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Response

of the Slovak Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to the Slovak Republic

from 19 to 28 March 2018

The Slovak Government has requested the publication of this response. The CPT's report on the March 2018 visit to the Slovak Republic is set out in document CPT/Inf (2019) 20.

Strasbourg, 19 June 2019

RESPONSE OF THE GOVERNMENT OF THE SLOVAK REPUBLIC TO THE REPORT TO THE SLOVAK GOVERNMENT ON THE VISIT TO THE SLOVAK REPUBLIC CARRIED OUT BY THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT) FROM 19 TO 28 MARCH 2018

I. INTRODUCTION

A. The visit, the report and follow-up

In its effort to further promote the international dialogue between international bodies set up under the Council of Europe treaties, including the CPT (the *'treaty bodies'*), and in keeping with its international commitments, the Slovak Republic hereby submits within the prescribed deadline the Response of the Slovak Republic to the Report to the Slovak Government on the Visit to the Slovak Republic Carried Out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 19 to 28 March 2018.

B. Consultations held by the delegation and co-operation encountered

The Slovak Republic takes a positive view of the consultations it has held with the CPT at its six regular visits to Slovakia to date (in 1995, 2000, 2005, 2009, 2013 and 2018) and will continue to strive to further promote good mutual cooperation.

C. Immediate observations under Article 8, paragraph 5, of the Convention

During the end-of-visit talks with the representatives of the relevant Slovak authorities on 28 March 2018, the CPT's delegation presented key findings from its visit.

On that occasion, the delegation made an immediate observation under Article 8(5) of the Convention and called on the Slovak authorities to provide information on the measures taken to act on the immediate observation within three months.

By letter of the Ministry of Justice of the Slovak Republic (the "Ministry of Justice" hereinafter) of 2 August 2018, the Slovak authorities informed the CPT of the measures taken in respect of the above immediate observation. Additional information was subsequently provided by letter of the Ministry of Justice of 19 March 2019.

D. National Preventive Mechanism

Ad paragraph 8 – The CPT trusts that the Slovak authorities will continue their steps to accede to the OPCAT and to set up a National Preventive Mechanism which will fully comply with the requirements laid down by the OPCAT and the Guidelines established by the United Nations Subcommittee on Prevention of Torture (SPT); it would like to receive updated information on recent developments in this respect.

The Slovak Republic signed the OP-CAT on 14 December 2018. The Ministry of Justice is currently working on legislative amendments to enable to grant the powers of the National Preventive Mechanism under OP-CAT to three independent institutions. They are authorised,

even under the current Slovak legislation, to visit any place where persons are or may be deprived of their liberty by virtue of an order given by a public authority, and have the right to private interviews with these persons without the presence of third parties, namely: the Public Defender of Rights, the Commissioner for Children and the Commissioner for Persons with Disabilities. After the conclusion of the preparatory phase and consultations with the stakeholders and civil society, legislative amendments together with the proposal for the Slovak Republic's accession to the OP-CAT will be submitted in the second half of 2019.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Police custody

Ad paragraph 12 – The Committee reiterates its recommendation that the Slovak authorities take resolute action to prevent ill-treatment by police officers. In particular:
- police officers throughout the country should receive a firm message, which should be repeated at regular intervals, that any form of ill-treatment of persons deprived of their liberty – including verbal abuse and threats – is illegal and unprofessional and will be punished accordingly;
- it should be made clear to all police officers, in particular through ongoing training, that no more force than is strictly necessary should be used when effecting an apprehension and that there can be no justification for striking apprehended persons once they have been brought under control.

Section 8 of Act No. 171/1993 on the Police Force as amended (the "Police Act" hereinafter) stipulates that in performing their duties police officers shall respect the honour, repute and dignity of other persons and those of their own, and shall not through their conduct inflict unjustified harm or violate other persons' rights and freedoms above and beyond what is strictly necessary to achieve the purpose of policing. In performing their duties, police officers shall respect the Code of Ethics published as Annex to Regulation No. 3/2002 of the Minister of the Interior of the Slovak Republic (the "Minister of the Interior" hereinafter) on the Code of Ethics of the Member of the Police Force (the "Police Code of Ethics" hereinafter) as amended.

Order No. 21/2009 of the Minister of the Interior on Preventing Violations of Human Rights and Freedoms by Members of the Police Force ("police officers" hereinafter), and Order No. 4/2015 of the President of the Police Force (the "Police President" hereinafter) on the Execution of Tasks Related to the Implementation of the Recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) as amended by Order No. 93/2015 of the Police President ("Order No. 4/2015 of the Police President" hereinafter) provides that police officers receive regular training once a year on the provisions of Sections 8, 63, 64, 68 and 68a of the Police Act, Section 7 of Act No. 9/2010 on Complaints as amended, Regulation No. 3/2002 of the Minister of the Interior on the Police Code of Ethics, and the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (Notification of the Ministry of Foreign Affairs No. 26/1995).

Newly recruited police officers receive training in the form of post-secondary studies at Police Force vocational schools (basic police training – warrant officers) on such topics as the protection of human rights, performance of service duties or use of coercive measures including special techniques in compliance with international standards on the use of force and firearms. They receive theoretical as well as practical training in the form of integrated exercises, physical training, operational training, public order service, and law and ethics courses. In post-secondary advanced studies (specialised training – senior police officers), these topics are part of the school curricula and are taught in the following courses: public order service/border and foreign police service, law, and ethics of police work.

The Training Department of the Presidium of the Police Force (the "Police Force Presidium" hereinafter) provides training to police officers by means of on-the-job practice and upgrading skills for using coercive measures in compliance with international standards for use of force and firearms. The training on the use of coercive measures as defined by the Police Act is secured for police officers in direct service also through their superiors.

Following up on the recommendation of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (the "CPT" hereinafter), the Police President issued Order No. PPZ-OKS3-2019/001693-209 of 7 March 2019 instructing the directors of organisational units of the Police Force Presidium and the directors of Regional Directorates of the Police Force ("Regional Police Directorates" hereinafter) to ensure the systematic implementation of generally binding legal regulations, internal regulations of the Ministry of the Interior and international treaties on fundamental human rights and freedoms by which the Slovak Republic is bound, especially as regards not tolerating violence or any form of ill-treatment of persons deprived of their liberty, with particular emphasis on properly reviewing the legitimacy and appropriateness of the use of coercive measures.

According to the reports on criminal offences committed by members of the Police Force in 2018, 2017, 2016, 2015 and 2014, charges for the criminal offence of bodily harm (caused by police officers using excessive force in the performance of their duties) were brought against 3 police officers out of a total of 22,017 members of the Police Force (0.014%) in 2018, 2 police officers out of a total of 22,020 members of the Police Force (0.009%) in 2017, 2 police officers out of a total of 22,247 members of the Police Force (0.009%) in 2016; no member of the Police Force was charged with the above offence in 2015, and one police officer out of a total of 22,476 members of the Police Force (0.004%) was charged in 2014.

Referring to these statistical overviews we would like to note that excessive use of force by police officers is the result of misconduct on the part of individual members of the Police Force, which cannot be completely eliminated by systemic measures taken at the level of the Ministry of the Interior.

Ad paragraph 13 – The CPT would like to be informed of further developments in bringing forward a proposal for legislative changes to the changes of competence, organizational subordination and powers of service entrusted with investigating alleged ill-treatment by the police and setting up a department in a prosecution service that will specifically oversee criminal prosecution of members of armed security corps.

Regarding the above recommendation we refer to the Programme Manifesto of the Government of the Slovak Republic outlining the steps to be taken by the Government towards institutional strengthening of independent control of armed security corps. Special departments will be accordingly created within regional prosecution authorities to handle complaints lodged against members of armed security corps. Furthermore, as provided for in Act No. 6/2019 of 13 December 2018 amending Act No. 171/1993 on the Police Force as amended, the Section of Control and Inspection Service of the Ministry of the Interior was dissolved as of 31 January 2019 and the Inspection Service Office was created on 1 February 2019.

The newly created Inspection Service Office is a special Police Force unit with territorial competence for the entire Slovak Republic responsible for identification, investigation and summary investigation of criminal offences committed by members of armed security corps. Pursuant to Section 4a of the Police Act, the responsibility for the management and functioning of the Inspection Service Office is vested in the director of the Office who reports directly to the Government of the Slovak Republic. According to Section 6(2) of the Police Act, the management of the Inspection Service Office was removed from the management authority of the Police President and entrusted to the director of the Inspection Service Office. The remaining units of the Police Force report to the Police President; the Minister of the Interior does not have the authority to remove the management of the units participating in the detection and investigation of criminal offences referred to in Section 4(1) of the Police Act from the competence of the Police President.

The Inspection Service Office performs, at the extent defined by the Minister of the Interior, also the duties related to internal control, financial control, personal data protection, handling of complaints, handling of petitions and the duties of the data protection officer under separate regulations[1)] within the remit of the Ministry of the Interior.

Ad paragraph 14 – The CPT would also like to receive updated information for the period from 1 January 2017 on:
- the number of complaints of ill-treatment made against police officers – including the cases forwarded by prison administrations from persons who arrived injured at a remand prison[2] and the number of criminal/disciplinary proceedings which have been instituted as a result;
- the outcome of such proceedings, including those initiated before 2017, and an account of criminal/disciplinary sanctions imposed on the police officers concerned.

Based on Article 3 of the Mutual Cooperation Agreement concluded between the Ministry of the Interior and the Ministry of Justice on 9 December 2009 (the "Agreement" hereinafter), the Ministry of the Interior concluded an Implementing Agreement on Mutual Cooperation in 2017 with the General Directorate of the Prison and Court Guard. The latter Agreement provides for cooperation and provision of mutual assistance, as well as for direct sharing of information and findings related to detecting criminal offences committed or planned by members of the Police Force or members of the Corps of Prison and Court Guard, in particular offences involving injuries allegedly caused to accused or sentenced persons by police officers, and of other crimes committed by police officers.

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[1] For instance, Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, repealing Directive 95/46/EC (General Data Protection Regulation) (OJ EU L 119, 4.5.2016); Petition Act No. 85/1990 as amended, Act No. 10/1996 on Control in State Administration as amended, Act No. 9/2010 on Complaints as amended, Act No. 307/2014 on Some Measures Related to Reporting on Anti-social Activities as amended by Act No. 125/2016 , Act No. 357/2015 on Financial Control and Audit as amended by Act No. 177/2018 and Act No. 18/2018 on Personal Data Protection as amended.".

[2] See paragraph 78.

By virtue of paragraph A.1 of Government Resolution No. 650 of 2 December 2015, the task of the Minister of the Interior defined in paragraph D.2. of the Government Resolution No. 979/2001 was amended as follows: *"to pay systematic attention to the work of the Section of Control and Inspection Service of the Ministry of the Interior as regards the examination of complaints lodged by apprehended, detained and charged persons in respect of injuries they were allegedly inflicted by members of the Police Force, and to include the relevant information in the report on criminal offences committed by members of the Police Force, to be submitted to the Government by 30 April of each year"*.

The above amendment of the D.2 task expanded the range of data provided to the Government on criminal offences committed by police officers, supplementing them also with data from the investigation of complaints lodged by apprehended, detained and charged persons for injuries they were allegedly inflicted by police officers.

Annual reports are drawn up in this connection on criminal offences committed by police officers (the "reports" hereinafter) and submitted to the Government as information material. The reports contain an analysis into criminal offences committed by police officers and their comparison with the preceding period. They also include information on the processing of petitions filed by apprehended, detained and charged persons claiming to have suffered injuries caused by the police.

The body that had substantive authority within the sphere of competence of the Ministry of the Interior to investigate petitions filed by apprehended, detained and charged persons who allegedly suffered injuries caused by police officers (the "petitions" hereinafter) was the Inspection Service Department of the Section of Control and Inspection Service of the Ministry of the Interior. Individual petitions were recorded on the basis of notifications received from the Corps of Prison and Court Guard, prosecutors, natural persons or of other submissions (such as notifications referred from other Police Force services).

The tasks performed by the Section of Control and Inspection Service of the Ministry of the Interior until its termination on 31 January 2019 have been taken over by the Inspection Service Office established on 1 February 2019 under Act No. 6/2019 of 13 December 2018 amending Police Act No. 171/1993 as amended.

We would also like to refer to other materials that provide general overviews of criminal activities and other unlawful acts of members of the Police Force, namely:

1. Report on criminal activities of members of the Police Force (drawn up by 30 April of each year) submitted to the Government of the Slovak Republic as information material and published on the website of the Government Office of the Slovak Republic https://www.vlada.gov.sk/.
2. Reports on investigation into complaints and petitions within the sphere of competence of the Ministry of the Interior are published on the Ministry of the Interior's website www.minv.sk.

Ad paragraph 15 – The CPT must once again call on the Slovak authorities to remove from the police facilities all fixed-to-wall objects or similar objects to attach persons and, more

generally, to take effective measures - including legislative steps - to end the practice of attaching persons detained by police to such objects. Every police facility where persons may be deprived of their liberty should be equipped with one or more rooms designated for detention purposes and offering appropriate security arrangements. Corridors should not be used as ad hoc detention facilities.

In the event of a person in custody acting in a violent manner, the use of handcuffs may be justified. However, the person concerned should not be shackled to fixed objects but instead be kept under close supervision in a secure setting and, if necessary, medical assistance should be sought. Moreover, the handcuffs should be applied for only as long as is strictly necessary.

As regards the above recommendation, we point out that when using handcuffs police officers proceed in conformity with *Section 52 of the Police Act, which reads*:
(1) The police officer is authorised to use handcuffs:
a) to handcuff a person being brought in, apprehended, detained or arrested, or a person to be delivered to a prison or remand facility, who puts up active resistance or attacks other persons or police officers or who damages property despite having been warned to refrain from such conduct,
b) to handcuff together two or more persons being brought in, apprehended, detained or arrested under the conditions referred to in subparagraph a) hereof,
c) while performing interventions or taking procedural steps in respect of persons being brought in, apprehended, detained or arrested, or in respect of persons remanded in custody or serving a prison sentence, if there is a grounded suspicion they might attempt to escape,
d) while carrying out police transport of foreigners through the territory of the Slovak Republic to the state border of the neighbouring state.
(2) The person referred to in paragraph (1) may also be handcuffed to a suitable object if circumstances so require, but only for as long as the grounds referred to in paragraph (1) are present.
(3) The police officer is authorised to use a restraining belt for the purposes referred to in paragraphs (1) and (2) if there is suspicion that the use of handcuffs might be ineffective.

The above provisions are exhaustive in terms of setting the duration of and the conditions under which police officers are authorised to use handcuffs.

Part I (c) of Police President's Order No. 4/2015 requires police superiors to ensure that persons deprived of their liberty are placed, based on individual assessment of the case, in the "designated areas" of police stations used for temporary detention of such persons or attached to suitable fixed objects for only as long as strictly necessary and that each such placement or attachment and its duration are recorded in the respective administrative tool and the form.

We point out in this connection that not every person deprived of liberty is automatically attached to a suitable object. Each case of attaching a person to a suitable object is assessed individually, taking account of the person's behaviour at the police station (aggressive behaviour, damage to property, etc.). Suitable fixed objects for attaching persons have remained in place only in isolated cases and are used only rarely and in justified cases, for example when the

person brought into a police station puts up active resistance, attacks other persons or police officers or damages property; however, the person is handcuffed to such an object only for as long as the reasons for doing so are still present.

It is clear from the foregoing and from Section 52 of the Police Act that this is only a temporary measure and that preference is given to the use of premises for persons brought in ("designated areas"); handcuffing persons to suitable objects is used only if there is no other solution available. The person is handcuffed to a suitable fixed object at a place where the public has no access at all, or where public access is limited.

Although the legislation referred to above allows handcuffing a person to a suitable object, the recommendation of the CPT Committee that the Slovak authorities remove fixed-to-wall objects for attaching persons from all police establishments and that, more generally, they take effective measures to end the practice of attaching persons in police custody to built-in objects, has been incorporated into Police President's Order No. PPZ-OKS3-2019/001693-209 dated 7 March 2019, instructing the directors of organisational units of the Police Force Presidium and the directors of Regional Police Directorates to ensure that handrails and/or metal security fixtures used for attaching persons be immediately removed from all "designated areas used by the Police Force for temporary detention of persons deprived of their liberty", secured by bars.

Ad paragraph 17 – The CPT reiterates its recommendation that the Slovak authorities take the necessary steps to ensure that the right of all persons deprived of their liberty by the police to notify a third party of their choice as from the outset of the deprivation of liberty is fully recognised in law and effectively implemented in practice. Any exceptions to this right should be clearly defined and strictly limited in time and be accompanied by appropriate safeguards (e.g. any delay in notification of custody to be recorded in writing with the reasons and to require the approval of a senior police officer unconnected with the case or a prosecutor).

Further, the necessary steps should be taken to ensure that detained persons are always provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention when notification is performed by police officers.

The Police President instructed the directors of organisational units of the Police Force Presidium and the directors of Regional Police Directorates by Order No. PPZ-OKS3-2019/001693-209 of 7 March 2019 to ensure that police officers verbally inform persons deprived of their liberty (brought in, apprehended, detained, arrested, etc.) immediately after their detention about the reasons for the detention and, if the circumstances permit, provide them also with a written information using the template in Annex 1 to the Order. Written information is provided to those persons no later than upon their arrival at the police station. In specific cases, where it is not possible to advise them of their rights immediately after they are deprived of liberty and/or upon their arrival at the police station due to the need to have the information translated into a language they understand or to the sign language, information will be provided to them as soon as the police arranges for an interpreter.

Annex 1 to Order No. PPZ-OKS3-2019/001693-209 of the Police President contains updated templates of information sheets for persons deprived of their liberty pursuant to Sections 17, 17b, 18, 19 of the Police Act, Sections 73, 85(2), 120, 128 of the Code of Criminal Procedure and Section 79 of Act No. 404/2011 on Residence of Foreigners as amended ("Act No. 404/2011" hereinafter) – which include *inter alia* written information about the right of such persons to notify a third party of their choice of their deprivation of liberty, including the right to be provided feedback on whether the persons of their choice have been contacted and/or notified.

The Police Force Presidium has procured certified translations of information sheets from Slovak into the following languages: English, German, Spanish, French, Hungarian, Russian, Polish, Romani, Vietnamese, Serbian, Macedonian, Rumanian, Ukrainian and Chinese.

Ad paragraph 20 – The CPT must once again call upon the Slovak authorities to take the necessary steps to ensure that the right of access to a lawyer is guaranteed to all persons who are under a legal obligation to attend – and stay – at a police station and that this right is fully effective in practice as from the very outset of the deprivation of liberty.

Further, the Committee recommends that all detained criminal suspects who do not have sufficient funds to pay for the costs of their defence have access to an ex officio lawyer free of charge as from the very outset of their deprivation of liberty. Steps should also be taken, in consultation with the Bar Association, to ensure that the persons concerned can benefit from the presence of an ex officio lawyer during police custody, including during any questioning by the police.

Basic formal safeguards for the right of access to a lawyer of any person who has a legal obligation to appear and stay at a police station include Article 47(2) of the Constitution of the Slovak Republic which stipulates that everyone has the right to legal assistance in court proceedings, or proceedings before other state or public administration bodies right from the start of the proceedings, under conditions laid down by law.

In general, information on the rights of persons deprived of their liberty, as basic guarantee of their protection against ill-treatment, is provided for in Section 8(2) of the Police Act which stipulates that if the processing of these persons by the police involves interference with their rights or freedoms, police officers are obliged to inform them at the earliest opportunity of their rights under the Police Act or under other legally binding regulations. The obligation of the police to provide information in regard of specific procedural steps is regulated in more detail in Section 17 ff. of the Police Act and in the Code of Criminal Procedure.

Within their spheres of competence, the Ministry of the Interior and the Police Force Presidium issued the following internal regulations on advising persons of their rights: Regulation No. 83/2011 of the Minister of the Interior on the Escorts of Persons as amended by Regulation No. 6/2017 of the Minister of the Interior Laying Down the Conditions and Responsibility for Providing Information to the Escorted Person; already in 2006, the Police Force Presidium issued administrative tool on "Information of Rights" for persons deprived of their liberty containing information sheets in Slovak, English, German, Spanish, French, Russian, Hungarian, Polish, Roma, Korean and Vietnamese languages.

Section 46(3) of Ordinance No. 22/2013 on Basic Public Order Units of the Police Force issued by the Police President in 2013 (in effect until 14 August 2018) lays down the duty of police officers to record in the Logbook of Events each case of a person being brought in, apprehended, detained or arrested, or of a person brought directly before a court or any other authority based upon written request by these authorities. These entries, highlighted in red, comprised *inter alia* information on any sign of bodily harm or injury, subjective health issues of persons, contacts with and visits by a doctor, legal representative, consular officer or relatives; as from the amendment of the ordinance by Police President's Ordinance No. 20/2015, persons deprived of their liberty are also provided feedback on whether or not a third party of their choice was notified of the fact of their detention. Under new Ordinance No. 80/2018 of the Police President on Basic Public Order Units of the Police Force, with effect from 15 August 2018 written entries on the deprivation of liberty have been replaced by electronic entries.

The Ministry of Justice effected the transposition of Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings (OJ EU L 142, 1.6.2012) into the legal order of the Slovak Republic by drawing up and submitting for legislative procedure Act No. 174/2015 amending Act No. 300/2005, Criminal Code, as amended (the "Criminal Code" hereinafter).

Act No. 174/2015 amended the Code of Criminal Procedure with effect from 1 October 2015 through the addition of new paragraph 7 in Section 28 stating that "Under conditions referred to in paragraph 1, detained or arrested persons must be also provided a translation of information on their rights under Section 34(5). If a written translation of the rights information is not available, the information will be provided through an interpreter and a written translation will be provided without undue delay."

A new provision was added in this connection in Section 34(4) of the Code of Criminal Procedure concerning information on the rights of the accused who was apprehended or arrested ("Where necessary, the information of rights will be adequately explained to the accused. The accused who were apprehended or arrested must be informed also of their right to urgent medical attention, the right of access to their files, maximum length of the deprivation of liberty before referral to court and, if remanded in custody, also of their right to notify a relative or other person of such fact"); a new paragraph 5 was added concerning the form and the time of providing such information: *"The law enforcement authority shall provide the accused, who was apprehended or arrested, a written information on his/her rights without undue delay; this fact shall be noted in the record. The accused shall have the right to keep a copy of this information for as long as he/she is deprived of liberty."*

In the context of Section 85(5) of the Code of Criminal Procedure, the provision of Section 34 of the Code applies to apprehended persons even if they are not charged, thus providing apprehended persons (including juveniles) all basic legal safeguards as from the very outset of the deprivation of their liberty in compliance with international standards.

The Ministry of Justice (the Criminal Legislation Department of the Legislation Section) effected also the transposition of Directive 2013/48/EU of the European Parliament and of the Council of

22 October 2013 on the right of access to a lawyer in criminal proceedings and in European arrest warrant proceedings, and on the right to have a third party informed upon deprivation of liberty and to communicate with third persons and with consular authorities while deprived of liberty (OJ L 294, 6.11.2013) into the Slovak criminal law through amendment to the Code of Criminal Procedure effective from 1 January 2017.

Under the foregoing amendment, persons whose personal liberty has been restricted (apprehension, arrest, remand in custody) have the right to notify and communicate with a person of their choice; this means that also a person who was apprehended has a legally guaranteed right to notify and communicate with a person of their choice unless this would frustrate the purpose of criminal proceedings.

In connection with the above amendment, the Police Force Presidium had information sheets for the accused and information sheets for the suspects translated into 23 foreign languages (English, Arabic, Bulgarian, Czech, Chinese, Finnish, French, Greek, Dutch, Croatian, Macedonian, Hungarian, German, Polish, Romani, Romanian, Slovenian, Serbian, Spanish, Swedish, Italian, Ukrainian, Vietnamese) most frequently spoken by the accused and the suspects in Slovakia; because this measure was taken at the central level, every police officer in every police unit in charge of investigation or summary investigation is able to provide this information without undue delay to the persons concerned without having to arrange for an interpreter to translate the information in every single case.

In addition, a template was drawn up and included among the templates for police investigators and authorised police officers on “Information of rights of the accused” and a template on “Information of rights of the suspect”; as regards their content and form, they meet the requirements of Directive 2012/13/EU of the European Parliament and of the Council of 22 May 2012 on the right to information in criminal proceedings transposed into the legal system of the Slovak Republic.

In addition to the above, templates of the record on apprehension and deprivation of liberty of the suspect, record on apprehension of the accused, record on interrogation of the apprehended person – the suspect, record on interrogation of the accused, and record on interrogation of the accused juvenile have been modified in accordance with the above Criminal Procedure Code amendment. All these documents are available on the website of the Criminal Police Office of the Police Force Presidium (http://www.minv.sk/?sluzba-kriminalnej-policie-urad-kriminalnej-policie-prezidia-policajneho-zboru).

These issues are also regulated under the Police Act, namely its Section 19 on “The authority to detain a person” whose paragraph 6 reads:

“Any person detained pursuant to paragraph 1 must be enabled upon request to notify without undue delay a close person of his/her detention and ask for legal assistance of a lawyer. If the detained person is a soldier, the police officer shall notify the nearest military unit and if the detained person is a minor, the police officer shall notify the minor’s legal guardian.”

It follows from the wording of the above provision that any detained person who so requests must be enabled to notify of the detention a close person and ask for legal assistance of a lawyer without undue delay, which means that the right to contact a relative (or a third party) may be exercised immediately after the detention and as soon as the impediments preventing such notification have ceased to exist.

When carrying out administrative expulsion of foreigners and the related procedural steps connected with the foreigner's unauthorised stay in the territory of the Slovak Republic, the units of the Bureau of Border and Foreign Police of the Police Force Presidium (the "Border and Foreign Police Bureau" hereinafter) have the competence to perform actions set out in Section 125(2) of Act No. 404/2011 on Residence of Foreigners as amended, which also entail the deprivation of liberty of the foreigner. Section 77 of the Act stipulates that every foreigner is informed of his/her rights and obligations through an interpreter in the language he/she understands. In particular, foreigners are provided information under Section 77(7) and (8) of Act No. 404/2011 concerning their right to be represented by a lawyer or other representative of their choice (a natural person with full legal capacity). Furthermore, foreigners who cannot afford the costs of legal representation are advised of their right to apply for free legal aid to the Legal Aid Centre that will provide them a lawyer.

When detaining foreign nationals, officers of the Border and Foreign Police Bureau proceed in accordance with Section 88 of the Act; Section 90(1) of the Act lays down their obligation to advise the foreign national, immediately after his/her detention and in the language he/she understands, of the reasons for the detention, the possibility to notify the consulate of the country of his/her nationality as well as a close person and a legal representative about his/her detention and the right to a review of the legality of detention decision.

In practice, every detained person is advised within the meaning of the Code of Criminal Procedure of his/her rights immediately after his/her detention, including the right to immediate access to a lawyer as from the very outset of the deprivation of liberty, as well as the right to legal assistance already during the initial questioning, the right to immediate access to independent and free medical attention, and the right to notify of the deprivation of liberty a relative or a third party of his/her choice. Minors may not be questioned without the presence of their legal guardian or other person under separate legal regulations. Persons deprived of their liberty are provided verbal and written information on their rights (through an interpreter where necessary) in a language they understand, sign the information sheet in their own hand, and keep it on themselves during their entire detention. If their health condition requires medical attention or if they report feeling unwell or sick, they are provided help either by the medical emergency service or at the nearest medical facility. Detained persons receive information about their rights in writing and confirm its receipt with their signature in the detention record. Persons deprived of their liberty keep this information on themselves at all times until they are released/remanded in custody. Detained persons in the procedural capacity of the accused are immediately served a written resolution on the launching of criminal prosecution. In case of foreigners, the written information on rights also includes the advice concerning their right to request that the consular office of the state of their nationality or of their permanent residence is notified of their detention and/or remand in custody, to communicate with the consular office, to ask for the visit of a consular officer and for legal representation through the consular office. Persons detained in

connection with criminal proceedings are entitled, during the entire period of their detention, to two telephone communications with a person of their choice of up to 20 minutes each where this is technically possible and under constant supervision of a police officer who may end the communication if it appears to frustrate the purpose of criminal proceedings. Detained foreign nationals charged with a criminal offence must be served the resolution on the bringing of charges and the resolution on the remand in custody; detainees may waive this right.

The Police President instructed the directors of organisational units of the Police Force Presidium and the directors of Regional Police Directorates by Order No. PPZ-OKS3-2019/001693-209 of 7 March 2019 to ensure that police officers verbally inform persons deprived of their liberty (brought in, apprehended, detained, arrested, etc.) immediately after their detention about the reasons for the detention and, if the circumstances permit, provide them also with a written information using the template in Annex 1 to the Order. Written information is provided to those persons no later than upon their arrival at the police station. In specific cases, where it is not possible to advise them of their rights immediately after they are deprived of liberty and/or upon their arrival at the police station due to the need to have the information translated into a language they understand or to the sign language, information will be provided to them as soon as the police arranges for an interpreter.

Annex 1 to Order No. PPZ-OKS3-2019/001693-209 of the Police President contains updated templates of information for persons deprived of their liberty (pursuant to Sections 17, 17b, 18, 19 of the Police Act, Sections 73, 85(2), 120, 128 of the Code of Criminal Procedure and Section 79 of Act No. 404/2011) – which include *inter alia* a written information on their right to contact and receive the visit of a lawyer.

Ad paragraphs 22 and 23 – The CPT therefore reiterates its recommendation that every detained person's right of access to a doctor include, if the person concerned so wishes, access to a doctor of his/her own choice in addition to any medical examination carried out by a doctor called by the police (it being understood that an examination by a doctor of the detained person's own choice may be carried out at his/her own expense).

The CPT therefore reiterates its recommendation that the Slovak authorities take the necessary steps to ensure that all medical examinations of persons in police custody take place out of the hearing and – unless the doctor concerned expressly requests otherwise in a given case – out of the sight of police officers. Further, police officers should only have access to medical information strictly on a need-to-know basis, with any information provided being limited to that necessary to prevent a serious risk for the detained person or other persons. There is no justification for giving staff having no health-care duties access to information concerning the diagnoses made or statements concerning the cause of injuries

The right to protection of health is guaranteed to everyone under Article 40 of the Constitution of the Slovak Republic. Every person deprived of his/her liberty asking for medical attention, i.e. including immediately after the deprivation of liberty, has the right to consult a doctor. The exercise of this right and its respect by police officers is regulated also by relevant provisions of the Police Act which define the duties of police officers, namely Section 2(1)(a) stipulating that

the Police Force co-operates in the protection of fundamental rights and freedoms, especially by safeguarding the life, health, personal liberty and security of persons, and in the protection of property.

Other Police Act provisions that regulate access to a doctor include Sections 44(2), 48(1) and 63; Section 44(2) stipulates that if a police officer determines that the person to be placed in a cell is manifestly under the influence of alcohol, narcotics, psychotropic substances or medications, is injured, or claims to suffer from a serious illness or injury, the officer secures medical assistance for that person and requests the doctor's opinion on whether the person is fit to be placed in a cell.

Section 48(1) of the Police Act provides that the police officer shall administer first aid and call in a doctor if a person placed in a cell falls ill, injures himself or attempts to commit suicide. In practice, these are particularly acute cases of self-inflicted injuries, or diseases, when the person placed in the cell requires immediate medical attention.

Section 63 of the Act provides that as soon as the police officer discovers that a person has suffered injury as a result of the use of coercive measures he/she shall, if the circumstances so permit, administer first aid to that person and ensure his/her medical treatment.

It should be added that in practice neither the choice of the doctor nor the right of access to a doctor is at the discretion of police officers; their role is to ensure medical assistance (e.g. by calling medical emergency service).

Concerning the presence of police officers during medical examinations of persons deprived of their liberty, it needs to be mentioned that their presence is not their arbitrary decision; they respond to the request of a doctor or other health care professionals demanding the presence of police officers during medical examinations in a given case, especially where persons deprived of their liberty present an imminent risk to their life or health or the life or health of other persons, behave aggressively, have already attempted to escape or are likely to repeat the attempt. In this connection, it also needs to be mentioned that police officers are responsible for persons deprived of their liberty as from the very outset of and during their entire deprivation of liberty, and that police officers' duties also include ensuring medical care and preventing possible escape of or threat to life or health by persons receiving medical attention (Article 33(2)(m) of Regulation No. 83/2011 of the Minister of the Interior on Escorts of Persons as amended by Regulation No. 6/2017 of the Minister of the Interior).

Ad paragraph 24 – The CPT therefore recommends once again that the Slovak authorities ensure that the above-mentioned precepts are recognised by law and applied in practice as from the very outset of juveniles' deprivation of liberty (i.e. as soon as they have to remain with the police).

The legislation of the Slovak Republic gives special attention to juveniles. Police officers receive, on an ongoing basis, information about generally binding legal regulations, internal regulations and their amendments, as well as the guidelines and directives governing criminal procedures.

In case the detainee charged with a criminal offence is a juvenile, he/she must have a lawyer as from the moment of bringing charges. The detention of a juvenile is notified by the police to the juvenile's legal guardian or other authorised person. All relevant rights of persons deprived of their liberty are listed in the written information sheet mentioned earlier. The notification on the deprivation of liberty is promptly communicated to the substantively and territorially competent duty prosecutor, and the date, time and name of the notified prosecutor are entered on the detention record.

The questioning of juveniles is governed by Sections 134 and 135 of the Code of Criminal Procedure. Under Section 134(4) of the amended Code of Criminal Procedure effective from 1 January 2018, if the person questioned as a witness in criminal proceedings is a particularly vulnerable victim under separate legislation, the questioning must be conducted with utmost consideration and in a manner which eliminates the necessity of its repetition in terms of content in subsequent proceedings; this is without prejudice to the provision of Section 135(1). The questioning is conducted with the use of audio and video recording equipment; this is without prejudice to the provision of Section 270(2). The law enforcement authority ensures that the questioning during pre-trial proceedings is conducted by the same person, provided this does not frustrate the conduct of criminal proceedings. The police will call on a psychologist or an expert who, taking account of the subject-matter of questioning, will contribute to its proper conduct; this is without prejudice to the provision of Section 135(1).

Section 134(5) of the Code of Criminal Procedure stipulates that if the person questioned as a witness in criminal proceedings concerning a crime against human dignity, crime of human trafficking or crime of ill-treatment of a close person or a person entrusted into care is a particularly vulnerable victim under separate legislation, that person will, as a rule, be questioned in pre-trial proceedings by a person of the same sex as the person being questioned, barring serious reasons to the contrary, which the law enforcement authority must specify in the record.

Pursuant to Section 135(1) of the Code of Criminal Procedure, if the person questioned as a witness is under 18 years of age and the questioning concerns matters whose recollection could, given the age of the witness, have a negative influence upon the witness's mental and moral development, the questioning must be conducted with utmost consideration and in a manner which eliminates the necessity of its repetition in terms of content in subsequent proceedings. The police will call on a psychologist or an expert who, taking account of the subject-matter of questioning and the level of mental development of the questioned, contributes to the proper conduct of the questioning, and a representative of the body for social and legal protection of children and social guardianship if a court-appointed guardian pursuant to Section 48(2) is not present at the questioning. If the presence of the legal guardian or of an education specialist can contribute to the proper conduct of the questioning, they shall also be called in. Before the examination of a witness under the first sentence, the law enforcement authority will consult the conduct of questioning with a psychologist or an expert who will be called upon to attend the questioning; where necessary, the body for social and legal protection of children and social guardianship, the legal guardian or an education specialist will also be consulted so as to ensure proper conduct of the questioning and prevent secondary victimisation.

Pursuant to paragraph 2 of the above provision, a person under 18 years of age should be questioned in the subsequent proceedings only when this is strictly necessary and, in pre-trial proceedings, only with the consent of a prosecutor. In the proceedings before the court, the court may decide to take the evidence by reading the record of questioning even if the conditions set out in Section 263 are not fulfilled. The person called in to attend the questioning is, when necessary, consulted as to the accuracy and completeness of the record, the manner in which the questioning was conducted, and the manner in which the person being questioned gave his/her testimony.

Pursuant to paragraph 3 of the above provision of the Code of Criminal Procedure, where a person under 18 years of age is questioned as a witness in respect of a criminal offence committed against a close person or against a person entrusted into care, or where it is clear from the circumstances of the case that a repeated testimony by a person under 18 years of age could be influenced, or where there are reasonable grounds to believe that the questioning could affect the mental and moral development of a person under 18 years of age, the questioning shall be conducted in a manner ensuring that the repeated questioning of a person under 18 years of age in the subsequent proceedings is required only exceptionally. The subsequent questioning of a person under 18 years of age in pre-trial proceedings may take place only with the consent of the person's legal guardian and, in cases referred to in Section 48(2), of the court-appointed guardian.

Paragraph 4 of the above provision stipulates that if a person under 18 years of age was questioned pursuant to paragraph 3 the court, when taking the evidence thus obtained, will proceed according to Section 270(2); this witness can be questioned in the proceedings before the court only exceptionally.

According to Section 135(5) of the Code of Criminal Procedure, paragraphs 1 to 4 shall also apply to a witness whose age is not known and who may be reasonably believed to be younger than 18 years of age, until a proof to the contrary.

The Criminal Police Office of the Police Force Presidium issued Methodological Guidance No. PPZ-KP-OVYS-427-002/2016 of 30 November 2016 on Cooperation with the Bodies for Social and Legal Protection of Children and Social Guardianship in Criminal Proceedings. As provided for in Section 135(1) of the Code of Criminal Procedure, a psychologist or an expert who, taking account of the subject-matter of questioning and the level of mental development of the person questioned, contributes to the proper conduct of the questioning, and a representative of the body for social and legal protection of children and social guardianship may be called in to attend the questioning, if the court-appointed guardian pursuant to Section 48(2) is not present. The legal guardian of the witness or an education specialist will also be called in for the questioning if this can contribute to its proper conduct. Concerning the practical application of the above provision, the Ministry of Labour, Social Affairs and Family of the Slovak Republic pointed out that the body for social and legal protection of children and social guardianship is called in to attend the questioning in a dual position – i.e. that of a psychologist and that of a body for social and legal protection children and social guardianship. The Guidance therefore provides that the psychologists called in to assist in the procedures under Section 135 of the Code of Criminal Procedure must be independent from the bodies for social and legal protection of children and social guardianship.

On 12 October 2017, the National Council of the Slovak Republic passed Act No. 274/2017 on the Victims of Crime (the "Crime Victims Act" hereinafter), effective from 1 January 2018, amending Act No. 300/2005, the Criminal Code, as amended, and Act No. 301/2005, the Code of Criminal Procedure, as amended. In this connection, the Criminal Police Office of the Police Force Presidium issued Methodological Guidance No. PPZ-KP-OVYS-582/2017 to Act No. 274/2017 on the Victims of Crime as amended of 22 December 2017.

The entry into effect of the Crime Victims Act entailed amendments to the Code of Criminal Procedure whose Section 48(2) stipulates that if the victim of a criminal offence committed against a close person or person entrusted into care is a person under 18 years of age, he/she must be appointed a lawyer *ex lege*. Under the new wording of paragraph 4 of Section 125, all confrontations with child victims and child witnesses are prohibited. This provision strengthens the protection of all child victims and child witnesses by eliminating direct contacts with the perpetrators in criminal proceedings, regardless of the type of the offence.

New paragraph 5 added to Section 125 of the Code of Criminal Procedure imposes restrictions on confrontations with the defendant in case of victims of one of the exhaustively listed criminal offences if, considering the nature of the criminal offence, direct contact with the perpetrator in criminal proceedings could lead to secondary or repeated victimisation. At the same time, confrontations with the defendant are restricted for the victims of crimes committed with the use of violence or the threat of violence who are also at risk of secondary or repeated victimisation, mainly because of their age, gender, sexual orientation, race, nationality, religion, intellectual maturity or relationship with the perpetrator.

The new wording of Section 139 of the Code of Criminal Procedure clarifies and expands the scope of information provided to witnesses upon request by law enforcement bodies or courts. Law enforcement bodies or courts provide such information even without being requested if they determine that the accused or the sentenced person who is at liberty poses a threat. The witness may waive the right to such information at any time.

As a result of amendments to the Code of Criminal Procedure, changes were made also in the record on questioning a witness and the record on questioning a victim in capacity of a witness. The Criminal Police Office of the Police Force Presidium prepared also an information material for the victims of crime, and information material concerning the conditions of compensation to the victims of crime under the Crime Victims Act.

The Criminal Police Office of the Police Force Presidium issued Methodological Guidance Ref. No. PPZ-KP-OVYS1-2018/026348 dated 18 April 2018 addressing issues related to application of Act No. 274/2017 on the Victims of Crime as amended, which entered into effect on 1 January 2018 and amended the Code of Criminal Procedure; the purpose of the Guidance is to unify the procedures applied in the framework of investigation and summary investigation when questioning particularly vulnerable victims under Section 134(4), questioning witnesses under 18 years of age under Section 135, and calling in a psychologist for the procedures in which, pursuant to Section 30a of the Code of Criminal Procedure, the presence of a psychologist is

required whenever children or other particularly vulnerable victims are involved (Sections 134(4) and 135 of the Code of Criminal Procedure).

The questioning of juveniles during misdemeanour proceedings is governed by Ordinance No. 7/2002 of the Police President on the Clarification and Investigation of Misdemeanours by the Police Force as amended, and Act No. 372/90 on Misdemeanours as amended ("Act No. 372/90" hereinafter). According to Section 60(1)(a) of Act No. 372/1990, the bodies authorised to investigate misdemeanours are authorised to demand explanations from natural or legal persons; minors or juveniles may be asked for explanations only in the presence of their legal guardian or another natural person providing personal care to a minor or a juvenile by a decision under separate provisions, or in the presence of a representative of the facility in which the minor or the juvenile is placed by a court decision under separate provisions, or a representative of the body for social and legal protection of children and social guardianship.

The Police President instructed the directors of organisational units of the Police Force Presidium and the directors of Regional Police Directorates by Order No. PPZ-OKS3-2019/001693-209 of 7 March 2019 to ensure that police officers verbally inform persons deprived of their liberty (brought in, apprehended, detained, arrested, etc.) immediately after their detention about the reasons for the detention and, if the circumstances permit, provide them also with a written information using the template in Annex 1 to the Order. Written information is provided to those persons no later than upon their arrival at the police station. In specific cases, where it is not possible to advise them of their rights immediately after they are deprived of liberty and/or upon their arrival at the police station due to the need to have the information translated into a language they understand or to the sign language, information will be provided to them as soon as the police arranges for an interpreter.

Annex 1 to Order No. PPZ-OKS3-2019/001693-209 of the Police President contains updated templates of information provided to persons deprived of their liberty (pursuant to Sections 17, 17b, 18 and 19 of the Police Act, Sections 73, 85(2), 120, 128 of the Code of Criminal Procedure and Section 79 of Act No. 404/2011), which include *inter alia* a written instruction on the rights of a minor or a juvenile, as well as information that the deprivation of liberty of a minor or a juvenile will be notified to the legal guardian of that person.

Ad paragraph 25 – The CPT therefore calls upon the Slovak authorities to ensure that all persons deprived of their liberty by the police – for whatever reason – are fully informed of all their rights as from the very outset of their deprivation of liberty (i.e. from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear verbal information at the moment of apprehension and supplemented at the earliest opportunity (i.e. immediately upon their first arrival at a police station) by the provision of a written form which should contain all the detained person's rights in a straightforward manner and which the detainee can keep. Particular care should be taken to ensure that detained persons are actually able to understand their rights; it is incumbent on police officers to ascertain that this is the case.

With a view to the implementation of the above recommendation of the CPT, the Police President issued Order No. PPZ-OKS3-2019/001693-209 of 7 March 2019 instructing the

directors of organisational units of the Police Force Presidium and the directors of Regional Police Directorates to ensure that:

- police officers verbally inform persons deprived of their liberty (brought in, apprehended, detained, arrested, etc.) immediately after their detention about the reasons for the detention and, if the circumstances permit, provide them also with a written information using the template in Annex 1 to the Order. Written information is provided to those persons no later than upon their arrival at the police station. In specific cases, where it is not possible to advise them of their rights immediately after their detention and/or upon their arrival at the police station due to the need to have the information translated into a language they understand or to the sign language, information will be provided to them as soon as the police arranges for an interpreter;
- police officers give one copy of the written information to the person deprived of liberty and a second copy of the written information is attached to the registry file of the person deprived of his/her liberty (brought in, apprehended, detained, arrested, etc.), specifying the time and the date of information, and signed by the person (if the person refuses to sign, the police officer enters the comment "the person refused to sign" together with the rank, name, surname and signature of the police officer who provided the written information).

Annex 1 to Order No. PPZ-OKS3-2019/001693-209 of the Police President contains updated templates of information provided to persons deprived of their liberty (pursuant to Sections 17, 17b, 18 and 19 of the Police Act, Sections 73, 85(2), 120, 128 of the Code of Criminal Procedure and Section 79 of Act on Residence of Foreigners).

Ad paragraph 26 – The CPT recommends that whenever detained persons are placed under video surveillance, his/her privacy should be preserved when he/she is using a toilet, for example by pixelating the image of the toilet area.
In some police stations visited (e.g. Rimavská Sobota), artificial lighting inside cells was not dimmed at night. Steps should be taken to remedy this shortcoming.

With the aim of implementing the above CPT's, the Police President issued Order No. PPZ-OKS3-2019/001693-211 on 7 March 2019 instructing the directors of Regional Police Directorates to ensure without delay that the privacy of all detained persons placed under video surveillance when using a toilet is respected in the premises of all police stations falling under their territorial competence by, for instance, pixelating the image of the toilet area.

The use of dimmed lighting inside police custody cells during night hours between the bedtime and the wake-time is regulated by Ministry of the Interior's Regulation No. 92/2015 on Police Custody Cells. To remedy the above mentioned shortcoming, the Police President instructed the directors of Regional Police Directorates by Order No. PPZ-OKS3-2019/001693-211 dated 7 March 2019 to ensure that police officers on duty in police custody cells strictly adhere to Ministry of the Interior's Regulation No. 92/2015 on Police Custody Cells with respect to using dimmed lighting in police custody cells during night hours between the bedtime and the wake-time.

Ad paragraph 27 – The CPT would like to receive more detailed information about this matter (including regarding the envisaged size, equipment and maximum length of stay).

For as long as "designated areas" are still in use, the CPT reiterates its recommendation that, due to their small size and inadequate equipment, "designated areas" never be used for detention of persons for more than a few hours and never overnight.

To ensure a uniform approach across all police units towards the implementation of the tasks arising from CPT's recommendations based on its visits to the Slovak Republic, the Police President issued Order No. 4/2015 of 25 January 2015 on the Tasks Related to the Recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (the CPT) as amended by Order No. 93/2015 of the Police President.

Part I (c) of Police President's Order No. 4/2015 requires police superiors to ensure that persons deprived of their liberty are placed, based on individual assessment of each case, in the "designated areas" of police stations used for temporary detention of such persons or attached to suitable fixed objects for only as long as strictly necessary, and that each such placement or attachment and its duration are recorded in the respective administrative tool and the form.

The implementation of the tasks resulting from Order No. 4/2015 of the Police President is regularly overseen by control units; in case of non-compliance with the provisions of the Order, officers bear sanctions.

Ad paragraph 28 – The Committee recommends that the Slovak authorities take measures to ensure that all persons held in police custody for 24 hours or more are as far as possible offered at least one hour of outdoor exercise every day in facilities of adequate size and possessing the necessary equipment (such as a shelter against inclement weather and a means of rest). This requirement should be taken into account in particular when the (re-)construction of a police establishment is being planned.

Access to outdoor exercise by persons placed in police custody cells is governed by Article 5(4) of Regulation No. 92/2015 of the Ministry of the Interior on Police Custody Cells which provides that persons held in the cell for more than 24 hours are offered upon request one hour of outdoor exercise a day within the premises of the police station to which the cells are attached. Outdoor exercise is not made available only in exceptional situations of adverse weather conditions or for other serious reasons (persons suffering from infectious disease according to their medical record, persons presenting the risk of self-harm or damage to property, etc.). Where the structural and technical conditions of police stations to which police custody cells are attached allow, persons held in police custody cells are offered outdoor exercise in fresh air.

B. Prisons

Ad paragraph 32 – The CPT encourages the Slovak authorities to pursue their efforts to reduce the prison population in a sustainable way in accordance with the relevant recommendations of the Committee of Ministers of the Council of Europe.

The Slovak Republic, taking due regard of the recommendations of the Committee of Ministers of the Council of Europe, takes steps in to the enforcement part of criminal proceedings with a view to gradually harmonise its domestic legislation (and/or internal regulations of law enforcement authorities) with the relevant recommendations. Since the 5th regular visit of the CPT (2013), the Slovak Republic has:

- expanded the range of available alternative penalties (Act No. 1/2014 on the Organisation of Public Sporting Events amended the Criminal Code by adding a new type of punishment – prohibition of participation in public events);
- strengthened the technical and legislative prerequisites for handing down alternative sentences and alternatives to custody (for instance, Act No. 78/2015 on Controlling the Execution of Selected Decisions by Means of Technical Devices describes *inter alia* the types of technical devices and the conditions of their use in the monitoring of execution of house arrest sentences; introduces the possibility of converting the remainder of a prison sentence into a house arrest sentence; strengthens the technical possibilities for monitoring alternatives to remand custody);
- expanded the possibilities for conditional release (parole) in case of more serious types of criminal offences whose perpetrators had not served a previous custodial sentence (Act No. 321/2018 amending Act No. 550/2003 on Probation and Mediation as amended).

The data on the evolution of the number of prisoners in the Slovak Republic show that, in spite of a modern range of alternative penalties and technical possibilities of their monitoring by electronic devices, the prison population index has not changed in any substantial manner. This situation reflects the impact of a combination of factors. In the light of this fact and based on the findings from application practice, the Slovak Republic takes further steps towards removing substantive and procedural obstacles to the use of alternative sentences, aimed also to increase the trust and confidence of law enforcement bodies in alternative penalties (we refer in this connection to the currently ongoing legislative process which is expected to bring amendments to selected provisions of the Criminal Code by, for instance, expanding the range of criminal offences whose perpetrators can receive a house arrest sentence).

The CPT would like to receive confirmation that the minimum living space of 4 m² per prisoner in multiple-occupancy cells (not counting the area taken up by the in-cell sanitary annexe) has been legally guaranteed and that official prison capacities have been recalculated accordingly.

In the conditions of the Slovak Republic, the minimum living space per one prisoner accommodated in multi-occupancy rooms or cells is set out in Section 18(1), second sentence, Section 70(3) and Section 74(1) of Act No. 475/2005 on Execution of Imprisonment Sentences as amended (the "Imprisonment Sentence Execution Act" hereinafter), Section 29(2)(3) of

Decree No. 368/2008 of the Ministry of Justice Issuing the Rules for the Execution of Imprisonment Sentences as amended ("Imprisonment Sentence Execution Rules" hereinafter), Section 12(1), second sentence, Sections 46(1) and 48(1) of Act No. 221/2006 on the Execution of Remand Custody as amended ("Remand Custody Execution Act" hereinafter) and in Section 14a (2)(3) of Decree No. 437/2006 of the Ministry of Justice Issuing the Rules for the Execution of Remand Custody as amended ("Remand Custody Execution Rules" hereinafter).

According to Section 18(1), second sentence, of the Imprisonment Sentence Execution Act, the *minimum living space per one sentenced prisoner in a cell or a room is 3.5 m².* According to Sections 70(3) and 74 of the Imprisonment Sentence Execution Act, the *minimum living space per one juvenile is 4 m². The minimum living space per one sentenced woman is 4 m²; in case of pregnant women, this space must not be reduced.*

Pursuant to Section 12(1), second sentence, of the Remand Custody Execution Act, the *minimum living space per one remand prisoner in a cell is 3.5 m².* Pursuant to Sections 46(1) and 48(1) of the Remand Custody Execution Rules, *the minimum living space per one juvenile in a cell is 4 m². The minimum living space per one woman in remand is 4 m²; in case of pregnant women, this space must not be reduced.*

According to Section 29(2)(3) of Imprisonment Sentence Execution Rules (and the corresponding Section 14a(2) and (3) of Remand Custody Execution Rules), *the living space of a cell or a room is counted as the total floor area of a cell or a room, excluding the area taken up by the in-cell sanitary annexe, a structurally separated toilet situated in the room or the cell, the area above which the clear height of the cell or the room is less than 1300 mm, the area taken up by built-in furniture, the window and the door recess area. Counted as the living space of the cell or the room is the area of bay windows and niches if they are at least 1200 mm wide and simultaneously at least 300 mm deep and 2000 mm high above the floor.*

Mindful of the repeated CPT's recommendation, the Slovak Republic included the task of *"building accommodation facilities for sentenced prisoners that will offer adequate minimum living space of not less than 4 m²"* among the tasks set out in the Updated Concept of the Prison System of the Slovak Republic for the Period of 2011 to 2020 adopted by Government Resolution No. 392/2013. We have fulfilled this commitment in all reconstructions of prison facilities (Bratislava, Dubnica nad Váhom and Nitra-Chrenová). It is planned to systematically continue enlarging accommodation capacities to 4 m² per prisoner (the nearest such construction will be that of a new prison at Rimavská Sobota). The target state to be achieved after the construction of adequate accommodation capacities is the minimum living space increased to 4 m²; this standard is to be subsequently enacted through legislative amendments to apply also to remand and sentenced male prisoners.

Ad paragraph 34 –The Slovak authorities further informed the delegation that the long-standing plans to establish a detention unit for mothers with children in Nitra referred to in the reports on the CPT's previous visits had still not materialised. The CPT would like to receive updated information on the setting-up of this unit.

The potential creation of a special unit for sentenced women – mothers with children of up to five years of age – is envisaged in Section 74(4) of the Imprisonment Sentence Execution Act, according to which "*the Minister of Justice of the Slovak Republic has the power to authorise the establishment of a special department for women serving their prison sentences where, upon request, they would be able to take personal care of their child older than one year until, as a rule, the age of three and exceptionally until the age of five years; this does not apply if the court entrusted their child into the care of another person*". Given this authority of the Minister of Justice and in the light of the recommendation put forward by the CPT after its 5th regular visit to the Slovak Republic, the Corps of Prison and Court Guard organised a specialised international conference in 2015 under the auspices of the Minister of Justice on the theme of "Execution of Remand Custody and Execution of Imprisonment Sentences by Women – Mothers with Children". The comparison of historical data concerning the entire female prison population revealed that only 1% of the total female prison population in the Slovak Republic (6 to 7 women at the time of the conference) meet the criteria applied by the neighbouring countries for accommodating a child together with its mother in a special prison ward (namely, that the mother must have had a demonstrable relationship with the child prior to her admission to prison, no record of certain type of criminal activities, no aggravated criminal history – such as recidivism – and "conflict-free" execution of the current imprisonment sentence)

As a follow up to the conference, a working commission was set up in the same year under the Minister of Justice with the aim to carry out a comprehensive analysis of available knowledge and to propose further actions. According to the proposal put forward by the commission, the option of executing a sentence by house arrest is preferable to the option of creating a special prison ward. In general, technical prerequisites for the execution of house arrest sentences have been in place since 1 January 2016 (Act No. 78/2015 on Controlling the Execution of Selected Decisions by Means of Technical Devices). The currently considered legislative proposals are expected to bring amendments to selected provisions of the Criminal Code and to strengthen the material prerequisites for handing down house arrest sentences. In case these amendments do not materialise and/or if their application does not result in enabling mothers with small children to serve their sentences in their home environment, other measures will be considered. Our aim is to enable sentenced women – mothers of children of up to five years of age (if there are no criminal, personal or other impediments) – to serve their sentences in a natural family setting or in another non-custodial setting offering social services. To this end, the Ministry of Justice will launch a wide inter-ministerial discussion.

Ad paragraph 35 – The Committee therefore wishes to stress again that the classification of prisoners should always be carried out by the prison administration – based on an individual risk and needs assessment – in the light of each prisoner's behaviour upon his/her admission to prison and not at the sentencing stage. The relevant legislation should be amended accordingly.

The transformation of the system of individualised execution of prison sentences (external differentiation) would call for structural changes in the sentence enforcement proceedings and as such must be subjected to a broadly-based professional debate involving the judiciary, the prosecution service and the prison service. This debate is highly relevant also in light of the fact that, for instance, in the Czech Republic the decision-making competence for external

differentiation was shifted in 1994 from the prison system to the judiciary by a ruling of the Constitutional Court of the Czech Republic. However, in 2017, the Czech Republic changed the system of external differentiation in line with the recommendations of the CPT. Given our historical, cultural and legal proximity, the experience of the Czech Republic will be used as the basis for a possible re-assessment of the current legal state also in the Slovak Republic. The Ministry of Justice will carry out an analysis into the possibilities of and the measures needed to change the current system of external differentiation.

Ad paragraph 46 – The CPT calls upon the Slovak authorities to take steps, including at the legislative level, in order to substantially improve the regime of all life-sentenced prisoners by providing them with a programme of purposeful out-of-cell activities (including work, preferably with vocational value, education, sport and recreation).

Further, immediate steps should be taken to allow all life-sentenced prisoners, as a rule, to associate with their suite-neighbours throughout the day (i.e. to have the bars between their cell and the common entrance area unlocked) and to enhance their possibilities to associate with other prisoners than their suite-neighbour.

Various individualised forms of treatment (discussions, diagnostics, psychological interventions, social counselling, self-study and in-cell work) are applied to life-sentenced prisoners in the differentiation sub-group classified as D1. As regards mutual association of inmates placed in separate cells which are paired into "suites", it is allowed, subject to individual assessment, also under the current legislation; Section 78(5) of the Imprisonment Sentence Execution Rules thus provides that *inmates may be allowed, based on the educator's proposal and subject to approval by the governor, mutual contacts within the D1 differentiation sub-group*. Life-sentenced prisoners in the D2 differentiation sub-group are also offered group activities under the supervision of a prison guard, and may participate in selected activities organised for the entire institution. No additional restrictions apply to mutual association of inmates placed in separate cells paired into "suites" which is allowed by the legislation in force, Section 78(6)(b) of Imprisonment Sentence Execution Rules stipulating that *if the sentenced person fulfils his personal treatment plan, abides by the internal rules of the institution and displays positive changes in his attitude towards his past criminal conduct and in his value orientation, he may be placed into the D2 differentiation sub-group, which is characterised by the mitigation of certain restrictions applicable to the execution of life sentences, particularly by enabling contacts with other sentenced prisoners placed in the D2 differentiation sub-group*.

Since the 5th regular visit of the CPT the Slovak Republic has carried out a number of measures in this sensitive area aimed to gradually integrate this particular group of prisoners into the general prison population. In view of the fact that the application of relevant legal provisions by individual prisons for the execution of life sentences (Leopoldov, Ilava and Banská Bystrica prisons) met with a varying success, regular meetings will be organised of professional staff responsible for the treatment of life-sentenced prisoners. These meetings will be aimed at sharing good practices in the area of targeted out-of-cell activities offered in individual prisons, and exploring the possibilities of revising the current system of classification of life-sentenced prisoners into differentiation subgroups – abolishing the mandatory 5-year placement of life-sentenced prisoners in the D1 differentiation sub-group.

Ad paragraph 47 – The CPT reiterates its recommendation that the Slovak authorities improve the outdoor exercise facilities for life-sentenced prisoners at Leopoldov Prison, in the light of the above remarks. Consideration should also be given to making the larger outdoor yard used by D2 prisoners in summer-time regularly accessible to all life-sentenced prisoners.

Further, the Committee recommends that all outdoor facilities at Banská Bystrica Prison are fitted with at least some basic sports equipment; it also invites the authorities to explore the possibility to allow life-sentenced prisoners at least occasionally to have access to an outdoor yard which allows a horizontal view.

Section 31a, first sentence, of the Imprisonment Sentence Execution Act stipulates that "*sentenced prisoners are entitled to daily outdoor exercise in a designated open area*." According to Section 43(2) of Imprisonment Sentence Execution Rules, "*outdoor exercise areas are suitably laid out prison premises secured in accordance with the respective guarding level, offering a sitting facility and fitted with sports equipment.*" Sports equipment in outdoor exercise yards for life-sentenced prisoners is the same as in those for other prisoners. During their outdoor exercise, inmates may work out using multifunctional exercise equipment; each outdoor exercise yard is fitted with a horizontal bar, and the inmates are lent balls, gates, hockey sticks, skipping ropes or table tennis equipment.

The Slovak Republic accepts the above recommendations. The Corps of Prison and Court Guard at both prisons will explore organisational measures that would enable occasional access to the larger outdoor exercise yard and to the outdoor yard allowing a horizontal view.

Ad paragraph 51 – In the light of the remarks made in paragraphs 48 to 50, the CPT calls upon the Slovak authorities to ensure that the handcuffing of life-sentenced prisoners whenever they are outside their cells is an exceptional measure which is taken only when strictly necessary, based on a thorough individualised assessment of the real risks. Further, the Committee recommends that appropriate steps be taken to:
- put an end to the practice of handcuffing life-sentenced prisoners during medical consultations and interventions As regards the presence of prison officers during medical consultations/interventions, reference is made to paragraph 82);
- ensure that life-sentenced prisoners can meet the psychologist and the chaplain in private and without bars separating them;
- abolish the practice of using devices on prisoners to block their vision and hearing while they are being transported from one location to another;
- abolish the resort to multiple strip-searches of prisoners being transported from the prison. Reference is also made in this respect to the recommendation in paragraph 92.

General

Systematic handcuffing of life-sentenced prisoners was abolished in the Slovak Republic, as noted already in the CPT's report from the 5th regular visit to the Slovak Republic. The situation has further improved since then and out-of-cell handcuffing of prisoners from the D1

differentiation subgroup is used exclusively on the basis of individual risk assessment. Because the assessment of the risk factors, used to determine the out-of-cell use of handcuffs, may vary from one establishment to another, the Corps of Prison and Court Guard will prepare an internal regulation that will provide a uniform definition of risk factors and their assessment.

Medical examination

The provision of health care falls under exclusive competence of medical staff. The repeated recommendation of the CPT not to handcuff life-sentenced prisoners during medical examinations and interventions is regularly brought to the attention of attending physicians. It is exclusively up to the attending physician to decide whether, in exceptional cases, the inmate undergoing medical examination or intervention should be handcuffed or not (both in a prison medical ward and in a civilian medical establishment).

Psychological services and spiritual care

The bars separating sentenced prisoners from a psychologist or a chaplain are not used a routine measure. Regular meetings of professional staff members responsible for the treatment of life-sentenced prisoners mentioned above will be used to share good practices with the colleagues from institutions where these services and care are offered with no separating bars.

Devices blocking the vision and the hearing

The use of devices blocking the vision and the hearing and multiple strip searches of prisoners being transported from or to the prison is a lawful security measure used exclusively in rare cases when justified by the nature of the security risk. As regards the years 2017 and 2018, the simultaneous use of both devices was recorded in only one prisoner who had a history of repeated physical attacks against prison staff and of escape attempt during transport.

Ad paragraph 52 – The Committee therefore reiterates its recommendation that the Slovak authorities take additional steps, including at the legislative level, to abolish the legal obligation of keeping life-sentenced prisoners separate from other prisoners as from the outset of their sentence.

According to Section 21(2) of Imprisonment Sentence Execution Rules, "*sentenced prisoners, including life-sentenced prisoners, who fulfil their treatment plan and have a critical attitude towards their past criminal conduct* (based on the assessment of adherence to their treatment plan and on repeated psychological examinations), *may be placed in the B differentiation group in a facility with maximum guarding level*". To date, one such life-sentenced prisoner has been integrated into the general prison population. Because of the confirmed de-socialising effects of a long-term placement in the life-sentence department, the Slovak Republic will consider further steps in this area (such as reducing the formal requirement of 15-year placement in the life sentence department; abolishing the mandatory 5-year placement of the life-sentenced prisoner in the D1 differentiation group).

Ad paragraph 53 – The CPT reiterates its recommendation that the Slovak authorities amend the relevant legislation with a view to introducing a possibility of conditional release (parole) to all life- sentenced prisoners, subject to a review of the threat to society posed by them on the basis of an individual risk assessment.

The Slovak Republic fully accepts these recommendations. The provisions aimed to abolish the category of "actual lifers", (i.e. life-sentenced prisoners who are not eligible for conditional release after serving 25 years of their life sentence) belong among draft amendments to the selected provisions of the Criminal Code which are currently in the legislative pipeline.

Ad paragraph 56 – The CPT reiterates its recommendation that the Slovak authorities review the regime applied to prisoners accommodated in the high-security department of Leopoldov Prison and, where appropriate, in other prisons in the Slovak Republic, in the light of the above remarks.

The high-security department (Section 81 of the Imprisonment Sentence Execution Act) constitutes a special but lawful means to secure safe execution of custodial sentences – to protect prisoners and prison staff from convicts whose current behaviour presents high security risk. We are of the opinion that keeping certain convicts considered as high-risk separate from other convicts and placing them in a high-security department is a legitimate policy. Having said that, the Slovak Republic, accepts the above recommendation. In order to share good practices concerning the activities offered to this target group of prisoners, the Corps of Prison and Court Guard plans to organise a working meeting for educators from selected specialised sentence execution departments from 30 September to 1 November 2019.

Ad paragraph 57 – The CPT reiterates its recommendation that the Slovak authorities ensure that the above-mentioned procedural requirements are formally guaranteed and implemented in practice.

Pursuant to Section 81(3) of the Imprisonment Sentence Execution Act, "*the decision to place a sentenced prisoner in a high-security department is at the discretion of the prison governor. The prison communicates such decision to the prosecutor overseeing legality in the prison*". The basic procedural safeguard currently applied to the system of placement of sentenced prisoners in a high-security department in the Slovak Republic is the mandatory obligation of the prison service to (immediately) notify the decision on placing a convict in a high-security department to a functionally independent body – the prosecutor who oversees legality in the prison and is authorised to reverse any prison management's decision concerning the placement in a high-security department (including decisions that are not adequately justified). In our opinion, this control mechanism and the authority of the prosecutor constitute adequate safeguards against unlawful placement of convicts in a high-security department.

At the working meeting mentioned in the previous paragraph, the Corps of Prison and Court Corps will systematically emphasise to the prison staff the need to provide proper and reviewable justification for the decision to place a sentenced prisoner in a high-security department and will reassess the need to adopt more detailed internal regulations on this issue (including information to inmates placed in high-security departments about the possibility of filing a complaint with the

prosecutor). This safeguard is further reinforced by the prosecutor's own-initiative authority to review every single placement. In addition, information about the right to file any submission to a prosecutor (including requests to review legality of the placement) is provided to sentenced prisoners immediately upon their admission to prison.

Ad paragraph 58 – The CPT recommends that the Slovak authorities take the necessary measures to ensure that such reviews are carried out at intervals not exceeding three months.

According to Section 7(2) of the Remand Imprisonment Execution Act, remand prisoners who engage in violent behaviour, present a security risk at the prison, or are prosecuted for offences set out in Section 47(2) of the Criminal Code or offences liable to life imprisonment under the Criminal Code are, as a rule, placed in high-security cells.

According to the fourth sentence of Section 7 of the Remand Imprisonment Execution Act, the justification for such placement and the placement of a remand prisoner in a high-security cell is reviewed by the prison governor or the prosecutor overseeing legality in the prison at least once in three months.

Ad paragraph 60 – The CPT recommends that steps be taken at Banská Bystrica Prison to ensure that:
- - the minimum standard of 4m² of living space per person in multiple-occupancy cells (not counting the area taken up by in-cell sanitary annexes) is fully respected in practice;
- the above-mentioned material shortcomings are remedied;
- all cells are equipped with sufficient tables and chairs for the number of prisoners accommodated therein.

As regards the minimum living space standard, we hold on to our answer given in respect of paragraph 33. Minor material shortcomings at Banská Bystrica Prison will be gradually remedied. Improvements in the standard of prisoners' accommodation in cells are pursued not only as a policy objective for the prison system – tangible improvements have already been achieved since the 5th regular CPT visit at each prison, such as the structural separation of toilets from the rest of the cell. Shortcomings in material conditions referred to in the CPT's report are being gradually remedied, the cells are painted according to a regular schedule in all prisons. The number of tables and chairs at Banská Bystrica Prison is adequate for the prescribed capacity of the facility, which has not been exceeded. Moreover, no complaints about or requests for additional tables or chairs have been received from prisoners of Banská Bystrica Prison.

Ad paragraph 61 – The CPT invites the Slovak authorities to ensure that cells with opaque windows are not used for long-term placement of prisoners.

As stated in the report, "opaque" windows (i.e. windows with protective window panes) are fitted on the outer walls of some prisons (especially in remand facilities situated in built-up urban zones). This static security feature serves to protect the inmates from being seen from outside the prison and to prevent unauthorised contacts with the civilian population which could potentially prejudice the purpose of remand detention. In no case do the protective window panes used in

our facilities prevent access to natural light or the supply of fresh air in the cell. Various alternative solutions have been considered since the last CPT's visit, including the use of sunscreen window films; these, however, cannot protect persons in the cells when the light is switched on from being seen from outside the prison and secure their safety and right to privacy.

Ad paragraph 62 – The CPT recommends that the Slovak authorities ensure that in all prisons inmates can have daily access to outdoor facilities large enough to enable them to physically exert themselves Further, all such outdoor facilities should be equipped with at least some basic sports equipment

Further, the Committee invites the Slovak authorities to explore the possibility to enable all life prisoners at Banská Bystrica Prison to have at least occasional access to an outdoor yard which allows a horizontal view.

As regards the issue of the size, equipment and horizontal view for prisoners at Banská Bystrica Prison we hold on to our answer in paragraph 33. We also add that significant progress has been achieved since the 5th regular visit of the CPT also as regards outdoor yards in remand detention facilities – reconstructions of outdoor exercise yards were completed at Nitra and Bratislava Prisons. The reconstruction of outdoor exercise area at Prešov Prison will be carried out in the course of 2019. Moreover, relevant recommendations have been taken into account in drawing up the project documentation for the upcoming construction of the Rimavská Sobota penitentiary facility; as a result, the initial design of outdoor exercise yards (which was spatially and structurally similar to that of Banská Bystrica Prison) will be modified so as to allow a horizontal view.

Ad paragraph 64 – The CPT recommends that the Slovak authorities take resolute action to provide all prisoners at Banská Bystrica Prison, as well as in other Slovak prisons, with a comprehensive programme of out-of-cell activities The aim should be to ensure that all prisoners (including those on remand) spend a reasonable part of the day (i.e. eight hours or more) outside their cells engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association. The longer the period of imprisonment, the more developed the regime offered to prisoners should be.

The Slovak Republic shares the CPT's opinion expressed in paragraph 63 of the report that "*in remand institutions where high prisoner turnover is likely, and in some cases the potential risk of collusion, the offer of organised activities is a particular challenge*." In spite of this fact we make an effort to organise a variety of cultural, sporting and other activities at individual remand detention facilities (more than 1,200 different group events were thus organised in 2018 in these facilities). If there are no impediments under criminal law, remand prisoners are assigned simple housekeeping tasks such as cleaning common and external premises of the facility, auxiliary work in the preparation of meals in the prison kitchen, and the like. After the 5th regular visit of the CPT, a social worker was recruited in every remand prison to support adult education activities and counselling efforts (e.g. help with paperwork related to pensions, contact and communicate with the relatives of prisoners, etc.). Remand prisoners of some institutions (Banská Bystrica, Leopoldov and Prešov) are offered also programmes involving special pedagogical and psychological methods of work (e.g. discussion groups or relaxation groups).

Psychologists providing psychological care and chaplains providing spiritual care are available to inmates at all remand prisons.

In addition to these activities and measures, we will continue exploring further possibilities of offering meaningful activities to all remand prisoners regardless of their remand detention regime.

Ad paragraph 65 – The CPT therefore recommends that the Slovak authorities review the concept of charging inmates for the costs of imprisonment, in the light of these remarks.

As already stated in the response of the Slovak Government to the report concerning the visit in 2013, the costs of imprisonment (the "sentence execution costs" hereinafter) must be reimbursed by all sentenced prisoners except for certain categories of inmates (juveniles, sentenced prisoners who have not been assigned any work through no fault of their own). In fact, sentence execution costs are withheld directly from the prisoner's income (pension and remuneration for work) and do not constitute a liability after the prisoner's release, i.e. they are not subject to recovery. As for the amount of cost reimbursement for the first 180 days of remand detention, it is currently set at a maximum of 615.60 EUR (3.42 EUR/day). Given the fact that average costs per prisoner amount to 43.72 EUR/day and that prisoners are provided accommodation, clothing, medical care and personal hygiene items, the level of remand imprisonment costs is not high at all.

The Slovak Republic is aware of the fact that indebtedness of natural persons is an important criminogenic reason. Amended Bankruptcy and Restructuring Act No. 7/2005 introduced a new category of debt relief into the Slovak legal system with effect from 1 March 2017 – "personal bankruptcy". The debtor is provided free representation in debt relief proceedings by the Legal Aid Centre (the "Centre" hereinafter) which, where justified, also appoints the debtor a lawyer. In the proceedings on debt relief by bankruptcy, the Centre extends the debtor a loan of 500 EUR as advance payment to cover the lump-sum fee of the trustee, which the debtor is obliged to repay the Centre within three years in the form of instalments set by the Centre. In the next step the court, within 15 days of service of the petition, either rejects the bankruptcy petition or declares bankruptcy, appoints a trustee, and invites creditors to register their claims. In the bankruptcy declaration resolution the court also rules to relieve the debtor of all debts. The court discontinues all other pending proceedings that involve any claims against the debtor. The court also discontinues all debt enforcement proceedings against the debtor. Sentenced prisoners may not be granted debt relief while they are still serving their sentence, but are being prepared for it by the staff of prison discharge departments (i.e. they are provided information on how to contact the Centre after their release from prison, information on the documents they should prepare, etc.). In collaboration with the third sector and with financial support from the Ministry of Justice, the Corps of Prison and Court Guard prepared an information brochure in 2018, entitled "Steps to a Successful Return", available in Slovak, Hungarian and Roma languages, which addresses also the debt issue; the brochure will be soon distributed to sentenced prisoners preparing to be released from prison.

Ad paragraph 66 – The Committee reiterates its recommendation that the Slovak authorities review the working terms and conditions for inmates and the system of deductions in order to ensure that the remuneration for their work is equitable.

The amount of remuneration for work received by remand and sentenced persons is laid down in the Regulation of the Government of the Slovak Republic No. 384/2006 on the Amount and the Terms of Remuneration Received by Remand and Sentenced Prisoners as amended, which also provides for the mechanism of its indexation. Since 2013, the minimum amount of remuneration for work received by remand and sentenced prisoners has grown by more than 32% to its current level of 197 EUR for full-time employment. This trend also reflects the choice of employers who give work to prisoners, the prison service giving priority to companies that offer higher average remuneration to prisoners.

Ad paragraph 67 – The CPT once again calls upon the Slovak authorities to take the necessary steps – including at legislative level – to ensure that the above-mentioned precepts are effectively implemented in practice in all Slovak prisons.

Section 7(2) of the Remand Imprisonment Execution Act provides for *separate placement in cells of the following categories of inmates*:

a) women from men,
b) juveniles from adult remand prisoners,
c) prisoners remanded in detention on the grounds according to Section 71(1) (a) or Section 71)2)(b)of the Code of Criminal Procedure ("collusion custody" hereinafter) from other remand prisoners,
d) remand prisoners prosecuted for offences according to Section 47(2) of the Criminal Code or prosecuted for offences liable to life imprisonment under the Criminal Code from other remand prisoners,
e) remand prisoners prosecuted for criminal negligence from other remand prisoners,
f) remand prisoners who committed mutually related criminal offences, or criminal offences tried in joint proceedings, if they are placed under collusion detention.
g) remand prisoners suspected of contagious disease from other remand prisoners,
h) remand prisoners from finally sentenced prisoners,
i) persons held in detention under an international arrest warrant, a European arrest warrant or on the basis of enforcing a foreign decision from other remand prisoners.

According to Section 7(7) of the Remand Imprisonment Execution Act, *the placement procedure may in justified cases diverge from the principles set out in Section 2(b)(e)(h); mitigated placement under Section 2 (a)(h) is not applicable to remand prisoners under Section (2)(f). Juveniles may be placed with adult remand or sentenced prisoners only exceptionally and only provided that it is in the interest of the juvenile, that the adult remand or sentenced prisoner cannot negatively influence, cause bodily harm to or misuse the presence of the juvenile in the cell, and provided that the juvenile and the adult remand or sentenced prisoner agree with such placement. The institution notifies such placement and the placement of a remand prisoner in a high-security cell to the prosecutor overseeing legality in the institution. The justification for such placement and the placement of the remand prisoner in a high-security cell is reviewed by the governor of the prison and the prosecutor overseeing legality in the institution at least once in every three months*.

The low number of juveniles on remand and the current rules of cell accommodation (for instance, as regards juveniles remanded for one of the criminal offences set out in Section 47(2) of the Criminal Code) create a potential dilemma – whether to accommodate a juvenile remand prisoner in a single-occupancy cell and risk possible adverse psychological effects of such placement, or accommodate a juvenile together with an adult remand prisoner chosen according to strict criteria. As regards the risk of the various forms of abuse, including sexual exploitation and other types of exploitation, for a juvenile remand prisoner exceptionally accommodated together with an adult remand prisoner, no such cases have been recorded in the Slovak Republic to date – in our opinion, this is because of the strict criteria applied to the choice of the adult remand prisoner and of the permanent presence of prison staff monitoring the situation in the cell.

That being said, the Slovak Republic respects the different opinion of the CPT and will reassess certain rules applied to juvenile remand prisoners preventing the placement of certain groups of juveniles together in the same cell. However, not even such measures would completely resolve the above dilemma (for instance, if two juveniles are remanded in collusion custody in the same criminal case).

Ad paragraph 69 – The CPT acknowledges the efforts made by the prison management to provide activities for juvenile prisoners. However, given the particularly harmful effect of a lack of purposeful activities for young persons, the CPT would like to emphasise that juveniles held at Banská Bystrica Prison or any other Slovak prison should be provided throughout the day with a full programme of purposeful out-of-cell activities including education, sport and recreation.

The Slovak Republic respectfully disagrees with the conclusion made in the CPT"s report, namely that *according to information obtained during the visit*, the list of activities offered to juvenile remand prisoners received from the management of Banská Bystrica Prison (i.e. that juvenile remand prisoners are free to choose from an offer of five to seven hours of activities a day – mainly lectures, discussion groups, drawing or taking care of aquarium or houseplants) did not correspond to the practical reality.

At each prison facility, juveniles are given utmost attention and are offered a full-day programme of targeted out-of-cell activities, including education and sport (with obvious restrictions applicable to collusion custody). This is witnessed not only by the relevant legislation (Section 50(2) of Remand Imprisonment Execution Rules stipulating that *"juveniles are offered special educational, cultural activities, interest and sports activities, taking account of the need to ensure that juveniles spend at least four hours a day outside their cells")*, but also by reviewable records maintained in the Corps of Prison and Court Guard's information system.

Ad paragraph 70 – The CPT would like to receive the Slovak authorities' comments on this matter.

Although all healthcare professionals in the prison system in Slovakia are employed by the Corps of Prison and Court Guards, they are subject to the same qualification requirements, regulations and recommendations that also apply to the provision of health care in the civilian sector. In

other words, all healthcare professionals working in the prison system must meet the requirements of professional qualification, which are regulated by the Ministry of Health of the Slovak Republic, or they must be registered as members of a professional organisation (chamber) which oversees their compliance with the requirement of 'continuous medical education' for all healthcare professionals.

Moreover, any complaints regarding the provision of health care, both in the civilian sector and in prisons, are handled by the Health Care Surveillance Authority.

In addition, all requirements for the operation of healthcare facilities in prisons are governed by the regulations issued by the Ministry of Health of the Slovak Republic, as well as by the specific recommendations and professional guidelines issued by the Ministry of Health of the Slovak Republic (for example, professional guidelines published in the Journal of the Ministry of Health); the provision of health care in prisons, just like the provision of care in civilian healthcare facilities, is subject to supervision by various institutions, such as the Health Care Surveillance Authority, Public Health Authority, Social Insurance Agency, Office of the Ombudsman, Office of the Commissioner for Children, Office of the Commissioner for Persons with Health Disabilities, and the like.

In the performance of their medical profession, prison doctors are independent from prison directors. Prison doctors are bound by the general and specific regulations and professional guidelines issued by the Ministry of Health of the Slovak Republic, which apply equally both to prisons settings and the civilian sector. These regulations and guidelines impose on all doctors (and other healthcare professionals) the obligation of medical confidentiality in all matters relating to the provision of health care to inmates. The access to medical files in prisons is strictly limited to medical personnel. The medical staff of the Corps provide health care in line with their specialisation and qualifications, always in the interest of protecting human health and life, as well as in line with the guidelines issued by the Ministry of Health and in line with the state-of-the-art medical knowledge. Even if inmates have unpaid dues to the health insurance system and are thus not entitled to the reimbursement of non-emergency medical care, health care in prisons is provided to the necessary extent and the cost of its provision is covered from the budget of the prison service (this would not be possible in the civilian sector).

Neither the prison director, nor any other non-medical prison staff may interfere with the work of prison doctors and may not (and are unable to) find out what kind of medical care prisoners receive. The authority to check the correctness of health care provision falls exclusively under the remit of the Health Care Surveillance Authority.

Ad paragraph 74 – The Committee urges the Slovak authorities to generally review the practice of prison doctors treating both prisoners and prison staff, in the light of the above remarks.

The numbers of prison doctors and nurses in Slovakia is determined by the total number of prisoners and the total number of prison staff and other persons registered in the prison's general practitioner office. The calculation formula, which takes into account these criteria, as well as the administrative activities performed by doctors, is specified in Annex 1 to 1 of Decree of Ministry

of Justice of the Slovak Republic No. 225/2017 laying down minimum requirements for staffing levels and technical equipment of healthcare facilities within the competence of the Ministry of Justice of the Slovak Republic. The calculation shows that one GP's office in a prison has significantly more doctors and nurses than a standard general practitioner's office in the civilian sector (number of patients in a civilian GP's office reaches 1500-2000 per doctor and nurse, compared to a maximum of 500 clients per doctor and 200 clients per nurse in a prison). One GP office in the civilian sector has one nurse, as opposed to at least two nurses in prisons. Bigger prisons have up to 10 nurses (for example, in Leopoldov, which has the highest per capita capacity, the population of 1,971 is served by 5 doctors and 10 nurses. In a similar civilian GP circuit, the same population is served by one doctor and one nurse). This shows that the number of posts for doctors and nurses in prisons is sufficient. Some doctor posts in some prisons may not be temporarily occupied due to shortage of doctors on the labour market. All posts of nurses are fully occupied.

Ad paragraph 75 – The CPT reiterates its recommendations that the Slovak authorities take steps to ensure:
- the daily presence (including on weekends) of qualified nurses at Banská Bystrica, Bratislava and Leopoldov Prisons. This should inter alia make it possible to avoid the need for medication to be distributed to prisoners by custodial staff;
-- that someone competent to provide first aid is always present in every prison establishment, including at night; preferably, this person should be a qualified nurse.

The non-medical staff distributes to prisoners only such medications which these persons would normally have in their possession (in civilian conditions) if they were not imprisoned. They are not administered any medications which can only be administrated/applied by medical personal, just like in the civilian sector (e.g. intravenous, intramuscular or subcunatenous application). The reason behind the controlled dispensation of such medications (which are pre-dosed in dosing containers) is to prevent their abuse by prisoners in situations where the assistance of medical personnel in their distribution or application is not necessary. Only in a limited number of cases the medications dispensed to prisoners because their mental status does not enable them to comprehend the use or dosage of medications; these prisoners are, however, usually placed in specialised departments for persons with health disabilities. These departments are attended by a nurse on a 24/7 basis or, in some prisons, these departments have plus one nurse who attends to such patients.

First aid is ensured through civilian ambulance services (paramedics or emergency medical service) in all locations where prison establishments are situated. Their arrival is guaranteed within 15 minutes. Moreover, the non-medical personnel in prisons receive regular training in the provision of pre-medical first aid, including in the use of an external defibrillator (AED).

Ad paragraph 76 – The fact that many doctors in the establishments visited wore prison officers' uniforms further reinforced the perception of their lack of independence and could thus be detrimental to the development of a proper therapeutic doctor-patient relationship. Steps should be taken to put an end to this practice. More generally, the CPT considers that additional steps are required to strengthen the professional independence of prison doctors.

In the performance of their work in prison health care facilities, medical personnel wear their medical uniforms (such as white trousers, which shirt and a white cloak, or their colour modifications, similarly as civilian medical staff). Uniforms are worn exclusively outside prisons, for example when medical personnel attend ceremonies, meetings, or training courses in the Corps Training Institute. It is therefore obvious that medical personnel in prison have exactly the same appearance in the eyes of prisoners as their peers working in civilian healthcare settings.

As a follow up to this surprising CPT finding, the Corps organised a meeting of all medical personnel dedicated to the dress code of medical personnel. The discussion at the meeting clearly showed that health care in prisons is provided solely in medical uniforms exactly in tune with common practice at civilian healthcare facilities. The Slovak Republic considers it proper that all medical personnel provide health care to prisoners solely in medical uniforms.

Ad paragraph 77 – Medical screening of newly-arrived inmates upon admission to the three prisons was systematic (usually within 24 hours) and included tuberculosis screening. However, at none of these establishments was voluntary testing for HIV and hepatitis B and C offered to all prisoners. In the interest of preventing the spread of transmissible diseases, the CPT recommends that this shortcoming be remedied.

The entry medical examination is performed no later than on the first working day following the inmate's admission to prison or remand prison. The purpose of the on-admission medical examination is to check the health condition of the prisoner/remand prisoner, assess his or her ability to serve the sentence or be remanded in custody, assess his or her ability to work and assign the respective health classification, as well as to plan further therapeutic or preventive measures, where necessary.

Blood testing for the presence of HIV and hepatitis B and C is done on admission only for the risk groups of inmates (for example, sexual abuse, prostitution or drug addiction in the patient's history, illicit production of hallucinogenic or psychotropic substances, poisons and precursors, their possession or trading in such substances, etc.), as well as for the persons who stated a possibility of getting infected otherwise (risky sexual contacts, risky forms of tattooing, etc.). The across-the-board testing of the prison population *ad libitum* would not be feasible since any such exercise would not be accepted by health insurance companies and would not be reimbursed from public insurance funds.

Ad paragraph 78 – The Committee recommends that the Slovak authorities ensure, by means such as the appropriate training of prison doctors, that the record drawn up after the medical examination of a prisoner contains:

i. an account of statements made by the person concerned which are relevant to the medical examination (including his description of his state of health and any allegations of ill-treatment);

ii. a full and detailed account of objective medical findings based on a thorough examination;

iii) the doctor's observations in the light of i) and ii) indicating the consistency between any allegations made and the objective medical findings.

The results of the medical examination in cases of traumatic injuries should be recorded on a special form provided for this purpose, and "body charts" for marking traumatic injuries should be kept in the medical file of the detainee. Further, it would be desirable for photographs to be taken of the injuries, which should be filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register where all types of injuries should be recorded.

In line with the recommendation issued by the CPT in 2013, the body chart for marking injuries is now a part of each inmate's admission record. The General Directorate of the Corps will continue to perform targeted inspections aimed at verifying compliance these recommendations and principles. These guarantees will also be incorporated in the internal documents of the Corps.

Ad paragraph 81 – The Committee urges the Slovak authorities to further improve the situation of the two inmates as a matter of priority. It would like to receive – within three months – further detailed information about the respective measures taken, including the inmates' individual care plans.

The immediate information on the measures taken was sent within the deadline of three months. Furthermore, on 15 April 2019 an inspection team set up by the General Directorate of the Corps of Prison and Court Guards conducted a specialised extraordinary inspection visit focusing on the measures adopted to ensure compliance with this particular recommendation and conclusions of the report. The inspection, which covered the period of 28 March 2018 to 23 April 2019, was performed in agreement with the Department of EU Affairs and Foreign Relations of the International Law Section of the Ministry of Justice. The record of inspection was submitted electronically on 9 May 2019 under Ref. No. GR ZVJS-61-2/21-19 to the above-mentioned Department and to the Minister of Justice.

Regarding compliance with notified measure No. 1 "positive therapeutic environment" the inspection team concluded that the cells of both inmates were clean and adequately furnished in line with the measure notified (pictures and decorative elements were regularly changed) and the establishment exerts obvious effort to keep them in good condition so that they comply with hygienic standards. To ensure basal stimulation of central nervous system and make their days more interesting, both cells have been equipped with TV sets.

Regarding compliance with notified measure No. 2 "assistance in care for basic needs" the inspection team concluded that the assistance and support to both inmates (R.G and I.C.) in caring for their basic needs, particularly their hygienic habits, was provided, apart from the healthcare personnel, also by selected inmates (mainly L.Z., a corridor caretaker, as well as V.Z. and E.G., as general support).

Regarding compliance with notified measure No. 3 "system of regular visitations and therapeutic activities" and measure No. 5 "daily sport-relaxation walks and involvement in selected group

activities" the inspection team concluded that both inmates received individualised attention by a prison psychiatrist (internal staff of the establishment), specifically more frequent specialised examinations by the psychiatrist also in periods when the two inmates showed no symptoms of agitation and decompensation of their mental state. Apart from the preventive visits by the psychiatrist, in the period between 28 March 2018 and 20 February 2019 (evaluated after the adoption of measures), the two inmates were involved in the following activities:

-- weekly check-ups by a psychiatrist and diagnostic interviews by a psychologist;

-- daily activities in and outside the cells under the guidance of a specialised pedagogue (such as individual therapies or group therapies, visits to the gym, visits of the communal room, outdoor walks above the statutory minimum, with the aim of integrating the clients into the group and keeping them in a good physical and mental condition).

The records of observation of both clients and their interviews with specialised personnel show that the inmates appear to be "more vivid in terms of socialising" and they are relatively more willing to interact with specialised personnel than in the past.

Regarding compliance with measure No. 4 "hospitalisations at the psychiatric ward of the Prison Hospital in Trenčín" the inspection team found out that the last hospitalisation of R.G. took place from 15 January to 5 February 2019 based on a referral by the psychiatrist when the inmate's condition deteriorated and he showed significant behavioural disorders.

The inspection team recommended that the inmates be placed for the time necessary, as a matter of priority, in the Prison Hospital of Trenčín the moment a deterioration of their health unrelated to their mental state occurs, especially when such deterioration cannot be handled in out-patient's settings.

The protocol of the inspection was sent on 9 May 2019 to the respective departments of the Ministry and, at the same time, submitted to the Minister of Justice of the Slovak Republic.

As from 5 February 2019, neither of the two inmates has been referred for hospitalisation by the psychiatrist

Ad paragraph 82 – The CPT therefore once again calls upon the Slovak authorities to ensure that all medical examinations of prisoners are conducted out of the hearing and – unless the health-care staff member concerned expressly requests otherwise in a given case – out of the sight of non-medical staff.

We stick to our answer in paragraph 51, namely that health care is provided exclusively by healthcare professionals. Doctors are regularly informed about the repeated CPT recommendation that examinations must be conducted out of the hearing of non-medical staff. However, we have no other tool at our disposal but to build doctors' awareness of the recommendation to conduct medical examinations and interventions in this manner. The adoption of a legislative provision that would make medical examinations out of the hearing of non-medical staff mandatory could lead to the reduction in the number of prison doctors, which would in turn negatively affect the quality of health care provided to the prison population. Any

non-medical staff who are exceptionally present during medical examinations upon doctor's request are instructed about their obligation of confidentiality.

Ad paragraph 83 – The CPT recommends that the Slovak authorities reinforce the provision of psychological care at Banská Bystrica and Leopoldov Prisons, especially as regards therapeutic clinical work/activities with various categories of inmates. Therefore, additional clinical psychologists should be recruited as part of the prisons' health-care teams. With a view to enabling the development of proper therapeutic relationships with prisoners, their tasks should not include risk assessments or classification of prisoners.

We agree with the recommendation. The Corps of Prison and Court Guards is currently setting up workplaces for two clinical psychologists, one in Banská Bystrica and one in Ilava. For this purpose, as of 1 January 2019, two posts of clinical psychologists were created and budgeted for the two establishments. The structural adjustments of their offices are underway. Once completed, the procedure for the selection of both clinical psychologists will be launched.

Ad paragraph 84 – The CPT therefore reiterates its recommendation that the Slovak authorities develop and implement a comprehensive national policy for the provision of care to prisoners with drug-addiction problems. Substitution and harm-reduction programmes should be made available to inmates to the same extent as in the outside community.

The community of healthcare professionals in the prison system is strictly against introducing substitution programmes for drug addicts in prison establishments because prisons are one of the few institutions in which the inmates suffering from drug addiction may get out of their addiction through forced abstinence at least for the duration of their imprisonment. We are not against an on-admission symptomatic treatment aimed at suppressing the initial symptoms of abstinence (this treatment is already provided). Since there is a strict ban on the penetration of psychotropic substances to the prison population, the substitution option at these establishments is inappropriate; quite the contrary, the availability of such substitute substance may have unlawful or undesired consequences (black market in substitutes, suicidal conduct, etc.)

Ad paragraph 85 – The CPT recommends that the Slovak authorities take the necessary steps to ensure that these precepts be effectively implemented in all prisons throughout the country.

We are of the opinion that the principle of the "same standard of health care as the standard available in society at large" must also apply to the prison population; therefore, the state may not significantly positively discriminate this population group. Compared to the persons outside the prison system with comparable social background, prisoners have already better access to health care because – according to the laws and regulations governing imprisonment and remand in custody – if a prison doctor concludes that a particular drug, medical device or dietetic food is needed as part of the inmate's treatment, the prison is obliged to pay such inmate a subsidy equal to patient's lowest contribution towards the cost of such drug, medical device or dietetic foodstuff included in the list of categorised drugs, medical devices and dietetic foodstuffs, which have a comparable indication or comparable basic functional properties. In general public, the

members of marginalised and minority groups are not entitled to a similar subsidy towards the cost of their health care.

Ad paragraph 86 – The CPT recommends that the Slovak authorities redouble their efforts to fill the vacant posts of prison officer in all three prisons visited and, where appropriate, in other prisons in the Slovak Republic, in order to guarantee security and provide prisoners with purposeful regime activities.

The situation on the labour market in the Slovak Republic is currently positive, with the average wage on the rise, and the government appreciates the fact. However, this generates pressure on the entire public sector in terms of its ability to retain or attract labour force. For this reason, the Government of the Slovak Republic has decided to increase the salaries in the public sector by 10% as of 1 January 2019 and by additional 10 % as of 1 January 2020. These increases also apply to the prison staff.

The Corps of Prison and Court Guards uses various communication channels to recruit new staff (job web portals, job fairs, personal communication, communication with the mayors of towns and villages in close proximity to prisons, communication with labour offices, with secondary schools and universities, with students, etc.). The Corps will soon launch active communication with job seekers through the social media.

According to the approved staffing strategy and the funds allocated from the budget, the Corps of Prison and Court Guards introduced a housing subsidy for the staff and improved the system of remuneration by making it more merit-based.

Ad paragraph 88 - The CPT reiterates its recommendation that the Slovak authorities take further steps, including at the legislative level, to ensure that the above-mentioned precepts are effectively implemented in practice.

Under Section 52(3)(g) and Section 54(5) of the Act on the Execution of Prison Sentences *"a disciplinary offence may be punished by placing the prisoner in solitary confinement for up to 14 days. If, in the course of serving a disciplinary punishment, the same prisoner commits a disciplinary offence punishable by solitary confinement, the prisoner may be subjected to such disciplinary punishment without interruption for a maximum of 21 days; the offender will serve the remainder of the disciplinary punishment no earlier than after the lapse of ten days"*. The above provision does not apply to juveniles (juveniles may not be punished by solitary confinement) and female prisoners (Section 74(3) of the Act on the Execution of Prison Sentences).

Under Section 40(3)(f) and Section 40c(6) of the Act on Execution of Remand Detention *"a disciplinary offence is punishable by placing the remand prisoner in solitary confinement for up to ten days. If, in the course of serving a disciplinary punishment, the same remand prisoner commits a disciplinary offence punishable by solitary confinement, the remand prisoner may be subjected to such disciplinary punishment without interruption for a maximum of 15 days. The remand prisoner shall serve the remainder of the disciplinary punishment no earlier than after the lapse five days after the interruption or termination of solitary confinement"*. The above

provision does not apply to juveniles (juveniles may not be punished by solitary confinement) and female prisoners (Section 48(4) of the Act on the Execution of Remand Detention).

As the CPT states in its report, the Slovak Republic has significantly decreased the maximum duration of solitary confinement. The provision enabling the successive service of several disciplinary punishments of solitary confinement exceeding 14 days will be removed from the laws on the execution of prison sentences and on the execution of remand detention at the earliest legislative opportunity; the new provision will reduce the maximum uninterrupted duration of the service of several disciplinary punishment to 14 days; the remainder of the punishment will be served no earlier than after the lapse of ten days.

Ad paragraph 89 – The CPT recommends that the Slovak authorities take appropriate measures throughout the prison system to prevent in such cases a situation of *de facto* solitary confinement by providing the juveniles concerned with activities and meaningful human contact during a major part of the day.

After the 5th regular visit of the CPT in 2013, the Slovak Republic abolished the possibility of imposing the disciplinary punishment of solitary confinement on juvenile inmates. The heaviest disciplinary punishment is a whole-day placement in a disciplinary cell for up to 10 days for prisoners and for up to 5 days for remand prisoners. As the CPT remarks, there may be situations when, unless at least two juvenile inmates serve their respective disciplinary punishments simultaneously, one juvenile inmate may end up being placed in the cell alone. Apart from the already available option to continue raising awareness of this issue, the Slovak Republic will consider adopting adequate provisions in line with the recommendation.

Ad paragraph 90 – The CPT reiterates its recommendation that any restrictions on family contacts as a form of punishment be imposed only where the offence relates to such contacts. The respective legislation should be amended accordingly.

The disciplinary punishment of 'banning telephone contacts for up to three months' (which may be only be imposed on prisoners) will be dropped from the law through an amendment to be enacted at the earliest legislative opportunity. Likewise, the ban of telephone calls for those placed in disciplinary cells will be legislatively abolished. Until these legislative amendments enter into force, the General Directorate of the Corps of Prison and Court Guards will internally instruct prison establishments to refrain using this type of disciplinary punishment.

Ad paragraph 91 - The Committee reiterates its recommendation that the Slovak authorities take steps, including at the legislative level, to ensure that these precepts are implemented in all Slovak prisons.

Under Section 54(3), first sentence, and paragraph (4) of the Act on the Execution of Prison Sentences: "*the execution of the disciplinary punishment of the whole-day placement in a disciplinary cell or the disciplinary punishment of solitary confinement may begin only after the doctor has determined that the prisoner is able to serve such disciplinary punishment. Any prisoner serving the disciplinary punishment of a whole-day placement in a disciplinary cell or the disciplinary punishment of solitary confinement must be examined by a doctor at least once*

in three days in order to determine whether the prisoner continues to be able to serve the disciplinary punishment; this shall be without prejudice to the right to the prisoner to receive the necessary health care". A similar provision applies to remand prisoners.

We disagree with the contention that the medical examination of prisoners prior to their placement in disciplinary cells means that the doctor takes part in disciplinary proceedings and decides whether this type of disciplinary punishment may or may not be imposed. The role of the doctor is to merely inform the prison authority to postpone the execution of this type of punishment because the prisoner's physical or mental health could be put at risk the moment the prisoner is placed in a disciplinary cell. We therefore see no difference in whether medical examination takes places five minutes before the planned placement or five minutes after the planned placement in a disciplinary cell.

We will amend the frequency of 'visitations' during the prisoner's placement in a disciplinary cell at the earliest legislative opportunity in line with the recommendation (although the current practise is that the nurse visits also the prisoners in disciplinary cells during the daily dispensation of medications).

Ad paragraph 92 – The Committee reiterates its recommendation that the Slovak authorities ensure that these precepts are effectively implemented in all Slovak prisons.

The personal (rub-down) search of prisoners and remand prisoners is a preventive security measure performed in line with Section 13b of Act No. 4/2001 on the Corps of Prison and Court Guards, as amended, the purpose of which is:

a) to prevent prisoners or remand prisoners from making or keeping objects that might pose a risk to the safety of persons or property or objects that could be used to breach the prison rules or objects that could be used to assist or facilitate prison escapes;
b) to prevent prisoners or remand prisoners from making, keeping or consuming alcoholic beverages, hallucinogenic substances, psychotropic substances, poisons, precursors or non-prescribed medications;
c) to identify traces or signs of violence on the bodies of prisoners or remand prisoners.

When a personal search is performed as a strip-search, the prisoner or remand prisoner will dress down to his or her underwear. A prison officer will then perform bodily search, including mouth cavity, armpits, palms and feet. After the prisoner or remand prisoner strips down naked for the time absolutely necessary, the officer will also perform visual inspection of the body. The prison office will thoroughly tap down the inmate's clothing, also with the use of detectors. The prison officer may check the inmate's clothing also with the assistance of a service dog trained in sniffing out substances with specific odours. When performing a strip search, the prison office shall use hygienic gloves ".

Strip-searches are not routinely applied to all groups of prisoners and they are always performed by the person of the same sex. In our view, strip-searches are justified for certain groups of prisoners (such as prisoners in the maximum guarding level) and in certain situations which pose a risk to security (for example, contact visits).

In the exercise their rights and legitimate interests, all prisoners and remand prisoners may file requests, complaints and suggestions to the authorities competent to deal with requests or complaints concerning human rights, as well as to the international authorities and organisations which are, under the international treaties binding upon the Slovak Republic, placed to deal with requests and complaints concerning the protection of human rights. The prison/remand prison is under obligation to forward any such request or complaint to the appropriate authority without identifying the complainant. This right also applies to complaints against strip searches and the manner in which they are conducted.

Ad paragraph 93 – It is regrettable that in all prisons visited custodial staff were still openly carrying batons inside the detention areas. That said, the delegation was informed that the prison administration planned to replace the currently used batons by telescopic ones which could be hidden from view. The Committee would like to receive updated information on this matter.

Since 2012, the Corps of Prison and Court Guards has been gradually replacing classical batons with telescopic ones placed in small pouches on belts. The staff responsible for escorting and guarding are already equipped with telescopic batons; the staff performing 'regime' activities will be equipped with telescopic batons in the course of the next three years. All persons carrying telescopic batons have been trained how to use them properly; the use of telescopic batons is now regular part of the continuous training for prison staff.

Ad paragraph 94 – The CPT therefore recommends that the Slovak authorities draw up clear instructions governing the use of a pepper-gun which should contain inter alia:
-- clear criteria as to when the pepper-gun may be used;
-- the obligation to rapidly provide prisoners exposed to a pepper-gun discharge with means of relief and to grant them immediate access to a doctor;
-- standards regarding the qualifications, training and skills of staff members authorised to use a pepper-gun;
-- an adequate reporting and oversight mechanism with respect to the use of a pepper- gun.

As from 2014, the Corps of Prison and Court Guards put to use at the selected regime and guarding posts modern portable systems for liquid tear irritants (JPX Jet projector, Guardian Angels). All persons authorised to use these means have been trained in the proper use of tear irritants; the use of irritants is now regular part of the continuous training for prison staff. Also, every package of tear irritants contains instructions for use which must be adhered to. Tear irritants may be used only in compliance with Section 33 of Act No. 4/2001 on the Corps of Prison and Court Guards, as amended. After the application of a tear-irritating substance the person who applied it must, under Section 44 of the Act, provide the person against whom the substance has been used the necessary medical assistance, immediately inform the superior officer and draw up a record on the use of a means of restraint.

Ad paragraph 96 – The Committee reiterates its recommendation that all prisoners be allowed to receive visits without physical separation, except in individual cases where there may be a clear security concern.

The separation panels and security fixtures designed to eliminate the risk of handing illicit substances to prisoners. The use of separation panels is justified in the case of the prisoners placed in a high-security ward or those prisoners who, due to repeated violations of their duties, disrespect for bans and/or breaches of their sentence plan, are put in regime C of the respective guarding level. As for the other prisoners who receive visits without direct contact (especially remand prisoners in the standard regime and prisoners at a maximum guarding level in regimes A and B), we will propose legislative changes so that the decision on a visit with separation is based on individual risk assessment.

Ad paragraph 97 - The CPT encourages the Slovak authorities to make arrangements at Banská Bystrica and Leopoldov Prisons and, where appropriate, in other prisons to enable prisoners to receive at least some visits at weekends.

Banská Bystrica Prison: the visits of the life-sentenced prisoners usually take place on the first Thursday of the month, from to 07:30 to 09.30 hours. The visits of the inmates assigned to the prison's internal workplaces take place on the penultimate and last Sunday of the month, from 08:00 to 10:00 and from 10:30 to 12:30. The visits of other prisoners take place usually on Thursdays from 09.45 to 11.45 and from 12:30 to 14:30. The visits of remand prisoners take place usually on Mondays, Tuesdays and Fridays from 07:30 to 09:30, from 09:45 to 11:45 and from 12:30 to 14:30.

Leopoldov Prison: the visits of prisoners take place usually on Wednesdays, Thursdays and Fridays, from 08:00 to 10:00, from 11:30 to 13:30 and from 14:30 to 16:30. The visits of the prisoners placed in specialised departments (department of life sentences, specialised treatment department, high-security department) takes place usually on Fridays from 09:00 to 11:00 and from 13:00 to 15.00. The visits of remand prisoners take place usually on Mondays and Tuesdays from 08:00 to 10:00 and from 12:00 to 14:00.

The smooth organisation of the visits is very demanding in terms of personnel and space. Each prison defines its weekly schedule of visits with a view to the composition of the prison population and the activities performed by inmates (for example, workplace activities, procedural interactions of inmates with courts and law enforcement authorities, etc.). This is why some establishments admit visitors only during weekends, some only during certain week days and some make visits possible every day. The Corps of Prison and Court Guards is aware of how important visits are for inmates, and especially for the children of imprisoned parents. This is why in those prisons which currently do not allow weekend visitations we will look for ways to ensure that the visits are also possible during weekends or such hours on the week days that do not collide with the schooling schedule of children whose parents are imprisoned.

Ad paragraph 98 – The CPT invites the Slovak authorities to take the necessary steps to ensure that throughout the prison system indigent prisoners are offered the possibility to send letters and make phone calls on a regular basis (including upon admission to the prison).

Under Section 25(6) on the Act on the Execution of Prison Sentences, if "*the prisoner lacks financial means, the prison shall cover the cost of sending two pieces of correspondence per*

calendar month". The same rules apply to remand prisoners (Section 20(5) of Act on the Execution of Remand in Custody). It is a common practice, however, for prisons to give their indigent inmates more postage stamps than the statutory minimum.

Under the first sentence of Section 25(10) of the Act on the Execution of Prison Sentences… *"apart from the correspondence referred to in paragraph 1, prisoners may also receive postage stamps through insured letter deliveries"*. The same rule applies to remand prisoners (first sentence of Section 20(9) of Act on the Execution of Remand in Custody).

The above provisions show that each indigent prisoner and remand prisoner is entitled to two postage stamps per month, the cost of which is borne by prison. As from 1 January 2014, all inmates (including the indigent ones) may receive postage stamps from senders outside the prison.

Based on an agreement between the Corps of Prison and Court Guards and a telecom service provider, as from 2015 each prisoner get a free telephone credit in the amount of €2 at least once a year (during Christmas or Easter holidays). From 1 March 2019, the Corps of Prison and Court Guards and a telecom service operator agreed that on the day of admission to remand prison and on the of admission to prison, each admitted inmate (including the indigent ones) receives a free start-up credit for telephone calls in the amount of €2 (which covers the cost of approximately 10 minutes of phone calls in Slovak mobile networks). Moreover, the phone call charges dropped by 30 % as of 1 March 2019. We will also consider a possibility of not making the purchase of phone credits conditional on the payment of child maintenance and other dues.

C. Psychiatric establishments

Ad paragraph 100 – During several previous visits, the Slovak authorities had informed the CPT about their plans to establish a psychiatric detention centre which would accommodate persons upon whom a measure of "detention" had been imposed by a court. However, the construction of the detention centre has been repeatedly postponed in the past and, as a result, at the time of the 2018 visit, the measure of detention had not yet been imposed upon any person.

The establishment will be located in Hronovce, in the vicinity of the existing psychiatric hospital, and will have a capacity of 80 places. The responsibility for its operation will be shared by the Ministry of Health and the Ministry of Justice. It was expected, inter alia, that the opening of the centre would enable the provision of an adequate therapeutic environment for prisoners who were currently held in prison facilities.

Based on Resolution No. 145 of the Slovak Government of 29 March 2017 concerning an update to the task involving the establishment of a detention centre at Hronovce Psychiatric Hospital and based on the Government's Manifesto, section „Penal Policy and Prison System", the Ministry of Justice has prepared a draft Act on the execution of detention and on amendments to certain acts, which was discussed and approved by the Slovak Government on 17 April 2019.

The main objective of the Act is to regulate the execution of detention in a detention centre, including the conditions for setting up, operating and guarding the detention centre, the rights and responsibilities of persons placed in detention, as well as supervision and control over the execution of detention in a detention centre.

The proposed effective date of the draft Act is 1 January 2020. In accordance with Resolution No. 145 of the Slovak Government of 29 March 2017, the detention centre is expected to be established in January 2021.

The CPT would like to receive confirmation that the construction of the psychiatric detention centre has now started and to be kept informed on the progress achieved. Further, in due course, the CPT would like to receive any specific legislation/regulations governing in more detail the execution of detention in the psychiatric detention centre.

The progress achieved in the process of building the detention centre:

1) The protocol concerning the performance of the state expert evaluation was approved by the Ministry of Health on 4 March 2019.
2) The documentation required for the planning permit has been completed. The planning permit application has been submitted.
3) The documentation for the building permit procedure has been completed. The building permit application has been submitted.
4) Following the state expert evaluation and the preparation of documents serving as the terms of reference for selecting the contractor for the construction of the building, the Ministry of Health published a call for competition for the construction of the detention centre on 30 May 2019.

Ad paragraph 101 – The Slovak authorities also informed the delegation that it was planned to set up, by the end of 2018, "secure wards" in five existing psychiatric hospitals. Their overall capacity will be 100 beds and they will serve for the placement of psychiatric patients whose stay on regular wards is particularly challenging due to the risk they present to themselves or others. Unlike in the case of court-imposed detention, placement in these secure wards will be decided by treating staff.

According to the authorities, it is expected that the setting up of the secure wards will result in an overall decrease in the use of means of restraint and will provide an opportunity for phasing out the use of net-beds (see also paragraph 126).

The CPT would like to be informed in which psychiatric hospitals secure wards have now been set up and what their capacity is. Further, the Committee trusts that the recommendations made in this report, in particular those concerning the psychiatric treatment of patients, use of means of restraint and legal safeguards to be provided to patients, will be taken into account when developing the secure wards (which might potentially create an environment with a very strict regime).

Secure psychiatric wards have not been set up in the Slovak Republic to date. The construction/reconstruction of premises in five psychiatric hospitals is planned with a view to providing a total capacity of some 100 beds/5x20/(as regards coverage from a geographical point of view and in terms of personnel); for this project, the documentation and budget are currently being prepared. As a temporary replacement until the secure wards are set up within these psychiatric hospitals, two segregation rooms are currently planned to be finalised (as the first ones to gradually replace net beds) – the timetable and the budget are currently being drawn up. Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group for secure beds has been set up in February 2019 to deal with this issue in more detail, as well as to monitor the entire process primarily as part of cooperation with the Ministry of Health. In this connection, a mission of experts is expected to visit the facilities where the restraint system has been duly introduced and established in accordance with the required European and CPT's standards.

Ad paragraph 102 – According to the Slovak authorities, in addition to a modernisation of the existing psychiatric facilities (including the setting up of the secure wards and the detention centre mentioned above), the key priorities for the near future were de-institutionalisation and the updating of the "standard preventive, diagnostic and therapeutic processes", a compendium of standards published by the Ministry of Health which define lege artis procedures in the provision of health care.

The CPT would like to receive more detailed information as regards the process of de-institutionalisation in Slovakia.

An expert working group of the Ministry of Health, composed of leading experts, has been working on developing the standard diagnostic and therapeutic processes (SDTP) since the end of 2017 and is progressing rapidly while delivering high quality outcomes in this regard, as also

demonstrated by the fact that this field was one of the three specialisations selected for the development of preventive diagnostic and therapeutic processes as well. As of 1 January 2019, the minister of health accepted and approved four SDTPs which are mandatory across the board, while the remaining processes (of the total of twenty processes prepared) are gradually going through the approval process. Essentially every SDTP contains, inter alia, community centres and psychiatric day centres reflecting an even greater need for the development of community care. This intention has been clearly reflected in a public call for subsidy policy for mental health and we expect that it would help reduce the duration of hospitalisation and facilitate a more individualised management of patients.

Until recently, psychiatric treatment in Slovakia has been primarily geared towards biological treatment (pharmacotherapy or ECT) because it relies more heavily on evidence-based medicine. At present, greater attention is paid to psychotherapeutic treatment – the Ministry of Health is currently exploring the possibilities of making this form of treatment more accessible while setting a framework for psychiatrist-psychologist cooperation not only in the field of psycho-diagnostics, but also in psychotherapy within an acute or stabilisation phase of the treatment, including the treatment of serious mental disorders requiring hospitalisation.

Further, the CPT trusts that in the course of the updating of the standard preventive, diagnostic and therapeutic processes, due account will be taken of the recommendations made by the Committee in this report, in particular as regards the use of means of restraint and the safeguards accompanying the involuntary placement and treatment of psychiatric patients.

In February 2019, an expert working group was set up by the Slovak Psychiatric Association of the Slovak Medical Association in order to update the existing Professional Guidelines of the Ministry of Health of the Slovak Republic as regards the use of the means of restraint (hereinafter as the "MR") in the case of patients in health-care facilities providing psychiatric care (Health Ministry's Journal No. 25/2009) and to draw up guidelines that are needed in connection with the use of MR in a manner that complies with the requirements of the CPT and the UN Convention (CAT). The group also works on developing a standard diagnostic and therapeutic process for ECT treatment, including the special informed consent and instructions in the form of an annex, as well as a separate document on "involuntary hospitalisation" and a separate document on "involuntary treatment" while proposing legislation and an update to a single document on the "Rights and Responsibilities of Patients". The aim is not only to prepare binding guidelines issued by the Ministry of Health, but to also propose a system for the internal and external control with a possibility of feedback control mechanism, records, registers.

Ad paragraph 103 – The delegation received no credible allegations of deliberate physical ill-treatment of patients by staff in either of the psychiatric establishments visited. Moreover, at Hronovce Psychiatric Hospital, several patients spoke positively about staff and their caring attitude, the delegation observed that treating staff constantly interacted with patients and the overall atmosphere in the establishment was relaxed.

The Slovak Republic views the findings of the CPT's delegation as highly positive and will be actively continuing its effort towards fostering a positive relationship between the health-care staff and patients.

Ad paragraph 104 – However, as regards the Bratislava Psychiatric Department, the CPT wishes to point out that its delegation heard several disrespectful remarks by certain members of staff vis-à-vis patients.

The management of the Bratislava Psychiatric Department is not aware of any situation where the staff (doctors, nurses and paramedical personnel) spoke of patients disrespectfully; the health-care personnel are trying to be empathic and ethical.

The fact that an increasing emphasis is placed on communication between the health-care personnel and patients in undergraduate and postgraduate education is demonstrated, inter alia, by a compulsory subject titled "*Medical psychology and communication with patients*" or by a newly-opened optional subject "*The basics of communication in medicine*". The health-care personnel typically attend joint seminars covering this issue as well. Based on these activities it is possible to say that appropriate communication with the patient is a priority in the current medical education system. Of course, these activities must be continued and developed further.

Ad paragraph 105 – In both establishments visited, material conditions were on the whole satisfactory. The premises were in a good state of repair and hygiene and were adequately lit, ventilated and heated. Patients' rooms were sufficient in size (double- or triple-occupancy rooms measuring between 21 and 24 m^2 at Bratislava and up to four patients per room measuring between 17 and 24 m^2 at Hronovce) and were suitably equipped (beds, bedside tables, lockable wardrobes, tables and chairs). Patients were allowed to wear their own clothes and keep some personal belongings.

That being said, at Bratislava, two adjacent patients' rooms were always interconnected with a small corridor containing a sanitary annexe (with a shower, two toilets and two washbasins). Despite the assurances provided by staff that measures are always taken to ensure the right to privacy of male and female patients accommodated in adjacent rooms, a few isolated complaints were received that a patient of the opposite sex had infringed upon the privacy of another patient who had been using the sanitary facilities.

The CPT trusts that measures to ensure privacy of patients using the sanitary facilities at the Bratislava Psychiatric Department will be strictly adhered to.

Throughout the existence of this psychiatric department (since 1997), it has always been operated as a mixed-sex department. Same-sex patients are placed in rooms interconnected by a corridor with sanitary facilities. Where the number of patients does not match this arrangement, the remaining room is locked. The situation is the same in many other wards of the hospital.

Ad paragraph 106 – Furthermore, at Hronovce, the material conditions on the female long-stay ward which was located in a separate single-storey building were rather poor. Several

bigger rooms (measuring some 14 m^2) which were accommodating three or four patients were cramped; most of the space was taken by the beds to the extent that the entrance door could not sometimes be fully opened. Moreover, the whole building, including patients' rooms, lacked any decoration and was very austere; windows in patients' rooms were fitted with metal bars. In several rooms, sockets on the walls and/or lights on the ceiling were damaged. Water pipes and electrical wiring ran along the walls which accentuated the austerity of the premises. In the CPT's view, these conditions cannot be regarded as a suitable therapeutic environment for psychiatric patients; the management of the hospital shared the CPT's opinion.

At the end of the visit to this establishment, the management informed the delegation that plans existed to reconstruct another building within the compound of the hospital and to move the female long-stay ward there. However, no clear timeframe existed at the time of the visit. The CPT would like to receive more detailed and updated information on the plans to relocate the female long-stay ward at Hronovce Psychiatric Hospital.

In the meantime, the CPT recommends that steps be taken to improve material conditions in this ward, and in particular:
-to decrease the occupancy levels in the triple- and quadruple-occupancy patients' rooms;
-to decorate the patients' rooms and the communal areas;
-to inspect and, where necessary, to repair plugs and lights in patients' rooms to ensure patients' safety.

The female ward pavilion – the rehabilitation section – was built in the 60s of the 20th century as a temporary solution assembled from units that were discarded from the Komarno Shipyard, but it is still being used as a female ward with a capacity of 44 beds. Accommodation of patients is provided in double- and quadruple-occupancy rooms which, albeit meeting the spatial requirements based on applicable standards, are not considered satisfactory due to being cramped and worn out. The reconstruction of the ward is not possible due to its age and the building materials used.

The relocation timeframe depends on the implementation of the project referred to in paragraph 101.

In 2018, a project designed to carry out aesthetic arrangements at wards – in the form of a "competition" for the best looking ward – was organised across the entire Hronovce Psychiatric Hospital. Within this project, each ward has been allocated EUR 3,000 to make its premises look better. The project was completed in October 2018 and has significantly improved the situation.

During an inspection in the pavilion referred to above, no safety deficiencies have been identified; however, the reconstruction of electrical wiring or other piping is not possible due to the building materials used.

Ad paragraph 107 – Further at Hronovce, the corridors and communal rooms on the two acute wards and geriatric ward lacked any decoration and were rather austere. This deficiency should be remedied.

The deficiencies have been removed as part of the project aimed at enhancing the aesthetic arrangements by means of the "competition" for the best looking ward (see paragraph 106).

Ad paragraph 108 – As regards the regime, patients in both establishments visited were free to move about their wards. They had access to communal areas on their wards which were equipped with tables, chairs, sofas and television sets and, at Hronovce, with books and newspapers, and where they could associate with other patients.

At Hronovce, the vast majority of patients were under a "free" regime; consequently, they were free to take outdoor exercise during the day within the hospital compound (unless an organised treatment activity was being provided). Patients placed under the "enhanced supervision regime" were taking daily outdoor exercise while being accompanied by a staff member (walks within the hospital compound, walks to the canteen and to the therapeutic activities provided in separate buildings).

At Bratislava, the majority of patients were classified into a "blue" regime which meant that they were not allowed to leave their respective wards. The remaining patients, under a "green" regime, were theoretically allowed to leave the ward and take a walk within the premises of the hospital if accompanied by staff or visitors. However, the findings of the visit indicate that this was hardly ever the case in practice. Given that there was no outdoor exercise yard available to the patients on the wards, the majority of patients were deprived of any possibility to have access to the outdoors for several days, in particular at the beginning of their hospitalisation at the psychiatric department.

The CPT recommends that the Slovak authorities ensure that all patients at the Bratislava Psychiatric Department are offered daily access to outdoor exercise (with appropriate supervision or security if required). If necessary, a secure outdoor exercise yard should be installed at the Bratislava Psychiatric Department (which should be equipped with a means of rest and a shelter against inclement weather).

At the time of writing this response, 50% of patients at the Bratislava Psychiatric Department were under the "green" regime – i.e., they are allowed to leave the ward if accompanied by relatives or staff, and 50% of patients are under the "blue" regime – i.e., they are not allowed to leave the premises of the ward, but may be visited by their relatives in the ward. This department operates under the regime of an acute ward with an average length of hospitalisation of 19 days and with 80 admissions per month, and due to the absence of a separate outdoor exercise yard for patients, considering their health condition which does not allow them to take outdoor exercise safely without being accompanied, as well as due to existing personnel capacities, this cannot be ensured for the time being. The "free" regime is granted to patients, whenever at all possible. The fact that the psychiatric department is part of the hospital should also be taken into account. On several occasions, the Bratislava Psychiatric Department suggested to the hospital

management that the balcony of the ward be fitted with metal bars. At the beginning of the hospital's operation, a negative opinion has been adopted, explaining at first that the solution would not be aesthetic and, later on, reasoning that the solution would block access to an escape exit (i.e., through the outdoor staircase of the hospital which can be accessed from the ward's balcony). The best solution would be to build a fence around a part of the grass area within the hospital's compound that is adjacent to the psychiatric department, in order a provide a secure outdoor exercise yard for patients.

Ad paragraph 110 – At Bratislava, the health-care team consisted of ten psychiatrists, 13 nurses (four additional nursing posts were vacant), including six with a psychiatric specialisation and one rehabilitation nurse, and six orderlies (four additional orderlies were on long-term sick leave and two posts were vacant). There were also two half-time psychologists and a social worker.

Medical doctors worked from 7.30 a. m. to 3.30 p.m. and one doctor was on duty the rest of the time and on weekends. As for nursing staff, on the acute ward A, there were two nurses and two orderlies on the day shift (a 12-hour shift) and three members of the nursing staff (including at least one nurse) at night. On ward B, there was one nurse and one auxiliary nurse during the day and one nurse at night.

The CPT considers that the staffing levels of the nursing staff and their presence on the ward were inadequate, in particular taking into account the high proportion of acute patients in the psychiatric department.

The CPT recommends that, as a matter of priority, the Slovak authorities take steps to fill the vacant posts of nurses at the Bratislava Psychiatric Department. In this context, due account should be taken of the recommendations made in paragraphs 113 and 126.

At the Psychiatric Department of the Bratislava University Hospital in Petržalka, medical doctors work from 7.00 a. m. to 3.30 p.m. Reinforcement of staffing would definitely be useful but, on the other hand, it is necessary to underline the fact that, despite the low staffing levels as noted above, only one patient died in 2018 and no frequent aggressiveness has been observed among patients. For 2018, there was no investigation performed by the Health Care Surveillance Authority (ÚDZS) and no criminal complaint concerning the level of provided health care has been lodged.

Ad paragraph 111 – As regards psychiatric treatment, the CPT considers that it should involve, in addition to appropriate medication and medical care, a wide range of therapeutic, rehabilitative and recreational activities. It should be based on an individualised approach, which implies the drawing up of a treatment plan for each patient, indicating the goals of treatment, the therapeutic means used and the staff member responsible. The treatment plan should also contain the outcome of a regular review of the patient's mental health condition and a review of the patient's medication.

For those patients accommodated in the acute wards, the plan should address the patient's immediate needs and identify any risk factors as well as focusing on treatment objectives and how in broad terms these will be achieved. For patients placed in the rehabilitation wards, the plan should identify early warning signs of relapse and any known triggers, and an action plan that a patient and family members should take in response to relapse. The plan should also specify the follow-up care. Further, patients should be involved in the drafting of their individual treatment plans and their subsequent modifications, and informed of their therapeutic progress.

The drafting of treatment plans constitutes the subject-matter of the Health Ministry's project concerning the Standard Diagnostic and Therapeutic Processes (SDTP). Since 2018, an expert working group for SDTP in the field of psychiatry has been intensively working on the development of standard diagnostic and therapeutic processes for medical practice. According to the project plan, the group is dealing with some 30 principal diagnoses. As of 1 January 2019, four standard processes have been put in place: the Comprehensive Management of Patients with Schizophrenia, the Comprehensive Management of Patients with Permanent Delusional Disorders, the Comprehensive Management of Patients with Schizoaffective Disorders and the Comprehensive Management of Patients with Acute and Transient Psychotic Disorders, which address, *inter alia*, the drafting of individual treatment plans for individual phases of the disease including the necessary non-pharmacological interventions (psychosocial, psycho-rehabilitation, etc.), as well as involving the patients and their family relatives in the drafting of the plans. More details can also be found in paragraph 102.

Ad paragraph 112 – At Hronovce, the delegation gained a generally positive impression of the psychiatric treatment offered to patients. Most patients with whom the delegation spoke were aware of their medication (and some also of their diagnoses), the delegation did not observe any signs of overmedication of patients and the hospital appeared to have a sufficient quantity and range of modern medicines. Pharmacotherapy was supplemented by a range of therapeutic, rehabilitative and recreational activities, such as ergotherapy (pottery, handicrafts, assembling puzzles), socio-cultural and sports activities and hippotherapy, as well as somatic rehabilitation (physiotherapy and therapeutic physical exercises).

Medical files were well-kept and contained treatment plans which were prepared shortly after the admission of patients to the hospital. The treatment plans set out treatment goals which were frequently revised. That being said, patients did not participate in the drawing up of their treatment plans.

The CPT recommends that patients at Hronovce Psychiatric Hospital be involved in the drawing up and subsequent modifications of their individual treatment plans and be informed of their therapeutic progress.

At Hronovce Psychiatric Hospital, patients are involved in drawing up and updating their treatment plans during doctors' visits by means of discussing the possibilities and risks of individual interventions.

Ad paragraph 113 – In sharp contrast, at Bratislava, no treatment plans were drawn up for the patients and psychiatric treatment was limited to pharmacotherapy. No other treatment options or recreational activities were offered to patients who thus spent their days in complete idleness, watching TV, sitting or walking in the corridor and socialising with other patients being their only distraction. The role of the psychologists was in principle limited to co-operating with the duty doctor upon admission of a patient to establish the diagnosis.

In addition, upon admission, a number of patients received a routine and imprecise diagnosis, which was then apparently not reviewed in the course of the hospitalisation. Furthermore, for two or three days following admission, the majority of patients routinely received, three times a day, injections of psychotropic medication (each time 5 mg of haloperidol and 10 mg of diazepam, irrespective of the weight, mental state and diagnosis of the patient). Following this initial period of hospitalisation, they continued to be given the same doses of the aforementioned medication in tablet form for several more days. The CPT has serious misgivings about such a routine and indiscriminate use (especially in combination with other sedative medication) of old, first generation antipsychotics in large doses (despite the availability in the department of newer, second generation antipsychotics).

The CPT recommends that the necessary steps be taken by the Slovak authorities to ensure that the principles set out in paragraph 111 are effectively implemented in practice at the Bratislava Psychiatric Department, and, as appropriate, in other psychiatric establishments in Slovakia. In particular, the Slovak authorities should ensure that, at the Bratislava Psychiatric Department:
- - an immediate end is put to the practice described above of routinely prescribing the same large doses of psychotropic medication for newly-admitted patients; upon admission, every patient should be thoroughly examined and any medication should be individualised according to the particular situation of the patient and his/her needs;

Diagnoses are determined by doctors according to ICD-10; following the psychiatric examinations at the beginning of hospitalisation, the treating doctor determines a working diagnosis which is then confirmed or ruled out by additional prescribed examinations and observation of the patient at the ward. The procedure is the same with higher-tier clinical workplaces. At the Bratislava Psychiatric Department, treatment is provided to patients with a whole range of mental disorders and related diagnoses. If the CPT's delegation holds the view that the majority of patients routinely receive, three times a day, injections of psychotropic medication (each time 5 mg of haloperidol and 10 mg of diazepam, irrespective of the weight, mental state and diagnosis of the patient), this was probably a misunderstanding. The ward has a range of new generation antipsychotics, antidepressants, anxiolytics and nootropics at its disposal, which are used in the full extent.

In Slovakia, the following psychopharmacological drugs are currently available in the category of parenteral medicinal products that can be used for handling psychomotor restlessness and aggressive behaviour: antipsychotics: haloperidol, levomepromazine, olanzapine and benzodiazepine: diazepam. Because simultaneous parenteral use of benzodiazepines and

olanzapine (or sedative neurolepctics – levomepromazine) is risky or even relatively contraindicated, the administration of haloperidol and diazepam is the only option available when it is necessary to administer a combination of antipsychotics and benzodiazepines in parenteral form. The recommendations for the posology of antipsychotics (as well as maximum dosage) are addressed under the Health Ministry's SDTP for psychiatry which became effective as of 1 January 2019 and which are accepted and adhered to by the Bratislava Psychiatric Department in the full scope.

In Slovakia's clinical practice, a therapeutic plan is part of the psychiatric examinations, and this was the case even in 2018. In the therapeutic plan, the type of provided pharmacotherapy is considered while additional diagnostic examinations and rehabilitation are planned as well. The therapeutic plan also includes therapeutic communities led by a psychologist or rehabilitation nurse. The rehabilitation nurse helps patients with various activities (such as painting, pottery, baking, daily outdoor exercises within the hospital's compound depending on the weather) which are recorded in the patient's file.

At the ward, the psychologist performs diagnostic examinations, organises group therapies, as well as individual therapeutic sessions for certain patients.

-an individual treatment plan is drawn up for every patient shortly after admission;
See our answer in paragraph 111.

-in addition to appropriate medication, patients are offered a range of therapeutic options by a multi-disciplinary team (involving a clinical psychologist), including therapeutic, rehabilitative and recreational activities.
See our answer in paragraph 111.

Ad paragraph 114 – In both establishments visited, electroconvulsive therapy (ECT) was administered to patients in its modified form (i.e. with anaesthetics and muscle relaxants), in specifically designated and adequately equipped rooms.

At Hronovce, the use of ECT was regulated by a detailed written policy, all applications of the therapy were duly recorded in a dedicated register and patients were asked to sign a specific consent form which informed them of the intervention and of the possibility to later withdraw their consent. According to the management and staff, ECT could only be applied involuntarily very exceptionally if "vital indications" existed (such as patients refusing food as a result of their mental disorder or patients suffering from depression and presenting a serious suicide risk which could not be managed by pharmacotherapy).

However, according to the register, in a number of cases, only one or two sessions of ECT were administered to a particular patient. The explanation provided to the delegation by staff that either of these were "booster sessions" if the previous full series did not have a sufficient therapeutic effect or that one or two sessions were administered if patients withdrew their consent, was neither supported by the register, nor by the personal medical files of the patients concerned.

The CPT must point out that administering only one or two sessions of ECT might indicate the use of ECT as a means of quickly subduing agitated patients which would constitute an improper use of the therapy. The CPT encourages the Slovak authorities to take the necessary steps to ensure, including, if necessary, by issuing appropriate guidelines, that ECT is never used solely as a means of quickly subduing agitated psychiatric patients.

When analysing the cases of administering ECT at Hronovce Psychiatric Hospital from 2017 until March 2018, it has been ascertained that ECT was administered only to two patients once or twice per hospitalisation (the first patient's case involved administering the so-called conditioning ECT treatment due to a good response achieved during the previous series, while the other patient refused to continue hospitalisation after being administered two sessions and was subsequently discharged from the hospital due to absence of reasons for involuntary stay in the health care facility).

Ad paragraph 115 – At Bratislava, no register was maintained in the psychiatric department of the application of ECT and patients were apparently not asked to sign any specific consent to this kind of therapy. Further, patients were routinely merely informed that they would receive "sleep therapy" and were kept ignorant of the nature of the intervention.

Moreover, allegations were received that ECT was frequently applied on an involuntary basis. While these allegations could not be confirmed given the lack of registration and documentation, the CPT must emphasise that frequent resort to involuntary application of ECT would be a matter of concern to the Committee.

In the light of these findings, the CPT recommends that steps be taken by the management of Bratislava Psychiatric Department to ensure that:
- a clear written policy on recourse to ECT is elaborated, with a view to ensuring that ECT is only used for the proper indications and is carried out in an appropriate manner; - a specific register of the use of ECT is established (and properly completed); this will greatly facilitate the oversight of the use of the therapy, supervision by the management and will provide a basis for any possible review of the practices followed;
-- written informed consent from the patient to the use of ECT, based on full and comprehensible information, is sought and kept in the patient's file and that, save for exceptional circumstances clearly and strictly defined by law, the treatment is not administered until such time as written consent has been obtained (see also the general remarks set out in paragraph 133);
-recourse to ECT is part of a written individualised treatment plan, included in the patient's medical record.

The criteria for administering ECT are addressed under the Health Ministry's project covering the SDTP, as well as in all of the currently accepted standards for individual psychiatric disorders where the requirement for a special informed consent before administering ECT has been explicitly stipulated. In 2019, a dedicated SDTP will be drawn up to establish a unified across-the-board guideline for administering ECT with a separate informed consent, records and register; more details are provided in paragraph 102.

Ad paragraph 116 – In both establishments visited, prior to an ECT session, patients were routinely placed in a net-bed (or, exceptionally, immobilised with fixation belts) to prevent them from ingesting food and liquids in preparation for ECT; this fact was confirmed by staff in both establishments.

Apart from the general objections to the use of net-beds set out in paragraph 126 the CPT is concerned about the use of any means of mechanical restraint for the aforementioned purposes.

The CPT recommends that the necessary steps be taken to put an end to the practice of mechanically restraining patients prior to the application of ECT with a view to preventing them from ingesting food or liquids. Alternative means of controlling the ingestion of food and/or liquids by patients should be sought. If necessary, the presence of staff on the respective wards should be increased.

Hronovce Psychiatric Hospital adheres to Professional Guideline No. 13787/2009 – OZS of the Ministry of Health of the Slovak Republic of 27 May 2009 as regards the use of the means of restraint in the case of patients in health-care facilities providing psychiatric care, as well as to the internal standard of Hronovce Psychiatric Hospital titled "Standard therapeutic processes for handling acute psychomotor restlessness and aggressiveness of patients". The use of protective beds before administering ECT is possible only in those cases where the patient's behaviour poses a threat to his/her health or surroundings. The spatial and technical design of the detention centre consisting of single-occupancy rooms and the planned segregation rooms makes it possible to prevent the use of net-beds in the detention centre which is to be built in Hronovce.

Such behaviour can occur even in cases where the administration of ECT has been indicated (or such behaviour can constitute, in and of itself, an indication for administering ECT). In such situations, restraining the patient in a protective bed is indicated by the doctor and recorded in the medical file. The possible proposals for solutions should indeed be part of the prepared revision of professional guidelines for the use of means of restraint which are being drawn up by an expert working group of the Slovak Psychiatric Association of the Slovak Medical Association in cooperation with the Ministry of Health of the Slovak Republic that has been set up to address these issues; more details are provided in paragraph 102.

Ad paragraph 117 – The provision of somatic care did not appear to pose a major difficulty in either of the establishments visited. Hronovce Psychiatric Hospital contracted several specialists and psychiatric patients requiring in-patient somatic care were transferred to one of the hospitals nearby. At Bratislava, somatic care was provided by specialists called in from the other departments of the university hospital.

Ad paragraph 118 – As regards deaths of patients, according to the registers examined by the delegation, at Bratislava, there were up to five cases per year (between 2012 and 2017). At Hronovce, there were 14 cases in 2016, seven in 2017 and three between January and March 2018. Most of the cases in the latter establishment occurred on the geriatric wards.

At Hronovce, the delegation examined in more detail two cases of death of patients.

In one case, a patient died shortly after a minor incident with another patient. The police were called to the establishment to investigate the circumstances of the case and, within the criminal investigation, a forensic autopsy was carried out to establish the cause of death and any possible link between the incident and the death of the patient.

In the other case, a patient had been chemically and mechanically restrained upon admission to the hospital, had been continuously fixated to the bed for four days and died whilst being attached to the bed. The autopsy which was carried out established as the cause of death bilateral bacterial pneumonia.

The CPT notes that in both cases, an autopsy was carried out to establish the cause of death and that in the first case, the police was called to the establishment to carry out an investigation. However, the CPT is concerned by the fact that, as a general rule, when autopsies are carried out, the conclusions are not communicated to the psychiatric hospital. The situation in this respect was the same at Bratislava.

The CPT recommends that a record of the clinical causes of patients' death be kept at the establishment where the patient died and that if an autopsy is performed, its conclusions be systematically communicated to the establishment.

Autopsy results are communicated to Hronovce Psychiatric Hospital only upon its own initiative and at its request for the provision of such report. In the case of a forensic autopsy, the results are provided only to the requesting entity – the law enforcement authorities.

At the Bratislava Psychiatric Department, this was clearly a misunderstanding. Because the pathological-anatomical department is part of the hospital and the management of the psychiatric department is interested in knowing the cause of death, the management representatives are in many cases present during autopsies of patients from the psychiatric department. A file with autopsy protocols, which is deposited with the department's documentation nurse, was made available to the CPT's delegation for perusal.

Ad paragraph 119 – Moreover, as regards the second case described above, and in addition to the misgivings about the length of the fixation as such, it is a matter of concern that, apart from the autopsy to establish the cause of death, there was apparently neither an external nor an internal inquiry into the circumstances of the case.

The CPT considers that whenever a death of a psychiatric patient occurs in connection with any use of force, the use of means of restraint and/or instances of inter-patient violence, in addition to an autopsy, a thorough inquiry should be carried out. Apart from establishing the cause of death, this will provide an opportunity to clarify all the circumstances surrounding the death of the patient concerned, including any contributing

factors and the therapeutic approach applied in the given case, and to more effectively prevent similar incidents in the future.

The CPT recommends that the Slovak authorities institute a practice of carrying out a thorough inquiry into every death of a patient which occurs in connection with any use of force, the use of means of restraint and/or instances of inter-patient violence, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures.

An internal inquiry into the circumstances of the case has not been carried out due to the cause of death that was established by autopsy – bilateral bacterial pneumonia. External inquiry was not initiated in this case because it did not occur through someone else's fault (in which case it would be referred to law enforcement authorities) and no motion regarding incorrect provision of health care has been lodged (Health Care Surveillance Authority).

Internal inquiry is carried in an in-patient psychiatric establishment in those cases where the harm to the health of a patient or his/her death has occurred as a result of a failure to comply with a standard process under the quality management system (if put in place by such establishment) or such inquiry takes the form of clinical-pathological seminars if the findings from autopsy following the patient's death were contrary to the clinical findings. Where autopsy results lead to a suspicion that the incident has occurred through someone else's fault or that health care has been provided in an incorrect manner, the external inquiry is automatically taken over by law enforcement authorities or by the Health Care Surveillance Authority.

Ad paragraph 120 – The CPT notes that the Slovak Health Care Act does not contain any provisions on the use of means of restraint in psychiatric settings. Instead, this issue is regulated by Guidelines no. 29/2009 of the Ministry of Health. Further, the CPT notes that the Guidelines do not address the issue of chemical restraint (i.e. forcible administration of medication for the purpose of controlling a patient's behaviour).

In the CPT's opinion, all types of restraint and the criteria for their use should be regulated by law (as is the case in the Slovak Republic for the use of means of restraint in social care institutions (see paragraph 153).

The answer is covered by answer in paragraph 102.

Ad paragraph 121 – Further, the CPT considers that every psychiatric establishment should have a comprehensive, carefully developed policy on restraint. The involvement and support of both staff and management in elaborating the policy is essential. Such a policy should be aimed at preventing as far as possible the resort to means of restraint and should make clear which means of restraint may be used, under what circumstances they may be applied, the practical means of their application, the supervision required and the action to be taken once the measure is terminated. The policy should also contain sections on other important issues such as: staff training; recording; internal and external reporting

mechanisms; debriefing; and complaints procedures. Further, patients should be provided with relevant information on the establishment's restraint policy.

The answer is covered by answer in paragraph 102.

Patients should not be subjected to mechanical restraint in view of other patients (unless the patient explicitly expresses a wish to remain in the company of a certain fellow patient); visits by other patients should only take place with the express consent of the restrained patient.

The duration of the use of means of mechanical restraint (and seclusion) should be for the shortest possible time (usually minutes rather than hours), and should always be terminated when the underlying reasons for their use have ceased. Applying mechanical restraint for days on end cannot have any justification and could, in the CPT's view, amount to ill-treatment. The real risks associated with prolonged mechanical restraint may well be illustrated by the case of the death of a patient described in paragraphs 118 and 119.

The use of means of restraint and its duration depends solely on the patient's clinical condition. The aforementioned case involved a patient with signs of extreme aggressiveness that could not be handled even when applying intensive pharmacotherapy without recourse to mechanical restraint. During repeated attempts to discontinue the use of restraint, the patient has repeatedly attacked the staff.

Every patient who is subjected to mechanical restraint should be subjected to continuous supervision – a qualified member of staff should be permanently present in the room in order to maintain a therapeutic alliance with the patient and provide him/her with assistance. Clearly, video surveillance cannot replace continuous staff presence.

Based on an internal standard at Hronovce Psychiatric Hospital (and also in line with the Professional Guideline of the Ministry of Health of the Slovak Republic as regards the use of the means of restraint in the case of patients in health-care facilities providing psychiatric care, No.: 13787/2009 – OZS dated: 27 May 2009), patients subjected to means of restraint are supervised by a nurse in 15-minute intervals and by a doctor in 4-hour intervals at the least.

The revision work on the professional guidelines for the use of means of restraint has been commenced by an expert working group of the Slovak Psychiatric Association of the Slovak Medical Association in cooperation with the Ministry of Health; more details can be found under paragraph 102.

Once the means of restraint have been removed, it is essential that a debriefing of the patient take place, to explain the reasons for the restraint, reduce the psychological trauma of the experience and restore the doctor-patient relationship. This also provides an opportunity for the patient, together with staff, to find alternative means to maintain control over him/herself, thereby possibly preventing future eruptions of violence and subsequent restraint.

In accordance with an internal standard applied by Hronovce Psychiatric Hospital, debriefing is a standard part of treatment following every incident involving aggressiveness (for more details, see paragraph 102).

A specific register should be established to record all instances of recourse to means of restraint (including chemical restraint). This should supplement the records contained within the patient's personal medical file. The entries in the register should include the time at which the measure began and ended; the circumstances of the case; the reasons for resorting to the measure; the name of the doctor who ordered or approved it; and an account of any injuries sustained by patients or staff. Patients should be entitled to attach comments to the register, and should be informed of this entitlement; at their request, they should receive a copy of the full entry.

In accordance with an internal standard applied by Hronovce Psychiatric Hospital, a register for the use of means of restraint has been put in place (for more details, see paragraph 102).

Ad paragraph 123 – At Bratislava, there were no written guidelines on the use of means of restraint and, due to the lack of a dedicated register, the delegation could not fully assess the frequency and duration of resort to means of restraint. Resort to restraint measures was only recorded in individual medical files which, however, did not always indicate reasons for their use, the name of the doctor who ordered or approved it and the time when the measure was terminated. According to individual medical files of patients, the periods of fixation frequently lasted for several hours and could last for up to 12 hours.

In the case of the Bratislava Psychiatric Department, the details of fixation are recorded in the patient's file. A duty nurse records the regular checkups of the patient into the file; check-up interval depends on the doctor's prescription. The records only contain the start of fixation, regular checkups and the end of fixation. The patient is placed in a room adjacent to the nurse's examination room and is regularly checked upon by department staff.

A fixation register has been maintained since the particular CPT visit, where the doctor records the name, birth certificate number, and start and end time of fixation of the patient.

Ad paragraph 124 – At Bratislava, immobilised patients were only checked by a nurse once every hour or two. The situation in this respect was better at Hronovce where patients subjected to mechanical restraint were checked by a nurse every 15 minutes.
Further, the information gathered during the visit clearly indicates that in both establishments, patients were frequently subjected to mechanical restraint (i.e., with fixation belts or placed in a net-bed) in view of other patients.

As part of modernisation of bed capacities in the entire hospital, all beds in the Bratislava Psychiatric Department were replaced as well, therefore, the department has no longer any net-beds. The truth is that this was also driven by the fact that the department's capacity was reduced

by 50% due to the lack of nurses, hence the impossibility to ensure its proper operation, which, of course, cannot be applied universally across the whole of Slovakia.

Ad paragraph 125 – The CPT recommends that the precepts set out in paragraph 121 be effectively implemented at Hronovce Psychiatric Hospital, at the Bratislava Psychiatric Department, and, where appropriate, in other psychiatric establishments in Slovakia.

In particular at Bratislava Psychiatric Department steps should be taken to ensure that:
– a policy on restraint is developed and scrupulously applied in practice;
– a register of restraint is maintained and duly filled out in the establishment, in addition to the comprehensive records made in the patients' personal medical files; – efforts are made to shorten the periods of fixation of patients to a bed.

Further, in both establishments visited, patients subjected to mechanical restraint should be subjected to continuous, direct and personal supervision by a qualified member of staff and should not be mechanically restrained in view of other patients.

In February 2019, an expert working group has been set up by the Slovak Psychiatric Association of the Slovak Medical Association in order to update the existing Professional Guidelines of the Ministry of Health of the Slovak Republic as regards the use of the means of restraint (MR) with regard to patients of facilities providing psychiatric care (Health Ministry's Journal No. 25/2009) and draw up guidelines that are needed in connection with the use of MR in a manner that complies with the requirements of the CPT and the UN Convention. It also works on drawing up a standard diagnostic and therapeutic process for ECT treatment, including the special informed consent and instructions in the form of an annex, as well as a separate document on "involuntary hospitalisation" and a separate document on "involuntary treatment" while proposing legislation and an update to a single document on the "Rights and Responsibilities of Patients". The aim is not only to prepare binding guidelines issued by the Ministry of Health, but to also propose a system for the internal and external control with a possibility of feedback control mechanism, records, registers.

Ad paragraph 126 – In both establishments visited, net-beds were still regularly being used for restraint of agitated/aggressive patients and that patients were being placed therein in view of other patients, without continuous, direct and personal supervision by staff.

During the visit, the CPT's delegation received conflicting information from various interlocutors as regards future plans concerning net-beds. Some interlocutors stated that the setting- up of secure wards in several psychiatric hospitals would provide an opportunity for their phasing- out, while other interlocutors insisted on the need to continue using net-beds, for example to avoid the need to resort to fixation of patients to a bed.

The CPT has repeatedly stressed its misgivings about the use of net-beds in order to control patients in a state of agitation. The Committee does not agree that the phasing-out of net-

beds invariably leads to an increased use of other means of restraint. Indeed, a number of accompanying measures may be needed to avoid a simple substitution of net-beds by other restraint measures. For example, staffing levels in facilities providing psychiatric care may need to be reviewed and staff may need to be provided with specialised training in de-escalation techniques and methods of safe manual control. Further, for patients who need protective measures, such as persons with impaired mobility or nocturnal disorders (e.g. disorientation/sleepwalking), more suitable protective means than net-beds may be found to ensure their safety (e.g. hospital beds which can be lowered and/or which are equipped with boards along the sides and enable the staff to assist the patient from both sides).

The CPT recommends that the Slovak authorities take the necessary steps to ensure that net-beds are withdrawn from service in all psychiatric hospitals in Slovakia. To this end, a nationwide co-ordinated approach should be taken to analyse the current use of net-beds, to identify the real needs and to analyse the necessary steps to be taken to phase them out without replacing them by other means of restraint. If necessary, human resources in establishments providing psychiatric care should be reviewed and staff should be provided with specialised training in de-escalation techniques and methods of safe manual control.

The universal withdrawal of net-beds from service (i.e., in all psychiatric hospitals in Slovakia) is only possible if an alternative solution is found and implemented. Such an alternative could be the secure wards (see paragraph 101). Ending the use of net-beds in selected establishments would only result in relocation of patients which require the use of means of restraint to those establishments in which net-beds are still available. Details can be found in the answer regarding paragraph 125.

Ad paragraph 127 – Moreover, net-beds at Bratislava were even being used as "ordinary" beds for patients who do not require any specific protective measures or restraint. Although in such cases, the net-beds were kept open on one side, it is clear that the beds created an oppressive atmosphere and had an intimidating effect on patients.

The CPT recommends that the Slovak authorities take immediate steps to ensure that an end is put to the use of net-beds as "ordinary" hospital beds; every patient at the Bratislava Psychiatric Department should be provided with a standard hospital bed.

As part of modernisation of bed capacities in the entire hospital, all beds in the department were replaced as well, therefore, the department has no longer any net-beds in use. This was certainly also driven by the fact that the department's capacity was reduced by 50% due to the lack of nurses, hence the impossibility to ensure its proper operation, which, of course, cannot be applied universally across the whole of Slovakia.

Ad paragraph 128 – Despite the fact that a duty doctor was present in both establishments at all times and could be contacted and intervene, PRN prescriptions ('in case of need' or 'p.p.' in Slovak) were frequently used for the application of means of restraint, both mechanical and, at Bratislava, chemical. According to the records in the patients'

individual medical files, the application of restraint measures in such cases was frequently either not reported to a doctor, or the doctor did not promptly check the patient concerned.

The CPT has serious reservations about the use of PRN prescriptions for any means of restraint if the actual application of restraint is then not ordered by or immediately brought to the attention of a doctor. Such a practice might place too much responsibility on nurses as regards the assessment of the patient's mental state and, in the case of rapidly acting tranquillisers, the provision of an adequate response, in the absence of a medical doctor, to potential complications. It may also reduce the nursing team's motivation to attempt de-escalation of the situation by other means and consequently open the door to abuse.

The CPT recommends that the Slovak authorities take the necessary steps to ensure that every resort to means of restraint is always expressly ordered by a doctor after an individual assessment, or is immediately brought to the attention of a doctor with a view to seeking his/her approval. To this end, the doctor should examine the patient concerned as soon as possible. No blanket authorisation should be accepted.

In February 2019, an expert working group has been set up by the Slovak Psychiatric Association of the Slovak Medical Association in order to update the existing Professional Guidelines of the Ministry of Health of the Slovak Republic as regards the use of the means of restraint (MR) with regard to patients of facilities providing psychiatric care (Health Ministry's Journal No. 25/2009) and draw up guidelines that are needed in connection with the use of MR in a manner that complies with the requirements of the CPT and the UN Convention. It also works on drawing up a standard diagnostic and therapeutic process for ECT treatment, including the special informed consent and instructions in the form of an annex, as well as a separate document on "involuntary hospitalisation" and a separate document on "involuntary treatment" while proposing legislation and an update to a single document on the "Rights and Responsibilities of Patients". The aim is not only to prepare binding guidelines issued by the Ministry of Health, but to also propose a system for the internal and external control with a possibility of feedback control mechanism, records, registers.

As far as the use of PRN is concerned, the requirement to have the patient's condition immediately assessed by a doctor seems redundant in many cases in light of the concept of competencies of nurses specialised in psychiatry (the specialist training in this field represents several 100 hours). Of course, this situation requires an existence of standard nursing processes with the description of critical points when the patient's health conditions change; such SDTPs are already in place in Slovakia, or are continuously prepared.

Ad paragraphs 129 and 130 – By virtue of the Health Care Act, persons may be subjected to civil involuntary placement in a psychiatric establishment if they pose a danger to themselves or their "surroundings" or if there is a risk that their state of health will considerably deteriorate. Any involuntary admission must be reported to the court within

24 hours of the admission. The same rule applies if a voluntary patient withdraws his/her consent or if his/her "freedom of movement" or "contact with the outside world" is limited.

Pursuant to Sections 252 to 271 of the Code of non-litigious civil proceedings (CNCP), the court should hear the patient and, within five days of the admission, must take a decision as to the lawfulness of the involuntary admission, which should be delivered to the patient. However, the court may decide not to hear the patient and not to deliver him/her the decision if the questioning would be to the detriment of the patient's mental state or if he/she would not understand the contents of the decision.

The patient concerned may appeal against the decision on involuntary admission within 15 days (see, however, paragraph 130).

If the court has declared the involuntary admission lawful, it pursues judicial proceedings to examine the admissibility of continued detention in the psychiatric establishment. In the context of these continued proceedings, the court must appoint a medical expert independent of the establishment to assess the mental state of the patient. A decision on the continued detention must be taken by the court within three months.

After a maximum period of one year, the court must initiate proceedings to review the involuntary stay. In addition, the patient, his/her representative or a relative may request the court to institute these proceedings at any moment.

The establishment may discharge the patient at any moment and must do so if the court decides that the involuntary admission or continued detention is not lawful.

The examination of the relevant files[3] revealed that the procedural time-limits were respected in practice. At Hronovce, the court usually heard the patient during the proceedings and delivered the decision to him/her.

That being said, at Bratislava, in the vast majority of cases examined by the delegation, patients were not heard by the court and court decisions were not delivered to them. To better illustrate the impact of the situation on the patients, reference may be made to the case of a patient who had been heard by the court and who, when interviewed by the CPT's delegation, claimed that she was still waiting for a court decision about her involuntary admission; the examination of her administrative file revealed that the decision had been delivered to the establishment but the court had decided not to deliver it to the patient concerned. Consequently, the patient was neither informed of the decision taken by the court, nor of the possibility to lodge an appeal.

Moreover, the court decisions seen by the delegation systematically relied on the opinion of the treating doctor and their reasoning was repetitive and superficial. Further, patients

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[3] Given the relatively short stays of patients in both establishments visited, their files did not contain any court decisions on continued detention or decisions on the review of the continued detention.

were formally appointed guardians ad litem who, however, never met the patients.

The CPT recommends that the Slovak authorities take steps, including at legislative level, to ensure that patients who are admitted to a psychiatric hospital on an involuntary basis are heard in person by the court during placement procedures and that they receive a copy of any court decision on involuntary placement. Further, steps should be taken to ensure that guardians ad litem carry out their role effectively.

Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group was set up in cooperation with the Ministry of Health to prepare a separate document on "involuntary treatment" with a proposal for legislation and an update to a single document on the "Rights and Responsibilities of Patients".

Based on a Bratislava District Prosecutor's Office's petition, with effect from 03/2019, a patient in a psychiatric establishment must always be heard and/or seen by a judge, only exceptionally by a higher judicial clerk.

The Ministry of Justice will present this CPT recommendation to an expert group that is currently preparing the wording of a draft Reform Plan for Adult Nursing Care Services and Protection of Seniors in the Slovak Republic and, within this group, it will create conditions for a more profound discussion particularly focused on the role of a guardian of an adult (patient) who is taken to a psychiatric establishment involuntarily.

Ad paragraph 131 – Further, at Bratislava, the delegation met several patients who had signed a consent form to their hospitalisation upon admission but who were later prevented by staff from leaving the psychiatric department in spite of clearly expressing their wish to do so. It is striking in this context that several members of staff met by the CPT's delegation during the visit were unaware which patient was voluntary and which involuntary and could not distinguish the difference. If patients (whether voluntary or involuntary) "escaped", staff would call the police to search for the patient and bring him/her back.

The CPT recommends that if the provision of in-patient care to a voluntary patient who wishes to leave the hospital is considered necessary, the involuntary civil placement procedure provided by the law should be fully applied (in line with the relevant national legislation).

This practice is regulated by Section 253 of the Code of Non-Litigious Civil Proceedings (Act No. 161/2015), as also quoted, inter alia, in the guidelines adopted by the Ministry of Health: "a health care facility in which a person is placed for reasons specified in a separate regulation shall notify a court within 24 hours of the admission of the patient without their informed consent. The notification obligation also applies to the health care facility if the patient withdraws the informed consent, within 24 hours of such withdrawal of the informed consent. If the patient who has been admitted to the health care facility with informed consent is restricted in their free

movement or contact with the outside world, the health care facility shall make a notification referred to in paragraph 1 within 24 hours of such restriction."

Ad paragraph 132 – The information gathered during the visit indicates that in Slovakia, persons who have been deprived of their legal capacity and have been hospitalised with the consent of their guardian are regarded as voluntary. However, when such patients express a wish to leave the hospital they are not allowed to do so. Thus, they are *de facto* deprived of their liberty[4] without benefiting from any appropriate safeguards.

The CPT recommends that the Slovak authorities take the necessary steps, including at legislative level, to ensure that the involuntary civil placement procedure provided by the law is fully applied to all legally incapacitated patients, whether or not they have a guardian, from whose conduct it is obvious that they are opposed to their placement.

Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group was set up in cooperation with the Ministry of Health to prepare a separate document on "involuntary treatment" with a proposal for legislation and an update to a single document on the "Rights and Responsibilities of Patients".

Following up on the work of the Slovak Psychiatric Associations and the Ministry of Health, the Ministry of Justice will seek overlapping points in a discussion with the expert group that prepared the draft Reform Plan for Adult Nursing Care Services and Protection of Seniors in the Slovak Republic.

Ad paragraph 133 – The relevant legislation does not make a clear distinction between consent to placement and consent to treatment and, in practice, a court decision on involuntary placement in a psychiatric establishment is considered to be a sufficient basis for any involuntary treatment regarded to be appropriate by the treating doctor (with the notable exception of ECT at Hronovce – see paragraph 114). Moreover, the CNCP does not provide for any procedure on involuntary treatment of (psychiatric) patients.

In the CPT's view, consent to hospitalisation and consent to treatment are two distinct issues and patients should be requested to express their position on both of these issues separately.

The CPT recommends that the Slovak authorities take appropriate steps to ensure that the above-mentioned precepts are effectively implemented in all psychiatric establishments in Slovakia. To this end, the relevant legal provisions should be amended accordingly.

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[4] The CPT notes in this context that the ECtHR has concluded in several cases concerning the placement in a closed establishment of a legally incapacitated person under guardianship from whose conduct it was obvious that he or she did not consent to his or her placement that he/she must be regarded as being "deprived of his or her liberty" within the meaning of Article 5, paragraph 1, of the European Convention on Human Rights, despite the approval of the guardian (see, for example, the Grand Chamber judgment in the case of *Stanev v. Bulgaria*, no. 36760/06, § 132, 17 January 2012, and *Červenka v. the Czech Republic*, no. 62507/12, §§ 103-104, 13 October 2016).

Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group was set up in cooperation with the Ministry of Health to prepare a separate document on "involuntary treatment" with a proposal for legislation and an update to a single document on the "Rights and Responsibilities of Patients".

Following up on the work of the Slovak Psychiatric Associations and the Ministry of Health, the Ministry of Justice will seek overlapping points in a discussion with the expert group that prepared the draft Reform Plan for Adult Nursing Care Services and Protection of Seniors in the Slovak Republic.

Ad paragraph 134 – The CPT recommends that patients at the Bratislava Psychiatric Department be granted regular access to a telephone. In this regard, the CPT considers that allowing patients to retain their mobile phones is a good practice given how much a phone is often an integral part of a person's daily life. Any restrictions on access to mobile phones should be clearly regulated by hospitals and explained to patients.

Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group has been set up in cooperation with the Ministry of Health tasked with updating a single document on the "Rights and Responsibilities of Patients" which will also include a procedure and rules on the use of phones and making phone calls.

Ad paragraph 135 – In both establishments visited, a number of information materials were displayed on the wards, including patients' rights, daily routine on the wards and basic information about the involuntary placement procedure. In addition, at Hronovce, an information brochure existed which provided some additional information. However, no such brochure existed at Bratislava.

The CPT recommends that such an information brochure be drawn up and given to patients and their families at the Bratislava Psychiatric Department and, as appropriate, in other psychiatric establishments in Slovakia. The existing information materials should be reviewed to ensure that they provide comprehensive information, in the light of the above remarks.

Within the Slovak Psychiatric Association of the Slovak Medical Association, an expert working group was set up in cooperation with the Ministry of Health to prepare a separate document on "involuntary treatment" with a proposal for legislation and an update to a single document on the "Rights and Responsibilities of Patients" which will be distributed to patients upon their admission to a psychiatric establishment and will also be publicly available at individual departments of the psychiatric establishment.

Ad paragraph 136 – During the visit, the CPT's delegation could not obtain a clear picture of the avenues of complaint available to psychiatric patients and when asked, the patients themselves were not aware of any. The CPT would like to receive the information from the

Slovak authorities as to what avenues of complaint are available to patients in psychiatric establishments.

Hospitalised patients are informed about their right to submit complaints in the Charter of Patient's Rights which is available at every department. Patients' satisfaction and/or discontent are also examined through questionnaires the patients are asked to fill in upon discharge from the establishment. In addition, the Hronovce Psychiatric Hospital's website directly contains online forms for patients and their relatives to submit suggestions for improvements, complaints against staff behaviour and complaints regarding the provision of health care (https://pnh.sk/otvorena-nemocnica/podnety-astaznosti/); a Wi-Fi internet connection is available at all hospital departments.

A majority of psychiatric establishments also have their own complaints registries; complaints can also be submitted through a court, the Health Care Surveillance Authority, the Slovak Medical Chamber, as well as the Ministry of Health.

Ad paragraph 137 – By way of conclusion, the CPT must express its concern about the situation observed by its delegation at Bratislava Psychiatric Department, in particular the routine injections of psychotropic medication administered for several days to newly-admitted patients, the inappropriate use of means of restraint, ignoring the will of voluntary patients to leave the establishment, the disrespectful remarks by staff vis-a-vis patients and the very limited patients' contact with the outside world. In the Committee's view, the cumulative effect of these shortcomings carries a risk of degrading treatment.

The CPT trusts that the effective implementation in practice at Bratislava Psychiatric Department of the recommendations made in this report will facilitate a fundamental overhaul of the approach towards patients in this establishment.

In order to improve the quality of the provided health care and as part of the effort to comply with the reservations made by the CPT's delegation, the Bratislava Psychiatric Department has so far adopted the following measures:

- maintaining the register of fixations;
- special informed consent to ECT;
- intensifying patients' outdoor exercise in the hospital compound and considering a more relaxed regime for all hospitalised patients where at least a little bit possible;
- removing the net-beds (this was certainly also driven by the fact that the department's capacity was reduced by 50% due to the lack of nurses, hence the impossibility to ensure its proper operation, which, of course, cannot be applied universally across the whole of Slovakia) – not using the PRN prescriptions;
- a proposal made to the BUH management to fit the department's balcony with bars and/or a proposal to build a fence around a part of the hospital's compound that is adjacent to the psychiatric department in order to provide a safe outdoor exercise yard.

D. Social care institutions

Ad paragraph 141 – The CPT notes this commitment and encourages the management to continue their efforts to prevent any possible ill-treatment of the residents by staff. In this context, staff should be reminded that all forms of ill-treatment of residents by staff are unacceptable and will be punished accordingly.

The CPT's delegation heard several allegations that residents had been "slapped" by staff as a form of punishment. At the end of the visit to the establishment, the management assured the delegation that no such behaviour by staff would be tolerated.

Such behaviour by the staff is inadmissible and unacceptable in any social care establishment. If proved, it constitutes a violation of Section 10 of Act No. 448/2008 on Social Services and on amendments to Act No. 455/1991 on Small Licensed Trades (the Trades Act) as amended, as amended (hereinafter the "Social Services Act), which states that the use of means of non-bodily and bodily restraint is prohibited in the provision of social care in the establishment. The obligations of a social care provider to comply with Section 10 of the Social Services Act are monitored by the ministry as part of the supervision of the provision of social services. According to the director of the social care home, the employees are regularly trained in the area of human rights protection.

In social care homes, the relationship between the recipients of social care services (hereinafter "residents") and employees is based on the principle of equality, not on subordination and superiority.

Ad paragraph 144 – The CPT's delegation would like to receive information or confirmation that the refurbishment of the room on the closed ward (room 222), in the past used as a segregation room for agitated residents, was completed, or if not, why the situation has yet not changed.

According to the director of the establishment, the refurbishment of room 222 was completed in 2018. The room, previously used as an isolation room for residents with infectious diseases, is now used to accommodate three residents.

Ad paragraphs 145 and 147 – The CPT's delegation noted that some parts of the establishment, in particular the corridors in the attics, needed redecorating. The delegation was informed by the social care institution management that this would be done once a lift has been installed. The Committee member would like to receive information about the progress made in this respect so far.

The Committee would like to receive information how an evacuation of residents from the first floor will be carried out in the case of fire. The CPT would like to receive the comments of the Slovak authorities on said construction and technical issues, including as regards the possibility of re-locating the Veľký Blh Social Care Home to other, more suitable, premises.

The premises for residents in the attics of the building were painted and furnished with new furniture (beds, armchairs, tables, shelves, carpets, blankets) at the end of 2018. A new carpet was also bought for the corridor in the attics. The corridors have not been painted so far due to the planned construction of a lift. A complete project documentation entitled "Fire Safety of the Building" was delivered to the social care home at the end of 2018, also including the plan for the construction of the lift. Negotiations are currently underway with the founding authority of the social care home, the Banská Bystrica Self-governing Region (hereinafter "BBSK"), in order to allocate funds for the construction of the lift which will be submitted for approval to the BBSK council in April 2019.

Pursuant to Section 9(5) of the Social Services Act, a social care provider is obliged to comply with technical requirements for the construction and general technical requirements for buildings used by natural persons with a limited capacity to move and navigate pursuant to a separate regulation. The obligations of a social care provider to comply with Section 9(5) of the Social Services Act are monitored by the ministry as part of the supervision of the provision of social services.

In this respect, the CPT members also expressed their wish to receive information on how an evacuation of residents from the first floor would be carried out in the case of fire.

The aforementioned submitted project documentation addresses protected exit routes and also proposes ways to evacuate the residents. Even though the project has yet not been implemented, the social care home, in view of the gravity of the existing situation, performs, at least once a year, evacuation drills (of both the residents and the employees). The fire safety of the building was also improved by removing bars from the entire building as part of window replacement. Based on an agreement with District Directorate of the Fire and Rescue Service in Rimavská Sobota, a joint tactical building evacuation exercise has been planned to be carried out in the summer of 2019.

The CPT's delegation would like to receive comments on the situation why only a part of the residents on the closed ward had and/or has access to the outdoors of the establishment. It is necessary to ensure that all residents from the closed ward have effective daily outdoor access.

The establishment has a ward for bed-ridden residents, not a closed ward. This ward accommodates residents with a limited capacity to move due to their old age and diagnoses who are reliant on the help and assistance of another individual. Since the establishment is yet not fitted with the lift, they are unable to move to the outdoors on their own and their transport via stairs could cause them a serious bodily injury. On that account, these residents are moved to the outdoor whenever possible, accompanied by the staff and/or other "mobile" residents. The CPT has probably misinterpreted the correct name of this ward in its work.

Following their visit to the establishment, the CPT's delegation recommends that its staffing levels be thoroughly reviewed They recommend that the number of nurses (according to the CPT, this particularly involves the need to increase the number of

specialist employees) on the closed ward and their presence on the ward should be significantly increased, including at night.

With effect from 1 March 2019, the establishment's organisational structure was changed and the number of caretakers was increased by 2, thus also increasing the number of employees on night duty. The establishment's employee headcount is defined by its founding authority.

Among the obligations of a social care provider under Section 9(4) of the Social Services Act is to comply with the maximum number of residents per employee and with the minimum percentage of specialist employees in the total number of employees pursuant to Annex 1 to the Social Services Act. The compliance with this obligation is also subject to the supervision of the provision of social services carried out by the ministry.

Ad paragraph 148 – The CPT recommends that the necessary steps be taken by the Slovak authorities to ensure that all residents from the closed ward at Veľký Blh Social Care Home have effective daily outdoor access.

The establishment has a ward for bed-ridden residents, not a closed ward. This ward accommodates residents with a limited capacity to move due to their old age and diagnoses who are reliant on the help and assistance of another individual. Since the establishment is yet not fitted with the lift, they are unable to move to the outdoors on their own and their transport via stairs could cause them a serious bodily injury. On that account, these residents are moved to the outdoor whenever possible, accompanied by the staff and/or other "mobile" residents. The CPT has probably misinterpreted the correct name of this ward in its work.

Once the lift is installed as mentioned in the answer regarding paragraphs 145 and 147, the transfer of residents and their access to the outdoors will be flawless.

Ad paragraph 149 – The CPT recommends that the staffing levels at Veľký Blh Social Care Home be thoroughly reviewed. In particular, the number of nurses on the closed ward and their presence on the ward should be significantly increased, including at night.

With effect from 1 March 2019, the establishment's organisational structure was changed and the number of caretakers was increased by 2, thus also increasing the number of employees on night duty. The establishment's employee headcount is defined by its founding authority.

We note that the establishment is not a health care facility, therefore, an emphasis is placed on increasing the numbers of specialist employees pursuant to Section 9(4) of the Social Services Act, not only nurses. Pursuant to the Social Services Act, a specialist employee is an employee who delivers or manages the delivery of a specialist activity under Section 16 or of activities under Section 61(9). The specialist employee category includes, for example, caretakers, working skills instructors, social workers, interpreters, tutors, etc.

Among the obligations of a social care provider under Section 9(4) of the Social Services Act is to comply with the maximum number of residents per employee and with the minimum percentage of specialist employees in the total number of employees pursuant to Annex 1 to the

Social Services Act. The compliance with this obligation is also subject to the supervision of the provision of social services carried out by the ministry.

Ad paragraph 150 – The delegation gained an overall positive impression of the activities offered to residents, however, they would appreciate a more individualised approach which would require more thorough assessment of the needs presented by the residents, the drawing up of individual treatment/care plans for each resident, the provision of individualised therapy and the assessment of residents' progress.

In the establishment, all staff members who are in direct contact with the residents are involved in the delivery of individual plans and, at the time, are regularly trained in this area. Each resident has her individual plan prepared pursuant to Section 9 of Act No. 448/2008 on Social Services. An individualised therapy and evaluation of the progress made by each of the residents is part of an individual plan of a particular person. The establishment is not a health care provider; health care is provided through another entity and the preparation of treatment plans does not fall within the establishment's competence. The individual planning on the provision of social care, preparation and evaluation of individual plans is also subject to the supervision over the provision of social services.

Ad paragraph 151 – The CPT expressed doubts whether it was appropriate to accommodate residents with different diagnoses together in the same room. The CPT recommends that steps be taken to ensure a better allocation of residents, so that those with mental disabilities are separated from those suffering from other disorders.

Based on the many years of experience, and at the time when social inclusion of people with disabilities is given so much attention, the establishment's management does not consider it good to select the residents based on their diagnoses. Equally based on the many years of observations and experience, it is not ruled out that the residents with different diagnoses could not understand each other. When accommodating residents in a particular room, the requirements of each resident are considered individually. The residents' satisfaction with their accommodation was one of the topics discussed by the establishment's management at the last Board of Residents meeting on 4 March 2019. The residents expressed their satisfaction with accommodation and did not agree to potential transfers based on diagnoses. Given the characteristics of the establishment's building (size of the building and area of the park), the residents do not feel the need to stay in their rooms during the day; the rooms serve them for rest and relaxation only.

Ad paragraph 154 – The CPT learnt during the visit to the establishment that room 222 was used to segregate residents when being aggressive. In the CPT's view, the seclusion of agitated residents who represent a danger to themselves or others may exceptionally be necessary. However, the place where a resident is secluded should be specially designed for that specific purpose – it should be safe and promote a calming environment for the person concerned – and there should be a continuous supervision by a member of staff. Moreover, the measure should be recorded in a central register of restraint.

The establishment does not currently have a special room for safe accommodation of an aggressive resident. If necessary, the staff members seek to resolve the situation by talking to the

residents, by using special grips for the necessary period of time, or by calling a medical rescue service. The staff members use means of restraint on the residents pursuant to Section 10 of the Social Services Act solely for the necessary period of time, record them in the register of bodily and non-bodily restraint in the establishment and, subsequently, report them to the ministry.