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Response

of the Icelandic 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 Iceland

from 17 to 24 May 2019

The Icelandic Government has requested the publication of this response. The CPT's report on the May 2019 visit to Iceland is set out in document CPT/Inf (2020) 4.

Strasbourg, 25 June 2020

RESPONSE BY THE ICELANDIC GOVERNMENT TO THE REPORT ON THE VISIT TO ICELAND CARRIED OUT BY THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT) FROM 17 TO 24 MAY 2019

May 2020

1. Introduction

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment and Punishment (CPT) issued a report in November 2019 on the fifth periodic visit of the CPT to Iceland from 17 to 24 May 2019. The Ministry of Justice received the report on 20 November 2019 and subsequently submitted it to the bodies and organisations the Committee met with during its visit and requested their response, i.e. the Ministry of Social Affairs, the Ministry of Health, the National Commissioner of Police, the District Prosecutor, the Director of Public Prosecutions, the State Prison and Probation Administration, the Directorate of Immigration, the Directorate of Health, the Icelandic Human Rights Center, the Association of Prisoners (Afstaða), the Icelandic Mental Health Alliance (Geðhjálp) and the Althingi Ombudsman's Office.

The Icelandic Authorities place a strong emphasis on the active implementation of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and welcome the Committee's monitoring. The authorities wish to thank the Committee for its useful comments on what could be done better when it comes to the protection of persons deprived of their liberty in Iceland.

This account contains the response by the Ministry of Justice to the recommendations, comments and requests that fall within the ministry's field of competence; it was prepared in cooperation with the Ministry of Health, the District Prosecutor, the State Prison and Probation Administration and the Police Monitoring Committee. Due to the ongoing situation resulting from the COVID-19 pandemic, the Ministry of Health requested an extension until Autumn 2020 to submit its response to the recommendations relating to health issues, as stated in a letter to the Committee dated 30 March 2020.

2. Urgent requests made at the end of the visit

At the end of the visit the CPT's delegation made two urgent requests concerning the prison system. The first urgent request was regarding windowless cells for remand prisoners in Akureyri. As stated in a letter to the Committee in June 2019, measures were immediately taken in response to the request and the cells in question were taken out of service.

As regards the second urgent request the Icelandic authorities were requested to transmit to the Committee a detailed action plan for the provision of health care and for tackling the issue of drugs in prison. In a letter dated 3 December 2019 an action plan was sent to the Committee.

3. National Prevention Mechanism

Recommendation 11
The CPT asked to be provided with information on activities of the Icelandic NPM in 2019 and the first half of 2020.

Response from the Icelandic NPM:
The first visit was carried out in October 2018 to the Psychiatric Department of Reykjavík University Hospital (The Kleppur campus). The team visited three closed wards at the hospital, the forensic psychiatric ward, the secure psychiatric ward and the specialised rehabilitation psychiatric ward. Another visit was carried out in November 2018 to the closed ward of Stuðlar, Diagnostic and Treatment Centre for Juveniles.

In 2019 two visits were carried out by the Ombudsman. The first visit was carried out in April to the Reykjavík Police Headquarters, and the second visit was carried out to Sogn prison in October. The reasons for only two visits being carried out in the year 2019 were personnel changes in the NPM team and the unexpected length of time it took to draft the first report.

Three visits are planned for 2020. The first visit was carried out in January to Hólmsheiði prison, where the Ombudsman monitored the detention on remand. Other visits planned for 2020 will be carried out to a secure establishment for children and to another prison. The report from the first monitoring visit to the Psychiatric Department was published in October 2019. The Ombudsman's visit brought to light various issues concerning the legal basis of the placement and treatment of patients at the aforementioned wards. This required a closer investigation that took longer than had been anticipated. Reports from the monitoring visits to Stuðlar, Diagnostic and Treatment Centre for Juveniles, and the Reykjavík Police Headquarters are expected to be published in the first quarter of 2020. Hopefully, the subsequent reports will be published earlier after each visit.

The NPM is involved in the Nordic OPCAT network, which was established to facilitate learning and the exchange of relevant information between the Nordic countries. Meetings are held twice a year in January and August.

In October 2019, the Ombudsman also welcomed a delegation from the Estonian Chancellor of Justice working on OPCAT monitoring.

5. Police establishments

Recommendation 15
The CPT trusts that the Icelandic authorities will continue their efforts to prevent and combat ill-treatment by police officers. These efforts should include ongoing training activities and a firm message of "zero tolerance" of ill-treatment to all police staff. In particular, continuous attention must be paid to the training for police officers in preventing and minimising violence in the context of an apprehension.
Further, in order to obtain an updated picture of the situation, the Committee would like the Icelandic authorities to supply information, in respect of 2019 and the first half of 2020, on:

- **the number of complaints of ill-treatment made against police officers and the number of criminal/disciplinary proceedings which were instituted as a result;**
- **an account of criminal/disciplinary sanctions imposed following such complaints.**

Response from the Icelandic Government:
Both police students and police officers are trained in human rights, ethics and cultural diversity at the University of Akureyri and the Centre for Police Training and professional Development. The regulations on use of force stipulate the Principle of proportionality, i.e. A public authority shall reach an adverse decision only when the lawful purpose sought cannot be attained by less stringent means. Care should then be taken not to go further than necessary (administrative Procedures Act no. 37/1993. Article 12).

Training in the physical part of use of force is linked to the theoretical training by realistic scenarios where students and police officers are trained in de-escalation and empathy is a key element in the

training as role reversal is also a part of that training. We hope to develop this training further in the coming years.

Table 1. Cases concerning ill treatment in the year 2019 according to information from the District Prosecutor:

Investigation cancelled	1
Case dismissed*	1
Indictment**	1
Total	5

The Office of the District Prosecutor received five cases that may be said to concern ill-treatment by the police. Two of those cases have not yet been processed, investigation was cancelled in one case and one was closed with reference to Article 145 of the Law on Criminal Procedure and the Director of Public Prosecutions has upheld that decision. In one case an indictment was issued against a police officer for misconduct in the course of their official work, but a judgement has not been issued in the case. It should be mentioned that the investigation into that case was initiated by the District Prosecutor.

Table 2. Cases concerning ill treatment in the year 2020 (January – April) according to information from the District Prosecutor:

Investigation cancelled	0
Case dismissed*	1
Indictment**	0
Total	8

Eight cases that may be said to concern ill-treatment by the police have been received by the Office of the District Prosecutor so far this year. The investigation into one case was cancelled, but the others have not yet been processed.

Updated number of complaints for the whole of the year 2019 is 21 complaint registered by the PMC that relates to alleged ill treatment on behalf of the Icelandic police. It should be mentioned that a vast majority of these relates to complaints of ill treatment by the police during or following an arrest.
Of these 21 complaints in the year of 2019, eight were received by the District Prosecutor, either directly or sent by the PMC. Of those cases, five are still being investigated by the District Prosecutor and in two cases the District Prosecutor decided to end the investigation. Out of these two cases, one was appealed to the Director of Public Prosecution that upheld the decision of the District Prosecutor and one of these cases was not appealed. It should be mentioned that the PMC cannot appeal decisions to end investigations by the District Prosecutor. Under Icelandic law, only the person directly affected by the decision can appeal the decision to end an investigation to the Public Prosecutor.

Of the remaining thirteen complaints, two were sent to the relevant chief of police as a staff issue, the PMC determined that the matter did not give rise to further treatment and in six cases the PMC is awaiting information and /or is analysing the matter.

In the 2017-2019, the PMC has registered in total 283 complaints/cases received by the committee; 81 cases in the year 2017, 100 cases in the year 2018 and 102 cases in the year 2019. Approximately 150 of those cases are ongoing in February 2020.

Updated number of complaints for 2020 (January to April) is 3 complaint registered by the PMC that relates to alleged ill treatment on behalf of the Icelandic police. Of those cases, one is still being investigated by the District Prosecutor.

Recommendation 17

The CPT once again reiterates its recommendations concerning the legal framework of access to a doctor and delaying notification of custody. Their implementation is long overdue (even if the situation in practice does not at present give rise to any particular concern for the Committee).

Response from the Icelandic Government:

An amendment to Regulation No. 651/2009 is in progress in the Ministry of Justice, relating to the legal status of arrested persons, questioning by the police, etc. The regulation will meet the recommendation by the CPT concerning the legal safeguards with regard to arrested persons when it comes to access to a doctor on the one hand and notification of custody on the other hand.

Recommendation 18

The Committee would welcome receiving an update of the work of the PMC in the second half of 2019 and the first half of 2020, including any PMC's comments on systemic and/or substantive issues regarding the matters falling within the CPT's mandate.

Response from the Icelandic Government:

Following an amendment to Section 35 of the Police Act, a new Police Monitoring Committee (PMC) was set up in 2017. Composed of three members (the Chair appointed by the Minister of Justice, the second member nominated by the Bar Association and the third nominated by the Icelandic Human Rights Center), supported by administrative staff and possessing its own budget, it is an independent body authorised to receive complaints, analyse them and forward them to competent organs (usually the National Police Commissioner or the District Prosecutor). The PMC also receives copies of all complaints of police misconduct registered by the police and prosecution authorities, as well as information of any cases of death or injury in police custody. It does not carry out visits to police establishments, but it performs a supervisory/quality check function in respect of all disciplinary and criminal cases concerning alleged police misconduct, and the relevant agencies are required to keep the PMC informed of the progress and the outcome of these procedures. The PMC may then issue an advisory opinion regarding the procedure and its outcome, addressed to the relevant bodies for consideration and reaction.

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The PMC is currently in the process of examining the procedures for when an arrested person requests and/or needs medical assistance. The matter was initiated by the PMC, with a decision in November 2018. The PMC has requested a copy of the applicable written procedures by each of the Police Commissioner in Iceland. The PMC is currently analysing the answers and documents received from the Police Commissioners.

Under article 35. a. of the Police Act nr. 90/1996, one of the obligations of the PMC is to examine cases where people have lost their lives or sustained serious physical injury in connection with the work of the police, irrespective of whether or not there is a suspicion of criminal activity. The PMS is currently examining three cases that fall under this category.

In 2019, the Police Monitoring Committee decided to classify separately requests received from citizens which may concern degrading treatment and to include coverage on the number and conclusions of such cases in its annual report. The PMC noted in its annual report for 2018 that it had registered a total of 25 cases concerning ill-treatment by police. A total of 20 cases were either sent by the PMC to the District Prosecutor for investigation or notified to the PMC by the Office of the District Prosecutor. The District Prosecutor cancelled investigation in 17 cases, two cases were dismissed but one case was still under investigation when the annual report was issued. Of these 20 cases, five were transmitted to the Public Prosecutor and one of them resulted in an indictment.

In its annual report for 2018, the PMC furthermore addressed three issues which concerned Police organisation and procedures that had been noted by the Committee. First, the PMC emphasised the establishment of common procedures in the areas possible, among other things in order to strengthen the coordination of procedures between Police districts. The PMC also came to the conclusion that common procedures were useful for the working environment of police officers and could improve the legal safeguards of the citizenry. Secondly, it had come to the attention of the PMC how the use of so-called body cameras and recording equipment in police vehicles was organised. The PMC pointed out that recordings from these cameras were often the only evidence of what transpires in interactions between police and citizens, but that not all districts use such cameras, and that the districts that use such equipment use different types of equipment and differ in whether they use it continually or not. Thirdly, the PMC recommended that police districts extend the storage period of video recordings from surveillance cameras in police stations, from body cameras and police vehicles, to at least three months.

The aforementioned annual report from 2018 stated that the PMC had received a total of 102 complaints in 2018. Of the complaints received, 44 related to conduct by police staff and 42 concerned arrests. The

classification of cases received in 2019 has not been completed but an annual report from PMC for 2019 is expected by the middle of 2020.

The PMC stated in its annual reports for both 2017 and 2018 that it had in the course of its duties received notifications and information on arrests and deprivations of liberty of persons, that may be rooted in illnesses suffered by the arrested person, possibly where other measures did not seem to be available. The PMC pointed out that it was possible that the Police Act provided the appropriate authorisations for arrest, e.g. in case of public disturbance or nuisance or to protect the safety of the persons concerned or the general public. On the other hand, a person could not be detained longer than necessary, cf. the provisions of the Police Act, and strict requirements applied to depriving people of their liberty according to the Constitution. The PMC further noted that there would have to be a special investigation into the possible illness of the person in question and their right to health care.

An incident of this kind reported to the PMC became the basis for a special investigation at the initiative of the PMC. That investigation concerned the possible illness of the arrested person and their right to adequate health care. In November 2018 the PMC initiated an investigation into what procedures apply when persons suffering from an illness are accommodated in cells and a doctor or nurse has to be called for the arrested person. The PMC has requested these procedures from Commissioners of Police and a review of the documentation is currently underway.

Pursuant to Article 35 of the Police Act No. 90/1996, the PMC shall examine cases where people have lost their lives or sustained serious physical injury in connection with the work of the police, irrespective of whether or not there is a suspicion of criminal activity. The PMC is currently examining three such cases, but findings have not been released.

7. Prisons

Recommendation 23
The CPT recommends that the Icelandic authorities amend the Execution of Sentences Act and restore the obligation to draw up individual sentence plans for all sentenced prisoners; as a first priority, such plans should be developed for prisoners serving long sentences. The current absence of such plans makes it more difficult to offer individually tailored purposeful activities to prisoners34 and to prepare the inmates for their eventual return to the community at large. Once the aforementioned amendment is adopted, particular attention will have to be paid to involving (to the extent possible) prisoners in the drafting and reviewing the sentence plans, so as to secure their commitment to the implementation of the plans and to their social rehabilitation.

Response from the Icelandic Government:
Pursuant to Article 24 of the Execution of Sentences Act, the State Prison and Probation Administration shall, in cooperation with the prisoner, draw up a sentence plan if this is considered necessary according to experts of the Prison and Probation Administration. The State Prison and Probation Administration does not agree that an individual sentence plan must be drawn up for each prisoner, as this has not been considered necessary by the experts of the Administration. The Icelandic authorities agree with this viewpoint, since this alone does not prevent prisoners from receiving adequate treatment in prison.

Many prisoners complete their sentences without any problems, have housing upon completion of their sentences, stable employment, do not have alcohol or drug problems, etc. These persons can normally

serve their sentence in the way deemed most appropriate by the State Prison and Probation Administration, i.e. start their sentencing in a closed-type prison, quickly progress to an open-type prison, proceed from there to the Vernd halfway house where they work or study during the day and finish the last part of their sentence at home with an electronic monitoring anklet. However, the State Prison and Probation Administration reaffirms that legalising the obligation to draw up individual sentence plans might mean that other regulatory or important duties deemed necessary by prison authorities cannot be carried out. The State Prison and Probation Administration further notes that even though an individual sentence plan is not drawn up for every prisoner, this does not preclude the person concerned from receiving adequate treatment from a psychologist, from being able to serve part of a sentence while in treatment, being accommodated in a treatment facility, etc. It should also be noted that sentence plans are almost invariably drawn up for prisoners serving long sentences if experts deem this to be necessary.

Upon arrival in prison an admission and care assessment is carried out by the State Prison and Probation Administration. A mental health team for prisons was established on 1 January 2020 which will offer targeted, continuous and personalised addiction treatment for prisoners serving their sentences. The goal is to establish this service before the end of 2020. It will have a focus on treatment plans for each prisoner and place an emphasis on prevention education.

Recommendation 24

Considering the crucial role of duly trained prison staff, present in sufficient numbers and representing the appropriate range of specialities, in providing a safe environment for prisoners and enabling their social rehabilitation, the Committee recommends that increased efforts be made by the Icelandic authorities to secure the necessary financial and human resources for the prison system.

Response from the Icelandic Government:

The Icelandic authorities will take this under serious consideration.

Recommendation 27

T**he Committee trusts that staff at Litla-Hraun Prison in particular will continue to be vigilant and make use of all means at their disposal to combat and prevent inter-prisoner violence and intimidation. Achieving this objective will require improving the training of custodial staff in dynamic security.**

Response from the Icelandic Government:

One of the most important current tasks of prison authorities is improving the situation and living conditions of inmates in prisons, especially in Litla-Hraun. Expectations are high for the mental health team established on 1 January this year, which is inter alia intended to address addiction problems among prisoners but the prison authorities will also undertake measures at Litla-Hraun to improve the conditions of prisoners and custodial staff and thus increase the safety of the prisoners. These measures will create more leeway for custodial staff to engage in other tasks, e.g. taking greater part in the daily activities of the prisoners, spending more time in their accommodation units, etc.

The Ministry of Education, Science and Culture has also decided to establish a working group on the re-evaluation of the content and framework of education for prisoners and custodial staff. The group's role is to collect and analyse data on the issue, and present the Minister of Education and Culture and the Minister of Justice with proposals for the future organisation of education for prisoners and custodial

staff. The group is expected to present results before the end of 2020.

Recommendation 28
The CPT recommends that steps be taken to address the shortcomings at Litla-Hraun, Hólmsheiði and Kvíabryggja Prisons. Regarding the latter establishment, the Committee would like to be provided with more detailed information on the proposed extension. On a more general issue, the Icelandic authorities should reflect upon the manner to provide safe(r) accommodation to women serving their sentence in an open prison.

Response from the Icelandic Government:
The overhaul of the cells in question has been put on the maintenance schedule of Litla-Hraun.

As regards the prison at Hólmsheiði, no cells in the women's unit have frosted windows. Cells in the isolation unit have frosted windows to prevent outside view because otherwise prisoners there would have a view of the road outside the prison which could jeopardise investigative interests. Four additional cells in another unit were equipped with such frosted films, but the prison administration has already acted to remove them.

Following the visit by the CPT the accommodation arrangements for female prisoners in open-type prisons have been changed. They are no longer accommodated at Kvíabryggja but at the prison at Sogn where their cells can be separated from the cells of male prisoners, in addition to having separate toilet and shower facilities. It is thus easier for custodial staff to monitor the female prisoners and ensure their safety.

No further developments are planned at Kvíabryggja at the moment.

Recommendation 31
The CPT recommends that the Icelandic authorities pursue their efforts to develop the offer of work and other organised activities for all inmates, in particular those serving long sentences. The Committee is also of the view that tailored programmes of therapeutic and rehabilitative activities should be offered to prisoners with mental disorders59 and learning disabilities. All this (as well as the generalised implementation of individual sentence plans) will require better trained custodial staff62 but also recruiting more social workers, teachers and work instructors, as well as more input from prison psychologists and addiction specialists. The CPT recommends that steps be taken in the light of the above remarks.

Response from the Icelandic Government:
The prison administrations at Litla-Hraun and Hólmsheiði are continually searching for new projects for the prisons, both independent projects as well as projects undertaken in cooperation with the business sector. Studies are available to all prisoners. Since the CPT visited the prison at Hólmsheiði, a manager has been engaged for a full-time position at the prison so that it is no longer the same staff member who oversees the store and the workplace. The position entails inter alia increasing the number of projects at the prison and since the manager started, paid work hours for prisoners have increased significantly.

All prisoners can engage in leisure activities whether it is of their own choosing or activities organised by the prison. If a prisoner wants to engage in leisure activities of their own choosing, they have access to facilities at the prison. Courses are mainly offered on a volunteer basis and that arrangement will continue. The recently established mental health team will create more leeway for the existing

psychologists and social workers to focus on specific cases in depth and increase the organised activities of the prisoners.

As previously noted, the Ministry of Education, Science and Culture has decided to establish a working group on the re-evaluation of the content and framework of education for prisoners and custodial staff. The group's role is to collect and analyse data on the issue, and present the Minister of Education and Culture and the Minister of Justice with proposals for the future organisation of education for prisoners as well as custodial staff. Results from the group are expected before the end of 2020.

Recommendation 32

The bulk of the prisoners in the establishments visited were entitled to generous out-of-cell time65 and had access to well-appointed common areas, indoor gyms and outdoor exercise yards (for at least one hour – for inmates in security and disciplinary units – and for up to 4.5 hours per day for the rest of the prisoners) with some sports equipment. That said, despite the Committee's earlier recommendations, the exercise yards in *Litla-Hraun* and *Akureyri* had not been fitted with shelters against inclement weather. The CPT calls upon the Icelandic authorities to remedy these deficiencies. At *Akureyri Prison*, the delegation was concerned to note that despite the Committee's earlier recommendation, remand prisoners on court-ordered isolation would still only be allowed outdoor exercise either before 8 a.m. or after 10 p.m. (when cell doors were locked in the general detention area). This is not acceptable. The CPT calls upon the Icelandic authorities to enable remand prisoners at Akureyri Prison to take their outdoor exercise during the day time.

Response from the Icelandic Government:

The authorities will seek to remedy the outdoor yard facilities at Litla-Hraun and Akureyri, taking into account the comments by the Committee. No prisoner is forced to stay outdoors in bad weather and all prisoners can go indoors in case of inclement weather.

The location of isolation cells in the prison in Akureyri is such that prisoners cannot be let out without them walking past other prisoners which could jeopardise investigative interests. The authorities will seek to remedy this, taking into account the comments by the Committee.

Recommendation 33

The situation with respect to activities was less favourable as regards inmates accommodated on the ground level of House 4 at *Litla-Hraun Prison*, several of them reportedly being sex offenders. For quite obvious reasons, some of these inmates were afraid to associate with the rest of the prisoner population, which resulted in them being unable to attend workshops, classes and to take their daily outdoor exercise (as there was no separate secure exercise area for them). The management and staff tried to alleviate the negative consequences of this situation by being more present in the unit and by offering those inmates some compensation e.g. longer time in the gym (under appropriate supervision, preventing contact with other categories of prisoners); however, the fact remained that some of the inmates concerned only left their unit to go to the visiting area or to see the doctor. The Committee recommends that more efforts be made to offer some activities (in a secure environment) to these prisoners. At the end of the visit to *Litla-Hraun Prison*, the Director told the delegation that he had decided to allow the aforementioned prisoners to use the exercise yard by themselves (without the presence of other inmates) for one hour each day. The CPT welcomes this initiative which can be considered as a first step forward; however, the prisoners concerned (and, more generally, any other prisoners who might have a reason to fear their fellow inmates) should ideally have the same entitlement to daily outdoor exercise as all the others, under conditions which guarantee their safety. This may well require constructing a separate, secure outdoor exercise yard for them.

Response from the Icelandic Government:
The authorities will seek to address these comments by the Committee.

The authorities refer to the action plan submitted to the Committee on 1 December 2019. It states that an analysis of requirements is planned for Litla-Hraun which will include proposals for changes to the facilities, since the current buildings are inadequate for access control and separation of the prisoner population. Experts and health care workers will be consulted so that their facilities will be in accordance with the service they provide.

Recommendations 35 to 44
The Ministry of Health will reply to recommendations 35–44 on health services in Autumn 2020. The action plan by the Minister of Justice and the Minister of Health on health care in prisons and measures to address drug problems among prisoners has already been submitted to the CPT.

Recommendation 46
Although in practice inmates were rarely sent to disciplinary isolation for longer than a few days, the Committee is of the view that, given its potentially very damaging effects, the maximum period of disciplinary isolation should be no more than 14 days for a given offence, and preferably lower. The CPT recommends that Section 74 of the Execution of Sentences Act be amended accordingly.

Response from the Icelandic Government:
The authorities will take under consideration whether it is appropriate to amend Article 74 of the Execution of Sentences Act in accordance with the comments by the CPT.

Recommendation 47
As for isolation on security grounds, the only issue of concern worth mentioning here is the presence – in the dedicated cell at *Hólmsheiði Prison* – of metal rings connected to the floor and surrounding the area for the location of the mattress. Though the delegation had absolutely no reason to doubt the veracity of explanations provided by the staff (that the rings had been fitted during the construction of the prison due to a planning mistake and that they had never been used), the CPT recommends that the aforementioned rings be removed.

Response from the Icelandic Government:
The prison administration has confirmed that the rings have been removed, as they have never been used and there is no special need for them.

Recommendation 48
The delegation noted that internal complaints (unlike the external ones) could not be made in a confidential manner (e.g. in a sealed envelope). The Committee recommends that steps be taken to remedy this *lacuna* (by providing complaint forms and envelopes that prisoners could place in a locked complaints box, located in each accommodation unit, to be opened only by specially designated persons). Furthermore, the CPT's delegation was told by management and staff in the prisons visited that their respective establishments had never (or only very rarely) received internal inspections, be it from the Ministry of Justice or the PPA. Considering the importance of effective internal oversight in ensuring adequate treatment

Response from the Icelandic Government:
The authorities have received information from the State Prison and Probation Administration that the first proposal concerning internal complaints in the institution will be implemented.

Regarding internal inspections it should be pointed out that the staff of the State Prison and Probation Administration and the prisons work closely together, so there is in effect no inspection role held by the administrators when it comes to the staff of the prisons. Most of the decisions made in the prisons are made in cooperation with and/or at the recommendation/instruction of the State Prison and Probation Administration and complaints concerning them can be addressed directly to the Ministry of Justice. However, the State Prison and Probation Administration pays close attention to all rules and procedures being followed and updates them if necessary. Staff at the State Prison and Probation Administration also regularly visits the prisons and meets with directors, duty officers and others, where issues that need to be rectified are reviewed. Actual oversight of the prison administration is in the hands of the Ministry of Justice and the Althingi Ombudsman, which in addition to general oversight is also responsible for specialised monitoring, i.e. OPCAT, as previously stated.

8. Psychiatric establishments

Recommendations 50 to 61
The Ministry of Health will reply to recommendations 50-61 in Autumn 2020.

Recommendation 59
The CPT recommends that the Icelandic authorities regulate the use of means of restraint in the legislation instead of leaving it solely to the discretion of the psychiatric establishments.

Response from the Icelandic Government:
Article 28 of the Act on Legal Competence No. 71/1997 contains a provision on chemical restraint and other means of restraint of a patient who has been involuntarily hospitalised, who presents a danger to himself or others, or if the patient's life or health is else endangered. The provision does not distinguish between the application of means of restraint due to illness or due to the temporary mental state of patients, that is aimed at preventing them from harming themselves or others. The provision can also, as applicable, refer to a person who has been deprived of their legal competence and committed to a hospital against his or her will, cf. Article 58(2) of the Act on Legal Competence.

Article 28(4) states that the Minister of Health is empowered to issue rules in further detail on the use of chemical restraint and other means of restraint. The Minister of Health set up a working group in Summer 2019 to assess the need for further instructions regarding the implementation of the coercive instruments in the Legal Competence Act. It is hoped that the setting of such rules will establish a clearer framework and limits for the use of chemical restraint or other means of restraint, in addition to defining more clearly what use of means of restraint may entail. In the first evaluation of the OPCAT-team of the Psychiatry Department of the National University Hospital of Iceland (Landspítali) at Kleppur it was pointed out that the aforementioned regulation can only apply to medical treatment and thus there is no legal authorisation for the application of other means of restraint, such as body search, other types of searches, confiscation of items, etc. The Minister of Health set up a working group at the end of 2019, that was entrusted with drawing up an action plan to address these comments made by the OPCAT-team. The Ministry of Health will provide more detailed answers in Autumn 2020.

Recommendation 63

The CPT continues to find the criteria for involuntary hospitalisation to be rather vague and subject to possible misinterpretation to the detriment of the persons concerned. The Committee reiterates its recommendation that the Icelandic authorities amend the Legal Competence Act and introduce criteria which would ensure that involuntary hospitalisation takes place only when a patient's placement is absolutely necessary to prevent danger to the patient or to other persons.

Response from the Icelandic Government:

As stated in the previous reply by the Icelandic authorities, amendments have been made to Article 19 of the Act on Legal Competence with the Amendment Act No. 84/2015, which were aimed at improving the rights of individuals facing involuntary hospitalisation. A medical doctor deciding on involuntary hospitalisation must determine the position of the person in question to the involuntary hospitalisation if possible, cf. the last sentence of Paragraph 2. Furthermore, there is now a requirement in Paragraph 4 for a doctor to make a visit and assess the situation before a person is involuntarily committed to hospital according to Paragraph 2 or 3.

Article 19(2) only states that a decision on involuntary hospitalisation of a person possessing legal competence shall be taken by a medical doctor and referred to a head doctor or their deputy as soon as possible, if the person in question suffers from a serious psychotic disorder or if this is deemed highly probable, or if the person's condition is reasonably deemed analogous to that leading from such disorder or a serious alcohol or drug dependency. Article 19(3), which concerns the extension of involuntary hospitalisation for a period up to 21 days upon the approval of a District Commissioner, further provides that such extension of involuntary hospitalisation must be deemed „inevitable" by a medical doctor. Even though no further conditions are set regarding the condition of the individual which the decision concerns to be deemed as presenting a significant danger of them harming themselves or others, it is one of the principles of Icelandic administrative law that onerous measures are only applied with due consideration taken in accordance with the principle of proportionality. That requirement is more important the more onerous the administrative decision is. Keeping this in mind, the Ministry of Justice will address the requests by the CPT and seek to clarify the wording of the Act in this regard. It is furthermore under consideration to review the wording of the provision, taking into consideration the UN Convention on the Rights of Persons with Disabilities. In this context it may be pointed out that a dedicated parliamentary committee is at the present working on a complete revision of the Act of Legal Competence on the basis of Parliamentary Resolution No. 41/149 from 19 June 2019. The Ministry of Justice will consult with and advise this committee. The latest CPT report and the comments therein on the current Act on Legal Competence were discussed in a meeting between the Minister of Justice and the Chairperson of the committee at the end of 2019. The Ministry has provided the parliamentary committee with a copy of its response to the CPT.

Recommendation 64

The CPT recommends that the Icelandic authorities take steps to ensure that a psychiatric opinion (independent of the hospital in which the patient is placed) is always sought in the context of extension of involuntary hospitalisation

Response from the Icelandic Government:

The Ministry of Justice will take this comment by the CPT under consideration and has already presented it to the aforementioned committee working on the review of the Act on Legal Competence.

Recommendation 65

The Committee calls upon the Icelandic authorities to amend the Legal Competence Act to ensure that the deprivation of legal competence (which may well be necessary to protect the patient's personal and financial interests) requires additional grounds and a separate procedure.

Response from the Icelandic Government:

The amendments to the Act on Legal Competence made with Act No. 84/2015 sought to address the previous comments by the CPT in this regard by adding to the Act an authorisation to extend involuntary hospitalisation for up to a total of 12 weeks upon a court ruling. This ensures the possibility to apply less stringent measures than the deprivation of legal competence. However, as noted, an extension beyond that time limit does require depriving the individual of legal competence. The argument for this was that it was not considered appropriate to deprive a legally competent individual of their competence in the longer term. The Ministry of Justice will address this comment by the CPT and seek to create the possibility of extending involuntary hospitalisation more than once, without depriving an individual of their legal competence. This has been communicated to the parliamentary committee working on the review of the Legal Competence Act.

Recommendation 66

The Committee calls upon the Icelandic authorities to amend the relevant legislation as regards both civil and forensic patients; if the period of involuntary placement is unspecified (or exceeds 6 months), there should be an automatic judicial review at regular intervals of the need to continue hospitalisation.

Response from the Icelandic Government:

Article 29(1) of the Act on Legal Competence clearly states that a person's involuntary hospitalisation may never last longer than the head doctor considers necessary, and any decision on continuing involuntary hospitalisation is thus always based on a medical assessment, regardless whether the patient is legally competent or not. Article 58(2) of the Act on Legal Competence states that a decision on involuntary hospitalisation of a person deprived of legal competence requires the assessment of a medical doctor of whether the life or health of the deprived person is in danger. Article 59 of the Act further ensures the right of a person deprived of legal competence to refer a decision according to Article 58(2) to the courts. The amendments to the Act on Legal Competence made with Act No. 84/2015 tightened the conditions for depriving an individual of their legal competence and introduced changes to the measure so that it is always temporary, as an effort to react to the comments by the CPT. Since deprivation of legal competence is always temporary, the involvement of a judge is guaranteed in case an extension of the deprivation is sought. However, the Act does not state for how long a person may be temporarily deprived of legal competence. The Ministry of Justice will thus take the comment by the CPT under review and examine whether there is a need for clearer provisions on the regular review of involuntary commitment procedures. This has been communicated to the parliamentary committee working on the review of the Legal Competence Act.

Committee for the Prevention of Torture
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Reykjavík December 3, 2019
Reference: DMR19080053/11.3

The Ministry of Justice refers to your letter of 3 June 2019 regarding the urgent requests made by the delegation at the meeting in Reykjavik on 24 May 2019.

The Committee requested that the Icelandic authorites transmitted, within three months, a detailed action plan (comprising precise tasks, agencies responsible, deadlines and financial allocations) for the provision of health care and for tackling the issue of drugs in prison. Upon request, the Committee extended the time-limit to 1 December 2019.

On 5 July 2019 the Minister of Justice appointed a working group to prepare the action plan. Representative from Ministry of Justice, Ministry of Health, Icelandic Prision and Probation Administration, Office of the Directorate of Health, Healthcare Centre at Selfoss and Psychiatric Ward for Drug Dependency at Landspítali University Hospital were appointed.

The Minister of Justice and Minister of Health have now adopted the action plan and the abovementioned working group will monitor its implementation and report to the ministers.

The action plan is enclosed.

The Ministry of Justice avails itself of the opportunity to express the assurance of its highest and most distingushed consideration.

On behalf of the Minister of Justice

Ragna Bjarnadóttir
Director of Public Security and Criminal Justice

Kristín Einarsdóttir
Legal Adviser

Action plan

In May of this year the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) came for a periodic visit to Iceland. In June of this year the Ministry received notification from the Committee with its most important provisional findings. The most serious concern of the Committee was regarding health care for prisoners and it was especially noted that the assistance they need is particularly lacking. The CPT-committee requested that within three months they would receive a detailed plan of action including cost analysis to strengthen health care in the prisons of the country, in particular mental health care as well as solutions to combat problems with illegal substances and addiction in prisons. The CPT-committee requested that the action plan would indicate which agencies would be responsible for individual actions as well as deadlines for individual measures.

On 5 July this year, the Minister of Justice appointed a working committee to examine the health care services in prisons, in particular mental health care and to identify measures against drug dependency, with reference to the visit of the CPT-committee, and to prepare a draft action plan. It was estimated that the findings of the working committee would be available early in the autumn but considering the scope of the task the Ministry notified the CPT-committee that the action plan would be ready on 1 December.

Ragna Bjarnadóttir, director of public security and criminal justice, at the Ministry of Justice was appointed chairperson of the committee. Other members of the committee were Kristín Einarsdóttir, legal advisor at the Ministry of Justice, Ingibjörg Sveinsdóttir, senior advisor from the Ministry of Health, Páll Winkel, director of the Icelandic Prison and Probation Administration, Salbjörg Bjarnadóttir, psychiatric nurse and project manager from the Directorate of Health, Arnar Þór Guðmundsson, director of the primary health care clinic at Selfoss municipality and Sigurður Örn Hektorsson, director of the unit for substance abuse and mental illness at Landspítali University Hospital. Sólveig Fríða Kjærnested, head of department at the Icelandic Prison and Probation Administration and Ragnheiður Þórisdóttir, project manager at the Ministry of Health also worked with the group.

The aim of the action plan is to strengthen health care services for prisoners, in particular mental health care, and ensure a systematic and coordinated implementation of the services. The action plan involves three main fields of activities, i.e. strengthening health care for prisoners, definition of procedures and responsibilities in the inner operations of the prisons due to changes in health care services and preparing an operational analysis and action plan to combat the distribution and use of illegal substances at the prison Litla Hraun.

The action plan consists of three main fields of activities:

A. Strengthening health care
- a.1. Mental health services and establishment of a mental health team of the prisons
- a.2. Treatment of addictions
- a.3. Screening for physical and mental health problems

B. Definition of procedures and responsibilities in the inner operations of the prisons due to changes in health services

b.1. Reception of prisoners
b.2. Role of prison guards

C. Needs assessment and action plan to combat distribution and use of illegal substances at the prison Litla Hraun

The action plan involves extensive changes and in view of this, the working committee will continue working to follow up on the actions it proposes. The working committee will receive documents and information about the progress of the projects and make proposals for changes if necessary.

A. Health care

It is important to fortify health care services and integrate them into general health services and also to facilitate communications of medical information between all the prisons. A special emphasis will be placed on integration and use of the electronic medical record system Saga for all aspects of health care in prisons.

In other respects, reference is made to quality and service requirements for health services to prisoners, version 1, dated 10/12/2018.

a.1.Mental health care and establishment of a mental health team for the prisons

Mental health care in the prisons of the country shall be comparable to and in step with other health care and mental health care in the country and with special consideration for the particular needs of prisoners. In the policy and action plan for mental health, which was approved by the Icelandic Parliament in 2016, special emphasis is placed on serving vulnerable, marginalised groups which face complex problems. In accordance with the health care policy until 2030, providing proper health care at the right level will be emphasized.

At each time, prisons have inmates with mental health problems that need diagnosis and treatment. To meet these needs, an interdisciplinary mental health team will be established providing targeted, continuous and individualised mental health care to prisoners during their detention. The mental health team will operate from within the Primary Health Care Centres of the Capital Area (*Heilsugæsla höfuðborgarsvæðisins, HH*) but will have work stations in the prisons. The team will be mobile and will provide mental health care in all the prisons of the country either by visits or via e-health (including videoconferences). The team will cooperate closely with other staff in the prisons and develop procedures to maximise the result of this work and cooperation so that prisoners will be provided with the best mental health care possible. The mental health team will work in close cooperation with health care and social services inside and outside prisons to ensure continuity of care and services during and after detention.

- Objective: To offer general, specialised and continuous mental health care in prisons.
- Cost estimate: Up to 70 million ISK per annum
- Responsibility: The Ministry of Health
- Partners: HH, other health care institutions, the Directorate of Health and the Icelandic Prison and Probation Administration.

- Indicator: The team will be established before end of year 2019.

a.2. Treatment of addiction

The mental health team will provide targeted, continuous and individualised mental health care to prisoners during their detention. Treatment of addictions shall take place in a secure treatment environment. To ensure the success of treatment for addictions prisoners must be detained in a unit which is free from alcohol, narcotics and other addictive drugs during as well as after treatment.

- Objective: To provide appropriate addiction treatment in prisons.
- Cost estimate: See cost estimate for mental health services
- Responsibility: The Ministry of Health
- Partners: HH, other health care institutions, the Directorate of Health and the Icelandic Prison and Probation Administration.
- Indicator: That the mental health team is able to offer addiction treatment before end of year 2020.

a.3. Screening for physical and mental health problems

The main purpose of screening for health problems is to ensure that the prisoner receives appropriate health care in accordance with the results of the screening. Within 24 hours of arriving in the prison a systematic initial medical screening of the prisoner shall be performed. The screening shall include a physical and mental evaluation and an examination of injuries as well as the preparation of necessary instructions for medication. Within seven days a more thorough screening will be performed according to clinical guidelines.

The aim of the initial screening is:

- to identify and evaluate whether a physical or mental condition calling for immediate action is present, such as withdrawal symptoms, psychosis or suicidal ideation, and
- to identify individuals with infectious diseases that require obligatory reporting and to take appropriate measures.

The aim of the second screening is:

- to review the findings of the first screening and to make a further assessment of the prisoner's health and the need for any further research and treatment,
- to evaluate health risk factors,
- to ensure continuation and coordination of the health care services for the prisoner within and outside the prison and
- offer a more specialised screening for infectious diseases according to the Guidelines of the Chief Epidemiologist.

- Cost estimate: Paid out of a special financial item through the Icelandic Health Insurance
- Responsibility: The Ministry of Health
- Partners: HH, other health institutions, the Directorate of Health and the Icelandic Prison and Probation Administration.

- Indicator: Regular screening at the admission of new prisoners will begin before June 2020

B. Definition of procedures and responsibilities in the inner operations of the prisons due to changes in health care services

It is necessary to identify the work processes and responsibilities with reference to a new mental health team and reorganise the training of prison guards.

b.1. Reception of prisoners

A clear distinction must be made between the initial assessment upon arrival and the assessment of services and risks now being performed by the Icelandic Prison and Probation Administration on the one hand and the screening for health services for which the mental health team of the prisons will be responsible on the other. Procedures, roles and responsibilities of agents will be redefined and implemented. Also, there will be emphasis on clarifying the role of psychologists and social workers of the Prison and Probation Administration as well as those who will work on the mental health team. Furthermore, a special treatment protocol shall be prepared for each prisoner with emphasis on education as a preventive measure.

- Objective: To ensure our successful entry of the prisoner into society and to reduce the damage of incarceration.
- Cost estimate: Within the general budget framework.
- Responsibility: The Prison and Probation Administration, Ministry of Health, Ministry of Justice
- Partners: HH, other health care institutions and the Directorate of Health
- Indicator: organisation/work protocols in place in the first half of 2020.

b.2. Role of prison guards

Organisational changes are being made on the education of prison guards and it is estimated that this work will be completed in 2021.

- Objective: To ensure a successful entry of the prisoner into society and to reduce the damage of imprisonment.
- Cost estimate: 20 million ISK
- Responsibility: The Prison and Probation Administration and the Ministry of Justice
- Partners: Ármúli comprehensive secondary school, the Directorate of Health and Landspítali University Hospital.
- Indicator: New organisational studies ready at end of 2021.

C. Needs assessment and action plan to combat distribution and use of illegal substances at the prison Litla Hraun

The prison at Litla Hraun has a 90-year history and the buildings and equipment show that throughout that time, attempts have been made to solve different problems in the buildings that have been constructed at different periods. An integrated design of Litla-Hraun with special regard of its use has never taken place and constant attempts have been made to use old and at times

outdated buildings to solve the problems of today. The present buildings do not function well to control access or ensure proper separation of the prisoner population which makes distribution of drugs considerably easy and increases the likelihood of violence.

- Objective: A needs assessment must be made which includes proposals for changes to facilities in Litla Hraun prison.
- Cost estimate: ISK 2,500,000
- Responsibility: Ministry of Justice and the Prison and Probation Administration
- Partners: The Government Construction Agency
- Indicator: A needs assessment will be submitted by March 2020.

Further on individual projects.

A. Health care

The Icelandic health care system is not an isolated service network but shall be integrated into all facets of society. One of the challenges is to create a unified system which ensures continuous health care to a patient at the correct service level, as is noted in the Government health policy to year 2030. According to the policy, general health care is provided at the primary level and increasingly more specialised services are provided on the secondary and tertiary levels. Every citizen should have access to the same quality health care. At this point in time there is an urgent need for integrated and coordinated in health care for prisoners which guarantees continuity of care. Health care must be based on humanity, equality, justice and respect. In addition to these fundamental principles, in prison health care must have special consideration for the fact that prisoners in detention suffer great limitations of their freedom.

Today HH and health care institutions all over the country provide health care to prisoners with permanent presence in the prisons of Litla Hraun and Hólmsheiði according to a service agreement. But elsewhere, prisoners are in most cases brought to health care centres when they are in need of health services. Physicians and nurses are responsible for the health care services and have the aid of a psychologist working for the Prison and Probation Administration. Regrettably, it has not been possible to recruit a psychiatrist. The CPT-committee´s letter pointed out that the presence of health care staff was not sufficient but with the introduction of a special interdisciplinary mental health team the presence of health care staff in the prison will be increased. The primary health care team will then have more leeway to carry out its role and meet the requirements of the CPT regarding the lack of access to health services.

a.1. Mental health services and establishment of a mental health team of the prisons

An interdisciplinary mental health team will be established. Its organization and function will be based on the framework of the successful interdisciplinary mental health teams already working in

primary, secondary and tertiary care. The team will consist of psychologists, psychiatrists, psychiatric nurses and other necessary professionals. The team will work in compliance with international quality standards, evidence-based practices and clinical guidelines. The team will provide services based on referrals with visits or through e-health as appropriate. The team will work in close cooperation with other staff and service providers inside prisons. They will also work closely with other mental health teams, primary health care centres and other health care institutions to ensure continuity of care and integration of services at the right service level for the individual. The centralised part of the team will be located at Hólmsheiði and with facilities in the prison of Litla Hraun but will have offices at HH.

The principal aims of the mental health team of the prisons are:

- To offer general and specialised mental health care in prisons.
- To offer individualized, coordinated and continuous mental health services in connection with primary health care and other appropriate services within and outside prisons.

The tasks of the mental health team include:

- To develop and implement procedures of the mental health team for the prisons and participate in the review of procedures of the Prison and Probation Administration regarding mental health issues.
- To develop interdisciplinary evidence based mental health care services, including addiction treatment in the prisons. Throughout the prisoner's detention the mental health team will monitor risk factors such as self-injury and suicidal ideation, psychosis and withdrawal symptoms.
- To screen upon arrival all new prisoners for mental health problems and to ensure proper treatment when indicated, as well as provide preventive measures, promote health with regard to psychiatric disorders, substance abuse and addition among the prisoners as well as measures against suicidal ideation.
- To cooperate with the Prison and Probation Administration, the social services of the appropriate municipality and health care services to prepare prisoner's release from prison.
- In order to ensure continuity in services and care for prisoners, work processes must be introduced with clear and safe lines of communication and for the dissemination of the appropriate data between the staff of the prison and health care workers.

Mental health teams in close cooperation with the staff of the Prison and Probation Administration (especially prison guards, psychologists and social workers). It is important that the staff and prisoners make a clear distinction between the health care workers and the professionals of the Prison and Probation Administration. For example, they must be able to differentiate between the role of a of a clinical psychologist and the role of a forensic psychologist. It is also important for the health care workers and professionals from the Prison and Probation Administration to meet regularly so that they are aware if prisoners need extra support, are working through difficult experiences that might lead to negative feelings or challenging behaviour within the prison. Also, it is important that prison guards are informed if the situation calls for special monitoring of or support for a particular prisoner.

a.2. Treatment of addictions

In addition to general mental health care it will be ensured that all prisoners can access addiction treatment tailored to their individual needs, level of abuse or addiction as well as comorbid disorders. In order to achieve success in addiction treatment it must provided in a safe treatment environment which is free of narcotics, alcohol and other addictive substances. For some prisoners Cognitive Behavioural Therapy and/or other therapeutic activities offered in the prison may be sufficient to treat their problems. However, other prisoners may need more specialised treatment. All prisoners in need for detoxification will receive the appropriate detoxification upon arrival in prison. Detoxification will be provided by primary health care centre physicians and nurses in cooperation with the mental health team, according to the appropriate clinical guidelines. It must be ensured that the prison can continue maintenance treatment against opioid addiction (suboxone) if clinically indicated. Prisoners who are in remission and have achieved minimal stability will be offered evidence-based treatment as clinically indicated.

a.3. Screening for physical and mental health problems

The main purpose of screening for health care problems is to ensure that the prisoner receives the appropriate health care in accordance with the results of the screening. It is important to ensure that any health condition, physical and mental as well as injuries, are identified immediately upon arrival in the prison and appropriate measures taken when the findings are available.

B. Definition of procedures and responsibilities in the inner operations of the prisons due to changes in health services

It is necessary to identify the work processes and responsibilities with reference to a new mental health team and reorganise the training of prison guards.

b.1. Reception of prisoners

Upon arrival in prison the specialist team of the Prison and Probation Administration will carry out an arrival and service assessment to identify the needs of services based on the solutions that are offered inside the prison system as well as the need for services and measures necessary to support prisoners when they return to society. In the arrival- and service assessment, a survey is made of the background history, health information, treatments, history of abuse and other factors connected with crimes. The purpose of the arrival and service assessment is to adapt an individual for entry back into society as well as limiting the damage of incarceration and reduce recidivism. Risk assessment is performed when the sentence or the behaviour of the sentenced person calls for it. The psychologists of the Prison and Probation Administration attempt to the best of their ability to perform a risk assessment of prisoners who are serving sentences for serious crimes of violence, for example manslaughter, child molestation and grievous bodily harm. This assessment is also carried out when a decision must be taken regarding the terms of conditional release and electronic surveillance. With the establishment of the mental health team of the prisons it will be necessary to make a clear distinction between arrival and service assessment and risk assessment performed by the Prison and Probation Administration now on the one hand and the screening and health care which will be provided by the mental health team on the other. An explanation of the role of each team must be clarified and clear work procedures defined. It is also necessary to make a distinction between the role of the psychologists of the Prison and Probation Administration and the role of the clinical psychologists in the mental health team.

According to Article 24 of the Act on the execution of sentences no. 15/2016, the Prison and Probation Administration, in cooperation with the prisoner, shall draw up a treatment schedule if this is considered necessary according to specialists of the Prison and Probation Administration. The schedule shall be drawn up as soon as possible when the serving of a sentence begins and it shall be reviewed as appropriate during the sentencing period. The treatment schedule involves an assessment of the prisoner upon his admittance in the prison and implementing the available solutions, aiming at improving his health and enabling him to adapt to society as much as possible when he has served his sentence. With the changes brought on by the creation of the mental health team, the cooperation between the Prison and Probation Administration and the mental health team in this regard will be considered and special emphasis will be put on preventive measures.

b.2. Role of prison guards

The organisation the education of prison guards went through a structural change in 2018/2019. Most of the studies were through distance education. Cooperation with Ármúli comprehensive secondary school has begun with the purpose of creating a course of study through distance education for prison guards. The plan is to make the studies a part of a course in health- and social services which will be open to all students finishing their matriculation education and are interested in jobs connected with work in the prison services. There will be special emphasis on professional areas of study such as prison studies, legal studies, criminology and psychology in connection with health- and social services and other subjects already taught the distance learning lines of the school. It is estimated that the organisation of this course will be finished next year and that this system can be adopted for the education of prison guards in 2021. These changes will produce better educated prison guards who will then be able to support both the treatment services being carried out in the prison and prevention as a whole. It is very important to empower and engage prison guards in the ideology of treatment since this profession deals with prisoners on a 24-hour basis.

C. Needs assessment and action plan to combat distribution and use of illegal substances at the prison Litla Hraun

The letter from the CPT-committee makes special mention of the narcotic abuse problems in prisons, especially at Litla Hraun and the lack of an integrated action plan to tackle these problems. Also, the committee emphasised that there was considerable violence among inmates and the source of this problem is first and foremost the use of narcotics.

A little less than half of all male prisoners are imprisoned in Litla Hraun but this high number of prisoners in one place can create extremely difficult situations. These can be individuals who have cooperated in their criminal offences or drug abuse, individuals who have committed offences against each other or against each other's family members. Disagreements and fights taking place outside the prisons end up inside them in some form. Also, prisoners have different "rights" within the group and this is also a constant problem in prisons and sexual offenders are always on the defensive. These problems are well-known in all prisons and the method most often used to solve them is to separate those prisoners as much as possible. This is often done by keeping certain prisoners in different prisons, but if it is considered necessary to detain them in the same prison then the prisons must be able to tackle the problem by keeping them away from each other. The

best way to ensure security in prisons is good surveillance and clear division between groups without infringing on the rights of the prisoners.

In 1995, a new prison building was taken into use and at the same time the prison units were separated. From that time, prisoners were not able to enter all the areas of the prison at all times of day. What still remains is that the population is not separated when it is outside the units, such as in the gym, during work, in the school, during visits, in the medical consulting room, the laundry room and elsewhere. Therefore, it is easy for individual prisoners, who for example want to distribute narcotics, to have access to a large part of the prison population in a short time. The division into units inside the prison does not solve this problem if there is unlimited communication outside them. If groups of prisoners were only let out one group at a time and no intermingling would take place, then the legal rights of prisoners to staying outdoors and to pastimes, work and school would be severely limited.

The change that has taken place in the prison system in the last few years increased the narcotics problem that exists at Litla Hraun. Places in open prisons have tripled in number, serving sentences outside prisons is much more common and the stay at half-way houses is longer. The result of this is that less dangerous prisoners are able to leave the closed prisons earlier and thus create places to admit more difficult prisoners more quickly into the closed prisons. The facilities at Litla Hraun have not changed in line with this new situation. By far the largest group of prisoners at Litla Hraun are people with addiction problems and whereas it is easy to bring narcotics into distribution inside the prison the people with addiction problems are receptive to the offers. Also, there is a danger of drug-related violence but most violent cases inside the prison have been committed because of narcotics debts, directly or and directly. It is the assessment of the Prison and Probation Administration that the project is extensive and it is very difficult to improve services and/or increase the number of staff without first making improvements in the facilities.

Most of the violent cases that occur at Litla Hraun take place in the outside areas or the gym, which shows the importance of being able to separate groups more efficiently in these places without unduly limiting their access. It would be possible to decrease the contacts between all prisoners with improved facilities, such as changes to buildings and better access control of prisoners. It is the assessment of the Prison and Probation Administration that the prison population should be divided into three groups so that contacts will mostly be limited to 20-25 individuals each time. In the design of the Hólmsheiði prison, the ideology of increased separation of groups of prisoners was kept in mind. Each unit houses four to eight prisoners, each having its own outside area and laundry. Certain areas are used collectively but the contact is so limited that there is considerably less evidence of drugs and violent acts of prisoners at Hólmsheiði than at Litla Hraun. When drug-related issues occur at Hólmsheiði the problem is more controlled and more manageable than before due to the control of access among prisoners.

The main problems of the facilities and conditions at Litla Hraun are as follows:

- The present buildings cannot be used for access control and the separation of the prison population which makes distribution of drugs considerably easier and increases the likelihood of violence

- The guardrooms of the prison guards are not sufficient in serving their role as control centres. The changes in the prison also call for alterations to guardrooms to ensure efficiency and good surveillance.
- The consultation room for specialists and healthcare staff are old, downgraded prison cells, close to unrelated areas which cause disturbances.
- The visiting facilities are in old prison cells where access to toilets is common with other prisoners and their guests. The visiting facilities of children are partly in a live-in container in the parking lot. Control of visits is one of the most important factors in ensuring security and preventing the entry of narcotics into the prison.
- The prison kitchen is in the centre of the prison and supplies and transport to and from it take place every day across the whole premises of the prison with increased risk of smuggling.
- The sports facilities for prisoners are located in and about their work areas but these facilities are better served in connection with the outside activities which would make the separation of groups easier.
- The outside areas are not separated but ideally there should be three of them.

The purpose of this project is to make a needs assessment involving proposals for changes in the facilities of the prison at Litla Hraun in order to target the problem which the prison faces regarding narcotics and violence among prisoners. Specialists and health care staff will be consulted to make the facilities which they use in accordance with their services.

Addenda:

Instructions of epidemiologist – Screening for infectious diseases in prisons
Quality and service requirements for health care for prisoners, version 1, dated 10/12/2018
NICE – Questions for first-stage health assessment at reception into prison.

Chief Epidemiologist of
Iceland
Directorate of Health

Reykjavik, 30. September 2019
1909166/6.6.2/jjh

Screening for infectious diseases in prisons

Guidelines of the Chief Epidemiologist

Introduction

According to the Guidance of the European Centre for Disease Prevention and Control (ECDC) from 2018 the incidence of HIV, hepatitis B and C, syphilis and tuberculosis is higher in prisons than among the general public and therefore the centre has recommended that all prisoners are offered a screening tests for tuberculosis, HIV and hepatitis B and C (1). It can be assumed that the prevalence of HIV, hepatitis B, syphilis and tuberculosis in Icelandic prisons is similar to the prevalence in other countries, but probably the prevalence of hepatitis C is lower in Icelandic prisons than in many countries due to the treatment campaign of Icelandic health authorities for hepatitis C which began at the beginning of 2016. In the campaign, all individuals infected with hepatitis C and were domiciled in Iceland were offered drug treatment (2).

In December 2018 the Ministry of Welfare published new quality and service requirements for health services to prisoners where it said that screening should be offered to prisoners for several infectious diseases in accordance with the guidelines of the Chief Epidemiologist(3).

In order to improve the access of prisoners to health services, financial expenditure for the operations was increased in the first half of 2019. On 6 March 2019, an agreement was made between the Icelandic Health Insurance and the Primary Health Care Centres of the Capital Area (Heilsugæsla höfuðborgarsvæðisins, HH) on health care to prisoners in the prison at Hólmsheiði (4). The agreement specifies that HH should carry out screening in accordance with the guidelines of the Chief Epidemiologist.

The preparations of the guidelines were done by Guðrún Sigmundsdóttir, infectious disease specialist and microbiologist, at the office of the Chief Epidemiologist at the Directorate of Health, Már Kristjánsson, infectious disease specialist, at the Landspítali University Hospital, Guðrún Erna Baldvinsdóttir, virologist at Landspítali University Hospital, Þorsteinn Blöndal, pulmonary and tuberculosis specialist and Karl Blöndal chief medical officer at the outpatient ward of disease prevention and control at HH.

Methodology

Upon admission of new prisoners, a physician shall check the health of each prisoner with a physical examination. It must be checked if the prisoner had previously been infected with HIV, hepatitis B and/or C or tuberculosis. It must be ascertained if he had previously received treatment for the above diseases or is undergoing such treatment. If an untreated infection is found, advice from the appropriate specialists should be sought (see below) who will give instructions about continuing supervision and treatment. It must be ensured that those who are undergoing treatment will continue the treatment during and after their detention.
When new prisoners are admitted at Hólmsheiði they shall be offered screening for hepatitis B, hepatitis C, HIV, syphilis and tuberculosis. The physician who undertakes the first visit and physical examination is responsible for carrying out the screening and shall ensure that those who are found to be infected will be given treatment and supervision by the appropriate specialists (see below). The prisoner must give his consent to screening and may reject the screening for one or more of these diseases unless there are reasonable grounds to believe that he is infected.

The appropriate specialists for the above diseases are:

- Infectious disease specialists and dermato-venereologists for syphilis
- Infectious disease specialists of Landspítali University Hospital for HIV.
  Hepatologists or infectious disease specialists with specialisation in hepatitis B and C
- Pulmonary and tuberculosis specialists at the outpatient ward for infectious diseases at the HH or infectious disease specialists for tuberculosis.

Prisoners may be become infected with the above diseases during their detention. If detention lasts more than one year, they shall be offered screening every year during their imprisonment. Annual screening is independent of location, i.e., Hólmsheiði, Litla Hraun, the prison at Akureyri and Kvíabryggja and those who provide health services in prisons are responsible for the implementation of the screening.

Screening is not indicated for chlamydia or gonorrhoea upon admission unless clinically indicated.

The findings of screenings of the diseases covered by these guidelines shall be entered on the medical record of the person in accordance with the act on medical records no. 55/2009. If a prisoner is diagnosed with a new or repeated infection, the appropriate medical doctor shall send a notification to the Chief Epidemiologist (clinical notification) accordance with the Act on disease prevention no. 19/1997 and regulations on records due to disease prevention no. 221/2012.

The screening method

HIV, syphilis and hepatitis B and C are diagnosed with a blood sample and tuberculosis with a tuberculin skin test (purified protein derivative; PPD).

Blood sample

Take one vial with a red stopper for whole blood > 4ml and one large vial with a purple stopper for EDTA blood > 9ml. Fill out a virology request for screening for HIV, hepatitis B and C and syphilis.
Send the sample as soon as possible to the microbiology and virology department of Landspítali University Hospital but if sending the sample is delayed it shall be stored in a refrigerator.

The tuberculosis test

Performing the test

Those performing tuberculosis tests shall have received training in performing the test. This training can be obtained at the outpatient department of infectious diseases at the Landspítali University Hospital or at the outpatient department of disease prevention and control at the HH.

The use of Tuberculin PPD RT 23 SSI, 2 T.U./0.1 ml from Statens Serum Institut (SSI) is recommended. The best way is to place tuberculin test on the outside of the middle upper arm. The needle and syringe shall be positioned parallel to the arm while 0,1 ml is injected intracutaneously with a 1 ml syringe and fine needle (no. 25-26 G). Where the substance is injected intracutaneously a approx. 10 mm white, dome-like, white area or vesicle will appear.

Reading of a tuberculin test

The reading of the injection site needs to done in 48-72 hours. If the area is slightly inflamed (a swelling can be felt) it must be measured. The diameter of swollen areas is measured with a transparent ruler transversely to the arm after feeling and marking with a pen. The following criteria are used in determining further action :

- < 5 mm swelling is considered insignificant - no action necessary.
  5-15 mm swelling- contact the outpatient department for disease prevention and control at HH or the outpatient department of infectious diseases at the Landspítali University Hospital for advice.
- >15 mm swelling- strong indication of tuberculosis infection - a lung X-ray must be taken and the outpatient department for disease prevention and control at HH or the outpatient department of infectious diseases at the Landspítali University Hospital must be contacted.

Adverse reactions to a tuberculin test

Those who are very sensitive to tuberculin may form blisters and sores. These will usually heal in a few days without intervention.

A false positive response

- Previous tuberculin injection test.
- Infection with other mycobacteria than M. Tuberculosis.
- Stimulation due to repeated tuberculin tests (booster).

A false negative response

This may be seen in:

- A recent measles vaccination or measles disease.
- Active tuberculosis (10% or less show little or no response).
- If a long time has lapsed since infected (many years) or a very short has lapsed (< 10 weeks).
- In infants (< 6 months) and the elderly. The response decreases with higher age until end of life.
- Immunosuppression of various kinds e.g. due to diseases or drugs.
- Unsuccessful test when injected too deep and the injected material goes under the skin (subcutaneous) or it leaks out.

If questions arise about the injection, reading and/or interpretation of the test it is recommended to contact the outpatient department for disease prevention and control at HH or the outpatient department of infectious diseases at the Landspítali University Hospital.

Þórólfur Guðnason Chief Epidemiologist

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2. Markmiðið er að útrýma lifrarbólgu C. Læknablaðið 2015;101(11):534-537 https://www.laeknabladid.is/tolublod/2015/ll/nr/5646
3. Quality and service requirements for health care for prisoners, version 1, 10/12/2018
4. Agreement between the Health Insurance of Iceland and the Health care centres of the Metropolitan Area from 6 March 20

Quality and service standards for health care for prisoners

Version 1

10/12/2018

MINISTRY OF WELFARE

1. Preface

This description contains the minimum requirements for the party undertaking health care services for prisoners in prisons.

The purpose of the health care Act no. 40/2007 is to have the most comprehensive health care available at all times to all people in order to protect mental, physical and social well-being. Health care to prisoners shall also be organised in accordance with the provisions of the Act on health insurance no. 112/2008, the Act on enforcement of a sentence no. 15/2016 and other Acts as applicable.

1.1 The services

The health care is a part of general public health care which is provided for in Chapter IV of the Act on health services, no. 40/2007, more specifically a part of the primary health care services in the country. In Article 29 of the Act on the enforcement of a sentence no. 15/2016 it says that in prisons prisoners shall enjoy health care comparable to that generally available, see the Act on health services.

This specification does not include dental care since this service is provided by the Prison and Probation Administration.

1.2 The purpose and field of application of the specification

The purpose of specification is to describe the minimum requirements made by the Ministry of Welfare to the operators of health care to prisoners in prisons.

The specification shall apply to the party undertaking the services with an agreement with the Icelandic Health Insurance.

1.3 Terms/definitions

Health care professional: An individual who works in health care and has obtained a license from the Directorate of Health to use a professional title of a legal health care profession according to the Act on health care professionals no. 34/2012.

Quality and safety requirements: The minimum requirements made to health care operator on the implementation and organisation of the service.

Operator: A public institution or company with the required operating licenses for providing health care services which assumes the management and responsibilities of the service in an agreement with the buyer.

Pharmacological management: Individualised care by a pharmacist aiming at solving problems connected with pharmacological issues of patients/prisoners. Pharmacological care can consist of several different tasks, involving for example the cooperation of a pharmacist, physician and/or nurse in supervising the medication use of the patient/prisoner. This can involve issues regarding dose levels, price, interactions, multi-drug use etc. Also, this can involve education to increase the responsibilities of patients/prisoners for their own treatment and to promote compliance with prescribed treatment.

Employee: A person working for the operator, whether he is salaried by the operator or a wage earner of a subcontractor of the operator.

Buyer: The Ministry of Welfare or the Icelandic Health Insurance.

Primary health care: General medicine, nursing, health promotion and preventive measures, emergency and accident services and other health services provided by primary health care clinics.

General health care: Primary health care, health care and nursing in nursing homes and the specialised nursing beds in the medical wards of hospitals and general hospital services.

Specialised health care: Health care which is not covered by general health services.

The services: The service described in these quality and safety requirements, i.e. health care to inmate in prisons.

1.4 Review of quality and safety requirements.

The Ministry of Welfare will supervise and update the quality and service requirements regularly with a view to changes in needs and emphasis. The quality and service requirements in force will be accessible on the website of the Ministry of Welfare. In updating the quality and service requirements, the operator is given the opportunity to submit proposals for changes. If the operator considers that he is not able to honour some requirements in the quality and service requirements in force, he shall justify this in writing and submit this notification the buyer. Agreements between the operators and buyers will be reviewed upon receiving such a notification. If there is a major change in quality and service requirements regarding costs, considerable changes in individual projects, new requirements, new projects or discontinued projects, the buyer shall justify this and notify the operator, giving him ample time to make alterations.

1.5 Monitoring

In the instances when the services are given on the basis of an agreement with the Icelandic Health Insurance, the institution shall supervise the quality and results of the operations of the operator, see Chapter IV of the Act on health insurance no. 112/2008, including the fulfilment of these quality and service requirements.

The Directorate of Health shall supervise the health care services which are given according to these quality and service requirements and also the health care professionals delivering them, see Chapter ll of the Act on the Directorate of Health and public health no. 41/2007.

The Ministry of Welfare may demand a special inspection of whether the operator complies with these quality and service requirements. These inspections may either be planned ahead and notified to the operator or unannounced.

If the Ministry orders an inspection of the operations, the operator shall provide the inspectors with facilities to conduct the inspection, give them unlimited access to staff for questioning and to all documents indicating that all quality and service requirements have been fulfilled. An administrator of the operator who is intimately familiar with the operations shall be present at the inspections of the Ministry, assist the inspectors in carrying out the inspection, reply to their questions and submit the appropriate documents. When the inspection has been carried out the administrators of the operators shall decide on, schedule and carry out improvements due to deviations which may have come to light in the inspection.

2 The services

2.1 Laws and regulations governing the operations

The operation of the service is subject to the Act on the health care, no. 40/2007 and the Act on enforcement of a sentence no. 15/2016. Also, other Acts in force about providing health care shall be complied with. The services are under the supervision of the Directorate of Health, see the Act on the Director of Health and the Act on public health no. 41/2007.

2.2 Health care for prisoners

The operator shall be responsible for health care and specialized health care as further specified below. The operator makes contracts with subcontractors about specialized services which shall be given, if necessary, to comply with the requirements. The operator pays the share of the prisoner for health care covered by the specifications herein.

The operator shall give or secure access of prisoners to the following services:

- General health care services
- Necessary medical treatment for drug problems.
- Other specialized health care services according to the references of the operator's physicians, which cannot be given by the operator. This includes psychiatric services, among others.
- Body search and medical examination according to Articles 71 and 77 of the Act on enforcement of sentences no. 15/2016.
- Physiotherapy according to referrals by the operator's physicians.
- Necessary medications according to prescriptions from the operator's physicians (see requirement 17).
- The contractor shall offer screening to prisoners in accordance with instructions from an epidemiologist at each time.
- The operator shall seek cooperation with and consultation from psychologists of the Prison and Probation Administration and social workers where applicable regarding services offered.
- The services should preferably be given by interdisciplinary teams of all those involved in providing health care to prisoners on the basis of these quality and service requirements.

1. Responsibility

   The operator is responsible for health services given according to these quality and service requirements, including work assigned to others.

2.3 Administrators and workers

The operator is responsible for recruitment. He hires staff to operate the services.

2. Recruitment

   The recruitment shall be managed in accordance with the work load in order to ensure offering the services required by these quality and service requirements. Physicians performing the services shall be general practitioners with at least two years of work experience. Nurses offering their services shall have at least two years of work experience.

3. Administration

The professional management of the service shall be undertaken by a medical doctor with specialization as a general practitioner and at least three years work experience as a general practitioner specialist.

2.4 Equipment

2.4.1 Medical records

4. Medical record system and registration in the medical record system

The operator shall manage an electronic medical record system with a valid user license, provide necessary computer equipment and cover all costs of the management of a medical record system. The operator shall adapt the system in accordance with the recommendation of the Directorate of Health to ensure a coordinated registration of documents at the national level and obtain the confirmation of the Directorate that the registration is sufficient.

All professional communications of employees with prisoners or their families shall be recorded in the medical records, see the Act on medical records no. 55/2009. The contractor shall preserve a copy of each communication in accordance with the regulation on medical records.

5. Access to medication database

Health care professionals with the appropriate access privileges offering services according to these specifications shall be enabled to look up in the medical record database of Director of Health.

6. Safety of medical record data

The operator shall be responsible for all entries made in the medical records for services rendered in accordance with these quality and service requirements. The operator shall entrust the management and responsibility of the medical records to a health care provider. The registration and treatment of medical record information shall be in conformity with the provisions of Act on medical record, no 55/2009 and Regulation no. 550/2015. Access to data shall be managed and their security insured in order to preserve them and prevent the access of unauthorized parties. The operator shall take measures to ensure the safety of medical record information in accordance with Articles 11 and 12 of Act no. 77/2000 on personal privacy and treatment of personal information as well as Regulations on the security of personal information no. 299/2001. Furthermore, the operator shall fulfil requirements in the instructions of the Directorate of Health on the safety and quality of medical records.

7. The access and individuals to their own medical record

The access of individuals to their own medical record shall be in accordance with the Act on medical records no. 55/2009 and the assertions of the Directorate of Health on the safety and quality of medical records.

2.5 **The organisation of the services**

8. Reception of new prisoners

The physicians of the operator shall inspect the health of each prisoner incarcerated in the prison. A physician shall see each prisoner and carry out a general medical examination, review medications prescribed and evaluate the prisoner's mental condition within 24 hours of his arrival at the prison. This inspection may be postponed for up to three days when this is acceptable in the opinion of a physician, for example in the case of a prisoner being transferred from another prison in which a physical examination has already been carried out. If three holidays occur in a row, measures should be taken to ensure that the medical examination is carried out within three days. The reason for the delay shall be recorded in the medical record of the prisoner

9. Regular health services

Physicians and nurses working for the operator shall maintain regular consultation in the prison to offer general health services. The chief medical officer of the service shall determine the division of tasks in offering the services

2.6 General primary health care services

The aim is to provide primary health care to prisoners that is comparable to what the general public is offered and that its use is comparable to the use of the general public, while keeping mind the special circumstances that exist within the prison system.

10. Request for services

The operator shall ensure that the prisoners receive primary health care services if they so wish. Such requests shall be directed to the prison guards, who will bring the prisoners in contact with a nurse who evaluates the request and books the appropriate appointment or forwards the request to telephone services of the operator.

11. Visiting and telephone services

The operator shall offer telephone services during office hours which is comparable to the general telephone services of primary health care clinics. Outside of these hours the prisoners shall receive the general health services that are offered in the appropriate service area. However, the physicians of the operator shall maintain the services specified in articles 71 and 77 of the act on enforcement of a sentence no. 15/2016.

12. Distribution of medication

The operator shall procure and pay for all medication according to prescription from a physician (see requirement no. 17). A health care worker of the operator will be responsible for delivering prescribed medication to the prison guards and each delivery should never exceed the maximum of a week's supply. It should be noted that prisoners with health insurance have the right to receive S-marked and medicinal products subject to licence at no cost to them, paid for by the Health Insurance, see Articles 14 and 15 of the Regulation on payment participation of the Health Insurance in the cost of medications no. 313/2013.

13. The transfer of prisoners between prisons

Every prisoner who is transferred from a prison serviced by the operator to another prison shall be accompanied by a health certificate and a physicians 's letter. These documents shall be sent to the operator who will service the prisoner in a new location.

2.7 Mental health care

In addition to primary health care, the prisoners shall be given specialised mental health care as necessary due to the special conditions existing in prisons.

14. Mental health evaluation

At the beginning of serving a sentence each prisoner shall be given a mental health evaluation by a physician. The evaluation can be carried out along with a general health inspection. The mental health evaluation shall be based on clinical best practices and established by the operator who will send it to the buyer for inspection within a year of signing the agreement. The mental health evaluation involves reviewing the patient's medical history, evaluation of general mental health, evaluation of addiction problems, risk of self-harm and harm to others. The mental health evaluation, should take into account information from the medical record of the individual. If indicated, a formal mental health evaluation shall be obtained from a psychiatrist.

15. Teamwork

The operator shall cooperate closely with psychologists and social workers employed in the prison on behalf of the Prison and Probation Administration.

16. A treatment schedule for prisoners with a diagnosed mental health problem

At the beginning of the prison term the health care workers of the operator shall prepare a written comprehensive and individualized treatment plan for the mental health problems which have been identified.

The treatment team shall hold regular meetings to evaluate the progress of the treatment and amend the treatment plan as necessary.

The operator shall, to the extent it is possible, ensure that a prisoner participates in creating his/her treatment plan to ensure treatment compliance.

17. Management of prescribed medications

The operator shall offer acceptable medication regimens as clinically indicated while taking into

account the list prepared by the Directorate of Health of medications that should generally not be used in prisons. The current list is from June 2018. Generally, when choosing between medications with comparable efficacy preferred medications are those that are less likely to cause dependence and form a habit, and those that are least expensive. Given the informed consent of the prisoner, administration of medication shall be based on defined, timed therapeutic goals and, as far as possible, under pharmacological supervision.

18. Treatment of substance abuse and addiction

    The operator shall ensure the provision of detoxification and addiction treatment upon the arrival of prisoner in protective custody.

19. References to other services

    The operator shall ensure that prisoners who fall ill in prison will receive appropriate health care treatment there from a general practitioner specialist, psychiatrists and other health care professionals. If clinically indicated, prisoners have the full rights to hospitalisation in a psychiatric ward for the treatment of acute problems from which they suffer. A psychiatrist makes the clinical decision about hospitalisation at each time.

20. The views of the patient

    Operators shall ensure that as is appropriate the prisoner is an active participant in developing his/her treatment plan and in decisions regarding the termination of treatment. The perspective of prisoners shall be consulted in order to improve services, for example with user surveys. Prisoners who so wish shall have the assistance of interpreters.

2.8 Information on services

21. Information on services to prisoners

    The annual report shall give a special account of the services which have been granted, i.e. the number of visits, visits outside office hours, telephone conversations and other services that have been given. The information shall be classified according to whether the services were given by physicians and/or nurses.

    Standards such as ICD-10 and NCSP-IS shall be used as is appropriate when providing information on services.

2.9 Comments and complaints

The right to make comments on health care services is ensured in the Act on the rights of patients no. 74/1997. If a prisoner wants to submit a comment on the health care services of the operator, he/she can direct his comments to him.

A formal complaint of alleged negligence and mistakes in providing health care services, and complaints about any unseemly behaviour of health care workers in giving healthcare services can be directed to the office of the Directorate of Health, see Article 12 of the Act on the Directorate of Health and public health, no. 41/2007.

Filing and reporting requirements due to unexpected events in health care services is prescribed by law, see the Act on the Directorate of Health and public health no. 41/2007.

Quality and safety in health care

The terms quality and safety are closely related and intertwined since the safety of the health care services has a great effect on their quality. According to law, the Directorate of Health is responsible for improving and supervising the quality and safety of health care services. In order to carry out this role, the Directorate issues directives, guidelines and instructions, monitors the fulfilment of professional requirements in the health care services and supervises the service operators and health care workers.

The quality in health care services gives an indication of

- To what extent health services are likely to improve the health and quality of life for individuals and the society as a whole.
- To what extent the services are given in accordance with the best practices available.

The main features of quality in health care are safety, timeliness, efficiency and successful services as well as equality and user-based services.

Safety is a requisite condition in health care services so that the user of the health care shall not suffer damage or temporary discomfort because of the services that are intended to improve his/her health and quality of life.

Quality control involves introducing a quality policy and implementing it in day-to-day work. Quality policy contains the reference values which are used regarding all decisions pertaining to the quality of the operation. Quality control involves a continuous search to improve work processes. It involves organised and disciplined work methods, following precise work schedules and recording of actions.

The Directorate of Health has issued the instructive web pamphlet "Improving quality and safety in Icelandic health care services" (version 3 2016). The pamphlet was prepared by the Directorate's Council on Patient Safety and includes instructions for health care providers.. It is recommended that the contractor should use these instructions.

The web pamphlet can be found here:
http://www.landlaeknir.is/servlet/file/store93/item19084/Eflum-gaedi-og-oryggi 3.utg.2016 11.11.2016.pdf

Quality manuals and indicators

A quality handbook includes a description of the quality policy and work processes of the appropriate operator, such as descriptions of work processes, operating methods and checklists. Quality documents and quality handbooks are divided into three classes:

- Policy documents (quality policy and aims)
- Organisational documents (operational instructions)
- Implementation papers (work descriptions).

Quality indicators are measures which give indications of quality and safety of the health care services offered, see further on quality indicators on the website of the Directorate of Health and in the web magazine mentioned above.

NICE National Institute for Health and Care Excellence

Questions for first-stage health assessment at reception into prison

A printable version of Table 1 in NICE's guideline on the mental health of adults in contact with the criminal justice system.

Topic questions	Yes/No	Actions
Prison sentence		
1. Has the person committed murder, manslaughter or another offence with a long sentence?	Yes	Refer the person for mental health assessment by the prison mental health in-reach team if necessary.
	No	Record no action needed.
Prescribed medicines		
2. Is the person taking any prescribed medicines (for example, insulin) or over-the-counter medicines (such as creams or drops)? If so: • what are they • what are they for • how do they take them?	Yes	Document any current medicines being taken and generate a medicine chart. Refer the person to the prescriber for appropriate medicines to be prescribed, to ensure continuity of medicines. If medicines are being taken, ensure that the next dose has been provided (see recommendations 1.7.10 and 1.7.11). Let the person know that medicines reconciliation will take place before the second-stage health assessment.
	No	Record no action needed.
Physical injuries		
3. Has the person received any physical injuries over the past few days, and if so: • what were they • how were they treated?	Yes	Assess severity of injury, any treatment received and record any significant head, abdominal injuries or fractures. Document any bruises or lacerations observed on a body map. In very severe cases, or after GP assessment, the person may need to be transferred to an external hospital. Liaise with prison staff to transfer the

		person to the hospital emergency department by ambulance. If the person has made any allegations of assault, record negative observations as well (for example, 'no physical evidence of injury').
	No	Record no action needed.
Other health conditions		
4. Does the person have any of the following: • allergies, asthma, diabetes, epilepsy or history of seizures • chest pain, heart disease • chronic obstructive pulmonary disease • tuberculosis, sickle cell disease • hepatitis B or C virus, HIV, other sexually transmitted infections • learning disabilities • neurodevelopmental disorders • physical disabilities?	**Ask about each condition listed.**	
	Yes	Make short notes on any details of the person's condition or management. For example, 'Asthma – on Ventolin 1 puff daily'. Make appointments with relevant clinics or specialist nurses if specific needs have been identified.
	No	Record no action needed.
5. Are there any other health problems the person is aware of that have not been reported?	Yes	Record the details and check with the person that no other physical health complaint has been overlooked.
	No	Record no action needed.
6. Are there any other concerns about the person's health?	Yes	Make a note of any other concerns about physical health. This should include any health-related observations about the person's physical appearance (for example, weight, pallor, jaundice, gait or frailty). Refer the person to the GP or relevant clinic.
	No	Note 'Nil'.

Table 1 – First-stage health assessment: Mental health of adults in contact with the criminal justice system NICE guideline NG66 (2017)

Additional questions for women		
7. Does the woman have reason to think she is pregnant, or would she like a pregnancy test?	Yes	**If the woman is pregnant, refer to the GP and midwife.** If there is reason to think the woman is pregnant, or would like a pregnancy test: provide a pregnancy test. Record the outcome. If positive, make an appointment for the woman to see the GP and midwife.
	No	Record response.
Living arrangements, mobility and diet		
8. Does the person need help to live independently?	Yes	Note any needs. Liaise with the prison disability lead in reception about: • the location of the person's cell • further disability assessments the prison may need to carry out.
	No	Record response.
9. Do they use any equipment or aids (for example, walking stick, hearing aid, glasses, dentures, continence aids or stoma)?	Yes	Remind prison staff that all special equipment and aids the person uses should follow them from reception to their cell.
	No	Record response.
10. Do they need a special medical diet?	Yes	Confirm the need for a special medical diet. Note the medical diet the person needs and send a request to catering. Refer to appropriate clinic for ongoing monitoring.
	No	Record response.
Past or future medical appointments		
11. Has the person seen a doctor or other healthcare professional in the past few months? If so, what was this for?	Yes	Note details of any recent medical contact. Arrange a contact letter to get further information from the person's doctor or specialist clinic. Note any ongoing treatment the person needs and make appointments with relevant clinics, specialist nurses, GP or other healthcare staff.
	No	Record no action needed.

12. Does the person have any outstanding medical appointments? If so, who are they with, and when?	Yes	Note future appointment dates. Ask healthcare administrative staff to manage these appointments or arrange for new dates and referral letters to be sent if the person's current hospital is out of the local area.
	No	Record no action needed.
Alcohol and substance misuse		
13. Does the person drink alcohol, and if so: • how much do they normally drink? • how much did they drink in the week before coming into custody?	Yes	Urgently refer the person to the GP or an alternative suitable healthcare professional if: • they drink more than 15 units of alcohol daily or • they are showing signs of withdrawal or • they have been given medication for withdrawal in police or court cells.
	No	Record response.
14. Has the person used <u>street drugs</u> in the last month? If so, how frequently? When did they last use: • heroin • methadone • benzodiazepines • amphetamine • cocaine or crack • novel psychoactive substances • cannabis • anabolic steroids • performance and image enhancing drugs?	Yes	Refer the person to substance misuse services if there are concerns about their immediate clinical management and they need immediate support. Take into account whether: • they have taken drugs intravenously • they have a positive urine test for drugs • their answers suggest that they use drugs more than once a week • they have been given medication for withdrawal in police or court cells. If the person has used intravenous drugs, check them for injection sites. Refer them to substance misuse services if there are concerns about their immediate clinical management and they need immediate support.
	No	Record response.

Problematic use of prescription medicines		
15. Has the person used prescription or over-the-counter medicines in the past month: • that were not prescribed or recommended for them **or** • for purposes or at doses that were not prescribed? If so, what was the medicine and how did they use it (frequency and dose)?	Yes	Refer the person to substance misuse services if there are concerns about their immediate clinical management and they need immediate support.
	No	Record response.
Mental health		
16. Has the person ever seen a healthcare professional or service about a mental health problem (including a psychiatrist, GP, psychologist, counsellor, community mental health services, alcohol or substance misuse services or learning disability services)? If so, who did they see and what was the nature of the problem?	Yes	Refer the person for a mental health assessment if they have previously seen a mental health professional in any service setting.
	No	Record response.
17. Has the person ever been admitted to a psychiatric hospital, and if so: • when was their most recent discharge • what is the name of the hospital • what is the name of their consultant?	Yes	Yes: refer the person for a mental health assessment.
	No	Record response.
18. Has the person ever been prescribed medicine for any mental health problems? If so: • what was the medicine • when did they receive it • when did they take the last dose	Yes	Refer the person for a mental health assessment if they have taken medicine for mental health problems.
	No	Record response

• what is the current dose (if they are still taking it) • when did they stop taking it?		
Self-harm and suicide risk		
19. Is the person: • feeling hopeless **or** • currently thinking about or planning to harm themselves or attempt suicide?	Yes	Refer the person for an urgent mental health assessment. Open an Assessment, Care in Custody and Teamwork (ACCT) plan if: • there are serious concerns raised in response to questions about self-harm, including thoughts, intentions or plans, or observations (for example, the patient is very withdrawn or agitated) **or** • the person has a history of previous suicide attempts. Be aware and record details of the impact of the sentence on the person, changes in legal status and first imprisonment, and the nature of the offence (for example, murder, manslaughter, offence against the person and sexual offences).
	No	Record response.
20. Has the person ever tried to harm themselves, and if so: • do they have a history of suicide attempts • was this inside or outside prison • when was the most recent incident • what was the most serious incident?	Yes	Refer the person for a mental health assessment if they have ever tried to harm themselves.
	No	Record response.