Recommendations of the Austrian National Preventive Mechanism (2012 – 2023)

RETIREMENT AND NURSING HOMES

Infrastructural fixtures and fittings

Pursuant to the UN Convention on the Rights of Persons with Disabilities (UN CRPD), it shall be ensured that retirement and nursing homes as well as their surroundings are barrier-free and their location facilitates participation in social life. (2022)

Supervisory authorities are obliged to observe and guarantee the criteria of barrier-free accessibility and an inclusive location within the framework of the approval procedure of a retirement and nursing home. (2022)

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

Living conditions

Principle 18 of the European Pillar of Social Rights shall also be implemented in Austria. It guarantees every person the right to non-discriminatory affordable and high-quality long-term care in close proximity to their place of residence. (2022)

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)

Additional structural measures are required for sustainably financed provisions for very old persons and those in need of care based on a harmonised understanding of quality. (2022)

The Federal Government and the *Laender* are called upon to agree on harmonised minimum quality criteria in (residential) care as well as official supervisory regulations within the framework of the financial equalisation negotiations. (2022)

The supervisory authorities of the *Laender* shall guarantee adequate and humane care in retirement and nursing homes through monitoring and resulting notification of deficits. This includes the implementation of care processes and care planning for the purpose of effectively and preventively minimising frequently occurring risks such as malnourishment, falls, pain and bedsores, as a minimum. (2022)

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)

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

The placement of younger persons in need of care in retirement and nursing homes shall be stopped. Sufficient suitable forms of accommodation and care structures for these groups of persons shall be provided by the *Laender*. (2022)

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; this includes residents with mobility impairments. (2015)

The elderly and chronically ill need special attention during periods of hot weather; in particular if rooms with little or no air conditioning are scarcely available. The guideline for medical and care facilities, developed by the municipal department MA 15 in Vienna, includes instructions for heat prevention action plans and should be considered 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)

There should be open and transparent communication with the residents, their families, the nursing staff and doctors so that the needs and wishes of the residents with regard to palliative and hospice-related measures can be taken into account. (2023)

Regular evaluations of palliative and hospice care must be carried out to ensure that the needs of all residents are being met. (2023)

From a human rights perspective, there is an urgent need for a nationwide expansion of hospice and palliative care services. The supervisory authorities for the retirement and nursing homes of the *Laender* are responsible. They must point out deficits and press for their rectification. (2023)

At the end of life, it is important to determine whether loss of appetite and reduced oral food and fluid intake are solely related to the dying process or occur due to another, reversible cause. (2023)

The voluntary, sometimes even conscious stop of food intake close to death should be recognised as an expression of autonomy and is part of the natural dying process. (2023)

Residents who express the wish to die and wish to obtain information about assisted suicide or take steps to realise their wish must not suffer any restriction of their contractual rights or other disadvantages in care facilities as a result. (2023)

Existing assisted suicide decrees must be included in the care plans of retirement and nursing homes as part of palliative care. (2023)

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 as well. (2017)

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

Complaints should be followed up on without delay. Misunderstandings and unfulfilled wishes must be clarified, a lack of information should be 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 approach 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)

Measures such as locking or the non-standard programming of lifts that prevent persons from leaving a dementia ward shall – regardless of the permissibility of their content – as a measure that restricts freedom be reported to the representative(s) of the residents. (2022)

The operators of homes are called upon to try out and use alternative nursing and care measures (regular walks, designing "trails", and installation of orientation systems) before applying measures that restrict freedom. (2022)

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

The development and implementation of a violence protection concept, further education in the area of de-escalation and protection against violence as well as the securing of an adequate personnel situation including establishing supervision and ethical case meetings are basic measures in the prevention of violent incidents. (2021)

Violent incidents and aggressive actions shall be fully documented, clarified and followed up on. (2021)

The definition of internal processes should clarify how to handle reports of alleged abuse and when care givers have fulfilled their legal notification obligation. (2021)

Health care

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, 2023)

Restoring or maintaining the quality of life of seriously ill and dying people must be at the centre of all nursing interventions. (2023)

Structures must be created in care facilities to ensure comprehensive, high-quality pain therapy and palliative medical care. (2023)

To preserve quality of life and human dignity until the end of life, a hospice culture and the project Hospice and Palliative Care in Retirement and Nursing Homes (HPCRNH) should be implemented and sustainably ensured throughout Austria. (2023)

Comprehensive implementation and equal access to hospice and palliative care in nursing homes must be guaranteed. Care must be sensitive to personal and cultural values, beliefs and habits of the patient to enable dying in dignified conditions. (2023)

Care dialogues should be established in all facilities. Residents and their trusted persons should receive support when 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) Authorised doctors must be available for this purpose in order to ensure respectful and dignified treatment. (2023)

Staffing and spatial conditions as well as the accessibility of doctors must be provided in accordance with the wishes and needs of terminally ill residents. This is to avoid stressful transports and stays in hospitals at the end of life. (2023)

Funding for the *Vorsorgedialog®* tool must be secured. (2023)

The prevention of unnecessary transports and stays in hospitals requires planning with foresight, as provided with the *Vorsorgedialog®*. Preventive planning of care should take place in order to act according to the wishes of the residents. (2023)

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)

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)

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, 2023)

The authorisation to have emergency drug depots independent of the individual should also be extended to patients with acute or chronic unbearable pain who are cared for by palliative care physicians in mobile settings. (2023)

Depending on the type and cause of the pain, non-pharmacological pain therapy measures should be used solely or in combination with drug therapy. In any case, individual preferences should also be taken into account. (2023)

A routine screening should be carried out when moving into the home, thereafter at least every four weeks. A screening must be done in the event of a change in medical status, as well as before, during and after a pain intervention (pharmacological and/or non-pharmacological). (2023)

If self-reporting of pain is not possible, it must be determined whether residents have an illness that could potentially trigger pain. More specifically, it must be assessed whether typical pain-related behaviour occurs. (2023)

The use of tailored assessment tools as a means to systematically record pain should be standard in all facilities. (2023)

The most suitable scales for the respective group must be used to ensure that pain is adequately detected; this applies especially to people with dementia. (2023)

Recognising pain requires reliable and resident-adapted recording methods. (2023)

Gender is an important variable in pain therapy with analgesics. Differences in effectiveness between women and men require special attention with regard to selection, dosage and possible undesirable side effects and interactions. (2023)

In the case of chronic pain or long-term medication, pain should be recorded at least once a week. (2023)

A holistic, inter-professional and structured approach to symptom management is essential to enable a high level of quality of life and autonomy. (2023)

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 always 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 as well. (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

Specialised expertise is indispensable and dependent on supply. The implementation of complex care standards is inconceivable without adequately qualified and motivated personnel. (2022)

The training campaign in the 2022 care reform package is therefore to be commended, but a quality programme should also be initiated. (2022)

Human resources shall be significantly increased in order to promote the quality of life and maintain the physical and mental functions of the residents.(2021)

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)

Working time, volume of work and remuneration for nursing staff shall be improved in order to improve job satisfaction and counter the care crisis. (2021)

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 situation. 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)

Due to the important role of nursing staff in pain management, regular training (further education and advanced training) is absolutely essential. It should be widely promoted. (2023)

Comprehensive and regular training is needed for all professional groups of all hierarchical levels who work in long-term care. It ensures that all staff are familiar with the principles and needs of palliative and hospice care. (2023)

All professional groups that are in contact with the residents should be encouraged to cooperate. (2023)

Terminally ill patients are also holders of non-negotiable fundamental rights. From those rights derives the obligation to protect and fulfil the provision of professional palliative care at the end of life. (2023)

The establishment of palliative care officers is important for the implementation of the right to die in dignity. Additionally, the cooperation and support from other professions such as social work, pastoral work and psychology and the involvement of relatives and caretakers are also necessary for the implementation. (2023)

To ensure continuous, adequate care in the last phase of life, night shift staffing must also be sufficient. Therefore, it must be evaluated and adapted. (2023)

Training for staff should be implemented (e.g. information and education about palliative and hospice services; regular interdisciplinary conferences on the topic of „dying/suicide wishes and advance directives"). (2023)

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 pandemic shall not be used as justification for permanent understaffing or extended working time in care facilities. Otherwise, the staff who are already overloaded will burn out even more. (2021)

Members of the health professions who look after seriously or chronically ill or very elderly persons, but also employees from social care professions and home economics working in care facilities are bound by a professional responsibility in relation to their vaccination decision, which shall be assumed for protecting those entrusted to their care. (2021)

The same applies to institutions and facilities, which are responsible for ensuring that professionally cared for persons are not exposed to avoidable health risks. (2021)

In addition to the implementation of the "2G plus rule" for the visitors to retirement and nursing homes, the availability of an easily accessible, free PCR test offer shall be ensured throughout Austria. (2021)

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

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)

Sufficient space is essential to ensure a positive treatment process for patients and to reduce the workload for staff. (2023)

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)

Multi-bed rooms shall be replaced by single and twin rooms in order to ensure adequate care in a modern therapeutic setting. (2021)

Care shall be taken to ensure that the patients have sufficient opportunities to withdraw. (2021)

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

When designing the rooms, a de-escalating atmosphere should be promoted through the use of a suitable lighting concept and subdued colours. (2021)

As orientation aids for persons with impairments, coloured and tactile guidance systems with clearly recognisable symbols as well as handrails and barrier-free information tables are required to avoid dangerous situations. (2021)

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)

Unhindered regular access to the outside shall be guaranteed for the patients, whereby small and cramped terraces do not suffice. (2021)

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 geronto-psychiatric patients must be increased in order to avoid hospital stays that are no longer medically indicated. (2015, 2017, 2023)

The NPM strongly recommends improving non-hospitalized psychiatric care. Comprehensive coordination of health and care services and networking of all decision-makers involved is required. (2023)

Medical and psychiatric care outside hospitals should be improved to relieve the burden on the in-patient sector. Comprehensive coordination of healthcare services and networking of the decision-makers involved are necessary. (2023)

People with self-care deficits or chronic mental health problems must be involved in the planning, management and implementation of care services. Their preferences must be taken into account appropriately. (2023)

At the same time, structures and resources must be created or changed in order to ensure adequate care for younger people with self-care deficits or mental illnesses, who dependent on care and to avoid inappropriate placements (e.g. in retirement and nursing homes). (2023)

To support access to education, employment, housing and welfare benefits for persons with mental illnesses and psychosocial disabilities, changes are needed in the social sector. (2023)

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)

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, 2022)

The patients should be able to go outside as independently as possible. (2022)

Special dementia gardens should be created for geronto-psychiatric patients. (2022)

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)

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)

Care for adolescents together with adults contradicts the separation rule emphasised in case law. (2021) 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)

The care and support of children with mental disabilities must have priority. All available resources must be utilised to eliminate discrimination and enable inclusion. (2023)

In order to safeguard the welfare of children, it must be ensured that contact with caregivers is maintained even in psychiatric crises and that children and adolescents in out-of-home care can return to their usual residential groups after a psychiatric care in a hospital. (2023)

It is essential that minors with mental disabilities are heard in all proceedings that affect them and that their opinions are respected in accordance with their development. (2023)

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

The continued deficits in applying measures that restrict freedom shall be removed. (2022)

After a visit, the CPT recommended that guidelines to support the staff should explain in detail the essential conditions for applying freedom-restricting measures. (2022)

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)

In the documentation of measures, which restrict freedom, the reason and type, date and time of the start of the measure, any interruptions (e.g. to go to the toilet), and the end time of the measure, as well as the mitigating measures attempted before the restraint (e.g. distraction by conversations, two split bed rails, low floor beds, etc.) must be documented. (2023)

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)

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)

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)

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

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)

The standards developed by the CPT should be observed when applying restraints. (2022)

In order to protect privacy and intimacy, restraints should be avoided in the presence of other people. (2023)

Restraints shall be applied in a special room for that purpose without exception. (2021) This room should be safe, have appropriate lighting and heating and have a calming atmosphere. It should also be possible to see the time. (2022)

During measures that restrict freedom, patients shall be provided with a clock because the loss of a sense of time for mentally ill persons with respect to the duration of a measure that restricts freedom can be perceived as very stressful. (2021)

Restrained patients should not be exposed to the gaze of others. (2022) Restraints in the hallway or in the presence of fellow patients are serious violations of the patient's personal and private space, and shall not be applied. (2021)

Placements and freedom-restricting measures shall also be reported immediately at weekends and public holidays. To simplify the reporting process, the medical facilities should be integrated into the electronic legal communication system with the courts. (2022)

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)

Restraining material shall be removed from the beds immediately after the end of a measure that restricts freedom. (2021)

1:1 care is both preventive and of key importance for de-escalation during application of a measure that restricts freedom. Not providing this cannot be justified with a lack of human resources. (2021)

Follow-up meetings after measures that restrict freedom shall be offered to the patients in a structured form, which requires guidelines and the emphatic motivation of those affected. (2021) Proactive debriefings are an essential tool for processing the experience of measures, which restrict freedom. (2023)

The proper application of measures that restrict freedom shall be documented in a transparent manner. (2021)

Confinement in locked rooms is perceived by those affected as less stressful compared to mechanical restraints and should thus be used more frequently in psychiatric departments. (2021)

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. (2017)

Medication-based restrictions of freedom shall also be reported completely and without delay in psychiatric hospitals and recorded in dedicated registers for measures that restrict freedom. (2022)

A corresponding obligation to notify should be explicitly included in guidelines for freedom-restricting measures. (2022)

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)

The implementation of standardised de-escalation concepts in all institutions (and, if need be, specific to the institution) is recommended. (2021)

Training and refresher courses in de-escalating measures should be mandatory for all of the staff, at least for those professional groups that have patient contact every day, in order to provide targeted violence prevention and avoid the application of measures that restrict freedom. (2021)

The documentation of aggressive events in the form of structured incident documentation (e.g. EvA logs) is recommended. (2021)

In addition, there should be a regular statistical evaluation of the documented aggressive events in order to optimise the evaluation options and quickly implement improvement measures. (2021)

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. 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)

The range of non-hospitalised care facilities for persons with psychiatric illnesses, and geronto-psychiatric illnesses in particular, should be further expanded. (2022)

Parallel to this, additional measures should be planned in order to make the best possible use of existing resources and to adapt them to the current needs of the respective target groups. (2022) A defined, close, interdisciplinary and inter-professional cooperation is necessary for the prevention, diagnostics and therapy of delirium in medical facilities. (2018)

Patients with geriatric psychiatric care needs should not be placed in general psychiatric wards in order to avoid care deficits. (2023)

In order to avoid inappropriate placements of patients with geriatric psychiatric care needs, it is necessary to expand bed capacities. (2023)

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 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)

Treatment agreements are an important instrument in shortening or avoiding repeated in-patient admissions. They should be concluded with patients using a template. (2021)

The NPM upholds its recommendation to further expand the treatment capacity for child and adolescent psychiatry in the in-patient and outpatient area. (2022)

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)

Personnel

Sufficient medical and nursing care staff shall be made available to guarantee an adequate medical care of the patients. (2019) Suitable measures shall be undertaken to accelerate the recruitment of medical and nursing staff. (2022, 2023)

Concepts to reduce the workload of staff must be implemented. (2023)

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

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)

Sufficient staff must be recruited in order to ensure guards that sit close by. (2023)

Regular staff training is required to ensure compliance with human rights standards for measures, which restrict freedom. (2023)

A network of psychiatric support structures that is as stable and supportive as possible after crisis situations must be established and expanded nationwide. (2023)

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)

The care staff shall be increased for night shifts in particular in order to guarantee the consistent adequate care of patients. (2021)

In addition to the availability of sufficient staff in the care area, a comprehensive therapeutic range of services in a multi- and inter-professional team is essential for the qualitative care of patients. (2021)

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)

A legislative reform of the Hospitalisation of Mentally Ill Persons Act including human-rights-related analysis of the treatment of mentally ill persons who have to be admitted to medical facilities and departments for psychiatry as well as for child and adolescent psychiatry is necessary and requires additional resources. (2021)

In the area of third-level educated care staff, the opportunity to specialise (in child and youth care and in psychiatric health and nursing care) is recommended already within the framework of basic training in order to set relevant priorities as early as possible. (2021)

For the expansion of specialist medical capacities in the special subject of child and adolescent psychiatry, the NPM recommends an additional enhancement of the current training ratio. (2021)

The treatment capacities for child and adolescent psychiatry shall be extended in the in-patient and in the out-patient area in order to guarantee target-group-specific care. (2021)

The special training in psychiatric health and nursing care should be made easier through variable extra occupational training options in order to guarantee sufficient human resources. (2021)

Intensive recruitment efforts in particular outside of the major urban areas and, in general, to make the conditions more attractive are required to reduce the shortage of medical experts. (2021)

In the area of child and adolescent psychiatry, an increase in the training ratio is of key importance to facilitate the expansion of in-patient capacity. (2021)

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 outpatient 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)

In addition 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)

Supervision as a recognised instrument for mental hygiene should be actively provided in a standardized form in all psychiatric hospitals and departments. (2022)

Employees should be informed about the benefits of supervision in a suitable way. (2022)

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)

De-escalation training that has been cancelled due to the pandemic should be made up for quickly and be mandatory for staff. (2023)

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

As operators of child and youth welfare facilities and guarantors of a safe, non-violent, supportive environment for all children in out-of-home care, the *Laender* are called on to create the conditions for providing the best possible social, emotional, mental and intellectual support and de facto guaranteeing access to health care including psychosocial services and therapy programmes within the full residential care framework. (2021)

Children and adolescents in out-of-home care shall be fully protected from violence in every form. (2021)

The life of many minors is characterised by the breakup of relationships, violence, abuse, social deprivation, neglect and traumatisation. 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)

All the Laender should start a process to develop protection concepts. (2023)

Institutions and facilities must guarantee the right to a safe place. (2023)

Symptom groups that are pedagogically incompatible with each other must not be placed in the same group. (2023)

After a police action, adequate care must be provided for the minors who have been removed and the incidents must be thoroughly processed. (2023)

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)

A needs assessment of the number of crisis places should first be conducted in all *Laender*, and the expansion thereof budgeted quickly. (2021)

Additional non-residential de-escalation options shall be created, as low threshold support programmes for children and adolescents in mental crises were already lacking in Austria before the pandemic. (2021)

Special crisis centres for children and adolescents with psychiatric diagnoses need to be set up. (2015) A sufficient number of socio-therapeutic and socio-psychiatric places and small groups should be available throughout Austria. The *Laender* must expand their services in line with demand. (2023)

In-patient psychiatric care must be guaranteed for all children in full residential care. (2023)

Outpatient therapy services should be available for minors in out-of-home care without waiting times. (2023)

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, 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. (2020, 2021) The maximum age for this type of support should be raised throughout Austria. (2019, 2020, 2021) There should be the possibility of receiving support up to the age of 24. (2021)

Support for young adults must be expanded in Vienna, Lower Austria and Burgenland. (2019)

Concepts for organising a supported transition to an autonomous life as well as follow-up support programmes from child and youth welfare are necessary. (2021)

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)

It is necessary to increase in daily rates for the care of unaccompanied minor refugees. (2023)

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)

Concepts are needed to meet the fluctuating demands for childcare places. (2023)

Concepts to mitigate staff shortages must be developed and implemented. (2023)

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)

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)

Performance-related daily rates have to be introduced and adjusted on a regular basis. (2016)

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

A nation-wide master plan for the extensive provision of offers for language learning, in particular for minor refugees is requested. (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)

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 requires for the permissible restriction of freedom, and they should actively seek cooperation with the representatives of the residents. (2017)

Measures to prevent restrictions on the freedom of children and adolescents must be taken consistently. (2023)

Restrictions on freedom should be used as a last resort in the event of escalation. (2023)

Reporting and documentation obligations according to the Nursing and Residential Homes Residence Act must be observed. (2023)

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 of or restrict freedom. (2018)

Security measures

Every facility should have sufficient measures and guidelines for the prevention of and dealing with aggressive behaviour and for avoiding escalation. (2022)

In every facility, there should be a facility-based protection concept as well as customised de-escalation and crisis intervention plans that are regularly audited and adapted. (2022)

The care staff should be optimally trained in order to also be able to implement existing concepts. Training in violence prevention, de-escalation and conflict management should be mandatory. (2022)

Sufficient opportunities for reflection should be provided so that excessively stressful situations can subsequently be worked through. (2022)

In the interests of the affected children and adolescents, calling the police should be limited to dangerous situations as an emergency measure. If a barring order is unavoidable, adequate support measures shall be set in motion. (2022)

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)

The earlier, the more unprotected and the longer children are subjected to risks inherent in the experience of violence, the stronger are the impairments they suffer for the rest of their lives. The supply of socio-therapeutic and socio-psychiatric residential places within the child and youth welfare framework shall thus be urgently increased. (2021)

Prompt access to psychosocial and psychotherapeutic non-residential care shall be guaranteed for all minors. (2021)

To this end, permanent and evidence-based psychosocial places in particular with access to education are required, as only in this way can all children and adolescents be reached and risks to their welfare detected. (2021)

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)

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)

Measures shall be urgently taken to counter the threatening care crisis in residential child and youth welfare facilities. The options stipulated in the collective bargaining agreement of the Austrian social and health care companies shall be fully utilised. (2021)

Targeted measures against staff turnover must be taken in good time. (2023)

Staffing problems must not lead to childcare situations that are detrimental to children's welfare. (2023)

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

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

Crisis centres should have triple staffing during the day and double staffing at night. (2023)

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)

The qualification of the staff shall correspond to the specific requirements of the shared accommodations and guarantee the implementation of children's rights. (2020) This should be determined through structured application and recruitment procedures. (2022)

Further training should be initiated immediately if the qualifications are insufficient. (2022)

The facilities should not limit themselves only to meetings with the employees and reflection meetings to verify the personal suitability of the specialists. (2022)

Management should be present and have sufficient capacity to establish a staff selection and development process based on children's rights, as well as transparent, appreciative and participation-based leadership and team structures. They should also always continue to observe the professionally substantiated cooperation and reflection of pedagogical processes. (2022)

If the situation in the group changes giving rise to different needs, supplementary training shall be provided as quickly as possible. (2022)

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

Further education for those professional groups that are not trained in social pedagogy should be mandatory in order to close associated knowledge gaps. (2022)

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)

More training positions for all social professions, and for social pedagogues in particular, should be created nationwide, and training subsidies granted. Furthermore, there shall be measures to ensure a living wage for lateral entrants based on the model from the care area. (2022)

Image campaigns should be used to try to achieve more appreciation for residential care work. (2022)

Persons without training in a socio-pedagogical or psychosocial profession should only be allowed to work in child and youth welfare facilities if they have completed a third of a part-time socio-pedagogical training course outside work. (2022)

Untrained personnel should not provide services on their own. (2023) Persons in training should have successfully completed at least two-thirds of their course before they are allowed to work alone. (2022)

It is recommended to introduce a mandatory induction-training phase lasting one month in all facilities, during which time new employees do not work alone. Exceptions should only be allowed for new team members who have previously completed an internship in the facility. (2022)

A mandatory mentoring system should be used and a checklist worked through during the induction-training phase. In general, written standards should be available in every facility that clearly define both the content of the induction phase and the targets to be achieved. (2022)

The induction-training phase should be extended if necessary. (2022)

In order to prevent work overload at the start of their career, induction-training phases are not allowed to be shortened even if there is a staff shortage. (2022)

It is recommended to set up paid on-call duty in all facilities. (2022)

Stand-in caregivers who are known to the children, adolescents and the team should be deployed. (2022)

The implementation of a mandatory further training and continuing education programme in all facilities is recommended. This should contain basic training in the areas of trauma pedagogy, de-escalation, new authority and attachment. (2022)

The training programme shall be oriented to the needs of the group to be cared for, that is, to the needs of the minors living there and not only the interests of the employees. (2022)

The training that has not been able to take place since 2020 shall be held in the near future. (2022)

The topic of "working with parents" should be included in mandatory training for all employees in a facility. (2022)

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)

A non-violent attitude and communication of all experts involved in the out-of-home process is the central condition for safeguarding the children's welfare. Facility-specific protection concepts shall be developed with the staff and the minors. (2021)

The staff shall be given the best possible training in order to be able to implement such concepts in the team. The *Laender* as operators of child and youth welfare facilities shall make the necessary resources available. (2021)

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. (2018) Additional training of the staff in the Nursing and Residential Homes Residence Act is necessary in many facilities. (2019) Information deficits on the application of the Nursing and Residential Homes Residence Act on the part of the pedagogical staff shall be removed. (2021)

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

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

It is recommended to set up relevant measures (training, workshops, etc.) in every facility to sufficiently familiarise the staff with the content and objectives of the FICE quality standards. It is also recommended to appoint one person in every facility who is responsible for the implementation of and compliance with the standards. (2022)

The working conditions in residential child and youth welfare services shall be improved. In particular, higher wage agreements and financial incentives such as paying for employees' travel expenses or the provision of staff apartments, etc. should be implemented. An increase in the staffing ratio would enable the deployment of stand-in and on-call services and the consistent manning of shifts with double the number of staff. The working time regulations should be restructured through at least partial crediting of nights spent away from home to the weekly hours of work. (2022)

The management shall have sufficient time to be physically present in the residential groups on a frequent basis and support the team in particularly challenging care phases. (2022)

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)

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

Scientifically-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)

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)

Cooperation with the representatives of the residents shall be actively sought if there is a need for training. (2021)

Notifications shall be made without delay. (2021)

Forms shall be filled completely. (2021)

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

Individual and team supervision as well as team meetings should not be interrupted for long periods but should take place regularly while complying with the COVID-19 protective measures. (2022)

Individual supervision as an important reflection process for new employees should also be facilitated in all facilities as early as the induction training phase. (2022)

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)

The Federal Ministry of Health should adapt recommendations to health authorities in light of the primary interests of the children's welfare particularly within the framework of infection prevention, and facilitate individual and/or facility-specific support measures in the event of self-isolation. (2021)

The self-isolation of minors living in facilities shall be considerately organised such that their needs are adequately accommodated. Periods outside in the fresh air observing protective measures (FFP2 masks, minimum distance) shall be guaranteed, provided there can be no contact to other persons. (2021)

1:1 care shall be provided to infants who have to spend quarantine predominantly in single rooms. For older minors, one care contact person at least shall help with structuring the day and contact the minors regularly. (2021)

Staffing ratios shall not be reduced during a pandemic. Rather, incentives and measures shall be put in place to deploy additional staff and to guarantee the necessary time for recuperation. (2021)

The public sector shall bear the additional cost caused by the pandemic in order to ensure the necessary quality of care. (2021)

INSTITUTIONS FOR PERSONS WITH DISABILITIES

Infrastructural fixtures and fittings

Municipalities, the *Laender* and the federal government are called upon to create a barrier-free environment. (2023)

Comprehensive accessibility for persons with disabilities must be established in all facilities. (2023) 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

Institutions and facilities should always design and structure their work according to the following principle: „The realisation of the wishes and satisfaction of the needs of clients has top priority and is the basis for all decisions. Refusals should be justified and documented." (2023)

Regardless of the type of disability, no group must be excluded from co-determination or self-determination. (2023)

Self-determination should be given a particularly high priority in the living space of those affected in terms of night-time rest, meal times and the like. Institutional constraints should be reduced to a minimum – as is also the case with living arrangements outside of institutions. (2023)

The definition of indicators, sufficient financial resources as well as a regular evaluation will be essential factors for the success of the NAP on Disability 2022–2030. (2021)

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)

Transparent financial management should be a prerequisite for receiving state funding; non-profit limited liability companies are obliged to use double-entry bookkeeping and to prepare a balance sheet. (2019)

Outdated structures that hinder integration in the community and create special worlds for persons with disabilities should not be established using public funds. (2021)

Strategies for deinstitutionalisation shall be intensified in order to guarantee a real freedom of choice for a self-determined life. (2021)

Saving money shall be possible in types of housing intended to prepare clients for an independent life, as those affected will otherwise remain permanently in dependence. (2021)

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 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 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. (2016)

Augmentative and Alternative Communication (AAC) should be officially mandatory by law. AAC is mandatory for non-verbal people. (2023) Nonverbal persons cannot exercise their human rights without AAC. (2022)

AAC should always be made available if required. The use of AAC must be accompanied by appropriate personnel. Staff must have sufficient time for this. (2023)

AAC contributes to prevention of violence. To guarantee this, knowledge of the methods, relevant training and sufficient resources are required. (2016)

AAC shall be individualised and provided in a way that meets the needs of the individual. The relevant training of staff is a basic condition for this. (2022)

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)

There are not yet sufficient programmes for older persons with disabilities in order to guarantee self-determination and participation. There is inequality compared to persons without disabilities in this respect. (2022)

Legislators shall create framework conditions in order to make the relevant programmes possible. (2022)

Pension entitlement for work in daily structures should be a matter of course. (2022)

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 (e.g. single rooms, doors that can be locked, knocking before entering the room etc.). (2017, 2023)

Multi-bed rooms should be replaced by single rooms to protect the right to privacy and sexual self-determination. If there are still multi-bed rooms, a visual cover should be installed and each resident should be given the opportunity to spend time alone, with friends or family undisturbed. (2023)

Visits in their own room should be possible, including overnight visits. (2023)

Privacy and intimacy must also be preserved when providing care services. Undisturbed time to experience one's own body must be made possible. (2023)

Persons with disabilities must receive adequate information on topics such as sexuality, love, partnership and relationships, if necessary with the help of external experts. (2023)

Information and education protect against sexual violence and are essential for sexual self-determination. (2023)

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, 2023)

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

Each institution should develop a customised sex education concept with the involvement of clients and employees in a participatory manner. These concepts must be put into practice. Internal training and regular team meetings should take place. The topic should also be included as a mandatory part of the staff's training phase. (2023)

People with learning difficulties must be given the opportunity for sex education in institutions and facilities. Staff must be motivated and trained for this important task. (2018)

Sex education concepts should also be developed in an easy-to-read format and brought closer to the attention of the clients. (2023)

The legal prohibition of sterilisation (except in cases of health risk) pursuant to Section 255 of the Austrian Civil Code must be strictly implemented and must not be circumvented, even at the instigation of adult representatives. (2023)

Contraceptive measures should only be taken with the informed consent of the person concerned (Section 252 et seq. of the Austrian Civil Code). (2023)

Opportunities for parental support for persons with disabilities should be expanded. (2023)

The support systems for people with disabilities and the child and youth welfare services should network and cooperate better. (2023)

People with severe disabilities also have the right to the greatest possible sexual self-determination. They must be supported with adequate aids and services to fulfil this right. This also includes protection from sexual violence. (2023)

Sex education information should be available to all people, regardless of their disability. Information and materials on sex education should therefore also be available and used in simple language and AAC (pictures, posters, pictograms, etc.), or in sign language. (2023)

The use of sexual services must be equally accessible to persons with disabilities within the framework permitted by law –regardless of whether they live in or outside of institutions. (2023)

In accordance with the recommendations of the UN Committee on the Rights of Persons with Disabilities, the provisions of national and regional criminal law on prostitution and sexual assistance should be amended to ensure that persons with disabilities can also exercise their right to sexual assistance in institutions and facilities. (2023)

Every institution should be prepared, both conceptually and in terms of infrastructure, to accept people with a „diverse" gender identity, or to provide the best possible support to people who are already being cared for if becoming aware of this. (2023)

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)

All residents must be included in educational target plans and these must be drawn up for everyone. (2023)

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)

Activities outside the institution should be a given. This applies to all target groups. The necessary human and financial resources must be secured for this and at the highest level of transparency possible. Even clients who have a negative attitude towards activities should be motivated to join them. (2023)

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)

Those affected should receive appropriate wages instead of pocket money in order to strengthen their independence. (2023)

Complaint management

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)

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

Institutions and facilities should inform residents of the benefits that elected self-representation bodies can bring about. (2023)

Institutions should create the infrastructural conditions for self-representation. (2023)

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)

Measures of de-institutionalisation and social space and community issues are essential aspects of protection against structural violence and should therefore be structured and promoted more intensively. (2023)

Every institution must have mandatory violence protection and crisis concepts. (2023) 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, 2023)

The presentation of suitable violence protection and violence prevention concepts should be stipulated by force of law in all Laender in order to be recognised as an institution or facility for persons with disabilities. (2021)

The supervisory authority shall ensure that these violence protection concepts are actually implemented in the institution or facility through suitable training, as well as regularly evaluated and adapted. (2021)

Violence protection concepts should be developed in a participatory manner with the involvement of persons with disabilities and in various formats (AAC, easy-to-read, etc.). (2023)

Violence protection concepts should contain the principle or mission statement of the institution, the rights of persons with disabilities, preventive measures, specific rules of behaviour and procedures in the event of incidents of violence and suspected cases, as well as clear guidelines on contact persons. (2023)

Protection against violence concepts are only effective if they are implemented and reviewed regularly. To this end, regular further and advanced training should be organised for all employees, as well as prevention and empowerment training for the clients. (2023)

Every institution must have a mandatory concept for sexual self-determination (including protection from violence). (2023)

Groups particularly at risk of violence and sexual assault –women, LGBTIQ + people, and people with a migration background –should be specifically informed about their rights, contact persons, and protection options in empowerment training sessions. (2023)

Individual de-escalation plans should be drawn up for clients with problematic, crisis-prone behavior and special attention should be paid to possible triggers for crises and how to avoid them. (2023)

The supervisory authority must ensure that these violence protection concepts are actually implemented in the facilities by means of appropriate training and that they are continuously evaluated and adapted. (2021)

De-escalation training must be carried out regularly and is mandatory. (2023) Clients with a high potential for violence should only be admitted to an institution if it is prepared for dealing with potential risks. (2017)

Self-representation and complaint channels should also be legally anchored as further factors for protection against violence, and care shall be taken that these can actually be availed of by persons with disabilities. (2021)

The protective minimum standards for children with disabilities cared for in institutions and facilities shall be aligned to the level for minors without disabilities and enhanced by documentation obligations, which serve to remove barriers. (2021)

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)

Institutions and facilities urgently need to take measures to enable a free choice of doctors. (2023)

Sufficient staff must be available for transport and to accompany the patient to medical appointments. (2023)

The Ministry of Social Affairs, Health, Care and Consumer Protection and medical associations must take measures to improve free access to medical care for persons with disabilities, especially in rural areas and with regard to the various specialisations. (2023)

The use of video consultations should be considered. (2023)

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)

PRN medication may only be administered within the legally prescribed framework. (2023)

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

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)

A sufficient supply of qualified staff –with adequate pay and working conditions –is a basic prerequisite for violence prevention work. (2023)

Working conditions and pay for caregivers in the area of persons with disabilities shall be improved. (2022)

Sufficient staff shall be deployed in order to guarantee the right to self-determination and participation in society, and the best possible care of persons with disabilities. (2022)

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)

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

Training places for the qualification of staff shall be expanded and promoted. (2022)

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

All facilities for persons with disabilities should employ caregivers trained in sex education. Further training and continuing education and training in this area should be emphasised. (2023) 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, 2023)

For questions of sexual self-determination, people trained in sex education (possibly from external counselling centres) should also be represented in support groups. (2023)

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)

Consistent observation of human rights principles of non-discrimination and equal opportunity, participation and empowerment is particularly necessary during times of crisis. (2021)

Except when self-isolation is officially ordered by the authorities, human closeness and consensual contact in private living areas shall not be forbidden, even when group activities in residential institutions and facilities for persons with disabilities have to be postponed on grounds of infection prevention. (2021)

At times when pandemic-related general curfews are in force, it shall be guaranteed through better staffing of residential facilities that isolation and loneliness are avoided through person-centred support and risk-adapted participation alternatives. (2021)

Employees shall receive mandatory training in the conditions under which measures that restrict freedom are permissible. (2021)

Those living in residential facilities should be able to continue performing their work and activities in day-care centres during a lockdown. If this is not possible, alternative programmes for structuring the day shall be provided by the institutions and facilities. (2021)

Supervision, team meetings and further training should take place if the COVID-19 pandemic continues, if necessary online or using video telephony. (2021)

CORRECTIONAL INSTITUTIONS

Infrastructural fixtures and fittings

Modern infrastructure is necessary for contemporary detention. Planned extensions and conversion shall be implemented as soon as possible.

Correctional institutions must be adapted as soon as possible to be barrier-free and suitable for the disabled, taking into account the relevant regulations on barrier-free accessibility.

Prisoners with physical disabilities must be able to move around independently and to reach the various prison facilities, including the sanitary facilities, on their own.

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.

A facility intended for geriatric care and the care of non-mobile detainees must be barrier-free.

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

All inmate cells must have sufficient light for reading and let in daylight.

Cells in which several persons are housed, even if only briefly, shall have a structurally separate toilet with sufficient protection from noise and odours.

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.

Worn-out cell furniture must be replaced regularly.

All cells for multiple inmates should be equipped with lockable lockers to guarantee a certain amount of privacy for the inmates.

Enough single cells must be available to prevent violent disputes.

Single cells shall have a toilet that is separate from the rest of the cell (by a curtain, barriers).

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

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

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

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

It should be possible to air sports facilities easily.

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

Adequate (long-term) visiting rooms should be available in all correctional institutions.

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.

Suitable rooms for video visits are to be made available in order to avoid blocking the rooms of the specialist service.

Sufficient rooms must be made available for the support staff in the respective departments in order to avoid bottlenecks in the support work.

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

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

Detention in forensic institutions

If mentally ill offenders are detained in correctional institutions, they must be accommodated in departments, which are structurally separated from the other inmates.

Forensic patients should be accommodated in single rooms.

Rooms shall be designed such that personal space and privacy are protected as far as possible.

Follow-up care facilities shall have barrier-free accessibility.

Living conditions

Short and long-term measures must be taken to prevent overcrowding in correctional institutions.

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. Minimum sizes for detention rooms have to be met.

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

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

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

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.

Inmate cells may not be locked during meal times.

Meals 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.

All inmates must be permitted to meet the needs of their religious and spiritual life, particularly by attending worship services or gatherings at the correctional institution. Inmates do not have to prove their religious affiliation to have a right to ritual food.

Inmates shall be given ample opportunity to shower.

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

Persons in need for care who are unable to maintain adequate bodily hygiene or clean their inmate cells themselves, have to receive adequate assistance.

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

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

Detainees should be offered more time for activities outside the inmate cell, including on Fridays and weekends. Lockup times of up to 23 hours per day are intolerable.

The cell-opening hours should be increased in relaxed detention (especially for detainees who do not work).

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.

Inmates should be encouraged to exercise outdoors.

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 wards.

If daily time spent outdoors is cancelled due to bad weather, alternative opportunities for exercise should be offered (e.g. in a gymnasium).

Even during a pandemic, detainees have the right to sporting activities when outdoors.

Task force training may not cause longer lock-up times.

Female detainees must not be at a disadvantage compared to male detainees.

The minimum standards for women in prisons set forth in a decree of the Federal Ministry of Justice in 2014 must be implemented as soon as possible.

The concepts for women's sections shall undergo an annual evaluation.

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. This means that cells in the women's sections shall be open all day on weekdays, weekends and public holidays.

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.

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

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 without having to request the same.

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

Female inmates should have equal access to leisure and sports activities. They should be able to use the gym room to the same extent as male inmates.

Supervised leisure activities should be offered on a regular basis in the women's sections.

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

Detainees awaiting trial and prison inmates must be accommodated separately. First-time offenders must not be housed together with prison inmates.

The detention of adolescent detainees awaiting trial (even if only short-term) shall be separate from that of adults.

Adolescents shall be detained separately from adult detainees. At the same time, they shall not be isolated.

If adolescents are detained with adults, they shall be detained in a way that they are not exposed to harmful influences or other disadvantage by the adult inmates. They shall be at no disadvantage compared to the adolescents detained in the juvenile department.

All facilities in which adolescents can be detained shall develop a care concept that specifies at least the basic daily routines.

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.

Detention in shared accommodation must be provided for adolescents as a matter of principle. This means that the inmate cells must be kept open all day on weekdays, weekends, and public holidays.

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.

Detention in forensic institutions

Prison administration must guarantee adequate and humane living conditions also for those who are detained in forensic institutions and who cannot expect to be released.

If detainees cannot be transferred to their target institution as planned, they shall be offered an adequate therapy programme.

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.

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

Leisure activities should be included in the target and care agreements. In this way, attention can be paid to their implementation in individual cases.

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

Contact to the outside

Contact with the outside world should be encouraged as a form of social bonding. Detainees must be enabled to maintain contact with their close family and, if necessary, supported in doing so.

An extension of the visiting hours is advisable in the interest of maintaining family and other personal contacts. In addition to this, 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 or early evening at least on one day during the week and on weekends. Facilities should seek to extend the possibility of visiting hours on Sundays.

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

Visits with children shall be organised in a child-friendly way as far as possible.

Table visits should be held without physical barriers and with the possibility of bodily contact.

Restrictions on contact with the outside world should only be imposed on adolescents in exceptional cases.

It shall be possible to make phone calls from the cell at all times.

Video telephony should be sufficiently available to all those interested in using the same. The detainees shall be informed of the possibility to use video telephony.

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

Prison guards have to wear civilian clothing when taking juveniles outside.

Adolescents should be given the opportunity to spend some time in freedom with relatives or friends, if they come and pick them up from the correctional institution. Such "pick-up visits" are a motivation for good behaviour in prison and promote rehabilitation.

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

Detention in forensic institutions

It should be examined on a case-by-case basis, whether it is necessary to restrict visits by minors to the psychiatric wards of public hospitals.

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.

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.

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.

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. These rooms shall not be under camera surveillance.

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.

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

During monitoring priorities, care should be taken that extremely personal and religious objects are taken into consideration

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

If the surveillance cameras also cover the sanitary facilities (in specially secured cells in particular), the respective persons should only be shown in a schematic or pixelated form to protect their privacy.

Detainees must be informed about video surveillance in accordance with statutory provisions. If video surveillance is not necessary, the video cameras must be covered or other detention rooms must be used. This must be documented accordingly.

In order for the camera surveillance not to fail, the officers deployed to monitor the cells should not be entrusted with other tasks at the same time.

Detainees must be given the opportunity to avoid (indirect) observation (through a mirror) when they give a urine sample by means of a prior body search.

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

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

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

The confidentiality of conversations with the staff of the psychological or social service shall be guaranteed.

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.

The location of rooms for long visits should be selected in a way that the visitors do not have to be inside the locked residential area for the detainees.

Rooms for long visits shall facilitate privacy and intimacy.

Detention in forensic institutions

There shall be sufficient places for patients to withdraw in forensic departments.

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.

Constant video surveillance in patient rooms is disproportionate. In a video-monitored patient room, it must be possible for the patient to see if the camera is in operation.

Educational and occupational opportunities

All inmates shall be able to spend an appropriate amount on the day (8 hours or more) outside their cells and carry out useful work or participate in meaningful activities. The employment rate should be increased.

Companies providing occupational opportunities at correctional institutions should be continuously open and not closed due to a lack of staff.

A staff pool consisting of external professionals and law enforcement officers could reduce closing days of companies providing occupational opportunities. The employment of external skilled workers must be expanded in the companies.

In the long term, a strategy shall be developed for the purpose of gradually increasing the employment rate (work) of detainees.

Work opportunities should also be expanded for detainees awaiting trial.

Recreational opportunities shall be expanded.

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.

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

Occupational offers should be expanded for female detainees and they should have the possibility to acquaint themselves with different types of work in different companies providing occupational opportunities. Women should not have a financial disadvantage due to the lack of employment opportunities.

Female detainees should have equal access to the same range of activities then male detainees.

Efforts shall be made to mix male and female detainees in the companies providing occupational opportunities in correctional institutions.

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.

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

Orientation and value courses should be offered to all adolescents with a migration background.

Involvement in sports is an important part of the programme of activities for young inmates.

The youth concepts of correctional facilities shall give due consideration to the needs of adolescent girls. It should furthermore include the integration of adolescent girls into the training and employment opportunities for adolescent boys.

There may be no discrimination against persons with substance abuse issues with respect to their access to work and educational offerings due to their illness.

Access to information within institutions

The house rules must be made available to inmates in a clear and simple language that they understand, to ensure that they can abide by these rules.

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

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

The house rules have to be updated.

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

The house rules should not only be made available to inmates in German, but also in a language that they understand, if necessary, complemented by additions in pictogram form.

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

A clearly defined set of rules should also be drawn up for adolescents, outlining the consequences of misconduct and they should not only be brought to the attention of the juvenile detainees verbally, but also in written form. Penalties should only be imposed when all other educational measures have been exhausted.

Inmates shall not be deployed for translation services.

When there are communication problems (in the medical area, in administrative penalty proceedings and for counselling), trained interpreters should be utilised.

The video interpreting systems available in the medical area, in administrative penalty proceedings and for counselling shall be used without exception.

An assessment of the risk of suicide must not be omitted due to communication problems.

Language barriers must not be in the way of treatment. Video interpreting should therefore be used frequently with adolescents. German language courses should be offered regularly.

The video interpreting system will also be used in the access area and in the departments.

Video interpreting shall also be provided in the satellite facilities.

The use of the video interpreting system shall be documented.

Complaint management

A complaint register must be introduced. The systematic recording and evaluation of complaints is a condition for reacting quickly and in a targeted manner to undesirable developments and countering human rights violations preventively.

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

Detention in forensic institutions

Detainees in forensic institutions should have the same legal protection or opportunity to be represented by the patient advocate as provided under the Hospitalisation of Mentally Ill Persons Act .

The existence of anonymous complaints mechanisms must be widely publicised in order to enable their use.

There should be a complaint letterbox in every follow-up care facility, which can be used unobserved and accessed barrier-free.

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

Measures that restrict freedom

The maximum legally permitted duration of house arrest for adults should be reduced from the current four weeks to 14 days.

Adolescents should not be subject to house arrest.

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

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.

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

A form on "Restrictions on the freedom of movement" must be prepared.

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.

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

When furnishing the specially secured cells, attention must be paid to the prevention of self-harm or suicide attempts. They must be equipped in such a way that there is no risk of injury.

Specially secured cells must have suitable and safe places to sit or recline. They should be equipped with

50 cm high cuboids made of rigid foam, which is covered with a washable, disinfectable foil.

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

Detainees who are housed in a specially secured cell should always be able to keep track of the time. A clock with a day indicator should therefore be visibly displayed.

Specially secured cells should be equipped with a drinking water tap and a radio and/or television.

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

If video-monitored cells are to fulfil their function, they must be fully observably. Surveillance footage of the toilets must be pixelated.

The ordering of urine tests should be noted in a register in order to ensure a traceability of random urine tests. Saliva tests should replace urine tests because they are less intrusive by nature. 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.

Detention in forensic institutions

Restraints should only be carried out in the rooms designated for that purpose.

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.

A central register documenting all measures that restrict freedom shall be kept in addition to the entries in the patient files.

Strapping a patient to a hospital bed 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.

If the necessary documents for the treatment and care are not available, this has a negative effect on measures that restrict the freedom of the patients.

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

Body searches including the inspection of normally covered orifices shall only be ordered under special circumstances and in case of concrete and serious suspicion. Unnecessary, routine naked body searches, as well as inspection of normally covered orifices, are inhumane and degrading.

The permanent lighting of a cell such that the detainees housed there cannot distinguish between day and night is tantamount to torture and shall be avoided in all circumstances.

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 to be put to an end.

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

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

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

Any behaviour, including hanging up signs, cards and the like, that expresses a derogatory attitude shall be stopped.

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

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

Detention in forensic institutions

A lack of single rooms shall not be the reason for restraining patients to protect them from each other.

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

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.

Health care

The Prison Administration shall guarantee treatment and care in line with current medical science. Persons in detention are entitled to the same level of medical care and nursing as persons at liberty in hospitals and nursing homes.

The Federal Ministry of Justice has to develop a long-term strategy for recruiting medical specialists for work in the prison administration.

Detainees have a right to adequate psychiatric care. Vacant positions of psychiatric experts shall be filled as soon as possible.

Persons with mental illnesses should always be cared for in specialised facilities under the supervision of recognised health professionals. They should not be detained in regular detention centres, as these are not designed to meet their needs.

Prisoners who cannot receive adequate psychiatric care in prison must be transferred. Long-term detention of a person with a mental illness without adequate psychiatric treatment violates the duty of care and supervision.

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.

A nationwide on-call medical service system shall be established for the weekend and during the night shift.

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

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.

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.

Facilities must protect persons who do not smoke. Smoking should only be permitted in segregated areas for the protection of the health of the staff and clients.

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

Non-smokers should not be placed together with smoking detainees in detention rooms for multiple inmates.

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

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

During medical examinations, prison guards may only be utilised as an exception by request of the doctor and due to a risk assessment.

Infirmary staff should wear a clearly visible tag stating their name or function.

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.

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.

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 include a detailed anamnesis interview and a full-body inspection including disrobement.

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. An automatic follow-up appointment shall be scheduled with the patient after a blood test to discuss the results.

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

Diagnoses in the medical documentation must be entered in a way that will also show them in the emergency sheet. This is key in the event of acute treatment in an emergency situation.

Regular visits should help prevent the physical and emotional neglect of long-time inmates.

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.

The request for a specific therapy and the approval of the same by the head physician must be documented in the relevant patient file.

Medication should be stored in the middle of a fridge, the temperature of which is regularly monitored.

Medication for the detainees should be dispensed using the dual control principle. All checks shall be documented.

Preventive examinations are part of standard medical care.

All inmates are to be offered a clarification of their status of infectious diseases or immune status in relation to HCV and HIV. This offer is to be documented.

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.

After diagnosis, all persons with chronic HCV infection should quickly receive an interferon-free combination treatment with direct antiviral agents. (2020) It must be ensured that detainees awaiting trial are not at a disadvantage vis-à-vis prison inmates; they all should have the same access to therapy as persons in freedom.

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

Measures shall be taken to increase the number of therapy places with DAA for persons with chronic HCV infection in detention in order to be able to meet the WHO requirement to eradicate the HCV illness by 2030.

Effective measures for combating infectious diseases in prisons shall be undertaken immediately to protect all persons.

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

Psychiatric and psychological care is part of health care and, as such, must be ensured by correctional as well as forensic institutions. For adolescents and young adults, the psychiatric and psychological care must be provided by specialists in child and adolescent psychiatry, particularly when it comes to the implementation or definition of the indications for substitution treatment.

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.

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

Adequate psychiatric care includes psychotherapeutic treatment.

An adequate and individual therapy programme must be ensured for detainees.

Closely coordinated support and regular discussion of the mental health of detainees are preventive measures that help recognise conflict among prison inmates early and implement de-escalating measures.

Effective transition management is required in order to continue treatment after inpatient care in hospital.

An examination of the VISCI status (Viennese Instrument for Suicidality in Correctional Institutions) of every detainee shall be performed as quickly as possible after their transfer. This shall be documented.

Persons who are coded "red" in the VISCI at admission should be sent to the psychiatric specialist service as soon as possible.

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

Known risk factors from previous periods in detention (particularly previous attempted suicides etc.) should be included in the suicide assessment.

In order to guarantee the accuracy of the VISCI system, the questionnaire should not only capture the current mental state of the inmate.

Concepts for suicide prevention must be evaluated on a regular basis.

Insights from the specialist suicide group of the Federal Ministry of Justice should be passed on to the correctional institutions in a timely manner.

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.

Video monitoring does not rule out suicide by the persons at risk during an unobserved moment.

A substance abuse disorder is to be treated as a serious chronic (psychiatric) disease, which can be diagnosed and needs treatment. Detainees with substance abuse disorders are entitled to receive the appropriate means to cover their specific needs for care, assistance and support during the time of their detention.

Every correctional institution must establish a multi-professional team for the treatment of substance use disorders.

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, specifically trained health care and nursing staff can perform an initial examination (establish he status) and decide on further measures. Law enforcement officers working in the infirmary should not be entrusted with this task, unless they have appropriate additional qualifications.

If the medical examination of a detainee cannot be guaranteed within the regular operation of the facility, an on-call (emergency) doctor must be consulted or the detainee transferred to a hospital if a substance use disorder is suspected.

Patients with opioid addiction must be offered access to adequate (opioid substitution) therapy, if possible on the day of admission (at the latest within 24 hours). This must not only the case when the patient is already undergoing extramural substitution therapy at the time of admission to the correctional institution, rather a diagnosed opioid addiction is the basis for the same. Patients who discontinue an opioid substitution therapy must be verifiably informed about the consequence of an increased risk of mortality.

Detainees with a substance use disorder, who do not receive a therapy place, must not experience any disadvantage during treatment.

The effective treatment of substance abuse disorders should not only focus on the taking of substances (as well as stopping to do so). Adequate treatment of comorbid disorders and illnesses have to be an integral component in the treatment programs. Dealing with comorbid disorders shall be documented in the patient files.

Psychiatric monitoring particularly for detainees with a substance use disorder shall be established.

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.

Psychotherapy is an important and integral part of multimodal measures for treatment and forms an essential part of treatment, especially in incidences of psychological comorbidities.

If the health situation does not permit the presence of a therapist, at least individual therapy should be offered digitally through a secure connection.

Psychotherapies that cannot be carried out personally should be offered using a virtual format.

The special service areas should have an individually managed budget in order to facilitate the needs-based purchase of external support measures and (therapy) services.

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

Outdated contracts on the treatment of opioid substitution therapies, which are predominantly punitive and regulative in content and tonality, should no longer be used. A new contract on treatment must not only be available in German, but also offered in the most frequent foreign languages.

Before changing substitution medication, a comprehensive risk assessment should be carried out to determine which preparation is most suitable in the individual case.

Substitution with depot medication should be provided on a voluntary basis. Patients shall be adequately informed about the compound.

Depot medication with the long-term effective buprenorphine compound should be used more often for substitution treatment in the prison system.

The prison guards should be trained in the application of the Nyxoid®-sprays (with active ingredient naloxone) and the departments in the inmate wing equipped with the same in order to prevent opioid-associated respiratory arrest until the emergency doctor arrives.

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

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

Detention in forensic institutions

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.

Referral advisory opinions should be available to the hospital when treatment is initiated, in order for therapies to be applied without delays.

Psychotherapy is an essential factor in the rehabilitation of mentally ill persons and shall thus be offered to the extent necessary.

In forensic institutions in particular, the presence of psychiatric specialists is also required at night and at weekends.

The after-care facility's duty of care and protection towards its clients also includes the safe storage of medication. The containers provided for this purpose must be kept locked.

Care and enforcement plans

Detainees with substance use disorders are entitled to receive the appropriate means to cover their specific needs for treatment, care and support.

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

Detention in forensic institutions

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

An intensified offer is only possible, if the specialist services have 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 and, in the interests of data security, access authorisations are to be issued centrally.

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

Personnel

Human resources shall be aligned with the real needs of modern everyday prison life. Sufficient personnel is necessary to guarantee appropriate living conditions.

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

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

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.

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

Appropriate financial incentives shall be created in order to acquire sufficient suitable medical staff.

The key figures in the medical area must be determined as soon as possible and assessed on a regular basis.

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.

It is essential that the personnel resources of the specialist services are aligned with actual needs in order to meet the requirements of a modern prison administration and the legal requirements and those set out in the minimum standards.

Women's sections need additional human resources to meet the minimum standards for women in prison (established by the Federal Ministry of Justice in 2014).

There is a need for a sufficient number of socio-pedagogical and socio-educational staff – including at the weekends – to improve the organisation of leisure activities for adolescents.

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 correctional or forensic institutions.

A department for admission diagnostics for detainees with substance use disorders who are in need of treatment should be established and staffed with a sufficient number of medical specialists.

The need for nursing staff must be regularly evaluated and adjusted on a regular basis.

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.

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

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.

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

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

Refresher and training courses on the topic of violence prevention, as well as techniques for de-escalating communication must be given a more important role in the educational and training phase of prison guards.

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.

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

The communication with inmates shall be respectful.

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

Rules of conduct shall be determined by the law.

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

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

An autonomous pool of employees should be available to the juvenile sections. All employees in the juvenile sections 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.

Training courses for the detention of juveniles must be offered on a regular basis.

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

Prison guards have to wear civilian clothing when taking juveniles outside (unless there are specific concerns in an individual situation).

Only trained health care and nursing personnel should provide services in infirmaries and doctor's offices. They may not perform any supervisory functions. The workplace of prison guards is to be spatially separated from the treatment room.

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.

Law enforcement officers must be motivated to regularly utilise supervision offers. The prison administration must make every effort to ensure that seeking psychotherapeutic help is not perceived as a sign of weakness. Regular psychological support through supervision helps staff to carry out their work more efficiently.

Having to deal with suicides often leads to stress disorders long afterwards, which should be minimised through measures taken by the employer.

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.

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

A joint (additional) training programme for law enforcement and non-law enforcement personnel promotes mutual understanding and should be established in all correctional institutions.

Teambuilding measures are important factors for achieving detention objectives.

Internships are often the only possibility of giving career starters an insight into daily law enforcement operations and of convincing them to apply to work in police departments and forensic institutions.

Detention in forensic institutions

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

Prison officers who works with forensic detainees on a regular basis should complete a relevant training module, as well as basic training in the medical conditions and treatment of the detainees being cared for there, in order to be able to tackle the challenges of working with those detained in forensic institutions.

Forensic patients have a higher need for care. This has to be taken into account when establishing staff ratios.

In order to be able to offer high-quality, client-centred care, all employees of the follow-up care facilities should complete basic psychiatric training and regularly participate in further training events.

All the staff of follow-up care facilities should have access to external supervision free of charge.

Persons on civilian alternative service in forensic follow-up care facilities shall have proof of completing additional training.

Volunteer work in follow-up care facilities is commendable. However, social work should be performed exclusively by staff specifically trained for this purpose.

The facilities must ensure that employees receive the appropriate training and continuing education.

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

Returns and management of release

Relaxed detention and day release are part of preparing for release, which no correctional institution can do without.

Female detainees shall also be given the opportunity to work outside the institution.

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

The risk of reoffending should be met with intensive support work during the time of imprisonment.

The entire social environment of juvenile detainees should be involved in the preparation for release.

Detention in forensic institutions

Even if the legal situation does not stipulate the mandatory conclusion of a contract pursuant to Section 79a (3) of the Penitentiary System Act, agreements should be concluded with as many non-profit facilities as possible.

There must be more follow-up-care places throughout Austria. 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.

Before forensic clients are admitted to a facility, they should have the opportunity of a "trial day" in the facility they will be living in.

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

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.

POLICE DETENTION CENTRES AND POLICE STATIONS

Infrastructural fixtures and fittings

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. (2017, 2018, 2019, 2021, 2022, 2023)

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)

In general, detention rooms shall not have multiple occupancies. Overnight multiple occupancy is ruled out in any case. (2021)

In the event of unavoidable multiple occupancy of detention rooms, the detention shall be limited to the shortest time possible, and the detainees shall be allowed to use a separate sanitary facility. (2021)

Short-term exceptions shall be duly justified and the circumstances of the detention documented with particular care. (2021)

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, 2021)

The condition and fittings of cells pursuant to Detention Regulation must always allow the humane detention of persons. (2018, 2019, 2020, 2021)

The requirements of the Federal Ministry of the Interior for monitoring compliance with the hygiene guidelines in all detention centres and their documentation must be implemented in full. (2023)

The cells as well as any other rooms that are accessible for the detainees must be hygienic and kept clean (2021, 2022, 2023) Police stations must be hygienic, well-maintained and have their own functioning heating and backup systems. (2014, 2015, 2016, 2022, 2023)

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, 2021, 2022) The mattresses and textiles issued to detainees must be clean. (2019, 2021) 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)

Detention rooms shall be fitted with acceptable sanitary facilities and light switches and have adequate ventilation. (2022, 2023)

The access of detainees in police detention centres to hygienic sanitary facilities and the protection of their privacy at all times must be guaranteed by structural and organisational measures. (2023)

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

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)

At the beginning of their detention, detainees must be provided with clean bed linen to the extent required and agreed between the Federal Ministry of the Interior and the NPM. Soiled or damaged bed linen and blankets must be replaced immediately. (2023)

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, 2021, 2023) Alarm buttons in detention rooms in police stations must be adequately labelled, so that detained persons can contact the guards. (2015, 2017, 2022, 2023)

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

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)

Building components or parts that can cause injury or serve as a fixing point for strangulation shall be avoided in detention rooms. (2022, 2023)

In order to minimise the risk of self-harm for persons placed in „special custody cells" and at the same time ensure their sleeping comfort, these cells should be equipped with vandal-proof mattresses. (2023)

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

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)

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. (2022, 2023) The existing staged plan in accordance with the Federal Act on the Equal Treatment of People with Disabilities 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)

Sanitary facilities for visitors must be barrier-free in police stations. (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)

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, 2021, 2022)

Specially secured cells should have natural daylight, and there must be natural or mechanical ventilation in all single cells. (2018, 2019, 2020, 2021, 2022)

Tiled security cells must have a (squat) toilet with flushing function (2017, 2018, 2019, 2020, 2021, 2022). 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, 2021, 2022)

Toilets in cells for multiple inmates must be designed so that they are completely separate from the rest of the inmate cell. (2020, 2021, 2022, 2023) 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 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, 2021, 2022, 2023)

All of the cells used for long-term police detention should have suitable, automatic fire alarm systems. (2018, 2019, 2020, 2021, 2022, 2023)

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

The exercise yard or outdoor area of a detention centre available to detainees should be shaded by natural greenery to meet their needs. (2023)

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)

Appropriate measures must be taken in all detention centres to ensure that all interior rooms are cooled according to the demand. (2020)

Occupational and leisure opportunities in the scope agreed with the NPM should be available to all detainees. (2019, 2020, 2021)

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)

The design of rooms intended for receiving visitors to the detainees in police detention centres should not have acoustic barriers that impair holding a conversation. (2021)

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, 2021)

A separate room with a table should be provided for visits with relatives who are minors. (2019, 2021)

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)

Living conditions

Detainees shall be detained with respect for their dignity and in the gentlest way possible. (2020, 2021)

Detainees awaiting forced return being held in police detention centres for months shall be avoided with all legally available means. (2021)

The fitness for detention of mentally ill persons shall be examined at regular intervals. If behaviour that could harm the detainee or others is diagnosed by a medical expert, the detainee shall be moved to a psychiatric department pursuant to the Hospitalisation Act and released from police detention. (2021)

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)

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, 2021) 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, 2021)

Detention in police detention centres shall be documented completely and transparently. (2020, 2022, 2023) Checks on individual detention in police stations must be carried out at least every hour during the day, unless closer monitoring is ordered if necessary. (2023)

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)

Door peephole cameras with infrared function or a residual light amplifier should be used when needed in order to avoid having to turn on the cell lighting and thus disturb the detainees' sleep during cell patrols because the spyholes are too small. (2022)

In order to avoid disturbing the detainees' sleep, organisational or technical measures shall be taken to ensure that every cell window in a police detention centre provides sufficient shading to keep out bright light. (2022)

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

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)

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

In every police detention centre, there should be a stock of changes of clothes (including underwear) suitable for the season and according to the number of detention places for detainees who have no change of clothes. A stock of outdoor and indoor footwear should also be available. (2022)

Detainees should receive information upon arrival in a detention centre about the possibility to have their clothes washed and/or dried in a washing machine and/or dryer in the institution. Pictograms should also be used to show this possibility in order to avoid language barriers. (2022)

At the beginning of their detention, detainees shall be given clean bedding in the required amount agreed between the Federal Ministry of the Interior and the NPM. Soiled or damaged bedding and covers shall be replaced immediately. (2022)

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)

Pursuant to Section 13 (2) Detention Regulation, a breakfast shall be prepared for all detainees, which consists of a choice of hot drinks and a bread ration including a usual selection of spreads/toppings for bread. (2021)

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

For detainees who do not want to or are not allowed to eat meat, a warm vegetarian or vegan alternative meal pursuant to Section 13 (2) of the Detention Regulation shall be provided and the detainees actively and regularly informed about this option. (2022)

The lists of purchasable products in detention centres should also be available in English as a minimum. (2022)

Contact to the outside

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, 2021, 2022)

The Federal Ministry of the Interior must ensure that all persons detained in police detention centres can receive visits at least twice a week for 30 minutes. Visits at the weekends 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, 2022, 2023) A dedicated room with a table must be provided for visits by minor relatives in police detention centres. (2020, 2022, 2023)

The design of rooms in which detainees receive visits in police detention centres should not have acoustic barriers that impede the conversation. (2022)

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)

Educational and occupational opportunities

Social rooms are to be set up in police detention centres for prisoners serving an administrative penalty. (2014)

Detainees must be offered daily outdoor exercise of at least one hour. The adequate furnishing of the police detention centres' indoor and outdoor areas must be ensured. (2017)

Occupational and leisure opportunities in the scope agreed with the NPM should be available to all detainees (2018, 2020, 2023). These include, for example, access to foreign-language media, simple sports equipment or board games (2022). The use of leisure facilities offered by external providers must also be permitted. (2017) The range of activities available to the detainees in detention centres and must be expanded. (2017, 2018) To this end, it is necessary that the respective competent departments contact persons and clubs in order to obtain offers. (2019)

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. If confiscation of clothing is required, the affected persons must be offered non-tear-resistant alternative clothing immediately. (2018)

Medical examinations and treatments of persons in detention shall be performed alone with a doctor as a general rule. (2021)

Where possible, separate examination rooms shall be provided in police detention. In any case, technical precautions shall be taken to guarantee a confidential medical examination. (2021)

Access to information within institutions

At least an abbreviated version of the Detention Regulation must be displayed in the detention rooms of police stations. (2019, 2021, 2023)

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. (2021) 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)

Detention in police stations shall be fully documented in a complete and verifiable manner. (2021) The respective 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. (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 is 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

Police stations are public buildings and therefore statutory non-smoker protection shall be observed. (2021) 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, 2022)

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, 2022)

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, 2021, 2022)

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)

Personnel

All commissions must be allowed confidential contact with detainees during their visits in accordance with Section 11 (3) of the Ombudsman Act and the guidelines of the Federal Ministry of the Interior. (2023)

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, 2021, 2022, 2023)

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, 2021)

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)

COVID-19

There should be a harmonised offer for the detainees in all detention centres to take a voluntary COVID-19 test. (2021)

The Federal Ministry of the Interior should carefully monitor the correct implementation of its instructions to the Police Departments. (2021)

The Federal Ministry of the Interior should continuously examine the need and appropriateness of the restrictions decreed to counter the COVID-19 pandemic in detention enforcement, and inform the NPM promptly of any changes. (2021, 2022)

During the COVID-19-related restrictions in detention enforcement, the detainees shall be provided with sufficient and diverse leisure opportunities (2021), which they can also pursue in the sometimes locked cells assigned to them. (2022)

(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: When personal data of demonstrators are to be established using video and audio recordings, the police shall announce these measures in such a way that they reach as large a group of affected persons as possible and all medial channels shall be used to this end. (2021)

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 police shall ensure that loudspeaker announcements can be clearly heard by demonstrators so that the tactical communication is improved and official acts are in compliance with the law. (2021)

Demonstrations: The NPM recommends a concept to determine which channels shall be used for announcements at which type of demonstration (stationary rally, protest march) in order to comply with the statutory requirements in individual cases. (2021)

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: The opportunities of the tactical communication vehicle should be used more efficiently in order to regularly repeat necessary announcements on the one hand, and to support a de-escalating approach by law enforcement on the other. (2022, 2023)

Demonstrations: Law enforcement officers should continue to be provided with information on gender diversity and how to deal with these persons in order to increase their knowledge of what is correct. (2022)

Demonstrations: Information on the police website should be provided in time to guarantee that important information required for the legality of official acts (e.g. street access ban including map, announcement of video surveillance) is up to date. (2022)

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)

Demonstrations: As the use of pepper spray is possible at demonstrations, emergency (rescue) services should be preventively involved in order to avert injury and health risks. (2021)

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)

Accommodation within the basic reception conditions: Information sheets, which are available in the most common foreign languages during inspections regarding the basic reception conditions, should be supplemented in a new edition so that the purpose of the inspection is explained and the legal provisions are described in simple language. (2023)

Football games: At high-risk football games, the executive should make use of a search warrant and thus search persons and their belongings in order to prevent fans from bringing pyrotechnics into the stadium. (2020, 2022, 2023)

Football games: Security authorities should regularly check the quality of notices that contain important information on search warrants. (2022)

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)