain incidents in cells can be dealt with directly during the tour of the section.

Complaint management

Residents and staff should be able to deposit recommendations, wishes and suggestions for improvement at all times and also in anonymous form. (2020)

Measures that restrict freedom

If the documentation of measures that restrict freedom is only cursory, it is not possible to say if the use of less severe measures would have sufficed in the individual case. (2020)

If the persons treating and nursing patients do not have the necessary documents, this has a negative effect on measures that restrict the freedom of the patients.. (2020)

Signs of torture, mistreatment, abuse, neglect and degrading treatment

The lack of single rooms shall not be the reason for restraining patients to protect them from each other. (2020)

Health care

The condition for uniform medical care is that patients are not dispersed to several wards due to a lack of space and then treated there in isolation. (2020)

If the referral advisory opinion is not available to the hospital when treatment is initiated, therapies can only be applied with delays. (2020)

Medication should be stored in a lockable cupboard that is located in a safe place. (2020)

Having to deal with suicides often leads to stress disorders long afterwards. This should be minimised through measures taken by the employer. The administration of the judiciary must make every effort to ensure that seeking psychotherapeutic care is not viewed as a weakness. (2014)

After a suicide there should be reflection on the events within a short period of time. Offering such reflection only with a delay of three months will not bring any relief for the staff. (2018)

Care and enforcement plans

Care plans and target agreements help both the clients and their caregivers to measure treatment progress and evaluate whether the targets were also achieved. (2020)

Adjusting the human resources in the specialist services to the real needs and demands is needed to meet the legal and minimum standards for the requirements of modern detention. (2019)

Every correctional institution shall establish a multi-professional treatment team for the treatment of substance use disorders. (2019)

Sufficient personnel must be available to meet the requirements and guidelines for care and treatment of persons with a substance use disorder, whether they are detainees awaiting trial or detainees in prison or mentally ill offenders. (2019)

A nationwide department for admission diagnostics for detainees with substance use disorders who are in need of treatment must be staffed with a sufficient number of medical specialists. Detainees with substance use disorders are entitled to receive the appropriate means to cover their specific needs for care and support. (2018)

An enforcement plan and an individual treatment plan shall be created during pre-trial detention for persons with a substance use disorder. (2019)

In addition to the addiction-based medical programme, the detainees with a substance use disorder should also be offered group therapies or clinical-psychological treatments. (2018)

The effective treatment of substance abuse disorders should not only focus on the taking of substances (as well as stopping to do so), but also consider the existing threat of comorbidity. (2018)

Psychotherapy is an important and integral part of multimodal measures for treatment and forms an essential part of treatment, especially in incidences of psychological co-morbidities. (2018)

Psychotherapists should have special forensic qualifications. The criteria according to which they are selected should be clearly defined. (2019)

Women's sections need additional human resources to meet the minimum standards for women in prison. (2019)

The specialist services shall be granted access rights to the documentation in order to facilitate adequate treatment and care of those detained. To this end, the technical conditions shall be created to grant such access while maintaining data security. (2019)

Restraint logs must be kept individually and document precisely if it is still recommended to maintain a measure that restricts freedom. (2019)

Personnel

A contemporary penal system is not possible without adequate human resources and staffing. (2019)

Additional human resources are required to reduce lock-up times and increase the occupational rate. (2019)

It should generally be ensured that prison guards who work in special work clothes (uniforms) wear a clearly visible name tag for identification. In particularly dangerous situations, some other visible identifying feature (e.g. a personnel number) can be worn instead of a name tag. (2016)

Law enforcement officers must be motivated to regularly utilise psychological supervision and convinced that regular psychological support through supervision will help them to carry out their work more efficiently. (2017, 2018)

If female employees are assigned to a facility, separate changing rooms must be made available for them. (2019)

The employer must ensure that the sexual autonomy, sexual integrity and privacy of employees are not endangered. The employer must ensure that no pictures of naked people are hung in staff rooms. (2014)

Specialist services should be offered additional training on how to handle and how to communicate with detainees who are less motivated.

Training on conflict management helps to handle crisis situations adequately and in a de-escalating way and should therefore be offered regularly. (2018)

Training on violence prevention and de-escalating communication techniques must be given a more important role in the educational and training phase of prison guards.

The employer must ensure that prison guards are adequately equipped with protective gear such as impact and stab protective jackets.

Fire drills should be held in all follow-up care facilities every year. (2020)

Returns and management of release

Even if the legal situation does not stipulate the mandatory conclusion of a contract pursuant to Section 179a (3) of the Penitentiary System Act, agreements should be concluded with as many non-profit facilities as possible. (2019)

Persons who were previously in a facility for persons with disabilities tend to be at a particular disadvantage in detention for mentally ill offenders. Without specialised follow-up care facilities, there is a considerable risk that they will be detained for excessively long periods of time. (2019)

There must be more follow-up-care places throughout Austria. (2013) In this regard, the creation of follow-up-care places for juveniles and persons with multiple diagnoses must be a priority, particularly in the western *Laender*. To better match up supply and demand, allocation management must be optimised with respect to after-care facilities. (2017)

Before forensic clients are admitted to a facility, they should have the opportunity of a "trial day" in the same facility. (2019)

The *Laender* should offer supervised housing to persons who cannot return to an independent lifestyle due to age or poor health. (2017)

BARRACKS

Infrastructural fixtures and fittings

When barracks are converted or when new barracks are built, military detention areas should be equipped with separate sanitary facilities in future. (2014)

POLICE STATIONS

Infrastructural fixtures and fittings

The condition and fittings of cells pursuant to Detention Regulation (*Anhalteordnung*) must always allow the humane detention of persons. (2018, 2019, 2020)

Police stations must be hygienic and have their own backup systems. (2014, 2015, 2016)

Detentions rooms must be sufficiently lit. (2017, 2018, 2019)

Basement detention rooms in police stations must have sufficient lighting and ventilation, fulfil the fire protection regulations and guarantee direct contact and rapid reaction in the event of an incident. They must be connected to the station and – regardless of their location – be of an adequate size. (2019).

With new buildings and conversions, detention rooms should no longer be set up in the basement of police stations. (2017, 2018, 2019)

Detention rooms in police stations must be equipped and furnished in a way that they cannot be vandalised. Fittings and components that can cause injury or be used as fixing points for strangulation must be avoided. (2017, 2018)

Detention rooms in police stations must be equipped with light switches that can be operated from the inside, but can also be deactivated from the outside for safety reasons. The Directive on Workplace must be altered accordingly. (2016, 2017, 2018)

A permanently activated call bell system must be provided in police stations so that persons in police custody can always contact the guards. (2014, 2016)

All single cells must have an alarm button, which can be activated in the inmate cell. (2017, 2018, 2019, 2020) Alarm buttons in detention rooms in police stations must be adequately labelled, so that detained persons can contact the guards. (2015, 2017)

When police stations are being built or converted, examination rooms with an emergency call system should be set up. (2017)

Inmates in police stations must be given daily access to restroom sinks with warm water connections. (2014)

Police stations and police detention centres must have toilet facilities for female personnel. (2015)

The Federal Ministry of the Interior should ensure that non-discriminatory toilet facilities for third parties are installed in police stations. (2018)

Police stations should be barrier-free. (2018) The existing staged plan pursuant to the Federal Act on the Equal Treatment of People with Disabilities shall be observed. Barriers shall be removed immediately in urgent cases. (2019)

An endeavour should be made to fully partition the toilet area – even for short-term detentions – for new construction, new rentals and converted buildings. (2015)

Police stations should be barrier-free. The existing staged plan in accordance with the Federal Act on the Equal Treatment of People with Disabilities (*Bundes-Behindertengleichstellungsgesetz*) must be complied with. The approximately 300 police stations not contained in this plan must be relocated by 31 December 2019, or another organisational solution must be found. Barriers must be removed immediately in urgent cases. (2015, 2016, 2017, 2018, 2019)

Detention areas in police stations may only be occupied in accordance with their size. There should be no overcrowding even when there is an urgent need for space. At risk of overcrowding, detainees must be moved to other police stations. (2016)

All police detention centres must have a sufficient number of inmate cells that are suitable for single detention in accordance with Section 5 or 5b (2) (4) of the Detention Regulation (*Anhalteordnung*). (2017, 2018, 2019)

The technical surveillance of specially secured inmate cells should be carried out using video surveillance that is independent of any light source and protects the prisoner's privacy. (2017, 2018, 2019, 2020)

Specially secured cells should have natural daylight, and there must be natural or mechanical ventilation in all single cells. (2018, 2019, 2020)

Each inmate cell must be equipped with an electrical outlet, which is switchable from the outside (with distributor sockets, if appropriate) in order to connect private devices such as radios or TV sets, thereby providing detainees with further occupational opportunities. (2015, 2020)

Police detention centres must be cleaned regularly and at proper intervals. It must be ensured that detainees in police detention centres have access to hygienic sanitary facilities and that their privacy is guaranteed by way of structural measures and fittings. (2019, 2020) The mattresses and textiles issued to detainees must be clean. (2019) The showers must be checked regularly (particularly the direction in which the shower water sprays) and repaired, if necessary (replacement of shower heads). (2014, 2017, 2018)

Tiled security cells must have a (squat) toilet with flushing function (2017, 2018, 2019, 2020). A heatable reclining surface or mattress and firmly mounted furniture (bed, table, seating) must be made available. (2017)

Single cells under Section 5 of the Detention Regulation must be equipped with a sink, a supply of hot and cold water, a sit-down toilet, a bed and a table with seating. (2017, 2018, 2019, 2020)

Standards for the detention of persons that are agreed with the NPM and which can only be realised through structural measures should be implemented without delay. (2018, 2019, 2020)

Toilets in cells for multiple inmates must be designed so that they are completely separate from the rest of the inmate cell. (2020) Budgetary priority should be given to planning and implementing the construction of structurally partitioned toilet facilities in cells for multiple inmates at all police detention centres. Cells for multiple inmates without (fully) walled-in toilet areas may not house more than one inmate until they have been renovated. (2014, 2015, 2016, 2017, 2018, 2019)

The technical surveillance of all cells used for securing purposes should be carried out using video surveillance that is independent of any light source and observing the personal space of the detainees. (2020)

The Federal Ministry of the Interior should organise measures to guarantee shade in the outdoor areas of the detention centre and cooling of the rooms as required. (2018)

The level of fire prevention in police detention must be adjusted to at least meet the standards for correctional institutions. The Federal Ministry of the Interior should develop an overall strategy for a uniform national design for preventive and protective fire safety and issue appropriate standards. (2015, 2016, 2017, 2018, 2019, 2020)

All of the cells used for long-term police detention should have suitable, automatic fire alarm systems. (2018, 2019, 2020)

All furniture and fixtures used to dispose of the detainees' cigarette butts, ash and matches should be fireproof. (2018)

Sufficiently large rooms should be made available to private organisations (legal advice and repatriation counselling) to ensure that they can provide their services without being disturbed. (2017)

Unless there are certain security concerns or unless prisoners in court custody are involved, visits with detainees at police detention centres should be in the form of table visits. Measures should be taken to ensure that table visits are not disturbed – including by structural conditions. (2019)

A separate room with a table should be provided for visits with relatives who are minors. (2019)

Occupational and leisure opportunities in the scope agreed with the NPM should be available to all detainees. (2019, 2020)

Living conditions

Disposable clothing should be available in police stations with specially secured cells, if required. (2018)

Persons detained in police stations must also be offered vegetarian meals. (2016)

Detainees shall be detained with respect for their dignity and in the gentlest way possible. (2020)

Asylum seekers should be detained in open detention stations at police detention centres under the most benign conditions possible in accordance with Section 5a of the Detention Regulation. (2017)

Families of asylum seekers must always be held in detention together. Children must be provided with toys and items to occupy themselves, which are suitable for children. (2017)

Detained asylum seekers must be actively offered showers upon admission to the police detention centre. (2017)

Persons in detention pending forced return must be transferred to the open detention station at the police detention or detention centre within 48 hours of admission. There should only be exceptions to open detention in cases agreed upon with the NPM. (2018, 2019, 2020) The cell doors in open detention should be continuously open from 8 a.m. to 9 p.m. (2017) Section 5a of the Detention Regulation should be amended to codify and clarify the principles for detention pending forced return in open detention stations. (2017, 2019)

Exclusion of detainees awaiting (forced) return from open detention should only be possible in cases agreed upon with the NPM. (2019, 2020)

Detention in police detention centres shall be documented completely and transparently. (2020)

The food given to the detainees in the detention centre must be based on a balanced diet and quantitatively sufficient in accordance with nutritional science. (2018, 2020)

Social areas must be created for inmates serving an administrative penalty in police detention centres. (2014)

Detainees should be able to shower at least twice per week – and to shower daily under special circumstances. Detainees must be informed of their opportunity to shower. (2017, 2018)

All detainees must be given access to hygiene articles. Women must be provided with the necessary hygiene articles during menstruation. (2017, 2018)

It should be ensured that detainees are offered at least one hour of daily outdoor exercise. The interior and exterior areas of the police detention centre should be equipped for this purpose. (2017)

Suitable measures shall be taken in detention centres to ensure the relevant cooling of all inside rooms. (2020)

The detainees at the (police) detention centres should have more varied employment opportunities. (2017, 2018) Occupational and leisure opportunities in the scope agreed with the NPM should be available to all detainees. (2018, 2020)

Detainees should have the opportunity to purchase (mobile) LED lamps in the police detention centre or the detention centre must be allowed to use them, provided that these do not bother other persons. (2018, 2019)

Contact to the outside

The Federal Ministry of the Interior must ensure that all detainees in police detention centres can receive 30-minute visits at least twice per week. Weekend visits should also be made possible. (2017)

Unless there are certain security concerns or unless prisoners in court custody are involved, visits with detainees at police detention centres should be in the form of table visits. Measures should be taken to ensure that table visits are not disturbed – including by structural conditions. (2017, 2018, 2020)

A dedicated room with a table must be provided for visits by minor relatives in police detention centres. (2020)

Detainees should be permitted physical contact with visitors in the form of non-sexual touching. A separate room with a table should be provided for visits with relatives who are minors. (2017, 2018)

Barrier-free opportunities to make telephone calls must be provided. If required, barrier-free use must be facilitated. Restriction of this right is only permissible under the legal conditions and must be documented. (2018)

The opportunity for detainees to use free-of-charge or cheap video telephony should be set up in police detention centres. (2020)

Educational and occupational opportunities

The detainees shall be provided with occupational opportunities in the scope agreed with the NPM (2020). To this end, it is necessary that the respective competent departments contact persons and clubs in order to obtain offers. (2019)

An adequate supply of functioning (sports) equipment and board games should be provided, and detainees should be allowed to use leisure-time opportunities offered externally. (2017)

Right to family and privacy

Persons detained in cells for multiple inmates should be given the possibility to store their personal belongings in lockable containers in the cell, in order to protect their privacy (2019)

It must be ensured that detainees' private parts are covered when they are outside the cell. (2018)

There must always be sufficient non-tear-resistant alternative clothing to meet demand at all detention locations with security cells or padded cells. (2018) If confiscation of clothing is required, the affected persons must be offered non-tear-resistant alternative clothing immediately. (2018)

Access to information within institutions

Law enforcement officers should not call in the support staff of federal support facilities as interpreters to official acts. If required, professional interpreters must be deployed. (2017)

Repatriation counsellors cannot replace professional interpreters. Repatriation counselling and interpreting services must be provided by different persons. (2014)

Prompt translation into 27 languages of the information for detainees awaiting forced returns in (police) detention centres is necessary. (2014)

All detainees in police detention centres should be granted access to the outside world by providing radios and TV sets in communal rooms and offering (foreign-language) print media. (2017)

Except for detainees in specially secured cells, detained persons should be able to use their own personal radio and TV set in their cells. (2017)

Measures that restrict freedom

Detention at police stations must be seamlessly documented to ensure that the deprivation of liberty is verifiable. Under the Detention Regulation, the reason for placing an inmate in a specially secured cell must be documented in each individual case. To improve the process, a uniform detention book should be used nationwide. (2014, 2015, 2016, 2017, 2018)

A stay in a lockable inmate cell is only voluntary if there is no doubt that the affected person is aware that this stay is voluntary. (2014)

At least an abbreviated version of the Detention Regulation must be hung out in the detention rooms of police stations. (2019)

Detention in police stations shall be fully documented in a verifiable manner. The affected officers should be made aware of how to document detention properly in personal meetings. (2019)

The reason, commencement and end of detention in a single cell and the attendance of a doctor during detention in a specially secured cell must be documented. (2017, 2018)

Persons in detention pending forced return should only be held in the single cells pursuant to the legal provisions in Section 5 and Section 5b of the Detention Regulation (*Anhalteordnung*). (2019)

Persons in detention pending forced return should only be held in the closed detention station of the detention centre in the cases agreed upon with the NPM. (2017)

Detainees at the (police) detention centres must be held in specially secured cells for as short a period as possible, and such detention must be in accordance with the principle of proportionality. (2017)

The duration of any deprivation of liberty should be limited to what is absolutely necessary. Detentions by the police may not be extended because doctors cannot be reached within a reasonable period of time. Therefore, the Federal Ministry of the Interior has to take appropriate organisational measures. (2016)

Padded or rubberised inmate cells in police detention centres should be subject to constant personal surveillance, tiled security cells should be subject to surveillance at least every 15 minutes, and other single cells should be subject to at least hourly surveillance. (2017, 2018)

Hunger-strikers should only be held in isolation on the advice of a doctor and only for legitimate security and health reasons. (2017)

Health care

Non-smoker protection must be complied with in all police stations. Detention rooms may not be used as smoking rooms for staff. (2017)

Medical examinations and treatments of persons in police stations must be carried out alone with the doctor as a matter of principle (2020). Law enforcement officers may only be called in to medical examinations in police custody for safety reasons, and they should not have made the arrest. (2017)

In police stations, the presence of a law enforcement officer during the medical examination and treatment, the name and the reason for the presence of the called in law enforcement officer as well as information on which measures were taken to protect privacy must be documented in the detention log. (2017)

In the case of disrobement during medical examinations in police stations, the law enforcement officer called in must be of the same gender as the detained person. (2017)

In any case, law enforcement officers that are called in for safety reasons in police stations have to remain out of earshot and, if possible, out of sight. (2017)

Insofar as possible, separate examination rooms should be provided for police stations. In any case, technical measures must be taken to guarantee a discreet medical examination. (2017, 2020)

If persons are detained in police stations for longer periods, they must be examined by a doctor for their fitness to undergo detention without unnecessary delay, at the latest within 24 hours upon admission. (2018)

The involvement of a doctor to perform the examination for fitness to undergo detention must be ordered in time at police stations. The order must be verifiably documented. (2018)

A refusal of the examination must be documented by the consulted doctor. (2018)

An interpreter or a bilingual person must be deployed when conducting a medical examination of a non-German-speaking detainee. (2014)

A precise verbal exchange with the person being examined is necessary. An interpreter must be called in, if necessary. (2015)

Information regarding the deployment of an interpreter or a bilingual person must be documented in the detention logs. (2014)

The Federal Ministry of the Interior must ensure that all persons held in detention centres receive an adequate level of curative medical treatment based on state-of-the-art science. (2017, 2018, 2019, 2020)

All police detention centres should establish an overall inter-institutional, digital documentation system for information concerning the curative-medical care of detainees as soon as possible. (2019, 2020)

Patient documentation in the outpatient section of the detention centre should be maintained in electronic form and medical diagnoses should be in accordance with the ICD-10 classification system. (2019)

The existing spatial and staffing concept in the outpatient area of the detention centre should be adapted. Patient documentation in the outpatient area should be maintained in electronic form. (2017, 2018)

Medical examinations must be verifiably documented without any contradictions. (2013)

Every inmate must be provided with the medical history sheet in his or her native language regardless of any knowledge of German. (2014)

The initial medical examination of prisoners held in specially secured cells in police detention centres must be conducted as soon as possible and every further examination in any event within twelve hours. (2017, 2018)

Particular sensitivity should be used in determining whether a person is unfit to undergo detention due to mental impairment. If there is a clear indication of mental impairment on the medical history sheet or in the detention log, a psychiatrist must be called in. (2015)

Before ending detention, police doctors should inform persons found to be unfit to undergo detention of any additional medical measures and possibilities, in order to recommend any follow-up care to the person released. (2015)

The medical and nursing staff of the detention centre must be able to access psychiatric expertise at any time – irrespective of the weekday and the time. (2015, 2017, 2018, 2019)

The Federal Ministry of the Interior should organise measures that enable psychiatric counselling and treatment via video consultation. (2019, 2020)

Medications may only be administered by trained personnel under a doctor's supervision. (2013)

It is necessary to adopt a guideline setting out criteria for the provision of adequate health care to inebriated, substance-impaired or mentally ill persons and persons who are a danger to themselves. (2014, 2015)

If a detained person is suspected of being suicide-prone, this should be documented. Information should be provided to decision-makers. An assessment should be quickly made by a (specialised) doctor. (2017)

In the event that there is a risk of self-harm, where medically necessary, transfer to specialist clinics should be preferred to accommodation in specially secured cells. (2015)

If a danger of suicide is identified, organisational measures should be taken to prevent access by the detained person to dangerous objects. (2017)

After a suicide (attempt), life-saving emergency measures be initiated and the rest of the rescue chain activated. Crisis intervention measures should be carried out quickly with fellow prisoners. (2017)

After a suicide or thwarted suicide a quick reflection and analysis of the incident must be carried out within the facility, to which law enforcement officers as well as the medical staff should be invited. (2017)

Organisational guidelines should be issued to ensure that, after every suicide or (thwarted) suicide attempt, a standardised case analysis is made to optimise prevention work. (2017, 2018, 2019)

Hunger-strikers in detention pending forced return should only be placed in isolation if the necessary medical treatment cannot be provided at the open detention station. (2017)

Upon request, detainees must be enabled to have a visit from a spiritual counsellor. Any restriction of the right to regular spiritual counselling must be proportionate to the reason for the restriction. (2016)

Personal

The staffing level in police stations should correspond with the planned target. Understaffing causes stress and overload, both of which can have a negative effect on the detained persons. (2016, 2017, 2018, 2019, 2020)

In view of possible official acts which affect women, such as arrests and detention, there should be a balance between female and male law enforcement officers in police stations. The proportion of women in law enforcement should be increased. (2017, 2018, 2019)

Individual supervision and counselling from outside should be actively offered to law enforcement officers. Superior officers should promote the acceptance of supervision and counselling by staff and a positive attitude to this. Law enforcement officers should be encouraged to make regular use of the provided supervision and counselling services. (2015, 2017, 2018)

All law enforcement officers should be informed about the work of the NPM within the framework of the OPCAT mandate. (2019)

The actual number of law enforcement officers working at the police stations should be equal to the planned number. Understaffing must be avoided to counter stress and overload. (2019, 2020)

The law enforcement officers working in police detention centres have to use the formal form of address ("*Sie*") when speaking to detainees. They have to maintain a proper conversational tone with detainees and comply with the requirements of the guidelines. (2016)

All police officers should be trained to recognise suicidal behaviour and risk factors in prisoners at an early stage and take suicide prevention measures. (2017, 2018)

The nursing staff in the detention centre should be trained in the areas of de-escalation and suicide prevention. (2018)

The use of supervision should be promoted and fears and reservations about it should be avoided. Superiors, in particular, should encourage the staff in their station to avail of supervision. (2019, 2020). A positive picture of supervision should be imparted already during basic police training. (2020)

(FORCED) RETURNS

Guidelines for voluntary returns must be prepared to support and assist persons who wish to voluntarily return to their home countries. (2015)

Requests for voluntary departure should always be given priority so that coercive measures can be avoided. (2017)

Information on the rejection of a voluntary exit should reach those affected before a forced return. (2020)

The interests in carrying out a (forced) return – particularly if coercion is used – and the resulting risks must be in a reasonable relationship to each other. If necessary, the official act should be suspended, interrupted and/or deferred. (2015)

In every stage of the action, it should be determined whether human rights aspects have arisen that make continuation of the procedure seem inappropriate. (2015)

Good conduct of interviews with due regard for the situation should be standardised. (2014)

A psychiatric report and/or psychological preparation should be taken into account as it can prevent difficult situations. (2014)

Professional interpreters should be available during (forced) returns. (2014, 2015)

The functions of the return counsellor and those of the professional interpreter must be strictly separated during forced returns. (2016)

There shall be a clear distinction between legal advice and return advice. The different roles shall be clearly recognisable for those affected. (2020) Police officers must ensure that they take official actions themselves and that they are not taken by interpreters. (2016)

If the medical history sheet on health matters is not understandable, a professional interpreter must be called in to clarify open questions. (2016)

The relevant health-related information shall be included in an assessment of the capability of a person to fly. To this end, there shall be a flow of information between the authorities accordingly. (2020)

If a person is fearful of flying, there should be a medical report, including the prescribed medicines. (2014)

Families should not be separated during (forced) returns even if one of the parents is not fit for travel or cannot be found. If one of the parents goes into hiding in order to evade the official act, the authorities should first wait and exhaust all possibilities of finding all of the members of the family. (2014, 2015, 2017)

Additional female officers should be included when deporting families with children, as this may help create an atmosphere of trust with the women and children. (2014)

Special consideration should be given to the best interest of children, especially small children, during (forced) returns. Flights should be scheduled at times that enable children to maintain their ordinary sleeping rhythm. (2015, 2017)

It should not be allowed to return or deport children without the parent who is their legal guardian. (2017)

During forced returns, law enforcement officers should conceal their firearms. This applies if children are involved, in particular. (2018)

In the interest of protecting children, the police should not interrogate a person awaiting forced return within earshot of them. (2018)

In the case of pregnant women, (forced) return procedures should not take place in the period between eight weeks prior to the expected term and eight weeks after childbirth. (2017)

A sufficient amount of baby food must be made available. Mothers must be able to breastfeed their baby without disruptions. (2014)

Release after termination of detention pending forced return and – if intended – placement with a support organisation should be made without delay. (2014)

ACTS OF DIRECT ADMINISTRATIVE POWER AND COERCIVE MEASURES

Only timely notification of the NPM regarding upcoming operations enables observation by the commissions and compliance with the NPM's legal mandate. It is essential that the Federal Ministry of the Interior and/or the respective Police Departments of the *Laender* raise awareness among law enforcement officers regarding the tasks and powers of the NPM and the decree issued by the Federal Ministry of the Interior, which regulates the notification of the NPM concerning police operations. (2015, 2017, 2019)

The difference between voluntarily accompanying a police officer and an arrest must be carefully explained to the affected person. The affected person must be aware of the "voluntary" nature of this action. (2016)

Demonstrations: Before surveillance measures that are subject to strict legal regulations (such as audio-visual recordings) are used at demonstrations, the statutory norm on which this measure is based must be unambiguous and the legal conditions for its use must be complied with. (2019)

Demonstrations: The successful "3-D strategy" (Dialogue – De-escalation – Drastic Measures) should be retained and further developed. (2014, 2015)

Demonstrations: Persons who are not expressly exempted should be consistently banned from exclusion zones. (2018)

Demonstrations: The police should have appropriate technical equipment to make understandable announcements to demonstrators which should give them an opportunity to comply with police orders. (2016, 2017)

Demonstrations: The use of tactical communication at demonstrations should be promoted and expanded. The authority and police bodies shall be trained and their awareness raised accordingly. (2019)

Demonstrations: Identifications must be processed as quickly as possible. An adequate number of computers are necessary for this. (2014)

Demonstrations: The police must carefully weigh whether encirclement is necessary, justified and proportional. Demonstrators should be given the opportunity to leave the area in due time. (2016)

Demonstrations: The encirclement of demonstrators shall be executed in locations that are safe for the encircled persons and other uninvolved persons. (2019)

Demonstrations: When the police encircle a crowd, the persons in the crowd must be given clearly audible information. (2014)

Demonstrations: Encirclement should be for as short a time as possible. (2014)

The police force shall examine at regular intervals whether and for how long encirclement should be maintained at a demonstration. (2019)

Targeted campaigns: Persons whose mobile phones are confiscated as bail in targeted campaigns should, if needed, be returned their mobile phones so that they can make calls or, at least, read the phone numbers. (2019)

Targeted campaigns: If possible, interpreters should be called upon during targeted campaigns if the foreign language that is needed is known in advance. (2018)

Compensatory measures in border areas: The initial questioning of traumatised persons, who are often picked up during compensatory measures (asylum seekers, victims of human trafficking) must be done in a professional way. (2014)

Compensatory measures in border areas: Quick clarification regarding the reason for and the sequence of the official act is absolutely necessary to avoid uncertainty. (2014)

Compensatory measures in border areas: Interpreters must always be available. (2014)

Compensatory measures in border areas: Transportation for refugees must be arranged in a timely manner to avoid stays in the train station's main hall, and thus a "public spectacle". (2015)

Compensatory measures in border areas: Heated rooms at major train stations should be set up for compensatory monitoring and control activities. (2015)

Compensatory measures in border areas: The special transit area at the Schwechat Airport is a "place of deprivation of liberty" within the meaning of the OPCAT. Therefore, all human rights principles that apply to places of deprivation of liberty must also apply to the rooms in the special transit area. (2016)

Human trafficking: Interpreters should be called upon or provision made for video interpreting during police operations to combat human trafficking. Potential inhibitions on the part of victims to confide in law enforcement officers can thus be reduced. (2018)

Local controls: Female officers should always be part of the operations team during monitoring and control activities with respect to prostitution and red light districts. (2015, 2017, 2018)

Local controls: The persons in charge of the operations and law enforcement officers must be sensitised regarding the identification of victims of human trafficking. (2015)

Prostitution in residential flat: Undercover police investigations in the area of prostitution in residential flats are only permissible if there is a pertinent legal basis. (2019)

Accommodation within the basic reception conditions: In the course of inspections regarding basic reception conditions, all police officers must be respectful and polite, particularly when entering apartments, which are very private areas. Furthermore, they should wear civilian clothes. (2016)

Football games: At high-risk football games, the executive should make use of a search warrant in order to prevent fans from bringing pyrotechnics into the stadium. (2020)

Football games: Banners with questionable content should be critically scrutinised by the executive when considering the right to the freedom of speech and be examined with respect to a possible breach of decency. (2020)