

POROČILO O IZVAJANJU NALOG DPM V LETU 2013

DRŽAVNI PREVENTIVNI MEHANIZEM PO OPCISKEM PROTOKOLU
H KONVENCIJI OZN PROTI MUČENJU IN DRUGIM KRUTIM,
NEČLOVEŠKIM ALI PONIŽEVALNIM KAZNIM ALI RAVNANJU



IMPLEMENTATION OF THE DUTIES AND POWERS OF THE NPM IN 2013

NATIONAL PREVENTIVE MECHANISM UNDER THE OPTIONAL PROTOCOL
TO THE UN CONVENTION AGAINST TORTURE AND OTHER CRUEL,
INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Poročilo o izvajanju nalog DPM v letu 2013

Ljubljana, junij 2014

**Implementation of the duties and powers
of the NPM in 2013**

Ljubljana, June 2014

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DRŽAVNEGA PREVENTIVNEGA MEHANIZMA
PO OPCIJSKEM PROTOKOLU**

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ZA LETO 2013

Ljubljana, junij 2014

**REPORT
ON THE IMPLEMENTAION OF THE TASKS
OF THE NATIONAL PREVENTIVE MECHANISM
UNDER THE OPTIONAL PROTOCOL
TO THE UN CONVENTION AGAINST TORTURE
AND OTHER CRUEL, INHUMAN OR DEGRADING
TREATMENT OR PUNISHMENT
FOR THE YEAR 2013**

Ljubljana, June 2014

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1

POROČILO O IZVAJANJU NALOG IN POOBLASTIL DRŽAVNEGA PREVENTIVNEGA MEHANIZMA ZA LETO 2013

Po Zakonu o ratifikaciji Opcijskega protokola h Konvenciji proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju (Uradni list RS, št. 114/06 – Mednarodne pogodbe, št. 20/06 – opcijski protokol), Varuh človekovih pravic RS (Varuh) izvaja tudi naloge in pooblastila državnega preventivnega mehanizma (DPM), v dogovoru z njim pa tudi izbrane nevladne organizacije, registrirane v Republiki Sloveniji, ter organizacije, ki so pridobile status humanitarne organizacije v Republiki Sloveniji in se ukvarjajo z varstvom človekovih pravic ali temeljnih svoboščin.

DPM v izvajanju svojih nalog in pooblastil obiskuje vse kraje odvzema prostosti v Republiki Sloveniji in tako preverja ravnanje z osebami, ki jim je bila odvzeta prostost, da bi se okrepilo njihovo varstvo pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja. Ob upoštevanju pravnih norm DPM ustreznim organom daje priporočila, da bi izboljšali razmere in ravnanje z osebami ter preprečili mučenje in druge oblike okrutnega, nečloveškega, poniževalnega ravnanja ali kaznovanja. V tej zvezi lahko predloži tudi predloge in pripombe k veljavnim ali predlaganim zakonom.

Znani kraji odvzema prostosti v Republiki Sloveniji so zlasti:

- zavodi za prestajanje kazni zapora (ZPKZ) z vsemi njihovimi oddelki in Prevzgojni dom Radeče,
- vzgojno-izobraževalni zavodi (VIZ),
- nekateri socialnovarstveni zavodi (SVZ) in posebni SVZ,
- psihiatrične bolnišnice (PB),
- prostori za policijsko pridržanje oziroma zadržanje na policijskih postajah (PP),
- Center za tujce in Azilni dom,
- prostori za pridržanje v Slovenski vojski in
- vsi drugi kraji v smislu 4. člena opcijskega protokola (na primer, policijska intervencijska vozila ipd.).

1

IMPLEMENTATION OF DUTIES AND POWERS OF THE NATIONAL PREVENTIVE MECHANISM IN 2013

Under the Act Ratifying the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Uradni list RS [Official Gazette of the Republic of Slovenia], No. 114/2006 – Mednarodne pogodbe (International Treaties), No. 20/06 – The Optional Protocol), the Human Rights Ombudsman of the Republic of Slovenia (hereinafter: the Ombudsman) also fulfils the mandate and exercises the powers of the National Preventive Mechanism (hereinafter: the NPM). In agreement with the Ombudsman, the same role is assumed by the selected non-governmental organisations (hereinafter: the NGOs) registered in the Republic of Slovenia and organisations that have obtained the status of humanitarian organisations in the Republic of Slovenia and are engaged in the protection of human rights or fundamental freedoms.

In fulfilling its mandate and exercising its powers, the NPM visits all places of detention in the Republic of Slovenia, thus checking the treatment of persons deprived of their liberty in order to enhance their protection against torture and other cruel, inhuman or degrading treatment or punishment. Having regard to the legal norms, the NPM makes recommendations to relevant bodies with the aim of improving the conditions and treatment of persons deprived of their liberty and preventing torture and other cruel, inhuman or degrading treatment or punishment. In this context, the NPM may also submit proposals and comments on the applicable or proposed laws.

In the Republic of Slovenia, the regular places of the deprivation of liberty are particularly the following:

- institutions for serving the sentence of imprisonment (hereinafter: the prisons) with all their units and Radeče Correctional Facility;
- juvenile institutions (JIs);
- certain social care institutions (SCIs) and special SCIs;
- psychiatric hospitals (PHs);
- police custody and/or detention rooms at police stations (PSs);
- the Aliens Centre and the Asylum Centre;
- detention rooms operated by the Slovenian Armed Forces, and
- all other places within the meaning of Article 4 of the Optional Protocol (e.g. police emergency vehicles and similar).

Na podlagi javnega razpisa, objavljenega v Uradnem listu RS, št. 103/2011 z dne 16. 12. 2011, so bile za sodelovanje v letu 2012 in 2013 (z možnostjo podaljšanja sodelovanja še za eno leto) izbrane organizacije: Pravnoinformacijski center nevladnih organizacij – PIC (PIC), Rdeči križ Slovenije (RKS) in Inštitut Primus (Primus) – vse te tri ponovno, na novo pa Zveza društev upokoencev Slovenije (ZDUS) in Novi paradoks (NP). S temi izbranimi nevladnimi organizacijami (NVO) smo na podlagi pogodbe, ki podrobneje ureja medsebojno sodelovanje, sodelovali tudi v letu 2013.

V letu 2013 smo opravili 48 obiskov (večina od njih je bila nenapovedanih, saj je bilo le osem obiskov vnaprej napovedanih) in tako v celoti uresničili (oziroma celo presegli) vse načrtovane obiske iz vnaprej pripravljenega programa (v letu 2012 smo opravili 46 obiskov). Pri načrtovanju števila obiskov smo morali seveda upoštevati kadrovske zmožnosti, zlasti pa finančna sredstva, ki so nam bila na razpolago za izvajanje teh dejavnosti.

Med opravljenimi obiski so bili štiri obiski tudi kontrolni. Kontrolni obisk se opravi, kadar je smiselno še pred rednim obiskom preveriti izvedbo priporočil DPM za odpravo pomanjkljivosti in izboljšanje razmer in ravnanje z osebami. Uresničevanje priporočil iz predhodnih obiskov DPM sicer redno preverja ob ponovnih obiskih v ustanovi.

Vsi opravljeni obiski DPM v letu 2013, razen enega, so bili enodnevni. **Tako smo obiskali deset ustanov, kjer so nameščene osebe, ki so na prestajanju kazni zapora oziroma priporniki (devet ZPKZ in prevzgojni dom), 20 PP, Center za tujce v Postojni, eno psihiatrično ustanovo, 11 domov za starejše in pet vzgojnih zavodov.**

Za izvajanje nalog DPM je Varuh določil devet uslužbencev (vključno z namestnikom varuhinje, ki sicer opravlja te dejavnosti). Vsi ti uslužbenci še naprej opravljajo tudi druge naloge Varuha (kot je obravnavanje pobud). To ima nekatere prednosti (kot je npr. poznavanje problematike iz obravnavanja konkretnih pritožb prizadetih oseb), pa tudi slabosti, zlasti v preobremenjenosti posameznih uslužbencev s preventivnimi obiski v izvajanju nalog in pooblastil DPM na eni strani in številnimi pobudami, ki so jim dodeljene v reševanje na drugi strani. **Zato razmišljamo, da bi popolnoma razdelili obe dejavnosti Varuha (preventivne, ki jo predstavljajo naloge DPM, in reaktivne, ki pomenijo obravnavanje prejetih pobud).** Potrebo po takšni ločitvi tudi sicer izrecno poudarja 32. točka Smernic o državnih preventivnih mehanizmih Pododbora za preprečevanje mučenja in drugega okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja, sprejetih na dvanajstem zasedanju v Ženevi, 15.–19. novembra 2010. Ta določa, da kadar organ, določen za državni preventivni mehanizem, poleg nalog v skladu z opcijskim protokolom izvaja tudi druge naloge, se morajo naloge državnega preventivnega mehanizma izvajati v okviru ločene enote ali oddelka, ki ima svoje osebje in ločen proračun. Ugotavljamo, da bodo za to verjetno potrebne določene kadrovske okrepitve vključno z dodatnimi finančnimi sredstvi, saj se že zdaj določen del finančnih obremenitev za izvajanje nalog in pooblastil DPM pokriva s sredstvi Varuha.

Pursuant to a public call for tender published in the Official Gazette of the Republic of Slovenia, No. 103/07 of 16 December 2011, the following organisations were selected for cooperation in 2012 and 2013 (with the option of a renewal of cooperation for another year): the Legal Information Centre of NGOs – PIC (hereinafter: PIC), the Slovenian Red Cross (RKS) and the Primus Institute (Primus) – all three were chosen again, while the Slovenian Federation of Pensioners' Organisations (ZDUS) and Novi paradoks (NP) were newly chosen. Pursuant to a contract regulating mutual cooperation in detail, the NPM cooperated with these selected NGOs in 2013.

In 2013, 48 visits were undertaken (most of them were unannounced, as only 8 visits were announced in advance). Thus, the NPM fully realised (or even exceeded) the number of the visits planned in the programme which had been drafted in advance (in 2012, 46 visits were undertaken). In planning the number of visits, staff capacities and, in particular, financial resources available for the performance of these activities had to be, of course, taken into account.

The visits undertaken also included four control visits. A control visit is carried out when prior to a regular visit, it is reasonable to check the implementation of the NPM's recommendations aimed at eliminating irregularities and improving the conditions and treatment of persons. The implementation of the recommendations made in respect of previous visits is usually regularly checked by the NPM on follow-up visits to a particular institution.

Except for one, all visits undertaken by the NPM in 2013 were one-day visits. **The NPM thus visited 10 institutions where people serving prison sentences and detainees are accommodated (8 prisons and 1 correctional facility), as well as 20 police stations, the Aliens Centre in Postojna, 1 psychiatric institution, 11 residential homes for the elderly and 5 juvenile institutions.**

The Ombudsman appointed nine officials for the purpose of carrying out the functions of the NPM (including the Ombudsman's deputy who usually performs these functions). All these officials still continue to carry out other Ombudsman's functions (such as addressing initiatives). Although having some advantages (e.g. acquaintance with the issues related to dealing with specific complaints by the people affected), this circumstance has nevertheless also certain disadvantages, a fact which, in particular, has a direct bearing on individual officials who are overburdened with preventive visits while fulfilling the mandate and exercising powers of the NPM on one hand and dealing with several initiatives assigned to them for consideration on the other hand. **Therefore, the NPM is deliberating on fully dividing the two Ombudsman's functions, i.e. the preventive function involving the NPM's mandate and the reactive function relating to addressing the initiatives received.** Moreover, the necessity for such division is explicitly underlined in Paragraph 32 of the Guidelines on National Preventive Mechanisms of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted at the Twelfth session in Geneva, 15–19 November 2010. This paragraph specifies that where the body designated as the NPM performs other functions in additions to those under the Optional Protocol, its NPM functions should be located within a separate unit or department, with its own staff and budget. It has been established that this will require a certain increase in the number of staff and additional financial resources, as already now, a certain proportion of financial burden related to the fulfilment of the mandate and the exercise of powers of the NPM is covered by the Ombudsman's resources.

Finančna sredstva Državnega preventivnega mehanizma (DPM)

	Rebalans proračuna 2013	Veljavni proračun 2013	Realizacija 2013
6761 Plače - Opcijski sporazum	106.590	107.706	107.706
4 ODHODKI IN DRUGI IZDATKI	106.590	107.706	107.706
40 TEKOČI ODHODKI	106.590	107.706	107.706
400 Plače in drugi izdatki zaposlenim	92.506	93.259	93.259
4000 Plače in dodatki	82.554	83.351	83.351
4001 Regres za letni dopust	2.013	2.013	2.013
4002 Povračila in nadomestila	6.850	6.120	6.120
4003 Sredstva za delovno uspešnost	800	1.775	1.775
4009 Drugi izdatki zaposlenim	289	0	0
401 Prispevki delodajalcev za socialno varnost	14.084	14.447	14.447
4010 Prispevek za pokojninsko in invalidsko zavarovanje	7.300	7.534	7.534
4011 Prispevek za zdravstveno zavarovanje	6.030	6.035	6.035
4012 Prispevek za zaposlovanje	52	51	51
4013 Prispevek za starševsko varstvo	82	85	85
4015 Premije kolektivnega dodatnega pokojninskega zavarovanja, na podlagi ZKDPZJU	620	742	742
5823 Materialni stroški - Opcijski sporazum	9.212	9.212	6.969
4 ODHODKI IN DRUGI IZDATKI	9.212	9.212	6.969
40 TEKOČI ODHODKI	9.212	9.212	6.969
402 Izdatki za blago in storitve	9.212	9.212	6.969
4020 Pisarniški in splošni material in storitve	2.792	2.792	2.679
4022 Energija, voda, komunalne storitve in komunikacije	800	800	489
4023 Prevozni stroški in storitve	310	310	126
4024 Izdatki za službena potovanja	2.470	1.483	797
4029 Drugi operativni odhodki	2.840	3.827	2.878
6485 Sodelovanje z nevladnimi organizacijami	8.065	8.065	5.631
4 ODHODKI IN DRUGI IZDATKI	6.045	5.565	4.355
40 TEKOČI ODHODKI	6.045	5.565	4.355
402 Izdatki za blago in storitve	6.045	5.565	4.355
4029 Drugi operativni odhodki	2.020	2.500	4.355
41 TEKOČI TRANSFERI	2.020	2.500	1.276
412 Transferi nepridobitnim organizacijam in ustanovam	2.020	2.500	1.276
4120 Tekoči transferi nepridobitnim organizacijam in ustanovam	1.270	1.270	1.276
DPM SKUPAJ	123.867	124.983	120.306

Financial Resources of the National Preventive Mechanism (NPM)

	Revised 2013 budget	Applicable 2013 budget	Realisation 2013
6761 Salaries – Optional Agreement	106,590	107,706	107,706
4 EXPENDITURE AND OTHER COSTS	106,590	107,706	107,706
40 CURRENT EXPENDITURE	106,590	107,706	107,706
400 Salaries, wages and other personnel expenditure	92,506	93,259	93,259
4000 Basic salaries and allowances	82,554	83,351	83,351
4001 Holiday bonus	2,013	2,013	2,013
4002 Special allowances	6,850	6,120	6,120
4003 Performance bonus	800	1,775	1,775
4009 Other personnel expenditure	289	0	0
401 Employers social security contributions	14,084	14,447	14,447
4010 Pension and disability insurance contribution	7,300	7,534	7,534
4011 Health insurance contribution	6,030	6,035	6,035
4012 Unemployment insurance contribution	52	51	51
4013 Maternity leave contribution	82	85	85
4015 Premiums for additional pension insurance of government employee	620	742	742
5823 5823 Material costs – Optional Agreement	9,212	9,212	6,969
4 EXPENDITURE AND OTHER COSTS	9,212	9,212	6,969
40 CURRENT EXPENDITURE	9,212	9,212	6,969
402 Expenditure on goods and services	9,212	9,212	6,969
4020 Office and general materials and services	2,792	2,792	2,679
4022 Utilities	800	800	489
4023 Transport expenses	310	310	126
4024 Travel expenses	2,470	1,483	797
4029 Other operational expenditure	2,840	3,827	2,878
6485 Cooperation with NGOs	8,065	8,065	5,631
4 EXPENDITURE AND OTHER COSTS	6,045	5,565	4,355
40 CURRENT EXPENDITURE	6,045	5,565	4,355
402 Expenditure on goods and services	6,045	5,565	4,355
4029 Other operational expenditure	2,020	2,500	4,355
41 CURRENT TRANSFERS	2,020	2,500	1,276
412 Transfers to non-profit organisations and institutions	2,020	2,500	1,276
4120 Current transfers to non-profit- organisations and institutions	1,270	1,270	1,276
NPM TOTAL	123,867	124,983	120,306

V letu 2013 je pri obiskih DPM sicer sodelovalo 12 uslužbencev Varuha (med temi štejemo tudi varuhinjo), in 11 različnih predstavnikov pogodbenih NVO, od tega dva predstavnika NP, dva predstavnika PIC, štiri predstavniki Primusa, en predstavnik RKS in dva predstavnika ZDUS. Primus je sodeloval s svojimi člani pri 27 obiskih, ZDUS pri šestih, PIC pri 12, RKS pri dveh in NP pri dveh obiskih. Šest obiskov (od 48) pa je bilo v letu 2013 opravljenih brez predstavnikov pogodbenih NVO.

Opcijski protokol v drugem odstavku 18. člena zapoveduje, da države pogodbenice ukrenejo vse potrebno, da zagotovijo, da so strokovnjaki DPM ustrezno usposobljeni in imajo strokovno znanje. V skladu s to zahtevo mora DPM zagotoviti, da prihaja njegovo osebje z različnih področij, da je ustrezno usposobljeno in ima potrebno strokovno znanje, da lahko ustrezno izpolni naloge v okviru DPM. To mora med drugim vključevati ustrezno strokovno znanje na področju prava in zdravstvenega varstva (to izrecno poudarja 20. točka že zgoraj navedenih Smernic o državnih preventivnih mehanizmih Pododbora za preprečevanje mučenja in drugega okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja. Nadalje tudi APT (Association for the Prevention of Torture) priporoča, da se v DPM vključijo strokovnjaki z različnimi znanji in sposobnostmi (pravniki, zdravniki, psihologi in psihiatri, osebe s predhodnim profesionalnim znanjem v policiji, zaporski administraciji in psihiatričnih ustanovah, predstavniki civilne družbe (nevladne organizacije, zavodi ...), osebe z izkušnjami na področju izvajanja obiskov zaporov, osebe z izkušnjami pri delu s ranljivimi skupinami (migranti, ženske, mladoletniki ...), antropologi in socialni delavci.

Varuh v svoji vlogi DPM zato vključuje strokovnjake s čim širšim naborom priporočenih specialnih znanj. Iz vrst zaposlenih, ki so delali pri Varuhu že pred prevzemom obveznosti iz naslova DPM, je Varuh v skupino vključil psihologinjo, strokovnjaka na področju dela v policiji, nekaj pravnikov, nekdanjo sodnico in antropologinjo. Ker izbrane NVO niso mogle zagotoviti nekaterih drugih ustreznih strokovnjakov in ker med svojimi strokovnjaki tudi Varuh na primer nima osebe z znanjem na področju zdravstvenega varstva, smo manjkajoče strokovnjake morali izbrati sami. Zato smo v začetku leta 2013 na spletnih straneh Varuha in v glasilu Zdravniške zbornice Slovenije – ISIS objavili obvestilo o zbiranju ponudb za uvrstitev na seznam zdravnic/zdravnikov izvedencev, ki bodo Varuhu strokovno pomagali ugotoviti, razjasniti ali presoditi določena dejstva oziroma ga podprli s potrebnim strokovnim znanjem, ki ga Varuh nima, pri njegovih obiskih krajev, kjer je ljudem odvzeta prostost.

Prijeli smo dve prijavi za sodelovanje, in sicer izr. prof. dr. Petra Preglja, dr. med., spec. psih., ter doc. dr. Milana Popoviča, dr. med., specialista splošne kirurgije. Ker sta obe ponudbi za sodelovanje ustrezali razpisanim zahtevam, smo oba uvrstili na seznam zdravnikov izvedencev in z njima sklenili pogodbo o sodelovanju. Posamezni izvedenec, ki ga s seznama določi Varuh glede na vrsto in kraj posameznega obiska, naloge opravlja po odredbi in navodilih Varuha v sodelovanju z njegovimi strokovnimi sodelavci tako, da sodeluje pri načrtovanem obisku in v pisni obliki podaja odgovore na vprašanja Varuha v vlogi DPM ter svoje ugotovitve zlasti o ustreznosti zdravstvenega varstva in ravnanja z osebami, ki jim je odvzeta prostost.

Od 48 opravljenih obiskov v letu 2013 je bilo šest obiskov opravljenih z vključenim zdravnikom izvedencem. V prihodnje zato načrtujemo njuno večjo vključenost v obiske, vendar bomo morali pri tem upoštevati razpoložljiva finančna sredstva. Pripominjamo pa, da je sodelovanje zdravnika izvedenca pri obiskih DPM nujno, saj sicer težko presojava ustreznost zdravstvenega varstva in ravnanja z osebami, ki jih je odvzeta prostost iz tega vidika.

Izbrane NVO so naloge in pooblastila DPM pri opravljanju obiskov še naprej opravljale s svojimi osebami, ki so usposobljene za posamezna področja nadzora, kot člani skupine, ki jo za vsak primer obiska določi Varuh za opravljanje obiska na kraju odvzema prostosti ter preverjanja ravnanja z osebami, ki jim je bila odvzeta prostost.

Kraj in čas obiska ter število članov skupine za opravljanje obiska na posameznem kraju nadzora določi Varuh, upoštevajoč pri tem program obiskov, ki ga v ta namen sprejme Varuh v sodelovanju z izbranimi organizacijami, po potrebi pa pri tem upošteva tudi druge okoliščine, ki bi zahtevale takojšen obisk.

The visits undertaken by the NPM in 2013 included 12 Ombudsman's officials (the Ombudsman herself included) and 11 various representatives of the NGOs under the contract, thereof two NP representatives, two PIC representatives, four Primus representatives one RKS representative and two ZDUS representatives. Primus and its members took part in 27 visits, ZDUS in 6, PIC in 12, RKS in two and NP in 2 visits. In 2013, 6 out of 48 visits were undertaken without the representatives of the NGOs under contract.

Article 18 (2) of the Optional Protocol stipulates that the States Parties shall take the necessary measures to ensure that the experts of the national preventive mechanism have the required capabilities and professional knowledge. Pursuant to this requirement, the NPM should ensure that its staff has the diversity of background, capabilities and professional knowledge necessary to enable it to properly fulfil its NPM mandate. This should include, inter alia, relevant legal and health-care expertise, as explicitly underlined by Paragraph 20 of the aforementioned Guidelines on national preventive mechanisms of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Moreover, the Association for the Prevention of Torture (APT) recommends that the NPM should include experts with various skills and capabilities (lawyers, doctors, psychologists and psychiatrists, people with professional background in the police, prison administration and psychiatric institutions, representatives of the civil society, i.e. NGOs, institutes, etc.), people with previous experience in undertaking visits to prisons and in working with vulnerable groups (migrants, women, minors, etc.), anthropologists and social workers.

In its NPM capacity, the Ombudsman therefore employs experts with the widest possible range of the recommended specialist skills. Some officials who had been working for the Ombudsman prior to the assumption of obligations under the NPM mandate were included by the Ombudsman in the NPM team, i.e. a psychologist, an expert in the field of police work, a few lawyers, a former judge and an anthropologist. Because the selected NGOs were not able to ensure services of some other suitable experts and the Ombudsman's expert team does, for example, not have a person with appropriate skills in the field of health-care, this lack of experts had to be made up for by the NPM itself. At the beginning of 2013, the NPM therefore published, on its website and in the bulletin of the Medical Chamber of Slovenia (ISIS), a public tender for the inclusion in the list of medical specialists who would professionally assist the Ombudsman in establishing, clarifying or assessing certain facts and/or during its visits to the places where persons are deprived of their liberty, support it with the necessary professional skills, which the Ombudsman lacks.

The NPM received two applications for cooperation, one from Associate Professor, Dr Peter Pregelj, M.D., specialist in psychiatry, and one from Assistant Professor, Dr Milan Popovič, M.D., specialist in general surgery. Because both applications were compliant with the tender requirements, the NPM included both applicants in the list of medical specialists and signed a cooperation contract with them. Any expert selected from the list by the Ombudsman with regard to the type and place of a particular visit performs his duties according to the Ombudsman's order and instructions and in cooperation with its professional associates. These duties include participation in the planned visit, and submission of written answers to the questions of the Ombudsman in its NPM capacity and findings, especially regarding the adequacy of the health care and treatment of persons deprived of their liberty.

A medical specialist participated in 6 out of 48 visits undertaken in 2013. For the following years, an increased inclusion of both specialists in visits is being envisaged, while taking into account the available financial resources. It should nevertheless be observed that the participation of a medical specialist in the NPM's visits is absolutely necessary, as in absence thereof, it is difficult to assess, from the medical aspect, the adequacy of the health care and treatment of persons deprived of their liberty.

The selected NGOs continued to fulfil the mandate and to exercise the powers of the NPM with their own personnel. They are trained to cover individual areas of supervision and are part of a team which, for each visit, is determined by the Ombudsman to undertake the visit at the place of the deprivation of liberty and to check the treatment of persons deprived of their liberty.

The time and place of the visit, and the number of members of the team involved in visiting a particular place of inspection are specified by the Ombudsman, taking into consideration the programme of the visits adopted for this purpose by the Ombudsman in cooperation with the selected organizations. If necessary, other circumstances that might require an immediate visit are also taken into account.

O vsakem obisku DPM smo tudi v letu 2013 pripravili izčrpno (končno) poročilo o ugotovitvah o obiskani ustanovi. To poročilo vsebuje tudi predloge in priporočila za odpravo ugotovljenih nepravilnosti in za izboljšanje stanja, vključno z ukrepi za zmanjšanje možnosti nepravilnega ravnanja v prihodnje. V nekaterih primerih (zlasti pri obiskih domov za starejše in psihiatričnih bolnišnic) se pripravi tudi predhodno poročilo.

Pri pripravi končnega poročila o opravljenem obisku sodelujejo tako predstavniki Varuha kot tudi predstavniki izbranih NVO (nekateri od njih zelo zavzeto, sodelovanje drugih pa je skromnejše). Vsak sodelujoči pri obisku, torej tudi osebe iz NVO, mora namreč pripraviti kratko poročilo o lastnih ugotovitvah z obiska s predlogi, ki so del končnega poročila o opravljenem nadzoru.

Končno poročilo se pošlje pristojnemu organu (to je nadrejenemu organu obiskane ustanove), in to s predlogom, da ta v določenem roku zavzame stališče do navedb oziroma priporočil v tem poročilu in jih sporoči Varuhu.

Za izdelavo končnega poročila je praviloma pristojen predstavnik Varuha, čeprav je lahko za njegovo izdelavo določena tudi oseba iz izbrane nevladne organizacije (v letu 2013 je tako Primus poskrbel za izdelavo dveh končnih poročil o obisku). Na podlagi končnega poročila, odziva pristojnega organa nanj in morebitnih dodatnih stališč DPM pa se o vsakem obisku pripravi tudi krajše poročilo o obisku, ki se objavi na spletu.

Uresničevanje priporočil DPM je zaveza države pogodbenice opcijskega protokola. Po določbi 22. člena Opcijskega protokola morajo namreč pristojni organi države pogodbenice obravnavati priporočila DPM in z njim vzpostaviti dialog o mogočih ukrepih za izvedbo priporočil. Uspeh uresničevanja priporočil iz obiskov DPM v letu 2013 prikazujemo v nadaljevanju, v obliki sinteze naših ugotovitev in priporočil ter odzivov pristojnih organov v zapisu o obiskih v posameznih ustanovah (delno to problematiko prikazujemo tudi v poglavju o omejitvah osebe svobode in policijskih postopkih v rednem letnem poročilu Varuha za leto 2013).

Z odzivi pristojnih organov (zlasti obiskanih ustanov) na naše ugotovitve in priporočila za izboljšanje stanja smo bili tudi v letu 2013 v glavnem zadovoljni, saj kažejo pripravljenost na sodelovanje, zlasti pa ugotavljamo, da poskušajo obiskane ustanove sprejeti vse ukrepe za potrebne izboljšave, ki so v njihovi zmožnosti. Pri tem si želimo še bolj poglobljenega in vsebinskega sodelovanja s pristojnimi ministrstvi (to je npr. MDDSZ, MIZKŠ, MP, MZ), zlasti ko gre za problematiko, ki terja sistemske spremembe (npr. spremembe in dopolnitve zakonodaje).

Poleg obiskov so člani DPM v letu 2013 sodelovali pri različnih drugih dogodkih. Udeležili smo se številnih mednarodnih dogodkov, kjer smo predstavljali svoje delovanje in dosedanje izkušnje (več dogodkov Beograd, Srbija; Skopje, Makedonija; Moskva, Rusija). Udeležili smo se tudi sestanka, ki ga je organiziral Svet Evrope v Strasbourgu (Francija) na temo standardov za pridržanje tujcev. Organizirali in izvedli smo obiske drugih DPM (tako smo gostili DPM Gruzije in Češke ter Azerbajdžana). Hkrati smo organizirali pogovore s predstavniki posameznih državnih organov (tudi z ministri) in drugače predstavljali naše delovanje na tem področju (npr. na Policijski akademiji v Tacnu, Fakulteti za varnostne zadeve, tiskovnih konferencah). Za vse člane DPM (tudi sodelujoče nevladne organizacije) smo pripravili tudi izobraževanje na temo demence in delovna srečanja, kjer smo obravnavali vidike našega skupnega delovanja.

An exhaustive (final) report on the findings of each NPM's visit to a particular institution was also prepared in 2013. This report also includes proposals and recommendations for the elimination of the identified irregularities and the improvement of conditions, including measures to reduce the possibilities of improper treatment in the future. Moreover, in certain cases (especially in undertaking visits to residential homes for the elderly and mental hospitals), a preliminary report is drafted.

Both the Ombudsman's representatives and the representatives of the selected NGOs take part (some of them zealously, while cooperation of others is quite modest) in the preparation of the final report on the visits performed. Every person taking part in the visit, including NGO representatives, must prepare a brief report on his/her own findings about the visit, together with proposals which are part of the final report on the inspection performed.

The final report is submitted to the relevant authority (i.e. to the body in charge of the institution visited), together with the proposal for the authority to, within the specified time limit, take a stand on the statements and/or recommendations included in this report, and communicate them to the Ombudsman.

An Ombudsman's representative is generally responsible for the preparation of the final report, although a representative of the selected NGO may also be appointed for its production (in 2013, it was Primus that was responsible for the production of two final reports on visits). On the basis of the final report, and the response of the competent body to this report and potential additional NPM's standpoints, an additional brief report on each visit is prepared and published on the official website.

The implementation of the NPM's recommendations is a commitment of the State Party to the Optional Protocol. Under Article 22 of the Optional Protocol, the competent authorities are obliged to examine NPM's recommendations and enter into a dialogue with it on possible implementation measures. The performance achieved in implementing the recommendations in connection with NPM's visits in 2013 is presented below in the form of a synthesis of the NPM's findings and recommendations and responses by the competent authorities in a text about visits to individual institutions (this issue is partially also presented in the Ombudsman's 2013 regular annual report in the chapter on the restriction of personal liberty and police procedures).

In 2013, the NPM was, in general, satisfied with the responses by the competent bodies (in particular by the institutions visited) to the findings and recommendations to improve conditions, as these bodies demonstrated willingness to cooperate. Moreover, it has in particular been established that the institutions visited seek, within their capabilities, to adopt all measures for the necessary improvements. In this context, the NPM strives for a deeper cooperation in terms of content with competent ministries (for example, with the Ministry of Labour, Family and Social Affairs, Ministry of Education, Science, Culture and Sport, Ministry of Justice and Ministry of Health), especially in cases where systemic changes are required (for example, modifications of and amendments to legislation).

In 2013, the NPM members, in addition to visits, took part in other events, for example in several international events (Belgrade – Serbia, Skopje – Macedonia and Moscow – Russia) where they presented their activities and previous experience. They also attended the meeting organised by the Council of Europe in Strasbourg (France) that focused on standards for the detention of foreign nationals. Moreover, the NPM members organised and carried out visits of other NPMs (thus, they hosted the NPMs from Georgia, the Czech Republic and Azerbaijan). The NPM simultaneously organised discussions with representatives of individual State authorities (including ministries) and presented their activities in this area on various occasions (for example, at the Police Academy in Tacen, the Faculty of Criminal Justice and Security, press conferences, etc.). For all NPM members, including the participating NGOs, the NPM organised a training course on dementia, and working meetings focusing on the aspects of joint operation.

DPM t. i. jugovzhodne Evrope smo 26. 3. 2013 v Beogradu (Srbija) oblikovali tudi mrežo z imenom South-East Europe NPM Network (SEE NPM Network), katere namen je med drugim vzpostaviti boljše sodelovanje, izmenjavo izkušenj in številne skupne dejavnosti za učinkovitejše opravljanje nalog in pooblastil DPM, ki izhajajo iz Opcijskega protokola. Ob tej priložnosti so predstavniki DPM Albanije, Črne gore, Hrvaške, Makedonije, Slovenije in Srbije (ob navzočnosti enega od ombudsmanov iz Bosne in Hercegovine) sprejeli Deklaracijo o sodelovanju, izvolili vodstvo in zastavili prve cilje. Kot veliko priznanje za dosedanje delo Varuha človekovih pravic RS na tem področju štejemo, da je bilo prvo predsedovanje mreži zaupano prav DPM Slovenije. Pozneje se je mreži pridružil tudi DPM Avstrije.

V Beogradu (Srbija) smo se 24. 10. 2013 udeležili prvega srečanja medicinske skupine v naši mreži. Na tem dogodku smo obravnavali potrebe po multidisciplinarnem pristopu pri delu DPM z vključevanjem zdravnikov izvedencev. Izmenjali smo svoje izkušnje, se dotaknili položaja zdravnikov izvedencev v strukturi DPM, govorili o metodologiji, ki jo uporabljajo med obiski krajev odvzema prostosti in orisali tudi vlogo zdravnikov izvedencev pri izdelovanju poročil o obiskih DPM. Pozornost smo posvetili tudi standardom zdravstvenega varstva, posebej tistim v policijskem pridržanju in zaporih, o vlogi zdravstvenih delavcev pri preprečevanju zlorab in se dotaknili tudi standardov za psihiatrične ustanove. Razmišljali smo tudi o oblikovanju smernic za delo zdravnikov izvedencev, izdelavi seznama zdravnikov izvedencev, ki bi bili posebej angažirani v dejavnostih DPM v okviru mreže, oblikovanju skupine psihiatrov v medicinskih skupini in o izobraževanju zdravstvenih delavcev.

On 26 March 2013, the South-East Europe NPMs created, in Belgrade (Serbia), the South-East Europe NPM Network (SEE NPM Network), the aim of which is, among other things, to establish a better cooperation, exchange of experience and several joint activities in order to improve the efficiency of fulfilling the mandate and exercising the powers of the NPMs under the Optional Protocol. On this occasion, the representatives of the NPMs from Albania, Montenegro, Croatia, Macedonia, Slovenia and Serbia (with the participation of one of the Ombudsmen from Bosnia and Herzegovina) adopted the Declaration of Cooperation, elected the leadership and set initial objectives. The fact that it has been the Slovenian NPM to be entrusted with the first network presidency is considered a great recognition of the previous work of the Human Rights Ombudsman of the Republic of Slovenia. Subsequently, the network was also joined by the Austrian NPM.

On 24 October 2013, the NPM attended the first meeting of the network's medical group that took place in Belgrade (Serbia). During this event, the participants addressed the need for a multidisciplinary approach in the work of the NPMs by including medical specialists. Moreover, they tackled the status of medical specialists within the NPM structure, discussed the methodology applied during the visits to places of deprivation of liberty and outlined the role of medical specialists in drafting reports on the NPM visits. Special attention was also paid to the health-care standards, especially those in police detention facilities and prisons, the role of health workers in preventing abuse and the standards for psychiatric institutions. Moreover, the participants considered preparing guidelines for the work of medical specialists, elaborating a list of medical specialists who would specifically engage in the NPM's activities within the network, forming a group of psychiatrists as part of the medical team and training medical workers.

1.1 Obiski socialnovarstvenih zavodov (domov za starejše)



Varuh je v letu 2013 v vlogi državnega preventivnega mehanizma (DPM) skupaj z izbranimi nevladnimi organizacijami obiskal deset domov za starejše: Dom starejših občanov Trebnje (DSO Trebnje); Center slepih, slabovidnih in starejših Škofja Loka (CSS Škofja Loka); Dom starejših občanov Radlje ob Dravi – Dom Hmelina (Dom Hmelina); Dom upokoencev Ptuj (DU Ptuj); Dom Danijela Halasa; Dom starejših Olmo (Dom Olmo), ki je enota Doma upokoencev Ptuj, Dom za starejše Bor v Črnem Vrhu nad Idrijo (DS Bor); Dom upokoencev Jesenice (DU Jesenice), Center starejših Trnovo (CS Trnovo). V Domu počitka Mengeš (DP Mengeš) je bil opravljen kontrolni obisk (predhodni obisk je bil opravljen v letu 2009). Kontrolni obisk je bil po prvem obisku julija 2013 opravljen tudi v Domu Olmo, in sicer v novembru 2013.

Vsi obiski domov za starejše so bili nenapovedani, z izjemo obiska DU Jesenice, ki smo ga napovedali, saj je pri obisku sodeloval predstavnik češkega DPM.

Obiski DPM so bili opravljeni na podlagi pooblastil, ki jih daje opcijski protokol, da se preverijo razmere in ravnanje z osebami, ki jim je odvzeta prostost. **Namen obiskov domov za starejše je bil tako zlasti ogled oddelkov, kjer je osebam (z demenco) morda lahko omejena svoboda gibanja, ugotavljanje pravne podlage za namestitve stanovalcev na te oddelke, ugotavljanje poteka obravnave stanovalcev na teh oddelkih in predvsem morebitnega okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja stanovalcev ter po potrebi dajanje priporočil za izboljšanje razmer in ravnanja z osebami.**

Ob vsakem obisku smo opravili uvodni pogovor z vodstvom zavoda, ogledali smo si varovani oddelek oziroma oddelke, vpogledali v dokumentacijo, ki se nanaša na sprejeme stanovalcev v varovani oddelek, uporabo posebnih varovalnih ukrepov, pritožbe stanovalcev, njihovih svojcev ali zakonitih zastopnikov. Pozneje je zavod pisno odgovoril na vprašanja, ki smo mu jih (v obliki vprašalnika) izročili ob obisku in se nanašajo na organizacijo varovanega oddelka, posebne in druge varovalne ukrepe, kadrovske zasedbe, zdravstveno in drugo oskrbo stanovalcev idr. O obisku smo pripravili predhodno poročilo, ki smo ga posredovali obiskanemu zavodu s prošnjo, da nam sporoči svoja stališča glede ugotovitev in predlogov, ki so podani v predhodnem poročilu o obisku. Na tej podlagi smo pripravili končno poročilo, ki smo ga posredovali obiskanemu zavodu in Ministrstvu za delo, družino, socialne zadeve in enake možnosti (MDDSZ). Z nekaterimi končnimi poročili smo seznanili socialno inšpekcijo, končno poročilo o obisku Doma Olmo pa smo poslali tudi zdravstvenemu inšpektoratu, temu s predlogom, da poročilo o obisku prouči v delu, ki se nanaša na uporabo posebnih varovalnih ukrepov.

Namen kontrolnih obiskov v DP Mengeš in Doma Olmo je bil preveritev uresničitve priporočil DPM iz prejšnjega obiska glede na odzivno poročilo obiskanega zavoda. Sam potek obiska je bil temu prilagojen.

Bivalne razmere

V obiskanih domovih je zmogljivost oddelkov za osebe z demenco, t. i. varovani oddelki (VO) in oddelki s povečano pozornostjo (OPP) različna, pri čemer težav zaradi morebitne prezasedenosti nismo ugotavljali: DU Trebnje ima dva VO z 11 in 23 posteljami, DU Ptuj dva OPP s 27 (v času našega obiska je bila na enem izmed teh oddelkov zasedenost presežena z dodatno posteljo), V CSS Škofja Loka je organiziran OPP s 23 posteljami, v Domu Hmelina sta dva OPP oddelka s 13 in 23 posteljami, V Domu Danijela Halasa je en VO z zmogljivostjo 12 postelj, v DS Bor dva oddelka z zmogljivostjo vsak po 21 postelj. Prav tako en VO je v CS Trnovo, njegova zmogljivost je 20 postelj. V Domu Olmo je na VO 15 postelj. V DU Jesenice so tri enote namenjene stanovalcem z demenco. Njihova zmogljivost je 10, 13 in 15 postelj.

Med obiskom DPM je imel CS Trnovo že pridobljeno verifikacijo varovanega oddelka po Pravilniku o kadrovske, tehnične in prostorske pogoje za izvajanje nalog na področju duševnega zdravja za izvajalce institucionalnega varstva ter center za socialno delo ter o postopku njihove verifikacije.

1.1 Visits to social care institutions (residential homes for the elderly)

In 2013, the Ombudsman, in its NPM capacity and accompanied by members of the selected NGOs, visited ten homes for the elderly: Trebnje Home for the Elderly (Trebnje HE), Centre for the Blind, Visually Impaired and the Elderly in Škofja Loka (Škofja Loka Centre), Radlje ob Dravi Home for the Elderly – Hmelina Home, Ptuj Retirement Home (Ptuj RH), Danijel Halas Home, Olmo Home for the Elderly (Olmo Home) which is a unit of the Ptuj Retirement Home, Bor Home for the Elderly in Črni Vrh nad Idrijo (Bor HE), Jesenice Retirement Home (Jesenice RH) and Trnovo Centre for the Elderly (Trnovo CE). A control visit was carried out in Mengeš Retirement Home (Mengeš RH) (a preliminary visit took place in 2009). Following the first visit in July 2013, a control visit to Olmo Home was also carried out in November 2013.

All visits to the residential homes for the elderly were unannounced, with the exception of the visit to Jesenice RH that was announced, as the representative of the Czech NPM took part in it.

The NPM visits were undertaken on the basis of powers granted by the Optional Protocol in order to check the conditions and treatment of persons deprived of their liberty. **The purpose of the visits to the residential homes for the elderly was in particular to inspect the wards where persons (with dementia) may be restricted in their freedom of movement, to establish the legal basis for accommodating residents in such wards, to establish how treatment of the residents in such units is carried out and, in particular, to establish a potential cruel, inhuman or degrading treatment or punishment of residents, and, if necessary, to give recommendations aimed at improving the conditions and treatment of persons.**

On each visit, the NPM held an initial interview with the management of the institution, toured the secure ward or wards, inspected the documentation related to the admission of residents to a secure ward, checked the use of special protection measures and inspected the complaints of residents, their family members or legal representatives. Subsequently, the institution in question responded in writing to the questions posed in the form of a questionnaire and submitted to the institution on this occasion. The questions related to the organisation of the secure ward, the use of special and other protection measures, staffing levels, health and other care of residents and other matters. The NPM drafted a preliminary report on the visit that was submitted to the institution together with the request that it communicate its positions on the findings and proposals stated in the preliminary report on the visit. On this basis, the NPM prepared a final report and communicated it to the institution visited and to the Ministry of Labour, Family, Social Affairs and Equal Opportunities. Certain final reports were communicated to the Social Affairs Inspection Services, while the final report on the visit to Olmo Home was also submitted to the Health Inspectorate, together with a proposal that it examine the part of the report on the visit that refers to the use of special protection measures.

The purpose of the control visits to Mengeš RH and Olmo Home was to check the implementation of the NPM's recommendations from the previous visit in terms of the response report submitted by the institution visited. The course of the visit was adapted accordingly.

Living conditions

In the homes visited, the capacity of the wards for persons with dementia, i.e. secure wards (SWs) and high level supervision wards (HLSWs), varied; however, no problems concerning potential overcrowding could be established. Trebnje HE has two SWs with 11 and 23 beds respectively, Ptuj RH two HLSWs with 27 beds (at the time of the NPM's visit, the capacity of one of these wards was exceeded by an extra bed). Škofja Loka Centre has a HLSW with 23 beds, in Hmelina Home there are two HLSWs with 13 and 23 beds respectively, in Danijel Halas Home there is one SW with 12 beds and Bor HE has two wards, the capacity of which is 21 beds each. Trnovo CE also has one SW with 20 beds. In Olmo Home there are 15 beds in the SW. Jesenice RH has three units intended for residents suffering from dementia. Their capacity is 10, 13 and 15 beds respectively.

At the time of the NPM's visit, Trnovo CE already obtained the verification for the secure ward according to the Rules on staff, technical and premises requirements for institutional care providers and social work centres providing mental health services, and on the verification procedure thereof.

Bivalne razmere na oddelkih, ki smo jih obiskali in kjer bivajo osebe z demenco, so zelo dobre. Večina sob je eno- ali dvoposteljnih, redkeje triposteljne. Štiri- in večposteljne sobe so izjema, in sicer jih imajo le v DU Ptuj (11 štiriposteljnih sob) in v DU Trebnje (eno petposteljno in eno šestposteljno, kjer je šesta postelja praviloma nezasedena oziroma se uporabi ob potrebi po nujni dnevni namestitvi na oddelek). Sobe imajo lastne kopalnice, z umivalnikom, tušem in WC-školjko, v nekaterih primerih imata dve sobi v souporabi eno kopalnico. Opremljenost s toaletnimi pripomočki je različna. V nekaterih domovih (npr. DU Ptuj in DU Jesenice) so v sobnih kopalnicah stanovalcem na voljo milo, brisačke in toaletni papir, kar lahko pohvalimo, v drugih domovih pa so pri tem previdnejši, saj imajo stanovalce, za katere predvidevajo, da bi npr. lahko milo tudi zaužili ali pa s papirnatimi brisačkami, ki jih nenadzorovano uporabljajo in odlagajo v straniščno školjko, zamašili odtok. V DU Trebnje so npr. ta problem rešili z uvedbo bombažnih brisačk, ki jih dnevno menjavajo, za sprotno higieno rok stanovalcev pa osebe uporablja še vlažilne čistilne robčke. Na oddelkih so tudi oddelčne kopalnice. Vsi oddelki imajo dnevni prostor (večnamenski prostor s čajno kuhinjo), kjer čez dan potekajo razne dejavnosti. Ta prostor se uporablja tudi kot jedilnica.

Ob obiskih smo ugotavljali, da so sobe VO in OPP praviloma ustrezno opremljene (postelja, miza, stol, nočna omarica in garderobna omara, nočna lučka). V sobah so različni priključki, npr. KTV, telefonski priključek, priključek za medmrežje. Nekateri stanovalci, ki znajo uporabljati telefon, imajo tudi svoje prenosne telefone. Ob posteljah (ali vsaj v sobi) in v sobnih kopalnicah so praviloma klicne naprave. Klicni sistemi so učinkoviti. Ponemokod smo sicer opazili, da klicnih zvoncev ni ob vseh posteljah oziroma da ne delujejo pri vsaki postelji, ali zato ker so v okvari ali pa zato ker so izključeni. Tako smo npr. v DU Ptuj predlagali namestitve klicnega zvonca v dve sobi, kjer ga do zdaj ni bilo in dom je v odzivnem poročilu zagotovil, da ju bo v kratkem namestil. V DS Bor pa, kjer smo pri ogledu naključno izbranih sob ugotovili, da nad dvema posteljama zvonca ne delujeta, v eni sobi pa sta bila dva zvonca prepleljena in zato neuporabna, smo predlagali, da se preveri delovanje (vseh) klicnih zvoncev in odpravijo morebitne napake ter sprejme protokol za odklope klicnih zvoncev. Dom je v odzivnem poročilu sporočil, da je bil klicni sistem preverjen, da so napake odpravljene in da (trenutno) delujejo vsi klicni sistemi. Ob ogledu sob v CS Trnovo smo ugotovili, da ni klicnega zvončka nad eno od postelj (bil pa je pri vratih sobe); pomanjkljivost je bila odpravljena že ob našem obisku. Nedelujoči zvonec pri eni izmed postelj smo zasledili tudi v DU Jesenice. Domu smo predlagali, da s stalnim nadzorom preverja delovanje klicnih zvoncev in tako prepreči, da sistem v trenutku, ko bi ga stanovalec potreboval, ne bi deloval. Klicnih zvončkov ni bilo nameščenih ob več posteljah VO v Domu Olmo, v sobnih kopalnicah, ki smo si jih ogledali, pa so bili nedosegljivi, saj so bile klicne vrvice odstranjene. Domu smo predlagali odpravo pomanjkljivosti klicnega sistema in vzpostavitev nadzora nad merjenjem odzivnega časa na klice.

Včasih so po mnenju DPM nekateri klicni zvončki, ki so sicer delujoči, za stanovalce slabo dosegljivi. V sobah npr. niso ob postelji ali so preveč visoko nad posteljo, zaradi česar jih stanovalci s postelje ne morejo doseči; klicni zvonci v sobnih kopalnicah pa so privezani na prekratko vrvico in v primeru padcev stanovalcem nedosegljivi. Domovom smo v teh primerih predlagali, da navedene pomanjkljivosti odpravijo in zagotovijo delovanje klicnega sistema.

V večini primerov smo ob obiskih preizkusili tudi odzivni čas osebja na klicni zvonec. V Domu Hmelina so se odzvali v eni minuti, prav tako tudi v DS Bor, odzivni čas v DU Jesenice je bil od 2 do 3 minute. Nekateri domovi zapisujejo odzivni čas osebja na zvonce, pa tudi čas odziva osebja v sobi, kar velja pohvaliti. V Domu Hmelina je bilo pred našim obiskom v 24 urah 106 klicev, od tega 17 v nočnem času. Samo v treh primerih je bila odzivnost nad tri minute. V CS Trnovo, kjer je povprečje mesečnih klicev med tri tisoč in 3.500, pa je odzivni čas 2,3 minute. Ob obisku Varuha v letu 2011 je bil odzivni čas 4,3 minute. Kot so pojasnili ob tokratnem obisku DPM, so razloge za prekoračitev pričakovanega odzivnega časa (ki so si ga sami določili) takrat analizirali in ugotovili, da je razlog za prekoračitev v velikem številu klicev v času, ko je manj navzočega osebja. Z uvedbo dežurstva za odzivanje na klicni zvonec ob predaji službe jim je uspelo odzivni čas skoraj razpoloviti, kar nedvomno lahko pohvalimo.

The living conditions in the visited wards for persons with dementia are very good. The rooms are mainly single or twin bedrooms, or at most, three-bed rooms. Four-bed rooms and rooms with multiple beds are an exception, one which could only be found in Ptuj RH (11 four-bed rooms) and Trebnje HE (one five-bed and one six-bed room where the sixth bed remains, as a rule, unoccupied or is only used when an urgent daily accommodation in the ward is required). The rooms have their own bathrooms furnished with a washbasin, a shower and a toilet bowl; in some cases, one bathroom is shared by two rooms. The availability of toiletries differs. In some homes (for example, in Ptuj RH and Jesenice RH), residents have at their disposal a soap, small bath hand towels and toilet paper, a fact which should be commended, while in other establishments, they are more careful in this respect. The reason is that they accommodate residents who might swallow the soap or clog the sink drains with paper hand towels which they use and dispose of into the toilet bowl uncontrollably. In Trebnje HE, its staff, for example, resolved this problem by introducing cotton hand towels which are changed on a daily basis, while for a regular hand hygiene of the residents, moisturizing cleansing tissues have additionally been introduced by the staff. The wards also have inside ward bathrooms. All wards have a common living unit (a multipurpose room furnished with a kitchenette) where during the day, various activities take place. This room is also used as a dining room.

The NPM has during the visits established that the SW and HLSW rooms are, as a rule, appropriately furnished (a bed, a table, a chair, a bedside table, a wardrobe and a bedside lamp). The rooms have various connections, such as CTV, telephone and Internet connections. Some residents who know how to use them have also mobile phones. Next to the beds (or at least in the room) and in the inside room bathrooms there are, as a rule, call devices. The call systems are effective. However, it has somewhere been noticed that call bells are not installed next to all beds and/or that they do not function next to all beds, either due to a malfunction or because they are disconnected. In Ptuj RH, the NPM proposed that call bells be installed in two rooms where so far there were none. In its response report, the establishment reassured the NPM that the two call bells would be installed shortly. During a visit to the randomly chosen rooms in Bor HE, it has been established that the call bells above two beds do not function, while in one room, two bells were coated with adhesive tape and therefore useless. The NPM has therefore proposed that the functioning of (all) call bells be checked, potential defects eliminated and a protocol for disconnecting call bells adopted. In its response report, the nursing home stated that the call system had been checked, the defects eliminated and that (currently) all call bells had been functioning. While inspecting the rooms in Trnovo CE, it was established that above one bed there was no call bell (it was, however, installed next to the room door). This deficiency was promptly removed during the visit. A call bell next to one of the beds that was out of order was also detected in Jesenice RH. It was therefore proposed that the nursing home regularly check the functionality of call bells, thus eliminating the possibility of a malfunction of the system when needed by residents. Call bells were not installed next to several beds in the SW of Olmo Home, while in the inside room bathrooms inspected, they were out of reach because the call cords were removed. The NPM proposed that the nursing home eliminate the call system deficiencies and introduce control over the measurement of the response time to the calls.

In the NPM's opinion, some call bells, though functional, are sometimes difficult to reach for the residents. For example, in rooms, they may not be found next to the bed or are installed too high above the bed; therefore, the residents cannot reach them from the bed. In addition, call bells in the inside room bathrooms are tied to a cord which is too short which makes it impossible for the residents to reach them in case they fall. In these cases, the NPM proposed that nursing homes fix the aforementioned deficiencies and ensure the functioning of the call system.

In most cases, the NPM visits also included the monitoring of the staff response time to the call bell. In Hmelina Home and Bor HE, they responded in one minute. The response time in Jesenice RH was between 2 and 3 minutes. Some nursing homes record the response time of the staff to call bells and also the response time of the staff in the room, which should be commendable. In Hmelina Home, there were 106 calls in the last 24 hours prior to the visit, thereof 17 calls during the night. The response time exceeded 3 minutes only in three cases. In Trnovo CE with the monthly average of calls between 3000 and 3500, the response time is 2.3 minutes. At the time of the NPM's visit in 2011, the response time was 4.3 minutes. As explained by the staff on this NPM's visit, they analysed the reasons for exceeding the expected response time (fixed on their own initiative) at that time and came to the conclusion that the delay was the consequence of a large number of calls when fewer employees were present. By introducing a standby duty for responding to call bells at shift handover, they managed to almost halve the response time, which needs to be commended.

Klicnih zvoncev pa ni v VO Doma Danijela Halasa. V tem domu imajo stanovanjci preostalih oddelkov posebne »urice sestrskega klicnega sistema«. Dom je pojasnil, da jih stanovanjci VO nimajo, ker je na oddelku stalno navzoča gospodinjstva oskrbovalka. **DPM je štél odsotnost klicnega sistema na VO za pomanjkljivost, ki je še posebej skrb vzbujajoča v nočnem času, ko na oddelku ni stalno navzočega zaposlenega (obhodi na tem oddelku se opravljajo vsako uro), skupni prostori pa tudi niso pod videonadzorom.** V VO so nastanjene osebe, ki morajo biti zaradi svojih potreb nepretrgoma deležne posebne zaščite in varstva. Gre za osebe z najzahtevnejšimi dolgotrajnimi težavami v duševnem zdravju, ki zaradi starostne demence ali sorodnih stanj potrebujejo delno ali popolno pomoč in nadzor. DPM je zato predlagal, da se vzpostavi klicni sistem tudi na tem oddelku in da se prouči možnost za zagotovitev stalne navzočnosti enega zaposlenega na oddelku v nočnem času ali vsaj videonadzor skupnih prostorov. V odzivnem poročilu je dom pojasnil, da stanovanjci VO nimajo »uric«, ker pretežni del stanovanjcev tega oddelka ne razume pomena te urice. Dom meni, da prav tako ni smiselna vzpostavitev videonadzora skupnih prostorov na tem oddelku, ker se stanovanjci ponoči v teh prostorih ne zadržujejo, če pa potrebujejo pomoč, jo potrebujejo v sobi. S tem se DPM lahko strinja, zato je toliko bolj skrb vzbujajoča, da klicnega sistema ni. Dom je še sporočil, da se je po obisku DPM nočna izmena preselila iz sestrske sobe v prvem nadstropju v sestrsko sobo na VO, s čimer je zdaj zagotovljena neprekinjena 24-urna navzočnost zaposlenega na VO.

Prostori oddelkov so bili ob naših obiskih čisti, urejeni in prezračeni. Neprijetnih vonjav ni bilo zaznati nikjer. Mnogi oddelki so prepleškani v toplih zidnih barvah, stene pa okrašene z izdelki stanovanjcev, kar pripomore k vtisu domačnosti. Tovrstno okrasitev smo pogrešali na OPP v CSS Škofja Loka, kjer so nam pojasnili, da imajo na oddelku dve stanovanjki, ki vse, kar ni dobro pritrjeno, odstraniti in poskušata zaužiti. Zato so morali že nameščene predmete začasno odstraniti, drugačno rešitev še iščejo. Prijazne in z osebnimi predmeti opremljene so pogosto tudi sobe stanovanjcev. Hodniki ogledanih enot v DU Jesenice so se nam zdeli, čeprav so bili prepleškani v toplih in svetlih barvah, nekoliko hladni in brezosebni, zato smo tudi v tem domu predlagali, da za dekoracijo skupnih prostorov uporabijo še več izdelkov stanovanjcev, te pa naj spodbujajo, da sobe opremijo tudi s svojimi osebnimi predmeti in jih tako naredijo veliko bolj domače. Tako tudi stanovanjci sooblikujejo prostor, v katerem živijo.

Za pomoč stanovanjcem pri časovni in prostorski orientaciji imajo domovi v večnamenskem prostoru na veliko napisan trenutni letni čas in datum. Pogosto imajo stanovanjci na zunanji strani sobnih vrat ali zraven njih obešene slike raznih rož, živali ali njim znanih predmetov, ki naj bi jim olajšale prepoznavo njihovih sob.

Žal nekateri oddelki za osebe z demenco nimajo neposrednega dostopa do ograjenih zunanjih površin. Taka sta npr. varovana oddelka DS Bor, OPP v DU Ptuj in eden od OPP v Domu Hmelina in dve enoti za osebe z demenco v DU Jesenice (ki pa imata zunanjo teraso). Tudi če imajo sobe v nadstropjih balkone, jih stanovanjci VO zaradi varnosti ne morejo uporabljati brez nadzora. V teh primerih so stanovanjci, ki zaradi svoje varnosti oddelkov ne smejo zapuščati brez spremstva, za gibanje na svežem zraku odvisni od zaposlenih oziroma od svojcev. Domovi so nam zagotovili, da so še posebej pozorni na to, da se vsem stanovanjcem v okviru njihovih individualnih zmožnosti in interesov omogoči bivanje na svežem zraku, in sicer na različne načine: z vključitvijo v delovno terapijo, ki se izvaja na prostem (npr. v parku doma), z individualnimi ali skupinskimi sprehodi v domski park ali bližnjo okolico. Domovi, ki imajo oddelke za osebe z demenco z neposrednim dostopom do ograjenih zelenih površin, pa poskušajo te urediti na primeren način: z zasajanjem dreves, z zeliščnimi vrtovi, s krajšimi krožnimi sprehajalnimi potmi in prostori za posedanje, ki jih je mogoče zasenčiti.

Domovi, ki imajo VO, tudi sicer spodbujajo druženje stanovanjcev s teh oddelkov z drugimi stanovanjci v Domu. Stanovanjci VO se lahko vključujejo v dejavnosti zunaj VO, npr. v prostorih delovne terapije. Spodbujajo jih tudi, da se udeležujejo domskih prireditev in dogodkov, npr. piknikov, predstav.

SW of Danijel Halas Home is not equipped with call bells. In this nursing home, the residents of other wards have special "nurse call system wrist pagers". The nursing home explained that the SW residents do not have them because a household caregiver is constantly present on the ward. **The NPM considered the absence of a call system in the SW as a deficiency, which is a matter of grave concern especially at night time when no employee is constantly present on the ward (the rounds on this ward are carried out every hour), while shared premises also lack video surveillance.** The SW accommodates persons who owing to their needs must constantly be given special protection and care. These are persons with the most demanding long-term mental conditions and due to old-age dementia or related conditions, need partial or full assistance. Therefore, the NPM proposed that a call system be also introduced in this ward. Moreover, the management should consider the possibility of ensuring a constant presence of one employee on the ward at night time or, at least, a video surveillance of shared premises. In its response report, the nursing home explained that the SW residents did not have such pagers because most of them did not understand its purpose. The home takes the opinion that it would also make no sense to introduce video surveillance of shared premises in this ward because at night, the residents do not stay in these premises, and if they need assistance they need it inside the room. The NPM may agree with this explanation, but the absence of a call system nevertheless still remains a matter of grave concern. Furthermore, the home explained that following the NPM's visit, the night shift moved from the room for nurses on the first floor to the room for nurses on SW, thereby ensuring a constant 24-hour presence of an employee on the SW.

During the NPM's visits, the rooms of the wards were clean, tidy and properly ventilated, and no unpleasant odours could be detected anywhere. Many wards are painted in warm earth colours and the walls are decorated with art items created by the residents, which increases the feeling of homeliness. The NPM noticed the lack of such decor in the HLSW of Škofja Loka Centre where they explained that they had two female residents who removed and tried to swallow everything which was not properly fixed. Therefore, they had to temporarily remove all items already set and seek other solutions. Often, the residential rooms look friendly and are furnished with personal items. The corridors of the units visited in Jesenice RH appeared, although repainted in warm light colours, slightly cold and impersonal. Therefore, the NPM proposed that for decorating shared premises, the nursing home use even more art items made by the residents and encourage them to furnish their rooms with personal items, in order to further enhance the homely atmosphere. Thus, the residents also co-create the space in which they live.

In order to assist the residents in temporal and spatial orientation, the nursing homes have a large display of the current season and date located in shared premises. On the outside of their room doors or next to them there are often pictures of various flowers, animals or items the residents are familiar with, which makes it easier for them to identify their respective rooms.

Unfortunately, some wards accommodating persons with dementia do not allow direct access to the fenced outdoor areas. This, for example, is true of the secure wards of Bor HE, the HLSW in Ptuj RH, one of the HLSWs in Hmelina Home and two units for persons with dementia in Jesenice RH (which, however, have an outdoor terrace). Even where rooms on the floors have balconies, the SW residents cannot use them without supervision for safety reasons. In these cases, the residents who, for safety reasons, are not allowed to leave the wards without an escort depend on employees or relatives in order to stay outdoors in the fresh air. The nursing homes have assured the NPM that they are doing their best in order to enable their residents to, within their individual capabilities and interests, stay outdoors in the fresh air and do this in various manners, i.e. through inclusion in work therapy which takes place outdoors (for example, in the home's park) or through individual or group walks to the home's park or into the near surroundings. The nursing homes with dementia wards which have direct access to fenced green areas try to arrange these in an appropriate manner: by planting trees and building herbal gardens, and by providing short circular trails and places for sitting around that can be shaded.

Besides, nursing homes with SWs encourage the residents of these wards to socialize with other residents of nursing homes. They can take part in activities taking place outside the SWs, for example, in work therapy rooms. Moreover, they are encouraged to attend various events, such as picnics or shows, organised by nursing homes.

Omejitve gibanja

Oddelki, na katerih so nastanjene osebe z napredujočo demenco, so varovani na različne načine.

Ponekod so to ključavnice na obeh straneh vrat, ki vodijo na oddelek in se odpirajo s ključem oziroma na kodo. Tak način varovanja imajo v DSO Trebnje, v DU Olmo, v DS Bor, v CS Trnovo in v Domu Danijela Halasa. V zadnjem so vrata oddelka zaklenjena le občasno, takrat, ko je na oddelek sprejeta nova oseba, ki je zaradi krajevne in časovne dezorientiranosti begava in se mora na življenje na oddelku privaditi. Stalni stanovanjci, ki so privajeni na življenje na oddelku, ga namreč, kot je dom pojasnil, ne zapuščajo samovoljno, čeprav je odklenjen. Odhodi stanovalcev s tega oddelka pa so omejeni in morajo biti prej napovedani zaposlenim na oddelku.

Domovi, ki imajo OPP, onemogočajo stanovalcem odhod z oddelka bolj posredno, v DU Ptuj z vrati, ki se nekoliko težje odpirajo, medtem ko je za priklic dvigala treba vtiskati kodo, ki je sicer zapisana poleg številčnice. V Domu Hmelina je na notranji strani vrat vrtljiva bunka, vrata pa so občasno tudi odprta, da pa ne bi stanovanjci oddelka ali doma zapustili brez spremstva, jih nadzorujejo zaposleni. Na OPP v CSS Škofja Loka je na vratih, ki vodijo z oddelka, nameščena navadna kljuka, na notranji strani vrat je odsevno steklo (ogledalo), pred njimi pa je neprosojna barvasta zavesa. Tako naj bi bilo manj očitno, da je tam izhod z oddelka. Nekateri stanovalci naj bi to zamotilo, drugi pa ravno tako odidejo z oddelka. V domovih so na take stanovalce, ki oddelek lahko zapustijo, zaradi njihove varnosti pa ne bi bilo dobro, da zapustijo dom, še posebej pozorni v recepciji, od koder jih usmerjajo nazaj na oddelek.

V DU Ptuj, kjer je varovanje prav tako bolj »milo« in obstaja večja možnost, da bo stanovalec OPP odšel iz doma, uporabljajo tudi zapestnice z napisom »sem prebivalec doma«, ki jih namestijo stanovalcem OPP. Na zapestnici je pripisana telefonska številka doma.

DPM je ob svojih obiskih tako ugotovil, da varovanje stanovalcev z napredovano demenco domovi še vedno opredeljujejo na dva načina. Nekateri izmed domov imajo vzpostavljene varovane oddelke, na katerih skušajo zagotoviti vse pogoje za verifikacijo takšnega oddelka. Drugi domovi zaradi varnosti stanovalcev ravno tako zagotavljajo njihovo varovanje in jim preprečujejo samostojne odhode iz doma. Praviloma s pomočjo osebja, v skrajnem primeru receptorja na izhodu iz doma. Takšne oddelke domovi opredeljujejo različno, nekateri še vedno kot oddelke s povečano pozornostjo.

Tako smo v več obiskanih domovih ugotovili, da nimajo klasičnega varovanega oddelka, imajo pa vzpostavljen en ali več oddelkov za osebe z demenco, ki jih označujejo različno. Vendar gre glede na koncept dela in način varovanja, za oddelke s povečano pozornostjo, kot so jih opredelile Usmeritve za delo z osebami z demenco na področju institucionalnega varstva starejših (Usmeritve), ki jih je pripravilo MDSZ.

Res so Usmeritve uvedle nekakšen vmesni model in ga poimenovali Oddelek s povečano pozornostjo, pri katerih naj ne bi bilo treba upoštevati zakonskih določil glede pogojev za sprejem na varovani oddelek. Vendar je opredelitev oddelka s povečano pozornostjo po naši presoji v teh usmeritvah sporna, saj se glede varovanja stanovalcev ne razlikuje od varovanega oddelka, kot ga opredeljuje zakon. ZDZdr je namreč v 17. točki 2. člena ZDZdr varovani oddelek opredelil kot oddelek v socialnovarstvenem zavodu, kjer so osebe zaradi svojih potreb nepretrgoma deležne potrebne zaščite in varstva ter zavoda ne morejo zapustiti po lastni volji. Na sporno ureditev smo ministrstvo opozorili. To nam je z dopisom, št. 070-18/2011/6 z dne 12. 7. 2012, zagotovilo, da bo ministrstvo usmeritve spremenilo tako, da v njih ne bo več oddelkov s povečano pozornostjo. Hkrati bo v usmeritvah podrobneje predstavljen koncept dela z osebami z demenco zunaj varovanih oddelkov, kjer se ne sme uporabljati nikakršno omejevanje svobode, tako s tehničnimi kot kakršnim koli drugačnim oviranjem. Ministrstvo je pozneje o ukinitvi tovrstnih oddelkov obvestilo domove starejših, spremembe usmeritev oziroma nov tovrsten dokument pa niti v začetku leta 2014 še ni bil sprejet.

Restriction of movement

Wards accommodating persons with progressive dementia are secured in different ways. Sometimes, they are secured by locks on both sides of the door leading to the ward and can be opened either with a key or a code. Such security measures can be found in Trebnje HE, Olmo Home, Bor HE, Trnovo CE and Danijel Halas Home. In the latter establishment, the doors are only temporarily locked, i.e. upon the admission of a new person to the ward who due to spatial and temporal disorientation, is confused and must accommodate to life in the ward. As explained by the staff, permanent residents who have adapted to live in the ward do, in fact, not leave the ward of their own will although it is not locked. Departures of residents from this ward are otherwise restricted and must be announced to the ward's employees in advance.

Nursing homes with a HLSW prevent their residents from leaving the ward more indirectly. In Ptuj RH, this is done by doors which are somewhat difficult to open, while for calling the elevator one must type the numeric code which is written down next to the numeric keypad. In Hmelina Home there is a rotating knob on the inner side of the door which is sometimes also open. However, in order to prevent the residents from leaving the ward or the nursing home unaccompanied, the door is supervised by employees. In the HLSW of Škofja Loka Centre, the door leading to the ward has a simple door handle. On the inner side of the door there is a reflective glass (mirror) and in front of it, an opaque coloured curtain is fixed in order to make it less obvious that this is the ward's exit door. Some residents are diverted by this measure, while others leave the ward all the same. The reception desk personnel of nursing homes pay special attention to residents who are able to leave the ward, but should, for the sake of their own safety, not leave the nursing home, and direct them back to the ward.

In Ptuj RH where security measures are also rather "lenient" and where there is a great possibility that a resident of the HLSW will leave the home they also use wristbands bearing the inscription "home resident" and the nursing home's phone number that are worn by the residents on their wrists.

During its visits, the NPM has thus established that the nursing homes still define the protection of the residents with progressive dementia in two ways. Some nursing homes have introduced secure wards where they try to fulfil all conditions for the verification of such ward. For the sake of safety of their residents, other nursing homes also ensure their protection and prevent them from leaving the institution of their free will. This is done with the assistance of the staff and, in extreme cases, by the receptionist at the nursing home's exit. Nursing homes define such wards differently; some of them still define them as high level supervision wards.

In several nursing homes visited, the NPM has thus established that they have no typical secure wards; however, they have introduced one or more units for dementia sufferers that are designated differently. In view of the concept of work and the method of protection, these are nevertheless wards with high level supervision as defined by the Guidelines for Work with Persons Suffering from Dementia in the Field of Institutional Care of the Elderly (hereinafter: the Guidelines) and prepared by the Ministry of Labour, Family and Social Affairs.

The Guidelines have indeed introduced a kind of intermediate model and designated it High Level Supervision Ward where, supposedly, no legal provisions regarding the conditions for admission to the secure ward need to be complied with. However, in the NPM's opinion, the definition of the high level supervision ward used in the Guidelines is disputable, as in terms of the protection of residents, it does not differ from the definition of a secure ward, as defined by the law. As a matter of fact, Article 2 (17) of the Mental Health Act (hereinafter: ZDZdr) defines the secure ward as a ward in a social care institution where due to their needs, persons are provided with the necessary protection and care on an on-going basis and cannot leave the institution of their free will. The NPM drew attention of the aforementioned Ministry to this disputable regulation. In its letter no. 070-18/2011/6 of 12 July 2012, the Ministry assured the NPM that it would amend the Guidelines so as to delete high level supervision wards from the text. At the same time, the Guidelines will present in detail the concept of work with dementia sufferers outside secure wards where no restriction of freedom, either with technical or any other means, may be applied. Although the Ministry subsequently informed the residential homes for the elderly about the abolition of such wards, it failed to adopt amendments to the Guidelines or draft a new relevant document even by the beginning of 2014.

Ko domovi nameščajo stanovalce na varovani oddelek (ne glede na opredelitev oziroma poimenovanje), smo predlagali, da v dvomu, ali je stanovalec sposoben razumeti pomen namestitve na oddelek in izraziti svojo voljo za namestitev, o tem vprašanju svoje mnenje poda psihiater. Če stanovalec svoje volje ne more očitno izraziti ali pa je takšno mnenje psihiatra, pa smo predlagali, da posamezen dom še pred namestitvijo stanovalca na varovani oddelek o potrebi po zadržanju obvesti sodišče.

V Domu Danijela Halasa Velika Polana smo ob pogovoru s stanovalcema, ki sta bila na varovani oddelek sprejeta s privolitvijo, ugotovili, da se z bivanjem na varovanem oddelku že nekaj časa ne strinjata več in da želita, da ju odpustijo. O tem sta že večkrat seznanila pristojne v domu. Dom nam je pojasnil, da za enega stanovalca še ni urejeno spremstvo na poti domov, pri drugem pa čakajo na razplet zapletene družinske situacije. DPM je izpostavil, da je o osebi, ki soglasje prekliče, treba takoj obvestiti sodišče ali pa jo takoj odpustiti z varovanega oddelka. Dom je pozneje sporočil, da so enega izmed stanovalcev še isti dan odpustili, drugi pa je bil kmalu po obisku DPM premeščen v drugi socialnovarstveni zavod.

Nekateri domovi so kot zadostno za namestitev šteli tudi predhodno soglasje stanovalca, ki ga je podal ob sprejemu v dom, na odprti oddelek. Šlo je za strinjanje s prihodnjo namestitvijo, torej izražanja vnaprejšnje volje glede nastanitve na varovani oddelek, če bi se taka namestitev pozneje izkazala za potrebno oziroma utemeljeno. V tej zvezi smo pripominjali, **da ZDZdr vprašanja predhodnega soglasja (še) ne ureja, kar DPM ocenjuje kot pomanjkljivo.**

DPM je v več primerih ugotovil, da so domovi kot zadostno podlago za sprejem na oddelek za osebe z demenco, šteli soglasje skrbnikov za poseben primer ali svojcev, in to celo v primerih, ko tem stanovalcem poslovna sposobnost ni bila odvzeta. DPM je v takšnih primerih domove opozoril, da se sprejem na podlagi privolitve skrbnika za posebni primer, upoštevajoč določbe ZDZdr, ne more šteti za sprejem s privolitvijo. Privolitev lahko da le oseba, ki bo sprejeta na varovani oddelek oziroma, če ji je vzeta poslovna sposobnost, njen zakoniti zastopnik (74. člen ZDZdr). Varuh sicer meni, da ZDZdr v delu, ki ureja sprejem osebe z odvzeto poslovno sposobnostjo na varovani oddelek socialnovarstvenega zavoda s privolitvijo njenega zakonitega zastopnika in preklic te privolitve, nedopustno posega v človekove pravice ali temeljne svoboščine, saj osebi z odvzeto poslovno sposobnostjo ne zagotavlja sodnega varstva njene namestitve v varovani oddelek socialnovarstvenega zavoda. Zato je Varuh na Ustavno sodišče RS že vložil zahtevo za oceno ustavnosti drugega in tretjega odstavka 74. člena Zakona o duševnem zdravju.

Tako smo kot pozitivno šteli prakso Doma za starejše Bor, Črni Vrh nad Idrijo, ki podaja predloge sodišču tudi za sprejeme stanovalcev z odvzeto poslovno sposobnostjo na varovani oddelek, ker se mu zdi ustrežnejše, da tudi v teh primerih o sprejemu na varovani oddelek odloča sodišče (in ne zakoniti zastopnik).

Ob tem je DPM kot posebej skrb vzbujajoče štel odločanje Okrajnega sodišča v Trebnjem, ki je po prejemu obvestila Doma starejših občanov Trebnje, da je bila podana privolitev skrbnika za poseben primer za namestitev stanovalca na varovani oddelek, postopek za zadržanje stanovalca na varovanem oddelku ustavilo, saj je štelo, da zaradi podane privolitve ni treba izdati sklepa po prvem odstavku 75. člena ZDZdr. Tako je sodišče tudi pozneje po prejemu odločbe centra za socialno delo o postavitvi skrbnika za poseben primer in po prejemu njegove privolitve za namestitev stanovalca na varovani oddelek predlog doma za sprejem osebe zavrnilo, dom pa je zaradi zavrnitve obvestila prenehal pošiljati. DPM je opozoril, da so stanovalci na varovanem oddelku zadržani brez ustrezne pravne podlage in nezakonito, in predlagal, da dom nemudoma (znova) obvesti sodišče o vseh osebah, ki so zadržane na varovanem oddelku in niso podale privolitve za sprejem oziroma so na varovanem oddelku s privolitvijo skrbnika za poseben primer. S svojimi ugotovitvami smo seznanili tudi sodišče. V odzivnem poročilu je dom sporočil, da je Okrajno sodišče v Trebnjem obvestil o 21 osebah, nastanjenih na varovanem oddelku, pozneje pa je, glede na odgovor sodišča, podal predloge za sprejem teh oseb na varovani oddelek.

It was proposed by the NPM that when nursing homes are accommodating residents in a secure ward (irrespective of the definition or designation) and are in doubt as to whether a particular resident were capable of understanding the meaning of the accommodation in this ward and expressing his/her consent to such accommodation, a psychiatrist should be asked to submit his opinion on this issue. Where a resident is obviously unable to express his/her consent or the psychiatrist's opinion corroborates such circumstance, the NPM has proposed that prior to the accommodation in a secure ward, the nursing home in question notify the competent court of the necessity for detention.

While talking to two residents who had been admitted to the secure ward of Danijel Halas Home Velika Polana with their consent, the NPM established that they no longer agreed with their accommodation in the secure ward for some time and that they wished to be discharged. They informed the responsible persons about their wish on several occasions. The nursing home explained that in regard of one resident, no escort could so far be organised for the person in question while travelling home, while in respect of the other resident, they were waiting for the resolution of a complicated family situation. The NPM highlighted the fact that in respect of a person who revokes his consent, a competent court must be immediately notified thereof or the person must be discharged from the secure ward forthwith. The nursing home subsequently informed the NPM that one of the two residents had been discharged on the very same day, while the other resident had been transferred to another social care institution soon after the NPM's visit.

Some nursing homes also considered prior consent of the resident given upon his admission to an open ward as sufficient for the accommodation. This consent referred to the future accommodation, i.e. to the expression of prior consent to the accommodation in the secure ward, should such accommodation later on prove necessary or well-founded. In this connection, **it was observed that ZDZdr does not (yet) regulate the issue of prior consent, which, in the NPM's view, can be considered a deficiency.**

In several cases, the NPM established that consent given by special case guardians or relatives had been considered by nursing homes as sufficient basis for the admission to the ward for dementia sufferers. This happened even in respect of residents who had not been deprived of their contractual capacity. In such cases, the NPM drew the attention of the nursing homes to the fact that, taking into account the provisions of ZDZdr, admission based on the special case guardian's consent cannot be considered as admission with consent. Consent can only be given by a person to be admitted to a secure ward or, when declared contractually incapable, by his/her statutory representative (Article 74 of ZDZdr). Otherwise, the NPM is of the opinion that in the part that regulates the admission of a person deprived of contractual capacity to a secure ward of a social care institution with consent of his/her statutory representative or the revocation thereof, ZDZdr inadmissibly encroaches upon human rights or fundamental freedoms, as it does not ensure the person declared contractually incapable judicial protection concerning the person's accommodation in the secure ward of the social care institution. Correspondingly, the Ombudsman has already filed a request for the review of the constitutionality of Article 74 (2) and (3) of the Mental Health Act.

Therefore, the NPM considers the practices of Bor Home for the Elderly Črni Vrh nad Idrijo as positive because this institution submits proposals for admission to a secure ward to the court also in respect of residents declared contractually incapable, while taking the view that it is the competent court which should decide on admission to a secure ward and not a statutory representative.

In this context, the NPM expressed great concern about the decision adopted by Trebnje District Court which, following the receipt of the notification of Trebnje HE to the effect that consent to the accommodation of a resident in the secure ward had been given by the special case guardian, had stayed the proceedings on the detention of the resident in the secure ward, as it had considered that owing to the consent given there had been no need to adopt a decision pursuant to Article 75 (1) of ZDZdr. Even after having received the decision of the Social Work Centre on the appointment of a special case guardian and his consent to the accommodation of the resident in a secure ward, the court rejected the nursing home's proposal for admission of the person in question. Because of the rejection of its proposal, the nursing home stopped sending notifications. The NPM pointed out that the residents of the secure ward were detained without any legal basis and illegally and further proposed that the home for the elderly immediately (again) notify the court of all persons who were detained in the secure ward and had not submitted a consent to admission and/or were staying in the secure ward with consent given by the special case guardian. Moreover, the NPM notified the court of its findings. In its response report, the nursing home notified Trebnje Court of 21 persons accommodated in the secure ward, while later on, the nursing home, considering the court's reply, also submitted a proposal for the admission of these persons to the secure ward.

Domovom, ki sodišča o osebah, pridržanih na varovanih oddelkih, niso obveščala, smo predlagali, da ravnajo skladno z ZDZdr in sodišče obvestijo o osebah, ki so nameščene na takšen oddelek, pa tudi o osebah, ki jih bo na oddelek nameščal v prihodnosti, če gre za situacijo, ki jo opredeljuje 17. točka 2. člena ZDZdr. Obveščanje je potrebno za osebe, ki privolitve v sprejem na ta oddelek, skladno s 74. členom ZDZdr, ne dajo ali ne morejo dati (same oziroma zakoniti zastopnik, če gre za osebe z odvzeto poslovno sposobnostjo). S tem bi dom končno presojo o tem, ali varovani oddelek izpolnjuje pogoje po 2. členu ZDZdr, prepustil sodišču. Domove smo tudi pozvali, da nas seznanijo s tem, ali bi sodišče o obvestilih ne odločilo oziroma postopka ne bi uvedlo.

V Domu Danijela Halasa Velika Polana smo ugotovili, da obvestila sodišču, tako ob sprejemu kot tudi pozneje ob predlogu za podaljšanje zadržanja, niso bila poslana pravočasno, na kar smo posebej opozorili. Dom je v odzivnem poročilu zagotovil, da od leta 2012 skrbi za pravočasno vlaganje predlogov za sprejem in predlogov za podaljšanje zadržanja na varovanem oddelku in da so se ugotovljene nepravilnosti dogajale le v letu 2011, ko se je prvič srečal z ZDZdr. Tudi v Domu za starejše Bor, Črni Vrh nad Idrijo smo ugotovili, da je dom v posameznih primerih predloge sodišču za podaljšanje zadržanja pošiljal prepozno, dom je v odzivnem poročilu zagotovil, da bodo v prihodnje roke za obveščanje sodišča spoštovali.

Dom upokojencev Ptuj je sodišče sicer obveščali v preteklosti, še pred uvedbo ZDZdr. Vendar po tem, ko je sodišče zavrnilo prijavo o pridržanju stanovalcev z obrazložitvijo, da sodišče po ZNP ne odloča o pridržanjih v socialnovarstvenih zavodih, obvestil ni več pošiljal. Takšno ravnanje doma nas je presenetilo, saj je po sporni praksi nekaterih sodišč, ki so štela, da ZNP ureja zgolj sprejem na zdravljenje, ne pa tudi v varstvo socialnovarstvenega zavoda, ZDZdr jasno uredil tudi postopke sprejema na varovane oddelke socialnovarstvenih zavodov. Zato bi lahko pričakovali, da bo dom po uveljavitvi tega zakona poslal sodišču obvestila o morebitnih pridržanjih stanovalcev, nameščenih na varovani oddelek brez njihovega soglasja, kot to določa ZDZdr, znova. Pa očitno ni ravnal tako.

Domovi morajo v sodnem postopku, po obvestilu sodišča, sodelovati dejavno. Tako je obvestilo Doma upokojencev dr. Franceta Bergelja Jesenice sodišče zavrglo. Po vpogledu v sklep sodišča smo ugotovili, da je sodišče na podlagi predloga za sprejem stanovalca začelo postopek in dom pozvalo k dopolnitvi vloge. Ker ta vloga ni dopolnil z zahtevanimi dokumenti in pojasnil, je sodišče predlog zavrglo. Dom smo pozvali, da zagotovi, da je vloga, ki jo posreduje sodišču, popolna in vsebuje vse potrebne priloge, dom pa naj tudi v nadaljevanju postopka dejavno sodeluje in predlog na poziv sodišča pravočasno dopolni. Če namreč v postopku ostane pasiven in svoje vloge ne dopolni, kot mu naloži sodišče, s tem onemogoči odločanje sodišča o pridržanju stanovalca. Takšno ravnanje doma torej povzroči vzdrževanje nezakonitega stanja, ko se posameznim stanovalcem (sicer zaradi njihove varnosti) omejuje svoboda gibanja brez pravne podlage.

Še vedno smo ob obiskih ugotavljali, da je neustrezna ureditev ZDZdr, ki v primeru socialnovarstvenih zavodov ne predvideva možnosti postopka za nujni sprejem stanovalca. Tako so v določenih primerih (pri neposrednih sprejemih iz bolnišnice) sklepi sodišča za sprejem osebe v VO izdani že pred sprejemom, v drugih pa je stanovalec v vmesnem obdobju, od sprejema do izdaje sklepa sodišča, nameščen na varovani oddelek na različni podlagi, npr. na podlagi podpisa izjave o omejevanju pravic na takšnem oddelku. To je nepravilno, če oseba ni sposobna razumeti pomena takšne privolitve. Zaradi neustrezne ureditve ZDZdr tako domovi očitno iščejo različne načine, kako ravnati v takih situacijah. Največkrat, takšno prakso smo ugotovili npr. v Centru starejših Trnovo, dom o zadržanju sodišče obvesti šele ob namestitvi ali celo pozneje, ko pridobi še mnenje psihiatra. Ker se DPM strinja z opozorili domov, da je ZDZdr s tem, ko ne ureja nujnega sprejema v primeru zadržanja posameznika na varovanem oddelku socialnovarstvenega zavoda neživiljenjski, smo na problematiko opozorili pristojno ministrstvo.

The NPM has proposed that the nursing homes which had not been notifying the court of the persons detained in secure wards act in accordance with ZDZdr and notify the court both of the persons to be accommodated in such wards and persons which they intended to accommodate in secure wards in the future, where the situation defined by Article 2 (17) is in question. Notification is required in respect of persons who do not provide or cannot provide their consent (on their own or by a statutory representative in cases of a person declared contractually incapable). In such manner, the final assessment as to whether the secure ward fulfils the conditions under Article 2 of ZDZdr would be left to the court. Moreover, nursing homes were invited to inform the NPM of whether the court does not intend to adjudicate on notifications and/or to initiate the proceedings.

In Danijel Halas Home Velika Polana, the NPM established that both upon the admission and, subsequently, upon the submission of a proposal for the extension of detention, the notifications to the court had not been sent in due time, a fact to which the NPM drew special attention. In its response report, the nursing home assured that since 2012, it provides for a timely lodging of proposals for the admission and proposals for the extension of detention in the secure ward, and that the irregularities established had taken place in 2011 when they had first acquainted themselves with ZDZdr. In Bor HE Črni Vrh nad Idrijo, the NPM also established that in some cases, the nursing home communicated proposals for the extension of detention to the court too late. In its response report, the nursing home assured the NPM that in the future, they would comply with the time limits for notifying the court.

Ptuj RH indeed observed the practice of notifying the court prior to the enforcement of ZDZdr. However, following the court's rejection of the notification of the detention of residents with the explanation that under the Non-litigious Civil Procedure Act (hereinafter: ZNP) it did not adjudicate on the detention in social care institution, the nursing home stopped communicating notifications altogether. Such conduct of the nursing home came as a surprise to the NPM, as following the disputable practice of some courts which considered that ZNP only regulates the admission to treatment, while failing to do so in respect of care in the social care institutions, ZDZdr also clearly regulated the procedures of the admission to secure wards of the social care institutions. Therefore, one would expect that after the enforcement of this act, the nursing home would resume communicating notifications of potential detained residents accommodated in the secure ward without their consent to the court. Obviously, it failed to do so.

Following the notification of the court, nursing homes are under obligation to actively participate in court proceedings. Thus, the court dismissed the notification submitted by France Bergelj Jesenice RH. After inspecting the court's decision, the NPM established that pursuant to the proposal for the admission of a resident, the court had initiated proceedings and invited the nursing home to supplement the application. Because the latter had failed to supplement the application with the required documents and clarifications, the court dismissed the proposal. The NPM called on the nursing home to ensure that its applications communicated to the court are complete and include the necessary enclosures. Moreover, during the continuation of proceedings, the nursing home should be fully cooperative and supplement the proposal in due time where so requested by the court. In fact, if during the proceedings it remains passive and fails to supplement its application as required by the court, the nursing home makes it impossible for the court to adjudicate on the detention of a resident. Consequently, such conduct of the nursing home results in an illegal situation where freedom of movement of individual residents (for the purpose of their safety) is being restricted without any legal basis.

On its visits, the NPM still established that the regulations of ZDZdr which in respect of social care institutions did not provide for the possibility of an emergency admission were inadequate. In fact, in certain cases (direct admissions from hospitals), the court's decisions on the admission of a person to the SW were already issued before the admission, while other cases involved an intermediate period, i.e. from the admission to the adoption of the court's decision, when a resident was accommodated in the secure ward on various bases, for example, on the basis of the signature of the statement on the restriction of rights in this ward. This practice is irregular when a person is unable to understand the meaning of such consent. Due to inadequate provisions of ZDZdr, nursing homes obviously seek various methods of acting in such situations. As, for example, established in Trnovo CE, nursing homes usually notify the court only upon the admission or even later, i.e. after the acquisition of the opinion from a psychiatrist. The NPM agrees with the observations of nursing homes that ZDZdr is unrealistic to the extent that it does not regulate emergency admission in case of detention of a person in the secure ward of a social care institution, and therefore drew attention of the responsible ministry to this issue.

Informiranost

Domovi z informacijami o življenju v domu in na varovanem oddelku pisno ali ustno seznanijo bodoče stanovalce že pred sprejemom, ob samem sprejemu pa jim izročijo še informativno gradivo, najpogosteje so to hišni red, cenik storitev, seznanitev s pritožbenimi potmi in potmi ugovora, zloženska z informacijami glede demence ipd. Ker nekateri domovi nimajo posebnih zloženk za predstavitev varovanih oddelkov, so lahko informacije, ki jih tako prejmejo stanovalci, nekoliko pomanjkljive. Ob pregledu tovrstnega informativnega gradiva smo najpogosteje **pogrešali seznam zastopnikov pravic na področju duševnega zdravja z njihovimi kontaktnimi podatki in/ali seznam pravic osebe na varovanem oddelku po ZDZdr.** Da naj informativno gradivo dopolnijo z imeni zastopnikov in njihovimi kontaktnimi podatki, kot to določa 16. člen ZDZdr, smo predlagali DU Trebnje, DS Bor, Domu Danijela Halasa, DU Olmo in Domu Hmelina. Zadnjim trem smo predlagali tudi, da informativno gradivo za stanovalce, sprejete na VO, dopolnijo z listo pravic, ki jih imajo osebe na VO po ZDzdr. Ugotovili smo tudi, da v nekaterih primerih domovi informativnega gradiva nimajo prilagojenega za sprejeme na VO, zato smo predlagali, naj se pomanjkljivost odpravi. Predvsem v Hišnem redu (oziroma zloženci Hišni red) niso navedene posebnosti, ki veljajo za varovani oddelek (npr. glede izhodov z oddelka). Domovi so naša priporočila sprejeli, le DU Ptuj, ki posebne zloženske o OPP nima, je pojasnil, da se zanjo ni odločil, saj je naletel na negativen odziv nekaterih prihodnjih stanovalcev in njihovih svojcev, zato jim oddelek osebno predstavi, opiše in pokaže. Takšno prakso Doma DPM pozdravlja, vseeno pa menimo, da bi bilo koristno, če bi tako stanovalci kot njihovi svojci, ob (osebni) predstavitvi oddelka prejeli tudi zloženko, ki bi jo lahko pozneje doma ali tudi po sprejemu pregledali znova in se tako seznanili z nekaterimi posebnostmi tega oddelka in s pravicami stanovalcev na njem, ki so jih ob osebni predstavitvi morebiti preslišali ali pa jih pozabili.

Na oglasnih deskah na oddelkih za osebe z demenco v posameznih domovih so stanovalcem dostopne različne informacije, najpogosteje so to hišni red, ceniki storitev in dodatnih storitev, jedilniki, urnik dnevni dejavnosti, napovednik prireditev, pojasnilo o pritožbenih poteh idr. Zakon o duševnem zdravju določa, da mora socialnovarstveni zavod na vidnem mestu objaviti seznam pravic, ki jih ima oseba po tem zakonu, in hišni red. Seznam vsebuje tudi službene naslove zastopnikov, pristojnih za območje, na katerem je socialnovarstveni zavod. Tako smo v CSS Škofja Loka predlagali, da podatke na oglasnih deskah na OPP čim prej dopolnijo oziroma jih posodobijo s seznamom pravic stanovalcev, seznamom pritožbenih poti in pa tudi s seznamom zastopnikov pravic oseb na področju duševnega zdravja. V odzivnem poročilu je CSS Škofja Loka zagotovil, da bo to tudi storil. Objavo seznama zastopnikov z njihovimi kontaktnimi podatki na oglasni deski smo predlagali tudi ob obisku Doma Danijela Halasa. Domu smo še predlagali, da na ustrežnejše mesto premakne seznam pravic stanovalcev in hišni red. V odzivnem poročilu je dom sporočil, da je na oglasni deski objavil seznam zastopnikov z njihovimi kontaktnimi podatki.

Provision of information

Nursing homes provide future residents with written or verbal information about life in a nursing home and a secure ward already prior to the admission, while upon the admission, they are presented with additional information material, which usually consists of the house rules, price list of services, information about complaint and appeal procedures, a brochure containing information about dementia and similar. Because some homes do not have special brochures intended for the presentation of secure wards, the information obtained by residents may be somewhat inadequate. In inspecting the information material available, **the NPM mostly missed a list of the representatives of rights in the field of mental health, together with their contact information, and/or the list of rights of a person accommodated in a secure ward according to ZDZdr.** The supplementation of information material with names of representatives and their contact information, as stipulated by Article 16 of ZDZdr, was proposed by the NPM in relation to Trebnje HE, Bor HE, Danijel Halas Home, Olmo Home and Hmelina Home. The NPM also proposed that the latter three homes supplement the information material for residents admitted to the SW with the list of rights afforded to persons in the SW under ZDZdr. Moreover, it has been established that the information material of some nursing homes is not adapted so as to cover admissions to SWs. Therefore, the NPM proposed that this deficiency be eliminated. Specifically, the House Rules (or the House Rules brochure) do not indicate specific rules which apply to the secure ward (for example, in terms of departures from the ward). Most nursing homes agreed with the NPM's recommendations. The exception was Ptuj RH which did not have a special brochure on HLSW and to this end explained that it had decided not to publish it because of a negative response by some future residents and their relatives. Therefore, the personnel present, describe and show these persons around the ward personally. Although the NPM welcomes this practice, it nevertheless considers that it would be useful if in addition to a (personal) presentation of the ward, both the residents and their relatives would also receive a brochure which they could later on examine again, either at home or after the admission. In this way, they could acquaint themselves with certain specific features of this ward and the rights of its residents that during the presentation by the staff, they might have not heard properly or have forgotten them.

On notice boards in dementia wards of individual nursing homes, their residents have at their disposal various information which usually consist of the house rules, price list of regular and extra services, menus, timetable of daily activities, programme of events, explanation about complaint procedures and similar. The Mental Health Act stipulates that nursing homes are obliged to display a clearly visible list of rights afforded to a person under this act, and the house rules. The list must also include the official addresses of the representatives responsible for the area, in which the nursing institution is located. During its visit to Škofja Loka Centre, the NPM to this end proposed that the information displayed on the notice board in the HLSW be as soon as possible supplemented and/or updated by adding the list of rights of the residents, the list of complaint procedures and the list of the representatives of the rights of persons with mental health conditions. In its response report, Škofja Loka Centre assured that it would undertake to do this. The display of the list of representatives, including their contact information, on the notice board was also proposed by the NPM during its visit to Danijel Halas Home. Moreover, it was proposed that the nursing home move the list of the rights of residents and the house rules to a more appropriate place. In its response report the nursing home stated that it had displayed the list of representatives, including their contact information.

V zvezi s pripombo DPM glede objave seznama pravic in hišnega reda pa je pojasnil, da je bil seznam pravic in hišni red v prvem letu delovanja objavljen na oglasni deski, ki je bila stanovalcem dostopna. Stanovalci pa so oglasno desko zaradi svoje bolezni – demence po svoje »preurejali« (odstranjevali obvestila, jih prekrivali s svojimi izdelki ipd.), zaradi česar svojci niso mogli normalno prebrati tekočih obvestil. Zato se je Dom odločil, da seznam pravic poveča in prestavi nekoliko više, kjer je v povečanem formatu normalno berljiv, hišni red pa na drugo vidno mesto, v prozorno mapo, nalepljeno na stranico kuhinjskega elementa, ki je obrnjena v osrednji dnevni prostor s čajno kuhinjo. DPM z oceno Doma glede primernosti lokacije seznama pravic in hišnega reda kljub prejetim pojasnilom Doma ni soglašal.

DPM namreč meni, da je naloga doma, da redno skrbi za oglasno desko in jo dopolnjuje s pomembnimi informacijami, če bi jih stanovalci umaknili oziroma na drugo ustrezno mesto, premakne izdelke stanovalcev, ki na oglasno desko ne sodijo. Podobno smo v DU Ptuj predlagali, da urnik dejavnosti objavi tudi na oglasni deski, saj smo ga ob svojem obisku, ko je bil izobešen na steni oziroma na zunanjih vratih čajne kuhinje, spregledali. Enako priporočilo glede seznama dejavnosti smo podali tudi Domu Olmo. Objavo seznama zastopnikov s kontaktnimi podatki na oglasni deski smo predlagali tudi Domu Hmelina, ki je priporočilo sprejel in predlagane informacije objavil na oglasnih deskah obeh OPP.

In connection with the NPM's observation regarding the display of the list of the rights of residents and the house rules, the nursing home explained that during the first year of its operation, the list of rights and the house rules had been displayed on the notice board which had been easily accessible to the residents. However, due to their illness (dementia) the residents were "rearranging" the notice board (by removing notices or covering them with their art items and similar) and as a result, their relatives could not normally read the current notices. Therefore, the nursing home decided to enlarge the list of rights and move it slightly higher where, in an enlarged format, it can be read normally, while the house rules inserted in a transparent folder were visibly affixed to the side wall of a kitchen component facing the central living room with a kitchenette. Despite the explanations received, the NPM did not agree with the assessment of the nursing home regarding the adequacy of the location of the list of rights and the house rules.

As a matter of fact, the NPM has taken the opinion that it is the duty of the nursing home to regularly maintain the notice board and supplement it with important information, should the residents remove them, or to move it to another appropriate location and remove the art items of the residents which do not belong to the notice board. A similar proposal was made in Ptuj RH to the effect that the timetable of activities be also displayed on the notice board, because while being affixed to the wall and/or on the outside door of the kitchenette, the NPM could not notice it during its visit. The same recommendation regarding the list of activities was given to Olmo Home. A display of the list of representatives, including their contact information, on the notice board was also proposed in Hmelina Home which accepted the recommendation and displayed the proposed information on the notice board of both HLSWs.

Osebj

V vseh domovih, razen v DSO Trebnje (kjer ob našem obisku kadrovska zasedba še ni bila povsem usklajena s socialnimi normativi), smo glede osebj na VO ali OPP prejeli pojasnilo, da je kadrovska zasedba skladna z veljavnimi normativi, tako na socialnem kot zdravstvenem področju. **Večina domov pa je bilo pri tem mnenja, da bi potrebovali več kadra.** Stanovalci, ki so danes v domovih, namreč potrebujejo večji obseg oskrbe in več zdravstvene nege, kakor so jo nekoč. Mnenje DU Olma je sicer bilo, da s takšno kadrovsko zasedbo, kot jo ima, zmore zagotavljati kakovostne storitve, po drugi stani pa je DPM prav pri zaposlenih v tem domu ugotovil izredno obremenjenost (preobremenjenost), zato se nam je postavilo vprašanje, koliko svojega časa lahko dejansko namenijo stanovalcem in kakšna je kakovost oskrbe, ki jo nudijo stanovalcem. Vodstvu doma smo predlagali, da poskuša najti ustrezne rešitve za ta problem.

Domovi so nam zagotovili, da se zaposleni permanentno izobražujejo in usposablajo za svoje delo, tudi na specifičnem področju dela z demenčnimi osebjami, kar DPM pozdravlja. V enem izmed domov je posebej izpostavil, da pogreša supervizijo za delavce v socialnovarstvenih zavodih.

Posebna zaščita in varstvo stanovalcev na VO in OPP se sicer zagotavlja s stalno navzočnostjo osebj, vsaj čez dan. Po mnenju DPM pa je **pomanjkljiva navzočnost osebj na teh oddelkih ponoči.** Glede na veljavne kadrovske normative sta namreč v obiskanih domovih (razen v DU Jesenice) v nočnem času le dva zaposlena: bolničar negovalec in zdravstveni tehnik, zaradi česar praviloma ni zagotovljena stalna navzočnost zaposlenega na VO ali OPP, s tem pa se tudi postavlja vprašanje ustreznosti nadzora nad dogajanjem na VO oziroma varovanja v nočnem času. Domovi poskušajo to pomanjkljivost odpraviti na različne načine: npr. v DU Ptuj negovalka stalno kroži med obema OPP, v Domu Hmelina sta ponoči delavca stacionirana vsak na enem OPP oddelku in opravljata obhode po drugih oddelkih oziroma se odzivata na klice stanovalcev teh oddelkov. Praviloma pa so v domovih po VO ali OPP vsaj redni obhodi zaposlenih, najpogosteje na eno uro, včasih pa redkeje. Ob obisku v DS Bor smo predlagali domu, ki je pristopil k verifikaciji VO in išče prostorske rešitve, naj poskuša zagotoviti prostor za nočno izmeno tudi na VO (zdaj je sestrška soba nočne izmene na drugem oddelku, od koder se ne da spremljati dogajanja na VO) in nato čim bolj stalno navzočnost zaposlenega tudi na tem oddelku. Zagotovitev stalne navzočnosti vsaj enega zaposlenega na VO v nočnem času ali vsaj videonadzor skupnih prostorov, ki ga že uporabljajo nekateri domovi (npr. DU Ptuj in CSS Škofja Loka), smo predlagali tudi v CS Trnovo, kjer je sestrška soba nočne izmene na drugem oddelku, od koder se ne more neposredno spremljati dogajanja na VO. CS Trnovo je v odzivnem poročilu odgovoril, da zaradi trenutnih kadrovskih normativov ne vidi možnosti za stalno navzočnost osebj na VO tudi ponoči. Zagotovil pa je, da bo proučil možnost nočnega videonadzora skupnih prostorov in nadaljeval opravljanje nočnih pregledov VO kot doslej. Tudi v DSO Trebnje, kjer se v nočnem času na VO izvajajo le redni obhodi, je DPM predlagal, da se prouči, ali ne bi bilo smiselno vzpostaviti videonadzora hodnikov in dnevnega prostora na VO v nočnem času. V odzivnem poročilu je dom izrazil dvom o smiselnosti vzpostavitve videonadzora na varovanih oddelkih, saj delavki v nočni izmeni zaradi rednih obhodov celotnega zavoda le malo časa preživita v prostoru za osebj, kjer bi po monitorju lahko spremljali dogajanje. Dom je sporočil, da zato razmišlja o novejših tehničnih možnostih, ki omogočajo zaznavanje gibanja prek senzorjev na posteljah ali pri prehodu skozi vrata ter pošiljajo obvestila o gibanju stanovalcev na pozivnike ali mobilne telefone. Pod videonadzorom sta hodnik in večnamenski prostor tudi v VO DU Olmo, vendar se slika prenaša le v matično enoto na Ptuj. **Zato je DPM domu predlagal, da prouči, ali ne bi bilo smiselno vzpostaviti videonadzora tako, da bi v nočnem času osebj v DU Olmo, ki ima na VO le redne obhode, omogočil učinkovitejšo spremljanje dogajanja na tem oddelku, za katerega so odgovorni.** Dom je odgovoril, da bo predlog proučil, čeprav misli, da je nadzor zadosten že zdaj, z nočnimi obhodi na eno uro in s senzorji gibanja, ob katerih se prižge luč na hodniku takoj, ko stanovalec ponoči stopi iz sobe, svetlobo pa lahko opazi tudi zaposlena, ki je praviloma v sestrskem prostoru nasproti VO.

V DU Jesenice v nočnem času zagotavljajo navzočnost enega delavca več, kot bi jim sicer pripadal glede na normative. S tem zagotavljajo stalno navzočnost vsaj enega zaposlenega v sestrski sobi in s tem nadzor nad sistemom klicnih zvoncev. Preostala delavca lahko krožita po domu in tako zagotavljata pomoč stanovalcem, ki jo potrebujejo, stalen nadzor in s tem povezano varnost.

Personnel

In all the homes, except in the Trebnje Home for the Elderly (where during our visit the human resources were not fully in line with social norms), we received an explanation regarding the staff at the secure ward and/or high-level supervision ward that the staff are in line with the valid norms, both from the social as well as from the health-care aspect. Most of the retirement homes expressed the need for more staff. Those currently residing in homes need a higher degree of care and more medical attention than they had in the past. The opinion of the Olmo Home was that they could manage to provide high-quality services with the current staff, but on the other hand NPM discovered that the staff at this particular home was extremely burdened (overburdened), which is why the NPM wonders how much time they can actually devote to the residents and what is the quality of care provided to the residents. The NPM suggested that the management of this home try to find appropriate solutions for this problem.

The homes assured that employees are engaged in constant profession-specific continued education and training, including the specific topic of working with people suffering from dementia, which was commended by the NPM. One of the homes especially emphasized the lack of supervision for workers in social care institutions.

Special protection and safety for the residents of secure wards and high-level supervision wards is provided by the constant presence of the staff, at least during the day. **The NPM is of the opinion that staff presence is lacking at night.** In view of the valid staffing norms, in the homes we visited (except in Jesenice RH), only two employees were on call at night, namely a caregiver and a medical technician, wherefore it is not as a rule guaranteed that an employee will always be present at the secure or high-level supervision ward, raising the question of the suitability of supervision at secure wards during the night. Homes are attempting to eliminate this deficiency in various ways: e.g. at Ptuj RH, a caregiver continuously rotates between the high-level supervision wards, while in the Hmelina Home at night the two employees are stationed at each high-level supervision ward respectively, conducting rounds at other wards and responding to residents' calls in these wards. As a rule there are at least regular rounds made through the secure wards or high-level supervision wards, usually once per hour, but sometimes less frequently. When visiting the Bor HE, the NPM suggested that the home, which has started the process of verifying its secure ward and is looking for a suitable location for it, also attempt to provide space for a night shift at the secure ward (as the nurse's room for the night shift is in a different ward, making it impossible to monitor events at the secure ward) and thus provide permanent presence of staff in this ward. Some homes already provide permanent presence of at least one employee at the secure ward at night (e.g. Ptuj RH and Škofja Loka Centre). We also proposed this to the Trnovo CE, where the nurse's room during the night shift is located in a different ward, where it is impossible to monitor the developments in the secure ward. In its response, the Trnovo CE stated that given the current staffing norms it does not see the possibility of providing permanent staff present at the secure ward at night. It did however undertake to study the possibility of implementing video surveillance in common areas, as well as to continue conducting night rounds at the secure ward as it has so far. Also at the Trebnje HE, where only regular night rounds are conducted at the secure ward, NPM recommended that it study whether it would be sensible to install cameras in the halls and in the common areas at the secure ward at night. In its reply, the retirement home expressed its doubts that installing cameras in the secure wards would be sensible, as the two workers on the night shift, due to regular rounds throughout the facility, spend only a small amount of time in the staff room, where they would be able to monitor the security cameras. The home reported that as a result it is currently considering other technical possibilities which detect motion via sensors on residents' beds or on door frames, which then send a message on such movement to a pager or mobile phone. The hall and multipurpose room in the secure ward of the Olmo Home are under video surveillance, but the footage is only seen at the main unit in Ptuj. **Accordingly, the NPM recommended that it study whether or not it would make sense to install surveillance so that the staff at the Olmo Home, which only makes regular rounds at the secure ward, would be able to monitor more efficiently what is happening at the ward they are responsible for.** The home replied that it would study the recommendation, though it thinks that supervision is sufficient for now given its hourly rounds and motion sensors, which activate a light in the hall immediately when a resident leaves their room at night, and this light can be seen by the employee which is usually in the nurse's room across from the secure ward.

The Jesenice RH assures the presence of one extra employee at night than they are entitled to given the norms. This ensures that there is at least one employee in the nurse's room, making sure someone responds to the call system. The other two employees can thus make their rounds about the home, ensuring that residents can receive assistance when they need it.

Pritožbene poti

Najpogostejši način podajanja pritožb stanovalcev in svojcev oseb z demenco je usten. Če je le mogoče, domovi ustne pritožbe rešujejo sproti, nekateri jih tudi evidentirajo v raportno knjigo. Pisne pritožbe se lahko naslovijo na pristojne v domu, zapišejo v knjigo pohval in pritožb oziroma oddajo v nabiralnik za pritožbe, ki je nameščen na oddelku. Domovi imajo sprejete interne akte o notranjih pritožbenih poteh in o reševanju pritožb.

Zunanje pritožbene poti in poti ugovora domovi praviloma navedejo v Hišnem redu, v informacijah, ki jih prejmejo stanovalci in njihovi svojci ob sprejemu v dom, navedene so tudi v dogovoru o zagotavljanju storitve institucionalnega varstva, ki ga stanovalec oziroma njegov zakoniti zastopnik ali pooblaščenec sklone z domom.

Predvsem glede namestitve skrinjic za pritožbe na varovane oddelke smo ugotavljali različno prakso domov. Pri obiskih določenih varovanih oddelkov, ki jih stanovalci sami ne morejo zapuščati, smo ugotavljali pomanjkljiv dostop do nabiralnikov za pohvale in pritožbe, ki bi stanovalcu omogočale (tudi) anonimno oddajanje pritožb vlog, bodisi pritožbo, pohvalo ali predlog. **Zato DPM priporoča nameščanje skrinjic tudi na take oddelke, ne glede na morebitne pomisleke, da večina stanovalcev teh oddelkov ne zmore več oblikovati pisne pritožbe.** Namestitev skrinjice smo tako predlagali v DS Bor, DU Jesenice in Domu Olmo. DS Bor je v svojem odzivnem poročilu zagotovil, da je skrinjico že namestil. Enako je zagotovil tudi Dom Olmo, vendar smo ob nadzornem obisku ugotovili, da ni bilo tako. Nabiralnik za pritožbe v Domu Olmo je bil še vedno samo zunaj oddelka in zato stanovalcem VO nedostopen. V CSS Škofja Loka smo predlagali, da se nabiralnik za pohvale in pritožbe namesti tudi na OPP. Dostop stanovalcev s tega oddelka do mesta, kjer je sicer nameščen nabiralnik za pritožbe, je namreč po ugotovitvah DPM lahko omejen. CSS Škofja Loka je v odzivnem poročilu pojasnil, da je nabiralnik za pripombe in pohvale v neposredni bližini izhoda z oddelka. Zato so menili, da takšna namestitev za stanovalce ali njihove skrbnike in zastopnike ne predstavlja ovire. Je pa CSS Škofja Loka obljubil, da bo proučil prostorsko možnost namestitve nabiralnika tudi na sam oddelek.

Domu Hmelina smo predlagali, naj malce spremeni nabiralnik za pritožbe. Za to so namreč uporabljali na steni pritrjen lepo okrašen kos blaga, ki je imel prišit žep, v katerega so lahko stanovalci oddajali svoje pritožbe. Ker bi lahko iz žepa kdor koli vzel že oddano pritožbo in jo prebral ali zavrgel, hote ali nehote, saj so bili v žepu tudi prazni listki, namenjeni prav stanovalcem, da nanje napišejo svoje pripombe ali pritožbe, smo domu predlagali, naj nabiralnik spremeni tako, da bo dostop do vsebine omogočen le zaposlenim. Dom je predlog DPM sprejel in uredil način oddaje pritožb in pohval v skladu s priporočilom DPM.

Ob obisku smo ugotavljali, da imajo določeni domovi zelo dobro urejeno sledljivost reševanja pritožb. Tak je primer CS Trnovo. Pri nekaterih domovih pa je bila sledljivost slabša. DSO Trebnje, ki sicer zapiše ustne pripombe in pritožbe (kar velja pohvaliti) in jih glede na njihovo vsebino posreduje posamezni službi, smo na primer predlagali izboljšanje sledljivosti reševanja pritožb. V odzivnem poročilu je DSO Trebnje sporočil, da je v okviru ISO standarda sprejel organizacijski predpis Reševanje pritožb odjemalcev storitev, ki podrobneje ureja reševanje pritožb. S tem organizacijskim predpisom je sledljivost pritožb zagotovljena. Podobno smo predlagali tudi DU Jesenice, ki je imel urejen zbirnik pritožb in pohval, ni pa zapisoval, kdaj in kako je vlogo (pritožbo, pohvalo) stanovalca obravnaval, kakšni ukrepi so bili na njeni podlagi sprejeti in ali je bil stanovalec z njimi seznanjen.

Complaint procedures

The most common way residents and their loved ones make complaints is orally. If possible, homes solve these oral complaints as they come, and some are logged into a complaint book. Written complaints may be submitted to the home's competent persons, registered into the complaint book, or placed in the complaint box which is found in the ward. Homes already have internal acts in place to process and resolve internal complaints.

The procedures for external complaints and objections are usually recorded in house rules, in information which residents and their loved ones receive upon admission into the home, and in agreements on providing institutional health-care services which the resident or their legal representative concludes with the home.

Especially regarding the installation of complaint boxes in secure wards we discovered varying practices among homes. In visiting some secure wards which the residents cannot leave by themselves, we discovered that access to complaint boxes was insufficient so as to enable residents to anonymously submit their complaints, compliments, or suggestions. **The NPM accordingly recommends that complaint boxes be installed in those wards, regardless of the consideration that a majority of residents in these wards can no longer form written complaints.** We recommended that such boxes be installed at the Bor HE, Jesenice RH, and at the Olmo Home. Bor HE replied that they had already installed one. Olmo Home similarly reported having installed a box, but on our visit we discovered that this was not the case. The complaint box at the Olmo Home was still only installed outside of the ward, thus inaccessible for residents of the secure ward. We also recommended that Škofja Loka Centre install a complaint box at the high-level supervision ward, as the access of residents from this ward to the complaint box can be, according to the NPM's findings, limited. In its reply, Škofja Loka Centre stated that its complaint box is in the direct vicinity of the doors leading away from the ward, wherefore they are of the opinion that its location does not present any obstacles for residents or their guardians. Nonetheless, Škofja Loka Centre promised to study the spatial possibilities of installing a box in the ward itself.

We recommended that the Hmelina Home slightly modify its complaint box, as they had been using for it a nicely decorated piece of fabric with a pocket sewn into it, where residents could submit their complaints. Since anyone could remove an already submitted complaint from this pocket and read it and, either on purpose or by accident, throw it away, as there were even empty forms in the pocket meant for residents to write their comments and complaints down, we recommended that the home make modifications so that only employees could access the content. They accepted the NPM's recommendation, and rectified their procedure for submitting complaints accordingly.

On our visits, we discovered that some homes ensure good traceability of the complaint resolution procedure, e.g. Trnovo CE. Meanwhile, the level of traceability in other homes was lower. We recommended, for example, that the Trebnje HE, which otherwise records all oral comments and complaints (which should be commended) and depending on their nature submits them to the appropriate individual service, improve the traceability of their complaint resolution procedure. It replied that as part of ISO standards, it adopted the organizational regulation Customer Complaint Resolution, which regulates complaint resolution in depth. This organizational regulation ensures the traceability of complaints. We made a similar recommendation to the Jesenice RH, which had a complaint box in place, but did not record when and how it handled a resident's submission (complaint, compliment), what measures were adopted on its basis, and whether or not the resident was informed of the resolution.

V Domu Danijela Halasa nas je zmotilo, da Pravilnik o pritožbenih poteh v domu določa, da prejme pritožnik prvo pojasnilo v zvezi z reševanjem pripombe, predloga ali mnenja (vpisanega v knjigo pritožb ali oddanega v predalček – nabiralnik) pri strokovni vodji doma, pisno pojasnilo pa strokovna vodja doma pripravi le na izrecno zahtevo pritožnika. Iz pravilnika ni bilo razvidno, kako je pritožnik obveščen o ugotovitvah pritožbenega postopka in sprejetih ukrepih. **DPM je zato predlagal, da Dom po končanem pritožbenem postopku pritožnika pisno seznanj s potekom postopka, ugotovitvami in ukrepi v vseh primerih, ko je podal pisno pritožbo, in v primerih, ko je zatrjeval večjo kršitev ali nepravilnost.** V odzivnem poročilu je Dom pojasnil, da gospodinjska oskrbovalka, ki je od jutra do večera s stanovančci in jih najboljše pozna, sproti rešuje vsakodnevne ustne opombe stanovančev, vezane na npr. prevročo ali prehladno hrano, težave s kotlički v straniščih, vsakodnevne želje in drugo. Resnejših pisnih pripomb stanovančci varovanega oddelka niso imeli, če bi jih imeli, pa bi se z njimi in tudi z njihovimi skrbniki za poseben primer pogovorili, kajti Dom meni, da stanovanču z diagnozo demence ni smiselno dati pisne obrazložitve, ker ne razume njenega pomena, kaj šele vsebine. Zato se zdi Domu primernejši ustni način reševanja pisnih pritožb, ker lahko po potrebi tudi večkrat ponovi isto obrazložitev. Čeprav je DPM lahko z odobravanjem sprejel hitro odzivnost pristojnih na ustne pritožbe stanovančev, pa je ohranil priporočilo glede pisnega odgovora (ki seveda ne izključuje ustnih obrazložitev) na pisne pritožbe ali zatrjevane večje kršitve in nepravilnosti.

Ob obiskih smo vpogledali tudi v pisne pritožbe stanovančev in njihovih svojcev zadnjih nekaj mesecev pred našim obiskom. Kot so nam pojasnili domovi in kot smo ugotovili iz razpoložljive dokumentacije tudi sami, se stanovančci oddelkov za osebe z demenco praviloma pisno ne pritožujejo.

DPM je ugotavljal, da so pritožbene poti in poti ugovora praviloma ustrezno pojasnjene, v enem od obiskanih domov pa smo v zloženki o varovanju pravic stanovančev pogrešali navedbo Varuha človekovih pravic, zato smo predlagali, da se zloženka dopolni.

Stiki z zunanjim svetom

Največ stikov z zunanjim svetom imajo stanovančci varovanega oddelka prek zaposlenih na oddelku, svojcev in drugih obiskovalcev, ki prihajajo v dom, ter s prostovoljci. V domovih je prostovoljstvo različno razvito. Tudi lokacija doma je lahko ovira pri pridobivanju novih prostovoljcev. Tako je npr. v DS Bor, kjer se programi dela s prostovoljci ne izvajajo zaradi majhnosti kraja in s tem povezanih dnevnih migracij mladih, ki so potencialni prostovoljci, na šolanje v druge, bolj oddaljene kraje.

V domove sicer prihajajo najpogosteje prostovoljci iz osnovnih, srednjih, višjih in visokih šol ali fakultet, ki opravljajo prostovoljno delo v okviru izbirnih vsebin ali obvezne prakse. Nekateri prostovoljstvo nadaljujejo tudi po koncu šolskega leta oziroma študija. Pogosti so tudi prostovoljci Rdečega križa Slovenije in Slovenske karitas. Nekateri domovi imajo med prostovoljci nekdanje zaposlene (npr. upokojenke). Omeniti velja, da prostovoljstvo ponekod opravljajo tudi stanovančci Doma, in sicer tako da obiskujejo druge stanovančce ali prostovoljno izvajajo posamezna opravila (npr. skrb za domske živali, urejanje gredic). Nekateri domovi in delo vključujejo tudi posameznike, ki morajo opraviti delo v splošno korist.

Sodelovanje s svojci je po domovih različno. Ponekod potekajo redna srečanja svojcev in stanovančev. Nekateri domovi (npr. DU Jesenice, CS Trnovo) organizirajo za svojce oseb z demenco občasna predavanja o demenci, predavanj pa se lahko udeležijo tudi drugi zainteresirani občani. Tako poskušajo biti domovi v oporo svojcem oseb z demenco in prispevati k njeni detabuizaciji v družbi. V pomoč svojcem oseb z demenco so tudi skupine za samopomoč, ki so jih ustanovili nekateri domovi.

At the Danijel Halas Home, we were concerned that the Home's Regulations on Complaint Procedures determine that the person submitting the complaint first receives an explanation related to resolving the comment, recommendation, or opinion (as recorded in the complaint log or as submitted in the complaint box) from the Home's professional head, while the said head prepares a written explanation only upon the express request of the person submitting the complaint. It was not clear from these regulations how the person submitting a complaint is informed of the findings based on the complaint procedure and of the measures adopted. **The NPM then recommended after a complaint procedure has been resolved that the Home inform the claimant in writing about the results of the procedure, findings, and measures in all cases where a written complaint was received, as well as in the cases where a significant violation or mistake was alleged.** In its reply, the home reported that the housekeeper, who spends the majority of her day with the residents and who knows them best, resolves residents' orally submitted routine requests as they come, such as those regarding the temperature of food, problems with the toilets, other requests, etc. They have not received any more serious written complaints from residents of the secure ward, but in the event that they do have such, they will sit down and have a conversation with residents and their special case guardians, as the home is of the opinion that it makes little sense to issue a written explanation to a resident diagnosed with dementia, as they will not understand its meaning, much less its content. The Home is thus of the opinion that an oral complaint resolution procedure is more apt, as the explanation can thus be repeated as many times as necessary. While NPM approves of competent persons' quick responses to residents' oral complaints, it nonetheless maintains its recommendation about written replies (which naturally do not exclude oral clarification) to written complaints and/or allegations of serious violations.

During our visits, we also examined written complaints from residents and their relatives for the last few months prior to our visit. As homes explained to us, and as we determined ourselves from the documentation available, residents of wards suffering from dementia as a rule do not submit complaints in writing.

NPM determined that complaint and objection procedures were as a rule sufficiently explained, while in one of the homes we visited we discovered that the Human Rights Ombudsman's statement was missing from the leaflet on the protection of residents' rights, wherefore we recommended that the leaflet be supplemented.

Contact with the outside world

Residents of the secure ward have most of their contacts with the outside world through ward employees, their relatives and other visitors, and through volunteers. The level of volunteering provided in individual homes can vary. The home's location can be an obstacle in acquiring new volunteers. This is the case at the Bor HE, where they do not have volunteer programs in place due to the area's small size and the related daily emigration of the younger population, which is the stock of potential volunteers, to other towns and cities for school.

Usually, volunteers come from primary and secondary schools, as well as from colleges and other higher education institutes, where volunteer work is a part of electives or is a required part of the study program. Some volunteers continue their work even after the school year or study program is over. There are also a lot of volunteers from the Red Cross Slovenia and Slovenian Karitas. Some homes also have former employees (e.g. retired persons) among their volunteers. It is worth mentioning that residents of the home itself are sometimes among the volunteers, as they visit other residents or volunteer for other tasks (e.g. caring for the home's animals, doing gardening work, etc.). Some homes also employ individuals sentenced to carry out work to the common benefit.

The cooperation with the residents' relatives varies per home. In some homes, regular meetings between residents and their relatives are organized. Some homes (Jesenice, Trnovo) organize various informative lectures for the relatives of the dementia patients, which can be also be attended by other interested parties. This is the way homes try to be of support for the relatives of those with dementia, and thus contribute to breaking down societal taboos around the issue. There are also various self-help groups for loved ones of those with dementia founded by certain homes.

Oskrba stanovalcev

Jutranja in večerna nega, ki vključujeta umivanje zob, obraza, trupa in rok, se opravljata vsakodnevno. Anogenitalna nega se prav tako opravlja dnevno, ponekod tudi dvakrat na dan (Dom Ptuj). Enkrat dnevno se menjuje tudi osebno perilo. Kapanje in tuširanje se izvajata tedensko (Dom Velika Polana, Dom Ptuj), na deset dni (Center za slepe, slabovidne in starejše Škofja Loka, Dom Radlje ob Dravi), na štirinajst dni (Dom Jesenice) oziroma po potrebi. Striženje nohtov in las se izvaja po potrebi, stanovalci pa imajo tudi možnost, da sami obišejo frizerja. Ponekod se inkontinentnim stanovalcem anogenitalna nega opravi še v opoldanskem času (Dom Trebnje). Menjava posteljnega perila se v domovih načeloma izvaja enkrat tedensko, enkrat na štirinajst dni (Dom Jesenice) oziroma po potrebi.

Inkontinentni pripomočki se menjajo trikrat ali štirikrat dnevno (Dom Jesenice) oziroma po potrebi, vendar morajo stanovalci več pripomočkov od predpisanega standarda doplačati, razen če jih zagotovijo svojci (Dom Ptuj). Število inkontinentnih pripomočkov, priznanih od Zavoda za zdravstveno zavarovanje Slovenije (ZZZS), po mnenju večine domov ni ustrezno, saj je v večini primerov stanovalcem treba zagotoviti višje število. Dom Jesenice ima stalno zalogo dodatnih plenit, ki jih podarijo občani, ko jih ne potrebujejo več, po potrebi pa zalogo tudi dopolnijo. Takšno ravnanje doma, ki stanovalcem omogoča pogostejšo menjavo inkontinentnih pripomočkov, pozdravljamo. V Domu Radlje ob Dravi so nam zaposleni predlagali, da bi se zaradi ohranjanja samostojnosti in dobrega počutja stanovalca, v standard vključila tudi uporaba inkontinentnih hlačk, ki naj bi jih stanovalci zelo dobro sprejemali. Domu Radlje ob Dravi smo svetovali, da se pisno obrne na ZZZS in jih seznaniti s svojim predlogom.

Nepomične stanovalce se poseda na invalidske vozičke, upošteva njihovo zdravstveno stanje, počutje in željo stanovalca, dvakrat ali večkrat dnevno oziroma po potrebi. Nekateri domovi stanovalce posedajo tudi ob koncu tedna, kar lahko pohvalimo (Dom Trebnje).

Hranjenje poteka tako, da se stanovalcem varovanih oddelkov obroki postrežejo na oddelku (Dom Trebnje, Dom Radlje ob Dravi, Dom Velika Polana). Tistim, ki zmorejo, pa se obroki postrežejo v glavni jedilnici (Dom Črni Vrh). Domovi časa za hranjenje ne omejujejo, pogosto pa stanovalcem pri tem pomaga osebje, ki je na oddelku, ali svojci oseb z demenco, ki so na oddelku med razdeljevanjem hrane (Dom Trebnje). Po kosilu je čas počitka in takrat ni organiziranih vodenih dejavnosti.

Zdravnik splošne medicine prihaja večinoma po vnaprej sklenjenem dogovoru z domom. Ponekod prihaja štirikrat tedensko (Dom Trebnje, Dom Radlje ob Dravi, Center slepih, slabovidnih in starejših Škofja Loka) in vsako drugo soboto v mesecu (Dom Radlje ob Dravi). Ponekod je v domu vsak dan med tednom (Dom Ptuj, Dom Jesenice) oziroma enkrat na teden in ob nujnih stanjih (Dom Črni Vrh). Potreba po zdravniški oskrbi se ugotavlja dnevno in se zapisuje v zdravstvenem kartonu, kjer se zapisujejo tudi obiski pri zdravniku. Če stanovalec ne more sam do zdravnika, ga ta obiše v sobi. Domovi vodijo tudi evidenco rednih kontrolnih pregledov. Praksa v domovih je, da se seznam stanovalcev za obisk zdravnika posreduje ambulantni sestri, ki organizira pregled (Dom Trebnje), spremembe zdravstvenega stanja se zapisujejo v vizitni zvezek (Dom Velika Polana) ali raportni zvezek (Dom Jesenice, Dom Ptuj (enota Koper)). V vizitni zvezek se zapisujejo tudi spremembe terapij in drugi odrejeni zdravstveni ukrepi zdravnika. Ponekod se o dogajanju na oddelku vodi raportni zvezek v fizični obliki, kamor se vpišejo zdravstvene posebnosti in opažanja za posameznega stanovalca (Dom Velika Polana) ali pa potrebo po obisku zdravnika zapišejo v knjigo Protokol, kamor se dopišejo tudi anamneza, vitalne funkcije in drugi znaki (Dom Ptuj). Zdravstvene evidence se vodijo v ambulantni službi. Zdravstvena nega je stanovalcem omogočena vseh sedem dni v tednu. V Domu Jesenice imajo list zdravstvene nege, kamor dnevno zapisujejo storitve zdravstvene nege.

Zdravila se hranijo v sobi, ki je dostopna samo osebjem. V Centru starejših Trnovo smo na steni v jedilnici varovanega oddelka opazili poimenski seznam stanovalcev, ki prejemajo določeno zdravilo. Center smo na to opozorili, saj prikazovanje podatkov iz medicinske dokumentacije na mestu, ki je dostopno tudi drugim, razen medicinskemu osebjem, ni dopustno. Izvedenec DPM je tudi ugotovil, da imata dva stanovalca v Centru starejših Trnovo predpisano jemanje zdravila Haldol po potrebi. Glede tega izvedenec meni, da bi moralo biti predpisovanje zdravil po potrebi obrazloženo. Prav tako meni, da bi bilo treba pred predpisovanjem psihofarmakoterapije stanovalcem, ki zaradi upada spoznavnih sposobnosti niso sposobni sami podati soglasja k zdravljenju na varovanem oddelku, pridobiti soglasje svojcev.

Care for residents

Morning and evening care, including brushing teeth, washing face, body, and extremities, is conducted daily. Anogenital care is also provided daily, in some places even twice a day (Ptuj RH). Underwear is also changed once daily. Residents are bathed and given a shower weekly (Velika Polana, Ptuj), every 10 days (Škofja Loka Centre, Radlje ob Dravi), every 14 days (Jesenice), or as needed. Hair and nails are cut and groomed as needed, and residents also have the option of visiting a hairdresser themselves. In some places anogenital care is also provided to incontinent residents at noon (Trebnje HE). Beds are generally changed once per week, every 14 days (Jesenice), or as needed.

Incontinence aids are changed three or four times a day (Jesenice RH) or as needed. The residents must pay for receiving more aids than is determined in the standards prescribed, unless they are provided by their relatives (Ptuj RH). The number of incontinence aids recognized by the Health Insurance Institute of Slovenia (ZZZS) is, according to the opinion of the majority of homes, insufficient, as in most cases a higher number must be provided to residents. Jesenice Retirement Home has a permanent stock of extra diapers donated by citizens who no longer need them, and as needed this stock is supplemented. We commend this sort of behaviour on the part of a home which provides residents with extra incontinence aids. In Radlje ob Dravi Home for the Elderly, employees recommended the use of incontinence pants, which residents have warmly approved of, be included into the standard in order to maintain residents' independence and well-being. We recommended that Radlje ob Dravi Home for the Elderly submit this recommendation to ZZZS in writing.

Immobile residents are seated in wheelchairs, depending on their health, well-being, and wishes, two or more times per day, or as needed. Some homes also put their residents in wheelchairs during the weekend, which we heartily commend (Trebnje HE).

During meal times residents of secure wards are fed in the ward (Trebnje, Radlje ob Dravi, Velika Polana). Those residents who are capable, are served in the main cafeteria (Črni Vrh RH). Homes do not place limits on the time needed for eating, and residents are helped by staff at the ward, or by their relatives (for residents with dementia) who are present at the ward during meal times (Trebnje HE). Rest time is provided after lunch when there are no organized guided activities.

A general practitioner visits the residents when agreed upon with the home representatives. Some practitioners visit their retirement homes 4 times per week (Trebnje, Radlje ob Dravi, Škofja Loka Centre) and other every second Saturday of the month (Radjlje ob Dravi). In some cases, practitioners are present every weekday (Ptuj, Jesenice) or once per week and in cases of emergency (Črni Vrh). The need for medical attention is assessed daily and recorded in the resident's file, where doctor's visits are also recorded. If the residents cannot visit the doctor themselves, the doctor visits them in their room. Homes also record regular check-ups. The practice at homes is such that the list of residents to see a doctor is submitted to the outpatient nurse organizing the check-up (Trebnje), and changes to a resident's health are recorded in the resident's file (Velika Polana, Jesenice, Ptuj (Koper unit)). Changes to therapy methods and other medical measures ordered by the doctor are also recorded in the resident's file. Sometimes a file is kept on what is happening at the ward in a physical form, where medical peculiarities and observations for an individual resident are recorded (Velika Polana), or as needed after a doctor's visit they are also recorded in the Protocol book, where medical history, vital functions, and other indicators are also added (Ptuj). Medical records are kept in the outpatient service. Health care is available to residents all seven days of the week. Jesenice Retirement Home has a list of health care services, where such services are recorded daily.

Medication is kept in a room that is accessible only to staff. At the Trnovo Centre for the Elderly, a named list of residents which receive certain medications was located on the wall in the cafeteria. We alerted the home about this, as it is not allowed to display information from medical documentation in a place where people other than medical staff can access such information. NPM's expert also found that two residents at Trnovo Centre for the Elderly are prescribed the use of Haldol as needed. The expert's opinion regarding this is that the "as needed" should be explained. The expert was also of the opinion that, before prescribing psychopharmacotherapy to residents who are unable to provide their own consent to health procedures in the secure ward due to their failing cognitive abilities, consent should be acquired from residents' relatives.

Nujni pregledi pri zdravniku se izvedejo prednostno, zunaj ordinacijskega časa zdravnika pa se domovi obračajo na dežurne službe v okviru bližnjih zdravstvenih domov. Po potrebi se stanovanjem omogoči obisk pri zdravniku specialistu. Pregledi v specialističnih ambulantah se opravljajo v spremstvu osebja ali v dogovoru s svojci.

Psihiater prihaja v domove tako kot zdravnik splošne medicine po vnaprej sklenjenem dogovoru. V Centru za slepe, slabovidne in starejše Škofja Loka, Domu Ptuj, Domu Jesenice in Domu Črni Vrh je psihiater navzoč tedensko, ponekod prihaja enkrat mesečno (Dom Radlje ob Dravi, Center starejših Trnovo) ali dvakrat mesečno (Dom Trebnje, Center starejših Trnovo) oziroma po potrebi (Dom Ptuj, Dom Ptuj (enota Koper)). Dom Jesenice ima za stanovalce pripravljen obrazec za vsakodnevni opis psihiatričnega stanja. Takrat je na voljo tudi stanovanjem varovanega oddelka. V nekaterih domovih pri akutnih zadevah zdravstveno osebje psihiatrinjo pokliče po telefonu (Dom Radlje ob Dravi, Center starejših Trnovo). Evidenca o obiskih psihiatra se vodi v zdravstveni kartoteki stanovalca. V Center za slepe, slabovidne in starejše Škofja Loka prihajata vsak teden tudi fiziater in diabetolog.

Zobozdravnik je stanovanjem na voljo v bližnjih zdravstvenih domovih oziroma to urejajo svojci (Dom Ptuj (enota Koper)).

Fizioterapija se v domovih opravlja na oddelku ali v prostorih fizioterapije.

Ob morebitnih okužbah z MRSA ali ESBL stanovalca v večini domov izolirajo, vendar ne povsod (Center starejših Trnovo). V Centru starejših Trnovo stanovalcu razkužujejo roke in ga ne zadržujejo v sobi. V Domu Črni Vrh o stanovalcih s tovrstnimi okužbami vodijo evidenco, nimajo pa sob za izolacijo. Razlog, da se izolacija ne izvaja, je po pojasnilu zaposlene več stanovalcev s tovrstnima okužbama, zaradi česar izolacije ni mogoče izvajati. Glede bolnišničnih okužb je Dom Bor obveščal tudi zunanje obiskovalce doma. V Domu Črni Vrh je izvedenec DPM predlagal, da se prouči, ali bi bilo smiselno organizirati posebno izolacijsko sobo oziroma oddelk za varovance, ki imajo bolnišnično okužbo, in jo s postopki dekolonizacije mogoče odpraviti. Izvedenec DPM sicer meni, da je mogoče zmanjšati prenos bolnišničnih okužb ob upoštevanju higienskih standardov, ni pa ga mogoče povsem preprečiti ob socialnih stikih in skupnih dejavnostih varovancev. Glede na bolezensko stanje oseb na varovanem oddelku in posledicah, ki bi jih imela izolacija, izvedenec meni, da je smiselno še naprej izvajati dosedanje ukrepe, namenjene zmanjšanju možnosti prenosa bolnišničnih okužb.

Redko pa se nam zgodi, da obiščemo dom, ki nima stanovalcev z okužbo MRSA ali ESBL (Dom Radlje ob Dravi), kar je pohvalno in bi izpostavili kot primer dobre prakse.

Morebitni padci stanovalcev se zapisujejo v raportno knjigo ali pa na list o incidentu (Center starejših Trnovo). V Centru starejših Trnovo skrbno zapisujejo incidente (padce in zdrse stanovalcev), kar pozdravljamo, saj analiza in ugotavljanje vzrokov zanje lahko pripomore k njihovem zmanjšanju.

V večini domov so sobe stanovalcev na varovanem oddelku odklenjene. Neprijetno smo bili presenečeni v Domu Ptuj (enota Koper), kjer so bile sobe stanovalcev zaklenjene, ponekod pa so bili tudi stanovalci zaklenjeni v sobe. Dom je pojasnil, da je to želja svojcev stanovalcev, nad čimer je bil tudi sam presenečen. DPM je obstoječo prakso doma kritiziral, saj smo dobili občutek, da stanovalci nimajo nobenega vpliva na urejanje okolja in bivanjskih razmer, v katerih živijo. Poleg tega smo zaklepanje sob razumeli kot dodaten poseg v pravico do gibanja. Omejitev gibanja znotraj enega prostora je namreč dodaten ukrep, ki se lahko uporablja le pod pogoji, ki jih določa ZDZdr. Ker gre za stanovalce z demenco, se nam je zdela takšna praksa poniževalna in nečloveška ter povsem nesprejemljiva. Dom smo pozvali, naj omenjeno prakso opusti. Ob kontrolnem obisku smo znova dobili pojasnilo, da se sobe zaklepajo zaradi miru stanovalcev, da jih preostali stanovalci ne motijo. Ob tem naj stanovanjem ne bi bila omejena svoboda gibanja, saj je na notranji strani vrat »metuljček«, ki omogoča odpiranje vrat. Tudi s takšnim pojasnilom se ne moremo strinjati, saj ne znajo vsi stanovalci odpreti vrat na tak način, pri stanovalcih, ki to zmorejo, pa ne vidimo razloga, da bi jih v sobe moralo zapirati osebje, saj se lahko zaklenejo tudi sami, če to želijo.

Urgent doctor's visits are conducted according to priority, and outside doctor's working hours the retirement houses turn to the emergency services of the nearest hospitals or medical centres. As needed, residents can visit specialists. Outpatient specialists check-ups are conducted accompanied by staff or in agreement with residents' relatives.

A psychiatrist, just as a general practitioner, visits the home upon prior agreement. At Škofja Loka Centre, as well as the homes in Ptuj, Jesenice, and Črni Vrh a psychiatrist is present once per week, in some places they are present once per month (Radlje ob Dravi, Trnovo), twice per month (Trebnje, Trnovo), or as needed (Ptuj, Ptuj (the Koper unit)). Jesenice Retirement Home has a form for describing residents' daily psychiatric state, which is also available for residents of the secure ward. In some homes a psychiatrist is called by phone for acute matters (Radlje ob Dravi, Trnovo). The history of a resident's visits with a psychiatrist is recorded in their file. In addition, a psychiatrist and a diabetologist visit the Škofja Loka Centre every week.

A dentist is available to residents in the nearest medical centres, or can be arranged by residents' relatives (Ptuj (Koper unit)).

Physiotherapy is conducted at homes in the ward or in the physiotherapy rooms.

Residents who are potentially infected with MRSA or ESBL are kept in isolation at the majority of homes, but not everywhere (Trnovo). In Trnovo, they disinfect the resident's hands and do not keep them in the room. At Črni Vrh RH they keep a record of this type of infections, but do not have an isolation room. The reason for this is that, due to the large number of residents with this type of infection, isolation is in fact impossible. The Bor RH also informs external visitors to the home about nosocomial infections. NPM's expert recommended that the home in Črni Vrh look into whether or not it is sensible to organize a special isolation room or ward for those residents who have nosocomial infections which can be healed by decolonisation measures. The NPM expert is otherwise of the opinion that the spread of nosocomial infections can be reduced by taking into consideration hygienic standards, while the spread can not be totally prevented given the residents' social contact and common activities. Given the health of residents in the secure ward and the consequences isolation would bring about, the expert's opinion is that it is sensible to continue with existing measures meant to reduce the possibility of spreading nosocomial infections.

It is a rare occurrence that we visit a home which does not have a resident suffering from a MRSA or ESBL infection (Radlje ob Dravi), which is commendable, and which we would like to single out as an example of good practice.

Fall incidents are recorded in an incident list or in the report book (Trnovo). Trnovo Centre for the Elderly diligently records incidents (residents' slips and falls), which we commend, as analysing and determining the reasons for these incidents can contribute to their reduction.

At the majority of homes, residents' doors in the secure ward are unlocked. We were unpleasantly surprised at Ptuj RH (Koper unit), where residents' rooms were locked, even sometimes with residents locked inside. The home explained that this was due to the wishes of residents' relatives, which came as a surprise to the retirement home as well. NPM criticised the home's current practice, as we got the feeling that residents cannot influence how their environment and living conditions are organized. In addition we understood the locking of doors as an additional encroachment upon the freedom of movement. Restricting movement within one room is namely an additional measure which can only be employed under the provisions determined by the Mental Health Act (ZDZdr.) Given that the residents suffering from dementia are concerned, such practice seems insulting, inhumane, and entirely unacceptable. We called upon the home to cease this practice. During our control visit, we once again received the explanation that rooms are locked for ensuring peace to residents, so that they are not bothered by other residents. This should not restrict their movement, as on the inside of the door there is a button which allows the doors to be opened. We also found it impossible to agree with this explanation, as not all residents know how to open the doors this way, and for the residents who do, we do not see why the staff should have to lock them in, as they can lock the doors themselves if they want.

V Centru starejših Trnovo so nam pojasnili, da se med domskimi prireditvami, ki se jih udeležujejo tudi stanovanjci varovanega oddelka, sobe stanovanjcev varovanega oddelka zaklenejo, da stanovanjci varovanega oddelka ne bi zapuščali prireditve. DPM meni, da je ta ukrep neprimeren. Razumljivo je, da vsem stanovanjcem niso všeč vse prireditve in da imajo pravico, da se v tem primeru umaknejo v sobe. Zaklepanje bi bilo sprejemljivo, če bi stanovanjci sami izrazili to željo. V Domu Črni Vrh pa si nismo mogli izoblikovati stališča, kako pogosto so stanovanjci zaklenjeni v sobe, saj smo od enega izmed zaposlenih prejeli pojasnilo (če smo ga prav razumeli), da so vse sobe na varovanem oddelku ponoči zaklenjene. Kljub temu smo dom opozorili, da je omejitev gibanja znotraj enega prostora posebni varovalni ukrep po ZDZdr, ki narekuje potrebo po stalnem nadzoru.

V Domu Črni Vrh smo pri enem stanovalcu tudi ugotovili, da mu zaposleni dvignejo ograjico ob postelji ter mu s tem preprečijo, da bi čez dan čezmerno počival oziroma spal in imel ponoči težave z nespečnostjo. Izvedenec DPM ni mogel ugotoviti strokovno utemeljenih razlogov za oviranje možnosti počitka stanovalca v postelji, zato smo domu predlagali, naj oviranje počitka odpravi in ga nadomesti z motiviranjem stanovanjcev za vključitev v dnevne dejavnosti.

Dejavnosti na varovanem oddelku

Praksa domov pri programu dela z osebami z demenco in z dejavnostmi, ki so povezane s tem, si je dokaj podobna.

Nekateri domovi imajo narejen **Program dela z osebami z demenco** (Dom Radlje ob Dravi, Dom Črni Vrh) ali Program dela za osebe na varovanem oddelku (Dom Velika Polana). Posamezni domovi podoben program imenujejo drugače npr. Koncept dela z osebami z demenco za področje institucionalnega varstva starejših (Dom Trebnje). Koncept dela z osebami z demenco je bil izdelan na podlagi Usmeritev za delo z osebami z demenco na področju institucionalnega varstva starejših, ki jih je sprejelo Ministrstvo za delo, družino in socialne zadeve (junij 2011). Priloga Koncepta sta obrazec Analiza tveganja in Urnik dejavnosti na varovanih oddelkih. Program in Koncept se vsebinsko, razen posameznih poimenovanj, skoraj ne razlikujeta, oba namreč poleg uvodnega poglavja, vsebujeta še koncept dela na varovanem (integriranem) oddelku, spremljanje potreb stanovanjcev in evalvacijo ter namen in cilje programa. Cilji in namen programa so, da se stanovanjcem omogoči kakovostno bivanje v domu, da se čim dlje ohrani njihova psihofizična kondicija, ohranitev kognitivnih sposobnosti in sposobnosti za opravljanje osnovnih življenjskih dejavnosti.

Dejavnosti v domovih so razporejene čez cel dan (Dom Trebnje, Dom Radlje ob Dravi, Dom Velika Polana), domovi pa stanovanjce spodbujajo k vključevanju vanje in k skupnemu druženju. Po vsebini bi jih lahko razdelili na dejavnosti za spodbujanje spoznavnih sposobnosti, dnevne, telesne in socialne dejavnosti.

Pozdravljamo prakso Doma Velika Polana, kjer je popoldanska dejavnost za stanovanjce doma organizirana na varovanem oddelku, vanjo pa se vključujejo tudi stanovanjci z drugih oddelkov, s čimer se spodbuja medsebojno druženje in preprečuje stigmatizacija stanovanjcev varovanega oddelka. V Domu Velika Polana se nam je ob pogledu na urnik postavilo vprašanje, kako dejavno preživljajo čas stanovanjci, ki ne odhajajo v prostore delovne terapije, in kakšne vodene dejavnosti so na voljo tem stanovanjcem. Zanimalo nas je, ali so zadostne in prilagojene potrebam in željam stanovanjcev in koliko časa lahko ena gospodinjstva oskrbovalka dejansko nameni posameznemu stanovalcu in njegovim individualnim potrebam glede na to, da so stanovanjci že pol ure pred kosilom sedeli za mizo. V odzivnem poročilu je Dom Velika Polana pojasnil, da je okupacijskih dejavnosti dovolj, da pa niso vse napisane na urniku, ker je ta dinamičen. Dejavnosti na varovanem oddelku potekajo počasneje, saj stanovanjci zaradi svoje boleznine potrebujejo določen čas, da določeno dejavnost razumejo in postopoma osvojijo. Glede sedenja za mizo pa je dom pojasnil, da je to zato, ker se stanovanjci tako umirijo in pripravijo za kosilo.

Nekatere dejavnosti v domovih so stalne (skupinska telovadba, igre z žogo, fizioterapija, sprehodi zunaj, petje v skupini in poslušanje glasbe, pogovor, skupinske igre, didaktične igre in razne ustvarjalne dejavnosti), ponekod pa so bolj usmerjene na delo v delovni terapiji (Dom Velika Polana). Delovna terapija se izvaja na oddelku ali v prostorih delovne terapije, kamor hodijo tudi stanovanjci z varovanega oddelka. Stanovanjci varovanih oddelkov pomagajo tudi pri določenih gospodinjstvih opravilih v domu, vključeni so v urejanje okolice domov, pomagajo skrbeti za živali v domu, izvajajo pa se tudi delavnice skupne priprave hrane. Stanovanjci varovanih oddelkov se vključujejo tudi v domske dejavnosti, ki potekajo zunaj varovanega oddelka. V Domu Jesenice smo na varovanem oddelku pogrešali več usmerjenih dejavnosti. V Domu Ptuj (enota Koper) pa smo prejeli pojasnilo, da se stanovanjci varovanega oddelka domskih

Trnovo CE explained that, during the home's activities which are also attended by residents from the secure ward, the doors of the residents of the secure ward are locked so that these residents would not abandon the activities. NPM is of the opinion that this measure is inappropriate. It is understandable that not all residents will like all events, and they have the right in that case to withdraw to their rooms. Locking would only be acceptable if the residents themselves express this desire. At Črni Vrh RH we were unable to determine just how often residents are locked in their rooms, as one of the employees explained (if we understood him correctly) that all rooms in the secure ward are locked at night. Nonetheless, we warned the home that restricting movement within one room is a security measure outlined in ZDZdr, which also stipulates constant supervision.

One resident at Črni Vrh RH also informed us that the employees lift the rails around his bed, preventing him from resting or sleeping too much during the day, and therefore suffering from insomnia at night. The NPM expert could not find a professionally founded reason for preventing a resident from resting in bed, wherefore we recommended that the home rectify this situation, instead motivating the resident to integrate into daily activities.

Activities in the secure ward

The practices of homes in their program of working with residents suffering from dementia and the activities related thereto were found to be somewhat similar.

Some homes already have in place a **Program of Working with Persons with Dementia** (Radjlje ob Dravi, Črni Vrh), or a Work Program for Persons in Secure Wards (Velika Polana). Individual homes have different names for similar programs, e.g. the Concept of Working with Persons Suffering from Dementia in the Field of Institutional Care for the Elderly (Trebnje). The Concept of Working with Persons with Dementia was formulated on the basis of the Guidelines for Work with Persons Suffering From Dementia in the Field of Institutional Care for the Elderly, approved by the Ministry of Labour, Family, and Social Affairs (June 2011). Risk Analysis form and Activity Schedule in the Secure Ward are annexed to the Concept. The Program and Concept are very similar in terms of content, as both in addition to an introductory chapter also include the concept of working at a secure (integrated) ward, monitoring residents' needs, and evaluation, as well as the purpose and objectives of the program. The objectives and purpose of the program are to allow residents a quality stay at the home, to help them maintain their psychophysical condition as long as possible, to maintain their cognitive ability and their ability of performing basic life activities.

Activities at homes are scheduled throughout the day (Trebnje, Radlje ob Dravi, Velika Polana), and homes encourage their residents to take part in these activities and other forms of socialising. In terms of content, these activities can be divided into activities encouraging cognitive abilities, daily activities, physical activities, and social activities.

We commend the practice of Velika Polana RH, where the afternoon activity for residents is organized in the secure ward and includes residents from other wards, which encourages socialisation and prevents stigmatisation of residents from the secure ward. When viewing the schedule during our visit to Velika Polana RH, the question arose as to how actively residents who do not go to the occupational therapy rooms spend their time, and what activities are available for these residents. We wanted to know if they were sufficiently tailored to the needs and desires of these residents and how much time caregivers actually devote to an individual resident and their personal needs, given that already a half-hour before lunch the residents were already sitting at the table. In its reply, Velika Polana RH explained that there is a sufficient number of occupational activities, but not all of them are written on the schedule, as it is dynamic. Activities in the secure ward go more slowly, as residents, due to their illnesses, need a certain amount of time to understand a given activity and slowly learn to master it. They explained that the residents are seated at the table so early so that they can calm down and get ready for their meal.

Some of the activities in homes are permanent (group exercise, ball games, physiotherapy, outside walks, singing and listening to music together, chatting, group games, didactic games, various creative activities), while some are more focused on working and occupational therapy (Velika Polana). Occupational therapy is conducted in the ward or in the occupational therapy rooms, which are also visited by the residents of the secure ward. Residents of secure wards also help with some housekeeping chores at the home, including gardening work, caring for the home's animals, and also as part of workshops for preparing meals. Residents of the secure ward are also included in the home's activities which take place outside of the secure ward. At Jesenice RH, we would have liked to have seen more guided activities. At Ptuj

prireditve ne udeležujejo. Zaposleni so nam pojasnili, da je razlog za to, da jih te prireditve ne zanimajo, pa tudi, ker s svojo navzočnostjo motijo ostale stanovalce. DPM tovrstnega pojasnila ni sprejel, zato smo zaposlili za dodatno pojasnilo. Dom nam je v odzivnem poročilu pojasnil, da se stanovalci varovanega oddelka udeležujejo tudi drugih domskih prireditev.

Opazili smo še, da se dejavnosti v domovih, ki imajo več varovanih oddelkov, lahko od oddelka do oddelka zelo razlikujejo (Dom Jesenice). S stanovalci se je treba ves čas dejavno ukvarjati. Prepustiti stanovalce gledanju televizije je zagotovo najlažje, vendar se s tem ne pripomore k ohranjanju miselnih in spominskih sposobnosti posameznega stanovalca. Dom Jesenice je pojasnil, da so dejavnosti na enotah, ki smo jih v poročilu podali kot primer dobre in slabe prakse, združene. Stanovalci brez demence si sami oblikujejo dan in način preživljanja dneva. Ukvarjajo se z ročnimi deli, hodijo na delovno terapijo, berejo, gledajo televizijo in se vključujejo v skupine za samopomoč. Udeležba pri domskih dejavnostih se za vsakega stanovalca zapisuje vsak dan (Dom Trebnje, Dom Radlje ob Dravi, Dom Velika Polana, Center starejših Trnovo), nekateri pa po preteku določenega časa opravijo tudi evalvacijo vključitve posameznega stanovalca v domske dejavnosti (Dom Radlje ob Dravi). Ob obisku smo pogledali nekaj primerov vpisov in ugotovili, da so bili vpisi skrbno in pregledno vodeni (Dom Trebnje, Center starejših Trnovo). V Centru starejših Trnovo se nam je postavilo vprašanje, kako se zazna morebiten upad zanimanja ali sposobnosti posameznega stanovalca v posameznih dejavnostih, glede na to, da se vključevanje vanje ne zapisuje, individualni programi pa se evalvirajo le enkrat letno.

Med obiskom je bilo razpoloženje na varovanih oddelkih velikokrat prijetno in živahno, stanovalci pa so bili vključeni v razne dejavnosti (bralne urice, spominske igre itd.). Nekaj izmed njih je posedalo ali se sprehajalo po dnevnem prostoru (Dom Trebnje, Dom Radlje ob Dravi). V Domu Ptuj (enota Koper) smo ob prihodu na varovani oddelki dobili vtis, da so stanovalci prepuščeni sami sebi, prav tako ob prvem obisku nismo opazili izobešenega seznama dejavnosti na oddelku. V odzivnem poročilu je dom pojasnil, da je seznam dejavnosti pripravljen in izobešen na vidnem mestu.

Poleg tedenskega urnika se dejavnosti načrtujejo tudi na mesečni in letni ravni.

Domovi za vsakega stanovalca izdelajo individualni načrt, ki se periodično preverja in po potrebi spremeni ali dopolni. Individualni načrt vključuje opis stanja ob sprejemu, izbor dejavnosti, v katere se bo stanovalec vključeval, ter cilje, ki jih želi doseči. Individualni načrt vključuje tudi dolgoročne cilje in posebne želje stanovalca. Dodatno se v načrt vpiše evalvacija ciljev in kdaj so bili cilji evalvirani. V Domu Trebnje nas je presenetilo, da v nobenem od dveh individualnih načrtov, v katera smo vpogledali, niso bile zapisane želje stanovalca, čeprav naj bi načrtovanje temeljilo na ugotovljenih potrebah in željah stanovalca (Koncept dela z osebami z demenco, str. 13). V Domu Ptuj (enota Koper) nas je neprijetno presenetilo, da individualni načrti za stanovalce, razen redkih izjem, sploh niso bili pripravljeni. Nobeden izmed stanovalcev varovanega oddelka ni imel izdelanega individualnega načrta. Eden izmed zaposlenih nam je celo pojasnil, da s stanovalci delajo »po občutku«. Postavilo se nam je vprašanje, ali dom dejansko deluje v največjo korist stanovalcev, glede na to, da individualni načrti, s pomočjo katerih se upoštevajo potrebe in želje stanovalcev, še niso bili pripravljeni. Dom je v odzivnem poročilu pojasnil, da je pripravil vse individualne načrte, razen za stanovalce, ki so prišli v dom pozneje. To smo preverili tudi ob nadzornem obisku in ugotovili, da navedbe doma držijo.

Verska oskrba se stanovalcem zagotavlja v domskih kapelnicah ali prostorih, ki so temu namenjeni, pomični stanovalci pa se lahko sami ali v spremstvu prostovoljcev ali osebja udeležijo maše v bližnjih cerkvah (Center za slepe, slabovidne in starejše Škofja Loka, Dom Ptuj). Enkrat tedensko (Dom Ptuj) ali mesečno je organizirana maša v domu (Center za slepe, slabovidne in starejše Škofja Loka, Dom Jesenice). V domovih so organizirane tudi molitvene skupine. Stanovalce v domovih obiskuje tudi duhovnik katoliške veroizpovedi, po želji lahko opravijo tudi spoved (Center za slepe, slabovidne in starejše Škofja Loka). Potrebe po drugih veroizpovedih v večini obiskanih domov niso zaznali, čeprav imajo nekateri tudi stanovalce drugih veroizpovedi (npr. muslimanske vere – Center za slepe, slabovidne in starejše Škofja Loka). V Domu Ptuj pa se je pred časom pojavila želja po verskih obredih Jehovovih prič, ki so jim omogočili sestajanje s stanovalci v klubskih prostorih doma. V Domu Jesenice glede na sestavo okoliškega prebivalstva pričakujejo, da bo v prihodnosti več želja in prošenj tudi po zagotovitvi verskih obredov drugih veroizpovedi, predvsem pravoslavne in muslimanske. Domu Jesenice smo zato predlagali, da stanovalce (te, ki so že v domu, in tiste, ki se zanimajo za bivanje v domski oskrbi) obvesti o obstoječih verskih dejavnostih in jih pozove, da se ob morebitnih težavah pri uveljavljanju njihove verske oskrbe obrnejo na zaposlene.

RH (Koper unit) we received an explanation that residents of the secure ward do not participate in the home's events. Employees made it clear that the reason for this is that they are uninterested in these events, as well as for the fact that their presence bothers the other residents. NPM did not accept this explanation, wherefore it asked for additional clarification. In its reply, the home explained that the residents of the secure ward attend other of the home's events.

We also noticed that in the homes which have several secure wards that these wards can differ greatly between each other (Jesenice). It is necessary to actively engage the residents the whole time. Of course it is easiest to leave residents to watch television, however this does nothing to help them maintain their cognitive and mnemonic abilities. Jesenice RH explained that the activities in the units noted as examples of good and bad practice in our report are linked. Residents who do not suffer from dementia can organize their day and their spare time as they like. They can be active in crafts, attend occupational therapy, read, watch television, and visit self-help groups. The participation of each resident in the home's activities is recorded daily (Trebnje, Radlje ob Dravi, Velika Polana, Trnovo). Some retirement homes evaluate an individual resident's inclusion in the home's activities after a certain period of time (Radlje ob Dravi). On our visit we checked some of the entries and found that they were kept carefully and diligently (Trebnje, Trnovo). At Trnovo HE, the question arose about how to detect a potential reduction in a resident's interest or capacity for certain activities, given that inclusion in them is not recorded, and individual programs are evaluated just once per year.

During our visit, the atmosphere at secure wards was often pleasant and lively, and the residents were included in various activities (reading time, mnemonic games, etc.). Some residents were sitting or walking around the lounge (Trebnje, Radlje ob Dravi). At Ptuj RH (Koper unit), we got the feeling upon our arrival that the residents were left by themselves, and on our first visit we did not notice a schedule of activities posted anywhere in the ward. In its response, the home explained that the activities schedule is prepared and hung in a visible place.

In addition to the weekly level, activities are also planned at the monthly and annual level.

Homes formulate an individual plan for each resident, which is checked periodically and appropriately amended or supplemented. The individual plan includes a description of their state upon admission, a selection of activities that will be attended by the resident, and the objectives the resident would like to achieve. The individual plan also includes the resident's long-term goals and any special desires. Additionally the plan contains an evaluation of objectives and evaluation date. At Trebnje HE we were surprised that neither of the two plans we inspected contained the residents' wishes, even though planning should be founded upon the resident's identified needs and desires (Concept of Working with Persons Suffering from Dementia, p. 13). We were unpleasantly surprised at Ptuj RH (Koper unit), that individual plans except for a few rare exceptions did not even exist. None of the residents of the secure ward had an individual plan drawn up. One of the employees explained to us that they work with the residents "by feeling". The question arose as to whether the home was actually working in the residents' best interest, if there were not even individual plans drafted which would allow their needs and desires to be taken into consideration. The home explained in its response that it had drafted all individual plans, except for those residents who had arrived at the home later. We verified that this is actually the case upon a subsequent supervision visit.

Religious care is provided to residents in the home's chapel or in dedicated rooms. Residents who are still mobile can attend mass at nearby churches either by themselves or with the accompaniment of volunteers or staff (Škofja Loka Centre, Ptuj RH). Once per week (Ptuj) or per month (Škofja Loka Centre, Jesenice) mass is held at the home. Prayer groups are also organized at the homes. A Catholic priest visits home residents and can listen to confession upon request (Škofja Loka Centre). Needs for other faiths were not addressed in the majority of the homes visited, although some of them have residents of other religions (e.g. Islam – Škofja Loka Centre). At Ptuj RH some residents recently expressed the desire to attend Jehovah Witnesses religious ceremonies, and residents were enabled to pursue such meetings in the home's recreational rooms. Given the demographics of the local population, it can also be expected that there will be more desire and requests for the provision of rites of other faiths at Jesenice RH, especially Orthodox and Muslim. We accordingly suggested that Jesenice RH make it clear to the residents (both those who already reside at the home as well as those who have expressed interest) as to which religious activities already exist, and invite them to turn to employees in the event of any difficulties in performing their religious duties.

Ob smrti stanovanca v dvoposteljni sobi se v sobo namesti španska stena ali sostanovanca ob njegovem soglasju začasno pospremiti iz sobe. Po ugotovitvi smrti umrlega odpeljejo v poslovilno sobo ali poslovilno kapelo (Dom Ptuj), kjer se od njega lahko poslovijo tako svojci kot stanovalci. Svojcem, ki bi želeli biti ob umirajočem, to omogočijo. Ponekod jim zagotovijo tudi prenočevanje v domu in osnovne obroke hrane (Dom Ptuj). Na željo stanovalcev obvestilo o smrti sostanovanca tudi izobesijo.

Uporaba posebnih varovalnih ukrepov

Precej kritik oziroma predlogov za izboljšave smo podali tudi v zvezi s posebnimi varovalnimi ukrepi (v nadaljevanju: PVU) po 29. členu ZDZdr. Zakon jih opredeljuje kot nujne ukrepe, ki se uporabljajo za omogočanje zdravljenja osebe ali zaradi odprave oziroma obvladovanja nevarnega vedenja osebe, kadar je ogroženo njeno življenje ali življenje drugih, huje ogroženo njeno zdravje ali zdravje drugih ali z njim povzroča hudo premoženjsko škodo sebi ali drugim in ogrožanja ni mogoče preprečiti z drugim, blažjim ukrepom – in pravzaprav pozna le dva: telesno oviranje s pasovi in omejitev gibanja znotraj enega prostora. Določa pa tudi, da se lahko uporabljajo (le) na oddelkih pod posebnim nadzorom in VO.

Pogosto smo od obiskanih zavodov dobili zagotovila, da so se v njih te vrste ukrepi uporabljali le redko oziroma sploh (še) ne. Sicer pa naj bi šlo bolj za okoliščine, v katerih se pokaže neogibna potreba po obvladovanju avtoagresivnega vedenja ali nasilnega vedenja do drugih oziroma hudega nemira stanovanca ter pri uporabi nazogastrične sonde in pri dajanju infuzij, da si ne bi z roko odstranil kanil(e). V navedene namene zavodi največkrat uporabljajo predvsem fiksacijo okončin in trebušnih pasov. Na tem mestu naj poudarimo, da je v enem izmed primerov naš pogodbeni zdravnik izvedenec posebej poudaril, da je mogoče, ne glede na to, da zavod ne razpolaga ravno s pasovi segufix, ki omogočajo oviranje pacienta po strokovnih smernicah, razumeti kot PVU tudi oviranje posamezne okončine, na primer s povoji. Pri tem je še opozoril, da utegne biti glede na izvedbo oviranje le ene okončine tudi večje tveganje za posameznika kot oviranje vseh okončin in trupa ter ob tem stalen nadzor medicinskega osebja.

Naleteli smo na nekaj primerov, ko je fiksacija trajala bistveno dlje kot dovoljene štiri ure (na primer 12!). Precej smo se morali ukvarjati tudi s problematiko vnaprejšnje odobritve PVU pri posameznem stanovalcu, ne pa nato tudi posameznih izvajanj teh ukrepov nad njim, oziroma kar neobveščanja zdravnika o konkretnih tovrstnih uporabah. Prav tako se dogaja, da zdravnik odredi terapijo in uvedbo PVU kar po telefonu. DPM meni, da mora v takem primeru zdravnik stanovanca nato čim prej pregledati, sicer se hočeš nočeš zastavi vprašanje, na kakšni podlagi je odločil o potrebnosti uvedbe PVU oziroma utemeljenosti njegovega izvajanja. Poudariti tudi želimo, da vnaprejšnja odreditev ukrepa za vse prihodnje primere pri nekem stanovalcu in nato poznejše požigovanje že izpolnjenega lista ne zadosti zakonskim zahtevam. Zakon res določa, da lahko PVU odredi tudi drug strokovni delavec v socialnovarstvenem zavodu, vendar mora o tem takoj obvestiti zdravnika, ta pa mora brez odlašanja odločiti o utemeljenosti uvedbe ukrepa. O obvestilu zdravnika mora strokovni delavec tudi narediti pisni zaznamek, ugotovili pa smo lahko, da ni bilo vselej tako. Pozabiti tudi ne gre, da zakon natančno določa, koga mora zdravnik, ki tak ukrep odredi, obvestiti o odreditvi in izvedbi PVU (šesti odstavek 29. člena ZDZdr). Čeprav se DPM zaveda, da je pri stalni, torej vsakodnevni fiksaciji takšno obveščanje (direktorja, najbližje osebe, odvetnika, zastopnika, zakonitega zastopnika) lahko obremenjujoče, poudarjamo, da je pozitivno normativno ureditev treba upoštevati in izvajati, še posebej zato, ker imajo nekatere izmed obveščenih oseb tudi možnost predlagati izvedbo upravnega nadzora nad odreditvijo in izvedbo PVU.

V več primerih smo morali zavode opozarjati, da po ZDZdr uporaba PVU ni dovoljena zunaj varovanih oddelkov – torej tudi ne na oddelkih s povečanim nadzorom in seveda prav tako ne na raznih negovalnih oddelkih. Stališče DPM je, da v nasprotnem primeru zavod krši pravico stanovanca do svobode gibanja. Neredko smo morali opozoriti tudi na potrebo po zagotovitvi primernih prostorov za izvajanje PVU kot tudi po stalnem nadzoru varovanca (kot smo lahko na primer izvedeli, je bilo glede na število kadra, zlasti v nočnem času, to nemogoče zagotavljati). V zvezi s tem je naš zdravnik izvedenec predlagal bodisi navzočnost osebja bodisi uvedbo videonadzornega sistema. Zakon namreč določa, da se oseba, pri kateri je uporabljen PVU, nadzoruje, spremlja njene vitalne funkcije in strokovno obravnava ves čas trajanja PVU. To ne pomeni občasnega nadzora, na nekaj ur, temveč stalni nadzor fiksiranega. Nekajkrat smo opozorili tudi na to, da je fiksacija na postelji stanovanca, sploh ker gre za večposteljne sobe, neprimerna, še toliko bolj, ko ni zagotovljena stalna navzočnost osebja pri fiksiranem. Ta je namreč stalno na očeh drugih stanovalcev, kar je zanj lahko neprijetno in moteče, počuti se degradiranega in izpostavljenega. Ob tem ni odveč opozorilo, da bi lahko prišlo celo do nadlegovanja nemočnega stanovanca. Tako naj še na tem mestu poudarimo, da je Evropski odbor za preprečevanje mučenja in nečloveškega ali ponižujočega ravnanja ali kaznovanja (v nadaljevanju: CPT) ob obisku ene od psihiatričnih bolnišnic v Sloveniji leta

When a resident dies in a two-bed room, a divider is erected in the middle of the room, or the roommate is temporarily escorted out of the room. When death is confirmed, the deceased is taken to a farewell room or a chapel (Ptuj), where his relatives and residents can say their goodbyes. Relatives are also allowed to stay with dying residents. In some places relatives are allowed to sleep at the home and receive basic meals (Ptuj). An obituary is also posted at the residents' request.

Special security measures

We gave a lot of criticism or recommendations for improvement in connection with the use of special security measures (hereinafter: SSM) according to Article 29 of ZDZdr. The law defines these measures as urgent measures taken to facilitate the healing of an individual, or for correcting or controlling a person's dangerous behaviour, whenever their life or the life of others is in danger, or when their health or the health of others is in grave threat, or which could cause great damage to personal property, and which behaviour could not be mitigated by other, less severe measures – the law only recognizes two forms, namely bodily restraint by belts or restriction of movement within one room. It also defines that SSM may (only) be used in wards under special supervision and in secure wards.

When visiting institutions we received assurances that these types of measures are or have been used rarely, if ever. Moreover, these are only used in circumstances where the unavoidable need arises to control self-aggressive behaviour or violence toward others, or in the extreme unrest of a resident, or when using nasogastric probes and when administering infusions, so the resident would not remove the cannula(s). For these purposes institutions most often fixate limbs and use lap belts. Here we should emphasise that in one of the cases a contracted medical expert especially stressed that, even though an institution might not have on hand segufix belts, which allow patients to be restrained according to professional guidelines, SSM can also be understood as immobilising extremities, for instance with bandages. The expert also made it clear that, depending on how fixation was performed, immobilising just one extremity can be a greater risk for an individual than obstructing all extremities and the torso, with the constant supervision of medical staff.

We encountered a few cases where immobilisation lasted significantly longer than the allowed 4 hours (for instance 12!). We also had a lot of work with the problem of prior approval for SSM for an individual resident, lack of prior approval of actual implementation of such measures, or even not informing doctors about concrete uses of this sort. There are also cases where a doctor orders therapy and the implementation of a SSM over the telephone. NPM believes that, in this case, the doctor must inspect the resident without delay. If this is not the case, the question is raised on what basis the doctor decided on the necessity of implementing a SSM, or on the well-foundedness of its implementation. We would also like to emphasise that a priori approval of a measure for all future incidents regarding a certain resident and then ex post approval of an already filled out incident report does not fulfil legal requirements. The law does indeed stipulate that another expert worker at a social welfare institute may order a SSM, but the doctor must be informed about that immediately, who must without delay make a decision about the appropriateness of implementing this measure. The expert worker must make a written note of having informed a doctor, but we found that even this was not always the case. We should also not forget that the law explicitly states whom the doctor ordering such a measure must inform about the approval and implementation of SSM (paragraph 6 of Article 29 of ZDZdr). Although NPM realizes that in constant, every-day immobilisation, such notifications (of the director, the closest person, lawyer, representative, legal representative) can be a burden, we stress that a positive normative regulation should be respected and implemented, especially since some of the informed persons also have the possibility of recommending administrative control over the ordering and implementation of the SSM.

In several instances we had to remind the institution that according to ZDZdr the use of SSM is not allowed outside of secure wards – i.e. not in increased supervision wards, and certainly not in various care wards. NPM's opinion is that otherwise the institute is violating the resident's right to freedom of movement. It was not rare that we were forced to alert an institute to the need of providing appropriate rooms for implementing SSM as well as of constant supervision of the resident (as it could be inferred, given the number of night staff, that this was impossible to ensure). As a result, our medical expert recommended either staff presence or the introduction of a video surveillance system. The law, however, determines that the person on whom the SSM is used must be supervised, their vital functions monitored, and they must be treated professionally for the duration of the SSM. This does not mean occasional supervision, performed every few hours, but it means constant supervision of the person immobilised. We also warned

2012 kritiziral že možnost, da stanovalci skozi steklo na vratih opazujejo fiksirane paciente v posebni sobi. **Tako je načelno stališče DPM, da se mora v zavodih ob uporabi fiksacije zagotoviti prostor, kjer se bodo PVU lahko izvajali ločeno od preostalih stanovalcev in bo dostop mogoč samo osebu.**

Pomanjkljivosti smo ugotavljali tudi v zvezi z dokumentacijo o izvajanju in spremljanju PVU. Podanih je bilo precej predlogov za dopolnitev obrazcev z rubriko o izvedenih ukrepih še pred uvedbo PVU (na primer pogovor, tehnike deeskalacije, dodatna medikamentozna terapija, pomoč pri hranjenju ...) in o tem, ali je varovanec sposoben podati soglasje o uporabi PVU ali ne, ali ima skrbnika in ali je skrbnik podal soglasje, ali so soglasje podali svojci, dosledne(jše)ga navajanja imena in priimka zdravnika ob vsakem izvajanju PVU, začetka oziroma zaključka izvajanja, oziroma nasploh bolj sistematičnega zbiranja podatkov o predhodnih ukrepih za preprečitev potrebe po uvedbi PVU (v nasprotnem primeru niti ni mogoče ugotoviti, ali je bil PVU utemeljen glede na že poprejšnje izčrpanje milejših ukrepov). Obenem take pomanjkljivosti tudi onemogočajo učinkovit nadzor izvedbe fiksacije, časovnih okoliščin njenega trajanja, nadzora nad osebo, nad katero se izvaja ukrep in s tem povezano potrebnostjo ukrepa.

Pomembno je posebej izpostaviti še, da zavodi uporabljajo tudi varovalne ukrepe drugih vrst. Pogosta je varovalna fiksacija na invalidski voziček (s takšnimi ali drugačnimi trebušnimi pasovi) in nameščanje varovalnih ograj na postelje, s čimer naj bi se preprečevali zdrs oziroma padec stanovalca z višine na tla in s tem povezane poškodbe (zlomi, težji udarci in podobno). **Ugotavljamo, da gre pri tem neredko kar za najrazličnejše tako ali drugače sešite trakove, o katerih DPM meni, da bi za te potrebe raje uporabljali standardizirane namenske pripomočke.** Srečali pa smo se tudi z zavodskim stališčem, da zadostno varnost stanovalcev na vozičku zagotavlja že namestitev servirne mizice, češ da se tako prej naslonijo na mizico – in ne padejo z vozička. V večini primerov so se te vrste ukrepi zapisovali v zdravstvene kartone, nekateri zavodi pa jih sploh ne zapisujejo posebej. Določitev teh ukrepov je bila večinoma v domeni zdravnika (tudi specialista), sicer pa tudi nadzorne medicinske sestre. Za našega pogodbenega izvedenca sicer uporaba tehničnih sredstev za preprečevanje padcev, kot so ograjice pri posteljah ali pettočkovni varnostni pas za invalidski voziček, ni sporna, ko se oseba strinja z njihovo uporabo in je sposobna podati soglasje zanjo, ob sposobnosti za pretehtane prednosti in slabosti njihove uporabe. V primeru soglasja osebe za uporabo teh sredstev, ob zmožnosti njihove uporabe bi bilo po stališču DPM smiselno tako pisno soglasje shraniti v medicinski dokumentaciji skupaj s kratkimi pojasnili o prednostih in slabostih uporabe tovrstnih sredstev, na istem obrazcu pa bi bilo tudi smiselno dodati prostor za morebiten preklic takega soglasja z datumom. Če bi bila oseba sposobna podati soglasje k uporabi teh sredstev, vendar pa ji nasprotovala, bi bilo prav tako smiselno osebi ustno in pisno pojasniti prednosti in slabosti njihove uporabe ter pridobiti njen podpis, da jih ne želi uporabljati. Ko pa oseba ne bi bila sposobna podati soglasja k uporabi teh sredstev oziroma zaradi psihične motnje ne bi bila sposobna razumeti prednosti in slabosti njihove uporabe, bi bilo treba ravnati v skladu z ZDZdr in Zakonom o pacientovih pravicah (ZPacP) (v za osebo smrtno ogrožajočih primerih odločitev zdravnika, sicer soglasje svojcev in sprožitev postopka za oceno potrebe po delnem ali popolnem odvzemu opravilne sposobnosti in odločitev skrbnika).

Naposled izpostavljamo še nekaj primerov, v katerih so zavodi upoštevali naše predloge. Dom starejših občanov Trebnje je upošteval naš predlog, naj začne evidenco varovalnih ukrepov voditi na drugačnih obrazcih kot evidenco PVU (saj so razlog in namen uporabe obeh ukrepov, način odrejanja, izvajanje in nadzor nad ukrepi različni); Dom upokoencev Ptuj je Dom je na naš predlog dopolnil obrazec Evidence uporabe PVU skladno z ZDZdr in tudi zagotovil, da bodo dosledno vodili zapise o obveščanju skrbnika po telefonu in se tudi držali omejenega časa fiksacije po zakonu ter opravljali nadzor ves čas trajanja PVU; Dom za starejše Bor v Črnem vrhu nad Idrijo nam je na naš predlog glede prostora za izvajanje PVU, ki bi omogočal stalen nadzor stanovalca, sporočil, da trenutno sicer nima možnosti videonadzora, ob obnovi prostorov pa naj bi proučili tudi to možnost; Center starejših Trnovo nam je sporočil, da je glede na naš predlog za spremembo obrazcev za izvajanje fiksacije rok za normalno hranjenje (izvedenec jih je označil za pomanjkljive in opozoril na to, da bi jih bilo smiselno dopolniti z rubriko o izvedenih ukrepih pred uvedbo PVU, seznamom za obkljukanje pred uvedbo PVU-uporabljenih tehnik, podrobnejšo opredelitvijo zdravnika, ki PVU odredi, ter navedbo o tem, ali je varovanec sposoben podati soglasje o uporabi PVU ali ne, ali ima skrbnika in ali je skrbnik podal soglasje, ali so soglasje podali svojci), obrazce za fiksacijo rok preuredil. Svojevrsten primer pa je bila Enota Koper Doma upokoencev Ptuj, ker smo ugotovili, da v obrazec uporabe PVU (šlo je za edini primer, povrh vsega pa se je zgodil celo zunaj oddelka s povečanim nadzorom) ni bila vpisana ura začetka in konca izvajanja ukrepa in tudi ni bilo razvidno, kam so se med izvajanjem PVU zapisovali drugi podatki, ki se morajo v skladu s petim odstavkom 29. člena ZDZdr vpisati v zdravstveno dokumentacijo stanovalca in niso bili vključeni v obrazec. V odzivnem poročilu je bilo v tej zvezi navedeno, da so zaposlene opozorili, da niso delali po delovnih navodilih, in izvedli ponovno izobraževanje – vendar pa nas je nato ob nadzornem

several times that immobilising a resident in their bed, especially when there are more than one bed in the room, is inappropriate, even more so when constant staff presence is not provided for the immobilised, who is constantly on display to other residents, which can be uncomfortable and bothersome, and can lead to feelings of degradation and being singled out. A reminder here would not prove unnecessary that this could even result in the harassment of the helpless resident. We should emphasise here that the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter: CPT) on a visit to one of the psychiatric hospitals in Slovenia in 2012 criticised the mere possibility that residents could see an immobilised patient through the glass on the door of a special room. **The NPM's principle standpoint is that institutes must provide an appropriate place where SSM can be implemented in isolation from other residents, and where access will only be possible for staff.**

We also found some deficiencies in connection with documentation on SSM implementation and monitoring. Many recommendations were given to supplement the forms with a section on the measures taken prior to the introduction of a SSM (for instance a conversation, de-escalation techniques, additional drug therapy, assistance in feeding, etc.), and on whether the resident is capable of consenting to the use of SSM or not, or whether the resident has a guardian and whether the guardian consented, whether the representative's relatives gave consent, (more) consistent indication of the doctor's full name each time SSM is implemented, the beginning and conclusion of implementation, or in general a more systematic data collection process about preliminary measures taken to prevent the necessity of introducing an SSM (otherwise it is impossible to determine if the use of the SSM was well-founded, given that other, less severe measures were already exhausted). At the same time these deficiencies also prevent effective supervision of the process of immobilisation, the time circumstances of its duration, supervision of the immobilised person and the necessity of the measure.

It is also important to emphasise that institutes also use other types of security measures. This often includes immobilisation in a wheelchair (with one of various restraining belts) and erecting protective railings around beds, preventing the resident from slipping or falling on the ground from a distance, and preventing the related injuries (breaks, contusions, etc.) **Here we find that this is often implemented with various types of straps, concerning which NPM is of the opinion that standardised tools should be used which are designed for this purpose.** Some institutes feel that sufficient security for residents in a wheelchair is provided by installing a serving table, so that they would lean on the table instead of falling out of the wheelchair. In the majority of cases, these measures are recorded in the resident's file, but some institutes do not record them at all. The decision on such measures is primarily taken by the doctor (also by the specialist), but also by the nurse on duty. Our contracted expert does not consider the use of technical means of preventing falls, such as railings around beds or five-point security belts for wheelchairs, to be controversial, if the person consents to their usage and is capable of giving such consent, being capable of assessing the advantages and disadvantages thereof. If the person gives consent to the use of such means, the NPM is of the opinion that written consent should be recorded in the resident's file together with brief descriptions of the advantages and disadvantages of their use, and the same form should contain a field for a potential withdrawal of consent with a date. If the person is capable of giving consent to the use of such means, but objects to them, it would be sensible to explain to them both orally and in writing the advantages and disadvantages of their use, and obtain their signature indicating that they do not want these means to be used. If the person is incapable of giving consent, or is, due to psychological conditions, incapable of understanding the advantages and disadvantages of their use, it is necessary to act in accordance with ZDZdr and the Patients' Rights Act (ZPacP) (a doctor's decision in life-threatening situations, or consent of the resident's relatives, and initiation of a procedure for the assessment of the need for partial or total withdrawal of contractual capacity and decision of the guardian).

Finally, some cases in which institutes accepted our recommendations are presented below. Trebnje HE followed our recommendation to start keeping separate records on the security measures and on SSM (as the rationale and objective of using both measures, the method of ordering, the implementation, and the supervision of measures are different); Ptuj RH supplemented their Record on the Use of SSM in accordance with ZDZdr, ensuring that they will keep consistent records on informing residents' guardians over the phone, keep to the legally prescribed time limits for immobilisation, and maintain supervision for the whole duration of the SSM; Bor RH in Črni Vrh nad Idrijo informed us, regarding our recommendation about rooms for implementing SSM which would facilitate constant surveillance of the resident, that they currently do not have the possibility of video surveillance, but when they renovate the building they will explore this possibility; Trnovo CE informed us, regarding our recommendation that the form for immobilising extremities for normal feeding be amended (the expert marked them as lacking, warning that it would be sensible to amend them with a section on the measures implemented

obisku presenetil pregled obrazcev o fiksaciji pacientke v novembru 2013. Čeprav je šlo za fiksacijo s pasom segufix, in sicer glede na predložene evidence dvakrat (enkrat dve in enkrat eno uro), je bilo ime zdravnika, ki naj bi jo odobril, navedeno, le pri eni od uporab pasov – navedena je bila zdravnica, ki je sicer dala vnaprejšnje naročilo za izvedbo (»vsako noč«) – njenega podpisa ali stampiljke pa ni bilo. Še bolj skrb vzbujajoče je bilo pojasnilo sogovornikov, da zdravnika glede na dano predhodno naročilo ob konkretni uporabi pasov segufix ne obveščajo. Poleg vsega je bilo razvidno, da je bil svojec te osebe sicer obveščen o možnosti uporabe (podpisal je obrazec Naročilo o izvedbi medicinsko tehničnih postopkov in posegov), ne pa ob posamezni uporabi pasov. Takšno ravnanje zavoda smo označili za nezakonito in skrb vzbujajoče. ZDZdr namreč jasno določa pogoje, v katerih se lahko fiksacija stanovalca uporabi, kdo jo lahko odobri, katere evidence je treba izpolniti in koga o izvedenem PVU obvestiti. Ker smo ugotovili, da zavod v konkretnem primeru tega ob konkretni uporabi ni spoštoval, smo za v prihodnje priporočili skrben nadzor nad izvajanjem fiksacij in dosledno spoštovanje zakonskih zahtev.

Pogovori s stanovalci

Ob vsakem obisku smo se pogovorili tudi z nekaterimi naključno izbranimi stanovalci na VO in OPP. Z večino izmed njih urejen pogovor ni bil mogoč. Na splošno posebnih pripomb niso imeli, navadno so povedali, da se počutijo dobro. Izpostaviti velja pogovor z dvema stanovalcema v Domu Danijela Halasa, ki sta bila na VO sprejeta s privolitvijo. Oba sta povedala, da se z bivanjem na VO že nekaj časa ne strinjata več in da želita, da ju odpustijo. Povedala sta, da sta o tem že večkrat seznanila pristojne v Domu, vendar brez uspeha. Ena izmed stanovalk v Domu Olmo pa je v pogovoru povedala, da jo je motilo, ko so nego nekaj časa izvajali negovalci, in ne negovalke. To je tudi povedala pristojnim, a je prejela le odgovor, da drugega kadra ni na razpolago. DPM je predlagal, da dom skrbno pretehta pritožbo stanovalca, ki ga moti, če nego pri njem opravlja zaposleni nasprotnega spola. V odzivnem poročilu je dom zagotovil, da skrbno pretehta vsako pritožbo in poda odgovor. Tudi to pritožbo je Dom upošteval in pozitivno rešil, tako da nego pri njej začela izvajati zaposlena istega spola.

Drugo

V področje ostalo smo v poročilih DPM o obisku vključevali teme, ki vsebinsko niso ustrezale nobenemu drugemu poglavju. **Predvsem gre za pravila oziroma načine vročanja pošte, srečanja svojcev in stanovalcev, možnost uporabe telefona in obiske svojcev.**

Ponekod se pošta, če ima stanovalec varovanega oddelka z odločbo centra za socialno delo postavljenega skrbnika za posebni primer, vroči skrbniku. V takih primerih zaposleni v domu (največkrat je to socialni delavec) pokliče skrbnika in ga seznanijo s prispelo pošiljko. Ob skrbnikovem prevzemu pošiljke naredi zaznambo (Center starejših Trnovo). V nekaterih domovih vse pošiljke, vključno s priporočenimi, dom vroča sam. Poštar tako pošto le dostavi do doma, za razdelitev pošte pa poskrbi dom (Dom Jesenice). V Domu Jesenice so še pojasnili, da če stanovalec ne razume pomena vročene pošte, obvestijo skrbnika ali pooblaščenca, da pošiljko prevzame.

before introducing the SSM, with a check-list before implementing SSM, with a more detailed information on the doctor ordering SSM, and a statement about whether the resident is capable of giving consent to the use of SSM or not, and whether they have a guardian and whether that guardian gave consent, or whether the resident's relatives gave consent), that it had supplemented its forms for immobilising extremities. Koper unit of Ptuj RH was a special case, as we found that the form for using SSM (there was only one case, and it was implemented outside of the increased security ward) did not contain data on the time of the beginning and end of the measure, nor was it evident where other data were kept which must be recorded according to paragraph 5 of Article 29 of ZDZdr in the resident's medical file. In their response, they indicated that they had informed employees that they had not acted according to regulations, and that they had organized training again – nonetheless, we were unpleasantly surprised during our control visit when we inspected the form for immobilising a patient from November 2013. Although this case involved the use of a segufix belt, which happened twice given the submitted records (once for two and once for one hour), the name of the doctor who approved the measure was only given in one case, and only for one of the usages – a doctor was listed who gave the ex ante order for implementation of the measure (“every night”) – her signature and/or stamp were missing. Even more concerning was the fact that it was explained that they do not inform the doctor of individual uses of the segufix belt, given the already given a priori order. On top of it all it was evident that while this resident's relative was informed about the possibilities of use (he signed the form Order for the Implementation of Medical and Technical Measures and Interventions), he was not informed about individual uses of the belts. This type of behaviour was designated as illegal and worrying, as ZDZdr makes perfectly clear the conditions in which a resident may be immobilised, who can order this measure, what records need to be kept, and who must be informed about the implemented SSM. Since we found that the institute in this specific case did not respect this in a specific usage, we recommended that in the future they provide careful supervision over immobilisation and consistently respect legal requirements.

Interviews with residents

At each visit, a few randomly selected residents in the secure ward and in the high level supervision wards were interviewed. It was impossible to conduct an orderly interview with most of them. In general, they made no special comments, they usually told us that they were feeling comfortable. It should be pointed out that an interview took place with two residents in Danijel Halas Retirement Home that were admitted into the secure ward with consent. They both said that they no longer agreed with staying in the secure ward and that they wished to be discharged. They said that they had informed persons responsible for care in the nursing home several times of their wishes, but to no avail. One of the residents in Olmo Retirement Home said that she was bothered that tasks relating to care were sometimes performed by male caregivers and not by female caregivers. She also told that to persons responsible for care but they only replied that there was no other staff at their disposal. It was proposed by the NPM that the home for the elderly should carefully weight up the complaint of the resident that finds it disturbing, if tasks relating to care are in her case performed by carers of the opposite sex. In a response report, the home for the elderly assured that it carefully weights up every complaint and replies to it. The home for the elderly took this complaint in consideration as well and solved it favourably, so that the resident was provided a female caregiver.

Other issues

The field “Other issues” comprises subjects from the reports by the NPM on the visit that, according to their contents, did not correspond to any other section. **These are especially rules or methods of consignment, meetings of relatives and residents, the option to use a telephone and the option to visit relatives.**

In some retirement homes, if a resident of the secure ward has been appointed a special case guardian by the Centre for Social Work, consignment has to be served to the guardian. In such cases, an employee of the home for the elderly (mostly a social worker) calls the guardian and informs him about the delivered consignment. The employees make an official note upon the reception of the consignment by the guardian (Trnovo Centre for the Elderly). In some homes for the elderly all consignments, including registered consignments, are served by the home staff itself. Postman delivers such consignments only to the staff of the home for the elderly, which then distributes consignments itself (Jesenice Retirement Home). In Jesenice Retirement Home it was explained furthermore that, if the resident does not understand the meaning of the consignment which was served to him, the staff shall notify a guardian or an authorized person to receive the consignment.

V Domu Ptuj je praksa, da če stanovalec ni sposoben prevzeti pošte, o tem dom obvesti svojce, ki pošto prevzamejo ob naslednjem obisku. Takšno obvestilo nas je presenetilo, saj je večini stanovalcev varovanega oddelka pristojni center za socialno delo postavil skrbnika, ki mora skrbeti za pravice in dolžnosti stanovalca. Zato bi bilo prav, da bi o pošiljki obveščali predvsem skrbnika. Še toliko bolj, ker gre pri priporočenih pošiljkah pogosto za dokumente (sodna pisanja, odločbe itd.), kjer bi lahko obstajalo nasprotje interesov med stanovalcem in njegovimi svojci. Domu smo še predlagali, da bi določil osebo, ki bo skrbela za obveščanje o prispelih pošiljkah, saj bi se tako zmanjšala možnost, da se kakšna pošiljka založi. Dom je v odzivnem poročilu pojasnil, da ravnajo tako, kot predlaga DPM. Do nesporazuma je prišlo, ker zaposleni v pogovornem jeziku uporabljajo besedo svojec, čeprav imajo vsi stanovalci na varovanem oddelku postavljenega skrbnika, ki ga o prispeli pošti obvesti oddelčna medicinska sestra.

Če stanovalec nima skrbnika za posebni primer, se pošta izroči stanovalcu, izroči mu jo zaposleni v domu. Pogosto zaposleni pomagajo stanovalcu pri pojasnitvi vsebine pošiljke, poleg tega pa o pošiljki obvestijo tudi svojce. Pri vročanju sklepa sodišča vročilnico podpiše stanovalec.

Večina domov ima telefonske govorilnice, ponekod so stacionarni telefoni tudi v posameznih sobah, vendar se njihova uporaba počasi opušča, saj ima čedalje več stanovalcev prenosne telefone.

Obiski svojcev v večini domov niso omejeni, lahko pa dom postavi okvirni čas, ko so obiski zaželeni (Center slepih, slabovidnih in starejših Škofja Loka). Domove, kjer so sobe z več posteljami (npr. Dom Ptuj), je DPM opozoril, da mora dom zaradi več oseb v sobi paziti, da obiski svojcev ne bi obremenjevali ali motili drugih stanovalcev. V tem primeru bi bilo smiselno, če je le mogoče, v domu zagotoviti drugi primerni prostor, kjer se lahko obisk izvede. Prav tako mora hišni red natančneje urejati, za koliko časa in iz kakšnih razlogov se lahko obisk omeji, in tudi sistem nadzora nad omejitvami obiskov, ki jih odredi osebje. Dom je odgovoril, da priporočila DPM že izvajajo. Poudarili so, da medicinska sestra ne odreja časa obiskov, ampak le primeren prostor. Krajši čas obiskov se odredi le pri nepomičnih stanovalcih glede na njihovo zdravstveno stanje.

In Ptuj Retirement Home, there is a common practice that, if a resident is not capable to receive a consignment, the home informs the relatives, that receive the consignment at their next visit. Such notification came as a surprise to us, because most of the residents of the secure ward were appointed a guardian by a responsible Centre for Social Work, that has to take care of the rights and duties of the resident. That is why it would be right to inform a guardian about consignments. Even more, because registered consignments often contain documents (judicial documents, provisions etc.), in which there could be a conflict of interest between the resident and his relatives. It was also proposed that the home for the elderly selects a person to take care of informing about received consignments, because that could minimise the possibility of misplacing a consignment. In a response report by the Home, it was explained that the recommendations of the NPM had been followed. It came to an misunderstanding, because the employees use a word relative in spoken language, although all residents in the secure ward are assigned their own guardian, whom a department nurse informs about a delivered consignment.

If a resident does not have a special case guardian, consignment shall be served to the resident by an employee of the home for the elderly. Employees often help residents explain the contents of a consignment and furthermore inform their relatives about the consignment. When court order is being served, delivery forms shall be signed by the resident.

The majority of homes for the elderly have telephone booths, in some places several rooms have fixed telephones, but they are not being used that often any more, because more and more residents have their own mobile phones.

In most homes for the elderly, visits of relatives are not restricted, a home can, however, set out a schedule of when visits are welcome. (Centre for the Blind, Visually Impaired and Elderly in Škofja Loka). Homes for the elderly, where rooms have multiple beds (e.g. Ptuj Retirement Home), had been warned by the NPM that, according to the fact that there are several persons in the room, visits of relatives should not trouble or disturb other residents. In this case it would be reasonable, if possible, to provide some other appropriate area in a home, where a visit could be carried out. House rules also have to establish more precise provisions about for how long and for which reasons a visit can be restricted, and also about the supervisory system of the restrictions of visits which are ordered by the staff. The home replied that recommendations by the NPM have already been taken into account. They pointed out that a nurse does not order the time of visits, but only the appropriate place. Shorter time of visits is ordered only for immobile residents, according to their health condition.



1.2 Kontrolni obisk Centra za tujce

Skupaj s predstavnico pogodbene nevladne organizacije smo brez predhodne napovedi 23. januarja 2013 opravili kontrolni obisk Centra za tujce (CT) v Postojni. Namen kontrolnega obiska je bil preveritev uresničitve priporočil DPM z zadnjega obiska 3. oktobra 2012 glede na odzivno poročilo MNZ z dne 27. 11. 2012. Med kontrolnim obiskom je bilo ugotovljeno, da se je število tujcev, nastanjenih v CT, od prejšnjega obiska bistveno povečalo in jih je bilo 32 (ob prejšnjem obisku le 12). V nadaljevanju prikazujemo naše ugotovitve s kontrolnega obiska glede danih priporočil.

1. DPM je ob prejšnjem obisku predlagal, da se jedilnik in prevod le-tega v tuj/je jezik v prihodnje namesti tako, da ga je mogoče videti (najti). Glede tega priporočila je bilo ugotovljeno, da je bilo priporočilo ob kontrolnem obisku upoštevano le delno, saj je bil jedilni list (za obdobje od 21. do 27. 1. 2013) v jedilnici nameščen le v slovenskem jeziku. Vodja centra je v zvezi s tem pojasnil, da je angleški prevod jedilnika izostal zaradi bolniške odsotnosti koordinatorke, ki skrbi za pridobivanje prevodov jedilnikov, sicer pa prevode jedilnikov opravlja Služba za prevajanje MNZ. Glede tega je vodja centra zagotovil, da bo, zato da bi se izognili podobnim primerom, poskrbljeno, da bo za to področje pristojna vsaj še ena oseba. DPM pričakuje, da bo to zagotovilo vodje CT dejansko uresničeno.

CT je pozneje še sporočil, da je glede svežega zagotavljanja prevoda jedilnika v tuj jezik v celoti upošteval priporočilo DPM in ne glede na odsotnost strokovne delavke zagotovil sprotno prevajanje jedilnikov in nameščanje na vidno mesto v jedilnici. Poleg tega center hrani prevode jedilnikov in vso pisno komunikacijo s pogodbenim izvajalcem.

2. DPM je tudi predlagal, naj v prihodnje zaposleni samoiniciativno ugotavljajo morebitne poškodbe inventarja oziroma opreme ter poskrbijo za njihovo sprotno odpravo. Ob kontrolnem obisku je bilo ugotovljeno, da je bilo to priporočilo DPM v celoti upoštevano in da so bili npr. električni kablji pod umivalnikom prekriti s plastičnim pokrovom. DPM tudi v prihodnje pričakuje, da bodo zaposleni dejansko že sami ugotavljali manjše poškodbe inventarja in poskrbeli za njihovo sprotno popravilo.

3. DPM je predlagal, naj se več pozornosti nameni pregledu ustreznosti čiščenja sanitarnih prostorov. V zvezi s tem priporočilom je vodja centra pojasnil, da so po obisku DPM zamenjali čistilni servis in da naj bi bilo stanje zdaj boljše. Ob kontrolnem obisku smo si ponovno ogledali očiščenost prostora za prhanje na moškem oddelku in opazili, da so bili na stenah oziroma vratih kovinskih kabin še vedno ostanki vodnega kamna, kar daje videz nečistoče. Naslednji dan po opravljenem kontrolnem obisku pa je vodja centra poslal fotografije, potem ko je čistilni servis ponovno očistil prostor za prhanje na moškem oddelku. Iz teh fotografij je razvidno, da je bilo čiščenje dejansko opravljeno, saj na fotografijah ostanki vodnega kamna niso več tako izrazito vidni. DPM na podlagi tega pričakuje, da bo vodstvo CT tudi v prihodnje redno poskrbelo za ustrezno čistočo prostorov za prhanje.

CT je dodatno pojasnil, da čiščenje sanitarnih prostorov centra, ki jih uporabljajo tujci, zagotavlja pogodbeni izvajalec, in sicer z dvema čistilkama. Zaradi težav, ki so se pojavile ob čiščenju novega pogodbenega izvajalca, je vodstvo centra večkrat komuniciralo z Uradom za logistiko, ki je pristojno za izvajanje pogodbe, in se s skrbnikom pogodbe dogovorilo, da bo enkrat tedensko prihajal v center in poleg vsakodnevnega nadzora zdravstvene službe centra izvajal še dodatni nadzor nad čiščenjem.

4. DPM je predlagal, naj se odstrani strgana (večkrat prerezana) žimnica iz prostora številka 7 na oddelku za strožji policijski nadzor. Ob nadzornem obisku je bilo s pregledom prostora številka 7 za strožji policijski nadzor ugotovljeno, da je bila poškodovana (večkrat prerezana) žimnica odstranjena in tako tudi upoštevano (realizirano) priporočilo DPM iz prejšnjega obiska.

1.2 Control visit to the Aliens Centre

On 23 January 2013, we paid a control visit to the Aliens Centre (hereinafter: AC) in Postojna together with a representative of the NGO under a contract, without any prior announcement. The purpose of the control visit was to examine the implementation of NPM recommendations from the last visit on 3 October 2012, according to the response report of the Ministry of the Interior of 27 November 2012. During the control visit, it was established that the number of foreigners accommodated in the AC has fundamentally increased from the last visit, and there were 32 foreigners (at the last visit there were only 12). Our findings from the control visit, regarding the given recommendations are presented below.

1. At the last visit, it was proposed by the NPM that the menu and its translation to a foreign language/foreign languages henceforth be placed in such a way that it can be seen (found). As regards this recommendation, it was established that the recommendation had been taken into consideration only partially during the control visit, because the menu (for the period from 21 January 2013 to 27 January 2013) in the dining room was written only in Slovene. The Head of the Centre explained that the menu was not translated into English because of the absence of the coordinator that takes care of providing translations of menus; translations of menus are otherwise provided by the Translation Service of the Ministry of the Interior. According to that, the Head of the Centre assured that he will provide that at least another person will be competent for this field, in order to avoid similar cases like this one. The NPM expects that this assurance made by the Head of the AC will actually be implemented.

The AC gave notice later on that, with regards to providing the translation of the menu into a foreign language, the recommendation by the NPM had been taken into consideration entirely and, irrespective of the absence of the expert worker, that it assured regular translation of the menus, as well as placement of the menus in a visible position in the dining room. Furthermore, the Centre keeps translations of menus and the entire written communication with a contractual party.

2. It was also proposed by the NPM that in the future employees should use their own initiative to spot potential damage to equipment and take care that this damage is regularly repaired. During the control visit it was established that the recommendation by the NPM had been taken into consideration by the AC entirely and that e.g. electrical cables under the washbasin were covered with plastic cover. The NPM also expects employees to actually spot smaller damage to equipment in the future by themselves and to take care that this damage will be regularly repaired.

3. It was proposed by the NPM that more attention should be given to monitoring that the cleaning of toilets is adequate. In connection to this recommendation, the Head of the Centre explained that after the visit from the NPM, the cleaning service has been substituted and the condition is supposed to be better. During the control visit we inspected cleanliness of the shower facility at the male ward and we noticed that there were some limescale marks on the walls and the doors of the metal cabins, which gives the appearance of impurities. The next day after the control visit had been performed, the Head of the Centre sent some pictures, after the cleaning service had once again cleaned the shower facility at the male ward. It is evident from these pictures that cleaning had been performed, because the remainder of the scale are no longer so distinct in the pictures. According to that, the NPM expects the management of the AC to regularly provide adequate cleanliness of shower facilities in the future.

The AC explained furthermore that the cleaning of toilets of the Centre, that are used by foreigners, is provided by a contractual party, namely, by two cleaning ladies. Because of the problems that arose during cleaning by the new contractual party, the management of the Centre communicated several times with the Office of Logistics, which is competent to enforce contracts, and reached an agreement with the administrator of the contract that in addition to daily supervision of the medical service, he will also visit the centre once a week to additionally supervise cleaning work.

4. It was proposed by the NPM that a torn-apart mattress (cut up multiple times) should be removed from room number 7 of the section for more stringent police surveillance. During the examination of room 7 for more stringent police surveillance during the control visit, it was established that a torn-apart mattress (cut up multiple times) was removed and so the recommendation by the NPM from the last visit had been taken into consideration (realised) by the AC.

5. DPM je predlagal, naj se nezasedeni prostori CT pogosteje prezračijo. Ob kontrolnem obisku je bila zato spet preverjena prezračevnost praznih prostorov CT. Ugotovljeno je bilo, da v njih ni več zaznati slabega zraka (zatohlosti), in je bilo tako priporočilo DPM iz prejšnjega obiska v celoti upoštevano.

6. DPM je predlagal, naj se pri operaterju telefonskih aparatov preverijo možnosti, da se zmanjša piskanje odštevalnika v telefonskem aparatu oziroma da se odštevanje impulzov uredi na drugačen način (morda z elektronskim odštevalnikom). Glede tega priporočila je bilo ugotovljeno, da je CT po obisku DPM, 4. 10. 2012 o zadevi obvestil operaterja – Telekom, kar je evidentirano v tajništvu vodje CT. Ker je bilo tudi ob kontrolnem obisku ugotovljeno, da v telefonskem aparatu na moškem oddelku še vedno piska odštevalnik impulzov, je vodja CT spet klical operaterja – Telekom. Ta je nato 27. 3. 2013 vendarle tudi zamenjal krmilna vezja v aparatu in tako odpravil težavo z razpoznavnim tonom javne govorilnice.

7. DPM je predlagal, da se proučijo možnosti, da bi se tujcem zagotovilo bistveno več časa za bivanje na prostem. Ugotovljeno je bilo, da je bila v zvezi s tem priporočilom DPM izdelana analiza dejavnosti tujcev od septembra do novembra 2012. DPM pričakuje, da bo CT tudi v prihodnje poskrbel za čim več dejavnosti za tujce in seveda kar najbolj upošteval priporočila z obiska Visokega komisariata Združenih narodov za begunce.

8. DPM je predlagal, da se glede na malo tujcev proučijo možnosti, da bi se jim uporaba računalniške sobe omogočila pogosteje. Ob kontrolnem obisku je bilo ugotovljeno, da se zdaj tujcem omogoča uporaba medmrežja tudi med tednom in ne samo konec tedna. Sicer se zaradi kadrovske težave (odsotnost policistov) še vedno pojavijo težave pri uporabi medmrežja med tednom. Kljub vsemu se tujcem vedno omogoči, da splet uporabijo za urejanje dokumentacije, ki jo potrebujejo v postopkih.

9. DPM je predlagal, da se ob morebitni pisni pritožbi tujca pritožniku na pritožbo tudi pisno odgovori. Poleg pogovora, ki ga opravijo zaposleni s tujcem, je namreč pomembno pisno obvestilo o razrešeni pritožbi. Ob kontrolnem obisku je bilo ugotovljeno, da CT od prejšnjega obiska ni prejel nobene pritožbe, tako DPM ni mogel preveriti, ali in kako je upoštevano to priporočilo. Pohvaliti pa je treba nadziranje hrane – CT oziroma koordinatorko za logistiko, saj ona zdaj sproti preverja, ali je hrana v skladu z jedilnikom in ali je kakovostna. Tujci se lahko tudi opredelijo, kaj bodo jedli (svinjino, govedino, vegi, vegi z ribami, brez govedine), dvakrat v mesecu pa zagotavljajo ekološko pridelana živila (t. i. zeleno naročanje). DPM glede na prejeta pojasnila koordinatorke za logistiko tako ugotavlja, da se CT trudi za raznovrstnost prehrane in zato, da bi bila ta kar najbolj po željah tujcev.

10. DPM je predlagal, naj se v vseh prostorih (kjer je hišni red izobešen) namesti veljavni hišni red. Prav bi tudi bilo, da bi bil ta preveden vsaj v angleški jezik in tudi druge jezike (vsaj v tiste tuje jezike držav, iz katere najpogosteje prihajajo tujci v CT). Ob kontrolnem obisku je bilo ugotovljeno, da je (zdaj) v prostoru za sprejem žensk (P 41) nameščen obrazec z informacijami za tujce glede CT (o nastanitvi, pravilih v CT, o pravicah in dolžnostih). Glede hišnega reda pa je vodja CT povedal, da imajo tega v devetih jezikih (nemški, angleški, albanski, arabski, francoski, ruski, španski jezik ter urdu, hindi in dari farsi) in da ga dobi vsak tujec ob sprejemu. V primerih, ko posameznik ne razume jezikov, v katere je hišni red preveden, pa vodja CT pojasni, da ga prevedejo v jezik, ki ga razume.

11. Izvedenka DPM je opozorila, da je na zdravniškem izvidu anamneza, diagnoza in terapija, kar je običajno namenjeno lečečemu zdravniku, ne pa nezdravstvenemu osebju. Ob kontrolnem obisku smo prejeli pojasnilo vodje CT, da vsak tujec, ki gre k specialistu, dobi izvide, ki so njegova last, in da načeloma izvidi ne prihajajo v roke nepooblaščenim osebam oziroma osebam, ki nimajo kaj delati v zdravstvu. Inšpektor prejme le pisno mnenje zdravnika, ali je tujec sposoben za odstranitev (npr. z letalom, osebnim avtom ...).

5. It was proposed by the NPM that unoccupied rooms of the AC should be regularly ventilated. For that reason, fresh air in unoccupied rooms of the AC was examined during the control visit. It was established that stale air (stiffness) was no longer present in unoccupied rooms and so the recommendation by the NPM from the last visit had been taken into consideration by the AC entirely.

6. It was proposed by the NPM that it should be checked with an operator of the telephone apparatus whether there is an option to reduce the beeping of the time counter inside the telephone apparatus or to arrange the time counter in a different manner (perhaps with an electronic time counter). According to that recommendation, it was established that after the visit from the NPM on 4 October 2012 the AC informed the operator - Telekom about the case, which is recorded in the administration office of the Head of the AC. It was also established during the control visit that the beeping of the time counter inside the telephone apparatus at the male ward is still present, that is why the Head of the AC called the operator - Telekom once again. On 27 March 2013 the operator, however, did change the control circuits inside the apparatus and eliminated the problem with the distinct public telephone booth sound.

7. It was proposed by the NPM that options be examined to enable foreigners to spend much more time outdoors. It was established that, according to the recommendation by the NPM, report on foreigners' activities from September to November 2012 was analysed. The NPM expects that the AC will provide as many activities for foreigners in the future as possible and will comply with recommendations from the visit from the United Nations High Commissioner for Refugees as best as it can.

8. Considering the small number of foreigners, it was proposed by the NPM to enable foreign nationals access to a computer room more often. It was established during the control visit that foreigners are now enabled to use internet not only at the weekends, but also during the week. However, because of staff problems (the absence of police officers), issues regarding the use of internet during the weekdays still occur. Despite everything, foreigners are always enabled to use the internet for arranging the documentation that they need in their proceedings.

9. It was proposed by the NPM that foreigners should receive a written answer to their written complaints. In addition to an interview with a foreigner carried out by an employee, a written notification on the settled complaint is also important. During the control visit it was established that the AC did not receive any complaint since the last visit, and for that reason the NPM could not examine, if the recommendation had been taken into consideration and in what way. However, supervision of food has to be complimented - the AC or the coordinator of logistics now regularly monitors, if the food is consistent with the menu and, if the food is of good quality. Foreigners can also choose their menu (pork, beef, vegetarian food, vegetarian food with fish, without beef). They are provided with organically grown food (so-called green procurement) twice a month. According to the explanations by the coordinator of logistics, it is established by the NPM that the AC strives to enable diverse food and to meet the wishes of foreigners concerning the food.

10. It was proposed by the NPM that the valid house rules should be placed in all rooms (where house rules are put on display). It would also be appropriate to have them translated, at least into the English language, but also into other languages (at least in the foreign languages of countries from which foreigners accommodated in the AC come most frequently). During the control visit it was established that the form with information for foreigners concerning the AC (on accommodation, rules in the AC, rights and obligations) is (now) placed in the reception area for women (P 41). Concerning the house rules, the Head of the AC said that it is available in nine languages (German, English, Albanian, Arabian, French, Russian, Spanish languages and Urdu, Hindi and Dari Farsi) and is handed over to each foreigner at admission. In cases, when an individual does not understand the languages in which house rules are translated, house rules are, according to the Head of AC, translated into the language that the individual understands.

11. The NPM expert drew attention to the fact that the results of the medical examination include a patient's history, diagnosis and therapy which is usually intended for a person's treating physician and not for non-medical personnel. During the control visit the Head of the AC explained that every foreigner that sees a specialist receives the results of the medical examination that he possesses, and that the results of the medical examination are usually not handed to unauthorised persons or to persons outside the medical service. Inspector receives only a written opinion by the doctor, if a foreigner is able to be transferred (e.g. by a plane, a car ...).

12. Izvedenka DPM je izpostavila tudi, da ji ni uspelo prejeti odgovorov na nekatera vprašanja, kot so, kako socialna delavka pokriva ambulanto, kakšna je pot od priporočil psihiatra (npr: o nadzoru ali o reševanju problemov ...) do pristojnih oseb v CT ali celo do tistih v Azilnem domu, če formalno spada tja, kdo točno obvešča zdravstveno osebje o bolezni na oddelku, kakšna je vloga »sheme za terapijo odtegnitvene krize«.

V odzivu na to ugotovitev je Ministrstvo za notranje zadeve že na poročilo ob prejšnjem obisku pojasnilo, da je Center za tujce enovita organizacija brez notranjih oddelkov in enot, zato nima posebnih vodij, razen vodje Centra za tujce, ki je nadrejen vsem zaposlenim v centru. Center za tujce ni medicinska ustanova, ima pa za svoje potrebe in zaradi narave dela zaposlene štiri medicinske sestre in pogodbene zdravnike, ki svojo delo opravljajo v za to urejenih prostorih in v skladu z medicinsko stroko. Ob odsotnosti medicinskih sester nihče ne »pokriva ambulante«, ampak se za nujne primere izkorišča javna mreža nujne medicinske pomoči in po potrebi lahko pokličejo v službo medicinsko sestro centra. Ob koncu tedna, ko medicinska sestra ni vedno navzoča, so socialne delavke tiste, ki poskrbijo, da tujci ob določeni uri dobijo predpisano terapijo, kar pa ne pomeni, da delajo delo medicinskih sester oziroma »pokrivajo ambulanto«. Shema nadomestila za metadon je le v vednost medicinskih sester, saj vsakega odvisnika naprej pogleda zdravnik, ki mu predpiše ustrezno terapijo. Z organizacijo delovnih procesov in razporejanjem delavcev sta zagotovljena nemoteno delo in stalna oskrba tujcev. Prav tako nemoteno poteka medsebojno obveščanje o potrebah in željah tujcev kakor tudi o njihovih potrebah po zdravstveni oskrbi.

Ob kontrolnem obisku je vodja CT dodatno pojasnil, da ob odsotnosti medicinske sestre (ob koncu tedna, ko ni medicinske sestre), socialne delavke delijo terapijo, ki jo vnaprej pripravi medicinska sestra; ob morebitnih poškodbah se ob odsotnosti pokliče NMP; ob manjših poškodbah, ki niso nevarne ali kadar je potrebna nastanitev z oddelka takoj, pa pokličejo tudi medicinsko sestro zunaj delovnega časa, vendar je takšnih primerov le nekaj letno.

13. Izvedenka DPM je nadalje opozorila, da je razlog gladovne stavke (da gre za »izsiljevanje prostosti«), kot ga je označila medicinska sestra, vrednostna sodba, ki je strokovno nesprejemljiva, sploh, ker iz nje izhaja (neprimeren) odnos do stavekajočega.

MNZ je v zvezi s tem že ob prejšnjem obisku zagotovilo, da tujci v CT niso obravnavani na podlagi vrednostnih sodb. Da je izsiljevanje razlog za npr. gladovno stavko, izjavljajo tujci sami, ker se ne strinjajo z omejitvijo gibanja v centru. Ob morebitni gladovni stavki jih medicinske sestre in zdravniki opozorijo na posledice za njihovo zdravstveno stanje. Do vseh obravnavanih tujcev imajo medicinske sestre korekten in strokoven odnos. Njihovo vedenje ni podcenjujoče ali diskriminatorno. To potrjuje tudi dejstvo, da v zadnjih letih niso prejeli nobene pritožbe na delo zdravstvene službe, nasprotno: prejeli so več pohval in zahval. V CT je bilo v zadnjih letih dvakrat izvedeno usposabljanje za vse zaposlene o nudenju prve pomoči.

Ob kontrolnem obisku je bilo ugotovljeno, da je vodstvo CT na navedeno opozorilo izvedenke DPM opozorilo svoje osebje, saj zagovarja stališče, da se v komunikaciji s tujci in zaposlenimi v CT individualne sodbe ne smejo izraziti. Zaposleni so bili na to tudi še posebej opozorjeni. Sprejete ukrepe vsekakor pozdravljamo.

14. DPM med prejšnjim obiskom tudi predlagal, naj se v CT začnejo dosledno izvajati določila 3. člena Pravilnika o postopkih nastanitve v CT ter obliki in vsebini izkaznice o dovolitvi zadrževanja na območju Republike Slovenije (Uradni list RS, št. 27/2012 z dne 13. 4. 2012), v katerem je podrobneje opredeljen zdravniški pregled tujca ob sprejemu.

MNZ je pojasnilo, da o zdravniških pregledih ne odločajo medicinske sestre. Vsi tujci so pregledani pri zdravniku ob nastanitvi v CT ali prvi delovni dan, ko je tam zdravnik. Za vse nadaljnje preglede pri zdravniku pa tujci sami izrazijo željo, kar jim je seveda omogočeno in zagotovljeno. Vsak postopek nastanitve tujca opredeljuje omenjeni pravilnik.

12. The NPM expert also highlighted that no answers were given to some of her questions, such as: how a social worker takes care of the work in the medical consulting room, what are the features of any given procedure from the recommendations by a psychiatrist (e.g. regarding the supervision or about solving the issues) to the persons responsible in the AC or even to those in the Asylum Centre if a person is formally allocated to that facility, who exactly notifies medical personnel about medical conditions in the facility, what the role of the "scheme to treat any withdrawal syndrome" is like.

In this regard, the Ministry of the Interior explained that the Aliens Centre is an integrated organisation without any internal departments and units; as a result there are no heads of units except for the Head of the Aliens Centre who is in charge of all employees in the centre. The Aliens Centre is not a medical institution but it does have its own needs and due to the nature of its work, it also employs four medical nurses and cooperates with doctors on a contractual basis who perform their work in specially organised premises and in accordance with the medical profession. There is nobody to take care of the work of the medical consulting room when nurses are absent, but in case of an emergency, a public network of emergency medical assistance can be used, and if necessary, the Centre's nurse can be called in to work. During weekends, when a nurse is not always present, there are social workers who are responsible for the foreigners receiving the prescribed medicaments at the specified hour which, however, does not mean that they carry out the work of nurses or that they handle the work of the medical consulting room. The scheme regarding the methadone substitution therapy is known only to nurses since every addicted person is first examined by a doctor who prescribes the appropriate therapy for such a person. The organisation of working processes and allocation of personnel enable smooth operation and constant care to be provided to foreign nationals. Mutual notification on needs and wishes of foreigners and their health related needs is also conducted in a smooth manner.

During the control visit the Head of the AC also explained that when the nurse is absent (during weekends, when a nurse is not present), social workers deliver medicaments that is prepared by nurses in advance; in case of injuries, when a nurse is absent, they call the emergency medical assistance; in case of smaller injuries which are not dangerous or when a person needs to be transferred to another ward, they also call a nurse who is not on duty, but such cases occur only a few times a year.

13. The NPM expert also highlighted that the reason for a hunger strike ("blackmailing freedom") as classified by the nurse is a value judgement which is not acceptable from the professional point of view, since it may include (an inappropriate) attitude towards a person on a strike.

According to that, the Ministry of the Interior assured that foreigners in the AC are not to be treated according to value judgements already at the last visit. That blackmailing is a reason for a hunger strike, for example, is mentioned by foreigners themselves, since they disapprove of the limitation of movement in the centre. In case of a hunger strike, nurses and doctors warn foreign nationals of the consequences for their health. Nurses have an appropriate and professional attitude towards all foreigners under consideration. Their behaviour is not degrading or discriminatory. This is confirmed by the fact that not a single complaint on the work of the medical service had been received in the past years, on the contrary, several compliments and acknowledgements had been given. Training in regard to first aid provision has been implemented for all employees in the AC twice in the past years.

During the control visit it was established that the warning by the NPM expert had been taken into consideration and the management of the AC did warn its employees, because it believes that individual judgements should not be expressed in communication with foreigners and employees in the AC. Employees had been warned of that in particular. We welcome the accepted measures by all means.

14. During the last visit, the NPM also proposed that the AC implements the provision of Article 3 of the Rules on Procedure for Accommodation in the CA and on Format and Content of the Identity Card for Permission to Stay on the Territory of the Republic of Slovenia (Uradni list RS, no. 27/2012 of 13 April 2012), in which a medical examination of a foreigner upon his/her admittance into the centre is defined in detail.

The Ministry of the Interior explained that nurses do not decide on a medical examination. All foreigners are examined by a doctor when accommodated in the centre or on the first working day when a doctor is present. Foreign nationals ask for themselves about any subsequent examinations by a general practitioner which is obviously provided for them and guaranteed. Each procedure for accommodation of a foreigner is defined in the Rules mentioned above.

Ob kontrolnem obisku smo pojasnilo MNZ, da so vsi tujci ob nastanitvi pregledani pri zdravniku ob nastanitvi oziroma prvi delovni dan, ponovno preverili v ambulanti CT. **Ob pogovoru z medicinskima sestrama in ob navzočnosti vodje centra smo naključno izbrali nekaj primerov sprejemov tujcev in preverili, kdaj so bili ti dejansko tudi zdravniško pregledani. Ugotovili smo, da dva tujca sploh še nista bila pregledana pri zdravniku, eden pa je bil šele po pol meseca od sprejema.** V zvezi s tem je DPM ponovno poudaril, da bi morali biti vsi tujci ob sprejemu v CT zdravstveno pregledani v skladu s 3. členom pravilnika. Ta pregled je navsezadnje tudi v interesu CT. Tako smo znova predlagali, da se v CT začne dosledno izvajati 3. člen Pravilnika o postopkih nastanitve v Centru za tujce ter obliki in vsebini izkaznice o dovolitvi zadrževanja na območju Republike Slovenije, v katerem je podrobneje opredeljen zdravniški pregled tujca ob sprejemu. DPM pričakuje tudi, da bodo tujci v prihodnje dejansko pregledani, kot je bilo to pojasnjeno v odzivnem poročilu.

CT je v odzivu na ta predlog DPM pojasnil, da je v obdobju med zadnjim in kontrolnim obiskom DPM sam ugotovil, da nekateri tujci odklanjajo preventivne zdravniške preglede, in je že iskal rešitve, kako tujce pripraviti do tega, da prostovoljno opravijo zdravniški pregled. S tem je vodja centra skupaj z zdravstveno službo ob kontrolnem obisku seznanil tudi DPM in jih zaprosil za mnenje, kako bi lahko to težavo, ki sicer ni pogosta, odpravili. Ugotovitve DPM ob naključno izbranih primerih sprejema tujcev so bile zato po pojasnilu CT pričakovane. CT pa je zagotovil, da dosledno izvaja 3. člen omenjenega pravilnika.

The explanation of the Ministry of the Interior that all foreigners are examined by a doctor when accommodated or on the first working day, was examined once again in the medical consulting room in the AC during the control visit. **In the interview with two nurses and in the presence of the Head of the Centre, we randomly selected a few cases of admittance of foreigners and examined, when they were actually medically examined. We reached a conclusion that two foreigners had still not been examined by a doctor, one foreigner, however, had been examined only half a month after his admittance.** According to that, the NPM highlighted once again that all foreigners should be medically examined by a doctor upon his/her admittance into the AC, pursuant to Article 3 of the Rules. This examination is after all in the interest of the AC. Therefore it was proposed by the NPM once again that the AC implements the provision of Article 3 of the Rules on Procedure for Accommodation in the CA and on Format and Content of the Identity Card for Permission to Stay on the Territory of the Republic of Slovenia in which a medical examination of a foreigner upon his/her admittance into the centre is defined in detail. The NPM also expects that foreigners will actually be examined in the future, as it was explained in the response report.

In a response to the recommendation by the NPM, the AC explained that in the period during the last visit and the control visit, the NPM established on its own that some foreigners refuse preventive medical examinations and it already looked for solutions, how to make foreigners to undergo medical examination voluntarily. The Head of the Centre together with the medical service informed the NPM about that during the control visit and asked the NPM, how to solve this problem, which, however, does not occur often. The findings of the NPM along randomly selected cases concerning admittance of foreigners were, according to the AC, to be expected. The AC assured that it implements Article 3 of the Rules mentioned above.

1.3 Obiski zavodov za vzgojo in izobraževanje otrok in mladostnikov s čustvenimi in vedenjskimi motnjami



Stanje

Stanje glede števila zavodov za vzgojo in izobraževanje otrok in mladostnikov s čustvenimi in vedenjskimi motnjami (zavodi) se v primerjavi z letom 2012 ni spremenilo. Njihovo skupno število ostaja 11. Med njimi je za deset zavodov pristojno Ministrstvo za izobraževanje, znanost in šport (MIZŠ). Za sprejemanje otrok in mladostnikov z motnjami v duševnem razvoju, ki jim je izrečen vzgojni ukrep oddaje v zavod za usposabljanje, pa je bil določen en zavod za usposabljanje, za katerega je pristojno Ministrstvo za delo, družino, socialne zadeve in enake možnosti (MDDSZ). V zavode se tako vključujejo mladostniki na podlagi odločb centrov za socialno delo (v primeru ogroženosti v družini), odločb sodišč (kot vzgojni ukrep) in z odločbami o usmeritvi v vzgojni program.

Število obiskov in lokacije

V letu 2013 smo obiskali pet zavodov:

- Mladinski dom Malči Beličeve (MD Malči Beličeve),
- Vzgojni zavod Planina (VZ Planina),
- Vzgojni zavod Kranj (VZ Kranj),
- Mladinski dom Maribor (MD Maribor),
- Vzgojni zavod Slivnica pri Mariboru (VZ Slivnica).

V prvih dveh zavodih je bil to prvi (napovedan) obisk, v preostalih treh pa ponovni (nenapovedan) obisk.

Organiziranost zavodov in priporočila DPM

MD Malči Beličeve in VZ Planina izvajata vzgojno delo v zgradbah internatskega tipa s klasičnim modelom vzgoje – v vzgojnih skupinah. Medtem ko iz MD Malči Beličeve vsi mladostniki obiskujejo zunanje osnovne šole v Ljubljani in okolici, pa ima VZ Planina organizirano osnovnošolsko izobraževanje s prilagojenim programom in nižjim izobrazbenim ter nižjo poklicno šolo (NPŠ), saj je namenjen mladostnikom z lažjimi motnjami v duševnem razvoju. V NPŠ se mladostniki lahko izobrazijo za poklice: pomočnik v tehnoloških procesih, obdelovalec lesa, pomočnik v biotehnik in oskrbi ter usposabljanje z delom v kuhinji, likalnici, šivalnici in pri čiščenju.

Vlada RS je marca 2013 dopolnila ustanovitveni akt, v skladu s katerim je VZ Planina pridobil možnost za organizacijo tako imenovanih terapevtskih skupin, to je skupin mladostnikov z diagnosticiranimi psihiatričnimi motnjami. Z dopolnitvijo ustanovitvenega akta je VZ Planina dobil možnost pridobiti dodatna finančna sredstva za zaposlitev psihiatrinje in dodatnih medicinskih sester, kar je spodbudno, saj omogoča izvajanje zdravstvene dejavnosti, dejavnost socialnega varstva z nastanitvijo in dejavnost specialističnega zunajbolnišničnega zdravljenja mladostnikov z lažjo motnjo v duševnem razvoju in diagnosticiranimi psihiatričnimi problemi. S spremembo ustanovitvenega akta pa je izgubil stanovanjsko skupino, ki jo je imel organizirano v Postojni. Ta stanovanjska skupina je bila priključena Zavodu za vzgojo in izobraževanje Logatec.

Organiziranost zavodov, ki smo jih ponovno obiskali, se v primerjavi z obiskom pred dvema letoma ni spremenila. Dva zavoda (VZ Kranj in MD Maribor) med obiskanimi sta organizirana le v stanovanjskih skupinah – v individualnih hišah oziroma v samostojnih stanovanjih na različnih lokacijah. VZ Slivnica pri Mariboru pa je še naprej organiziran kot klasični vzgojni zavod, saj so mladostniki razporejeni v vzgojne skupine.

1.3 Visits to institutions for the care and education of children and adolescents with emotional and behavioural disorders

Situation

Situation concerning the number of institutions for the care and education of children and adolescents with emotional and behavioural disorders (hereinafter referred to as the institutions) has not changed in comparison to year 2012. There are still 11 Institutions. Among these, there are ten Institutions falling under the responsibility of the Ministry of Education, Science and Sports. There is one institution under the responsibility of the Ministry of Labour, Family, Social Affairs and Equal Opportunities which has been established to provide training for children and young people with mental disorders who have been committed to a training institution for educational care by means of an educational measure. Adolescent persons are taken into such institutions on the basis of decisions issued by Centres for Social Work (for example, due to insecurity or risk within the family), court orders (in the form of an educational measure) or decisions on placement in an education programme.

Number of visits and locations

Five Institutions were visited in 2013:

- Malči Belič Youth Care Centre (hereinafter referred to as Malči Belič YCC),
- Planina Residential Education Centre (hereinafter referred to as Planina REC),
- Kranj Residential Education Centre (hereinafter referred to as Kranj REC),
- Maribor Youth Care Centre (hereinafter referred to as Maribor YCC),
- Slivnica pri Mariboru Residential Education Centre (hereinafter referred to as Slivnica pri Mariboru REC).

This was our first visit to the first two institutions (with a prior announcement), and a follow-up visit to the latter three institutions (without any prior announcement).

Organization of Institutions and recommendations by the NPM

In Malči Belič YCC and Planina REC education is carried out in boarding facilities with a traditional educational model - in formative groups. While all adolescents living in Malči Belič YCC visit external primary schools in Ljubljana and its surroundings, there is an internal primary school organised within Planina REC with adjusted programme and with lower educational standard and lower vocational school (hereinafter referred to as LVS), because it is intended for adolescents with mild mental disorders. In LVS, adolescents can be educated for professions as assistant in technology processes, wood worker, biotechnology and care assistant, and for on-the-job training for kitchen, laundry, sewing and cleaning services.

In March 2013, the Government of the Republic of Slovenia amended the constituting article, pursuant to which Planina REC got the opportunity for the organization of therapeutic groups, i.e. groups of adolescents diagnosed with mental disorders. By amending the constituting article, Planina REC got the opportunity to gain financial funds for employment of a psychiatrist and additional nurses, which is encouraging, because it enables the practice of health care, practice of social security with accommodation and practice of specialist out-patient treatment of adolescents with a mild mental disorder and adolescents diagnosed with psychiatric difficulties. However, by amending the constituting article, Planina REC lost its residential community which was organised in Postojna. This residential community was part of Logatec Education and Training Institution.

Organization of Institutions that we visited once again, has not changed in comparison to the visit from two years ago. Two Institutions (Kranj REC and Maribor YCC) among the Institutions visited are organised only in the form of residential communities - in private houses or independent apartments in various locations. Slivnica pri Mariboru REC is still organised as a traditional residential education centre, because adolescents are arranged into formative groups.

V vseh zavodih upoštevajo predpisane normative tako glede števila mladostnikov v skupinah kot glede števila ter vrste in stopnje izobrazbe zaposlenih. Osnovnošolci iz stanovanjskih skupin obiskujejo zunanje osnovne šole, srednješolci pa redne srednje šole.

Kot navedeno, trije zavodi (MD Malči Beličeve, VZ Planina in VZ Slivnica) svojo dejavnost izvajajo v zgradbah internatskega tipa s klasičnim modelom vzgoje – v vzgojnih skupinah. VZ Slivnica pa ima tudi eno stanovanjsko skupino, ki je na drugi lokaciji.

DPM meni, da je delo z mladostniki s čustvenimi in vedenjskimi motnjami v stanovanjskih skupinah primernejša organizacijska oblika od klasičnega modela, čeprav je po drugi strani za čustveno in vedenjsko najbolj motene lahko taka oblika tudi preveč zahtevna, saj sta življenje in delo v stanovanjski skupini manj strukturirana in zahtevata več samostojnosti in odgovornosti. DPM zato ostaja pri stališču, da je smiselno v manjšem obsegu ohraniti klasični model organiziranja in s tem možnost namestitve v vzgojne skupine. Po mnenju DPM pa bi bilo v prihodnje smiselno preizkusiti uspešnost izvajanja vzgojnega programa v manjši skupini tudi za mladostnike, ki so v zavod vključeni na podlagi vzgojnega ukrepa. Vendar je to odvisno od strokovnih izhodišč za tak vzgojni program in od finančnih sredstev države.

Kadrovske in prostorske razmere ter priporočila DPM

Upoštevajoč standarde in normative za delo z mladostniki s čustvenimi in vedenjskimi motnjami, je po presoji DPM število strokovnega osebja primerno, prav tako tudi njihova vrsta in stopnja izobrazbe, kot to določa zakon. Gre za strokovnjake z univerzitetno izobrazbo s področja socialne pedagogike, psihologije, socialnega dela in drugih, ki so še dodatno usposobljeni za delo s to populacijo. DPM pa je zaznal problem ustreznosti vrste izobrazbe za delo z mladostniki s kriminalno preteklostjo. Obstaja dilema, ali je primerno vzgojne skupine organizirati tako, da so v skupinah skupaj mladostniki s kriminalno preteklostjo in mladostniki, ki so vključeni v zavode na podlagi odločb centrov za socialno delo zaradi težav v družini, vzgojne in vedenjske zanemarjenosti, slabe učne uspešnosti in drugih razlogov. DPM v zvezi s tem predlaga strokovnjakom in ministrstvom za izobraževanje, za delo, za pravosodje in za zdravje oblikovanje ustrežnejših rešitev.

V preteklem letu je Oddelek za socialno pedagogiko na Pedagoški fakulteti v Ljubljani v skladu s priporočilom DPM ponovno organiziral izvajanje dodatne socialno pedagoške dokvalifikacije, kar je bilo prej več let problem.

Prostorske razmere in oprema so v obiskanih zavodih primerni. V ponovno obiskanih zavodih so ostali nespremenjeni, je pa zaznati zmanjševanje finančnih sredstev od MIZŠ za investicijsko vzdrževanje in obnavljanje opreme. Zato je DPM v zvezi s tem MIZKŠ priporočil, da kljub finančni stiski države zagotavlja potrebna sredstva.

Izvajanje dejavnosti – opažanja in priporočila DPM

Obiskani zavodi imajo izdelane publikacije s temeljnimi informacijami o svojem delu. Informativno gradivo je objavljeno tudi na spletnih straneh posameznega zavoda. Vzgojno delo poteka na podlagi veljavnega vzgojnega programa izpred desetih let, ki je potreben prenove in posodobitve. DPM priporoča, da bi vzgojnemu programu dodali tudi vsebine, ki bi bile primernejše oziroma smiselnejše za (pre) vzgojno delo z mladostniki z izrečenim vzgojnim ukrepom.

Na podlagi priporočil DPM iz prvih obiskov so vsi trije ponovno obiskani zavodi posodobili in izboljšali svoje spletne strani, vsi so na spletnih straneh objavili pravila bivanja in hišni red. Tudi priporočilo DPM, da individualiziran program podpiše mladostnik, so večinoma spoštovali.

In all Institutions, regulated norms concerning the number of adolescents in the groups as well as the number, type and level of education of employees are being taken into consideration. Primary school children in residential communities visit external primary schools and secondary school students attend regular secondary schools.

As stated above, in three Institutions (Malči Belič YCC, Planina REC and Slivnica REC) activities are carried out in boarding facilities with a traditional educational model - in formative groups. Slivnica REC also has one residential community located at another location.

The NPM believes that for young people experiencing emotional and behavioural disorders working in residential communities is more suitable organisational model than the traditional model. However, on the other hand, this type of treatment may be too demanding for those with severe emotional and behavioural difficulties, because living and working in a residential community are less structured and require more independence and responsibility. That is why, in NPM's opinion, it makes sense to keep the traditional organizational model to a small extent and therefore provide for the placement in formative groups. In NPM's opinion it would be reasonable to examine the prosperity of the practice of education programme in a smaller group also for adolescents who have been committed to an Institution on the basis of educational measure. But that depends on a professional basis for such education programme and on the country's financial resources.

Staffing and residential conditions and NPM recommendations

Taking into account standards and norms specifying conditions of work with young people experiencing emotional and behavioural disorders, the number of professional staff is, in NPM's opinion, appropriate, and so also was their type and level of education, as determined by the law. They are experts holding a university degree in the fields of social pedagogy, psychology, or social work, and other staff are additionally trained to work with this population. The NPM noticed a problem with suitability of the type of education for working with young people with criminal past. There is a problem, whether it is appropriate to organise formative groups in such manner that groups include adolescents with criminal past and adolescents who are admitted to institutions on the basis of decisions issued by Centres for Social Work due to insecurity or problems in the family, educational and behavioural neglect, poor academic performance and other reasons. Considering this, it is proposed by the NPM that experts and ministries of education, of labour, of justice and of health adopt more appropriate solutions.

Last year, in line with the recommendation of the NPM, the Department of Social Pedagogy of the Faculty of Education in Ljubljana organised once again the practice of supplementary qualification in social and pedagogic science which had posed a problem for many years.

The amount of space and fittings in all Institutions visited are appropriate. In Institutions that were visited once again, the conditions remained unchanged, however, reduction of financial resources provided by the Ministry of education, Science and Sports for capital costs of the repair and renewal of equipment is perceived. That is why the Ministry of education, Science and Sports has been asked by the NPM to ensure appropriate financial resources, despite country's financial constraints.

Activity performance - observations and recommendations of NPM

The Institutions visited have produced publications with essential information on their work. Informational material is also published on a web site of each individual institution. Education is carried out on the basis of existing education programme from ten years ago which needs renewal and modernization. It was recommended by the NPM to add contents to the education programme which would be more appropriate or more reasonable for (re)education of adolescents admitted to the Institution on the basis of educational measure.

On the basis of the recommendations by the NPM from its first visits, all three Institutions which were visited once again have modernized and improved their web sites, all of them have published rules of residence and house rules on their web sites. The recommendation of the NPM that the individualized programme is signed by an adolescent, was mostly taken into consideration as well.

Ugotovili pa smo, da pri nadzorstvu nad izvajanjem vzgojnega programa, ki ga predpisuje ZIKS-1, prihaja do pomanjkljivosti. Zastavlja se vprašanje dejanskega uresničevanja zakonskih dolžnosti, na drugi strani problematika očitno kaže na potrebo po (vsaj) ponovnem razmisleku o navedenih določbah ZIKS-1, ki določajo nadzorstvo ministrstva, pristojnega za šolstvo, oziroma inšpektorata, pristojnega za šolstvo. Zato bi bilo smiselno, da ugotovitve DPM obravnavata tako MIZŠ kot tudi Ministrstvo za pravosodje (MP). Sicer pa bi bilo treba dejansko zagotoviti nadzorstvo ministrstva, pristojnega za šolstvo, oziroma inšpektorata, pristojnega za šolstvo kot ga določa ZIKS-1 (več o tem v rednem letnem poročilu Varuha za leto 2013, v poglavju omejitve osebne svobode).

Dejavnost vzgojnih zavodov spada v delokrog štirih različnih ministrstev – Ministrstva za delo, družino, socialne zadeve in enake možnosti, Ministrstva za zdravje, MIZŠ ter MP – in da z vidika področne zakonodaje navedenih ministrstev dejavnosti vzgojnih zavodov spadajo v pristojnost nadzora organov v sestavi (inšpekcijskih služb) navedenih resornih ministrstev. Težave povzročajo pomanjkljiva razmejitev pristojnosti različnih resornih inšpekcij. **DPM priporoča MIZŠ vzpostavitev enotnih pravnih podlag za delovanje vseh vzgojnih zavodov in predlaga MIZŠ premislek o posebnem zakonu ali o samostojnih določbah v okviru obstoječe zakonodaje, ki bi posebej urejale področje organiziranosti in delovanja omenjenih zavodov, pa tudi področje nadzora in s tem pristojnosti inšpekcij, ki bodo nadzor opravljale v skladu s pooblastili v svojih specialnih predpisih in področni zakonodaji. Poleg tega naj bi s strokami pri prenovi vzgojnega programa poskušali razmejiti doktrine socialne, zdravstvene, pedagoške in penološke stroke.**

Poudarjamo tudi, da je treba možnost odklonitve posameznega mladostnika za vključitev v zavod ali njegov predčasni odpust urediti v ustreznih zakonskih določbah. Prav tako je treba jasneje opredeliti dolžnosti staršev, ki so ohranili roditeljsko pravico. Zaradi težav, ki jih imajo nemalokrat centri za socialno delo pri vključitvi posameznega mladostnika v ustrezen zavod, **DPM predlaga interdisciplinarno razpravo o smiselnosti ustanovitve triažnega diagnostičnega centra. Poleg tega predlaga javno objavo prostih zmogljivosti na spletni strani posameznega zavoda.**

Nadalje ugotavljamo, da na priporočilo DPM, da zavodi pripravijo sistematično izobraževanje mladostnikov o učinkih in posledicah uživanja nedovoljenih drog, alkohola, kajenja ter o posledicah tveganih vedenj, preprečevanju okužb z virusi HIV, s hepatitisom in o odvijanju od škodljivih razvad oziroma odvisnosti, ni bilo odziva niti od ponovno obiskanih zavodov niti od MIZŠ.

Nobenega napredka tudi nismo zaznali na področju obravnav mladostnikov s psihiatričnimi težavami in zelo agresivnim vedenjem, za katere ni ustrezno poskrbljeno. Hospitalizacija na zaprtih oddelkih psihiatričnih bolnišnic za odrasle ni primerna. Po mnenju MIZŠ mora problem rešiti (le) Ministrstvo za zdravje (MZ). Tako prelaganje odgovornosti z enega ministrstva na drugo je po mnenju DPM nesprejemljivo. Navsezadnje se uresničevanje ustanoviteljskih pravic izvaja prek MIZŠ, ki bi moralo problem rešiti skupaj z MZ. Navsezadnje se v vzgojne zavode vključujejo osnovnošolski otroci in dijaki, poleg tega pa je eno izmed temeljnih poslanstev vzgojnega dela v vzgojnih zavodih ustvariti razmere (si prizadevati za zmanjševanje čustvenih motenj in vedenjskih primanjkljajev), v katerih bodo mladostniki uspešni v sistemu vzgoje in izobraževanja.

It was established that there are some deficiencies regarding supervision over the practice of education programme defined by ZIKS-1. A question is being raised about the actual realization of legislative obligations, on the other hand problems clearly show the need to consider the provisions of ZIKS-1 mentioned above (at least) once again which determine supervision by the ministry or inspectorate in charge of education. That is why it would be reasonable that findings of the NPM are discussed by the Ministry of education, Science and Sports, as well as by the Ministry of Justice. Otherwise it would be necessary to actually provide supervision by the ministry in charge of education or by the inspectorate in charge of education, as determined by ZIKS-1 (more on this topic in the 2013 Ombudsman's Annual Report, chapter Limitation of Personal Freedom).

The activity of residential education centres is under the authority of four different ministries - Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of education, Science and Sports and Ministry of Justice - and from the perspective of special rules defined by the ministries mentioned, activities of residential education centres are under the authority of powers of direction in the structure of (inspection services of) departmental ministries mentioned above. Problems are caused by insufficient delimitation of the powers of different departmental inspectorates. **It was recommended by the NPM that the Ministry of Education, Science and Sports establishes single legal bases for the operation of residential education centres and the NPM proposed to the Ministry of Education, Science and Sports that it consider a special act or independent provisions within the scope of the applicable legislation which would specifically govern the organisation and operation of training institutions for educational care, as well as control and herewith the authorities of inspectorates that will carry out control in line with their special authorizations and special rules. Moreover, they are supposed to cooperate with professional in modernization of education programme in order to try to delimit the doctrines of social, health, pedagogic and penological professions.**

It is also highlighted that the possibility of refusal of an individual adolescent for admittance into an institution or for his/her early discharge should be regulated by appropriate legal provisions. Duties of parents who have kept their parental authorities should also be defined more clearly. **Because the Centres for Social Work often have problems during admittance of an individual adolescent into an institution, an interdisciplinary discussion on the reasonableness to establish a triage diagnostic centre had been proposed by the NPM. Beside that, it is proposed that spare capacities be published on the websites of individual institutions.**

It was established furthermore that the recommendation of the NPM that a systematic training of adolescents be prepared by the institutions on the impacts and consequences of using illicit drugs, drinking alcohol and smoking, on the consequences of risky behaviour, the prevention of HIV infections, hepatitis and treatment of bad habits and addictions, was not being taken into consideration by the institutions visited nor by the Ministry of education, Science and Sports.

There was also no progress in an issue regarding adolescents with psychiatric difficulties and very aggressive behaviour which are not being cared for properly. Hospitalization at the closed wards of psychiatric hospitals for adults is not appropriate. In the opinion of the Ministry of education, Science and Sports, this problem falls (only) under the responsibility of the Ministry of Health. Shifting responsibility from one ministry onto the other is, according to the NPM, unacceptable. After all, realization of institutional rights is carried out by the Ministry of education, Science and Sports which should solve the problem together with the Ministry of Health. After all, primary school children and students are being admitted to residential education centres, moreover, one of the basic missions of education in residential education centres is to provide an environment within the education system (to strive for the decrease of emotional disorders and behavioural deficits) in which adolescents will be successful.

Povzetek

DPM meni, da vzgojni zavodi primerno izpolnjujejo svoje poslanstvo. Pritožb zoper ravnanje zaposlenih v zavodih in zatiranje kršitev človekovih pravic je bilo na podlagi pogovorov z mladostniki le malo. Več pohval in zadovoljstva so izrazili mladostniki v obeh ponovno obiskanih mladinskih domovih (VZ Kranj in MD Maribor). Velika pridobitev v letu 2013 je možnost v VZ Planina za izvajanje dejavnosti specialističnega zunajbolnišničnega zdravljenja mladostnikov z lažjo motnjo v duševnem razvoju in diagnosticiranimi psihiatričnimi problemi.

Delo z mladostniki s čustvenimi in vedenjskimi motnjami v stanovanjskih skupinah je po ugotovitvah DPM primernejša organizacijska oblika od klasičnega modela. DPM predlaga tudi razpravo o dilemi, ali je primerno vzgojne skupine organizirati tako, da so skupaj mladostniki s kriminalno preteklostjo in mladostniki, ki so vključeni v zavode na podlagi odločb centrov za socialno delo zaradi težav v družini, vzgojne in vedenjske zanemarjenosti, slabe učne uspešnosti, izgube staršev ali iz drugih razlogov.

Ponovno organiziranje izvajanja dodatne socialno pedagoške dokvalifikacije odpira možnosti zaposlitve v vzgojnih zavodih tudi diplomantom drugih smeri izobrazbe, ne le socialnim pedagogom, kar je smiselno.

Skrb vzbujajoče je krčenje finančnih sredstev za investicijsko vzdrževanje in obnavljanje opreme, saj se utegne do zdaj prijetno bivanjsko okolje v zavodih v nekaj naslednjih letih poslabšati.

Posodobitev vzgojnega programa je nujna, prav tako bi bila primerna dopolnitev z vsebinami in metodami dela za mladostnike z izrečenim vzgojnim ukrepom. Zavodi so posodobili in izboljšali svoje spletne strani, vsi so na spletnih straneh objavili pravila bivanja in hišni red.

Tudi priporočilo DPM, da individualiziran program podpiše mladostnik, se uresničuje.

Na področju nadzorstva nad izvajanjem vzgojnega programa, ki ga predpisuje ZIKS-1, prihaja do pomanjkljivosti, saj je težava v razmejitvi pristojnosti različnih resornih inšpekcij štirih ministrstev. Nujna je vzpostavitev enotnih pravnih podlag za delovanje vseh vzgojnih zavodov, pa tudi za področje nadzora in s tem pristojnosti inšpekcij. Poleg tega naj bi s strokami pri prenovi vzgojnega programa poskušali razmejiti doktrine socialnopedagoške, zdravstvene, socialne in penološke stroke.

Možnost odklonitve posameznega mladostnika za vključitev v zavod ali njegov predčasni odpust je treba urediti v ustreznih zakonskih določbah. Prav tako je treba jasneje opredeliti dolžnosti staršev, ki so ohranili roditeljsko pravico.

Preveriti je treba ustreznost zdaj zahtevane vrste izobrazbe za vzgojno delo z mladostniki, ki so vključeni v zavode po sklepih sodišč (mladostniki s prestopniško preteklostjo).

Zaradi težav, ki jih imajo nemalokrat centri za socialno delo pri vključitvi posameznega mladostnika v ustrezen zavod, DPM predlaga interdisciplinarno razpravo o smiselnosti ustanovitve triažnega diagnostičnega centra. Poleg tega predlaga javno objavo prostih zmogljivosti v zavodih na spletni strani posameznega zavoda.

Nobenega napredka pa nismo zaznali na področju obravnav mladostnikov s psihiatričnimi težavami in zelo agresivnim vedenjem, za katere ni ustrezno poskrbljeno. Hospitalizacija na zaprtih oddelkih psihiatričnih bolnišnic za odrasle zanje namreč ni primerna rešitev.

Executive Summary

The NPM believes that residential education centres fulfil their mission in a suitable manner. There were few complaints against the treatment of employees in institutions as well as claims on violation of human rights expressed by adolescents in the interviews held. Praises and contentment were in greater extent expressed by adolescents in both juvenile homes which were visited once again (Kranj REC and Maribor YCC). Great achievement in 2013 is a possibility to perform specialist out-patient treatment of adolescents with mild mental disorder and adolescents diagnosed with psychiatric difficulties in Planina REC.

Working with young people experiencing emotional and behavioural disorders in residential communities is, as established by the NPM, a more suitable organisational model than the traditional organisational model. It is also proposed by the NPM to discuss the problem, whether it is appropriate to organise formative groups in such manner that groups include adolescents with criminal past and adolescents who are taken into institutions on the basis of decisions issued by Centres for Social Work due to insecurity or risk within the family, educational and behavioural negligence, poor educational effectiveness and other reasons.

Renewed organisation of the practice of supplementary qualification in social and pedagogic science also enables graduates of other study courses, not only social pedagogues, to be employed in residential education centres, which is reasonable.

Reduction of financial funds from the Ministry of education, Science and Sports for capital costs of the repair and renewal of fittings is a very serious matter, because the residential setting in the institutions which was pleasant until now, may deteriorate in the next few years.

Modernization of education programme is obligatory, and amendment with contents and methods for young people who have been committed to an institution on the basis of an educational measure would also be appropriate. The institutions have modernized and improved their web sites, all of them have published rules of residence and house rules on their web sites.

The recommendation of the NPM that the individualized programme is signed by an adolescent, is being taken into consideration as well.

There are some deficiencies regarding supervision over the practice of education programme which is ordered by ZIKS-1, because of the problem in delimitation of the powers of different departmental inspectorates of four ministries. Establishment of single legal bases for the operation of all residential education centres is obligatory, and also for control and herewith the authorities of inspectorates. Moreover, they are supposed to use professions in modernization of education programme in order to try to delimit the doctrines of social-pedagogic, health, social and penological professions.

The possibility of refusal of an individual adolescent for admittance into an institution or for his/her early discharge needs to be regulated by appropriate legal provisions. Duties of parents who have kept their parental authorities should also be defined more clearly.

It is necessary to establish the suitability of a required education for working with adolescents who are taken into institutions according to the courts' decisions (adolescents with criminal past).

Because the Centres for Social Work often have problems during admittance of an individual adolescent into an institution, an interdisciplinary discussion on the reasonableness to establish a triage diagnostic centre had been proposed by the NPM. Beside that, it is proposed that spare capacities be published on the websites of individual institutions.

There was also no progress in an issue regarding adolescents with psychiatric difficulties and very aggressive behaviour which are not being cared for properly. Hospitalization at the closed wards of psychiatric hospitals for adults is not an appropriate solution.

1.4 Obiski v zavodih za prestajanje kazni zapora, mladoletniškega zapora in prevzgojnega doma



Splošno

V letu 2013 smo v okviru izvajanja nalog in pooblastil DPM obiskali deset od skupno štirinajst lokacij, na katerih so delovale dislocirane notranje organizacijske enote Uprave Republike Slovenije za izvrševanje kazenskih sankcij (UIKS) – Generalnega urada Ministrstva za pravosodje in javno upravo (Generalnega urada MP) v obliki zavodov za prestajanje kazni zapora (ZPKZ; zavod(i)) oziroma njihovi oddelki: ZPKZ Dob pri Mirni – Odprti oddelek Puščava, ZPKZ Ig, ZPKZ Maribor – Odprti oddelek Rogoza, ZPKZ Maribor – Oddelek Murska Sobota, ZPKZ Dob – Polodprti oddelek Slovenska vas, ZPKZ Maribor, ZPKZ Ljubljana – Oddelek Novo mesto, ZPKZ Koper, ZPKZ Dob pri Mirni – zaprti del in Prevzgojni dom Radeče. **Tudi v tem letu smo opazili, da so bila vodstva ZPKZ dobro seznanjena z našimi nalogami in pooblastili, tako da je naše delo potekalo nemoteno. Po vsakem obisku je skupina pripravila poročilo o ugotovitvah s priporočili, ki je bilo poslano UIKS in zadevnemu ZPKZ, kjer je bil opravljen nadzor. UIKS se je redno odzivala na naša poročila.**

V letu 2013 je DPM izmed navedenih krajev odvzema prostosti tri obiskal spomladi (19. marca ZPKZ Maribor – Odprti oddelek Rogoza, 10. aprila ZPKZ Maribor – Oddelek Murska Sobota in 8. maja ZPKZ Dob – Polodprti oddelek Slovenska vas), pozimi smo obiskali dva zavoda, in sicer 29. januarja ZPKZ Ig ter ZPKZ Dob pri Mirni – Odprti oddelek Puščava 19. februarja, poleti smo obiskali en zavod (17. junija ZPKZ Maribor), jeseni pa tri (20., 23. in 24. septembra ZPKZ Dob pri Mirni – zaprti del, 18. oktobra ZPKZ Ljubljana – Oddelek Novo mesto in 6. novembra ZPKZ Koper), pri čemer so bili vsi navedeni kraji odvzema prostosti obiskani v različnem letnem času kot ob prejšnjem obisku.

Pri zgoraj navedenih obiskih krajev odvzema prostosti je sodelovalo pet predstavnikov Varuha ter trije predstavniki nevladnih organizacij (ZPKZ Dob pri Mirni – zaprti del), trije predstavniki Varuha in ena predstavnica nevladne organizacije (ZPKZ Koper), dva predstavnika Varuha (ZPKZ Ljubljana – Oddelek Novo mesto), štirje predstavniki Varuha in en predstavnik nevladne organizacije (ZPKZ Maribor), trije predstavniki Varuha in ena predstavnica nevladne organizacije (ZPKZ Ig), en predstavnik Varuha in ena predstavnica nevladne organizacije (ZPKZ Dob pri Mirni – Odprti oddelek Puščava, ZPKZ Dob – Polodprti oddelek Slovenska vas), dva predstavnika Varuha in en predstavnik nevladne organizacije (ZPKZ Maribor – Oddelek Murska Sobota), en predstavnik Varuha in ena predstavnica nevladne organizacije (ZPKZ Maribor – Odprti oddelek Rogoza). Pogodbeni izvedenec za zdravstvo je sodeloval pri treh obiskih, in sicer: ZPKZ Dob pri Mirni – zaprti del, ZPKZ Koper in ZPKZ Maribor. Posebej velja poudariti, da sta rednemu obisku ZPKZ Koper kot opazovalca prisostvovala tudi predstavnika češkega državnega mehanizma.

V treh četrтинah so bili obiski na navedenih lokacijah nenapovedani, v dveh primerih pa smo jih prej napovedali (ZPKZ Dob pri Mirni – zaprti del in ZPKZ Koper). ZPKZ Dob pri Mirni je bil opravljen v dveh dneh, vsi preostali pa v enem dnevu.

Obiski ZPKZ so večinoma potekali po ustaljenem zaporedju (ZPKZ Maribor – Odprti oddelek Rogoza, ZPKZ Maribor – Oddelek Murska Sobota, ZPKZ Dob – Polodprti oddelek Slovenska vas, ZPKZ Ljubljana – Oddelek Novo mesto, ZPKZ Koper): **po uvodnem pogovoru si je skupina, ki so jo sestavljali predstavniki Varuha in predstavniki ene ali dveh pogodbenih nevladnih organizacij, ogledala vse prostore v ZPKZ, vključno s pomožnimi prostori, ob ogledu pa se pogovorila z vsemi zaprtimi osebami, ki so to želele.** Nato sta bila na vrsti **pregled relevantne dokumentacije in pogovor z vodstvom ZPKZ**, v nekaterih primerih (ZPKZ Ig, ZPKZ Maribor) pa smo se razdelili v dve skupini, od katerih je ena skupina opravila uvodni pogovor z vodstvom zavoda ter nato nadaljevala ogled določenih prostorov in pogovore z izbranimi zaprtimi osebami. Druga skupina je ogled določenih prostorov in pogovore z zaprtimi osebami, ki so to želele, začela takoj po prihodu v zavod. V ZPKZ Dob pri Mirni – zaprti del smo se zaradi velikosti zavoda po uvodnem pogovoru prvi dan razdelili v štiri skupine po dva udeleženca (trije pari s po enim predstavnikom oziroma predstavnico Varuha in eno osebo iz izbranih nevladnih organizacij ter en par predstavnikov Varuha) in ločeno opravljali ogled bivalnih in drugih prostorov zavoda, v katere se nameščajo obsojenci, in z vsemi njimi, ki so to želeli, opravljali osebne pogovore; drugi dan so tri skupine udeležencev obiska DPM ločeno opravile še preostanek ogledov in pogovorov z obsojenci ter naposled še skupaj sklepni pogovor z vodstvom. Pogodbeni izvedenec je istega dne

1.4 Visits to prisons, a juvenile prison and a youth detention centre

General section

In exercising the duties and powers of the NPM, ten out of the total of fourteen locations where independent internal organisational units of the Prison Administration of the Republic of Slovenia operate (hereinafter referred to as PARS) – General Office of the Ministry of Justice and Public Administration (hereinafter referred to as General Office of Ministry of Justice) were visited in 2013. These are prisons or their sub-divisions: Dob pri Mirni Prison – Puščava Open Unit, Ig Prison, Maribor Prison – Rogoza Open Unit, Maribor Prison – Murska Sobota Unit, Dob Prison – Slovenska vas Half-Open Unit, Maribor Prison, Ljubljana Prison – Novo mesto Unit, Koper Prison, Dob pri Mirni Prison – Closed Unit and Radeče Youth Detention Centre. This year we noticed once more that management officers were well informed about the tasks and powers of the NPM, so we were able to carry out our work smoothly. After each visit a report on findings with the recommendations were made by the NPM which was sent to the PARS and a particular prison where supervision was made. The PARS regularly replied to our reports.

Over the year of 2013, three of the above mentioned locations where persons are deprived of their liberty were visited by the NPM in spring (Maribor Prison – Rogoza Open Unit on 19 March, Maribor Prison – Murska Sobota Unit on 10 April, and Dob Prison – Slovenska vas Half-Open Unit on 8 May), two prisons were visited in winter (Ig Prison on 29 January and Dob pri Mirni – Puščava Open Unit on 19 February), one prison was visited in summer (Maribor Prison on 17 June), and three were visited in autumn (Dob pri Mirni Prison – Closed Unit on 20, 23 and 24 September, Ljubljana Prison – Novo mesto Unit on 18 October and Koper Prison on 6 November). All locations were visited during a different season than when the last visit took place.

During all of the above mentioned visits, five representatives of the Ombudsman's Office and three representatives of NGOs took part during the visit (Dob pri Mirni Prison – Closed Unit), three representatives of the Ombudsman's Office and one representative of an NGO (Koper Prison), two representatives of the Ombudsman's Office (Ljubljana Prison – Novo mesto Unit), four representatives of the Ombudsman's Office and one representative of an NGO (Maribor Prison), three representatives of the Ombudsman's Office and one representative of an NGO (Ig Prison), one representative of the Ombudsman's Office and one representative of an NGO (Dob pri Mirni Prison – Puščava Open Unit, Dob Prison – Slovenska vas Half-Open Unit), two representatives of the Ombudsman's Office and one representative of an NGO (Maribor Prison – Murska Sobota Unit), one representative of the Ombudsman's Office and one representative of an NGO (Maribor Prison – Rogoza Open Unit). The expert under contract responsible for the field of health care participated in three visits: Dob pri Mirni Prison – Closed Unit, Koper Prison and Maribor Prison. It has to be highlighted that representatives of Czech NPM attended the visit of Koper Prison as observers as well.

In three fourths of these locations, visits were not announced, and in two cases, they were announced beforehand (Dob pri Mirni Prison – Closed Unit and Koper Prison). The visit of Dob pri Mirni Prison was carried out in two days, whilst the remaining ones lasted for one day.

Visits to prisons proceeded mostly under the established order (Maribor Prison – Rogoza Open Unit, Maribor Prison – Murska Sobota Unit, Dob Prison – Slovenska vas Half-Open Unit, Ljubljana Prison – Novo mesto Unit, Koper Prison): after **an introductory interview** the representatives of the Ombudsman's Office and representatives of one or two NGOs inspected all premises of the Institution, including the auxiliary premises, during examination they held interviews with all prisoners who wished to participate in an interview. After that, they inspected relevant documentation and held an interview with the management officers of the Institution, in some cases (Ig Prison, Maribor Prison) we were divided into two groups of which one group held an introductory interview with the management officers of the Institution and then continued with inspection of particular premises and with interviews with certain prisoners. The second group started inspecting particular premises and held an interview with prisoners who wished to participate in an interview right after arrival into the Institution. In Dob pri Mirni Prison – Closed Unit, we were divided into four groups of two participants after an introductory interview because of the size of the Institution (three pairs of one representative of the Ombudsman's Office and one representative of particular NGOs and one pair of representatives of the Ombudsman's Office) and separately inspected accommodation and other rooms of the Institution where detainees are accommodated, and held personal interviews with

ločeno opravil ogled ambulantnih prostorov in se osebno pogovoril z zdravnikom splošne medicine, stomatologom in psihiatrom ter z obsojenci, ki so to posebej želeli.

Ob vsakem obisku smo pridobili tudi statistične podatke o številu obsojencev oziroma obsojenk, pripornikov oziroma pripornic in oseb, zoper katere se je izvajal uklonilni pripor v času našega obiska.

V seštevku je bilo ob naših obiskih v ZPKZ 1.067 zaprtih oseb, od tega 992 obsojencev oziroma obsojenk (prištetih so tudi obsojenci, ki so prestajali kazen zapora na podlagi 12. člena Zakona o izvrševanju kazenskih sankcij, ter obsojenci, ki so bili v hišnem zaporu, obsojenci, ki so bili v fazi prihoda, obsojenci na begu, obsojenci v bolnišnici, obsojenci na prekinitvi izvrševanja zaporne kazni, obsojenci na forenzični psihiatriji), 99 pripornikov oziroma pripornic in 16 oseb, zoper katere se je izvajal uklonilni pripor.

Poročila o posameznih obiskih in poglobitve ugotovitve DPM v zvezi z njimi so objavljeni (v angleškem jeziku le nekateri) na uradni spletni strani Varuha, v tem poročilu pa izpostavljam le poglobitve okoliščine v zvezi s področjem, ki jih je DPM ugotovil v letu 2013.

Ugotovitve z obiskov – primeri dobre prakse in priporočila za izboljšanje stanja

Spodbudno je, da smo lahko razmere ali prakso v zavodih oziroma njihovih oddelkih posebej pohvalili v 50 primerih, pri čemer so prednjačili ZPKZ Koper z desetimi pohvalami, ZPKZ Maribor – Odprti oddelek Murska Sobota z osmimi in ZPKZ Ig s sedmimi pohvalami. Posebej velja omeniti ZPKZ Dob pri Mirni – Odprti oddelek Puščava in ZPKZ Dob – Polodprti oddelek Slovenska vas, pri katerih **ni bilo treba nobenih posebnih priporočil oziroma predlogov**, ki bi jih oddelka morala sprejeti za izboljšanje stanja, saj je bilo ob obisku ugotovljeno, da so bila dejansko vsa priporočila DPM s prejšnjega obiska upoštevana in uresničena. Želimo izpostaviti predvsem ZPKZ Koper, **kjer sprotne okvare in popravila zagotavljajo po sistemu prijav, ki se vodijo v evidenci prijav okvar, in se odpravljajo sproti**. Posebej je treba pohvaliti tudi ZPKZ Ig, kjer je prizadevanje zavoda za zagotavljanje čim več prostočasnih dejavnosti najpestrejšje v primerjavi z drugimi zavodi, pestrost teh dejavnosti pa je še posebej dobrodošla, ko dela ni mogoče zagotoviti vsem. Prav tako velja pohvaliti ZPKZ Maribor – Oddelek Murska Sobota, kjer smo ob obisku ugotovili, da je bila ambulanta postavljena v prostore, kjer je bil pred tem arhiv, poleg pripora. Novi prostor tako na novo omogoča ločenost zdravnika od medicinske sestre in s tem boljše razmere za delo zdravnika ter zagotavlja potrebno zaupnost pri zdravniških pregledih. Posebej je treba pohvaliti tudi ZPKZ Dob pri Mirni – Odprti oddelek Puščava, in sicer z več vidikov: prvič, zavod zagotavlja delo vsem obsojencem; drugič, zavod je sobo pedagoginje oziroma socialne delavke opremil s potrebno opremo za delo (računalnik, fotokopirni stroj in tiskalnik) in tako poskrbel za primerne delovne razmere; tretjič, vodja oddelka je 22. 4. 2010 glede uporabe elektronskih komunikacij izdal Navodilo o uporabi elektronskih komunikacij številka 02/2010. DPM izpostavlja tudi delno uresničeno priporočilo v ZPKZ Maribor – Odprti oddelek Rogoza, kjer so bila v WC in prhi poleg ambulante nameščena ustrezna oprijemala in plastični sedež za namestitev obsojencev, ki so gibalno ovirani. Letos so v nekaterih obiskanih zavodih nastale nejasnosti glede uporabe oziroma cen telefona (ZPKZ Maribor, ZPKZ Dob pri Mirni – zaprti del). V zvezi s tem izpostavljam prakso ZPKZ Maribor, ki se je obrnil na družbo, s katero je bila sklenjena pogodba, in pridobil potrebne informacije, s katerimi je z objavo na oglasnih deskah seznanil vse zaprte osebe, kar imamo za primer dobre prakse.

Po drugi strani je treba tudi izpostaviti, da je bil ZPKZ Maribor prav tako kraj odvzema prostosti, glede katerega je DPM podal največ predlogov oziroma priporočil za izboljšanje razmer oziroma ravnanja z osebami, ki jim je bila odvzeta prostost – 25; po tovrstnem številu so izstopali še ZPKZ Ig in ZPKZ Koper z 22 predlogi in priporočili ter ZPKZ Ljubljana – Oddelek Novo mesto s 15 priporočili oziroma predlogi. DPM je za vse kraje odvzema prostosti v letu 2013 podal skupno 107 predlogov oziroma priporočil.

V ZPKZ Ig smo posebej priporočili, naj proučijo možnosti ureditve posebne sobe za gibalno ovirane pripornice in/ali obsojenke v pritličju zavoda, do koder bi imele lažji dostop do bivanja na prostem. Po našem stališču mora namreč država zagotoviti, da vsakdo prestaja odvzem prostosti v razmerah, ki ustrezajo njegovi zdravstveni zmožnosti – če torej država posamezniku odvzame prostost, mora tudi zagotoviti, da se pri tem spoštujeta človekova osebnost in njegovo dostojanstvo. Priporočilo v zvezi z gibalno oviranimi smo podali tudi v primeru ZPKZ Maribor – Oddelek Rogoza, in sicer da naj proučijo možnosti namestitve bolniških postelj v »bolniški oddelek«, ki bi bile primerne tudi za gibalno ovirane. DPM je namreč že ob prejšnjem obisku ugotovil, da uporabnost bivalnih prostorov »bolniškega oddelka« ni povsem ustrezna, saj ni primernih postelj, prav tako pa je bilo ugotovljeno, da pripadajoči prostori niso prilagojeni za obsojence z gibalnimi ovirami. Kot smo že omenili, je bilo ob obisku v letu 2013 ugotovljeno,

all of them who wished to take part in an interview; on the other day three groups of participants of the visit by the NPM did the remaining inspection and interviews with prisoners and after that a concluding interview with the management officers. On the same day, the expert under contract examined outpatient rooms and held a personal interview with a general practitioner, stomatologist and psychiatrist and with detainees who wished to take part in an interview.

Upon each visit, statistical data on the number of persons detained, the number of prisoners and the persons in compliance detention during our visit was obtained.

At the time of the visits, there were out of a total of 1167 prisoners held, there were 992 convicted persons (including convicted persons who served a penalty for detention pursuant to Article 12 of Enforcement of Criminal Sanctions Act and convicted persons who were in house arrest, convicted persons who were in the arrival phase, convicted persons on the run, convicted persons in a hospital, convicted persons in the suspension of implementing a prison sentence, convicted persons in forensic psychiatry), 99 detainees and 16 persons in compliance detention.

Reports on individual visits and main findings made by the NPM in this regard have been published on the Ombudsman's official web site (although only some in English), whilst only the most important circumstances discovered by the NPM in 2013 related to this field have been pointed out in this Report.

Findings from visits - examples of good practice and recommendations to improve conditions

It is encouraging that the situation or practice in the institutions or their units deserved particular praise in 50 cases, whereby the leading position was taken by Koper Prison achieving ten of such compliments, Maribor Prison - Murska Sobota Open Unit with eight and Ig Prison with seven approvals. Especially Dob pri Mirni Prison - Puščava Open Unit and Dob Prison - Slovenska vas Half-Open Unit need to be pointed out **which needed no special recommendations or proposals** that the units should accept for the improvement of the condition, because it was established that actually all recommendations of the NPM from the last visit were taken into consideration and were realised during the visit. We especially want to point out Koper Prison where **regular defects and repairs are assured according to the system of reports that are kept in the record of the system of reports on defects and are regularly eliminated**. Ig Prison must be particularly commended where the effort of the institution to provide as many free-time activities as possible is most varied in comparison to other institutions and the variety of these activities is especially welcome when not all persons are provided with work. Also Maribor Prison - Murska Sobota Unit must be commended where it was established after the visit of the NPM that outpatient room was placed into a room previously used as an archive room located next to the detention room. The new room enables a doctor to be separated from a nurse which means better conditions for doctor's work and provides necessary confidentiality during a medical examination. Also Dob pri Mirni - Puščava Open Unit must be particularly commended: firstly, the institution provides work for all convicted persons; secondly, the room of a pedagogue or social worker has been furnished with the necessary working equipment (a computer, a photocopier and a printer) and appropriate working conditions have been provided; third, on 22 April 2010, the Head of the Unit has issued the Instructions for use of Electronic Communication number 02/2010. It is also emphasized by the NPM that its recommendation has been partly realised in Maribor Prison - Rogoza Open Unit where appropriate grab bars and a plastic seat for accommodation of the convicted persons who are movement impaired have been placed into a bathroom and into a shower next to the prison. This year, confusion on use or on price of telephone has arisen in some institutions which were visited (Maribor Prison, Dob pri Mirni Prison - Closed Unit). According to this the practice of Maribor Prison is emphasized which turned to the company with which it entered into a contract and gained the necessary information which were published on the notice board and with which all prisoners were notified - that is considered an example of good practice.

On the other hand, it also needs to be pointed out that Maribor Prison was the one location where the most proposals and recommendations by the NPM to improve conditions and treatment with persons deprived of their liberty were submitted, specifically, 25; in this regard, Ig Prison and Koper Prison also stood out with 22 of such proposals and recommendations, and Ljubljana Prison - Novo mesto Unit with 15 proposals or recommendations. The total of 107 proposals or recommendations were submitted by the NPM for all places of incarceration in 2013.

It was especially proposed by the NPM that Ig Prison examines the options of arrangement of a special

da je bilo priporočilo delno uresničeno (v WC-jih in prhi so bila nameščena ustrezna oprijemala in plastični sedeži), ni pa bilo uresničeno priporočilo v zvezi z bolniškimi posteljami. V zvezi z namestitvijo bolniških postelj v ZPKZ Ig je UIKS sicer poročala, da je oddelek na zaprosilo od UKC Maribor že prejel dve rabljeni postelji, za katere pa se je ugotovilo, da sta zastareli in neprimerni, zato tovrsten problem v oddelku rešujejo tako, da po prihodu invalidne osebe na oddelek na njegovo željo poskrbijo za posteljo na reverz pri podjetju Sanolabor. V ZPKZ Dob pri Mirni – zaprti del smo že v lanskem poročilu opozorili na potrebo po spoštovanju obsojencev, ki so težje pomični in imajo resne zdravstvene težave, ter predlagali njihovo ustrezno namestitev in bivalne razmere za dostojno prestajanje kazni zapora. **V letošnjem poročilu tako poudarjamo, da je v zvezi s tem nastala pisna korespondenca z UIKS in MP. Poleg tega je bilo tudi nekaj sestankov oziroma posvetov, da bi se našla rešitev. Tako lahko na tej podlagi kratko povzamemo, da je bilo na delovnem srečanju 15. 11. 2013 pri Varuhu ugotovljeno, da bi se za postopek ugotavljanja zmožnosti prestajanja kazni zapora potrebovala merila za zdravstveno nezmožnost prestajanja kazni zapora (v sodelovanju z Ministrstvom za zdravje so jih že pripravili zdravniki, ki opravljajo zdravstveno dejavnost v ZPKZ, zdaj pa bi bilo treba ta merila vključiti še v predpise, ki urejajo področje izvrševanja kazenskih sankcij. Na sestanku je bilo tudi dogovorjeno, da UIKS skupaj z MP prouči možnosti začasne rešitve namestitve ostarelih, bolnih in invalidnih oseb, ki potrebujejo posebno oskrbo v ZPKZ Dob pri Mirni in ustrezne prostorske prilagoditve. Hkrati je bilo tudi sklenjeno, da bosta UIKS in Zavod za pokojninsko in invalidsko zavarovanje Slovenije (ZPIZ) proučila možnosti za sodelovanje izvedenskih organov ZPIZ pri ugotavljanju zmožnosti za prestajanje kazni.**

DPM je ob obisku ZPKZ Koper pri pregledu bivalnega prostora številka 242 (ta ob obisku sicer ni bil v uporabi oziroma vanj ni bila nameščena nobena zaprta oseba) ugotovil, da so na posteljah nameščene žimnice le pene brez prevlek, v prostoru številka 217 pa je bila žimnica dotrajana, zato je DPM glede na pojasnilo v. d. direktorice, da ima zavod rezervne žimnice, predlagal, da se (čeprav prostor ni v uporabi) v vseh bivalnih prostorih zamenjajo žimnice oziroma pene, ki so brez prevleke.

V ZPKZ Dob pri Mirni – zaprti del se je v pogovorih z zaprtimi precej obsojencev pritoževalo nad pomanjkanjem prostora za garderobo, kar mora biti še bolj pereče pozimi, ko naj bi dobili še dodatne dele oblačil. Po pojasnilih vodstva v zavodu ni bilo nobenih naložb, zato se tudi dogaja, da morajo obsojenci prepustiti eno izmed dveh omar, ki so jim ob namestitvi, skladno z 11. členom Hišnega reda ZPKZ Dob pri Mirni, določene poleg sobe in postelje. Očitno je, da je odprtje novih objektov v ZPKZ Dob pri Mirni le v začetku nekoliko ublažilo prenatrpanost bivalnih prostorov obsojencev v starejših II., III. in IV. oddelku zaprtega dela. Predstavniki nevladne organizacije PIC je na podlagi ogleda I. oddelka tudi posebej izpostavil, da so si obsojenci z obešanjem oblačil po raznih improviziranih obešalnikih oziroma kljukah zaradi pomanjkanja prostora v omarah zmanjšali razpoložljivi prostor, povečan pa je bil tudi občutek nereda. Pri nekaterih obsojencih je bilo mogoče opaziti težave s higieno (polne vrečke smeti v nekaterih sobah ali nabiranje smeti kar pod posteljo, odvečna hrana ...).

room for movement impaired female prisoners or convicted persons on the first floor, from where it would be easier for them to spend their time outside. It is the NPM's position, in fact, that the state must make it possible that everybody serves his/her prison sentence in conditions that suit his/her medical condition. If an individual is deprived of his/her liberty by the state, the state must also ensure that the deprivation of liberty takes place in such a manner that the respect for human personality and dignity is guaranteed. Recommendation regarding the movement impaired was introduced also in the case of Maribor Prison - Rogoza Unit to examine the options of arrangement of sick beds to the "sick-ward" which would be appropriate for the movement impaired. It was established by the NPM that usefulness of accommodation areas of the "sick-ward" is not entirely appropriate, because the beds are not suitable and it was also established that corresponding areas are not suitably adjusted to movement-impaired convicted persons. As already mentioned, it was established during the visit in 2013 that the recommendation was partly realised (grab bars and a plastic seat had been placed into a bathroom and into a shower), however, the recommendation regarding sick beds had not been realised. According to arrangement of sick beds in Ig Prison, the Prison Administration reported that the unit had already received two used beds from the Maribor University Medical Centre which were asked for; however, it was established that these were out-of-date and inappropriate and for that reason this problem is being solved in the unit in such manner that, after arrival of a disabled person to a ward, a bed is rented at Sanolabor company at their wish. In the case of Dob pri Mirni Prison - Closed Unit, the need to respect convicted persons having difficulties with mobility and experiencing serious health problems was particularly highlighted and suitable accommodation and conditions of residence to enable a dignified prison service were proposed. **In this year's report it is highlighted that regarding this issue a written correspondence with Prison Administration and Ministry of Justice had been established. In addition, some meetings or consultations were held to find a solution. On that basis it can be summarized that on 15 November 2013, it was established at Ombudsman's Office that the procedure of examining the options of serving a prison sentence would acquire standards for medical inability of serving a prison sentence (in cooperation with the Ministry of Health these had already been prepared by doctors who perform medical activity in the Institution, however, these standards should now be incorporated into regulations that regulate the field of implementing criminal sanctions. It was also established in the meeting that Prison Administration together with Ministry of Justice examines the options of a temporary solution on accommodation of the elderly, ill and disabled persons who need a special care in Dob pri Mirni Prison and suitable room accommodations. It was also concluded that Prison Administration and Pension and Disability Insurance of Slovenia (PDI) will examine the options of cooperation with expert bodies of the PDI at establishing the options of serving a prison sentence.**

During the examination of accommodation room number 242 (during the visit it was, however, not being used or there were no prisoners accommodated in it) of Koper Prison, it was established by the NPM that mattresses on the beds were actually only a foam with no coating, in a room number 217 the mattress was worn-out and, according to the explanation of the acting director that the Institution has spare mattresses, it was proposed by the NPM that (although the room is not being used) mattresses or foams with no coating are replaced.

During conversations with inmates in the Closed Unit of Dob pri Mirni Prison many prisoners have complained at the lack of closet space, which is particularly troublesome in winter, when they are supposed to have additional items of clothing. The prison management explained that no investments were made and therefore the prisoners get only one of the two closets assigned to them at the time of imprisonment in addition to room and bed in line with Article 11 of the Dob pri Mirni Prison House Rules. It is clear that the opening of new facilities of Dob pri Mirni Prison slightly reduced the overcrowding of living quarters of convicted persons in the older closed prison units II, III and IV only in the beginning. On the basis of his visit to the unit I a representative of non-governmental organisation PIC has particularly pointed out that convicted persons hanged their clothes on improvised hangers and handles due to the lack of closet space thus reducing available space and making the room seem more untidy. Some convicted persons seemed to have problems with hygiene (full bin bags in some rooms or trash under the bed, food leftovers etc.).

Pet (5) zavodov je pestila prezasedenost, v tem pogledu je bilo najhuje v ZPKZ Dob pri Mirni – zaprti del. Vodstvo zavoda je ob tem dodalo, da gre za stalnico, in izrazilo bojazen, da se bo število oseb še povečalo kot posledica hitrejših kazenskih postopkov, zlasti zaradi instituta poravnalnega naroka. V ZPKZ Ljubljana, Oddelek Novo mesto, sicer preseženosti ni bilo čutiti in na ta račun tudi ni bilo slišati pritožb zaprtih oseb, **ugotovili pa smo, da je oddelek sprejel predlog DPM iz prejšnjega obiska in določil maksimalno število oseb, ki jih je mogoče namestiti v pripor.** Ko se to število preseže, se torej pripornik premesti v drug zavod za prestajanje kazni ali na oddelek, kar DPM šteje kot primer dobre prakse. Uradna zmogljivost na vseh oddelkih je bila sicer presežena tudi v ZPKZ Maribor, pri čemer smo od vodstva zavoda v zvezi s tem prejeli pojasnilo, da opaža, da od zadnje spremembe kazenske zakonodaje ZKP-K, z uvedbo sporazuma o priznanju krivde, upada število pripornikov, narašča pa število obsojencev. V zvezi s tem je treba še poudariti, da direktor zavoda velikokrat predlaga, da se uklonilni zapor, skladno s sedmim odstavkom 202b. člena Zakona o prekrških (ZP-1), ne izvede, vendar pa je bilo kljub temu število oseb v uklonilnem zaporu za dve večje kot ob prejšnjem obisku DPM. Tudi uradne zmogljivosti zavoda so za eno mesto zvečale za uklonilni zapor. Prezasedeni so bili tudi v ZPKZ Maribor – Odprti oddelek Rogoza, kjer je bilo nameščenih dvaindvajset (22) odstotkov več obsojencev. V zvezi z uradnimi zmogljivostmi zavodov je treba omeniti še ZPKZ Ig ter ZPKZ Dob – Polodprti oddelek Slovenska vas, kjer ni bilo opaziti prezasedenosti, so se pa spremenile uradne zmogljivosti zavodov, in sicer v ZPKZ Ig so se zvečale za eno mesto, v ZPKZ Dob – Polodprti oddelek Slovenska vas pa za sedem mest.

Zdi se, da mora DPM še prevečkrat izpostavljati potrebo po večji samoiniciativnosti zavodov za sprotno ugotavljanje poškodb opreme v bivalnih prostorih za zaprte osebe in nato tudi saniranje tako ugotovljenih pomanjkljivosti. To smo posebej izpostavili v primerih ZPKZ Koper, ZPKZ Ljubljana – Oddelek Novo mesto, ZPKZ Maribor in ZPKZ Ig.

V ZPKZ Koper se sicer sprotne okvare in popravila, kot smo že omenili, zagotavljajo po sistemu prijav, ki se vodijo v evidenci in se odpravljajo sprotno, kljub temu pa smo predlagali, naj zaposleni sami pogosteje opravljajo preglede bivalnih prostorov in takšne poškodbe tudi evidentirajo in naj poskrbijo za sprotno odpravo le-teh, saj je bilo ob tokratnem obisku ugotovljeno, da so v več bivalnih prostorih (tudi v sobah pripornikov) spet poškodovana vrata v sanitarije. Poleg tega smo predlagali, naj zaposleni zavoda opravijo pregled prostorov in na podlagi tega določijo prioritete za naslednje pleskanje. UIKS je v zvezi z ugotovljenimi poškodbami sporočila, da dejavnosti glede ugotovljenih poškodb že potekajo, in še enkrat poudarila, da se sprotne okvare oz. poškodbe rešujejo postopoma in sprotno. Ob tem išče načine in se trudi, da bi se namerno uničevanje inventarja preprečevalo oziroma zmanjšalo in da se bo tudi v prihodnje namenjala pozornost vzdrževanju inventarja, da bo objektivna slika o vzdrževanju objekta dobra.

V ZPKZ Ljubljana – Novo mesto smo predlagali, naj oddelek poskrbi za snažnost sprehajališča (kamor sodi poleg očiščenja ogorkov tudi ličnost in primerna postavitev vsaj dveh zunanjih pepelnikov), spodbujali smo sprotno **pleskanje bivalnih prostorov** tudi v prihodnje, poudarili, da še vedno velja priporočilo z zadnjega obiska, naj se obnovijo tla na celotnem oddelku, saj so dotrajana in ne dajejo občutka snažnosti, kot tudi, da naj se nadomesti staro kovinsko pohištvo z novim, predlagali smo odpravo napake na nedeljujoči prhi, da naj se preveri, ali so še občasne **težave z oskrbo s toplo vodo** za prhanje oziroma ali so pretekle težave v zvezi s tem trajno opravljene. Predlagali smo, naj se vsaj ena od sob ohrani nekadilska, naj se nepravilnosti v sobah št. 7 (odpadla deska s straniščne školjke), 12 (zlomljena straniščna školjka) in 8 (poškodovana deska in WC-školjka) odpravijo ter naj se popravila poškodovanega inventarja ter opreme opravljajo sprotno. V zvezi z omenjenim smo prejeli obrazložitev UIKS, da so na sprehajališču že postavljeni dva koša za ločeno zbiranje odpadkov in en stoječi kovinski pepelnik, da pa je oddelek takoj po obisku DPM na sprehajališču postavil še dva dodatna stoječa kovinska pepelnika. UIKS je poudarila, da naj bi zaprte osebe sprehajališče redno čistile, vendar nekaterih to ne moti, da ne bi odmetavali cigaretnih ogorkov na tla. Ker je to za nekatere zaprte osebe edini prostor zunaj zaporskih zidov, je oddelek za izboljšanje razmer na sprehajališču nasul nov pesek in poskrbel, da se ohrani tudi del zelenice. **V zvezi s pleskanjem je UIKS poudarila, da je oddelek upošteval priporočilo iz prejšnjega obiska in poskrbel, da so bivalni prostori prepleškani v več barvnih odtenkih**, da se na oddelku vsako leto prepleskajo vsi bivalni in drugi spremljajoči prostori, da pleskanje prostorov poteka nepretrgano ves čas, glede na prostorsko zasedenost oddelka in umazanost sten, da pa na oddelku pripora priporniška soba številka 6 ni pobeljena, saj jo je treba prej opremiti z alarmnim sistemom, kar izvaja pogodbeno podjetje.

Five prisons were overcrowded and the Closed Unit of Dob pri Mirni Prison was the most overcrowded. The prison management also added that this situation is constant and expressed their fears that the number of persons will further increase as a result of faster criminal procedures, mainly due to settlement hearings. Novo mesto Unit of Ljubljana Prison was not overcrowded and there were no related complaints of prisoners, but **it was noticed that NPM's recommendation from its previous visit was taken into account and the maximum number of persons that can be accommodated in detention was set.** When the number is exceeded the detainee is transferred to another prison or unit, which is considered by the NPM as an example of good practice. The official capacity of all units was exceeded also in Maribor Prison. The prison management clarified that since the last amendment to the criminal law with the Act Amending the Criminal Procedure Act (ZKP-K), which introduced the agreement on the admission of guilt, the number of detainees has been decreasing, but the number of convicted persons has been rising. With regard to the above mentioned it has to be pointed out that the Prison Director often suggests not carrying out the fine enforcement by imprisonment in accordance with paragraph 7 of Article 202b of the Minor Offences Act (ZP-1). Nevertheless, the number of persons in prison due to the fine enforcement by imprisonment increased by two since the previous visit of the NPM. Also the official capacities of the prison related to the fine enforcement by imprisonment increased by one. Rogoza Open Unit of Maribor Prison is also overcrowded with convicted persons by 22 %. In terms of the official prison capacities of Ig Prison and Slovenska vas Semi-Open Unit of Dob Prison it should be mentioned that they were not overcrowded; however, the official prison capacity has increased by one in Ig Prison and by seven in Slovenska vas Semi-Open Unit of Dob Prison.

It seems that the NPM has to point out far too often the need for greater self-initiative by prisons in regard to regular spotting of damaged equipment in accommodation rooms for prisoners, and then also to repair the irregularities so determined. This was especially pointed out in the cases of Koper Prison, Novo mesto Unit of Ljubljana Prison, Maribor Prison and Ig Prison.

It was already mentioned that in Koper Prison malfunctions and repairs are recorded in the up-to-date notification system, nevertheless, it was recommended that employees perform checks of the living areas more frequently, record any damage and ensure its prompt repair, because it was noticed on this visit that in many living areas (including in the rooms of the detainees) the doors leading to the toilets were damaged. In addition a recommendation was given that prison employees check the rooms and determine, which rooms should be painted first. The Prison Administration of the Republic of Slovenia provided information on determined damage that the repair activities are already taking place and again pointed out that malfunctions or damage are being repaired promptly. At the same time it is trying to prevent or reduce the intentional destruction of inventory and intends to continue paying attention to inventory maintenance in the future in order to project a positive and objective image of the facility maintenance.

In Novo mesto Unit of Ljubljana Prison, it was proposed by the NPM that it ensure a clean recreation yard (by removing cigarette litter and installing at least two outdoor ashtrays to increase the yard's appeal), we recommended that the **living areas are promptly painted** also in the future and we pointed out that the recommendations from the previous visit should also be carried out, namely new flooring should be laid, because the old one is worn-out and seems unclean, and the metal furniture should be replaced with new furniture. We also recommended that the broken shower be fixed and that it should be checked, whether the **difficulties with warm water supply** for showering still persist or whether related past issues have been successfully permanently resolved. We proposed that at least one of the rooms remain a non-smoking room, that the deficiencies in rooms no. 7 (no toilet seat on the toilet bowl), 12 (broken toilet bowl) and 8 (damaged toilet seat and toilet bowl) be remedied and that the damaged inventory and equipment be repaired promptly. In relation to the above mentioned the Prison Administration replied that there are two bins for separate collection of waste and one standing metal ashtray in the recreation yard and that the unit installed two additional standing metal ashtrays right after the visit of the NPM. The Prison Administration emphasised that the inmates are supposed to regularly tidy up the recreation yard, but nevertheless some continue to litter it with cigarette ends. Since this is the only outdoor space in prison with many inmates, the Unit covered the recreation yard with new sand and preserved a grass area in order to improve conditions. **In relation to the painting of the rooms, the Prison Administration emphasized that the Unit followed the recommendation from the previous visit and ensured that the living areas are painted in various colour tones**, that all living and accompanying areas are painted every year, and that the painting is prompt and continuous in relation to the Unit's occupied space and poor state of the walls. However, in the section for detainees the detention room number 6 was not painted, because the alarm system needs to be installed first by a contractor.

UIKS je z ugotovitvijo DPM o dotrajanosti tal in potrebnosti obnove le-teh v saniranih prostorih soglašala in omenila, da je oddelek že v letu 2011 opozoril na dotrajanost tal in pripravil ponudbene predračune za zamenjavo in obnovo talnih oblog, vendar to ni bilo izpeljano zaradi nezmožnosti prevzemanja novih finančnih obveznosti. UIKS je v zvezi z zamenjavo starega pohištva z novim sporočila, da bo zamenjava opravljena, ko bodo finančne razmere to omogočile, v zvezi z zamenjavo nedelujoče prhe v kopalnici pa, da je ta bila popravljen. V zvezi s tem je UIKS še sporočila, da obsojenci in priporniki uporabljajo skupno kopalnico, kjer so štiri prhe, da se kopalnica uporablja vsak dan, zato se tudi prhe pogosto pokvarijo, prav tako tudi pipe, poškodujejo in zlomijo se vrata prhe, vendar da oddelek skrbi, da se popravila opravijo v čim krajšem času, da za manjša popravila skrbi inštruktor, za večja pa je treba poiskati zunanje izvajalce. UIKS je tudi sporočila, da so bile težave z oskrbo tople vode le en dan, ko se je znižala temperatura vode v kotlu s toplo vodo in je tako pri zadnjih uporabnikih prhe zmanjkalo tople vode, in da je oddelek takoj, ko je ugotovil, da temperatura kotla ne zadošča za porabo tople vode, temperaturo dvignil in težav z oskrbo vode ni bilo več.

UIKS je tudi poudarila, da oddelek ves čas skrbi, da se spoštujejo želje nekadilcev, da se število nekadilskih sob na oddelku prilagaja številu nekadilcev in da ima oddelek zdaj zaradi naraščanja števila nekadilcev na oddelku pripora dve nekadilski sobi. Prav tako smo bili obveščeni, da je oddelek predlog glede popravila poškodb deske straniščne školjke, WC-kotlička v bivalnih prostorih št. 7, št. 12 in št. 8 upošteval in nepravilnosti takoj odpravil. V zvezi z ZPKZ Maribor je DPM predlagal, da zavod z razpoložljivimi sredstvi najprej prepleska prostore, ki so dejansko tega potrebni, da velja morda razmisliti tudi o kakovostnejši barvi, ki manj vpija nesnago in se lahko tudi čisti, predlagali smo, da UIKS prouči možnosti o drugačnem režimu kajenja, ki bi onemogočal kajenje v bivalnih prostorih, saj bi bili s tem zaprtim osebam zagotovljeni primernejše bivalne razmere, predlagali pa smo tudi proučitev možnosti ustreznega prezračevanja v bivalnih prostorih zaprtega oddelka ali pa da naj te sobe zavod poleg običajnih čistil oskrbuje tudi z osvežilci prostora. Prosili smo tudi za sporočilo, ali so bile napake v bivalnem prostoru št. 105/b in 109 (poškodovana kotlička za vodo pri WC-ju) že odpravljene, in predlagali, naj se v sanitarni del sprejemnega prostora pri prhi namesti zaščitna zavesa in prepleska strop.

DPM je tudi predlagal, naj se v sprejemnem prostoru št. 59 prouči možnosti za zagotovitev boljših bivalnih razmer. Ob tem je želel, da se sporočijo ukrepi, ki jih je oziroma jih bo zavod izvedel za izboljšanje razmer za bivanje zaprtih oseb v zvezi z dvema vročinskima valoma v kratkem obdobju, ko je temperatura več dni dosegala 35 °C in več. Podali smo predlog, da zavod nameni potrebno skrb poškodb (manjka zgornja plast penaste obloge v dolžini od dva do tri centimetre na desnem robu vhodnih vrat) v prostoru za osamitev. Glede pleskanja je UIKS sporočila, da bo upoštevala priporočilo in začela pleskati prej, kot je bilo načrtovano. Zavod bo tudi skupaj z inštruktorji hišnih delavnic spet proučil predlog glede uporabe obstojnejših barv, saj se v preteklosti zavod zaradi težkega odstranjevanja, premazovanja in prevelike parne zapore sten zanje ni odločal. V zvezi z drugačnim režimom kajenja je UIKS sporočila, da zaradi različnih kategorij zaprtih oseb in različnih režimov bivanja enoznačne rešitve za celoten sistem ni oziroma bi bila le rešitev prepoved kajenja na območjih zaprtih prostorov posamezne lokacije, da pa takšna rešitev zaradi specifičnosti precejšnjega dela zaporske populacije ni mogoča.

The Prison Administration agreed with the findings of the NPM on the worn-out flooring and the need for renovation of flooring in the renovated premises and mentioned that the Unit pointed out the issue of worn-out flooring already in 2011 and prepared the cost estimate for the replacement and renovation of floor coverings; however they have not taken place, because it was unable to enter into new financial commitments. With regard to the replacement of old furniture with new furniture the Prison Administration informed the NPM that the old furniture will be replaced as soon as the financial conditions will allow it and added that the broken shower was repaired. The Prison Administration also informed us that convicted persons and detainees use a common bathroom with four showers which is used daily, therefore the showers as well as taps often break and the shower doors get damaged and broken, but the Unit ensures that they are repaired as soon as possible by a prison caretaker in case of small repairs. In case of mayor repairs external contractors are contracted. Moreover, the Prison Administration noted that the difficulties with warm water supply lasted only a day, because the water temperature in the warm water boiler had decreased, therefore there was no warm water, when the last inmates were showering. As soon as the Unit realised that the water temperature in the boiler is too low to ensure warm water, it increased the temperature, thus solving the problem.

The Prison Administration also emphasised the fact that the Unit constantly ensures that the non-smokers' wishes are respected and that the number of non-smoking rooms in the Unit is adjusted to the number of non-smokers. Due to an increase of non-smokers the Unit now has two non-smoking rooms in the detention area. We were also informed that the Unit immediately followed the recommendations regarding the broken toilet seat and toilet tanks in rooms no. 7, 12 and 8 and repaired them. In relation to Maribor Prison the NPM recommended that the prison first repaint the rooms, which actually need to be repainted, by using available funds. The paint of better quality could be considered, which absorbs dirt to smaller extent and can be cleaned. We recommended that the Prison Administration consider options regarding different smoking regime, which would prohibit smoking in the living areas and thus ensuring better living conditions to inmates. We also suggested that the options for appropriate ventilation in the living areas of the closed prison unit be considered or that air fresheners be provided in those rooms in addition to regular cleaning materials. We also sent a request for information, whether the damage in rooms no 105/b and 109 (damaged toilet tanks) was already remedied, and recommended the installation of the shower curtain and the repainting of the ceiling in the toilets of the reception area.

The NPM also noted that in the reception area no. 59 possibilities should be considered for the improvement of living conditions. At the same time it requested information on the measures that the prison implemented to improve the living conditions of inmates in relation to two heat waves in a short period of time, when the temperature rose above 35°C several days in a row. We proposed that the prison repair the damage in the isolation room (2 to 3 centimetres of the top foam layer is missing on the right edge of the entrance door). With regard to the repainting the Prison Administration answered that it will follow the recommendation and start repainting sooner than planned. Together with prison caretakers, the prison will examine the recommendation on the use of more durable paint which was not used by the prison in the past due to a difficult paint removal, coating and too thick wall vapour barrier. With regard to a different smoking regime the Prison Administration answered that due to various inmate categories and different accommodation regimes there is no unified solution for the entire system. The only solution were to prohibit smoking in the closed areas of individual locations; however, this solution is not possible due to the specificities of the high proportion of prison population.

UIKS je v zvezi s sprejemnim prostorom sporočila, da v zavodu še vedno dejansko obstaja nekaj sob, ki imajo sanitarni prostor pregrajen z montažno steno, da pa bo zavod takoj, ko bo imel sproščena finančna sredstva, uredil prisilno zračenje. Kotlički za vodo so bili glede na odzivno poročilo UIKS v sobah zaprtega oddelka popravljeni v okviru rednih del hišnih delavnic, nujna popravila za bivalni prostor št. 28 zaradi zamakanja pa naj bi izvajal zunanji izvajalec, ki hkrati izvaja sanacijo odpadlega stropa v skupni kopalnici v pritličju zavoda. V zvezi z vročinskimi vali je UIKS sporočila, da so težavo rešili z namestitvijo zaves in z dovolitvijo zaprtim osebam vnosa ventilatorja v vsako sobo, poškodbo penaste obloge v sobi za odstranitev pa je saniral zunanji izvajalec. V zvezi z bivalnimi razmerami v ZPKZ Ig smo opozorili na smrad iz odtokov iz sanitarnega dela v bivalnih prostorih 42/1 in 42/5 ter na to, da je treba zamenjati poškodovani WC-deski v sobi št. 44. UIKS je sporočila, da so bile pomanjkljivosti odpravljene. V poročilu v zvezi z obiskom ZPKZ Ig smo tudi poudarili, da je treba stalno vzdrževati temperaturo v skladu s Priporočilom za ogrevanje prostorov v zavodih za prestajanje kazni zapora in prevzgojnem domu URSIKS, št. 720-2991/2012-5 z dne 13. 2. 2012 v vseh prostorih zavoda in po potrebi tudi z dodatnim ogrevanjem izpostavljenih prostorov 42/1-5 oziroma s popravilom dotrajenih oken. UIKS je z ugotovitvami DPM, da zavod ni vzdrževal primerne temperature v prostorih, soglašala, hkrati pa menila, da so razlog v nihanju in nižje temperature v zavodu delno tudi starost stavbe, stara grelna telesa, dotrajana okna ter pogosto zračenje, ki ga opravljajo zaprte osebe (predvsem na hodnikih in dnevnih kadilskih prostorih). Sporočila je, da je zavod po obisku DPM dvignil temperaturo za 1,5 °C in uvedel večkratne meritve v bivanjskih prostorih.

V zvezi z delom smo ZPKZ Dob pri Mirni – zaprti del opozorili, da je treba delo zagotoviti vsem zaprtim osebam, ki so sposobne za to in ki želijo delati. Stališče DPM je namreč, da delo pripomore k socialni rehabilitaciji in pozitivno vpliva na posameznikovo psihično stanje ter zadovoljstvo, prav tako pa tudi spremeni doživljanje časa in ustvari občutek, da je storil nekaj koristnega. Po obisku je namreč VČP na spletni strani www.zurnal24.si prišel do informacije, da bo v januarju 2014, ko v prostorih JGZ Pohorje začne uradno delati druga gospodarska družba, zagotovljeno delo le za 54 obsojencev. Odziv UIKS je bil, da si oddelek prizadeva zagotavljati delo vsem obsojencem, ki želijo delati, in da za to ureja različne realizacije zaposlitve tako v skladu z zavodskimi zmoglostmi kot z možnostmi lokalnih delodajalcev in seveda v skladu s sposobnostmi obsojencev. Priporočilo z enako vsebino in namenom kot pri ZPKZ Dob pri Mirni – zaprti del je DPM izdal v zvezi z ZPKZ Maribor – Oddelek Novo mesto. Hkrati je DPM izdal priporočilo tudi o razmišljanju o izboljšanju sodelovanja z JGZ Kozjak v matičnem ZPKZ Maribor ter predlog o možnostih povečanja zmogljivosti delavnice, ki jo oddelek uporablja za delo. UIKS je zagotovil, da se bo v prihodnje trudila zagotavljati delo čim več zaprtim osebam. Za ZPKZ Ig je DPM ugotovil, da je število zaposlenih v JGZ Golovec od zadnjega obiska upadlo za pet (5), zato je izdal priporočilo, naj si zavod in UIKS bolj prizadevata iskati zaposlitve za vse obsojenke in predvsem tudi pripornice, ki si to želijo.

Tudi v ZPKZ Maribor je DPM ugotovil, da je zaposlenih le malo pripornikov (ob obisku le dva, trije še na čakanju), in predlagal, naj si delavci bolj prizadevajo pritegniti zaprte osebe za delo. Prav tako smo ob obisku izvedeli, da je JGZ Kozjak solidarno odgovoren za dolgove JGZ Pohorje, ki se je znašel v likvidnostnih težavah in da se bo v zvezi s tem v prihodnje lahko pojavilo vprašanje, kako zagotavljati plače zaposlenim (tudi inštruktorjem). DPM je zato predlagal, naj UIKS prouči ustreznost sedanje normativne ureditve na tem področju in nato po potrebi MP opozori na nujnost njene spremembe. V zvezi s tem je UIKS sporočila, da se zaveda problematike javnih zavodov in jo postopno rešuje in da trenutno poteka javni razpis za odprodajo premičnega premoženja JGZ Pohorje, in sicer tistega, ki je v industrijskem delu, ter oddajo nepremičnin v najem, saj bi se tako zmanjšal dolg JGZ in omogočilo delo zaprtim osebam. Pripravljajo se spremembe odlokov o ustanovitvi javnih gospodarskih zavodov, ki bodo uredili problem solidarne odgovornosti, v teku pa je tudi reorganizacija obstoječih JGZ. Tudi v ZPKZ Ljubljana – Oddelek Novo mesto smo ugotovili, da se je delo obsojencev sicer dvakratno povečalo (s pet na deset mest), hkrati pa smo ponovno, kot že ob prejšnjem obisku, ugotovili, da od pripornikov ni zaposlen nihče, in zato predlagali, naj se razmisli o možnosti zaposlitve pripornikov, ki to želijo.

With regard to the reception area the Prison Administration noted that there are actually still some rooms in the prison, which are divided from toilets by a prefabricated wall. The prison will install forced ventilation as soon as the funds are released. According to the report of the Prison Administration in response to the recommendations the toilet tanks in the closed prison unit rooms were repaired within the framework of regular prison workshops and the urgent repairs for the room no. 28, which has suffered water damage, are supposed to be performed by an external contractor, who is at the same time repairing the missing plaster in the common bathroom on the prison ground floor. With regard to the heat waves the Prison Administration answered that the problem was solved by hanging curtains and allowing the inmates to use a fan in every room. The damage to the top foam layer in the isolation room was repaired by an external contractor. With regard to the living conditions in Ig Prison we drew attention to the smell coming from the drains in the toilets of rooms 42/1 and 42/5 and to the fact that the damaged toilet seats in room no. 44 need to be replaced. The Prison Administration answered that the deficiencies were remedied. In the report on the Ig Prison visit we pointed out that the temperature must be constant in accordance with the Recommendations of the Prison Administration of the Republic of Slovenia for Space Heating in Prisons and Correctional Home, no. 720-2991/2012-5 of 13 February 2012 in all prison areas and if necessary by providing additional heating of the exposed rooms 42/1-5 or by repairing older worn-out windows. The Prison Administration agreed with the findings of the NPM that the prison did not maintain suitable room temperature, but at the same time believes that the reasons for temperature variation and lower temperature in the prison are in part the old building, old heating appliances, older and worn-out windows and frequent ventilation by inmates (especially in hallways and smoking living areas). It informed us that the prison increased the temperature by 1.5 °C after the visit of the NPM and introduced frequent measuring in the living areas.

In terms of work of the closed unit of Dob pri Mirni Prison we pointed out that work should be ensured to all inmates that are capable to perform it and wish to work. The view of the NPM is namely that work contributes to social rehabilitation, positively influences individual's mental state and brings satisfaction, changes the perception of time, and creates the feeling that a person did something useful. After the visit the Ombudsman read the information on the web page www.zurnal24.si that only 54 convicted persons will be able to work from January 2014, when another company will officially start its business in the JGZ Pohorje public utility institute premises. The answer of the Prison Administration was that the Unit is trying to ensure work to all convicted persons that wish to work. This is why it is trying to provide various options for work in accordance with prison capacities, capacities of local employers and skills of convicted persons. The NPM made the same recommendation to Novo mesto Unit of Maribor Prison. At the same time it recommended considering improving cooperation with JGZ Kozjak public utility institute to the main Maribor Prison and increasing the capabilities of the workshop used by the Unit for work. The Prison Administration assured that it will try to ensure work for as many convicted persons as possible in the future. The NPM discovered that the number of employed Ig Prison inmates in the JGZ Golovec public utility institute decreased by five and therefore recommended that the prison and the Prison Administration strive harder to find employment for all convicted persons and also detainees that wish to work.

The NPM discovered that only few detainees were employed in Maribor Prison (two at the time of the visit, three were still waiting to start working) and suggested that the employees encourage inmates to work. We also received information during our visit that JGZ Kozjak is jointly and severally liable for the debts of JGZ Pohorje, which has liquidity problems. This could bring up the question in the future, how to pay wages to employees (including instructors). The NPM therefore recommended to the Prison Administration to examine the suitability of the existing regulatory framework in this area and then, if necessary, to bring the need for its amendment to the attention of the Ministry of Justice. The Prison Administration responded that it is aware of the public utility institutions' problem and is solving it step-by-step. A call for tenders is currently taking place to sell movable property of JGZ Pohorje related to the industry and to lease immovable property in order to reduce the debt of the public utility institution and to ensure work for inmates. The amendments to decrees on the establishment of public utility institutions are being prepared, which will solve the problem of joint and several liability, and the reorganisation of the existing public utility institutions is taking place. In Novo mesto Unit of Ljubljana Prison we determined that the number of employed convicted persons increased twofold (from five to ten). However, as on our previous visit it was again noted that none of the detainees were employed and therefore recommended that it should be considered, how to ensure work to detainees who wish to work.

Na naš predlog je UIKS odgovorila, da možnosti za opravljanje dela pripornikov ni, saj v bivalnih prostorih dela ni mogoče opravljati, že urejena delavnica pa je namenjena samo obsojencem in bi bilo za pripornike treba urediti še en prostor. Izpostaviti velja, da se je v ZPKZ Koper izboljšalo stanje zagotavljanja dela zaprtim osebam, poudariti pa je še treba, da je bilo zagotovljeno delo tudi več kot polovici pripornikom, kar je DPM posebej pohvalil. DPM je pohvalil tudi ZPKZ Dob – Polodprti oddelek, ki zagotavlja delo številnim osebam (ob obisku 48 od 60 nameščenih oseb). Prav tako je pohvalno, da ZPKZ Maribor – Odprti oddelek Rogoza omogoča oziroma zagotavlja delo vsem zaprtim osebam, ki to želijo in so za delo sposobne.

Na kakovost hrane nismo slišali pripomb v ZPKZ Dob – Polodprti oddelek Slovenska vas, v ZPKZ Maribor – Odprti oddelek Rogoza, v ZPKZ Dob pri Mirni – Odprti oddelek Puščava, ZPKZ Ljubljana – Oddelek Novo mesto in ZPKZ Koper. Nasprotno smo pritožb glede prehrane prejeli veliko v ZPKZ Dob pri Mirni – zaprti del, predvsem o količinski nezadostnosti obrokov, nemalo pa tudi na račun prepogostih suhih obrokov za večerjo. Ker so suhi obroki (le) ob dela prostih dneh, smo menili, da ne gre za očitek, ki bi terjal nadaljnjo obravnavo, glede količinske nezadostnosti pa smo prosili UIKS, da Varuha seznanj z novimi prehranskimi normativi. Pripombe glede količine ali kakovosti hrane smo slišali tudi v priporu ZPKZ Ig, medtem ko so bile obsojenke s hrano tako količinsko kot kakovostno zadovoljne. Prav tako smo prejeli različna mnenja o hrani v ZPKZ Maribor, ker pa nismo prejeli nobene pripombe glede (ne) zagotavljanja dietnih ali verskih obrokov hrane, smo obstoječi način priprave hrane in prehranjevanja v zavodu pohvalili.

V zvezi z obiski smo pohvalili urejenost in čistost sobe za obiske v ZPKZ Maribor – Odprti oddelek Rogoza, nasprotno pa velja izpostaviti ZPKZ Maribor in ZPKZ Ljubljana – Oddelek Novo mesto, kjer so se zaprte osebe pritoževale nad gnečo ob obiskih.

DPM je ZPKZ Koper predlagal, naj poskrbi, da bodo prevodi hišnega in dnevnega reda v italijanskem (in po potrebi angleškem) jeziku viseli v bivalnih prostorih, ko bodo tam nameščeni tujci, glede česar se je UIKS izrekla, da je zadeva v realizaciji. Tudi ZPKZ Ljubljana – Oddelek Novo mesto je DPM predlagal, da poskrbi za prevode hišnega in dnevnega reda za pripor in obsojence poleg angleščine še v vse potrebne jezike, glede česar se je UIKS strinjala. Tudi ZPKZ Ig je DPM predlagal, naj prevede hišni in dnevni red pripora ter izvajanja kazni zapora v angleški in italijanski jezik, po potrebi (in glede na finančne možnosti) pa še v druge jezike.

Na težave oziroma možnosti izboljšav smo se trudili opozarjati tudi pri sistemizaciji oziroma zasedbi delovnih mest v posameznih zavodih, in sicer v ZPKZ Maribor – Oddelek Rogoza, ZPKZ Ig in ZPKZ Maribor. Pri ZPKZ Maribor – Oddelek Rogoza smo zaznali, da se je število sistemiziranih mest zmanjšalo zaradi upokojitve poveljnika pravosodnih policistov in socialne delavke. DPM je že ob prejšnjem obisku ugotovil težave s kadrovsko zasedbo, predvsem to, da prenos delovnega mesta strokovnega delavca pedagoga z oddelka v matični ZPKZ Maribor ni najustreznejši. Ugotovili smo, da oddelek nima zaposlenega niti psihologa. DPM je zatorej predlagal, naj se proučijo možnosti vsaj za zapolnitev delovnih mest, ki so po upokojitvi ostala prazna. UIKS je odgovorila, da so sprejeli ukrepe (in jih je navedla), s katerimi so zmanjšali obremenjenost javnih uslužbencev. ZPKZ Ig je DPM predlagal, naj prouči obstoječo zasedenost sistemiziranih delovnih mest v oddelku za vzgojo in delo ter po potrebi zagotoviti zasedbo vseh nezasedenih delovnih mest. ZPKZ Maribor je DPM prav tako predlagal, naj UIKS oceni ustreznost sedanje zasedbe delovnih mest pravosodnih policistov, in to predvsem z vidika varnosti ter glede na to, da zavod zagotavlja tudi pravosodne policiste za opravljanje dela v Enoti za forenzično psihiatrijo. V zvezi z navedbami je UIKS sporočila, da položaj rešujejo v skladu z možnostmi in da so od zadnjega obiska kadrovsko zasedbo izboljšali (zagotovili pet dodatnih pravosodnih policistov).

Prejeli smo kar nekaj pohval za odnos pravosodnih policistov, in sicer v ZPKZ Maribor – Odprti oddelek Rogoza, ZPKZ Ig in ZPKZ Ljubljana – Oddelek Novo mesto. Nasprotno pa smo v zvezi z ZPKZ Koper prejeli pritožbe, da nekateri pravosodni policisti zaprte osebe tikajo, zato smo predlagali, da pravosodne policiste opozorijo na strokovno in profesionalno komuniciranje z zaprtimi osebami, tudi če koga poznajo, s čimer se je UIKS strinjala. V ZPKZ Dob pri Mirni – zaprti del so večinoma (tudi v I. oddelku) obsojenci potrjevali korekten odnos pravosodnih policistov oziroma na njihov račun izrekli pohvale, le nekaj pa je bilo tudi neoprijemljivih očitkov, češ da so arogantni.

The Prison Administration replied to our recommendation and stated that there are no possibilities to ensure work for detainees, because it is not possible to work in the living areas and the already established workshop is intended only for convicted persons, therefore a new workshop would have to be built for detainees. It has to be pointed out that the situation in Koper Prison improved in terms of ensuring work to inmates and it is important to emphasise that work was provided to more than half detainees, which was particularly commended by the NPM. Semi-Closed Unit of Dob Prison was also commended for ensuring work to many persons (48 out of 60 inmates on our visit). The fact that Rogoza Open Unit of Maribor Prison enables or ensures work to all inmates, who wish to work and are capable to work, is also commendable.

There were no complaints with regard to food quality in Slovenska vas Semi-Open Unit of Dob Prison, Rogoza Open Unit of Maribor Prison, Open Unit Puščava of Dob pri Mirni Prison, Novo mesto Unit of Ljubljana Prison and Koper Prison. On the other hand there were many complaints about food in Closed Unit of Dob pri Mirni Prison, mostly with regard to inadequate food quantities and cold dishes, which are being served for dinner too often. Since cold meals are served (only) on holidays we believe that there is no need for further addressing this problem. With regard to inadequate food quantities we sent a request to the Prison Administration to inform the Ombudsman of new food regulations. Complaints about food quality and quantity were voiced also in the detention section of Ig Prison; however, the convicted persons were satisfied with the food quality and quantity. We also received different opinions regarding food in Maribor Prison, but since we did not receive any complaints regarding the provision of diet or religious meals, the existing food preparation and provision in the prison was commended.

We commended the organisation and tidiness of the visiting room in Rogoza Open Unit of Maribor Prison. On the other hand inmates voiced complaints that visiting rooms in Maribor Prison and Novo mesto Unit of Ljubljana Prison are too crowded during visiting hours.

The NPM made a recommendation to Koper Prison to ensure that Italian (and, if necessary, English) translations of the House Rules and the Daily Agenda will be displayed in living areas, when foreigners are accommodated. The Prison Administration confirmed that this is being realised. The NPM also recommended to Novo mesto Unit of Ljubljana Prison to ensure translations of the House Rules and the Daily Agenda for detainees and convicted persons in all necessary languages in addition to English translations. The Prison Administration agreed with the suggestion. The NPM recommended also to Ig Prison to translate the House rules and the Daily Agenda for detention and prison facilities into English and Italian, and, if necessary, into other languages (depending on the available financial resources).

The NPM also tried to draw attention to issues or possibilities for improvements in the field of job classification or occupation of available posts in individual prisons, namely in Rogoza Unit of Maribor Prison, Ig Prison and Maribor Prison. In Rogoza Unit of Maribor Prison we discovered that the number of classified posts decreased because of the retirement of the chief judicial police officer and social worker. The NPM discovered problems with human resources already on its previous visit. It considered that the transfer of a professional educationalist into the main Maribor Prison is not suitable. We discovered that not a single psychologist is employed by the Unit. The NPM therefore recommended that the possibilities be explored to fill the posts, which have remained vacant after the retirements. The Prison Administration sent a reply assuring that measures were taken (and provided a list) to decrease the burden on civil servants. The NPM recommended to Ig Prison to explore the existing filling of the classified posts in the section for education and work and, if necessary, to ensure that the vacant posts are filled. The NPM also recommended to Maribor Prison that the Prison Administration assess the suitability of the current filling of judicial police officers' posts, mainly in terms of safety and the fact that the prison provides judicial police officers for the Forensic Psychiatric Unit. The Prison administration noted that this is being solved in line with capabilities and that the issue related to human resources has been improved since the last visit (by employing five additional judicial police officers).

We received numerous compliments with regard to the attitude of judicial police officers in Rogoza Open Unit of Maribor Prison, Ig Prison and Novo mesto Unit of Ljubljana Prison. On the other hand we received some complaints regarding the informality of some judicial police officers when addressing inmates in Koper Prison. The Prison Administration agreed with our recommendation that judicial police officers be alerted to the professional communication with inmates, even if they personally know some of them. In Closed Unit of Dob pri Mirni the convicted persons mostly (even in Unit I) confirmed the professional attitude of judicial police officers or were only praising them, but there were some unfounded complaints of their supposed arrogance.

Glede uporabe prisilnih sredstev v ZPKZ Ig pritožb nismo slišali, zato smo ugotavljali, da ni bilo čezmerne uporabe le-teh, enako smo ugotovili v ZPKZ Maribor – Oddelek Murska Sobota, ZPK Maribor – Odprti oddelek Rogoza in ZPKZ Koper. V zadnjem se je sicer DPM na pojasnilo pedagoga, da ni bil podan predlog sodišču za uvedbo disciplinskega postopka v primeru fizičnega spora med dvema pripornikoma, »ker pripornik nima nobenih ugodnosti«, odzval, da to ni ustrezno in da bi ob disciplinski kršitvi v vsakem primeru oddelek moral uvesti ustrezne postopke, predvsem pa bi moral s kršitvijo seznaniti sodišče in predlagati uvedbo disciplinskega postopka. V ZPKZ Dob – Polodprti oddelek Slovenska vas so bile v letu 2013 zapisane štiri kršitve hišnega reda, pri čemer so bile zaprtim osebam izdane odločbe v zaprti oddelek, v enem pa je bil osebi izrečen ukrep – ne podelitev ugodnosti za tri mesece. UIKS je na navedeno pojasnila, da sta bili le dve kršitvi hišnega reda, v katerih so bili uporabljeni strožji ukrepi, v preostalih dveh so obsojenca premedili v strožji režim, ker so tako narekovali drugi utemeljeni razlogi. V zvezi ZPKZ Ljubljana – Oddelek Novo mesto je DPM ugotovil, da na oddelku ni bil dokončan disciplinski postopek zoper nobenega obsojenca, in predlagal, naj se kršitve, ki jih ne gre šteti le za neizpolnjevanje dogovorjenih obveznosti iz osebnega načrta, vselej obravnavajo v disciplinskem postopku. V zvezi s tem je UIKS podala odgovor, da so bili na oddelku v letu 2013 končani trije disciplinski postopki, in sicer zaradi fizičnega konflikta sta bila dva obsojenca premeščena v drug zavod, tretji disciplinski postopek pa je bil zaradi suma poskusa pobega s sklepom ustavljen. V ZPKZ Dob pri Mirni – zaprti del je bilo v letu 2013 do dneva obiska 51 namestitev po 98. a členu, do namestitev obsojencev po 206. členu ZIKS-1 pa v 18 primerih. Do dne obiska je v omenjenem zavodu v Disciplinski knjigi 30 vpisov, pri čemer je bila kot ukrep disciplinska obravnava navedena le v treh primerih, pri vseh preostalih 27 pa t. i. »tretmanska obravnava«, zato smo prosili UIKS za dodatno pojasnilo o tem, kaj je bilo dorečeno na posvetu na temo t. i. tretmanskih obravnav, ki naj bi po pojasnilih, ki smo jih bili deležni ob obisku, potekale oktobra 2013.

DPM je v zvezi z zdravstvenim delom ZPKZ Ig pregledal ambulanto zavoda, katere slabost je v tem, da medicinska sestra nima posebnega prostora in je navzoča v prostoru pri vseh pregledih. Zato je DPM poudaril, da je treba zagotoviti uresničevanje pravice zaupnosti v odnosu zdravnika in pacientke, zato bi bilo prav, da bi se (na željo pacientke) medicinska sestra med pregledom umaknila iz ambulante, razen če je njena navzočnost ob pregledu potrebna, saj so tudi obsojenke upravičene do zaupnosti pri zdravniških pregledih. Kontracepcijske tablete in inzulin imajo zapornice pri sebi, protibolečinske tablete se dobijo lahko pri pravosodnem policistu, vso drugo terapijo pa vnaprej pripravi za vsako zaprto osebo posebej medicinska sestra in jo tudi razdeli, razen zvečer in ob dela prostih dneh, ko jo delijo pravosodne policistke oziroma policisti. Takšen način razdeljevanja terapije šteje DPM kot pomanjkljivost, kot je opozarjal že v preteklosti. Kot pomanjkljivost smo tudi šteli, da v zavodu ni posebej opremljene bolniške sobe, zato smo predlagali, naj zavod in UIKS razmisli o možnosti ureditve posebne sobe za gibalno ovirane pripornice in/ali obsojenke v pritličju zavoda, od koder bi imele lažji dostop do bivanja na prostem. Zdravnik izvedenec, ki je sodeloval pri obisku ZPKZ Koper, je opozoril, da bi biti morala sedežna garnitura v čakalnici primerna za odrasle; da so prostori čakalnice dokaj majhni in zato med čakajočimi obstaja verjetnost prenosa kapljicnih bolezni; da na stenah pogreša več poučnih plakatov o nalezljivih boleznih, o zasvojenosti itn.; da bi v čakalnici moral biti mobilni voziček, v delovnih prostorih pa ležeči voziček na kolesih, da se pri nepričakovano nujnem stanju k pacientu pristopi z vsake strani; da medicinska sestra, ki dela pri stomatologu, ne more nadomestiti dela medicinske sestre na področju splošne medicine; da po priložnosti izbrani zdravniki iz ZD Koper ne more nadomestiti redno zaposlenega, ki je prihajal v zavod; da bi bil zaradi velikih težav in zapletov pri zdravljenju okuženih s HCV in HIV/AIDS potreben individualni pristop, da se tako doseže diagnoza, kakor tudi morebitno izboljšanje psihofizičnega stanja pacienta; da terapija nadomeščanja mamil samo podaljšuje agonijo izgubljenega, zato je smisel zdravljenja od odvisnosti v preoblikovanju življenja, kar je dejansko mogoče samo v komuni; da je stanje depresije uvertura v morebitni samomor, zato je pacientu dobro prisluhniti, ker ima največkrat prav.

UIKS se je na navedeno odzvala in obvestila, da v čakalnici na pregled čakata največ dva obsojenca in da je zato možnost prenosa bolezni manjša; da bodo zavod pozvali, da v sodelovanju z regionalnim zdravstvenim domom priskrbijo poučne plakate in jih izobesijo; da bodo proučili možnost montaže koles na bolniški postelji v delovnih prostorih ambulante, pri čimer so sicer poudarili, da se v nujnih primerih vedno omogoči prenos premične postelje ali vozička; glede nadomeščanja medicinske sestre, ki dela pri stomatologu, pa so sporočili, da takšnega nadomeščanja nikoli ni bilo, temveč da ZD Koper zagotavlja medicinsko sestro v okviru tima splošnega zdravnika.

With regard to the use of constraint measures in Ig Prison, there were no complaints, that is why we concluded that their use was not excessive. This was also true in case of Murska Sobota Unit of Maribor Prison, Rogoza Open Unit of Maribor Prison and Koper Prison. However, in Koper Prison the educationalist explained that there was no proposal to the Court for the initiation of a disciplinary procedure in a case of physical conflict between two inmates, since the inmate “had no benefits”. The NPM responded that this is not appropriate and that the Unit should always initiate appropriate procedures in case of disciplinary breach and above all inform the court of it and propose the initiation of the disciplinary procedure. In Slovenska Vas Semi-Open Unit of Dob Prison four violations of the House Rules were noticed in 2013. Consequently the inmates were transferred to the closed unit and in one case a sanction was imposed to the inmate. He was not to receive any benefits for three months. The Prison Administration explained that only in two cases of the violations of the House Rules strict sanctions were imposed and in the other two cases the convicted persons were transferred to a stricter unit due to other justified reasons. With regard to Novo mesto Unit of Ljubljana Prison the NPM concluded that the Unit did not carry out the disciplinary procedures against any convicted persons and recommended to always address the violations which are not considered as a failure to meet the obligations, agreed in the personal plan, within the disciplinary procedure. The Prison Administration responded that three disciplinary procedures were completed in the Unit in 2013. Two convicted persons were transferred to other prisons due to physical conflict and the third procedure was terminated by order on suspicion of prisoner escape. In Closed Unit of Dob pri Mirni Prison there were 51 accommodated prisoners in accordance with Article 98a and 18 in accordance with Article 206 of ZIKS-1 on the day of our visit in 2013. On the day of our visit the prison disciplinary book had 30 entries, although only in three cases a disciplinary procedure was initiated. In the remaining 27 cases the so called “treatment consultation” took place. We requested from the Prison Administration additional information on the so called “treatment consultations”, which according to received information were supposedly carried out in October 2013.

With regard to medical care in Ig Prison the NPM carried out an inspection of the prison infirmary and concluded that the nurse does not have any separate space and is always present during medical examinations in the room. The NPM therefore pointed out that doctor-patient confidentiality should be ensured. The nurse should leave the infirmary (upon patient's request) during medical examination, unless her presence is required during examination, because confidentiality needs to be ensured to the convicted persons during medical examinations. The prisoners can carry birth control pills and insulin and the judicial police officer can give them analgesic pills. The nurse prepares all other treatments for every convicted person in advance and distributes the pills, except in the evening and on holidays, when they are distributed by judicial police officers. The NPM considers this distribution a weakness, as it has already been pointed out in the past. We considered the fact that the prison had no specific patient room also a weakness that is why we recommended to the prison and the Prison Administration to consider the possibility of dedicating a special room to the movement-impaired convicted persons and/or detainees on the prison ground floor in order to enable them easier access to the outdoors. A medical expert took part in Koper Prison visit and pointed out that the sofa in the waiting room should be suitable for adults, that the waiting room is fairly small and that the disease transmission by droplet among people in the waiting room is likely. There are also no educational posters of contagious diseases, addiction etc. There should be a wheelchair available in the waiting room and a care bed in the infirmary. In case of an unexpected emergency the patient should receive full care and the nurse, helping the dentist, cannot act as a substitute for the general medicine nurse. Randomly selected doctors from Koper Health Care Centre cannot act as a substitute for the doctor with a permanent employment contract that visits the prison. Due to great complications and problems treating the HCV and HIV/AIDS-infected prisoners an individual approach is necessary to diagnose and to possibly improve the patient's mental and physical state. The opioid replacement therapy only prolongs the agony of the lost patient, therefore the purpose of the addiction treatment is to change lifestyle, which is only possible in a narcotics treatment centre. And according to the medical expert depression can lead to suicide, this is why it is important to listen to the patient, because he is often right.

The Prison Administration replied that the maximum number of convicted persons in the waiting room is two, which minimizes the threat of disease transmission. The prison will be invited to provide educational posters in cooperation with the regional health care centre and to display them. The possibility of installing wheels on the care bed in the infirmary will be explored, although it was pointed out, that in case of emergency the care bed or the wheelchair can always be transported. With regard to the nurse helping the dentist and acting as a substitution the Prison Administration replied that there was no such substitution and that Koper Health Care Centre provides a nurse within the framework of the general practitioner's team of employees.

Zdravnik izvedenec je opravil tudi ogled ZPKZ Maribor in glede zdravstvene oskrbe na primarni ravni ugotovil, da v zavodu delajo trije zdravniki, in pri tem opozoril, da je kontinuiteta obravnave pri posameznem pacientu lahko motena, če je obravnavan pri več splošnih zdravnikih. Ugotovil je tudi, da standardi za bolnišnično sobo niso izpolnjeni (preozka vrata ambulantne sobe, premajhna kopalnica), da pa je predvidena adaptacija za gibalno ovirane. Zavod je podpisnik dogovora z ZD Maribor in DPM je v zvezi s tem poprosil za presojo UIKS, ali se naveden dogovor dosledno spoštuje in ali so v njem predvidene (zobo)zdravstvene storitve zadostne. Prav tako je tudi prosil za pojasnilo, ali je bila informacija, da so zaporniki deležni le nujne zobozdravstvene oskrbe, pravilno razumljena. DPM je tudi predlagal, da se ob nezmožnosti uporabe zobozdravstvene ambulante (zaradi adaptacije) zobozdravstvena oskrba zagotavlja za zapornike zunaj zavoda, in sicer v enakem obsegu in z enako dostopnostjo, kot sta sicer predvidena za zavodsko zobozdravstveno ambulanto. Zdravnik izvedenec je tudi predlagal, naj UIKS tako v tem zavodu kot v drugih, razmisli o uvedbi programov za zmanjševanje škode zlorabe dovoljenih drog z zagotavljanjem prostora za varno jemanje nedovoljenih drog, saj bi omenjeni program po njegovem utegnil zmanjšati širjenje nalezljivih bolezni med zaprtimi osebami. DPM je tudi predlagal, da se UIKS dejavno vključi v podrobno preučitev predloga zakona o zdravstveni dejavnosti in zakonodajalca opozori na morebitne negativne posledice, ki bi jih za zagotavljanje zdravstvenega varstva zaprtih oseb ta utegnil povzročiti. Zdravnik izvedenec je tudi predlagal, naj UIKS v sodelovanju z ZD Maribor po potrebi pripravi dodatna pisna navodila za medicinsko osebje glede drobljenja zdravil z navedbo zdravil, ki jih ni smiselno drobiti, in zdravil, katerih drobljenje utegne vplivati na sproščanje aktivnih spojin iz preparata, ter zdravil, ki jih ni mogoče drobiti (v zvezi z ugotovitvijo, da se kljub drobljenju terapije dogaja, da zdrobljeno terapijo zaprte osebe skrijejo in preprodajajo).

UIKS je sporočila, da so direktorja zavoda pozvali k nujni ureditvi zobozdravstvenih storitev in zagotovitvi enakih storitev, kot jih zagotavlja ZD Maribor vsem svojim drugim občanom oziroma pacientom v okviru javne zdravstvene mreže, ter zagotovila, da bo temeljito proučila predlog zakona o zdravstveni dejavnosti in zakonodajalca opozorila na morebitne okoliščine, ki bi lahko poslabšale zdravstveno oskrbo za zaprte osebe. Zdravnik izvedenec je prav tako ocenil zdravstvo v ZPKZ Dob pri Mirni – zaprti del. Izvedenec je v zvezi s čakalnico ugotovil, da bi morala biti opremljena z dvema vozičkoma, enim za ležeči in enim za sedeči položaj pacienta, odvisno od stanja, v katerem je bolni ali poškodovani, saj ne more biti na klopi kot drugi, ki niso v smrtno nevarnem stanju; da so potrebne posamezne sedežne garniture, ne pa klopi, ker se številne bolezni prenašajo po dihalnih poteh, druge spet z dotikom; da bi stene morale biti izpolnjene z raznimi poučnimi posterji ter da bi bilo koristno zagotoviti tudi glasbo, da bi se omililo stanje bolezni ali poškodbe in da bi se pacienti razbremenili napetosti. V zvezi z delovnimi prostori je podal naslednje ugotovitve: če je vhod v ordinacijo skozi sobo za diagnostične in morebitne oskrbovalne posege, za kar je samo ena operativna soba, bi bili potrebni paravani, da se pacient, ki je na mizi, ne meša z drugimi, ki prehajajo skozi isti prostor, in da bi morala biti zaposlena najmanj še ena medicinska sestra, saj sta dve na vsak način premalo. V zvezi z delom medicinskega osebja je ugotovil, da psihiater pregleda več pacientov, kot bi jih po stroki lahko; da vse kaže, da niso vsi pacienti, prijavljeni na pregled, tudi pregledani, in da je podobno z odvzemom vzorcev za laboratorijske preglede. Ugotovil je tudi, da bi bilo v ambulanti splošne medicine boljše redno delo z enim zdravnikom za polni delovni čas, ne pa krajši delovni čas in vedno z drugim zdravnikom, da bi ZPKZ Dob pri Mirni – zaprti del potreboval primeren avtomobil s kisikom in pripomočki za prevoz pacientov, da bi se zaposleni v ZPKZ Dob pri Mirni – zaprti del morali naučiti prve pomoči pri epileptičnem napadu, pri krvavitvi iz nosu, ločiti arterijsko od venske krvavitve in pri tem pomagati ter prizadetega odpeljati ali v Trebnje ali v Novo mesto.

The medical expert also carried out an inspection of Maribor Prison and concluded with regard to medical care at the primary level that three doctors were employed in the prison and that the continuous treatment of the patient could be interrupted if the patient is being treated by several general practitioners. He also concluded that the standards in relation to the patient room are not met (the door of the patient room is too narrow, the bathroom is too small), but the adaptation for the movement-impaired is foreseen. The prison has a signed agreement with Maribor Health Care Centre and the NPM requested for the assessment of the Prison Administration, whether this agreement is being honoured and whether the foreseen dental and medical services are sufficient. He also asked for an explanation, if the information that the prisoners only receive emergency dental care was correctly understood. Furthermore, the NPM recommended that dental services are provided to prisoners outside prison walls if the dental office cannot be used (due to adaptation) to the same extent and accessibility as they are foreseen for the prison dental office. The medical expert also recommended to the Prison Administration that it should consider introducing programmes to reduce the negative effects of legal drugs abuse in this prison as in others by providing a space for the safe use of illicit drugs. In his opinion these programmes could reduce the threat of spreading contagious diseases among prisoners. The NPM also suggested to the Prison Administration to actively cooperate in the careful review of the act proposal on health care and to alert the legislator to possible negative consequences of the act on the provision of medical care to prisoners. The medical expert also recommended to the Prison Administration to prepare additional written guidelines for medical staff, if necessary, in cooperation with Maribor Health Care Centre with regard to crushing pills. Pills should be listed, for which there is no point in crushing, in which crushing can affect the release of active compounds from the preparation and which cannot be crushed (in relation to the findings that inmates hide and sell the crushed pills despite the fact that the pills are crushed).

The Prison Administration informed us that the prison director was urged to immediately resolve the issue of dental services and provide the same services as are provided by Maribor Health Centre to all its citizens or patients within the public health network, and assured that it will carefully examine the act proposal on health care and alert the legislator to possible consequences that could worsen the health care of patients. The medical expert also assessed health care in Closed Unit of Dob pri Mirni Prison. He discovered that the waiting room should have been equipped with a wheelchair and a care bed, depending on the state of the sick or injured patient, since they cannot sit on the bench as other patients, who are not in a life-threatening state. The sofas are needed and the benches should be removed, since numerous diseases are transmitted through air and some through contact. Various educational posters should be displayed and music should be provided to mitigate the state of disease or injury and to relieve tension of the patients. With regard to the workspace he concluded that room dividers are necessary if the infirmary can only be entered through the room for diagnostics and treatment procedures, which represents only one operating area, so that the patient being treated is not exposed to other people entering the room. At least one more nurse should be employed, since two are definitively not enough. With regard to the work of medical staff he concluded that the psychiatrist examines more patients than he should in accordance with the norms of his profession. It seems that not all patients, who had the appointment, were examined and the same applies to taking samples for the laboratory analysis. He also believes that one doctor, working full-time as a general practitioner, would be better than two doctors working part-time. In his opinion Closed Unit of Dob pri Mirni Prison would need an appropriate ambulance with oxygen and other equipment for the transport of patients, employees in Closed Unit of Dob pri Mirni Prison would need to learn first aid in case of epileptic seizure and nose bleed and how to make distinction between arterial and venous bleeding in order to help and transport the patient to Trebnje or Novo mesto.

Obisk Prevzgojnega doma Radeče

Čeprav je bilo med našim obiskom sprejetih mladoletnikov več kot ob prejšnjem obisku, je spodbuden podatek, da se PD Radeče ne spoprijema s prezasedenostjo.

Ugotovili smo, da se ureditev prostorov za posebno vzgojno skupino ni spremenila. DPM pa je predlagal, naj se, čeprav se nekateri prostori, namenjeni tej vzgojni skupini, ne uporabljajo oziroma v njih ni nastanjenih mladoletnikov, redno čistijo in zračijo ter naj se poskrbi za redno odpravo poškodb. **Pri tem je DPM posebej pohvalil tokratno urejenost prostorov odprtega oddelka ter oddelka za namestitve mladoletnic. Nasprotno pa je DPM v zvezi s telovadnico, ki ni bila prenovljena po prejšnjem priporočilu, izrazil pričakovanje, da bo v čim krajšem času prišlo do izvedbe prejšnjega priporočila.**

Ob obisku je DPM, čeprav mladoletniki med našim obiskom niso delali, opravil pregled delavnic in glede na ugotovitev, da so stene prostora garderob umazane, predlagal, da vodstvo PD Radeče oziroma inštruktorji v delavnicah mladoletnike spodbujajo k temu, da bodo za vse prostore PD Radeče, zlasti tiste, ki so bili pred kratkim prenovljeni, bolj skrbeli.

Ob obisku so nekateri mladoletniki izpostavili, da lahko pravosodni policisti (npr. v odsotnosti drugih zaposlenih) mladoletnike kar sami začasno namestijo v prostore posebne vzgojne skupine, in to brez odločbe. DPM je v zvezi s tem podal mnenje, da je takšno »začasno« premeščanje mladoletnikov brez ustrezne odločbe v prostore posebne vzgojne skupine s statusom »samske sobe« lahko vprašljivo, saj so, če že ne drugega bivalne razmere oziroma namestitve v teh prostorih drugačne, kot so v matičnih skupinah, ne nazadnje pa gre za osamitev mladoletnika. Da mladoletnika namestijo v prostore posebne vzgojne skupine, morajo biti sicer izpolnjeni določeni pogoji in vročena odločba o takšni namestitvi. DPM je zato menil, da če mladoletnik ni storil kršitve, ki bi bila podlaga za namestitev v posebno vzgojno skupino, tja tudi ne sme biti »začasno« nameščen, temveč mora PD Radeče zagotoviti njegovo drugačno, vendar kljub temu še vedno ustrezno namestitev, da ne pride do morebitnega ponovnega konflikta.

DPM je pohvalil prizadevanja zaposlenih, da mladoletnikom omogočajo veliko raznovrstnih prostočasnih dejavnosti (tudi zunaj PD Radeče), saj te na (pre)vzgojo mladostnikov pozitivno vplivajo. Ob obisku je bilo ugotovljeno, da so v vzgojni službi zaposlene samo pedagoginje, zato je DPM predlagal, da bi se ob prihodnjih zaposlitvah v vzgojno službo razmišljalo tudi o zaposlitvi osebe moškega spola. DPM je nadalje tudi ugotovil, da še vedno niso popolnoma vsa sistematizirana mesta in da delo v vzgojni službi že dalj časa opravlja pedagoginja prostovoljka (kot volonterska pripravnica), zato je predlagal, naj se proučijo možnosti o njeni morebitni zaposlitvi.

DPM je nadalje izrekel tudi pohvalo individualnim programom dela, saj v zvezi s tem od mladoletnikov nismo slišali pritožb. DPM je posebej pozdravil tudi prakso, da mladoletniki podpisujejo terapevtske programe. Ob pregledu individualnih map mladoletnikov je DPM ugotovil, da so te pregledne in da vsebujejo vse potrebne podatke in dokumente, kar je tudi posebej pohvalil. DPM je ob tokratnem obisku sicer zaprosil za sporočilo razlogov oziroma pojasnilo, zakaj se občutno krni program skupinskega dela glede na preteklo obdobje.

DPM je glede na izraženo željo zaposlenih po rednih supervizijah predlagal, da se proučijo možnosti o ponovni vzpostavitvi supervizij za zaposlene v vzgojni službi. DPM je tudi predlagal, da se mladostnikom in zaposlenim v vzgojni službi omogoči tudi t. i. izobraževanje in realizacija doživljajske pedagogike.

Število pravosodnih policistov se od prejšnjega obiska sicer ni spremenilo, ponovile pa so se pritožbe iz prejšnjih obiskov glede odnosa pravosodnih policistov do mladoletnikov (vključno z očitki o tikanju). DPM je zato predlagal, naj pravosodne policiste opozorijo na primeren, predvsem pa na korekten in spoštljiv odnos do mladoletnikov, ter da bi bilo morda smotrno za pravosodne policiste vsaj enkrat mesečno organizirati skupine za »razbremenitev« ali druge oblike srečanja, kjer bi se obravnavala ta vprašanja. DPM je tudi izpostavil, da ob obisku ni ugotovil, da bi bila v PD Radeče čezmerna uporaba prisilnih sredstev ali ukrepov, ki posegajo v pravice mladoletnikov ob kršitvi pravil hišnega reda in discipline. DPM pa je zaznal povečano napetost med mladoletniki in tudi do zaposlenih, zato je izrazil pričakovanje, da bodo izvedli načrtovano predavanje Društva za nenasilno komunikacijo za pravosodne policiste, saj bodo tako pravosodni policisti pridobili znanja na tem področju in s tem morda prispevali k zmanjšanju napetosti v PD Radeče.

The visit to Radeče Correctional Facility

Although there were more minors accommodated on our visit to Radeče Correctional Facility than during our previous visit, it is encouraging that the correctional home is not overcrowded.

We discovered that the space layout of the special educational group remained the same. The NPM recommended regular cleaning, airing and repairing of the rooms, dedicated to this educational group, even though some are not used and do not accommodate minors. **The NPM particularly commended the tidiness of the open unit area and the section housing female minors. On the other hand the NPM expressed its expectations in relation to the gymnasium that it will be renovated as soon as possible. It should have been renovated in accordance with its previous recommendation.**

Even though minors were not working during our visit, the NPM inspected the workshops, discovered that the walls of the dressing rooms are dirty and recommended that Radeče Correctional Home Management or mentors in workshops encourage minors to take better care of all Radeče Correctional Facility rooms, especially those which were recently renovated.

On our visit the minors pointed out that judicial police officers (in absence of other employees) can temporary accommodate minors in the rooms of the special educational group without any prior official decision. The NPM regarded the issue of "temporary" transfer of minors without appropriate decision to the rooms of the special educational group with the status of "solitary confinement" as possibly questionable, since the living conditions differ from conditions in the main groups, if nothing else. However, this still means a confinement of the minor. A minor can only be transferred to the rooms of the special educational group if certain conditions are met and if related decision has been served. The NPM therefore believes that a minor should not be "temporary" transferred to special educational group if he/she did not commit any violation which would serve as a basis for the transfer. Radeče Correctional Facility must ensure other, but still appropriate accommodation to the minor, in order to avoid further conflict.

The NPM commended the employees' efforts to enable minors numerous different leisure activities (also outside Radeče Correctional Facility), because they have a positive influence on their re-education. During the visit it was determined that only female educationalists are employed in the education service, therefore the NPM suggested considering employing a male educationalist in the educational service in the future. Furthermore, the NPM discovered that not all classified posts have been filled and that a volunteer educationalist has been working in the education service (as a volunteer trainee) for a longer time period, therefore the NPM recommended the examination of possibilities for her employment.

In addition, the NPM commended the individual work programmes, since minors did not raise any related complaints. The NPM also commended the practice of signing the therapeutic programmes by the minors. When reviewing the individual files of the minors the NPM considered them illustrative, containing all necessary data and documents, and commended them. However, during this visit the NPM requested information on the reasons, why the group work programme has been significantly reduced compared to the previous period, or an explanation.

Upon employees' request for regular supervision the NPM recommended the examination of possibilities of resumed implementation of supervision for employees in the educational service. The NPM also recommended that the minors and employees in the education service be given an opportunity to engage in the so called experiential education and learning.

The number of judicial police officers has not changed since the previous visit, but the same complaints were raised as during previous visits about the attitude of judicial police officers to minors (including the complaints about their informality when addressing minors). The NPM therefore recommended that the judicial police officers be alerted to appropriate, correct and respectful attitude towards minors. Perhaps it could be useful to organize monthly group meetings for judicial police officers to relieve them of their burden or other forms of meetings to address these issues. The NPM pointed out that during its visit no excessive use of coercive measures was discovered which would adversely affect the rights of minors when violating House Rules or discipline. However, the NPM sensed greater tension among minors and also in relation to employees; therefore it expressed its expectations that a planned lecture of the Society for Non-violent Communication for judicial police officers will be held. In this way judicial police officers will acquire knowledge of this subject and perhaps contribute to reducing tension in Radeče Correctional Facility.

V zvezi z zdravstveno oskrbo ni bilo slišati pripomb, pohvalno pa je, da je bilo uresničeno priporočilo iz prejšnjega obiska, da se v ambulanti izvedejo adaptacijska dela tal. Prav tako ni bilo slišati pritožb nad hrano, kar velja pohvaliti.

DPM je izpostavil tudi primer dobre prakse: PD Radeče je namreč enemu od nekdanjih gojencev omogočil predavanje za mladoletnike s predstavitvijo knjige.

Odzive na naše priporočila, predloge in druga stališča DPM s sporočilom morebitnih ukrepov za izboljšanje stanja od UIKS ob pisanju tega prispevka še nismo prejeli.

There were no complaints with regard to health care and it is commendable that the recommendation from our previous visit was taken into account, namely with regard to the renovation of floor in the infirmary. There were also no complaints about food, which is also commendable.

The NPM also pointed out an example of good practice: Radeče Correctional Facility enabled one of its former inmates to give a lecture for minors by giving a book presentation.

We have not yet received a reply to our recommendations, proposals and other viewpoints of the NPM with regard to possible measures for improvement from the Prison Administration of the Republic of Slovenia when writing this report.

1.5 Obiski policijskih postaj

V letu 2013 smo obiskali 19 policijskih postaj po Sloveniji (PP Ljubljana Bežigrad, PP Ljubljana Center, PP Brežice, PP Šentjernej, PP Kranjska Gora, PP Radovljica, PP Tržič, PP Laško, PP Celje, PP Radlje ob Dravi, PP Dravograd, PP Ravne na Koroškem, PP Slovenj Gradec, PP za izravnalne ukrepe Maribor, PP Maribor II, PP Slovenske Konjice, PP Maribor I, PP Slovenska Bistrica, PP Šentjur pri Celju) in **Center za pridržanje Ljubljana**, pri čimer smo opravili 19 rednih obiskov in en kontrolni obisk (PP Šentjur pri Celju). **Tudi v tem letu smo opazili, da so bili policisti dobro seznanjeni z nalogami in pooblastili DPM, tako da je naše delo potekalo nemoteno. Vsi obiski, razen obisk Centra za pridržanje Ljubljana, so bili nenapovedani, opravljeni dopoldne ali popoldne.** Po vsakem obisku je skupina pripravila poročilo o ugotovitvah s priporočili, ki je bilo poslano Ministrstvu za notranje zadeve (MNZ) in zadevni Policijski postaji (PP) oziroma Postaji za izravnalne ukrepe (PPIU) oziroma Centru za pridržanje (CP), kjer je bil opravljen nadzor.

Poročila so nastala na podlagi pregleda prostorov za pridržanje, pogovora z vodstvom PP, pogovora s pridržanimi osebami in na podlagi pregleda dokumentacije, povezane s pridržanjem oseb. MNZ se je redno odzivalo na naša poročila in se v večini primerov strinjalo z našimi ugotovitvami ter zagotovilo, da so nekatere pomanjkljivosti že odpravili oziroma da so predvidene izboljšave.

Obiski PP so še naprej potekali po ustaljenem zaporedju: najprej je skupina, ki so jo sestavljali predstavniki Varuha in predstavniki ene pogodbene nevladne organizacije (obisk CP Ljubljana, PP Šentjur pri Celju, PP Radlje ob Dravi in PP Dravograd pa le predstavniki Varuha), opravila ogled vseh prostorov za pridržanje, vključno s pomožnimi prostori (kot so prostori za sprejem, za tujce in odvetnika, skladišče, prostor za sprehod). Pri splošnem pregledu PP smo bili pozorni tudi na parkirne prostore za stranke, označenost parkirnih prostorov, še posebej na ustreznost dostopa za invalidne osebe, pogledali pa smo tudi garderobne prostore za policiste ter morebitno njihovo ločenost za moške in ženske. Sledil je ogled intervencijskih vozil, če so bila med našim obiskom na PP, nato pa je bil na vrsti pogovor z vodstvom PP (največkrat s komandirjem, pomočnikom komandirja ali z dežurnim policistom), ko smo pregledali tudi dokumentacijo pridržanj naključno izbranih primerov (spisov). Ob vsakem obisku smo pridobili tudi statistične podatke o številu pridržanih oseb na obiskanih PP v letu 2013 (od datuma 1. 1. do datuma dneva obiska).

Osnovni podatki o prostorih za pridržanje

Število prostorov za pridržanje se razlikuje po PP, ki imajo od enega do pet prostorov za pridržanje, za krajša (do 12 ur) in daljša (do 48 ur) pridržanja, na CP Ljubljana pa imajo dvajset prostorov za pridržanje (10 za krajša, 10 za daljša pridržanja). Na nekaterih PP nimajo prostorov za pridržanje (PPIU Maribor, PP Maribor II), zato pridržanja izvajajo na drugih policijskih postajah. Na PP Kranjska Gora in PP Radovljica prostori za pridržanje niso v uporabi in se zato pridržanje oseb izvaja v drugih enotah, prav tako se prostora za pridržanje na PP Laško od novembra 2012 ne uporabljata, saj sta bila poplavljeni.

Dostop do prostorov za pridržanje je na nekaterih PP mogoč z vozilom neposredno skozi garažo oziroma skozi glavni vhod, po stopnicah mimo dežurnega policista (PP Ljubljana Bežigrad, PP Tržič, PP Celje), na nekaterih (PP Brežice) pa je dostop mogoč samo preko garaže, na drugih pa samo skozi ločen zunanji vhod iz dvorišča PP (PP Laško, PP Slovenj Gradec).

Ob ogledu prostorov za pridržanje smo se osredotočili na ustrezno opremljenost, označenost in velikost prostorov, ustrezno osvetlitev (dnevna in umetna svetloba), primerno temperaturo in prezračevanje prostorov ter čistočo, sanitarije, dostop do pitne vode, oskrbe s hrano, videonadzor prostorov in klicno možnost, opremljenost prostorov z informacijami in brošurami o pravicah pridržanih oseb, možnost za gibanje na prostem ter možnost kajenja (in bivanja v sobah brez kajenja), urejenost pritožbenih poti in (ne)primerno pokritost sanitarnih prostorov z videonadzornim sistemom.

1.5 The visits to police stations

Nineteen police stations were visited in Slovenia in 2013 (Hereinafter: "PS") (Ljubljana Bežigrad PS, Ljubljana Center PS, Brežice PS, Šentjernej PS, Kranjska Gora PS, Radovljica PS, Tržič PS, Laško PS, Celje PS, Radlje ob Dravi PS, Dravograd PS, Ravne na Koroškem PS, Slovenj Gradec PS, PS for Compensatory Measures Maribor, Maribor II PS, Slovenske Konjice PS, Maribor I PS, Slovenska Bistrica PS, Šentjur pri Celju PS) and **Ljubljana Police Detention Centre**. 19 visits were regular visits and one visit was a control visit (Šentjur pri Celju PS). **This year we noticed once more that police officers were well informed about the tasks and powers of the NPM, so we were able to carry out our work smoothly. All visits were unannounced, except in the case of Ljubljana Police Detention Centre, and took place in the morning or in the afternoon.** After each visit the group prepared a report on the findings with recommendations, which was sent to the Ministry of the Interior (MNZ) and to the concerned police station (PS) or the Police Station for Compensatory Measures (hereinafter: "PSCM") or the Detention Centre (DC), in which inspection was carried out.

The recommendations were based on the inspection of custody facilities, a conversation with the management of the police station, a conversation with persons in police custody and a review of the documentation, related to police custody. The Ministry of the Interior regularly responded to our reports, agreed with our findings in most cases and assured us that some deficiencies have already been addressed or that improvements are planned.

The visits to the PSs have continued to proceed under the established order: firstly, the group composed of the representatives of the Ombudsman's Office and the representatives of the NGO under a contract (the visit to Ljubljana Police Detention Centre, Šentjur pri Celju PS, Radlje ob Dravi PS and Dravograd PS was conducted only by the representatives of the Ombudsman), inspected all detention rooms, including the auxiliary facilities (such as the reception area, area for foreigners and lawyers, storage room and recreation yard). During the general inspection of the PS special attention was paid to parking spaces for clients, marking of parking spaces and particularly to suitability of access to the PS for disabled persons. We also inspected the locker rooms for police officers in terms of their potential separation for men and women. This was followed by the inspection of police intervention vehicles (if present at the PS during our visit). After that, it was time for an interview with the PS management (most frequently with the commander, assistant commander or police officer on duty), when documentation concerning detention of some randomly selected cases (files) was also inspected. Upon each visit, statistical data on the number of persons detained and held at the visited PS in 2013 was obtained (concerning the period from 1 January to the date of the visit).

Basic data on detention rooms

The number of detention rooms differs from one PS to another; there are from one to five detention rooms for shorter (up to 12 hours) and longer (up to 48 hours) periods of detention. Ljubljana Police Detention Centre has twenty detention rooms (10 for short-term and 10 for long-term police detention). Some PSs have no detention rooms (PSCM Maribor, Maribor II PS) which is why detention takes place in other police stations. Kranjska Gora PS and Radovljica PS are unable to use their detention rooms; therefore detention takes place in other units. Also the two detention rooms at the Laško PS have not been used since November 2012, because they were flooded.

In some PSs, access to detention rooms is possible by car directly through the garage or through the main entrance or by taking the stairs and passing the police officer on duty (Ljubljana Bežigrad PS, Tržič PS and Celje PS), while in other police stations access to the detention room is possible only through the garage (PS Brežice) or through a separate outdoor entrance from the courtyard of the police station (Laško PS, Slovenj Gradec PS).

When examining the detention rooms, the focus was primarily on proper equipment, the labelling and size of rooms, proper lighting (daylight and artificial light) proper room temperature, ventilation and cleanliness, toilets, access to drinking water, food supply, video surveillance of rooms and the option to make telephone calls, equipment of rooms with information and brochures on the rights of detained persons, the possibility of outdoor exercise and smoking (and accommodation in non-smoking rooms), the regulation of complaints procedures and the correct video surveillance of toilets.

Opremljenost prostorov

Prostori za pridržanje so večinoma oštevilčeni in ustrezno opremljeni (WC). Ležišča so praviloma lesena in opremljena s PVC-žimnicami in posteljnino, ki jo oseba dobi ob prihodu (odeje ali posteljnina za enkratno uporabo). Posteljnina je običajno shranjena v posebnem prostoru oziroma skladišču.

Kot primere dobre prakse je DPM izpostavil:

- Treba je pohvaliti PP Ljubljana Bežigrad, ki je upoštevala priporočilo iz prejšnjega obiska in prostora za pridržanje številčno označila ter ju opremila z ustrezno posteljnino za pridržanje čez noč.
- Pohvalno je, da je CP Ljubljana upoštevala priporočilo iz prejšnjega obiska in vsem pridržanim osebam (tudi za krajša pridržanja) omogočila uporabo vzglavnika. CP Ljubljana je tudi upoštevala priporočilo iz prejšnjega obiska glede potrebe po pleskanju prostorov št. 1 in 6, saj je bilo ob tokratnem obisku ugotovljeno, da so stene v teh prostorih čiste.
- Pohvaliti velja tudi PP Radlje ob Dravi, saj je prav tako upoštevala priporočilo s prejšnjega obiska, da se PP za potrebe pridržanj opremi tudi z vzglavniki, saj je bil vzglavnik ob tokratnem obisku že nameščen v prostor za pridržanje, prav tako pa ima PP še rezervne vzglavnike.
- Tudi PP Slovenj Gradec je upoštevala priporočilo iz prejšnjega obiska in v edini prostor za krajše pridržanje namestila vzglavnik.
- PP Slovenske Konjice je upoštevala priporočilo DPM iz prejšnjega obiska, in sicer sta v obeh prostorih za pridržanje nameščena vzglavniki in stikalo, s katerim je mogoče uravnati jakost umetne svetlobe, kar je treba pohvaliti.
- Pohvaliti velja PP Celje, ki je upoštevala priporočilo DPM, da le tanke ležalne blazine (armafleks) niso dovolj, in so zato bile v ta prostor nameščene žimnice.

DPM je ob obiskih opozoril tudi na nekatere pomanjkljivosti:

- Prostora za krajša pridržanja na PP Ravne na Koroškem žal še vedno nimata dostopa do tekoče vode. V zvezi s tem je MNZ navedlo, da so bile v letu 2010 proučene možnosti ureditve in izdelan prioriteten načrt ureditve za obdobje 2010–2014 ter da je zadeva evidentirana, izvedba pa je povezana z zagotovitvijo finančnih sredstev.
- V zvezi s PP Laško ni bilo mogoče preveriti priporočila, naj se v prostora za pridržanje namesti toaletni papir, saj sta bila v fazi prenovitve zaradi poplave. DPM je zato ob tokratnem obisku izrazil pričakovanje da bo to drugo priporočilo iz prejšnjega obiska uresničeno, ko se bosta prostora za pridržanje spet začela uporabljati.
- DPM ni videl potrebe po treh žimnicah v prostoru za pridržanje na PP Celje, saj se v prostor za krajše pridržanje namestila le po dve osebi.
- Stene prostorov številka 1 in 2 na PP Brežice so bile umazane, zato je DPM predlagal, naj se stene v teh prostorih prepleskajo. MNZ je zagotovil, da bo pleskanje prostorov opravljeno.
- DPM je PP Ljubljana Bežigrad predlagal, da se iz prostorov iz pridržanje odstrani po ena žimnica, glede na to, da se v prostorih za pridržanje vedno pridrži le ena oseba. MNZ je sporočilo, da je žimnice iz prostorov odstranilo.

Osvetljenost prostorov za pridržanje

Večina PP, ki smo jih obiskali v letu 2013, ima v prostorih za pridržanje dobro ali vsaj zadovoljivo dnevno svetlobo. Kljub temu velja omeniti, da smo na PP Brežice ugotovili nekoliko slabšo dnevno svetlobo v prostoru številka 1. Tudi na PP Tržič je dnevna svetloba sicer komaj zadovoljiva, je pa zagotovljena dobra umetna svetloba, ki jo je mogoče uravnati s prižigom samo ene ali treh žarnic. Tudi na PP Celje kot pomanjkljivost štejemo, da prostori za pridržanje nimajo dnevne svetlobe, na kar je ob obisku v letu 2012 opozoril tudi Evropski odbor za preprečevanja mučenja in nečloveškega ali ponižujočega ravnanja ali kaznovanja,

Čistost prostorov

PP imajo zaposleno čistilko oziroma sklenjeno pogodbo s čistilnim servisom. Prostori so bili urejeni, čisti in ustrezno prezračeni, le na PP Brežice so bile stene prostorov številka 1 in 2 umazane, kar smo že omenili.

Equipment in rooms

The detention rooms are generally adequately numbered and are adequately equipped (for example, with toilets). Beds are typically wooden and equipped with PVC-mattresses and bedding, which a person received upon his/her arrival (blankets or disposable bedding). Bedding is usually stored in a special storage room or a warehouse.

As an example of good practice the following was pointed out by the NPM:

- Ljubljana Bežigrad PS needs to be commended for following the recommendation from our previous visit to number the detention rooms and furnish them with appropriate bedding for the overnight detention.
- It is commendable that Ljubljana Police Detention Center followed the recommendation from our previous visit and provided pillows to all detainees (also in short-term detention). Ljubljana Police Detention Centre also implemented the recommendation from our previous visit with regard to the need for repainting of the rooms no. 1 and 6, since the walls were clean during this visit.
- Radlje ob Dravi PS should also be commended, since it followed the recommendation from our previous visit that pillows should be provided to detained persons, since a pillow was already available in the detention room upon this visit and the PS also has additional pillows.
- Slovenj Gradec PS also followed the recommendation from the previous visit and placed a pillow in the only detention room for short-term detention.
- Slovenske Konjice PS also followed the recommendation of the NPM from the previous visit and placed a pillow in both detention rooms and a switch, which enables the adjustment of the artificial light intensity, which is commendable.
- Celje PS should also be commended for following the recommendation of the NPM to replace thin mats with mattresses.

During the visits, the NPM, however, drew attention to some deficiencies:

- Unfortunately, the short-term detention rooms at the Ravne na Koroškem PS still have no access to flowing water. The Ministry of the Interior replied that possibilities for solving this problem were examined in 2010, a plan of priorities was designed for the period 2010–2014 and the issue was recorded, but the implementation depends on the available funds.
- With regard to Laško PS it was not possible to verify whether the recommendation, related to the toiler paper placement in the detention rooms has been respected, since the rooms were being renovated due to flooding. Therefore the NPM expressed his expectations during this visit that the recommendation from the previous visit will be taken into account, when the suites will be used again.
- The NPM saw no need for three mattresses in the detention room of Celje PS, since only two persons can be held in short-term detention room.
- The walls of the rooms no. 1 and 2 were dirty at the Brežice PS, therefore the NPM proposed the repainting of the walls in these rooms. The Ministry of the Interior assured that the repainting will be done.
- The NPM suggested to Ljubljana Bežigrad PS to remove one mattress from the detention room, since there can be only one person in a detention room at one time. The Ministry of the Interior informed the NPM that the mattresses were removed from the detention rooms.

Lighting in detention rooms

The majority of police stations visited in 2013 has good or at least satisfactory daylight in the detention rooms. In spite of that it needs to be mentioned that the Brežice PS was established to have slightly poorer daylight quality in room number 1. In Tržič PS the daylight is barely satisfactory, however, good artificial light is provided, which can be adjusted by turning on only one or three light bulbs. It is also considered a deficiency that Celje PS does not have proper daylight in detention rooms, which was also pointed out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment during its visit in 2012.

Cleanliness of rooms

Police stations (PSs) employ a cleaner or have contracts with a cleaning service. Rooms were organized, clean and properly ventilated, except in Brežice PS, where walls were dirty in rooms number 1 and 2, which was already mentioned.

Sanitarije

Sanitarije so bile ustrezno urejene: običajno WC-školjka v prostorih za daljše pridržanje in WC-počepnik z izplakovanjem v prostorih, ki so namenjeni krajšemu pridržanju.

Video- in zvočni nadzor

Pravilnik o policijskih pooblastilih (Ur. l. RS, št. 40/06 in 56/08; v nadaljevanju: pravilnik) določa, da mora policist, ki izvaja pridržanje, poskrbeti za varnost pridržane osebe, od njene namestitve v prostor za pridržanje do izpustitve. Za nadzorovanje pridržanih oseb lahko policist po tem pravilniku uporablja naprave za prenos zvočnih in slikovnih znakov. Uporaba teh naprav mora biti v prostoru vidno označena. Pravilnik pri tem jasno določa, da nadzor s tehničnimi sredstvi ne izključuje neposrednega fizičnega nadzora. Videonadzor je tako le pripomoček policistu pri neposrednem nadzoru pridržane osebe. Tega je treba v vsakem primeru prilagajati okoliščinam posameznega primera. Posebno skrben mora biti nadzor pridržane osebe, če ta kaže nagnjenje k samopoškodovanju ali če z njim grozi. To poudarjajo tudi Usmeritve za izvajanje policijskih pooblastil, ki še določajo, da se v takih primerih policist takoj posvetuje z dežurnim zdravnikom ali izvedejo drugi ukrepi za pomiritev oziroma preprečitev takšnih ravnanj. Vse to so očitno upoštevali tudi Normativi za gradnjo, adaptacijo in opremo prostorov za pridržanje št. 2152-1-31/500359-2 z dne 30. 9. 2002, saj določajo, da se videokamera namesti na strop ali nedosegljivo mesto tako, da nadzoruje celoten prostor, razen sanitarnega dela.

PP imajo v svojih prostorih za pridržanje videonadzor in klicni zvonec (povezan s sobo dežurnega), kar je označeno z opozorilom (nalepko) o govorni napravi in videonadzoru. DPM je le pri PP Ljubljana Center in PP Brežice izpostavil pomanjkljivost, da prostora številka 1 nima označenega (z nalepko), da je prostor videonadzorovan in da se s tem zagotovi spoštovanje drugega odstavka 74. člena Zakona o varstvu osebnih podatkov (Ur. l. RS, št. 94/07 – uradno prečiščeno besedilo). Pri pregledu videonadzornega sistema v prostorih za pridržanje je bilo ugotovljeno, da je ta ustrezno nameščen, saj ne pokriva sanitarnega dela. **DPM je v zvezi s tem pohvalilo PP Celje in PP Ravne na Koroškem, saj sta upoštevali priporočilo DPM s prejšnjega obiska, saj je bil na videonadzornem sistemu del, ki bi sicer pokrival sanitarni del prostorov za pridržanje, tokrat zakrit.**

V zvezi z videonadzorom je treba omeniti tudi nadzor prostora za sprejem pridržanih oseb. Večina prostorov za sprejem pridržanih oseb na PP nima videonadzora niti nima govorne naprave (razen PP Tržič). DPM v takšnem primeru meni, da gre za pomanjkljivost, saj morebitnih navedb pridržanih ali zadržanih oseb o neprimernem ravnanju uradnih oseb z njimi na ta način ni mogoče preveriti. DPM je zato PP Radlje ob Dravi, PP Dravograd, PP Kranjska Gora, PP Brežice, PP Slovenske Konjice, ki v prostoru za sprejem pridržanih oseb nimajo videonadzora, predlagal, naj se to odpravi, saj je tudi Evropski odbor za preprečevanje mučenja in nečloveškega ali ponižujočega ravnanja ali kaznovanja (Odbor) ob obiskih v Sloveniji pozval, naj se sprejmejo ukrepi, s katerimi se bo zagotovilo, da se elektronska oprema za beleženje policijskih postopkov redno uporablja. Kot je opozoril Odbor, je elektronsko snemanje (avdio in/ali video) policijskih pogovorov pomembna dodatna varovalka zoper grdo ravnanje s pridržanimi osebami, ki lahko zagotovi popoln in avtentičen zapis postopka pogovora in s tem močno olajša preiskavo kakršnih koli trditev o grobem ravnanju. To je zato v interesu tako oseb, s katerimi naj bi policija grdo ravnala, kot policistov, za katere neutemeljeno zatrjujejo, da so bili vpleteni v grdo ravnanje. Elektronsko zapisovanje policijskih pogovorov prav tako zmanjšuje možnost, da bi pridržane osebe pozneje lažno zanikale, da so podale kakršne koli izjave. MNZ je v zvezi z navedenim (PP Brežice, PP Kranjska Gora) obvestilo, da je zadeva evidentirana in bo izpeljana, kolikor bo obstoječi videonadzorni sistem omogočal širitev oziroma nadgradnjo v okviru investicijskega vzdrževanja prostorov Policije in razpoložljivih finančnih sredstev. Tudi za PP Radlje ob Dravi je sporočilo, da je izvedba omenjenega odvisna od finančnih sredstev, za PP Dravograd pa, da trenutno za opremo ni razpoložljivih finančnih sredstev. Za PP Slovenske Konjice je MNZ prav tako sporočilo, da se bodo možnosti namestitvenega videosistema ali primerne okenca na vratih prostora za pogovore s pridržanimi osebami proučile v okviru razpoložljivih finančnih sredstev.

Toilets

The toilets were adequately arranged: there was typically a toilet bowl in the rooms for longer periods of detention and a squat toilet with flush operation in the rooms for shorter periods of detention.

Video- and audio-surveillance

The Rules on police powers (Ur. l. RS, no. 40/06 and 56/08; hereinafter: Rules) specify that police officers implementing the detention have to ensure the safety of the detained person from the moment of his/her placement in the detention room until his/her release. According to these Rules, the police officer may use devices for audio and video signal transmission to supervise detained persons. The use of these devices must be visibly marked in the room. The Rules clearly specify that surveillance using technical means does not exclude direct physical surveillance. Therefore, video-surveillance is only used as a tool to help the officer with the direct supervision of the detained person. In any case it must be adapted to the circumstances of an individual case. Special care must be taken in monitoring a detained person who shows a tendency to self-harm or threatens to self-harm himself/herself. This is also highlighted in the Guidelines for the implementation of police powers, which additionally determine that in such cases the police officer is to immediately consult the on-call doctor or implement other measures to calm or prevent such behaviours. All of this was evidently taken into account by the Standards on the Construction, Adaptation and Equipment of Detention Rooms no. 2152-1-31/500359-2 of 30 September 2002, as they set out that the video-camera is to be installed on a ceiling or on a place out of reach, so that the entire room is supervised, with the exception of the sanitary annexe.

The detention rooms of PSs are equipped with video-surveillance systems and a call bell (linked with the room of the duty police officer) which is marked with a notice (a label) about the audio device and video-surveillance system. The NPM only pointed out a deficiency in Ljubljana Center PS and Brežice PS, namely, that the room no. 1 is not marked (with a label), that the room has video-surveillance so as to ensure the compliance with paragraph 2 of Article 74 of the Personal Data Protection Act (Ur. l. RS, No. 94/07 – official consolidated text). During the examination of the video-surveillance system of the detention rooms it was established that the system was correctly installed, since it does not cover the sanitary annexe. **In this regard, the NPM commended the Celje PS and Ravne na Koroškem PS, as they considered the recommendation of the NPM from the previous visit, as this time the part of the video-surveillance system, which would otherwise also cover the sanitary annexe of detention rooms, was covered.**

In relation to video-surveillance, the surveillance of the reception area of detained persons needs to be mentioned. The majority of areas in police stations intended for the admission of detained persons (except Tržič PS) were not under video-surveillance, neither was there an audio device. In such cases, it is the opinion of the NPM, that this was a deficiency since potential statements made by detained or held persons in regard to improper treatment by officials could not be verified. As a result, the NPM proposed to Radlje ob Dravi PS, Dravograd PS, Kranjska Gora PS, Brežice PS, Slovenske Konjice PS, where the reception area for the admittance of detained persons was not under a video-surveillance system, that they eliminate this deficiency since during its visit to Slovenia even the European Committee for the Prevention of Torture, Cruel, Inhuman or Degrading Treatment of Punishment (CPT) urged that Slovenia adopt measures to provide for regular use of electronic equipment for recording police procedures. As warned by the CPT, the electronic recording (audio and/or video) of police interviews is an important additional safeguard against the bad treatment of detained persons and it could provide for a perfect and authentic record of an interview procedure which makes the investigation of any claims regarding bad treatment significantly easier. This is therefore in the interest of persons who were supposedly treated badly by the Police as well as police officers in cases of unjustified claims that they have been involved in bad treatment. The electronic recording of police interviews also reduces the possibility for the detained person to later falsely deny that they have made any statements. The Ministry of the Interior notified the NPM in this regard (Brežice PS, Kranjska Gora PS) that the case was registered and will be realised, so far as the expansion and upgrading of existing video-surveillance system is possible within the scope of the maintenance of the premises of the Police and the available financial resources. With regard to Radlje ob Dravi PS, the NPM was informed that the execution of the abovementioned subject depends upon the financial resources and, with regard to Dravograd PS, that no funds are available at this time. With regard to Slovenske Konjice PS, the Ministry of the Interior also informed the NPM that the options of the installation of the video-surveillance system or the appropriate window on the door of the room for interviews with the detained person will be examined within the scope of the available financial resources.

Prehrana in voda

Večina PP zagotavlja pridržanim osebam hrano v obliki t. i. »lunch paketov«, ki jih je več vrst, med njimi tudi posebni za vegetarijance, in katerih rok uporabnosti je ustrezen. Nekatere PP (ki izvajajo daljša pridržanja) imajo sklenjene pogodbe o dostavi (toplih) obrokov (CP Ljubljana) ali pa topli obrok zagotovijo prek službe za operativno podporo (PP Ravne na Koroškem).

Zdravstvena oskrba pridržanih oseb

PP zdravniško pomoč zagotavljajo tako, da pridržano osebo odpeljejo v bližnji zdravstveni dom, ki ima zagotovljeno 24-urno dežurstvo oziroma da pride zdravnik na PP.

Intervencijska vozila

Opravljen je bil pregled intervencijskega vozila na PP Kranjska Gora. Ugotovljeno je bilo, da je prostor za prevoz pridržanih oseb čist in da so nad sedalnimi delom reže, ki omogočajo pridržani osebi, da se med prevozom oprime.

Sprehajališča

Sprehajališča so namenjena sprehajanju pridržanih oseb in kajenju. Žal večina PP nima posebnega sprehajališča, kar ni ustrezno predvsem na PP, kjer imajo tudi prostore za daljše pridržanje. Zato uporabljajo dvorišča PP in zagotovijo tudi spremstvo oziroma osebni nadzor.

DPM pozdravlja sprehajališče na PP Brežice, ki je videonadzorovano, kar je ustrezno označeno, in ki je do polovice pokrito, kar zagotavlja pridržanim osebam sprehajanje tudi ob slabem vremenu, kljub vsemu pa je DPM v zvezi z omenjenim sprehajališčem predlagal, da PP na sprehajališču namesti pepelnik. MNZ je sporočilo, da bodo na omenjeni PP zagotovili pepelnik. Na CP Ljubljana sta prav tako kajenje in sprehajanje pridržanim osebam še vedno omogočeni v posebnem ograjenem dvorišču, ki je tudi pokrito (polovično) za primer slabega vremena.

Prostor za odvetnike

PP imajo ali poseben prostor za odvetnike ali pa za to uporabljajo druge prostore (prostor za sprejem pridržane osebe, za zaslihanje, delovne sobe za policiste).

Poleg seznama odvetnikov, ki je objavljen na spletni strani Policije, imajo vse PP seznam odvetnikov tudi v tiskani obliki. Na PP Brežice in PP Dravograd, kjer seznam odvetnikov ni bil datumsko označen, pa je DPM predlagal, da se namesti nov seznam z datumom in da se ta sproti osvežuje. DPM je v zvezi s PP Dravograd še posebej poudaril, da je bilo v odzivnem sporočilu MNZ številka 070-33/2013/7 z dne (207-06) sporočeno, da so bile vse enote opozorjene, da morajo zaradi sprotnega obnavljanja seznam odvetnikov natisniti vsake tri mesece. MNZ je v zvezi s PP Brežice sporočilo, da je seznam že obnovljen, v zvezi s PP Dravograd pa, da je bil seznam že ob obisku obnovljen in da je bila enota (ponovno) opozorjena, da mora seznam natisniti vsake tri mesece, predvsem pa ga ustrezno označiti, da bo razvidno, kdaj je bil seznam natisnjen.

Nekatere PP (PP Ljubljana Center, PP Kranjska Gora) prostor za pogovore z odvetnikom nadzorujejo z videom, kar je označeno z ustrezno nalepko, nekatere PP (PP Brežice) pa imajo samo govorno napravo.

Food and water

The majority of PSs provide detained persons with food in the form of different types of lunch packages, including those for vegetarians. The expiry date was acceptable. Some PSs (conducting longer detentions) have contracts for food supply (warm meals) (Ljubljana Police Detention Centre) or provide warm meals through the operational support section (PS Ravne na Koroškem).

Health care of detained persons

Medical attention is provided by taking the detained person to the nearby 24-hour health care centre, or a doctor comes to the PS.

Intervention vehicles

An inspection of an intervention vehicle in Kranjska Gora PS was performed. It was found that the area for the transport of detained persons was clean and equipped with handgrips allowing the detained person to hold on.

Recreation yard

Recreation yard is intended for exercise and smoking of detained persons. The majority of PSs do not have a special recreation yard, which is not appropriate, particularly in the case of PSs with rooms for longer periods of detention. The police station's courtyards are used for this purpose and an escort or personal surveillance is provided for in such a case.

The NPM welcomes the recreation yard in Brežice PS which has an appropriately marked video-surveillance and is partially covered which enables detained persons to take walks in poor weather conditions, but in spite of that, with regard to the above mentioned recreation yard, the NPM proposed to install an ashtray in the recreation yard. The Ministry of the Interior informed the NPM that the above mentioned PS will provide an ashtray. At the Ljubljana Police Detention Centre smoking and walking of the detained persons are still allowed in a special fenced yard, which is also (partially) covered for the case of bad weather.

Room for lawyers

PSs have either a special room for lawyers or other rooms used for this purpose (reception room for detained persons, interrogation room, studies for police officers).

In addition to the list of lawyers published on the police website, all PSs have the list of lawyers available in printed form. For the Brežice PS and Dravograd PS, where the list of lawyers was not dated, the NPM proposed that a new list be provided and that it be regularly updated. With regard to Dravograd PS, the NPM particularly emphasised that the response report of the Ministry of the Interior No. 070-33/2013/7 of (207-06) notified that all units were warned that the list of lawyers must be printed every three months due to the regular updating. With regard to Brežice PS the Ministry of the Interior informed the NPM that the list was already updated and with regard to Dravograd PS, that the list was already updated upon the visit and that the unit was (once again) warned, that the list is to be printed every three months and, above all, that its date must be clearly marked.

Some PSs (Ljubljana Center PS, Kranjska Gora PS) had their room for interviews with a lawyer under a video-surveillance system which was marked with a suitable label, while some police stations (Brežice PS) only had an audio-device.

Prostor za tujce

Posebne prostore za tujce imajo samo na PP Brežice. DPM je v zvezi s prostori za tujce na PP Brežice predlagal, da se proučijo možnosti o namestitvi videonadzornega sistema, v zvezi s čimer se je MNZ odzvalo enako kot v zvezi z videonadzorom prostora za sprejem oseb.

Prostori so bili primerno čisti in opremljeni.

Seznanjenost pridržanih oseb z njihovimi pravicami

Policija je pred leti izdala brošuro z obvestilom o pravicah osebe, ki ji je bila odvzeta prostost, v več jezikih in jih imajo v vseh PP. Pohvalno je, da je brošura na večini PP na mestih, kjer je potrebna (prostori in predprostori za pridržanje, prostori za pogovore, prostori za tujce). Seznanjenost s pravicami se zagotavlja tudi s plakati z obvestilom o prijemu zaradi odvzema prostosti, kar je pohvalno. Kljub temu je **Evropski odbor za preprečevanje mučenja in nečloveškega ali ponižujočega ravnanja ali kaznovanja ob obisku v Sloveniji 2012 v delu, ki se nanaša na zagotavljanje zdravstvene pomoči, opozoril na »slab« oziroma neustrezen prevod te pravice v angleški in nemški jezik** (takšen plakat je bil npr. PP Radlje ob Dravi). V odzivnem poročilu je Vlada RS za navedeno opozorilo sporočila, da bo »preverila ustreznost prevodov pravic pridržanih oseb v tuje jezike in pripravila ustrezne spremembe«. DPM je zato ob tokratnem obisku prosil za sporočilo, ali je MNZ že preverilo ustreznost prevodov pravic pridržanih oseb v tuje jezike in če ne, kdaj je pričakovati, da bo to storjeno in kdaj bodo po potrebi opravljeni popravki prevodov pravic pridržane osebe v tuje jezike (predvsem angleški in nemški, na kar je Evropski odbor za preprečevanje mučenja in nečloveškega ali ponižujočega ravnanja ali kaznovanja posebej opozoril). MNZ je sporočilo, da je preverilo ustreznost prevodov in ugotovilo, da ti dejansko niso bili najbolj ustrezni. Zaradi racionalnosti novih plakatov še niso natisnili, naj bi pa bilo tiskanje novih plakatov predvideno v začetku leta 2014.

Varuh človekovih pravic RS je kot izvajalec DPM že v letu 2011 razposlal na vse PP tudi brošure in plakate o DPMP, vendar pa jih na večini PP nismo zasledili.

Dokumentacija

Pregled dokumentacije je pokazal, da je ta večinoma skrbno urejena.

Kljub omenjenemu pa smo opazili nekatere nedoslednosti, netočnosti in nepravilnosti pri izpolnjevanju podatkov v dokumentaciji.

- DPM je na PP Slovenske Konjice pri naključno izbranem primeru ugotovil, da ni navedeno, v katerem prostoru za pridržanje je bila oseba, in je zato predlagal, da policiste ponovno opozorijo na dosledno evidentiranje vseh potrebnih podatkov v obrazce, ki so potrebni za izvedbo pridržanja. MNZ je v zvezi s tem sporočilo, da je bil podatek o številki prostora pridržanja zapisan v poročilu dežurnega policista.
- PP Ravne na Koroškem je DPM predlagal, naj se v FIO-evidenco za pridržanji popravi vnos oziroma dejansko vnese kraj pridržanja, kjer se je to izvajalo. Prav tako je DPM predlagal, naj se v primerih pridržanj po drugem odstavku 157. člena ZPKZ vnosi kraja pridržanja preverijo in ti po potrebi popravijo oziroma se navede dejanski kraj pridržanja. MNZ je v zvezi s tem sporočilo, da je bil s policistoma opravljen pogovor, v katerem so ju opozorili na točnost in doslednost pri izpolnjevanju rubrik v obrazcih, in da so bili podatki v evidenci popravljeni.
- DPM je PP Ravne na Koroškem tudi opozoril, da morajo policisti dokumente, ki so potrebni za pridržanja, tudi podpisati. MNZ je sporočilo, da so policista opozorili na podpis uradnega zaznamka in da so bili podatki v evidenci popravljeni.

Accommodation area for foreigners

Special rooms for foreigners were only available in Brežice PS. With regard to rooms for foreigners, the NPM proposed that the Brežice PS examine the possibilities on installing a video-surveillance system, in relation to which the response of the Ministry of the Interior was the same as in relation to the video-surveillance of the reception area.

The rooms were adequately clean and equipped.

Information for detained persons on their rights

A few years ago, the Police issued a brochure on the rights of a person deprived of their liberty in several languages, which was found in every PS. It is noteworthy that the brochure is available in places where it is needed (detention rooms and their waiting areas, rooms for interviews, rooms for foreigners) in the majority of police stations. Information on rights is also provided by means of posters informing readers about deprivation of liberty, which is commendable. In spite of that the **European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment during its visit to Slovenia in 2012 pointed out a "poor" or inadequate translation of these rights into English and German** (for example, such poster was found in Radlje ob Dravi PS). In the response report, the government of the RS informed us, that "the adequacy of the translations of the rights of the detained persons into foreign languages will be examined and that appropriate changes will be made". For this reason the NPM during this visit requested a message whether the Ministry of the Interior has verified the adequacy of the translations of rights of the detained persons into foreign languages and if not, when it is expected that this will be done and when the corrections of the translations of the rights of the detained person into foreign languages, if necessary (mainly English and German, which was particularly highlighted by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment). The Ministry of the Interior informed the NPM that the adequacy of the translations was examined and it was established that they were not particularly adequate. The new posters were not yet printed in the interest of rationality, however, the printing of new posters is planned for the beginning of 2014.

In the capacity of the NPM, the human Rights Ombudsman of the Republic of Slovenia sent brochures and posters on the NPM to all police stations in 2011, however, they were not to be found in the majority of police stations.

Documentation

The inspection of documentation showed it to be mostly carefully arranged and organized.

In spite of the above mentioned, some inconsistencies, inaccuracies and irregularities in relation to data inputs were discovered in the documentation.

- In a randomly selected case in Slovenske Konjice PS the NPM found that it was not specified in which detention room the person was placed. Therefore the NPM proposed that the police are to be reminded to consistently record all necessary data by means of forms that are needed to carry out the arrest. With regard to this, the Ministry of the Interior informed the NPM that the data on the detention room number was recorded in the report of the duty police officer.
- The NPM proposed to Ravne na Koroškem PS that the entry on the detentions in the FIO register be corrected or to actually record the location where the detention took place. Furthermore, the NPM proposed that in cases of detentions under paragraph 2 of Article 157 of the ZPKZ the entries of the location of the detention be examined and corrected, when necessary, or that the actual location of the detention be specified. In relation to this, the Ministry of the Interior informed the NPM that there was an interview held with the police officer, in which they reminded them on the accuracy and consistency in filing out sections of forms and that the data of the record was corrected.
- Moreover, the NPM reminded Ravne na Koroškem PS that the police officers must sign the necessary documents for detention. The Ministry of the Interior informed the NPM that the police officers were reminded about the signature of the official note and that the record data was corrected.

- DPM je v enem primeru na PP Ravne na Koroškem ugotovil, da je bilo v enem delu evidentirano »oseba nima vidnih poškodb«, v drugem pa, da ima »poškodovano levo koleno – odrgnino«, kar vzbuja dvom o natančnosti osebnega pregleda pridržane osebe. DPM je zato PP Ravne na Koroškem predlagal, naj policiste opozorijo, da se v takšnih primerih, če ima pridržana oseba vidno poškodbo, dejansko ta evidentira. MNZ je v zvezi s tem sporočilo, da pobudnik pri namestitvi ni povedal, da ga boli koleno, in je zato policist na prvi strani obrazca rubriko »zdravniška pomoč in oskrba« prečrtal. Te ugotovitve je policist pravilno, pozneje, zapisal na drugi strani obrazca, ko je pobudnik potem povedal, da ga boli koleno. Zaradi poškodbe je bil obveščen ZD Ravne na Koroškem. Ponovni zapis v rubriko »zdravniška pomoč in oskrba« ni bil potreben in gre za administrativno napako. Po mnenju MNZ ni mogoče trditi, da takšen zapis vzbuja dvom o natančnosti osebnega pregleda pridržane osebe.
- DPM je na PP Radlje ob Dravi, na PP Dravograd, v CP Ljubljana ugotovil nekatere pomanjkljivosti pri izpolnjevanju vseh rubrik v obrazcu »izvajanje opravil med pridržanjem/zadržanjem – uradni zaznamek« in zato predlagal, da se na to opozorijo policisti. MNZ je sporočilo, da je policiste opozorilo na sprotno izpolnjevanje rubrik.
- DPM je v zvezi s primerom (PP Laško), glede katerega je bilo ugotovljeno, da se pravna podlaga v uradnem zaznamku in FIO-evidenci razlikujeta in da sklepi pridržanja niso povsem točni (glede na FIO-evidenco in uradni zaznamek) ter glede katerega je bilo ugotovljeno, da je bil podatek, naveden na drugi strani uradnega zaznamka o pridržanju v rubriki »pridržanje odredil«, popravljen s korektorjem, predlagal, da se primer ponovno pregleda in da se ustrezno popravijo oziroma uskladijo podatki o koncu pridržanja in o pravni podlagi za odreditev pridržanja. Hkrati je DPM predlagal, da policiste (ponovno) opozorijo na pravilen način popravljanja podatkov v uradnih dokumentih (popravljeni podatek naj se prečrta, da je viden in da se tisti, ki je popravo opravil, podpiše oziroma da se za popravljanje v uradnih dokumentih ne uporablja korektor. V zvezi s pridržanjem te osebe je MNZ sporočilo, da so takoj popravili pravno podlago pridržanja, da so vse policiste opozorili, da se pridržanje konča, ko je oseba predana preiskovalnemu sodniku, ter jih opozorili na pravilen način popravljanja dokumentov.
- DPM je v primeru PP Celje predlagal, da se ob zasegu več predmetov pridržani osebi to opravi na način, iz katerega bo bolj razvidnejše zaporedje zaseženih predmetov (npr. se doda dodatni list – preglednica, na prvem pa se označi, da se število zaseženih predmetov nadaljuje na naslednji strani). DPM je namreč ob pregledu dokumentacije ugotovil, da je bilo pridržani osebi zaseženo več različnih predmetov, ki jih pridržana oseba ne sme imeti pri sebi. MNZ je v zvezi s tem sporočilo, da so pregledali dokumentacijo pridržane osebe, da je bila ta isti dan pridržana še ena oseba z istim imenom, in da so potrdila o zasegu predmetov bila uvrščena v dokumentacijo, kot je potrebno.
- Na PP Celje in PP Brežice je DPM ob pregledu dokumentacije pridržane osebe tudi ugotovil, da policist ni podpisal uradnega zaznamka o pridržanju ob koncu pridržanja, zato je DPM predlagal, da dežurne policiste opozorijo na dosledno izpolnjevanje vseh rubrik uradnega zaznamka. MNZ je sporočilo, da je vodstvo PP takoj uredilo, da je policist uradni zaznamek podpisal.
- DPM je v zvezi s pregledanim postopkom pridržanja osebe (PP Kranjska Gora) menil, da glede na to, da PP Kranjska Gora nima oziroma ne uporablja prostorov za pridržanje, niti policisti te PP niso odredili pridržanja na prireditvenem prostoru v Planici, vnos v FIO-evidenco v tem primeru ni bil pravilen oziroma bi moralo biti pridržanje vneseno v evidenco pridržanj enote, iz katere policist je pridržanje dejansko odredil. DPM je zato prosil, da izpostavljeni primer proučijo in sporočijo ugotovitve. V zvezi z navedenim je MNZ sporočilo, da so bili podatki v evidenci pridržanih oseb osveženi tako, da se je kot enota odreditve pridržanja vnesla PP, katere policist je dejansko odredil pridržanje.

- In regard to Ravne na Koroškem PS, the NPM found that in one case one section stated that “the person does not have any visible injuries” and another section that the person “sustained injuries to the left knee - an abrasion” which raises a doubt on the accuracy of the personal examination of the detained person. For this reason the NPM proposed to the Ravne na Koroškem PS that the police officers be reminded that in cases when a detained person has a visible injury, this be actually recorded. In relation to this, the Ministry of the Interior informed the NPM that upon the accommodation, the person in question did not mention any pain in their knee and therefore the officer crossed out the section “Medical attention and treatment” on the first page of the form. These findings were later correctly registered by the officer on the second page of the form, after the person in question said they have a pain in their knee. The injury was notified to the health care centre Ravne na Koroškem. A new record under section “Medical attention and treatment” was not necessary and this was an administrative error. According to the opinion of the Ministry of the Interior, it cannot be established that such record creates doubts on the accuracy of the personal inspection of the detained person.
- In Radlje ob Dravi PS, Dravograd PS and Ljubljana Police Detention Centre, the NPM established some deficiencies regarding the completion of all sections of the form “The performance of tasks during detention/apprehension - official note” and thereby proposed that the officers be informed of this. The Ministry of the Interior informed the NPM that the police officers were reminded of the regular completion of sections.
- In relation to a case (Laško PS), with regard to which it was established that the legal bases in the official note and in the FIO register are different and that the decisions on detention are not entirely accurate (with reference to the FIO register and the official note) and with regard to which it was established that the data on the second page of the official note on detention under section “detention ordered by” was corrected with a correction fluid, the NPM proposed the case to be re-examined and that the data on the end of detention and on the legal basis for the detention order be appropriately corrected or harmonised. At the same time the NPM proposed to remind (again) the police officers of the proper manner for correcting data in the official documents (the corrected data should be crossed out to be visible, the person who performed the correction should sign and the correction fluid should not be used for corrections in official documents. In relation to the detention of this particular person, the Ministry of the Interior informed the NPM that the legal basis of the detention was immediately rectified, that all the police officers were reminded of the fact that the detention ends when a person is delivered to the investigating judge and that police officers were notified of the proper manner for correcting documents.
- In the case of Celje PS, the NPM proposed that the confiscation of items of the detained person be performed in such manner that the sequence of the confiscated objects would be clearer (e.g. when an additional page is added - a table, the first page should indicate that the number of confiscated objects continues in the following page). Namely, upon the examination of the documentation, the NPM found that several different items which were confiscated should not be carried by the detained person. With regard to this, the Ministry of the Interior informed the NPM that the documentation on the detained person was examined, that on the same date another person of the same name was detained and that the receipts on the confiscation of items were included in the documentation, as necessary.
- Furthermore, upon the examination of the documentation in Celje PS and Brežice PS it was found that the officer did not sign the official note on detention when the detention ended, therefore the NPM proposed that the duty officers be reminded to consistently complete all the sections of the official note. The Ministry of the Interior informed the NPM that the PS management immediately arranged for the official note to be signed by the police officer.
- In relation to the examined detention procedure (Kranjska Gora PS), the NPM is of the opinion that, considering that the Kranjska Gora PS does not have or does not use detention rooms, neither did the police officers of this PS order a detention at the event site in Planica, the entry in the FIO register, in this case, was not correct and that the detention should be entered in the detention record of the unit, the officer belonging to which, actually ordered the detention. For this reason, the NPM requested that the case be investigated and the findings be communicated. With regard to the above mentioned, the Ministry of the Interior informed the NPM that the data in the register of detained persons were updated by entering the PS of which an officer actually ordered the detention as the unit that ordered the detention.

- DPM je tudi PP Kranjska Gora opozoril na večjo natančnost pri vpisovanju zaseženih predmetov v obrazec potrdila o zaseženih predmetih. MNZ je sporočilo, da so policisti bili opozorjeni na večjo doslednost.
- Na PP Radovljica je ob pregledu pridržanja tujca bilo ugotovljeno, da je bil večji del obrazca o »izvajanju opravil med pridržanjem/zadržanjem – uradni zaznamek« spremenjen oziroma je vseboval le podatke o pridržani/zadržani osebi in rubriko opravila med pridržanjem, ter da so tako iz uradnega zaznamka bile izbrisane rubrike »zdravstveno stanje pridržane/zadržane osebe, zdravniška pomoč in oskrba, obveščanje zagovornika, obveščanje diplomatsko konzularnega predstavništva, obveščanje svojcev, obveščanje okrožnega državnega tožilca in preiskovalnega sodnika, obveščanje vojaške policije in varnostni pregled osebe«. DPM je zato podal mnenje, da takšno spreminjanje uradnega obrazca ni pravilno. MNZ je v zvezi s tem navedlo, da je Policija za zmanjševanje administrativnih ovir uvedla spremembe pri evidentiranju pridržanja za učinkovitejšo izrabo delovnega časa pri izvajanju policijskih nalog. Začasno sta bila pripravljena dva obrazca, med katerima se je policist odločil. MNZ je v zvezi s tem navedlo, da ne glede na to, za kateri obrazec se je policist odločil, bi moral v obrazec vpisati vse posebnosti v zvezi z uveljavljanjem pravic pridržane osebe.
- DPM je PP Radovljica v drugem primeru tudi opozoril, da je treba v FIO-evidenci popraviti vnos datuma odreditve pridržanja, in predlagal, naj policiste ter starešine, ki opravljajo nadzor glede pridržanj na PP, opozorijo na večjo natančnost pri vnosih pridržanj v FIO-evidenco. MNZ je sporočilo, da so bile policijske enote opozorjene na večjo natančnost in doslednost pri izpolnjevanju uradnih dokumentov.
- Pri pregledu dokumentacije na PP Tržič je bilo ugotovljeno, da je bila popravljena ura odreditve pridržanja in ura obveščanja zdravnika, pri čemer ni bilo razvidno, kdo je te popravke opravil, zato je DPM predlagal, da policiste opozorijo na pravilno popravljanje podatkov v dokumentih, ki so potrebni za izvedbo pridržanja. MNZ je policiste opozorilo na pravilno popravljanje uradnih dokumentov.
- DPM je pri pregledu dokumentacije tujca na PP Brežice ugotovil, da je bilo pri rubriki, v katerem jeziku je bila oseba seznanjena s pravicami, napisano »v jeziku, ki ga razume«. DPM meni, da takšen zapis ni primeren, in predlaga, naj se v prihodnje napiše točno, v katerem jeziku je bila oseba seznanjena s pravicami. Prav tako je bilo v tem primeru (in drugem primeru na PP Šentjernej) ugotovljeno, da je policist v sklepu o pridržanju v rubrikah o obveščanju svojcev obkrožil, da pridržana oseba ni zahtevala, da se te osebe obveščajo, hkrati pa sta bila v rubriki zapisana datum in ura (očitno čas, ko je bila oseba s to pravico seznanjena). DPM meni, da je takšna praksa neprimerna, in predlaga, naj, če pridržana oseba ne zahteva obveščanja svojcev, odvetnika oziroma delodajalca, diplomatsko-konzularnega predstavništva, se teh podatkov ne izpisuje, saj se s takšnim zapisom lahko pojavi dvom, da je pridržana oseba kljub temu zahtevala obveščanje navedenih. MNZ se je s stališči DPM strinjalo.
- Pri pregledu osebe na PP Brežice je bilo ugotovljeno, da so bile v uradnem zaznamku zapisane površinske odrgnine po zunanji strani obraza in vidni znaki uporabe lisic, pri čemer oseba ni bila pregledana pri zdravniku. DPM predlaga, naj se v takšnih primerih zagotovi, da osebo pregleda zdravnik, saj bi to bilo, glede na to, da so poškodbe nastale tudi z uporabo prisilnih sredstev, predvsem v interesu policistov. Ob pregledu sklepa o pridržanju za isto osebo je bilo tudi ugotovljeno, da je bil ta pridržani osebi vročen eno uro prepozno. DPM je zato opozoril, da morajo biti policisti pri izpolnjevanju obrazcev natančni, predvsem pa morajo spoštovati zakonsko predpisana določila, v katerem času mora biti določeni dokument pridržani osebi proti njenem podpisu tudi vročen. MNZ je sporočilo, da je vodstvo policijske enote odgovornega policista in vse druge policiste opozorilo na dosledno spoštovanje rokov vročanja predpisanih listih pridržanim osebam, v zvezi z zagotovitvijo zdravniškega pregleda pa je DPM obvestilo, da je policist ustrezno zapisal ugotovljene poškodbe pridržane osebe v uradnem zaznamku in da v opisanem primeru niso obstajale okoliščine, ki bi kazale na potrebo po takojšnji zdravniški pomoči, prav tako je ni zahtevala pridržana oseba.

- The NPM also reminded Kranjska Gora PS to be more accurate in entering confiscated items into the form of the receipt of confiscated items. The Ministry of the Interior informed the NPM that the police officers were reminded to be more consistent.
- Upon the examination of the detention of a foreigner in Radovljica PS, it was established that the greater part of the form on "the performance of tasks during detention/apprehension - official note" was changed or only contained data on the detained/apprehended person and the section of the task during detention and that the sections on "health condition of the detained person, medical attention and treatment, notification of an advocate, notification of a diplomatic mission or consular post, notification of relatives, notification of the District Prosecutor's Office and the investigating judge, notification of the military police and screening of person" were deleted. For this reason, the NPM delivered an opinion that such changes to the official form are not appropriate. In relation to the above mentioned, the Ministry of the Interior stated that the police introduced changes in the recording of detention to reduce administrative burden and for more efficient use of working time in carrying out police duties. Two forms were available in that period, among which the officer selected one. With regard to this, the Ministry of the Interior stated that the officer should register all the particularities in relation to the enforcement of rights of the detained person, regardless of which form was selected.
- Furthermore, the NPM also reminded the Radovljica PS that the date entry of the detention order in the FIO register needs to be corrected and proposed that the police officers and the chiefs that exercise the supervision with regard to detentions be reminded to be more accurate, when entering detentions in the FIO register. The Ministry of the Interior informed the NPM that the police units were reminded to be more accurate and consistent in completing official documents.
- During the inspection of the documentation in Tržič PS, it was established that the time of the detention order and the time of the notification of the doctor were corrected, and it was not clear who entered these corrections, therefore the NPM proposed that the police officers be reminded to properly correct the date in the documents necessary to carry out the detention. The Ministry of the Interior reminded the police officers to properly correct official documents.
- Furthermore, when inspecting the documentation of a foreigner in the Brežice PS, the NPM found that the section, in which the person was informed about their rights included "in a language they understand". The NPM is of the opinion that such recording is inappropriate and proposes that the exact language in which the person was informed about their rights be specified in the future. It was also established in this case (and in another case in Šentjernej PS) that under the sections of the detention order on informing the relatives the police officer circled that the detained person did not demand to inform these persons, while at the same time the date and time were recorded under the section (evidently the time when the person was informed of this right). The NPM is of the opinion that such practice is inappropriate and proposes that in case the detained person does not demand the notification of their relatives, lawyer or employer, diplomatic mission or consular post, these data not be recorded, since such record would raise doubts whether the detained person demanded the notification of the above mentioned in spite of this. The Ministry of the interior agreed with the opinions of the NPM.
- The inspection of a person in Brežice PS showed that the official note recorded superficial abrasions on the outside of the face and visible marks from handcuffs and the person was not examined by a doctor. The NPM proposes that in such cases a medical examination by a doctor be provided, for this would also be in the best interest of the police officers, as the injuries resulted from the use of restraints. Upon the examination of the detention order concerning the same person, it was established that it was served an hour too late. For this reason, the NPM warned that police officers be accurate when completing forms, and, above all, that they respect the statutory provisions regarding the time when a certain document must be served and signed by the person in detention. The Ministry of the Interior informed the NPM that the management of the police unit reminded the officer responsible and all the other officers to consistently meet the time limits for serving the prescribed documents to detained persons, whereas in relation to providing a medical examination the NPM was informed that the police officer adequately recorded the established injuries of the detained person in the official note and that no circumstances existed in the case in question, which would indicate that immediate medical assistance is necessary, neither was it demanded by the person in detention.

- DPM v postopku z določenim tujcem na PP Ljubljana Bežigrad ugotavlja, da je v sklepu o pridržanju evidentirano, da je bila pridržana oseba s pravicami pridržane osebe seznanjena v »bosanskem jeziku«, čeprav tak jezik ni ne v brošuri MNZ s pravicami pridržane osebe niti na plakatu MNZ s pravicami pridržane osebe, zato predlaga, da policiste opozorijo na dosledno izpolnjevanje rubrik obrazcev, tudi v delu, v katerem se navede, v katerem jeziku je bila pridržana oseba seznanjena s pravicami pridržane osebe, predvsem pa, da se točno navede jezik, v katerem je bila pridržana oseba dejansko seznanjena s pravicami pridržane osebe. MNZ je sporočilo, da zaradi podobnosti s hrvaškim in srbskim jezikom pravic osebe na plakatu oziroma brošuri niso prevajali v navedeni jezik.
- Pri pregledu pridržanja za osebo na PP Ljubljana Bežigrad je bilo ugotovljeno, da se čas v odločbi o pridržanju na prvi strani razlikuje od časa, navedenega na zadnji strani odločbe. Prav tako je različen čas pridržanja, razviden z obrazca »o izvajanju opravil med pridržanjem/zadržanjem – uradni zaznamek«. DPM je predlagal, da se policisti opozorijo na natančnost pri izpolnjevanju obrazcev, ki so potrebni ob pridržanju, predvsem da vanje vnašajo točne ure posameznih dogodkov ali ukrepov. Pri tako različno navedenem podatku ure vročitve odločbe pridržani osebi se namreč poraja dvom, kdaj je bila ta pridržani osebi dejansko vročena. DPM se je tudi strinjal, da policisti sicer skrbno zapisujejo vse dejavnosti, ki so jih imeli s pridržano osebo, vendar se ob tem zastavlja vprašanje, ali je za to najprimernejše evidentiranje v obrazcu z imenom »izvajanje opravil med pridržanjem/zadržanjem – uradni zaznamek«, ki je predvsem namenjen za evidentiranje opravil med samim policijskim pridržanjem. Morda bi bilo dovolj, da bi policisti dejavnosti po koncu pridržanja, ko je bila oseba predana v postopek preiskovalnemu sodniku, dodatne dejavnosti (npr. da je bila oseba odpeljana v pripor) evidentirali v svoje poročilo o opravljenem delu in poročilo dežurnega policista. Zadnji pomislek je DPM izrazil tudi pri pregledu enega od primerov na PP Ljubljana Center. Na podlagi tega je DPM predlagal, da te pomisleke obravnavajo in sporočijo svoja stališča. MNZ je sporočilo, da sta bila v evidenci pridržanih oseb v FIO-evidenci popravljena napačna podatka o začetku policijskega postopka, presodili pa so, da ni bilo napačno ravnanje policistov, ki so na istem obrazcu zapisali dodatne dejavnosti.
- Pri pregledu pridržanja osebe na PP Ljubljana Bežigrad je bilo ugotovljeno, da so v obrazcu o »izvajanju opravil med pridržanjem/zadržanjem – uradni zaznamek« navedene različne ure opravil policistov ob pridržanju. Stališče MNZ v zvezi z navedenim primerom je enako, kot izhaja iz prejšnje alineje.
- Pri pregledu pridržanja osebe na PP Ljubljana Bežigrad je bilo s pregledom obrazcev pridržanja ugotovljeno, da primer pridržanja ni v popolnosti vnesen v FIO-evidenco, saj o pridržani osebi ni bilo pravilno vneseno njeno celotno osebno ime. DPM opozarja, da je treba v FIO-evidenco vnesti popolne osebne podatke pridržane osebe (vsa imena ali vse priimke). MNZ je sporočilo, da sta bila v FIO-evidenco vneseni obe imeni in priimek.
- Pri pregledu dveh primerov na PP Ljubljana Center je bilo ugotovljeno, da se čas začetka postopka v sklepu o pridržanju in FIO-evidenci razlikujeta, zato je DPM predlagal, naj policiste opozorijo na doslednost pri vnašanju podatkov v FIO-evidenco. MNZ je sporočilo, da je bil v FIO-evidenci takoj popravljen oziroma vnesen pravilni čas.

- In the procedure involving a foreigner in Ljubljana Bežigrad PS, the NPM found that the detention order included a note that the detained person was informed of their rights in "Bosnian language", although such language cannot be found in the brochure of the Ministry of the Interior with the rights of detained persons, neither in the Ministry of the Interior poster with the rights of the detained persons, and therefore proposes that the officers be reminded to consistently complete the sections on the forms, including the part specifying the language in which the detained person was informed of their rights, and above all, to accurately specify the language in which the detained person was actually informed of their rights. The Ministry of the Interior informed the NPM that the rights from the poster were not translated into the specified language due to the similarities with Croatian and Serbian languages.
- The inspection of a detention of a person in Ljubljana Bežigrad PS showed that the time in the first page of the detention order is different from the time in the last page of the detention order. The time in the form "on the performance of tasks during detention/apprehension - official note" differs as well. The NPM proposed that the officers be reminded to be accurate when completing the necessary forms for the detention, and above all, to enter the exact times of individual events or measures. Such different records of data on the time when the detention order was served to the detained person namely raise doubts on the time when it was actually served to the detained person. The NPM also agreed that otherwise the officers record all the activities regarding the detained person with due care, but it raises the question, whether the form "performance of tasks during detention/apprehension - official note", which is mainly intended to record the tasks during the police detention, is really the most appropriate means of recording. It might suffice that, when the detention ends and a person is taken before the investigating judge, the police officers recorded additional activities (e.g. that the person was taken into custody) in their report on the work performed and the report of the duty police officer. The also NPM expressed a concern in the inspection of one of the cases in Ljubljana Center PS. On this basis the NPM proposed that these concerns be discussed and their opinions be delivered. The Ministry of the Interior informed the NPM that wrong data on the initiation of the police procedure were corrected in the FIO register of detained persons, and it was found that there was no misconduct by the police officers that recorded additional activities in the same form.
- The inspection of a detention of a person in Ljubljana Bežigrad PS revealed that different times of police tasks during detention were recorded in the form "on the performance of tasks during detention/apprehension - official note". The position of the Ministry of the Interior in relation to the above mentioned case is the same as referred to in the previous indent.
- The examination of a detention of a person in Ljubljana Bežigrad PS revealed that the detention case is not entirely recorded in the FIO register, since the full name of the person in detention was entered incorrectly. The NPM warns that complete personal data on the person in detention must be entered in the FIO register (all the names and last names). The Ministry of the Interior informed the NPM that both names and last name were entered in the FIO register.
- The inspection of two cases in Ljubljana Center PS showed that the time of the initiation of the procedure differs in the decision on detention and and the FIO register, therefore the NPM proposed that the police officers be reminded to consistently enter the data in the FIO register. The Ministry of the Interior informed the NPM that the time in the FIO register was immediately corrected and the correct time was entered.

Pritožbene poti

PP imajo različno urejene pritožbene poti. **Skoraj vse PP imajo knjigo pohval in pritožb, ki je pri dežurnem policistu, večina PP pa ima tudi nabiralnike, kar daje možnost pridržanim osebam anonimno podajo pritožbe ali pohvale**, prav tako lahko to izkoristijo tujci, ki sicer niso seznanjeni s slovenskimi predpisi o možnosti pritožb zoper delo uradnih oseb (ob predpostavki, da je nabiralnik tudi ustrezno označen v tujem jeziku). Pohvaliti velja PP Ljubljana Bežigrad, kjer je bilo ugotovljeno, da je na spodnji strani lista knjige pripomb in pohval vedno pripis starešine PP, kaj se je zgodilo s posameznim zapisom (pohvalo ali pritožbo), npr. da je sledil odgovor osebi, ki je opravila vpis ali v primeru pritožbe, da je bila ta poslana v nadaljnje reševanje na Policijsko upravo. **DPM je takšno spremljanje vpisov v knjigo pripomb in pohval starešin PP pozdravil in predlagal, naj se ta praksa nadaljuje tudi v prihodnje. Prav tako velja pohvaliti CP Ljubljana, saj je v hodniku nameščena papirnata škatla s papirji in pisali, ki omogoči oddajo morebitne pritožbe. Ob obisku na PP Brežice je DPM ugotovil, da nabiralnika za anonimne pritožbe in pohvale PP še vedno ni na voljo, zato je predlagal, da PP v svoje prostore namesti tudi nabiralnik.** MNZ je sporočilo, da je bil v predprostoru dežurnega policista nameščen nabiralnik za anonimno oddajanje pohval in pritožb državljanov. Na PP Radlje ob Dravi knjiga pripomb in pohval ni bila na vidnem mestu in je bila v času našega obiska v sobi dežurnega policista, poleg tega pa PP nima nabiralnika za anonimno oddajanje pripomb in pohval, tako da je DPM ugotovil, da glede tega ni bilo upoštevano priporočilo s prejšnjega obiska, in je zato spet predlagal, naj se knjiga pripomb in pohval namesti na vidno mesto in naj se proučijo možnosti za namestitev nabiralnika za anonimno oddajanje pripomb in pohval. MNZ je v zvezi s tem sporočilo, da je bila knjiga pripomb in pohval nameščena na vidno mesto (za stekleno steno, ki ločuje dežurnega policista od obiskovalcev) ter izjavilo, da bo proučena možnost o namestitvi nabiralnika. **DPM je pohvalil PP Dravograd, saj je upoštevala priporočilo DPM s prejšnjega obiska in je v hodniku pred prostorom dežurnega policista sama iz kartonaste škatle izdelala nabiralnik, kamor lahko osebe anonimno oddajo morebitne pripombe in pohvale.**

Dostop do PP invalidom in parkirni prostori za stranke, tudi invalidne osebe

Vse PP imajo ustrezen in urejen dostop za invalide (dvižno pomagalo ali vsaj klicni zvonec, ki invalidnim osebam omogoči, da tako opozorijo dežurnega policista o svojem prihodu), ter tudi urejene toaletne prostore, namenjene invalidom, kar omogoča, da PP lahko pridrži tudi invalide. Kljub temu pa PP Kranjska Gora, PP Slovenska Bistrica, PP Laško, PP Radlje ob Dravi niso imele urejenega dostopa za invalide, zato je DPM predlagal, da se proučijo možnosti o namestitvi vsaj zvonca, ki bi invalidnim osebam omogočal obvestiti dežurnega policista o svojem prihodu. MNZ je v zvezi s PP Kranjska Gora sporočilo, da bodo na PP proučili možnost ureditve dostopa za invalide v okviru načrtovanih večjih investicijsko vzdrževalnih del, imajo pa nameščen zvonec, ki ga uporabljajo invalidne osebe, da pokličejo dežurnega policista. V zvezi s PP Slovenska Bistrica in PP Laško pa je MNZ sporočilo, da bo proučena možnost namestitve zvonca z govorno napravo, ki bo invalidnim osebam omogočal obveščanje dežurnega policista, v zvezi s PP Radlje ob Dravi pa, da bo PU Celje poskrbela za namestitev zvonca z govorno napravo. DPM je sicer pohvalilo PP Ljubljana Bežigrad, saj je bilo ugotovljeno, da ima PP (v nasprotju s prejšnjim obiskom) tudi dostopno rampo za invalide.

Delovne razmere za zaposlene

DPM je ugotovil, da policisti delajo v slabih delovnih razmerah na PP Laško, saj je PP namreč v manjšem bloku iz leta 1973 in ima za uporabo namenjeni dve nadstropji (visoko pritličje in prvo nadstropje, kjer je pisarna administracije in komandirja). Policisti uporabljajo prostore v visokem pritličju, kjer imajo za opravljanje dela na razpolago le štiri manjše pisarne. PP lahko v tem objektu zagotavlja garderobne prostore le manjšemu številu policistov, tako da ima večina policistov garderobne prostore v objektu čez dvorišče (v prostorih stare PP), kjer je tudi manjša sejna soba, namenjena za izvedbo sestankov. DPM je zato predlagal, da se proučijo možnosti za čimprejšnje izboljšanje delovnih razmer zaposlenih na navedeni PP. MNZ je v zvezi s tem sporočilo, da potekajo dejavnosti (iskanje lokacije) za gradnjo novega objekta PP. Na PP Slovenske Konjice je bilo prav tako tudi ugotovljeno, da je v dežurni sobi prostor za stranke od dežurnega policista ločen le z delovnim pultom (višine približno 140 cm) in da glede na navedeno delovno mesto ni povsem ustrezno, saj je praktično nezaščiten od strank, ki prihajajo na PP. DPM je zato predlagal, da se prouči možnost, da se delovno mesto dežurnega policista uredi tako, da bo varnejše in da bo strankam preprečeval možnost neposrednega napada na dežurnega policista. MNZ je v zvezi s tem sporočilo, da se bodo v okviru razpoložljivih finančnih sredstev proučile možnosti za varnejšo ureditev prostora dežurnega policista.

Complaint procedures

The complaint procedures of PSs vary. **Almost all PSs keep a comments and complaints book, stored with the duty officer and the majority of PSs also have letter boxes available to detained person to anonymously submit a comment/complaint.** This may also be used by foreign nationals, who are not informed on Slovenian regulations on making complaints about the work of public officials (assuming the letter box is appropriately labelled in other languages). It is noteworthy that in Ljubljana Bežigrad PS, where it was found that on the bottom of the page of the comments and complaints book there was always a postscriptum of a chief of the PS on what happened with an individual note (comment or complaint), e.g. that a response was sent to the person who filed a note, or in case of a complaint, that the latter was referred to the Police Directorate. **The NPM welcomed such monitoring of entries in the comments and complaints book by the chiefs of the PSs and proposed that such practice be continued in the future. Ljubljana Police Detention Centre should also be commended, since there is a paper box in the corridor with pens and papers, which enables the submission of eventual complaints. When visiting Brežice PS, the NPM found that the anonymous comments and complaints box is still not available in the PS, and proposed that the box be installed in its quarters.** The Ministry of the Interior informed the NPM that the box for anonymous submissions of comments and complaints of the citizens was installed in the lobby with the duty police officer. In Radlje ob Dravi PS the comments and complaints book was not placed in a visible position and was located in the room with the duty officer during the visit, furthermore, there is no box for anonymous submissions of comments and complaints in the PS, therefore the NPM established that the recommendation from the previous visit was not considered with regard to this and once again proposed that the comments and complaints book be placed in a visible position and to examine possibilities of installing a box for anonymous comments and complaints. With regard to this, the Ministry of the Interior informed the NPM that the comments and complaints book was placed in a visible position (behind the glass wall, which separated the duty officer and visitors) and stated that the possibility of installing the box will be examined. **The NPM commended the Dravograd PS, as it followed the recommendation of the NPM from the previous visit and produced a box from a cardboard box for anonymous submissions of eventual comments and complaints, which was placed in a corridor outside the duty officer's room.**

Access to police stations for the disabled and parking space for clients, including the disabled

All the PSs have suitable and organized access for the disabled (a lift for the disabled or at least a bell which enables a disabled person to warn a duty police officer of their arrival) and toilets for the disabled which enables the PS to also detain persons with disabilities. Notwithstanding, in Kranjska Gora PS, Slovenska Bistrica PS, Laško PS and Radlje ob Dravi PS the access for the disabled was not provided, which is why it was proposed by the NPM that the possibilities of at least installing a bell, which would enable the disabled persons to warn a duty police officer of their arrival, be examined. With regard to Kranjska Gora PS, The Ministry of the Interior informed the NPM that the PS will examine the possibility of arranging access for the disabled in the context of the major maintenance activities, whereas the bell for the disabled to warn the duty officer is already installed. With regard to Slovenska Bistrica PS and Laško PS, the Ministry of the Interior informed the NPM that the possibility of installing a bell with an audio device, which would enable for the disabled to notify the duty officer, will be examined; with regard to Radlje ob Dravi PS that the Police Directorate Celje will provide for the installation of the bell with an audio device. However, the NPM commended the Ljubljana Bežigrad PS, as it was established that the PS (unlike from the previous visit) also has a wheelchair ramp.

Working conditions for employees

The NPM established that police officers from Laško PS conduct their work in poor working conditions, as the PS is located in a small apartment block built in 1973 and uses two floors (ground floor and first floor with the administration and commander's offices). The officers use the ground floor rooms, where only four small offices are available, where they can perform their work. The PS can only provide changing rooms for a small number of police officers in this building and consequently most officers use changing rooms in a building across the yard (in the old PS quarters), which also includes a small meeting room where meetings are held. For this reason, the NPM proposed to examine the possibilities on improving working conditions of the employees of the PS as soon as possible. With regard to this, the Ministry of the Interior informed the NPM that activities are in place (searching location) to build a new PS building. It was also established in Slovenske Konjice PS that the space for clients in the duty room is separated from

Kontrolni obisk PP Šentjur pri Celju

DPM je v letu 2013 opravil tudi kontrolni obisk PP Šentjur pri Celju, katerega namen je bila preveritev uresničitve priporočil DPM s prejšnjega obiska glede na odzivno poročilo MNZ. Ob obisku smo se prepričali, da je bilo uresničeno priporočilo, da se proučijo možnosti namestitve vsaj zvonca, ki bi invalidnim osebam omogočal obvestiti dežurnega policista o svojem prihodu, saj je bil ob stopnicah, ki vodijo v prostore PP, nameščen in označen klicni zvonec. DPM je ob prejšnjem obisku tudi predlagal, da se policistom na policijski postaji za sedeče delo za računalnikom (zaslonom) zagotovijo ustrezni delovni stoli, in ob kontrolnem obisku je bilo ugotovljeno, da je bilo to priporočilo DPM v celoti upoštevano, saj so policisti za delo z računalnikom dobili štiri pisarniške stole (sicer različne), s katerimi so zadovoljni in omogočajo boljše možnosti za (sedeče) delo. Ob prejšnjem obisku je DPM predlagal, da se poleg predmetov, ki so shranjeni v prostoru za zasežene predmete, priložita tudi ustrezen dokument npr. potrdilo ali zapisnik o zasegu predmetov in zapisnik o najdenih predmetih, in ob kontrolnem obisku s pregledom prostora, kjer se hranijo (manjši) zaseženi predmeti, ugotovil, da je ta prostor urejen in čist, vsak zaseženi predmet pa je imel priložen ustrezen dokument. DPM je ob prejšnjem obisku tudi zaprosil za pojasnilo stališča glede pridržanja osebe, ki odkloni preizkus alkoholiziranosti z indikatorjem alkoholiziranosti (alkotestom) in ne podpiše zapisnika o preizkusu in zanjo ni odrejen strokovni pregled oziroma preizkus z merilnikom alkohola v izdihanem zraku – etilometrom. MNZ se je v odzivnem poročilu takrat strinjalo s stališčem DPM, da je treba v skladu z drugim odstavkom 107. člena ZPrCP preizkus z etilometrom ali strokovni pregled odrediti, tudi ko udeleženec v cestnem prometu odkloni preizkus alkoholiziranosti in ne podpiše zapisnika. MNZ je navedlo, da je bila strokovna služba GPU policijske uprave seznanjena z navedenim mnenjem. Glede tega priporočila je DPM ob kontrolnem obisku torej ugotovil, da je pozneje prišlo tudi do spremembe izpostavljene določbe ZPrCP z Zakonom o spremembah in dopolnitvah Zakona o pravilih cestnega prometa (ZPrCP-A). DPM je ob prejšnjem obisku predlagal, da se prouči možnost, da se delovno mesto dežurnega policista uredi tako, da bo varnejše in da bo strankam preprečeval možnost neposrednega napada na dežurnega policista. DPM je nadalje predlagal, da se proučijo možnosti za zagotovitev možnosti ločenega (od preostalih policistov) garderobnega prostora za policistko. DPM je tudi predlagal, da se proučijo možnosti ureditve primerne prostora tudi za shranjevanje večjih zaseženih predmetov. MNZ je takrat v odzivu navedlo, da se zaveda, da so delovne razmere policistov (pisarniški stoli, garderobni prostori, prostori za shranjevanje najdenih in zaseženih predmetov, ureditev dežurne sobe) na navedeni policijski postaji zelo slabi in da je predvidena novogradnja objekta policijske postaje, ki pa je odvisna od zagotovljenih finančnih sredstev. MNZ je takrat tudi sporočilo, da bodo na policijski upravi Celje določene pomanjkljivosti poskušali odpraviti s prerazporeditvijo določenih materialnih sredstev (npr. zagotovitev stolov, hrambo večjih zaseženih predmetov v drugih policijskih enotah ipd.). Ob kontrolnem obisku je DPM prejel informacije, da je novogradnja te PP v načrtu za leto 2015-2016 in v tej zvezi prosil za sporočilo načrtovanih ukrepov še za zagotovitev boljše varnosti dežurnega policista in ločenosti garderobnega prostora za policistko (policistke). MNZ je v odzivnem poročilu na slednje ugotovitve iz kontrolnega obiska sporočilo, da bodo v pisarni v kletnih prostorih, ki je manj v uporabi, namestili garderobno omaro za policistko, v zvezi s predlogom, da se delovno mesto dežurnega policista uredi tako, da bo varnejše, pa je obvestilo, da je naveden problem evidentiran v okviru investicijskega načrta vzdrževanja prostorov Policije za leto 2013 in bo realiziran, če bodo zagotovljena finančna sredstva.

the duty officer by a mere desk (approx. 140 cm high) and that this is not fully adequate according to the specified workplace, as the officer has essentially no protection from the clients of the PS. Therefore the NPM proposed to examine the possibility of arranging the workplace of the duty police officer to be more secure and to prevent clients from directly attacking the duty police officer. With regard to this, the Ministry of the Interior informed the NPM that the possibilities of a more secure arrangement of a duty police officer room will be examined in the context of the available financial resources.

Control visit of the Šentjur pri Celju PS

In 2013 the NPM also performed a control visit of the Šentjur pri Celju PS for the purpose of verifying the realisation of the NPM recommendations from the previous visit with regard to the response report of the Ministry of the Interior. During the visit it was ascertained that the recommendation on examination of the possibilities of at least installing a bell, which would enable the disabled persons to warn a duty police officer of their arrival was realised, as the bell was installed along the stairs which lead into the PS premises. Furthermore, during the previous visit the NPM proposed to provide suitable office chairs used by the officers for their office work and the control visit revealed that this recommendation of the NPM was fully realised, as the officers received four office chairs (although different), with which the officers are satisfied and enable better conditions for (office) work. During the previous visit the NPM proposed that appropriate document accompany the items, which are stored in the room for confiscated items, e.g. a receipt or a record of the confiscation of items or a record on found items and the inspection of the room where (small) confiscated items are stored during the control visit revealed that the room is tidy and clean and every confiscated item was accompanied by an appropriate document. During the previous visit the NPM requested an explanation of the position concerning the detention of a person, who refuses a test with a breath alcohol indicator (Breathalyser) and will not sign the report on the test and the specialist examination or a test with the breath alcohol analyser - ethylometer, was not ordered. In the response report, the Ministry of the Interior agreed with the position of the NPM that, in accordance with Article 107, Paragraph 2 of the ZPrCP, a breathalyser test with an ethylometer or an expert examination should also be ordered in cases when a driver refuses to take the alcohol content test and will not sign the relevant report. The Ministry of the Interior stated that the expert service of the general Police Directorate was informed about the abovementioned opinion. With regard to this NPM recommendation the control visit showed that later a modification of the relevant provision of ZPrCP occurred with the Act Amending the Road Traffic Safety Act (ZPrCP-A). During the previous visit the NPM proposed to examine the possibility of arranging the workplace of the duty police officer to be more secure and to prevent clients from directly attacking the duty police officer. Furthermore, the NPM proposed to examine the possibilities of providing a separate (from the rest of the police officers) changing room for the female police officer. The NPM also proposed to examine the possibilities for arrangement of a suitable room for storing larger confiscated items. At that time the Ministry of the Interior stated in its response to be aware that the officers' working conditions (office chairs, changing rooms, storage rooms for found and confiscated items, arrangement of a duty room) in the abovementioned PS are extremely poor and that the construction of new police station building is scheduled, but depends on the available financial resources. The Ministry of the Interior also informed the NPM that the Celje Police Directorate will attempt to correct certain deficiencies by rearranging certain material means (e.g. provide for chairs, the storage of large confiscated items in other police units etc.). During the control visit the NPM received information that the construction of this PS is scheduled for 2015-2016 and with this regard requested to be informed of the planned measures and to ensure better security of the duty officer and the separation of the changing rooms for men and women officers. The Ministry of the Interior informed the NPM by a response report on the abovementioned findings from the control visit, that a wardrobe for the female police officer will be placed in an office in the cellar, which is rarely used and with regard to the proposal on arranging the workplace of the duty police officer to be more secure communicated that the issue was recorded in the context of the plan for maintenance of the premises of the PS for 2013 and will be realised, if financial resources will be provided.

1.6 Obisk Psihiatrične bolnišnice Idrija



Psihiatrično bolnišnico Idrija (v nadaljevanju: bolnišnica) smo obiskali 18. 9. 2013. Pri obisku je v delu nadzora, ki se nanaša na zdravstveno varstvo in zdravniško oskrbo, sodeloval tudi zdravnik izvedenec DPM dr. Peter Pregelj, dr. med., spec. psih. Glavni namen obiska je bil preveriti ravnanje z osebami, nastanjenimi na oddelkih pod posebnim nadzorom, zato, da se odpravijo morebitne pomanjkljivosti, ugotovljene ob obisku.

Predhodno poročilo o obisku je bilo bolnišnici poslano dne 18. 10. 2013. Dne 20. 11. 2013 smo prejeli odzivno poročilo bolnišnice, po prošnji za dodatna pojasnila, ki ji je bila posredovana 17. 12. 2013, pa smo prejeli 3. 1. 2014 drugi odgovor. Oba odgovora sta bila vključena v končno poročilo. Zaradi dodatnega preverjanja ugotovitev, zapisanih v predhodnem poročilu DPM, sta predstavnika Varuha bolnišnico znova obiskala 23. 1. 2014. Ob obisku je bila ponovno podrobno pregledana dokumentacija, ki se nanaša na uporabo PVU v posameznih primerih, ugotovitve pa so vključene v končno poročilo.

Splošni podatki o bolnišnici

Bolnišnica sprejema paciente severne in južnoprimorske, idrijsko-cerkljanske in notranjske regije. Leži nad Idrijo, v mirnem in zelenem okolju. Bolnišnica deluje v nekdanji italijanski vojašnici. Prostori so večinoma že obnovljeni, tako so v zadnjem času prenovili prostore, namenjene nehospitalni dejavnosti, laboratorij, nekatere prenove pa so v teku. Med obiskom so prenavljali pomožno poslopje, kjer bodo uredili prostore za servisne službe in njihovo dejavnost. **V delu na novo urejene stavbe pa bodo pridobili tudi prostore, kjer se bodo lahko zadrževali pacienti in njihovi svojci med obiski, kar pozdravljamo.** V načrtu imajo še postavitev ekološkega otoka.

Bolnišnica je v letu 2012 kot prva psihiatrična ustanova v Sloveniji pristopila k akreditacijski presoji zagotavljanja kakovosti in varnosti zdravstvene obravnave po mednarodnem standardu NIAHO oz. DIAS. Akreditacijsko presojo je opravila mednarodna akreditacijska hiša DNV Healthcare s sedežem na Norveškem. Na podlagi akreditacijske presoje je bolnišnici uspelo pridobiti mednarodno priznani certifikat o izpolnjevanju zahtev mednarodnega standarda. Poleti 2013 je potekal že drugi krog akreditacijske presoje, ki je bil jeseni 2013 uspešno končan. V letu 2013 je bolnišnica dejavno pristopila tudi k vzpostavitvi sistema vodenja kakovosti po standardu ISO 9001, sprejet je bil akcijski načrt vzpostavitve sistema ter oblikovana delovna skupina, ki bo odgovorna za pripravo ustreznih strokovnih podlag in oblikovanje gradiva.

Ob zadnjem obisku smo ob glavnem vhodu v bolnišnico, ki obiskovalca vodi mimo parka do posameznih delov bolnišnice, pogrešali usmerjevalne oziroma pojasnilne table o legi oziroma lokaciji posameznih delov bolnišnice. **Ob tokratnem obisku smo takoj za vhodom opazili pregledno tablo, ki nedvomno pomeni veliko pridobitev za lažjo orientacijo v prostoru uporabnikom njenih storitev, njihovim svojcem in drugim obiskovalcem bolnišnice. Odziv bolnišnice in torej namestitve ustrezne pojasnilne table vsekakor pozdravljamo.**

Letno bolnišnica sprejme približno 1.600 pacientov, v letu 2012 jih je bilo tako sprejetih 1.648, odpuščenih pa 1.626. Zmogljivost bolnišnice je 210 postelj. Povprečna ležalna doba je bila 36 dni, povprečna zasedenost pa je 85-odstotna oziroma 178 pacientov na dan. Na dan tokratnega obiska DPM je bilo zasedenih 174 postelj.

Bolnišnica ima šest bolniških oddelkov, in sicer: splošni psihiatrični ženski oddelek S2, splošni psihiatrični moški oddelek S3, gerontopsihiatrični oddelek L2, splošni psihiatrični oddelek oziroma oddelek za podaljšano zdravljenje L3, psihoterapevtski oddelek S4 in oddelek za zdravljenje zasvojenosti z alkoholom L1.

1.6 Visit to the Idrija psychiatric hospital

Idrija psychiatric hospital (hereinafter: hospital) was visited on 18 September 2013. The medical expert of the NPM, Peter Pregelj, psychiatrist, MD, also participated during the control part of the visit, which referred to the health care and medical assistance. The main purpose of the visit was to inspect the treatment of persons, accommodated in the secure ward in order to correct eventual deficiencies, established during the visit.

The previous report on the visit was sent to the hospital on 18 October 2013. On 20 November 2013 the response report was received from the hospital and after the request for additional explanation, which was sent to the hospital on 17 December 2013. The second response was received on 3 January 2014. Both responses were included in the final report. Due to additional verification of findings, recorded in the previous NPM report, the representatives of the Ombudsman's Office visited the hospital again on 23 January 2014. During the visit, the documentation regarding the use of special protection measures in individual cases was inspected and the findings were included in the final report.

General information about the hospital

The hospital receives patients from Northern and Southern Primorska region, Idrija-Cerklje region and central region. It is located above Idrija in a calm and green environment. The hospital operates in a former Italian military barracks. The majority of rooms are renovated, the rooms for non-hospital activities and the laboratory were recently renovated, while some renovations are still ongoing. During the visit the auxiliary building, where rooms for service offices and their activities are to be arranged, was being renovated. **In one section of the newly arranged building, some rooms will be obtained, where patients and their relatives will be able to stay during visits, which is welcomed.** The building of an ecological island is also planned.

In 2012 the hospital was the first psychiatric institution to accede to the accreditation assessment of the quality and safety of health care according to international standards NIAHO and DIAS, respectively. The accreditation assessment was carried out by the international hospital accreditation provider DNV Healthcare Inc., established in Norway. On the basis of an accreditation assessment, the hospital received the internationally recognised certificate on compliance with the international standard. In the summer of 2013 the second round of the accreditation assessment was undertaken and was successfully completed in the fall of 2013. In 2013, the hospital was actively involved in the establishment of the quality management system according to the standard ISO 9001, an action plan for the system establishment was adopted and an action group was formed, which will be responsible for the preparation of appropriate technical bases and materials.

Upon the last visit it was noticed that the main entry of the hospital, which leads the visitors past the park to different sections of the hospital, was missing maps or explanatory tables of the locations of the individual parts of the hospital. **During the control visit a clear table was noticed right behind the entrance, which is certainly a great asset which facilitates spatial orientation of the users of its services, their relatives and other visitors to the hospital. The hospital's response and the placement of an appropriate explanatory table is absolutely welcomed.**

The hospital receives approximately 1,600 patients per year; in 2012 the hospital received 1,648 and discharged 1,626 patients. The hospital's capacity is 210 beds. The average length of stay was 36 days and the average occupancy rate was 85% or 178 patients per day. On the day of the NPM's visit, 174 beds were occupied.

The hospital has six departments, as follows: Women's general psychiatric department S2, Men's general psychiatric department S3, Department of gerontopsychiatry L2, Department of general psychiatry and Department for extended treatment L3, Department of Psychotherapy S4 and the Department for the treatment of alcohol addiction L1.

Že od leta 2008 izvajajo skupnostno obravnavo pacientov, ki temelji na multidisciplinarnem timu, ki poteka na terenu, in sicer pokriva Primorsko. V tim so vključeni zdravnik psihiater, diplomirana medicinska sestra, psiholog, socialna delavka in delovni terapevt skupaj s pacientom in njegovimi svojci. Tim je delno lociran v Idriji (pokriva severni in osrednji del Primorske), delno pa v Izoli (pokriva južni del Primorske oz. obalno-kraško regijo). Obravnava v skupnosti je oblika zdravljenja in vodenja psihiatričnih pacientov, ki imajo pogoste ponovitve bolezni, so pogosto hospitalizirani, tudi proti njihovi volji, težje sodelujejo pri zdravljenju z opuščanjem zdravil in kontrolnih pregledov, imajo dvojne diagnoze z odvisnostjo ali ponavljajočimi se zlorabami psihoaktivnih substanc. Takšna oblika zdravljenja omogoča uspešno obvladovanje kroničnih duševnih motenj, težavnih in resnih zdravstvenih problemov, ki lahko vodijo v hudo invalidnost, samomorilno vedenje, finančne, socialne in zdravstvene obremenitve družin pacientov ter občasno v dejanja, ki so lahko nevarna drugim ljudem. Ker so rezultati psihiatričnega zdravljenja v skupnosti pozitivni, bodo tudi v prihodnje nadaljevali tovrstno zdravljenje.

Število pacientov se povečuje in je nad načrtovanimi, tudi to je po prepričanju bolnišnice odraz krize. Po drugi strani se sredstva za delo zmanjšujejo. V celotnem zdravstvu so se glede na druge zdravstvene institucije sredstva najbolj znižala prav na področju psihiatrije. To se še posebej pozna zaradi tega, ker je pri psihiatrični obravnavi pacientov pomembno strokovno usposobljeno osebje. Tu ne gre za drage naprave, temveč osebje, več kot 70 odstotkov vseh stroškov pri bolnišnici predstavljajo stroški dela. Za bolnišnico je pomembno, da je postavljen neki kadrovski normativ. Vendar pa ugotavljajo, da se nižanje sredstev najbolj kaže prav pri financiranju osebja. To povzroča tudi preobremenjenost osebja. Obravnava pacientov je težja, nastajajo somatski zapleti. Ob tem je zaposlovanje ustavljeno, država bi želela celo, da se število osebja zmanjša.

Posledica nižanja sredstev se kaže v številu kadra. Zaradi zmanjševanja se čuti njegova preobremenjenost. Obravnava pacientov je vedno zahtevnejša, zlasti na oddelkih, kjer se zdravijo starostniki, ker imajo pridružene telesne bolezni. Tako je bilo mogoče na gerontopsihiatričnem oddelku pod posebnim nadzorom ob napotitvi življenjsko ogroženega pacienta na zdravljenje v drugo bolnišnico že zaznati pomanjkanje osebja.

Bolnišnica je v odzivnem poročilu navedla, da na gerontopsihiatričnem oddelku zagotavljajo stalno navzočnost negovalnega in drugega strokovnega kadra (delovni terapevt, socialni delavec), skladno z obstoječo sistemizacijo delovnih mest v bolnišnici in internimi pravili razporejanja kadra po bolniških oddelkih, na način, da se doseže optimalna pokritost bolniških oddelkov s potrebnim kadrom, ki zagotavlja neprekinjeno zdravstveno obravnavo. **Bolnišnica si že vrsto let prizadeva, da bi se na področju psihiatrije uredili kadrovski normativi in da bi se psihiatričnim bolnišnicam, zlasti v intenzivni negi in pri obravnavi starostnikov priznal višji kadrovski normativ od obstoječega. Tovrstna prizadevanja bolnišnice vsekakor podpiramo.**

V bolnišnici je 22 sistemiziranih delovnih mest zdravnikov psihiatrov. Zaposlenih je 15 specialistov psihiatrov in sedem specializantov psihiatrije ter en specialist internist. Tako jim je glede na leto 2010 uspelo zaposliti še dva specialista, kar pomeni napredek v obravnavi pacientov in razbremenitev celotne ekipe. V prihodnje računajo še na zapolnitev dveh mest, upajo, da jih ob tem ne bo ustavila omejitev zaposlovanja. Tako se težave pojavijo predvsem takrat, ko je posamezni zdravnik odsoten. Bolnišnica poskuša to reševati z notranjimi prerazporeditvami, kar pa dolgoročno ni ustrezna rešitev.

Zaposlenih imajo tudi šest specialistov klinične psihologije, eno specializantko klinične psihologije in eno diplomirano psihologinjo. Zaposlenih imajo še sedem socialnih delavcev, eno andragoginjo in 15 diplomiranih delavnih terapevtov. Glede na ta kader spada po zagotovilih bolnišnice v sam slovenski vrh, predvsem pa ji omogoča dodatno kakovost obravnave pacientov.

Community treatment of patients, which is based on an interdisciplinary team and field work and covers the Primorska region has been performed since 2008. The team includes a psychiatrist, registered nurse, psychologist, social worker and occupational therapist along with the patient and their relatives. The team is partly located in Idrija (covers the northern and central part of Primorska region), and partly in Izola (covers the southern Primorska region or the Coastal-Karst region). The community treatment is a form of treatment and management of psychiatric patients who experience frequent relapses, who are frequently hospitalized, even against their will, who are less willing to participate in the treatment by omission of medication and follow-up visits, who have a dual diagnosis of addiction or repeated abuse of psychoactive substances. This form of treatment enables a more successful management of chronic mental disorders, difficult and serious health problems, which can lead to severe disability, suicidal behaviour, financial, social and health burden of the patients' families and occasionally to actions, that may pose a danger to others. As the results of the community psychiatric treatment are positive, such treatment will be continued in the future.

The number of patients is increasing and is greater than planned, which the hospital believes to be the result of a crisis. On the other hand, the operational resources are decreasing. Compared to other health care institutions of the entire health care system, the resources were most reduced in the field of psychiatry. This is particularly evident, because it is vital for the staff in psychiatric treatment to have professional training. This is not a question of expensive equipment, but the staff, since labour costs represent more than 70% of all hospital costs. Whereas, it is vital for the hospital to have some sort of standard on human resources. However, it was established that the reduction of costs is most notably reflected in financing of the staff. This also causes increased workload on the staff. The treatment of patients is more difficult, with somatic complications. Furthermore, the employment was put on hold, and the State would even like to reduce the number of employees.

The consequences of the resources reduction is reflected in the number of the staff. It can be perceived that the staff is overburdened due to the reduction. The treatment of patients proves to be increasingly demanding, particularly in departments for elderly people, who suffer from associated diseases. Consequently, a lack of staff was already perceivable in the gerontopsychiatric department under special surveillance, when a patient with a life-threatening condition was referred to receive treatment in another hospital.

In the response report, the hospital stated that the Department of gerontopsychiatry provides for a constant presence of nursing and other professionally trained staff (occupational therapist, social worker), in accordance with the existing systematisation of posts in the hospital and internal rules on allocation of human resources to hospital departments, in order to achieve optimal supply of necessary human resources to hospital departments to ensure continuous health care. **For several years, the hospital has been striving to organise standards on human resources in the field of psychiatry and to recognize a higher standard on human resources than at present, particularly for the intensive care and the treatment of elderly people. Such efforts by the hospital are absolutely supported.**

The hospital holds 22 systematised posts for psychiatrists. It occupies 15 psychiatry specialists, 7 psychiatry residents and 1 internist. Compared to 2010 they managed to recruit another two specialists, which is a progress in the treatment of patients and reduces of the burden of the entire team. Two more posts are planned to be filled in the future and hopefully this will not be prevented by the reduction of employment. Therefore, the problems mostly arise, when one of the doctors is absent. The hospital attempts so solve this problem by internal re-allocations, which is not an appropriate solution for the long term.

Furthermore, they employ six specialists in clinical psychology, one clinical psychology resident and one registered psychologist. They also employ seven social workers, one adult education teacher and 15 registered occupational therapists. The hospital assured that these employees are among the best in Slovenia and above all provide for additional quality of the treatment of patients.

Bolnišnica nam je pojasnila, da imajo zaposlenih 24 diplomiranih medicinskih sester (tri več kot leta 2010), 65 medicinskih tehnikov, 10 bolniških strežnikov. Iz prejetega obrazca »Spremljanje kadrov 2012« sicer izhaja, da je bilo na dan 31. 12. 2012 zaposlenih 20 diplomiranih medicinskih sester, 66 srednjih medicinskih sester in 10 bolničarjev. Bolnišnica je v odzivnem poročilu v tej zvezi navedla, da do različnih podatkov prihaja zaradi različne metodologije spremljanja števila zaposlenih oziroma njihove dejanske razporeditve na ustrezno delovno mesto. Do razlike pri navedbah števila medicinskih sester je tako prišlo zaradi razporeditve štirih medicinskih sester na druga delovna mesta, in sicer ene na mesto pomočnice direktorja za področje zdravstvene nege, dveh na delovni mesti pomočnice glavne medicinske sestre ter ene na delovno mesto svetovalca v zdravstveni negi.

Bolnišnica je poudarila, da dobro sodeluje z regijskimi centri za socialno delo, še posebej s centri v Kopru, Sežani in Idriji, pa tudi z nevladnimi organizacijami.

Sogovorniki so tudi pojasnili, da ob izvajanju Zakona o duševnem zdravju (ZDZdr) opažajo posamezne pomanjkljivosti, predvsem jih motijo kratki roki. Zato so zadovoljni zaradi informacije, ki jim jo je uspelo pridobiti, da naj bi bila sprememba zakona leta 2014. Predvsem pa se njihov očitek zakonu nanaša na po njihovem mnenju premajhnemu poudarku na ureditvi zdravljenja. Zakon se tako predvsem osredotoča na postopke sprejema, ne pa na samo zdravljenje.

Povzetek ugotovitev in priporočil DPM ob obisku Psihiatrične bolnišnice Idrija

[Predlagamo, da bolnišnica prouči možnosti za širitev posteljnih zmogljivosti na tistih oddelkih pod posebnim nadzorom, kjer najpogosteje prihaja do prezasedenosti, in tako poskrbi za ustrezne bivalne razmere pacientov.](#)

Bolnišnica je v odzivnem poročilu navedla, da v izjemnih situacijah omogoča namestitve dveh postelj na oddelek pod posebnim nadzorom. Do zdaj je bolnišnica problematiko nenadnega povečanja števila pacientov reševala s prerazporejanjem na druge oddelke. Povprečna zasedenost 178 pacientov na posamezni dan, to pomeni 85-odstotno zasedenost, kar pomeni dobre nastanitvene možnosti v bolnišnici. S sprotim premeščanjem na druge oddelke redno rešujejo problematiko povečanja zasedenosti intenzivnih oddelkov, s tem pa se tudi izogibajo potrebi po uporabi zasilnih postelj. Bolnišnica ima sedanje zmogljivosti na intenzivnih oddelkih za ustrezne in meni, da omogočajo kakovostne bivalne razmere pacientom, dovolj veliko število postelj na oddelkih pa je tudi porok za pravočasno premeščanje na druge oddelke ter s tem ustrezno razbremenitev intenzivnih oddelkov.

[Na gerontopsihiatričnem oddelku predlagamo, naj si osebje prizadeva \(z več zračenji oddelka, bolj skrbnim spremljanjem pacientov in takojšnjo nego, če je to potrebno\) za čim boljše razmere.](#)

Bolnišnica meni, da je priporočilo v zvezi z zračenjem oddelkov neumestno. V bolnišnici se redno upošteva interni dogovor o zračenju bolniških oddelkov. Gerontopsihiatrični oddelek se prezrači trikrat dnevno po obrokih in ob nastalih dodatnih potrebah (odvajanje in izločanje pacientov). Kontinentne paciente spodbujajo k vzdrževanju osebne higiene in urejenosti. Slabše kontinentni in inkontinentni pacienti pa imajo pleničko. Redno se izvaja toaletni trening. Upošteva se tudi protokol »Uporaba inkontinenčnih proizvodov v Psihiatrični bolnišnici Idrija. Po vsaki menjavi pleničke oziroma po vsakem odvajanju se izvede anogenitalna nega. Zdravstveno negovalno osebje si bo še naprej prizadevalo dosledno upoštevati omenjena navodila.

Kot je navedeno v poročilu, med obiskom DPM zrak na gerontopsihiatričnem oddelku ni bil najboljši. Seveda je mogoče, da smo bili na oddelku ravno, preden so ga prezračili. Zato priporočilo tudi ni bilo mišljeno kot kritika ravnanju osebja, temveč bolj kot spodbuda k doslednemu zračenju in pravočasni oskrbi pacientov, ki higiensko nego potrebujejo.

The hospital explained that it employs 24 registered nurses (three more compared to 2010), 65 general care nurses and 10 nurse attendants. Otherwise, it was established on the basis of the received form "Monitoring of Human Resources 2012" that the hospital employed 20 registered nurses, 66 general care nurses and 10 nurse attendants on 31 December 2012. In the response report with regard to this subject, the hospital stated that variations of data result from different methods of monitoring of the number of employees or their actual allocation to appropriate posts. These variations in the specifications of the number of nurses therefore resulted from the allocation of four nurses to other posts, namely, one was allocated to the post of the assistant director of nursing, two were allocated to the post of assistant head nurse and one to the post of health care consultant.

The hospital pointed out good working relationships with regional centres for social services, particularly with the centres in Koper, Sežana and Idrija and also with non-governmental organisations.

The persons interviewed also explained that they noticed certain deficiencies in the implementation of the Mental Health Act (ZDZdr), they are particularly bothered by short deadlines. So they are pleased with the information they managed to obtain that modification of the Act will presumably occur in 2014. In particular, their complaints about the Act refer to the regulation of treatment, which is not emphasised enough in their opinion. Therefore, the Act is focused in particular on reception procedures and not on the treatment itself.

Summary of the findings and recommendations of the NPM to the Idrija psychiatric hospital

[It was proposed by the NPM that the hospital studies the possibilities of extending the bed capacity in the special surveillance units where overcrowding is the most frequent and provides for appropriate living conditions of the patients.](#)

The hospital's response report stated that only in exceptional cases two beds can be placed in the special surveillance unit. So far, the hospital solved the issue of a sudden increase in the number of patients by relocating them to other units. The average occupancy is 178 patients per day, i.e. 85% occupancy, which means that the hospital offers good accommodation possibilities. Regular relocation to other units solves the issue of increased occupancy of intensive care units and avoids the need to use auxiliary beds. The hospital considers that its current capacity of the intensive care units is adequate and believes that they provide for quality living conditions of patients; a sufficient amount of beds in units is also a guarantee for timely relocation to other units and appropriate reduction of intensive care unit occupancy.

[It was proposed by the NPM that the personnel of the gerontopsychiatric unit strives for the best possible conditions \(by airing the unit more frequently, close monitoring of the patients and providing immediate care when necessary\).](#)

The hospital believes that the recommendation concerning the airing in the units is unreasonable. The hospital regularly respects its internal agreement on airing the hospital units. The gerontopsychiatric unit is aired three times per day after meals and when needed (defecation and excretion). Continent patients are encouraged to keep personal hygiene and tidiness. Patients with continence problems or incontinent patients wear a diaper. There is also a regular toilet training. The protocol on the use of incontinent products in Idrija Psychiatric Hospital is used. Anogenital care is provided after every diaper change or defecation. Medical and nursing personnel will continue to follow these directions in a consistent manner.

The report stated that the air in the gerontopsychiatric unit during the NPM's visit was stale. It is possible, of course, that the visit in the unit took place just before airing. The recommendation was therefore not meant as a criticism of the personnel but as an incentive to consistently provide fresh air to the rooms and timely take care of the patients who need hygiene care.

Predlagamo, da bolnišnica zagotovi, da so sobe ves čas odklenjene, sodelovanje pacientov pri dnevnih dejavnostih pa zagotavlja na primernejši način, npr. z animiranjem pacientov in pripravo dejavnosti, ki bodo zanje še posebej zanimive in privlačne.

Bolnišnica je navedla, da bo med zdravstveno oskrbo pacientov na oddelkih zagotovila, da bodo sobe pacientov kot doslej v večini primerov stalno odklenjene, razen v izjemnih oziroma utemeljenih primerih, ki bodo z zdravstveno stroko posebej opredeljeni.

Bolnišnica je v odzivu tudi pripomnila, da v predhodnem poročilu Varuha ni nikjer posebej opredeljeno, v čem naj bi bile dosedanje dejavnosti neprimerne za paciente oziroma nezadostne. Velik poudarek v okviru zdravstvene obravnave pacientov dajejo prav rehabilitaciji s pomočjo dejavnosti, ki sodijo v okvir aktivacijske terapije. Ta je za negibljive ali slabo gibljive paciente organizirana na oddelkih, za druge pa v okviru posebnega oddelka za aktivacijsko terapijo, kjer pacientom med zdravljenjem omogočajo široko paleto najrazličnejših dopolnilnih dejavnosti, kot je delo s keramiko, računalniške in skupinske pogovorne dejavnosti. V okviru aktivacijske terapije paciente individualno (glede na njihove zmožnosti in zdravstveno stanje) posebej spodbujajo k dnevnim dejavnostim (osebni higieni in zunanji urejenosti, skrbi za lastno zdravje, funkcionalni mobilnosti, funkcionalni komunikaciji, socializaciji in podobno), dejavnostim v prostem času, produktivnim dejavnostim (hišnim opravilom, pripravi hrane, pospravljanju, negi oblačil, čiščenju, urejanju okolice, upravljanju z denarjem), skrbi za druge, izobraževanju in poklicnim dejavnostim (poklicnemu raziskovanju, pridobivanju službe, upravljanju poklica in prostovoljnemu delu).

Na gerontopsihiatričnem oddelku od aprila 2012 v sodelovanju z zavodom PET – pasjo enoto terapevtov redno uspešno poteka tudi program posredovanja s pomočjo psa. V program so trenutno vključeni pacienti z depresivno in blago kognitivno motnjo. Program poteka individualno ali skupinsko. Njegov namen je izboljšati fizično, socialno, emocionalno in kognitivno funkcioniranje posameznika.

Pacienti so v okviru dejavnosti aktivacijske terapije vključeni tudi v dejavnosti, ki od pomladi do jeseni potekajo v okviru terapevtskega vrta.

Bolnišnica je s 1. novembrom 2013 po sklepu direktorja bolnišnice pristopila tudi k oblikovanju in vzpostavitvi dodatnega popoldanskega programa delovno-terapevtskih dejavnosti, ki potekajo med tednom v popoldanskih urah neprekinjeno med 14. in 17. uro. Program obsega področja, kot so dejavnosti za funkcionalno gibljivost in mobilnost (fitnes, gibalno-športne dejavnosti, kot so namizni tenis, badminton, balinanje, sprehodi v naravo in podobno), ustvarjalne dejavnosti (risanje, slikanje, oblikovanje iz gline, fimo mase, dass mase, papirja in drugih materialov, mozaiki, semenke in druga ročna dela), kognitivne dejavnosti, družabne dejavnosti, uporaba računalnika, izposoja knjig in druge primerne dejavnosti po želji pacienta.

Bolnišnica meni, da je izbor dopolnilnih dejavnosti, ki jih zagotavlja pacientom med njihovim zdravljenjem pester in bogat. Osebe pri vključevanju posameznega pacienta v dnevne dejavnosti vedno izhaja iz strokovnih usmeritev in terapevtskih potreb, ob tem pa upošteva pacientovo zdravstveno stanje, fizične in psihične zmožnosti in seveda njegove osebne želje. Zdravstveno osebe paciente vsak dan motivira in spodbuja k čim večji vključenosti v dopolnilne dejavnosti, nikogar pa ne vključujejo, če pri njih zaradi posledic duševne bolezni ne želi ali ne zmore sodelovati.

DPM ob teh pojasnilih bolnišnice poudarja, da nikakor ni kritiziral organiziranih dejavnosti pacientov, ne z vidika kakovosti, ne zadostnosti. Opozorilo se je nanašalo na zaklepanje sob, če se skuša z zaklepanjem doseči večja udeležba stanovalcev pri dejavnostih doma. Menimo namreč, da je pravilno, da se skuša ta cilj doseči s še večjo motivacijo pacientov ali pa iskanjem drugih ustreznih rešitev za sodelovanje stanovalcev pri dejavnostih. Če pacient vztrajno odklanja sodelovanje pri posamezni dejavnosti, je vseeno primerneje, da se mu omogoči odhod v sobo, kot da čas med dejavnostjo preživlja s posedanjem, ležanjem ali celo spanjem na stolih na hodniku.

It was proposed by the NPM that the hospital ensures that the rooms are always unlocked and tries to motivate the patients to participate in daily activities by animating them and organizing activities which would be particularly interesting and attractive to them.

The hospital stated that, when providing health care to patients in the units, it will ensure that the patients' rooms would be unlocked, which is already the case in the majority of cases, except in extraordinary or grounded cases which would be additionally defined by the medical specialists.

The hospital added that the preliminary report of the Ombudsman does not specify which part of the current activities is not appropriate or insufficient for the patients. A particular emphasis is put on rehabilitation through activities which are a part of the activation therapy. This type of therapy for immobile or partially immobile patients is organised in the units, while other patients receive it in a special unit for activation therapy where they can participate in a broad range of additional activities, such as ceramics, computer activities and group talks. The activation therapy individually encourages patients to (according to their possibilities and medical condition) take up daily activities (taking care of personal hygiene and appearance, health care, functional mobility, functional communication, socialization etc.), leisure activities, productive activities (housekeeping, preparing food, tidying, clothing care, cleaning, landscaping, money management), care for others, education and professional activities (professional research, job searching, practising a profession and volunteering).

From April 2012, the gerontopsychiatric unit organises an intervention programme with dogs in cooperation with the PET Institute and its therapy dogs. This programme includes patients with depressive and mild cognitive disorders. It is held individually or in groups. Its purpose is to improve physical, social, emotional and cognitive functions of the individual.

As a part of the activation therapy, the patients take part in activities which are organised in the therapeutic garden from spring to autumn.

On 1 November 2013, based on the director's decision, the hospital began to develop and establish an additional afternoon programme of occupational therapy activities which take place during the week from 2 to 5 pm. This programme includes areas such as activities for functional flexibility and mobility (fitness, sports, such as table tennis, badminton, boules, nature walks etc.), creative activities (drawing, painting, clay, Fimo clay, Das clay and paper modelling and modelling of other materials, mosaics, seed art and other handicrafts), cognitive activities, social activities, the use of computer, borrowing books and other appropriate activities according to the patient's wishes.

The hospital believes that there is a broad and rich selection of additional activities provided to the patients during their treatment. When motivating the patients for daily activities, the personnel always respects the professional and therapeutic needs and keeps in mind the patients' medical condition, physical and mental abilities as well as their wishes. The medical personnel motivates the patients and encourages them to participate in additional activities, however, they do not try to include those who do not want to or cannot participate due to the consequences of their mental illness.

As a response to the hospital's explanations, the NPM emphasises that the organised activities were never criticized neither for their quality nor sufficiency. The warning relates to locking of the rooms if it is done to achieve a better participation of the residents in the activities. The NPM believes that the goal should be achieved with stronger motivation of the patients or with other solutions for residents to participate in the activities. If patients persistently refuse to participate in an activity, it is more appropriate that they are able to go back into their room than to spend this time sitting, lying or even sleeping in the chairs in the hallway.

Predlagamo, da bolnišnica sobe pacientov, vsekakor pa predvsem tudi hodnike opremi z izdelki pacientov, ki imajo estetsko in všečno (optimistično) vrednost. Dekoracija prostora za paciente predstavlja tudi določeno vizualno stimulacijo, ki naredi prostor bolj domač in tako do pacienta prijazen.

Bolnišnica je pojasnila, da je že po zadnjem obisku DPM skladno z njegovimi priporočili s slikami oz. drugimi primernimi predmeti opremila skupne prostore pacientov na intenzivnih oddelkih. Opremljanje drugih oddelkov bo izvedla v skladu z dolgoročnim načrtom investicijskih del, ki bo enotno in celostno uredil podobo vseh bolnišničnih oddelkov tako, da bo dolgoročno zagotavljal bolj spodbudno in prijazno okolje za osebe, ki so na zdravljenju v bolnišnici. Pri tem bo bolnišnica morala nujno upoštevati tudi priporočila stroke glede zagotavljanja ustrezne varnosti za paciente in osebje bolnišnice. Prizadevanja za izboljšanje varnosti in kakovosti storitev je ena od temeljnih nalog bolnišnice v prihodnosti, zagotavljanje prijaznega, varnega in čistega bivalnega okolja za dobro počutje pacientov pa glavna prioriteta bolnišnice.

Prizadevanja bolnišnice po zagotavljanju pacientu prijaznih prostorov, seveda ob upoštevanju največje možne varnosti za paciente, vsekakor pozdravljamo.

DPM predlaga, da bolnišnica paciente čim bolj seznanja z možnostjo nošenja lastnih, dnevniških oblačil in jih pri tem spodbuja, razen tedaj, ko to otežujejo ali celo onemogočajo posebnosti zdravstvenega stanja posameznega pacienta.

Bolnišnica je v odzivu na priporočilo pojasnila, da pacienti v bolnišnici nosijo svoja dnevna oblačila, razen ob specifičnih merilih, ki določajo, da morajo pacienti uporabljati bolniška oblačila. Ta merila so:

- zdravstveni – pacient je v oblačilih bolnišnice zaradi zdravstvenih razlogov (akutno psihopatološko dogajanje, telesna obolenja, poškodbe, različne stopnje inkontinence),
- higienski – za izvajanje programa preprečevanja in obvladovanja bolnišničnih okužb pacienti uporabljajo oblačila bolnišnice v primeru upoštevanja zakonskih določb,
- socialni – individualni pristop glede na socialne razmere pacienta; če pacient nima dodatnih osebnih oblačil, nima svojcev ali finančnih sredstev za plačilo stroškov pranja oblačil, uporablja oblačila bolnišnice.

Bolnišnica je ob tem navedla, da si bo osebje v okviru zdravstvenega tima še naprej prizadevalo za redno dogovarjanje glede nošenja dnevniških oblačil pacientov in upoštevanje dogovora in specifičnih meril za zmanjšanje deleža pacientov v bolniški obleki ob upoštevanju in spoštovanju človekove integritete v bolnišničnem okolju, individualnosti pacientov in specifičnosti bolezenskega stanja.

Predlagamo, da bolnišnica zagotovi takšno temperaturo v sobah in skupnih prostorih oddelkov, ki bo oblačilom pacientov primerna in bo omogočala udobno in varno bivanje na posameznem oddelku.

Bolnišnica je v odgovoru na priporočilo DPM navedla mnenje, da to nima resne podlage in je neutemeljeno. Navedli so, da je bolnišnica z obnovo bolniških oddelkov poskrbela za dobre nastanitvene možnosti pacientov in zagotovila uporabnikom storitev prijetno bivalno okolje. V jesenskem in zimskem času bolnišnica posebno pozornost namenja vzdrževanju ustrezne temperature, zlasti na oddelkih, kjer so pacientke in pacienti zaradi zdravstvenega stanja, starosti in podobno še bolj izpostavljeni vplivom okolja kot sicer (npr. gerontopsihiatrični oddelek). Izmerjena temperatura je po vseh značilnostih ustrezala tehničnim zahtevam in normativom stroke in je bila v mejah, ki zagotavljajo udobje bivanja.

Ker bolnišnica v svojem odgovoru ni oporekala višini izmerjenih temperatur ali navedla, da so sicer višje, lahko sklepamo, da so temperature med 20 in 21 stopinj običajne temperature na oddelkih pod posebnim nadzorom. Glede na dejstvo, da so vsaj nekateri pacienti tudi v dnevnem času v nočnih oblačilih (pižamah), fizičnih dejavnosti na oddelku pa je malo, ponavljamo že dano priporočilo, saj menimo, da takšna temperatura ne omogoča (vsem) udobnega bivanja. Ob tem naj opozorimo na mnenje predstavnic Varuha in nevladne organizacije, ki sta bili seveda v sorazmerno toplih dnevniških oblačilih, da jima je bilo na oddelkih hladno.

It was proposed by the NPM that the hospital decorates the patients' rooms, especially the hallways, with their works which have aesthetic and pleasing (optimistic) value. Decorating the rooms for patients is also a visual stimulation which makes the rooms more cosy and patient-friendly.

The hospital explained that after the last visit of the NPM and according to its recommendations, they decorated the common areas for the patients in intensive care units with pictures and other appropriate objects. Decoration of other units will be done according to a long-term project of investment works which will unify and provide an overall look of all hospital units in order to ensure a long-term encouraging and friendly environment for persons who are treated in the hospital. The hospital should necessarily take into account the recommendations of the experts regarding the adequate safety of the patients and hospital staff. Efforts to improve the safety and quality of services are one of the main hospital's tasks for the future; ensuring a friendly, safe and clean environment for the well-being of the patients is the main priority of the hospital.

Hospital's efforts to provide a patient-friendly environment ensuring the highest possible level of safety is certainly noteworthy.

The NPM recommends the hospital to notify the patients that it is possible to wear their own everyday clothes and encourage them to do so except in cases when the patient's special medical condition makes it difficult or impossible.

In its response report, the hospital stated that the patients in the hospital wear their everyday clothes with the exception of some specific criteria which necessitate the use of hospital clothes. These are:

- health measures - the patient wears hospital clothes due to health reasons (acute psychopathological states, physical illness, injuries, different degrees of incontinence),
- hygiene measures - the patients wear hospital clothes to respect the legal provisions of the programme on prevention and control of hospital infections,
- social measures - individual approach depending on the social situation of the patient; if the patients do not have their own clothes, relatives or financial resources to pay for the laundry expenses, they use the hospital clothes.

The hospital stated that the personnel will continue to regularly agree on patients wearing everyday clothes and consider an agreement and specific measures to lower the share of patients in hospital clothes by respecting the human integrity in the hospital, the individuality of the patients and the specificity of their medical condition.

It was proposed that the hospital ensure that the temperature in the rooms and common areas of the units will be appropriate for the patients' clothes and allow for a cosy and safe stay in every unit.

The hospital responded to NPM's recommendation stating that this recommendation is unjustified and unfounded. The hospital stated that the renovation of the hospital units provided for good accommodation possibilities for patients and ensured a cosy living environment for its users. During autumn and winter, the hospital pays special attention to maintaining adequate temperatures, especially in the units where patients are more vulnerable to environmental effects due to their medical condition, age or other reasons (for example, in the gerontopsychiatric unit). The measured temperature met the technical requirements and norms of the profession and was within limits that ensure comfortable living.

Since the hospital's reply did not object to the measured temperatures or stated that they are higher, it can be concluded that the temperatures around 20 and 21 degrees are normal temperatures in the special surveillance units. Given the fact that some patients wear their pyjamas also during the day and that there are few physical activities in the units, the NPM would like to repeat its recommendation as it is believed that this temperature does not allow for comfortable living (for everyone). It should be noted that the representatives of the Ombudsman and NGOs felt cold during their visit even though they wore rather warm clothes.

Predlagamo, da se obrazec, s katerim pacient daje soglasje za namestitev na oddelek s povečanim nadzorom, ustrezno dopolni z datumom in uro morebitnega podpisa, saj ta nista nujno enaka datumu in uri sprejema.

Bolnišnica je v odzivnem poročilu navedla, da bo obrazec, s katerim pacienti dajo soglasje za namestitev na intenzivni oddelek, ustrezno dopolnila, skladno s priporočili Varuha, kar pozdravljamo.

Predlagamo, da bolnišnica na gerontopsihiatričnem oddelku takoj zagotovi ureditev sobe, kjer se bo lahko PVU izvajal na ustrezen način ali pa izvedbo ukrepa (vedno) izvaja v sobi za uporabo PVU na drugih oddelkih (npr. na oddelku L3).

Bolnišnica je v odzivnem poročilu navedla, da bo na gerontopsihiatričnem oddelku zagotovila primerne prostore za izvajanje PVU, na enak način kot na drugih oddelkih, kar vsekakor pozdravljamo.

Predlagamo, da se fiksacija na fotelj kot PVU izvaja le v za to predvidenih prostorih (na postelji ali v fotelju) ob stalnem nadzoru osebja.

Bolnišnica je v odzivnem poročilu navedla, da so na intenzivni del geriatričnega oddelka sprejeti bolniki zaradi delirantnih stanj ali huje napredovane demence s psihičnimi in vedenjskimi motnjami. Do poslabšanj in potreb po hospitalizaciji na gerontopsihiatričnem oddelku prihaja praviloma ob sočasnih infekcijskih boleznih ali stanjih po poškodbah oz. operativnih posegih. Pacient z demenco tako na geriatričnem oddelku potrebuje ustrezno somatsko in psihiatrično diagnostiko ter zdravljenje, s spremljajočimi ukrepi pa se zagotavljajo optimalne razmere za osebe, ki v dejanskem stanju praviloma potrebujejo stalno pomoč in nego pri vseh življenjskih dejavnostih. Med posebnimi problemi pri bolniku z demenco izstopajo motnje na področju ravnotežja ter gibalnih sposobnosti, kar se kaže v povečani možnosti padcev ali pogosto tudi nezmožnosti hoje. Pacienti so zaradi nevida v bolezensko stanje, hudega upada spoznavnih sposobnosti praviloma nekritični do lastnega stanja ter so izpostavljeni pogostim padcem in poškodbam. Poškodbe okostja in krvavitve v možgane pa bistveno povečajo smrtnost pacientov z demenco. Glede na temeljne značilnosti bolezenskega stanja bolnika z demenco ter posledične invalidnosti, je tudi narava ukrepov ter pomoči drugačna kot pri bolnikih brez demence. Pacienti potrebujejo praviloma pomoč pri vseh življenjskih dejavnostih (higienske, hranjenje, gibanje), da bi se izognili možnosti padcev, pa se uporabljajo tudi posebni varovalni ukrepi, voziček ali počivalnik. Z ukrepom zagotavlja bolnišnica varnost pacienta, obenem pa omogoča, da biva v zanj ugodnem socialnem okolju, med bivanjem v bolnišnici v okviru terapevtske skupine oz. v dnevnem prostoru. Kljub hudim upadom spoznavnih sposobnosti, motnjam v govoru in dožemanju je sobivanje z drugimi pacienti in terapevtskim osebjem pomemben pogoj za doseganje ustrezne komunikacije, čustvenega odzivanja in tudi ustreznega ter primerne nadzora. Ločevanje pacientov z napredovano demenco, ki potrebujejo večji nadzor zaradi padcev in poškodb, bi pomenil dodatno socialno izolacijo ter odsotnost normalnih dražljajev in komunikacije, ki jih omogoča bivanje v terapevtski skupini oz. dnevnem prostoru.

V samem poročilu je DPM izpostavil razliko med varovalnim ukrepom in PVU, to pa s svojim mnenjem potrjuje tudi zdravnik izvedenec DPM. Strinjamo se, da bi bilo ločevanje pacientov, pri katerih se izvaja varovalni ukrep, ki traja bolj ali manj ves čas bivanja pacienta v dnevnem prostoru, neprimerno. Vendar pa je drugače, če gre za izvedbo PVU (ta izraz morebiti pomotoma uporablja bolnišnica v odgovoru tudi ob opredeljevanju varovalnih ukrepov na geriatričnem oddelku). Znova ponavljamo, da je treba, ko se fiksacija pacienta izvede, bodisi v postelji ali na fotelju, za odpravo oziroma obvladovanje njegovega nevarnega vedenja, kadar je ogroženo njegovo življenje ali življenje drugih, huje ogroženo njegovo zdravje ali zdravje drugih, ali z njim povzroča hudo premoženjsko škodo sebi ali drugim in ogrožanja ni mogoče preprečiti z drugim, blažjim ukrepom, upoštevati vse zahteve, ki jih za uvedbo ukrepa in ob njem določa ZDZdr. Ker je omenjeni ukrep na podlagi določil ZDZdr tudi časovno močno omejen, nedvomno ločenost pacienta med trajanjem ukrepa zanj ne bi imela tako hudih posledic, kot so lahko posledice zaradi njegove izpostavljenosti drugim pacientom med trajanjem PVU.

It is recommended that the form for the patient's consent on admission to the close surveillance unit includes also the date and time of the signature as they are not necessary the same as the date and time of the admission.

We welcome that the hospital's response report stated that the consent form on the admission to intensive care unit will be updated according to the Ombudsman's recommendations.

It is recommended that the hospital's gerontopsychiatric unit immediately prepares a room where special protection measures could be properly performed or (always) applies this measure in a room used for special protection measure in other units (in unit L3, for example).

We welcome that the hospital's response report stated that suitable premisses for special protection measures will be ensured in the gerontopsychiatric unit in the same way as in other units.

It is recommended that strapping to chairs as a form of special protection measure is performed only in appropriate rooms (onto the bed or chair) under full control of the personnel.

The hospital's response report stated that intensive care ward of the gerontopsychiatric unit accepts patients with delirious conditions or suffering from a progressed form of dementia with mental and behavioural disorders. Worsening of the condition and the need for hospitalisation in the gerontopsychiatric unit often happen concurrently with infectious diseases or conditions after injuries or surgical procedures. Patients with dementia in the gerontopsychiatric unit need appropriate somatic and psychiatric diagnosis and treatment; the accompanying measures ensure optimal conditions for persons who need continuous assistance and care during all activities due to their actual condition. Specific problems of patients suffering from dementia include balance problems and reduced motor skills which result in an increased risk of falls or inability to walk. Since these patients do not fully comprehend their medical condition and have a severe decline in cognitive abilities, they are usually uncritical to their condition and exposed to frequent falls and injuries. The injuries of the skeleton and brain haemorrhage significantly increase the mortality rate of patients with dementia. Given the basic characteristics of the medical condition of patients with dementia which can result in invalidity, the nature of measures and assistance is different than with patients who are not suffering from dementia. Patients need assistance with all activities (hygiene, feeding, movement); to avoid the risk of falls, special safety measures are taken and wheelchairs or resting chairs are used. With this measure the hospital ensures the patients' safety and that they live in a favourable social environment while staying in the hospital as a part of a therapeutic group or in communal living areas. Despite the severe decline in cognitive abilities, speech impairments and disturbances in perception, cohabitation with other patients and the therapeutic staff is an important prerequisite for achieving appropriate communication skills, emotional response as well as appropriate and suitable supervision. Separating patients with advanced dementia who need increased supervision due to falls and injuries would mean additional social isolation and absence of normal stimuli and communication, made possible when staying in a therapeutic group or communal living areas.

The NPM's report pointed out the difference between protection measures and special protection measures which is also confirmed by the NPM medical expert opinion. The NPM agrees that it is not appropriate to separate patients under protection measures that go on during almost the whole time that the patient spends in the living area. However, the situation changes if there is a special protection measure (in its response, the hospital perhaps erroneously uses this expression when defining protection measures in the gerontopsychiatric unit). We repeat that it is necessary to respect all requirements determined by the ZDZdr when strapping the patient onto the bed or chair is used to prevent or control their dangerous behaviour and when patients pose a threat to their or somebody else's life or health or when such behaviour causes severe material damage to the patient or others and this danger cannot be prevented with other less severe measures. Since the measure as determined by ZDZdr has a strict time limit, the separation of the patient for the duration of the measure might not have such severe consequences as those which could have resulted from exposing the patient to other patients during the special protection measure.

Predlagamo večjo pazljivost pri ravnanju z dokumentacijo posameznih pacientov in skrbno vlaganje posameznih evidenc v spise pacienta.

Bolnišnica je v odzivnem poročilu navedla, da imajo sprejete vse potrebne predpise in protokole, ki podrobno urejajo upravljanje medicinske dokumentacije v bolnišnici. Kljub strogim zahtevam, ki jih opredeljujejo Pravilnik o zdravstveni dokumentaciji in drugi interni predpisi, so v praksi pomote pri vodenju posameznih evidenc zaradi nedoslednosti oz. nepazljivosti zaposlenih vedno možne. V bolnišnici so v okviru dejavnosti Službe za bolnišnični informacijski sistem in arhiv v zadnjih dveh letih vzpostavili enoten in učinkovit sistem upravljanja medicinske dokumentacije, na način, ki sledi pacientu od sprejema do odpusta iz bolnišnice. V letu 2013 so tako v bolnišnici prav zato, da se zmanjša možnost napak, uvedli sistem vodenja medicinske dokumentacije ločeno po pacientih na posameznih bolniških oddelkih (t. i. sistem pacientovih map). S tem so zagotovili, da se vsa zdravstvena in druga spremljajoča dokumentacija za vsakega pacienta posebej varno hrani na enem mestu, v strukturirani in vnaprej določeni obliki, in se po končani zdravstveni obravnavi oz. po odpustu pacienta vloži v popis bolezni, ki se hrani v centralnem arhivu bolnišnice skladno s pravili arhivske stroke. Zdravstveni arhiv bolnišnice je kot vzorčni primer urejenosti in zgled odličnosti izpostavila tudi petčlanska mednarodna akreditacijska komisija, ki je v okviru presoje standarda NIAHO med drugim preverjala tudi ustreznost sistema upravljanja medicinske dokumentacije. Bolnišnica bo v okviru priprav na sprejetje standarda ISO 9001 v začetku leta 2014 sprejela tudi poseben protokol, ki bo podrobno uredil postopke upravljanja dokumentacije na celi ravni bolnišnic, s čimer se bo možnost napak pri vodenju dokumentacije še dodatno zmanjšala. Okrepili bodo tudi redni nadzor nad pravilnostjo vodenja medicinske dokumentacije, kar vsekakor pozdravljamo.

Predlagamo, da bolnišnica zagotovi spoštovanje zakonskega določila o obveščanju svojcev in pošiljanje obvestil tudi skrbno zapisuje. Hkrati predlagamo, naj bolnišnica pripravi obvestilo, iz katerega bo najbližja oseba lahko prebrala razloge za izvedbo ukrepa pri konkretnem pacientu, časovne okoliščine uvedbe ali dosedanjega trajanja ukrepa in utemeljitev, zakaj zasledovanega cilj ni bilo mogoče doseči z milejšim ukrepom.

Bolnišnica je v drugem odgovoru zagotovila, da v vseh primerih uvedbe PVU dosledno spoštuje rok, ki ga v zvezi z obveščanjem narekuje zakon. Spoštovanje zakonskega roka je vsako leto predmet nadzora Zdravstvenega inšpektorata, ki pomanjkljivosti ali nepravilnosti v tem delu doslej ni zasledil. O obveščanju najbližjih glede uvedbe PVU bolnišnica vodi tudi ustrezno pisno evidenco, v kateri so tudi obvestila o oddaji priporočene pošte (datum in čas odpošiljanja).

V zvezi s priporočilom Varuha glede dopolnitve obvestila je bolnišnica izpostavila, da ZDZdr vsebine obvestila ne opredeljuje, določa le, da se o odreditvi in izvedbi PVU obvesti najbližja oseba. Bolnišnica meni, da vsebina obvestila, s katerim obveščajo najbližje osebe o uvedbi PVU, v celoti ustreza zakonskim zahtevam in je s strokovno medicinskega in etičnega vidika tudi najprimernejša. Razlog za uvedbo PVU je običajno vedno v akutnem poslabšanju zdravstvenega stanja pacienta, zaradi katerega je ogroženo njegovo življenje ali življenje drugih, huje ogroženo njegovo zdravje ali zdravje drugih ali pacient v takšnem stanju povzroča hudo premoženjsko škodo sebi ali drugim in ogrožanja ni mogoče preprečiti z drugim, blažjim ukrepom in je PVU torej nujno potreben, da se nevarno vedenje odpravi oz. obvladuje. Podatki o zdravstvenih razlogih, ki so privedli do uvedbe posameznega PVU, in podatki o vzrokih, okoliščinah in posledicah tega stanja, namreč spadajo med posebej občutljive osebne podatke, ki jih mora bolnišnica v skladu z Zakonom o varstvu osebnih podatkov, Zakonom o zdravstveni dejavnosti ter priporočilih informacijskega pooblaščenca varovati kot zaupne podatke v korist osebe, na katero se podatki nanašajo. Pravica do varstva podatkov o zdravstvenem stanju, vzrokih in okoliščinah tega stanja je ena od temeljnih pravic uporabnikov zdravstvenih storitev, zato bolnišnica meni, da bi bilo treba v zvezi s priporočilom DPM najprej proučiti pravne in etične vidike dopustnosti sporočanja konkretnih podatkov o razlogih za uvedbo PVU in drugih okoliščinah najbližjim osebam, še posebej v primerih, ko pacienti prej niso podali soglasja za posredovanje podatkov tretjim osebam ali soglasja zaradi duševne bolezni niso bili sposobni podati, ter nato priporočilo udejanjiti na sistemski ravni za vse psihiatrične bolnišnice enotno. Enak pristop pa bolnišnica pričakuje, da se bo nato zahteval tudi od bolnišnic, v katerih se PVU izvaja na vsebinsko enak način, vendar zanje obveznost sporočanja ni vzpostavljena.

Bolnišnica že v zdajšnjem obvestilu najbližjo osebo posebej obvesti, da se lahko za pridobitev dodatnih informacij kadar koli obrne neposredno na lečečega zdravnika, ki bo na strokovno primeren način najbližjo osebo ustrezno seznanil z okoliščinami uvedbe PVU. Bolnišnica meni, da je tak pristop glede na dosedanje prakso najprimernejši in najučinkovitejši ter veliko boljši od neosebnega administrativnega dopisovanja.

Special attention when dealing with the patients' documentation and careful insertion of the individual files in the patient's medical record are recommended.

The hospital's response report stated that they have all necessary regulations and protocols which regulate the management of medical records in the hospital. Despite the strict requirements set by the Rules on medical records and other internal regulations, mistakes in keeping records are always possible due to inconsistencies or inattentiveness of the personnel. As a part of the activities of the Office for hospital information system and archives, the hospital established a uniform and effective system of medical records management in order to monitor the patient from the admission to the discharge from the hospital. In 2013, the hospital introduced a system of keeping the medical records for each patient separately in the individual hospital unit (the so-called patient's file system) to avoid the possibility of mistakes. By doing that the hospital ensured that the medical and other accompanying documentation for every patient is safely kept in one place in a structured and pre-set form. After the medical treatment or discharge of the patient, it is put into the clinical history which is kept in the hospital's central archives according to the rules of archiving. The hospital's medical archives are a model of regularity and an example of excellency which was pointed out by a five-member international accreditation commission which has, as a part of the assessment of the NIAHO standard, verified the adequacy of the system for medical documentation management. As a part of the preparations to obtain the ISO 9001 Standard in the beginning of 2014, the hospital adopted a special protocol to regulate the procedure of documentation management on the hospital level which will decrease the possibilities of mistakes in documentation keeping. It is welcomed that the hospital will reinforce the regular control of the correct keeping of medical documentation.

It is recommended that the hospital respects the legislative provisions on notifying the relatives and keeps a record of the notifications. It is also recommended that the hospital prepares a notification for the relative to see the reasons why a certain measure was taken, the time or the duration of the measure and the reasons why the goal could not be achieved with a less strict measure.

In its second response, the hospital stated that the deadline for notifications as set by the law is respected whenever a special prevention measure is taken. Respecting the deadline is also subject to annual inspection of the Health Inspectorate which has not yet found any imperfections and irregularities. In addition to notifications on applying special protection measures, the hospital also keeps a written record of notices on submitting registered mail (date and time of sending).

In relation to the Ombudsman's recommendation on updating this notice, the hospital pointed out that ZDZdr does not specify the content of the notice and only specifies that application and implementation of special protection measures are communicated to the relatives. The hospital believes that the content of the notice for the relatives on applying special protection measures is fully compliant with legislative provisions and is the most appropriate from the medical and ethical point of view. The reason to apply special prevention measures is usually the acute worsening of the patient's condition which poses a threat to their or somebody else's life or health or when the patients cause severe material damage to themselves or others and this behaviour cannot be prevented with other less severe measures and a special prevention measure was necessary in order to prevent or control their dangerous behaviour. Data on medical reasons for applying a particular special prevention measure and the data on causes, circumstances and consequences of this condition are among the most sensitive personal data which the hospital has to treat as confidential data of this person, which are regulated by Personal Data Protection Act, Health Services Act and recommendations of the Information Commissioner. The right to protect personal data, reasons and circumstances of this condition is one of the fundamental rights of the health care services users, therefore the hospital believes that, in relation to the NPM's recommendation, they should study the legal and ethical aspects of the regularity of notifying the relatives about concrete data on reasons for application of special prevention measures and other circumstances, especially in cases when patients have not given consent to give data to third persons or they were not able to give consent due to their mental illness, and put this recommendation into practice at a system level of all psychiatric hospitals. The hospital expects the same approach will be required in the hospitals where special protection measures are taken in the same way, but their obligation of notifying is not in place.

With the current notice, the hospital specially notifies the relatives that they can obtain additional information from the attending doctor who can give them all necessary information on application of the special protection measures. The hospital believes that this approach is the most appropriate and the most effective compared to the previous practice and much better than impersonal administrative correspondence.

Že v petem poglavju poročila, ki govori o uporabi PVU, smo izpostavili več primerov, ko rok obveščanja najbližje osebe ni bil spoštovan, zato je priporočilo DPM utemeljeno. Strinjamo pa se z bolnišnico, da obseg obvestila bližnji osebi lahko omejujejo razlogi pravne in etične narave in bi bilo tako treba ob prenovitvi obrazca, upoštevajoč te vidike, proučiti dopustnost sporočanja konkretnjših podatkov o razlogih za uvedbo PVU in drugih okoliščinah najbližjim osebam.

Predlagamo, da bolnišnica zagotovi, da bo iz razpoložljive medicinske dokumentacije pri uvedbi posameznega PVU vedno razvidno, kateri milejši ukrepi so bili izvedeni pred uvedbo PVU oziroma kakaj cilja, ki se ga je skušalo doseči s PVU, ni bilo mogoče doseči z milejšim ukrepom.

Predlagamo, da bolnišnica zagotovi, da bo uvedbo PVU praviloma vedno odredil zdravnik, kar bo iz obrazca o izvedbi PVU tudi razvidno. Ravno tako je treba na obrazcu zagotoviti zadosti prostora za natančno navedbo razlogov za uvedbo PVU.

Bolnišnica je v odzivnem poročilu navedla, da izvedbo PVU praviloma odredi zdravnik, razen v izrednih razmerah, ko pride do nepričakovanega psihotičnega raptusa, avto- ali heteroagresivnega vedenja. Zdravstveno osebje zdravnika vedno nemudoma obvesti o nujnosti izvedbe PVU. Bolnišnica navaja, da je čas uvedbe oziroma prenehanja PVU razviden iz že obstoječega obrazca, ki ga v bolnišnici uporabljajo. Prav tako so razlogi za uporabo PVU že zdaj navedeni na obstoječem formularju. To so:

- Na zahtevo bolnika.
- Omogočajo medicinsko obravnavanje (npr. infuzija, sonda ...).
- Odprava ali obvladovanje nevarnega vedenja (npr. nevarnost poškodbe, škoda na inventarju in podobno).
- Nezmožnost obvladovanja lastnega vedenja zaradi stanja (npr. intoksikacija s PAS, delirij v okviru demence ...).
- Drugo (opis razlogov za PVU poda psihiater).

Za celostno sliko psihičnega stanja, ki je privedla do uporabe PVU, je, kot navaja bolnišnica, treba prebrati »modri list«, na katerem izvajalci zdravstvene nege zapisujejo prejšnje postopke, s katerimi se prepreči uporaba PVU, kot so: suportivni pogovor, tehnike deeskalacije, fizična dejavnost – sprehajanje po hodniku, preusmeritev k pogovoru. Predhodna aplikacija redno predpisane terapije oziroma prejeta terapija po potrebi je razvidna iz temperaturnega lista. Prav tako je pripravljen obrazec za neposredno opazovanje, na katerem se zapisujejo datum, ura, gibanje, sprehajanje oz. napotitev bolnikov ter podpis osebe, ki pacienta varuje. V prihodnosti namerava bolnišnica obrazec evidence uporabe PVU posodobiti z združitvijo že obstoječih formularjev, kar bo prispevalo k večji preglednosti izvajanja PVU.

Ob navedbah bolnišnice naj le poudarimo, da ravno razdelek »Ura ukinitve« v veliko pregledanih primerih ni bil izpolnjen. Ker bi neizpolnitev lahko kazala celo na kršitev zakonskega določila o maksimalnem trajanju PVU, predlagamo, da bolnišnica osebje posebej opozori na nujnost izpolnjevanja te rubrike na obrazcu Evidenca uporabe posebnega varovalnega ukrepa.

Predlagamo, da se zloženka posameznega oddelka, na oddelkih pod posebnim nadzorom pa tudi zloženka o Zakonu o duševnem zdravju in pravicah oseb na teh oddelkih, pacientu in svojcem ob sprejemu tudi dejansko izroči.

Bolnišnica je navedla, da bo v zvezi s tem priporočilom upoštevala predlog DPM, kar pozdravljamo.

In Chapter 5 of the report on the use of special protection measures, several cases were highlighted by the NPM where the notification deadline was not respected and this makes the recommendation of the NPM justified. We agree with the hospital that legal and ethical reasons can restrict the length of the notification for the relative, and that its update should consider these aspects and study the admissibility of notifying about the data on reasons for application of special protection measures and other circumstances to the relatives.

The NPM suggests the hospital to ensure that the available medical documentation on application of individual protection measures always includes a clear note on which less severe measures have been taken before the introduction of special protection measures and why the same effect could not be achieved using less severe measures.

It is recommended that the hospital ensures that the application of special protection measures is always prescribed by the doctor - this should also be evident from the form on the application of a special protection measure. There should also be enough space to precisely state the reasons for the application of special protective measures.

In its response report, the hospital stated that the application of special protection measures is usually prescribed by the doctor except when it comes to a sudden psychotic raptus and auto- or hetero-aggressive behaviour. Medical personnel must immediately notify the doctor about the urgency of a special protection measure. The hospital states that the time of application of special protection measure is visible from the current form which is used in the hospital. The reasons for application of special protection measures are already stated in the current form. These are:

- On the patient's request.
- In order to provide medical treatment (such as infusion, probe etc.).
- Remedy or managing dangerous behaviour (risk of injuries, inventory damage etc.).
- Incapability of managing their behaviour due to a condition (such as intoxication with a psychoactive substance, delirium as a part of dementia etc.).
- Other (description of reasons for special protection measures is given by the psychiatrist).

In order to obtain an overall image of the mental condition which resulted in the use of a special protection measure, it is necessary to read "the blue paper" on which the medical personnel notes the previous procedures taken to avoid the use of special protection measures, such as supportive conversation, de-escalation techniques, physical activity - walking in the hall, switching to a conversation. Prior application of a regularly prescribed therapy or received therapy, if necessary, is evident from the patient chart. A form for direct observation is also available - it includes the date, time, movement, walks or referral of patients and the signature of the person who is in charge of the patient. In the future, the hospital intends to update the form of the hospital records on special protection measures by merging the existing forms; this will contribute to a greater transparency in the implementation of special protection measures.

It should be pointed out that the "end time" section was left unfilled in many examined cases. Since not filling in this section might suggest a violation of the legal provision on maximal duration of the special protection measures, it is recommended that the hospital warns the personnel that it is necessary to fill in this section of the Records of the application of a special protection measure form.

The NPM suggests that a leaflet of the individual unit is given to the patients and relatives upon admission to the hospital, a leaflet on the Mental Health Act and rights of the patients in the special surveillance units should be given to these patients upon admission.

It is noteworthy that this recommendation of the NPM will be taken into account by the hospital.

Predlagamo, da bolnišnica tudi zloženko Zakon o duševnem zdravju pripne na oglasne deske oddelkov.

Bolnišnica je navedla, da bo v zvezi s tem priporočilom upoštevala predlog DPM, kar pozdravljamo.

Predlagamo, da bolnišnica zloženko Pravice oseb na oddelku pod posebnim nadzorom in v nadzorovani obravnavi dopolni tudi s podatkom o naslovu, kjer delujejo zastopniki pacientovih pravic.

Bolnišnica je navedla, da bo v zvezi s tem priporočilom upoštevala predlog DPM, kar pozdravljamo.

Predlagamo, da bolnišnica prouči možnosti za zagotovitev vsaj delne zasebnosti med obiski v skupnem dnevnem prostoru (vsaj) za tiste paciente in njihove obiskovalce, ki to želijo, morda z uporabo paravanov, ki bi se namestili tja, kjer je to najmanj moteče za siceršnje bivanje na oddelku.

Bolnišnica je v odzivu na priporočilo DPM navedla, da si prizadeva omogočati pacientom široke možnosti stika s svojci. Časovne omejitve obiskov so redke, izjemoma med izvajanjem diagnostično-terapevtskega programa zdravljenja. Visoko zadovoljstvo pacientov z možnostjo stika s svojci potrjujejo tudi rezultati kazalnika kakovosti Stopnja zadovoljstva pacientov, ki ga bolnišnica spremlja od leta 2004. Dejavnik stika s svojci je pri pacientih relativno visoko ocenjen (leta 2011 z oceno 4,63 in leta 2012 z oceno 4,52). Med obiski imajo pacienti možnost druženja s svojci v bolniški sobi, v dnevnem prostoru ali v bližnji in širši okolici bolnišnice. Trenutno je v postopku prenove tudi objekt bolnišnice, v katerem bo namenski prostor za druženje pacientov in svojcev. Na oddelkih pod posebnim nadzorom obiski pacientov redko potekajo sočasno. Ključni razlogi so v oddaljenosti bolnišnice od kraja bivanja, delovne obveznosti svojcev, narava bolezni in šibka socialna mreža pacientov. Kadar se zgodi, da imajo pacienti, ki so nameščeni v isti bolniški sobi, obiske sočasno, pa se individualno dogovorijo, kje bodo obiski potekali. Zdravnik specialista psihiatrije večini pacientov, ki so nameščeni na intenzivnih varovanih enotah, dovoli izhod v okolico bolnišnice v spremstvu svojcev.

It is recommended that the hospital puts the leaflet on Mental Health Act on bulletin boards of every unit.

It is noteworthy that this recommendation of the NPM will be taken into account by the hospital.

It was proposed by the NPM that the hospital updates the leaflet on the rights of the patients in the special surveillance units and controlled treatment with information on the address of the Advocate of Patient Rights.

It is noteworthy that this recommendation of the NPM will be taken into account by the hospital.

It was proposed by the NPM that the hospital studies the possibilities for ensuring at least a partial privacy for visits in the common area (at least) for those patients and their visitors, who wish so, by using folding screens in places where they would not disturb the life in the unit.

The hospital responded to the NPM recommendation that they try to provide their patients with broad possibilities of spending time with their relatives. Time limits of the visits are rare, except when a diagnostic therapeutic treatment programme is in course. High patient satisfaction regarding the possibility of contact with their relatives is also confirmed by the results of the quality indicator level of the patients' satisfaction which is monitored since 2004. The possibility of contacts with relatives has been relatively highly marked (4.63 in 2011 and 4.52 in 2012). During the visits, the patients can stay in their rooms, living area or in the near or broader surroundings of the hospital. There are renovation works in progress in the hospital's premises where a room for patients and their relatives will be available. Visits in units under special surveillance rarely take place simultaneously. The main reasons are the distance from the patient's place of living, work obligations of the relatives, the nature of the disease and a weak social network of the patients. When patients living in the same room have visitors at the same time, they agree individually on where the visit will take place. The doctor specialised in psychiatry allows the patients in the strict surveillance units to go outside the hospital accompanied by their relatives.

1.7 Pregled dejavnosti DPM v letu 2013



Datum	Kraj dogodka	Udeleženci (Varuh ČP RS in drugi)	Opis	Organizator
8. 1. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, Simona Šemen, mag. Jure Markič, Miha Horvat, Robert Gačnik, Andreja Srebotnik, dr. Ingrid Russi-Zagožen in Petra Tovornik, svetovalci Varuha, ter Leja Drobnak, pripravnica	Člani državnega preventivnega mehanizma (DPM) so na letnem srečanju pripravili program obiskov v letu 2013, opravili analizo preteklega dela in postavili vizijo DPM za prihodnje obdobje. Srečanja so se udeležili tudi predstavniki izbranih nevladnih organizacij (NVO): Katarina Bervar Sternad (PIC), Branka Pondelek, Katja Sodja in Katja Piršič (Inštitut Primus), Stanka Radojčić in Ana Cajnko (ZDUS), Srečko Brumen, Slavica Smrtnik in Sonja Škrabec Štefančič (Novi paradoks).	Varuh ČP RS
30. 1. 2013	Državni zbor RS, Ljubljana	Zdenka Čebašek - Travnik, varuhinja, Jernej Rovšek, Ivan Šelih, Kornelija Marzel, Tone Dolčič, njeni namestniki, in mag. Bojana Kvas, generalna sekretarka	Obravnava 17. rednega letnega poročila Varuha ČP RS za leto 2011 na plenarni seji Državnega zbora RS, na kateri so razpravljali tudi o poročilu Državnega preventivnega mehanizma za leto 2011.	Državni zbor RS
14. 2. 2013	Na sedežu Varuha ČP RS	Vsi zaposleni pri Varuhu, člani DPM in nekateri predstavniki izbranih nevladnih organizacij	Predavanje Mojce Muršec, dr. med., o strokovnih pogledih na demenco.	Varuh ČP RS
18. 3. 2013	Ljubljana	Ivan Šelih, namestnik varuhinje, in Jure Markič, svetovalec Varuha	Udeležba na drugi seji ekspertne skupine za domove starejših.	Zveza društev upokojencev Slovenije
24. 3. 2013	Beograd, Srbija	Ivan Šelih, namestnik varuhinje, in Robert Gačnik, svetovalec Varuha	Sestanek nacionalnih preventivnih mehanizmov Albanije, Bosne in Hercegovine, Črne gore, Hrvaške, Makedonije, Slovenije in Srbije. Ustanovljena je bila mreža DPM jugovzhodne Evrope.	Ombudsman Srbije (Zaštitnik građana) v sodelovanju z Organizacijo za varnost in sodelovanje (OVSE)
26. 3. 2013	Velenje	Andreja Srebotnik, dr. Ingrid Russi-Zagožen in Jure Markič, svetovalec Varuha, ter nekateri predstavniki izbranih nevladnih organizacij	Udeležba na posvetu o istanbulskem protokolu.	Inštitut Integra, Velenje
11. 4. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje	Sestanek na temo evalvacije Direktive 2008/115/ES (o skupnih standardih in postopkih v državah članicah za vračanje nezakonito prebivajočih državljanov tretjih držav). Sestanka sta se udeležila tudi Katarina Podlogar in dr. Saša Zagorč s Pravne fakultete v Ljubljani.	Pobuda Katarine Podlogar in dr. Saše Zagorca

1.7 Review of the Activities of the NPM in 2013

Date	Location	Participants (The Human Rights Ombudsman of the Republic of Slovenia and others)	Description	Organiser
8 January 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, Simona Šemen, Jure Markič, MSc, Miha Horvat, Robert Gačnik, Andreja Srebotnik, dr. Ingrid Russi-Zagožen, Petra Tovornik, Ombudsman's advisers, and Leja Drobnak, trainee	At the annual meeting, the programme of visits in 2013 was developed, the analysis of previous work was conducted and the vision of the NPM for the future was set by the members of the national preventive mechanism (NPM). The following representatives of the selected NGOs took part in the meeting: Katarina Bervar Sternad (Legal Information Centre of NGOs - PIC), Branka Pondelek, Katja Sodja and Katja Piršič (the Primus Institute), Stanka Radojčić and Ana Cajnko (Slovenian Federation of Pensioners' Associations - ZDUS), Srečko Brumen, Slavica Smrtnik and Sonja Škrabec Štefančič (Novi paradoks).	The Human Rights Ombudsman of the Republic of Slovenia
30 January 2013	National Assembly of the Republic of Slovenia, Ljubljana	Zdenka Čebašek - Travnik, Ombudsman, Jernej Rovšek, Ivan Šelih, Kornelija Marzel, Tone Dolčič, Deputy Ombudsmen, and Bojana Kvas, MSc, Secretary General	Reading of the 17th regular annual report of the Ombudsman for 2011 during the plenary session of the National Assembly of the Republic of Slovenia during which the NPM report for 2011 was also debated.	National Assembly of the Republic of Slovenia
14 February 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	All the Ombudsman's personnel, members of NPM and some representatives of the selected NGOs.	Lecture about expert view on dementia, given by Mojca Muršec, M.D.	The Human Rights Ombudsman of the Republic of Slovenia
18 March 2013	Ljubljana	Ivan Šelih, Deputy Ombudsman, and Jure Markič, Ombudsman's adviser	Participation in the second session of the group of experts for the homes for the elderly.	Slovenian Federation of Pensioners' Organisations
24 March 2013	Belgrade, Serbia	Ivan Šelih, Deputy Ombudsman, and Robert Gačnik, Ombudsman's adviser	Meeting of the national preventive mechanisms of Albania, Bosnia and Herzegovina, Montenegro, Croatia, Macedonia, Slovenia and Serbia. South-East Europe National Preventive Mechanism Network was founded.	Serbian Ombudsman (Zaštitnik građana) in cooperation with the Organization for Security and Cooperation in Europe (OSCE)

11. 4. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, in drugi sodelavci	Srečanje z generalnim direktorjem Uprave RS za izvrševanje kazenskih sankcij (URSIKS) Dušanom Valentinčičem in njegovimi sodelavci ter predstavnico Ministrstva za pravosodje. Govorili so o nekaterih vidikih prestajanja kazni zapora, izobraževanju pravosodnih policistov in primerih smrti zapornikov med prestajanjem kazni zapora.	Varuh ČP RS
15. 4. 2013	Na sedežu Varuha ČP RS	Miha Horvat, svetovalec Varuha	Sodelovanje v spletni razpravi na temo nadzora zaporov: http://www.newtactics.org/conversation/monitoring-prisons-prevent-abuse	New Tactics
8. 5. 2013	Beograd, Srbija	Ivan Šelih, namestnik varuhinje, ter Katarina Bervar Sternad (PIC) in Katja Sodja (Inštitut Primus)	Sodelovanje na okrogli mizi Sodelovanje civilne družbe in strokovnjakov pri opravljanju nalog državnih preventivnih mehanizmov proti mučenju (DPM) – izkušnje in izzivi.	Mednarodna mreža pomoči I. A. N. (International Aid Network), Beograd, Srbija, in DPM Srbije
14. 5. 2013	Na sedežu Varuha ČP RS	Vlasta Nussdorfer, varuhinja, s sodelavkami in sodelavci	Pogovor varuhinje Vlaste Nussdorfer z ministrom za zdravje Tomažem Gantarjem in njegovimi sodelavkami in sodelavci o vprašanih dopolnitve Zakona o duševnem zdravju, podzakonskih aktih o delovanju forenzične psihiatrije, organizaciji pedopsihiatrije ter ugotovitvah z obiskov predstavnikov DPM, ki jih opravijo v domovih za starejše in drugih ustanovah.	Varuha ČP RS
15. 5. 2013	Na sedežu Varuha ČP RS	Vlasta Nussdorfer, varuhinja, s sodelavkami in sodelavci	Pogovor z dr. Gregorjem Virantom, ministrom za notranje zadeve in javno upravo, z njegovimi sodelavkami in sodelavci o pritožbenih postopkih zoper policiste, množičnih javnih shodih, izročanju tujcev, delu Inšpekcijskega sveta, prijavi prebivališča, postopkih mednarodne zaščite, volilni in referendumski zakonodaji ter problemih izbrisanih.	Varuh ČP RS
4. 6. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, ter Jure Markič in dr. Ingrid Russi-Zagožen, svetovalec Varuha	Delovno srečanje s predstavniki socialne inšpekcije, na katerem so sodelovali tudi predstavniki MDDSZ in Skupnosti socialnovarstvenih zavodov.	MDDSZ
4. 6. 2013	Na sedežu Varuha ČP RS	Vlasta Nussdorfer, varuhinja, s sodelavkami in sodelavci	Sestanek varuhinje človekovih pravic Vlaste Nussdorfer in njenih sodelavcev z ministrom za izobraževanje, znanost in šport dr. Jernejem Pikalom, na katerem so obravnavali tudi probleme, ki jih je DPM zaznal ob obiskih zavodov, v katerih so nameščeni mladoletniki.	Varuh ČP RS

26 March 2013	Velenje	Andreja Srebotnik, dr. Ingrid Russi-Zagožen and Jure Markič, Ombudsman's advisers, and some representatives of the selected NGOs	Participation in consultations on the Istanbul protocol.	Integra Institute, Velenje
11 April 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman	Meeting on the evaluation of the Directive 2008/115/EC (on common standards and procedures in Member States for returning illegally staying third-country nationals). Katarina Podlogar and dr. Saša Zagorc from the Faculty of Law in Ljubljana also took part at the meeting.	Incentive by Katarina Podlogar and dr. Saša Zagorc
11 April 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, and other colleagues	Meeting with Dušan Valentinčič, Director-General of the Prison Administration of the Republic of Slovenia (URSIKS), and his colleagues and the representative of the Ministry of Justice. Some aspects of serving a prison sentence, education of judicial officers and cases of death of prisoners while serving their prison sentence were discussed.	The Human Rights Ombudsman of the Republic of Slovenia
15 April 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Miha Horvat, Ombudsman's adviser	Participation in the online debate on monitoring prisons: http://www.newtactics.org/conversation/monitoring-prisons-prevent-abuse	New Tactics
8 May 2013	Belgrade, Serbia	Ivan Šelih, Deputy Ombudsman, Katarina Bervar Sternad (PIC) and Katja Sodja (the Primus Institute)	Participation in the round table on Cooperation of the civil society and experts when carrying out the tasks of national preventive mechanisms against violence (NPM) - experience and challenges.	International Aid Network, Belgrade, Serbia, and the Serbian NPM
14 May 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, and her colleagues	The Ombudsman Vlasta Nussdorfer talked to the Minister of Health Tomaž Gantar and his colleagues about the issue of amending the Mental Health Act, implementing regulations on the work of forensic psychiatry, organisation of pedopsychiatry and findings of the visits of the representatives of NPM to homes for the elderly and other institutions.	The Human Rights Ombudsman of the Republic of Slovenia
15 May 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, and her colleagues	Conversation with dr. Gregor Virant, Minister of the Interior and Public Administration, and his colleagues, on complaints procedures against police officers, public protests, extradition of foreigners, work of the Inspection Board, residence registration, international protection procedures, election and referendum legislation and the issue of "The Erased".	The Human Rights Ombudsman of the Republic of Slovenia

11. 6. 2013	Na sedežu Varuha ČP RS	Vlasta Nussdorfer, varuhinja, s sodelavkami in sodelavci	Sestanek varuhinje človekovih pravic Vlaste Nussdorfer in njenih sodelavcev z ministrom za pravosodje dr. Senkom Pličaničem, na katerem so obravnavali problematiko zaprtih oseb, vklepanja privedenih oseb na sodišče, delovanja forenzične psihiatrije, razmer v slovenskih zaporih ter podporo in zaščito žrtev kaznivih dejanj.	Varuh ČP RS
13. 6. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, ter Robert Gačnik, Andreja Srebotnik, dr. Ingrid Russi-Zagožen in Brigita Urh, svetovalci Varuha	Srečanje sodelavk in sodelavcev DPM iz urada Varuha, predstavnikov NVO (osem predstavnikov) in strokovnjakov, ki sodelujejo pri izvajanju nalog DPM. Pogovor je zajemal vlogo NVO pri izvajanju nalog DPM, metodologijo dela in vprašanja zaščite pravic oseb na področju duševnega zdravja.	Varuh ČP RS
24.-26. 6. 2013	Skopje, Makedonija	Ivan Šelih, namestnik varuhinje, in Robert Gačnik, svetovalec Varuha	Sodelovanje na delavnicah in regionalni konferenci predstavnikov DPM jugovzhodne Evrope Multi-country workshop on the National Preventive Mechanism against Torture and other Cruel, Inhuman or Degrading Treatment.	Evropska komisija, TAIEX (Technical Assistance and Information Exchange instrument), ki deluje v okviru Evropske komisije, v sodelovanju z ombudsmanom Makedonije.
4. 7. 2013	Državni zbor RS, Ljubljana	Vlasta Nussdorfer, varuhinja, in mag. Bojana Kvas, generalna sekretarka Varuha	Varuhinja človekovih pravic Vlasta Nussdorfer je predsedniku državnega zbora Janku Vebru predala 18. redno letno poročilo Varuha za leto 2012 in letno poročilo Varuha v vlogi državnega preventivnega mehanizma (DPM).	Državni zbor RS
4. 7. 2013	Na sedežu Varuha ČP RS	Vlasta Nussdorfer, varuhinja, Jernej Rovšek, Ivan Šelih, Kornelija Marzel in Tone Dolčič, njeni namestniki, ter mag. Bojana Kvas, generalna sekretarka Varuha	Tiskovna konferenca Varuha, na kateri je varuhinja govorila o temeljnih ugotovitvah stopnje spoštovanja temeljnih pravic v Republiki Sloveniji, Ivan Šelih pa je predstavil najpomembnejše ugotovitve, zapisane v letnem poročilu državnega preventivnega mehanizma.	Varuh ČP RS
4. 7. 2013	Predsedniška palača, Ljubljana	Vlasta Nussdorfer, varuhinja, in mag. Bojana Kvas, generalna sekretarka Varuha	Varuhinja človekovih pravic Vlasta Nussdorfer je predsedniku države Borutu Pahorju osebno predala 18. redno letno poročilo Varuha za leto 2012 in letno poročilo Varuha v vlogi državnega preventivnega mehanizma (DPM).	Kabinet predsednika RS in Varuh ČP RS
19. 7. 2013	Vlada RS, Ljubljana	Vlasta Nussdorfer, varuhinja	Varuhinja Vlasta Nussdorfer je predsednici Vlade RS Alenki Bratušek osebno predala 18. redno letno poročilo Varuha človekovih pravic za leto 2012 in redno letno poročilo Varuha v vlogi DPM za leto 2012.	Vlada RS in Varuh ČP RS

4 June 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, Jure Markič and dr. Ingrid Russi-Zagožen, Ombudsman's advisers	Working meeting with the representatives of social inspection with the participation of representatives of the Ministry of Labour, Family and Social Affairs and Association of Social Care Institutions.	Ministry of Labour, Family and Social Affairs
4 June 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, and her colleagues	Vlasta Nussdorfer, Ombudsman, and her colleagues hold a meeting with Jernej Pikalo, the Minister of Education, Science, Culture and Sport on the issues that NPM noticed during the visits to institutions for the detention of minors.	The Human Rights Ombudsman of the Republic of Slovenia
11 June 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, and her colleagues	Vlasta Nussdorfer, Ombudsman, and her colleagues hold a meeting with Senko Pličanič, the Minister of Justice, on the issue of detained persons, handcuffing of persons brought to the court, work of the forensic psychiatry, conditions in the Slovene prisons and support and protection of victims of criminal offences.	The Human Rights Ombudsman of the Republic of Slovenia
13 June 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Andreja Srebotnik, dr. Ingrid Russi-Zagožen and Brigita Urh, Ombudsman's advisers	Meeting of NPM colleagues from the Ombudsman's Office, representatives of NGOs (eight representatives) and experts who cooperate on some tasks of the NPM. The conversation covered the role of NGOs in NPM's tasks, work methodology and the issue of protecting the rights of persons in the area of mental health.	The Human Rights Ombudsman of the Republic of Slovenia
24-26 June 2013	Skopje, Macedonia	Ivan Šelih, Deputy Ombudsman, and Robert Gačnik, Ombudsman's adviser	Participation in the workshops and regional conference of the South-East Europe NPM representatives entitled Multi-country workshop on the National Preventive Mechanism against Torture and other Cruel, Inhuman or Degrading Treatment.	European Commission, TAIEX (Technical Assistance and Information Exchange instrument) which operates within the European Commission, in cooperation with the Macedonian Ombudsman.
4 July 2013	National Assembly of the Republic of Slovenia, Ljubljana	Vlasta Nussdorfer, Ombudsman, and Bojana Kvas, MSc, Secretary-General of the Ombudsman	The 18th Regular Ombudsman's Report for 2012 and the annual report of the Ombudsman as a the NPM for 2012 were submitted to Janko Veber by the Ombudsman Vlasta Nussdorfer.	National Assembly of the Republic of Slovenia
4 July 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, Jernej Rovšek, Ivan Šelih, Kornelija Marzel and Tone Dolčič, Deputy Ombudsmen, and Bojana Kvas, MSc, Secretary-General of the Ombudsman	Press conference of the Ombudsman where the Ombudsman talked about the basic findings about the respect of fundamental rights in the Republic of Slovenia. Ivan Šelih presented the most important findings from the NPM annual report.	The Human Rights Ombudsman of the Republic of Slovenia

4. 10. 2013	Državni zbor RS, Ljubljana	Vlasta Nussdorfer, varuhinja, ter Jernej Rovšek, Ivan Šelih, Kornelija Marzel in Tone Dolčič, njeni namestniki	Obravnava 18. rednega letnega poročila o delu Varuha človekovih pravic Republike Slovenije v letu 2012 na seji Komisije za peticije ter za človekove pravice in enake možnosti (14. redna seja).	Državni zbor RS
8. 10. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, in drugi člani DPM ter predstavniki izbranih nevladnih organizacij	Sestanek glede nadaljnega dela DPM.	Varuh ČP RS
24. 10. 2013	Državni zbor RS, Ljubljana	Vlasta Nussdorfer, varuhinja, ter Jernej Rovšek, Ivan Šelih, Kornelija Marzel in Tone Dolčič, njeni namestniki	Obravnava 18. letnega poročila Varuha človekovih pravic RS za leto 2012 in Poročila državnega preventivnega mehanizma (DPM) za leto 2012.	Državni zbor Republike Slovenije
21.–24. 10. 2013	Na sedežu Varuha ČP RS, Mirna na Dolenjskem, Maribor, Žalec	Ivan Šelih, namestnik varuhinje, ter Jure Markič, Robert Gačnik in Miha Horvat, svetovalci Varuha	Obisk predstavnikov DPM Gruzije (Natia Imnadze, Otar Kvačadze, Maia Gigineišvili, Daniel Mgeliašvili, Amiran Nikolaišvili, Madona Basiladze, Nino Gobronidze) in Givija Mikanadzeja, predstavnik Sveta Evrope. Na sedežu Varuha smo jim predstavili delovanje slovenskega DPM. Skupaj so nato obiskali zapor, psihiatrično bolnišnico in njeno forenzično enoto ter posebni socialnovarstveni zavod.	Varuh ČP RS
23. in 24. 10. 2013	Beograd, Srbija	Ivan Šelih, namestnik varuhinje, dr. Peter Pregelj, zdravnik ekspert v DPM, in Robert Gačnik, svetovalec Varuha	Sodelovanje na prvem sestanku Medicinske skupine mreže DPM jugovzhodne Evrope (SEE NPM Network).	Misija OVSE v Srbiji v sodelovanju z mrežo DPM jugovzhodne Evrope
5. 11. 2013	Na sedežu Varuha ČP RS	Ivan Šelih, namestnik varuhinje, ter Robert Gačnik in Jure Markič, svetovalca Varuha	Obisk predstavnikov DPM Češke (Ladislav Tomeček, Milan Svoboda in Ondřej Vala). Na sedežu Varuha smo jim predstavili delovanje slovenskega DPM. Obiskali so tudi policijsko postajo, dom starejših in zapor.	Varuh ČP RS
8. 11. 2013	Policijska akademija v Tacnu, Ljubljana	Ivan Šelih, namestnik varuhinje, in Robert Gačnik, svetovalec Varuha	Predstavitev dela Varuha človekovih pravic RS in predstavitev dela DPM, obiski policijskih postaj in glavnih ugotovitev iz obiskov	Ministrstvo za notranje zadeve in Policijska akademija
21. in 22. 11. 2013	Strasbourg, Francija	Ivan Šelih, namestnik varuhinje	Sodelovanje na konferenci Immigration Detention in Europe: Establishing Common Concerns and Developing Minimum Standards.	Svet Evrope
26. 11. 2013	Beograd, Srbija	Robert Gačnik, svetovalec Varuha	Sodelovanje na okrogli mizi Pet poročil Centra za človekove pravice Niš in Koalicije za reformo zaporskega sistema.	Center za človekove pravice Niš in Koalicija za reformo zaporskega sistema, pod pokroviteljstvom delegacije EU v Srbiji

4 July 2013	Presidential Palace, Ljubljana	Vlasta Nussdorfer, Ombudsman, and Bojana Kvas, MSc Secretary-General of the Ombudsman	The 18th Regular Ombudsman's Report for 2012 and the annual report of the Ombudsman as a the NPM for 2012 were submitted to Borut Pahor, the president of the Republic of Slovenia, by the Ombudsman Vlasta Nussdorfer.	Office of the President of the Republic and the Human Rights Ombudsman of the Republic of Slovenia
19 July 2013	Government of the Republic of Slovenia, Ljubljana	Vlasta Nussdorfer, Ombudsman	The 18th Regular Ombudsman's Report for 2012 and the annual report of the Ombudsman as a the NPM for 2012 were submitted to Alenka Bratušek, Prime Minister of the Republic of Slovenia, by the Ombudsman Vlasta Nussdorfer.	The Government of Slovenia and the Human Rights Ombudsman of the Republic of Slovenia
4 October 2013	National Assembly of the Republic of Slovenia, Ljubljana	Vlasta Nussdorfer, Ombudsman, Jernej Rovšek, Ivan Šelih, Kornelija Marzel and Tone Dolčič, Deputy Ombudsmen	Reading of the 18th regular annual report of the work of the Ombudsman of the Republic of Slovenia in 2012 in the session of the Commission for Petitions and Human Rights and Equal Opportunities (14th regular session).	National Assembly of the Republic of Slovenia
8 October 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, other members of the NPM and representatives of NGOs	A meeting on the future work of the NPM.	The Human Rights Ombudsman of the Republic of Slovenia
24 October 2013	National Assembly of the Republic of Slovenia, Ljubljana	Vlasta Nussdorfer, Ombudsman, Jernej Rovšek, Ivan Šelih, Kornelija Marzel and Tone Dolčič, Deputy Ombudsmen	Reading of the 18th regular annual report on the work of the Ombudsman of the Republic of Slovenia in 2012 and NPM report for 2012.	National Assembly of the Republic of Slovenia
21–24 October 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia, Mirna na Dolenjskem, Maribor, Žalec	Ivan Šelih, Deputy Ombudsman, Jure Markič, Robert Gačnik and Miha Horvat, Ombudsman's advisers	Visit of the representatives of the Georgian NPM (Natia Imnadze, Otar Kvačadze, Maia Gigineišvili, Daniel Mgeliašvili, Amiran Nikolaišvili, Madona Basiladze, Nino Gobronidze) and Givi Mikanadze, a representative of the Council of Europe. The functioning of the Slovenian NPM was presented in the Office of the Human Rights Ombudsman of the Republic of Slovenia. They visited a prison, a psychiatric hospital and its forensic unit and a special social care institution.	The Human Rights Ombudsman of the Republic of Slovenia
23 and 24 October 2013	Belgrade, Serbia	Ivan Šelih, Deputy Ombudsman, dr. Peter Pregelj, medical expert for the NPM, and Robert Gačnik, Ombudsman's adviser	Participation in the first meeting of the Medical Group of the South-East Europe National preventive mechanism (SEE NPM) Network.	OSCE mission in Serbia in cooperation with SEE NPM Network.

4. 12. 2013	Moskva, Rusija	Ivan Šelih, namestnik varuhinje	Sodelovanje na mednarodni konferenci The public monitoring of places of detention. Russian and International experiences	Moskovska regionalna fundacija Socialno partnerstvo, Moskovska helsinška skupina, v sodelovanju s Svetom Evrope in ombudsmanom Ruske federacije
19. 2. 2013	Na sedežu Varuha ČP	Vlasta Nussdorfer, varuhinja, s sodelavkami in sodelavci	Sestanek varuhinje človekovih pravic Vlaste Nussdorfer z ministrom za zunanje zadeve Karlom Erjavcem, na katerem so govorili tudi o vprašanih zaprtih oseb, državljanov Republike Slovenije, ki so zaprti v zaporih v tujini.	Varuh ČP RS

5 November 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Ivan Šelih, Deputy Ombudsman, Robert Gačnik and Jure Markič, Ombudsman's advisers	Visit of Czech NPM representatives Ladislav Tomeček, Milan Svoboda and Ondřej Vala). Functioning of the Slovenian NPM was presented in the Office of the Human Rights Ombudsman of the Republic of Slovenia. They visited a police station, a home for the elderly and a prison.	The Human Rights Ombudsman of the Republic of Slovenia
8 November 2013	Police Academy in Tacen, Ljubljana	Ivan Šelih, Deputy Ombudsman, and Robert Gačnik, Ombudsman's adviser	A presentation of the work of the Ombudsman and NPM, visits to police stations and presentation of the main findings of the visits.	Ministry of the Interior and the Police Academy
21-22 November 2011	Strasbourg, France	Ivan Šelih, Deputy Ombudsman	Participation in the conference Immigration Detention in Europe: Establishing Common Concerns and Developing Minimum Standards.	Council of Europe
26 November 2013	Belgrade, Serbia	Robert Gačnik, Ombudsman's adviser	Participation in the round table Five reports of the Centre for Human Rights Niš and the Coalition of the reform of the prison system.	Centre for Human Rights Niš and the Coalition of the reform of the prison system under the sponsorship of the EU delegation to Serbia.
4 December 2013	Moscow, Russia	Ivan Šelih, Deputy Ombudsman	Participation in the international conference The public monitoring of places of detention. Russian and International experiences	Moscow Regional Public Charity Foundation Social Partnership, Moscow Helsinki Group in cooperation with the Council of Europe and the Human Rights Ombudsman of the Russian Federation
19 December 2013	Office of the Human Rights Ombudsman of the Republic of Slovenia	Vlasta Nussdorfer, Ombudsman, and her colleagues	Meeting of Vlasta Nussdorfer, Ombudsman, with Karel Erjavec, Minister of Foreign Affairs, where they debated the issue of detained persons, citizens of the Republic of Slovenia who are detained in the prisons abroad.	The Human Rights Ombudsman of the Republic of Slovenia



1.8 Pregled obiskov DPM v letu 2013

Datum	Kraj dogodka	Udeleženeec	Naslov	Organizator
21. 1. 2013	Šentjur pri Celju	Ivan Šelih, namestnik varuhinje, in Miha Horvat, svetovalec Varuha	Kontrolni obisk policijske postaje Šentjur pri Celju	Varuh ČP RS
23. 1. 2013	Postojna	Robert Gačnik, svetovalec Varuha, in Katja Sodja (Inštitut Primus)	Kontrolni obisk Centra za tujce v Postojni	Varuh ČP RS
29. 1. 2013	Ig pri Ljubljani	Robert Gačnik, Andreja Srebotnik in dr. Ingrid Russi-Zagožen, svetovalci Varuha, in Katja Sodja (Inštitut Primus)	Obisk Zavoda za prestajanje kazni zapora na Igu	Varuh ČP RS
30. 1. 2013	Trebnje	dr. Ingrid Russi-Zagožen in mag. Simona Šemen, svetovalki Varuha, ter Ana Cajnko (Zveza društev upokojenecv Slovenije) in Branka Pondelek (Inštitut Primus)	Obisk Doma starejših občanov Trebnje	Varuh ČP RS
14. 2. 2013	Laško in Celje	Robert Gačnik, svetovalec Varuha, in Miha Nabergoj (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk policijskih postaj Laško in Celje	Varuh ČP RS
18. 2. 2013	Škofja Loka	Miha Horvat in Jure Markič, svetovalca Varuha	Obisk Centra slepih, slabovidnih in starejših v Škofji Loki	Varuh ČP RS
19. 2. 2013	Dob pri Mirni	Robert Gačnik, svetovalec Varuha, in Katja Piršič (Inštitut Primus)	Obisk Zavoda za prestajanje kazni zapora Dob pri Mirni, Odprtega oddelka Puščava	Varuh ČP RS
12. 3. 2013	Ravne na Koroškem in Slovenj Gradec	Robert Gačnik, svetovalec Varuha, in Branka Pondelek (Inštitut Primus)	Obisk policijskih postaj Ravne na Koroškem in Slovenj Gradec	Varuh ČP RS
19. 3. 2013	Maribor	Robert Gačnik, svetovalec Varuha, in Katja Sodja (Inštitut Primus)	Obisk Zavoda za prestajanje kazni zapora Maribor, Odprtega oddelka Rogoza	Varuh ČP RS
26. 3. 2013	Ljubljana	Brigita Urh in Petra Tovornik, svetovalki Varuha	Obisk Mladinskega doma Malči Beličeve	Varuh ČP RS
9. 4. 2013	Radlje ob Dravi	dr. Ingrid Russi-Zagožen in mag. Simona Šemen, svetovalki Varuha	Obisk Doma starejših občanov Radlje ob Dravi – Dom Hmelina	Varuh ČP RS
10. 4. 2013	Murska Sobota	Robert Gačnik in Andreja Srebotnik, svetovalca Varuha, ter Boris Nusdorfer (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk Zavoda za prestajanje kazni zapora Maribor, Oddelka Murska Sobota	Varuh ČP RS
19. 4. 2013	Šentilj, Maribor, Slovenske Konjice	Ivan Šelih, namestnik varuhinje, Robert Gačnik, svetovalec Varuha, in Katja Piršič (Inštitut Primus)	Obisk policijske postaje za izravnalne ukrepe (PPIU) Maribor ter policijskih postaj Maribor II in Slovenske Konjice	Varuh ČP RS

1.8 Review of the Visits of the NPM in 2013

Date	Location	Participant	Name	Organiser
21 January 2013	Šentjur pri Celju	Ivan Šelih, Deputy Ombudsman, and Miha Horvat, Ombudsman's adviser	Control visit of the Šentjur pri Celju police station	The Human Rights Ombudsman of the Republic of Slovenia
23 January 2013	Postojna	Robert Gačnik, Ombudsman's adviser, and Katja Sodja (the Primus Institute).	Control visit of the Aliens Center in Postojna	The Human Rights Ombudsman of the Republic of Slovenia
29 January 2013	Ig pri Ljubljani	Robert Gačnik, Andreja Srebotnik, dr. Ingrid Russi-Zagožen, Ombudsman's advisers, and Katja Sodja (the Primus Institute)	Visit to Ig Prison	The Human Rights Ombudsman of the Republic of Slovenia
30 January 2013	Trebnje	dr. Ingrid Russi-Zagožen and Simona Šemen, MSc, Ombudsman's advisers, and Ana Cajnko (Slovene Federation of Pensioners' Associations) and Branka Pondelek (the Primus Institute)	Visit to Trebnje Home for the Elderly	The Human Rights Ombudsman of the Republic of Slovenia
14 February 2013	Laško and Celje	Robert Gačnik, Ombudsman's adviser, and Miha Nabergoj (Legal Information Centre of NGOs-PIC)	Visit to Laško and Celje police stations	The Human Rights Ombudsman of the Republic of Slovenia
18 February 2013	Škofja Loka	Miha Horvat and Jure Markič, Ombudsman's advisers	Visit to Centre for the Blind, Visually Impaired and the Elderly in Škofja Loka	The Human Rights Ombudsman of the Republic of Slovenia
19 February 2013	Dob pri Mirni	Robert Gačnik, Ombudsman's adviser, and Katja Piršič (the Primus Institute)	Visit to Dob pri Mirni Prison, Puščava Open Unit	The Human Rights Ombudsman of the Republic of Slovenia
12 March 2013	Ravne na Koroškem and Slovenj Gradec	Robert Gačnik, Ombudsman's adviser, and Branka Pondelek (the Primus Institute)	Visit to Ravne na Koroškem and Slovenj Gradec police stations	The Human Rights Ombudsman of the Republic of Slovenia
19 March 2013	Maribor	Robert Gačnik, Ombudsman's adviser, and Katja Sodja (the Primus Institute)	Visit to Maribor Prison, Rogoza Open Unit	The Human Rights Ombudsman of the Republic of Slovenia
26 March 2013	Ljubljana	Brigita Urh and Petra Tovornik, Ombudsman's advisers	Visit to Malči Belič Youth Care Center	The Human Rights Ombudsman of the Republic of Slovenia

22. 4. 2013	Ptuj	mag. Jure Markič in Miha Horvat, svetovalca Varuha, ter Ana Cajnko (Zveza društev upokojencev Slovenije) in Urša Zalar (Inštitut Primus)	Obisk Doma upokojencev Ptuj	Varuh ČP RS
23. 4. 2013	Planina pri Rakeku	Vlasta Nussdorfer, varuhinja, Ivan Šelih, namestnik varuhinje, Brigita Urh in Lili Jazbec, svetovalki Varuha, in Branka Pondelek (Inštitut Primus)	Obisk Vzgojnega zavoda Planina	Varuh ČP RS
7. 5. 2013	Velika Polana	dr. Ingrid Russi-Zagožen, svetovalka Varuha, ter mag. Simona Šemen in Ana Cajnko (Zveza društev upokojencev Slovenije)	Obisk Doma Danijela Halasa	Varuh ČP RS
8. 5. 2013	Dob pri Mirni	Robert Gačnik, svetovalec Varuha, in Katja Piršič (Inštitut Primus)	Obisk Zavoda za prestajanje kazni zapora Dob pri Mirni, Polodprtega oddelka Slovenska vas	Varuh ČP RS
21. 5. 2013	Kranj	Lilijana Jazbec, Brigita Urh, svetovalki Varuha, ter Branka Pondelek (Inštitut Primus) in Boris Nusdorfer (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk Vzgojnega zavoda Kranj	Varuh ČP RS
22. 5. 2013	Brežice in Šentjernej	Robert Gačnik, svetovalec Varuha, in Katja Sodja (Inštitut Primus)	Obisk policijskih postaj Brežice in Šentjernej	Varuh ČP RS
5. 6. 2013	Kranjska Gora, Radovljica in Tržič	Robert Gačnik, svetovalec Varuha, in Miha Nabergoj (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk policijskih postaj Kranjska Gora, Radovljica in Tržič	Varuh ČP RS
17. 6. 2013	Maribor	Ivan Šelih, namestnik varuhinje, Robert Gačnik, Andreja Srebotnik in Miha Horvat, svetovalci Varuha, ter Ciril Klajnšček (Rdeči križ Slovenije) in dr. Peter Pregelj, zdravnik ekspert v okviru DPM	Obisk Zavoda za prestajanje kazni Maribor	Varuh ČP RS
17. 7. 2013	Koper	mag. Simona Šemen in dr. Ingrid Russi-Zagožen, svetovalki Varuha, ter Ana Cajnko (Zveza društev upokojencev Slovenije) in Branka Pondelek (Inštitut Primus)	Obisk Doma upokojencev Ptuj, enote v Kopru	Varuh ČP RS
11. 9. 2013	Radlje ob Dravi in Dravograd	Robert Gačnik, svetovalec Varuha, ter Nika Bajda (na študijski praksi) in Katja Piršič (Inštitut Primus)	Obisk policijskih postaj Radlje ob Dravi in Dravograd	Varuh ČP RS

9 April 2013	Radlje ob Dravi	dr. Ingrid Russi-Zagožen and Simona Šemen, MSc, Ombudsman's advisers	Visit to Radlje ob Dravi Home for the Elderly-Hmelina Home	The Human Rights Ombudsman of the Republic of Slovenia
10 April 2013	Murska Sobota	Robert Gačnik and Andreja Srebotnik, Ombudsman's advisers, and Boris Nusdorfer (Legal Information Centre of NGOs-PIC)	Visit to Maribor Prison, Murska Sobota Unit	The Human Rights Ombudsman of the Republic of Slovenia
19 April 2013	Šentilj, Maribor, Slovenske Konjice	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Ombudsman's adviser, and Katja Piršič (the Primus Institute)	Visit to Police Station for Compensatory Measures in Maribor and Maribor II and Slovenske Konjice Police Stations	The Human Rights Ombudsman of the Republic of Slovenia
22 April 2013	Ptuj	Jure Markič, MSc, Miha Horvat, Ombudsman's advisers, Ana Cajnko (Slovene Federation of Pensioners' Associations) and Urša Zalar (the Primus Institute)	Visit of the Ptuj Retirement Home	The Human Rights Ombudsman of the Republic of Slovenia
23 April 2013	Planina pri Rakeku	Vlasta Nussdorfer, Ombudsman, Ivan Šelih, Deputy Ombudsman, Brigita Urh and Lili Jazbec, Ombudsman's advisers, and Branka Pondelek (the Primus Institute)	Visit to the Planina Residential Education Centre	The Human Rights Ombudsman of the Republic of Slovenia
7 May 2013	Velika Polana	dr. Ingrid Russi-Zagožen, Ombudsman's adviser, and Simona Šemen, MSc, and Ana Cajnko (Slovene Federation of Pensioners' Associations)	Visit to Danijel Halas Home	The Human Rights Ombudsman of the Republic of Slovenia
8 May 2013	Dob pri Mirni	Robert Gačnik, Ombudsman's adviser, and Katja Piršič (the Primus Institute)	Visit to Dob pri Mirni Prison, semi-open unit Slovenska vas	The Human Rights Ombudsman of the Republic of Slovenia
21 May 2013	Kranj	Lilijana Jazbec, Brigita Urh, Ombudsman's advisers, Branka Pondelek (the Primus) and Boris Nusdorfer (Legal-Information Centre of NGOs-PIC)	Visit to Kranj Residential Education Centre	The Human Rights Ombudsman of the Republic of Slovenia
22 May 2013	Brežice and Šentjernej	Robert Gačnik, Ombudsman's adviser, and Katja Sodja (the Primus Institute)	Visit to Brežice and Šentjernej police stations	The Human Rights Ombudsman of the Republic of Slovenia
5 June 2013	Kranjska Gora, Radovljica and Tržič	Robert Gačnik, Ombudsman's adviser, and Miha Nabergoj (Legal Information Centre of NGOs-PIC)	Visit to Kranjska Gora, Radovljica and Tržič police stations	The Human Rights Ombudsman of the Republic of Slovenia
17 June 2013	Maribor	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Andreja Srebotnik, Miha Horvat, Ombudsman's advisers, Ciril Klajnšček (Slovenian Red Cross) and dr. Peter Pregelj, medical expert for NPM	Visit to Maribor Prison	The Human Rights Ombudsman of the Republic of Slovenia

18. 9. 2013	Idrija	mag. Jure Markič in Miha Horvat, svetovalca Varuha, ter Nika Bajda in Branka Pondelek (Inštitut Primus) in dr. Peter Pregelj, zdravnik ekspert v okviru DPM	Obisk Psihiatrične bolnišnice Idrija	Varuh ČP RS
23. in 24. 9. 2013	Dob pri Mirni	Ivan Šelih, namestnik varuhinje, Robert Gačnik, Miha Horvat in Andreja Srebotnik, svetovalci Varuha, Nika Bajda (na študijski praksi), Katja Sodja in Katja Piršič (Inštitut Primus), Boris Nusdorfer (Pravno-informacijski center nevladnih organizacij – PIC) in dr. Milan Popovič, zdravnik ekspert	Obisk Zavoda za prestajanje kazni zapora Dob pri Mirni	Varuh ČP RS
24. 9. 2013	Maribor	Lilijana Jazbec in Brigita Urh, svetovalki Varuha, ter Urša Zalar (Inštitut Primus)	Obisk Mladinskega doma Maribor	Varuh ČP RS
26. 9. 2013	Črni Vrh nad Idrijo	dr. Ingrid Russi-Zagožen, mag. Simona Šemen, svetovalki Varuha, ter Branka Pondelek (Inštitut Primus), Slavica Smrtnik (Novi Paradoks) in dr. Peter Pregelj, zdravnik ekspert v okviru DPM	Obisk Doma za starejše Bor v Črnem Vrhu nad Idrijo	Varuh ČP RS
15. 10. 2013	Maribor in Slovenska Bistrica	Robert Gačnik in Andreja Srebotnik, svetovalca Varuha, ter Boris Nusdorfer (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk policijskih postaj Maribor I in Slovenska Bistrica	Varuh ČP RS
16. 10. 2013	Slivnica pri Mariboru	Brigita Urh in Lili Jazbec, svetovalki Varuha	Obisk Vzgojnega zavoda Slivnica pri Mariboru	Varuh ČP RS
18. 10. 2013	Novo mesto	Robert Gačnik in Andreja Srebotnik, svetovalca Varuha	Obisk Zavoda za prestajanje kazni zapora Ljubljana, Oddelka Novo mesto	Varuh ČP RS
6. 11. 2013	Jesenice	mag. Jure Markič in Miha Horvat, svetovalca Varuha, ter Branka Pondelek (Inštitut Primus), Stanka Radojičič (Zveza društev upokojencev Slovenije) in Ladislav Tomeček, predstavnik češkega DPM	Obisk Doma upokojencev dr. Franceta Bergelja na Jesenicah	Varuh ČP RS
6. 11. 2013	Koper	Ivan Šelih, namestnik varuhinje, Robert Gačnik in Andreja Srebotnik, svetovalca Varuha, in Katja Sodja (Inštitut Primus) ter dr. Milan Popovič, zdravnik ekspert v okviru DPM	Obisk Zavoda za prestajanje kazni zapora Koper. Pri obisku sta kot opazovalca sodelovala tudi predstavnika češkega državnega preventivnega mehanizma Milan Svoboda in Ondřej Vala.	Varuh ČP RS

17 July 2013	Koper	Simona Šemen, MSc, dr. Ingrid Russi-Zagožen, Ombudsman's advisers, Ana Cajnko (Slovene Federation of Pensioners' Associations) in Branka Pondelek (the Primus Institute)	Visit to Ptuj Retirement Home, Koper Unit	The Human Rights Ombudsman of the Republic of Slovenia
11 September 2013	Radlje ob Dravi and Dravograd	Robert Gačnik, Ombudsman's adviser, Nika Bajda (trainee) and Katja Piršič (the Primus Institute)	Visit to Radlje ob Dravi and Dravograd police stations	The Human Rights Ombudsman of the Republic of Slovenia
18 September 2013	Idrija	Jure Markič, MSc, Miha Horvat, Ombudsman's advisers, Nika Bajda, Branka Pondelek (the Primus Institute) and dr. Peter Pregelj, medical expert for the NPM	Visit to Idrija Psychiatric Hospital	The Human Rights Ombudsman of the Republic of Slovenia
23 and 24 September 2013	Dob pri Mirni	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Miha Horvat, Andreja Srebotnik, Ombudsman's advisers, Nika Bajda (trainee), Katja Sodja, Katja Piršič (the Primus Institute), Boris Nusdorfer (Legal-Information Centre of NGOs-PIC) and dr. Milan Popovič, medical expert	Visit to Dob pri Mirni Prison	The Human Rights Ombudsman of the Republic of Slovenia
24 September 2013	Maribor	Lilijana Jazbec, Brigita Urh, Ombudsman's advisers, and Urša Zalar (the Primus Institute)	Visit to Maribor Youth Care Center	The Human Rights Ombudsman of the Republic of Slovenia
26 September 2013	Črni Vrh nad Idrijo	dr. Ingrid Russi-Zagožen, Simona Šemen, MSc, Ombudsman's advisers, Branka Pondelek (the Primus Institute), Slavica Smrtnik (Novi Paradoks) and dr. Peter Pregelj, medical expert for NPM	Visit to Bor Home for the Elderly in Črni Vrh nad Idrijo	The Human Rights Ombudsman of the Republic of Slovenia
15 October 2013	Maribor and Slovenska Bistrica	Robert Gačnik, Andreja Srebotnik, Ombudsman's advisers, and Boris Nusdorfer (Legal Information Centre of NGOs-PIC)	Visit to Maribor I Police station and Slovenska Bistrica Police Station	The Human Rights Ombudsman of the Republic of Slovenia
16 October 2013	Slivnica pri Mariboru	Brigita Urh and Lili Jazbec, Ombudsman's advisers	Visit to Slivnica pri Mariboru Residential Education Centre	The Human Rights Ombudsman of the Republic of Slovenia
18 October 2013	Novo mesto	Robert Gačnik and Andreja Srebotnik, Ombudsman's advisers	Visit to Ljubljana Prison, Novo mesto Unit	The Human Rights Ombudsman of the Republic of Slovenia
6 November 2013	Jesenice	Jure Markič, MSc, Miha Horvat, Ombudsman's advisers, Branka Pondelek (the Primus Institute), Stanka Radojičič (Slovene Federation of Pensioners' Associations) and Ladislav Tomeček, representative of the Czech NPM	Visit to Dr. France Bergelj Retirement Home in Jesenice	The Human Rights Ombudsman of the Republic of Slovenia

7. 11. 2013	Ljubljana	Ivan Šelih, namestnik varuhinje, Robert Gačnik, svetovalec Varuha, ter Ladislav Tomeček, Milan Svoboda in Ondřej Vala, predstavniki češkega DPM	Obisk Centra za pridržanje Ljubljana na policijski postaji Ljubljana Moste.	Varuh ČP RS
14. 11. 2013	Koper	Jure Markič in dr. Ingrid Russi-Zagožen, svetovalca Varuha	Kontrolni obisk Doma upokoencev Ptuj, enote v Kopru	Varuh ČP RS
19. 11. 2013	Ljubljana	dr. Ingrid Russi-Zagožen in Jasna Vunduk, svetovalki Varuha, ter Sonja Škrabec Štefančič (Novi Paradoks), Stanka Radojičič (Zveza društev upokoencev Slovenije) in dr. Peter Pregelj, zdravnik ekspert v okviru DPM	Obisk Centra starejših Trnovo	
12. 12. 2013	Mengeš	Miha Horvat in mag. Jure Markič, svetovalca Varuha, in Katja Piršič (Inštitut Primus)	Kontrolni obisk doma počitka Mengeš	Varuh ČP RS
12. 12. 2013	Ljubljana	Robert Gačnik, svetovalec Varuha, in Boris Nusdorfer (Pravno-informacijski center nevladnih organizacij – PIC)	Obisk policijskih postaj Ljubljana Bežigrad in Ljubljana Center	Varuh ČP RS
16. 12. 2013	Radeče	Vlasta Nussdorfer, varuhinja, Ivan Šelih, namestnik varuhinje, Robert Gačnik in Lili Jazbec, svetovalca Varuha, ter Katja Piršič (Inštitut Primus) in Ciril Klajnšček (Rdeči križ Slovenije)	Obisk Prevezgojnega doma Radeče	Varuh ČP RS

6 November 2013	Koper	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Andreja Srebotnik, Ombudsman's advisers, Katja Sodja (the Primus Institute) and dr. Milan Popovič, medical expert for the NPM	Visit to Koper Prison The representatives of the Czech NPM Milan Svoboda and Ondřej Vala participated in the visit as observers.	The Human Rights Ombudsman of the Republic of Slovenia
7 November 2013	Ljubljana	Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Ombudsman's adviser, Ladislav Tomeček, Milan Svoboda and Ondřej Vala, representatives of the Czech NPM	Visit to Ljubljana Detention Centre at the Ljubljana Moste Police Station	The Human Rights Ombudsman of the Republic of Slovenia
14 November 2013	Koper	Jure Markič and dr. Ingrid Russi-Zagožen, Ombudsman's advisers	Control visit to Ptuj Retirement Home, Koper Unit	The Human Rights Ombudsman of the Republic of Slovenia
19 November 2013	Ljubljana	dr. Ingrid Russi-Zagožen, Jasna Vunduk, Ombudsman's advisers, Sonja Škrabec Štefančič (Novi Paradoks), Stanka Radojičič (Slovene Federation of Pensioners' Associations) and dr. Peter Pregelj, medical expert for the NPM	Visit to Trnovo Centre for the Elderly	
12 December 2013	Mengeš	Miha Horvat, Jure Markič, MSc, Ombudsman's advisers, and Katja Piršič (the Primus Institute)	Control visit to Mengeš Retirement Home	The Human Rights Ombudsman of the Republic of Slovenia
12 December 2013	Ljubljana	Robert Gačnik, Ombudsman's adviser, and Boris Nusdorfer (Legal-Information Centre of NGOs-PIC)	Visits to Ljubljana Bežigrad and Ljubljana Center Police Stations	The Human Rights Ombudsman of the Republic of Slovenia
16 December 2013	Radeče	Vlasta Nussdorfer, Ombudsman, Ivan Šelih, Deputy Ombudsman, Robert Gačnik, Lili Jazbec, Ombudsman's advisers, Katja Piršič (the Primus Institute) and Ciril Klajnšček (Slovenian Red Cross)	Visit to Radeče Correctional Facility	The Human Rights Ombudsman of the Republic of Slovenia

2

KONVENCIJA IN PROTOKOL



2.1 Konvencija OZN proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju

Sprejeta ter na voljo za podpis, ratifikacijo in pristop, dne 10. decembra 1984, z resolucijo Generalne skupščine Združenih narodov 39/46. Datum začetka veljavnosti konvencije: 26. junij 1987 - v skladu s 27(1) členom konvencije. Objavljena v Uradnem listu Republike Slovenije - Mednarodne pogodbe št. 7/93.

Države članice te konvencije,

- menijo, da je v skladu z načeli ustanovne listine Združenih narodov priznavanje enakih in neodtujljivih pravic vseh članov človeške družine temelj svobode, pravice in miru v svetu,
- menijo, da te pravice izhajajo iz dostojanstva, neločljivega od človekove osebnosti,
- menijo, da morajo države na podlagi ustanovne listine, predvsem pa njenega 55. člena, spodbujati splošno in dejansko spoštovanje človekovih pravic in temeljnih svoboščin,
- upoštevajo 5. člen splošne deklaracije o človekovih pravicah in 7. člen mednarodnega pakta o državljanskih in političnih pravicah, po katerih nihče ne sme biti izpostavljen mučenju in ne krutim, nečloveškim ali poniževalnim kaznim ali ravnanju,
- upoštevajo tudi deklaracijo o varstvu vseh oseb pred mučenjem in drugimi krutimi, nečloveškimi ali poniževalnimi kaznimi ali ravnanju, ki jo je Generalna skupščina sprejela 9. decembra 1975,
- želijo povečati učinkovitost boja proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju v vsem svetu, in **so se zedinile o naslednjem:**

I. DEL

1. člen

1. V tej konvenciji pomeni izraz »mučenje« vsako dejanje, ki osebi namenoma prizadene hudo bolečino ali trpljenje, bodisi telesno ali duševno, da bi se od nje ali koga drugega dobila obvestila ali priznanja ali da bi se kaznovala za dejanje, ki ga je storila sama ali kdo drug ali je zanj osumljena sama ali kdo drug, da bi se ustrahovala ali nanjo izvajal pritisk ali da bi se ustrahoval kdo drug ali nanj izvajal pritisk, ali iz kateregakoli drugega razloga, ki temelji na katerikoli obliki diskriminacije, če to bolečino ali trpljenje prizadeva uradna oseba ali kdo drug, ki nastopa kot oseba z uradnim statusom ali na njeno pobudo ali z njeno izrecno privolitvijo ali privolitvijo molče. Ta izraz se ne nanaša na bolečino ali trpljenje, ki je posledica izključno zakonitih sankcij, ki ni ločljivo od teh sankcij ali ga te sankcije povzročajo.

2

CONVENTION AND PROTOCOL



2.1 UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Adopted and opened for signature, ratification and accession by General Assembly resolution 39/46 of 10 December 1984, entry into force 26 June 1987, in accordance with article 27 (1). Published in Uradni list RS - Mednarodne pogodbe, No. 7/93 (Official Gazette of the Republic of Slovenia - International Treaties).

The States Parties to this Convention,

- Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,
- Recognizing that those rights derive from the inherent dignity of the human person,
- Considering the obligation of States under the Charter, in particular Article 55, to promote universal respect for, and observance of, human rights and fundamental freedoms,
- Having regard to article 5 of the Universal Declaration of Human Rights and article 7 of the International Covenant on Civil and Political Rights, both of which provide that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,
- Having regard also to the Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted by the General Assembly on 9 December 1975,
- Desiring to make more effective the struggle against torture and other cruel, inhuman or degrading treatment or punishment throughout the world,

Have agreed as follows:

PART I

Article 1

1. For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

2. This article is without prejudice to any international instrument or national legislation which does or may contain provisions of wider application.

2. Ta člen ne vpliva na noben mednarodni instrument ali nacionalni zakon, ki vsebuje ali utegne vsebovati določbe širšega pomena.

2. člen

1. Vsaka država članica izvaja zakonske, upravne, sodne ali druge učinkovite ukrepe, da bi na ozemlju pod svojo jurisdikcijo preprečila mučenje.

2. Kot opravičilo za mučenje se ne more navesti nikakršna izredna okoliščina - bodisi da gre za vojno stanje ali vojno nevarnost, notranjo politično nestabilnost ali kako drugo izredno stanje.

3. Kot opravičilo za mučenje se ne more navesti odredba kake nadrejene osebe ali organa oblasti.

3. člen

1. Nobena država članica ne bo pregnala, izgnala in ne izročila osebe drugi državi, če so resni razlogi za sum, da utegne biti mučena.

2. Da bi ugotovili, ali so taki razlogi, bodo pristojni organi upoštevali vse relevantne okoliščine, med drugim tudi to, ali obstaja v zadevni državi vrsta sistematičnih resnih, očitnih ali množičnih kršitev človekovih pravic.

4. člen

1. Vsaka država članica si prizadeva, da se po njenem kazenskem pravu vsa dejanja mučenja štejejo za kazniva dejanja. To velja tudi za poskuse mučenja ali kakega drugega dejanja, ki ga kdo stori, pomeni pa soudeležbo ali udeležbo pri dejanju mučenja.

2. Vsaka država članica določi za ta kazniva dejanja ustrezne kazni, ki upoštevajo njihovo težo.

5. člen

1. Vsaka država članica sprejme potrebne ukrepe, da bi določila svojo pristojnost za kazniva dejanja iz 4. člena v naslednjih primerih:

- a) kadar je kaznivo dejanje storjeno na ozemlju pod njeno jurisdikcijo ali na letalih ali ladjah, vpisanih v njeni državi;
- b) kadar je domnevni storilec kaznivega dejanja njen državljan;
- c) kadar je žrtev njen državljan, če meni, da je to potrebno.

2. Vsaka država članica prav tako sprejme potrebne ukrepe, da bi določila svojo pristojnost za omenjena kazniva dejanja, če je domnevni storilec teh dejanj na ozemlju pod njeno jurisdikcijo in če ga v skladu z 8. členom ne izroči kaki državi iz prvega odstavka tega člena.

3. Ta konvencija ne izključuje nobene kazenske pristojnosti, ki temelji na nacionalni zakonodaji.

6. člen

1. Če meni, da okoliščine to opravičujejo, in po poprejšnji obravnavi obvestil, s katerimi razpolaga, poskrbi vsaka država članica, na ozemlju katere je oseba, za katero se sumi, da je storila kaznivo dejanje iz 4. člena, da se zadevna oseba aretira, ali pa izvede vse potrebne zakonske ukrepe, da bi zagotovila njeno navzočnost. Ta aretacija in ti ukrepi morajo biti v skladu z zakonodajo omenjene države, toda izvajajo se lahko samo toliko časa, kolikor je potrebno za začetek kazenskega pregona ali postopka za izročitev.

2. Omenjena država takoj opravi predhodno preiskavo, da bi ugotovila dejstva.

Article 2

1. Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.

2. No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political in stability or any other public emergency, may be invoked as a justification of torture.

3. An order from a superior officer or a public authority may not be invoked as a justification of torture.

Article 3

1. No State Party shall expel, return ("refouler") or extradite a person to another State where there are substantial grounds for believing that he would be in danger of being subjected to torture.

2. For the purpose of determining whether there are such grounds, the competent authorities shall take into account all relevant considerations including, where applicable, the existence in the State concerned of a consistent pattern of gross, flagrant or mass violations of human rights.

Article 4

1. Each State Party shall ensure that all acts of torture are offences under its criminal law. The same shall apply to an attempt to commit torture and to an act by any person which constitutes complicity or participation in torture.

2. Each State Party shall make these offences punishable by appropriate penalties which take into account their grave nature.

Article 5

1. Each State Party shall take such measures as may be necessary to establish its jurisdiction over the offences referred to in article 4 in the following cases:

- (a) When the offences are committed in any territory under its jurisdiction or on board a ship or aircraft registered in that State;
- (b) When the alleged offender is a national of that State;
- (c) When the victim is a national of that State if that State considers it appropriate.

2. Each State Party shall likewise take such measures as may be necessary to establish its jurisdiction over such offences in cases where the alleged offender is present in any territory under its jurisdiction and it does not extradite him pursuant to article 8 to any of the States mentioned in paragraph 1 of this article.

3. This Convention does not exclude any criminal jurisdiction exercised in accordance with internal law.

Article 6

1. Upon being satisfied, after an examination of information available to it, that the circumstances so warrant, any State Party in whose territory a person alleged to have committed any offence referred to in article 4 is present shall take him into custody or take other legal measures to ensure his presence. The custody and other legal measures shall be as provided in the law of that State but may be continued only for such time as is necessary to enable any criminal or extradition proceedings to be instituted.

2. Such State shall immediately make a preliminary inquiry into the facts.

3. Any person in custody pursuant to paragraph 1 of this article shall be assisted in communicating immediately with the nearest appropriate representative of the State of which he is a national, or, if he is a stateless person, with the representative of the State where he usually resides.

3. Vsaka oseba, aretirana v skladu s prvim odstavkom tega člena, lahko takoj stopi v stik z najbližjim pooblaščenim predstavnikom države, katere državljanstvo ima, ali, če gre za apatrida, s predstavnikom države, v kateri ima običajno prebivališče.

4. Če je kaka država aretirala osebo v skladu s tem členom, mora o tej aretaciji in okoliščinah, ki jo opravičujejo, takoj obvestiti države iz prvega odstavka 5. člena. Država, ki izvaja predhodno preiskavo iz drugega odstavka tega člena, mora svoje ugotovitve takoj sporočiti omenjenim državam in jih obvestiti, ali namerava izvršiti jurisdikcijo.

7. člen

1. Država članica, na katere ozemlju pod njeno jurisdikcijo je odkrit domnevni storilec kaznivega dejanja iz 4. člena, če ga ne izroči, predloži v primerih iz 5. člena zadevo pristojnim organom, da bi izvedli kazenski postopek.

2. Ti organi odločajo pod enakimi pogoji kot za vsako hudo kaznivo dejanje splošnega prava v skladu s pravnimi predpisi zadevne države. V primerih iz drugega odstavka 5. člena dokazna pravila, ki se uporabljajo za pregon in obsodbo, nikakor ne smejo biti manj stroga od pravil, ki se uporabljajo v primerih iz prvega odstavka 5. člena.

3. Vsaki osebi, ki se preganja za katerokoli kaznivo dejanje iz 4. člena, je zajamčeno pravično ravnanje v vseh fazah postopka.

8. člen

1. Kazniva dejanja iz 4. člena so avtomatično vključena v vsako pogodbo o izročitvi, že sklenjeno med državami članicami. Države članice prevzemajo obveznost, da bodo omenjena kazniva dejanja vključile v vsako pogodbo o izročitvi, ki jo bodo sklenile med seboj.

2. Če dobi država članica, ki za izročitev postavlja kot pogoj pogodbo, od druge države članice, s katero ni vezana s pogodbo o izročitvi, zahtevo za izročitev, lahko šteje to konvencijo kot pravno podlago za izročitev glede omenjenih kaznivih dejanj. Izročitev je odvisna od drugih pogojev, določenih s pravom zaprosene države.

3. Države članice, ki za izročitev ne postavljajo kot pogoj pogodbe, medsebojno priznavajo omenjena kazniva dejanja kot primere za izročitev pod pogoj, predvidenimi s pravom zaprosene države.

4. Med državami članicami se za omenjena kazniva dejanja za namene izročitve šteje, kot da so bila storjena ne le v kraju, kjer so se zgodila, temveč tudi na ozemljih držav, ki morajo določiti svojo pristojnost po prvem odstavku 5. člena.

9. člen

1. Države članice dajejo druga drugi kar največjo pravno pomoč v vsakem kazenskem postopku v zvezi s kaznivimi dejanji iz 4. člena, vstevši tudi pošiljanje vseh razpoložljivih dokaznih elementov, ki so potrebni za postopek.

2. Države članice izpolnjujejo svoje obveznosti v skladu s prvim odstavkom tega člena smiselno vsaki morebitni medsebojni pogodbi o pravni pomoči.

4. When a State, pursuant to this article, has taken a person into custody, it shall immediately notify the States referred to in article 5, paragraph 1, of the fact that such person is in custody and of the circumstances which warrant his detention. The State which makes the preliminary inquiry contemplated in paragraph 2 of this article shall promptly report its findings to the said States and shall indicate whether it intends to exercise jurisdiction.

Article 7

1. The State Party in the territory under whose jurisdiction a person alleged to have committed any offence referred to in article 4 is found shall in the cases contemplated in article 5, if it does not extradite him, submit the case to its competent authorities for the purpose of prosecution.

2. These authorities shall take their decision in the same manner as in the case of any ordinary offence of a serious nature under the law of that State. In the cases referred to in article 5, paragraph 2, the standards of evidence required for prosecution and conviction shall in no way be less stringent than those which apply in the cases referred to in article 5, paragraph 1.

3. Any person regarding whom proceedings are brought in connection with any of the offences referred to in article 4 shall be guaranteed fair treatment at all stages of the proceedings.

Article 8

1. The offences referred to in article 4 shall be deemed to be included as extraditable offences in any extradition treaty existing between States Parties. States Parties undertake to include such offences as extraditable offences in every extradition treaty to be concluded between them.

2. If a State Party which makes extradition conditional on the existence of a treaty receives a request for extradition from another State Party with which it has no extradition treaty, it may consider this Convention as the legal basis for extradition in respect of such offences. Extradition shall be subject to the other conditions provided by the law of the requested State.

3. States Parties which do not make extradition conditional on the existence of a treaty shall recognize such offences as extraditable offences between themselves subject to the conditions provided by the law of the requested State.

4. Such offences shall be treated, for the purpose of extradition between States Parties, as if they had been committed not only in the place in which they occurred but also in the territories of the States required to establish their jurisdiction in accordance with article 5, paragraph 1.

Article 9

1. States Parties shall afford one another the greatest measure of assistance in connection with criminal proceedings brought in respect of any of the offences referred to in article 4, including the supply of all evidence at their disposal necessary for the proceedings.

2. States Parties shall carry out their obligations under paragraph 1 of this article in conformity with any treaties on mutual judicial assistance that may exist between them.

10. člen

1. Vsaka država članica bo zagotovila, da bosta seznanjanje s prepovedjo mučenja in informiranje o njej sestavni del izobraževanja civilnega ali vojaškega osebja, zadolženega za uporabo zakonov, medicinskega osebja, vršilcev javnih funkcij in drugih oseb, ki utegnejo kakorkoli sodelovati pri straženju aretirane, priprte ali zaprte osebe, pri njenem zaslišanju ali ravnanju z njo.

2. Vsaka država članica vključi omenjeno prepoved v pravila ali navodila v zvezi z obveznostmi in dolžnostmi teh oseb.

11. člen

Vsaka država članica sistematično nadzoruje pravila, navodila, metode in prakso zasliševanja ter določbe v zvezi s straženjem kakorkoli aretiranih, priprtih ali zaprtih oseb na kakem ozemlju pod njeno jurisdikcijo ter ravnanjem z njimi, da bi preprečila kakršnokoli mučenje.

12. člen

Vsaka država članica skrbi za to, da pristojni organi takoj opravijo nepristransko preiskavo vsakič, ko so upravičeni razlogi za sum, da je bilo dejanje mučenja storjeno, na kakem ozemlju pod njeno jurisdikcijo.

13. člen

Vsaka država članica zagotovi vsaki osebi, ki trdi, da je bila mučena na kakem ozemlju pod njeno jurisdikcijo, pravico, da se pritoži pristojnim organom omenjene države, ki takoj in nepristransko preučijo primer. Sprejeti bodo ukrepi, da se oseba, ki se je pritožila, in priče zavarujejo pred kakršnimkoli grdim ravnanjem ali ustrahovanjem zaradi vložene pritožbe ali dane izjave.

14. člen

1. Vsaka država članica v svojem pravnem sistemu jamči žrtvi dejanja mučenja odstranitev krivice ter pravico do pravične in ustrezne odškodnine, všteti sredstva, potrebna za njeno čim popolnejšo rehabilitacijo. V primeru smrti žrtve dejanja mučenja imajo imetniki pravic te žrtve pravico do odškodnine.

2. Ta člen ne izključuje nobene pravice do odškodnine, ki bi jo imela žrtev ali kdo drug v skladu z nacionalno zakonodajo.

15. člen

Vsaka država članica skrbi za to, da se izjava, za katero se dokaže, da je bila dobljena z mučenjem, ne more navesti kot dokazni element v kakem postopku, razen zoper osebo, obtoženo za mučenje, da bi se ugotovilo, da je bila izjava dana.

16. člen

1. Vsaka država članica prevzema obveznost, da bo na ozemlju pod svojo jurisdikcijo preprečila druga dejanja krutih, nečloveških ali poniževalnih kazni ali ravnanja, ki niso dejanja mučenja, kot jih opredeljuje 1. člen, kadar takšna dejanja stori predstavnik javne funkcije ali kdo drug, ki nastopa kot oseba z uradnim statusom ali na njeno spodbudo ali z njeno izrecno privolitvijo ali privolitvijo molče. Zlasti obveznosti, navedene v 10., 11., 12. in 13. členu, se uporabljajo s tem, da se pojem mučenja nadomesti s pojmom drugih oblik krutih, nečloveških ali poniževalnih kazni ali ravnanja.

Article 10

1. Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.

2. Each State Party shall include this prohibition in the rules or instructions issued in regard to the duties and functions of any such person.

Article 11

Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.

Article 12

Each State Party shall ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction.

Article 13

Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities. Steps shall be taken to ensure that the complainant and witnesses are protected against all ill-treatment or intimidation as a consequence of his complaint or any evidence given.

Article 14

1. Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependants shall be entitled to compensation.

2. Nothing in this article shall affect any right of the victim or other persons to compensation which may exist under national law.

Article 15

Each State Party shall ensure that any statement which is established to have been made as a result of torture shall not be invoked as evidence in any proceedings, except against a person accused of torture as evidence that the statement was made.

Article 16

1. Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. In particular, the obligations contained in articles 10, 11, 12 and 13 shall apply with the substitution for references to torture of references to other forms of cruel, inhuman or degrading treatment or punishment.

2. Določbe te konvencije ne vplivajo na določbe kateregakoli mednarodnega instrumenta ali nacionalnega zakona, ki prepoveduje krute, nečloveške ali poniževalne kazni ali ravnanja ali ki se nanaša na izročitev ali izgon.

II. DEL

17. člen

1. Ustanovi se komite proti mučenju (v nadaljnjem besedilu: komite), katerega funkcije so tu določene. Komite sestavlja deset izvedencev z visokimi moralnimi kvalitetai, katerih kompetentnost na področju človekovih pravic je priznana in ki zasedajo v osebnem statusu. Izvedence volijo države članice, pri tem pa upoštevajo pravično zemljepisno zastopanost in da je pomembno, da pri delu komiteja sodelujejo osebe s pravnimi izkušnjami.

2. Člani komiteja se volijo s tajnim glasovanjem z liste kandidatov, ki jih določijo države članice. Vsaka država članica določi enega kandidata izmed svojih državljanov. Države članice upoštevajo, kako pomembno je, da so določeni kandidati hkrati člani komiteja za človekove pravice, ustanovljenega v skladu z mednarodnim paktom o državljanskih in političnih pravicah, in da so pripravljeni biti člani komiteja proti mučenju.

3. Člani komiteja se volijo na sestanku držav članic, ki ga sklicuje generalni sekretar Organizacije združenih narodov in ki je vsako drugo leto. Na tem sestanku, ki je sklepčen, če so navzoči predstavniki dveh tretjin držav članic, so za člane komiteja izvoljeni kandidati, ki dobijo največ glasov in absolutno večino glasov predstavnikov držav članic, ki so navzoči in glasujejo.

4. Prve volitve se izvedejo najpozneje šest mesecev po uveljavitvi te konvencije. Najmanj štiri mesece pred vsakimi volitvami pošlje generalni sekretar Organizacije združenih narodov pismo državam članicam in jih pozove, naj predložijo svoje candidature v treh mesecih. Generalni sekretar sestavi abecedni seznam vseh tako določenih kandidatov z navedbo držav članic, ki so jih določile, in ga pošlje državam članicam.

5. Člani komiteja se volijo za štiri leta. Lahko so ponovno izvoljeni, če so znova kandidirani. Vendar mandat petih članov, izvoljenih na prvih volitvah, preneha po dveh letih. Neposredno po prvih volitvah izžreba imena teh petih članov predsednik sestanka, navedenega v tretjem odstavku tega člena.

6. Če član komiteja umre, odstopi ali iz kakršnegakoli razloga ne more več opravljati svojih funkcij v komiteju, imenuje država članica, ki ga je določila, drugega izvedenca - svojega državljanca, ki ostane v komiteju preostali čas mandata, če to odobri večina držav članic. Šteje se, da je privolitev dana, razen če polovica ali več kot polovica držav članic ne izrazi nasprotnega mnenja v šestih tednih od trenutka, ko jih generalni sekretar Organizacije združenih narodov obvesti o predlaganem imenovanju.

7. Države članice plačajo stroške članov komiteja, dokler opravljajo funkcije v komiteju.

18. člen

1. Komite voli svoj biro za dve leti. Člani biroja se lahko ponovno volijo.

2. Komite sam določi svoj poslovnik. Ta poslovnik mora imeti predvsem naslednji določbi:

- za sklepčnost je potrebna navzočnost šestih članov;
- sklepi komiteja se sprejemajo z večino glasov navzočih članov.

3. Generalni sekretar Organizacije združenih narodov da komiteju na razpolago osebje in prostore, ki jih ta potrebuje za učinkovito opravljanje del, ki so mu zaupana v skladu s to konvencijo.

2. The provisions of this Convention are without prejudice to the provisions of any other international instrument or national law which prohibits cruel, inhuman or degrading treatment or punishment or which relates to extradition or expulsion.

PART II

Article 17

1. There shall be established a Committee against Torture (hereinafter referred to as the Committee) which shall carry out the functions hereinafter provided. The Committee shall consist of ten experts of high moral standing and recognized competence in the field of human rights, who shall serve in their personal capacity. The experts shall be elected by the States Parties, consideration being given to equitable geographical distribution and to the usefulness of the participation of some persons having legal experience.

2. The members of the Committee shall be elected by secret ballot from a list of persons nominated by States Parties. Each State Party may nominate one person from among its own nationals. States Parties shall bear in mind the usefulness of nominating persons who are also members of the Human Rights Committee established under the International Covenant on Civil and Political Rights and who are willing to serve on the Committee against Torture.

3. Elections of the members of the Committee shall be held at biennial meetings of States Parties convened by the Secretary-General of the United Nations. At those meetings, for which two thirds of the States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

4. The initial election shall be held no later than six months after the date of the entry into force of this Convention. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit their nominations within three months. The Secretary-General shall prepare a list in alphabetical order of all persons thus nominated, indicating the States Parties which have nominated them, and shall submit it to the States Parties.

5. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election if renominated. However, the term of five of the members elected at the first election shall expire at the end of two years; immediately after the first election the names of these five members shall be chosen by lot by the chairman of the meeting referred to in paragraph 3 of this article.

6. If a member of the Committee dies or resigns or for any other cause can no longer perform his Committee duties, the State Party which nominated him shall appoint another expert from among its nationals to serve for the remainder of his term, subject to the approval of the majority of the States Parties. The approval shall be considered given unless half or more of the States Parties respond negatively within six weeks after having been informed by the Secretary-General of the United Nations of the proposed appointment.

7. States Parties shall be responsible for the expenses of the members of the Committee while they are in performance of Committee duties.

Article 18

1. The Committee shall elect its officers for a term of two years. They may be re-elected.

2. The Committee shall establish its own rules of procedure, but these rules shall provide, inter alia, that:

- Six members shall constitute a quorum;
- Decisions of the Committee shall be made by a majority vote of the members present.

3. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under this Convention.

4. Generalni sekretar Organizacije združenih narodov skliče prvi sestanek članov komiteja. Po svojem prvem sestanku se komite sestaja ob priložnostih, določenih z njegovim poslovníkom.

5. Države članice plačajo stroške sestankov držav članic in komiteja, vštévši plačilo vseh stroškov Organizaciji združenih narodov, kot so stroški za plačilo osebja in prostorov, ki jih organizacija angažira v skladu s tretjim odstavkom tega člena.

19. člen

1. Države članice predložijo komiteju s posredovanjem generalnega sekretarja Organizacije združenih narodov poročilo o ukrepih, ki so jih izvedle, da bi izpolnile svoje obveznosti v skladu s to konvencijo, in sicer v enem letu po uveljavitvi konvencije za zadevno državo članico. Države članice nato vsako četrto leto predložijo dodatno poročilo o vseh novih ukrepih in druga poročila, ki jih komite zahteva.

2. Generalni sekretar Organizacije združenih narodov pošlje poročila vsem državam članicam.

3. Komite obravnava vsako poročilo in lahko da o njem splošne komentarje, ki so po njegovem mnenju potrebni, omenjene komentarje pa pošlje zainteresirani državi članici. Ta država članica lahko pošlje komiteju kot odgovor vse pripombe, ki so po njenem mnenju koristne.

4. Komite lahko sklène, da v letnem poročilu, ki ga sestavi po 24. členu, ponovi vse komentarje, ki jih je dal v skladu s tretjim odstavkom tega člena, skupaj s pripombami, ki jih je v zvezi s tem vprašanjem dobil od zainteresirane države članice. Če zainteresirana država članica to zahteva, lahko komite priloži tudi poročilo, predloženo na podlagi prvega odstavka tega člena.

20. člen

1. Če komite prejme verodostojna obvestila, za katera se mu zdi, da vsebujejo zanesljiva obvestila o tem, da se mučenje sistematično izvaja na ozemlju kake države članice, pozove zadevno državo, da sodeluje pri obravnavanju teh obvestil in da ga v ta namen obvesti o svojih ugotovitvah v zvezi s tem vprašanjem.

2. Upoštevajoč vse morebitne pripombe zainteresirane države članice in druga ustrezna obvestila, s katerimi razpolaga, lahko komite, če je to po njegovem mnenju upravičeno, naloži enemu ali več svojim članom, da začnejo zaupno preiskavo in da mu o tem takoj predložijo poročilo.

3. Če se izvaja preiskava v skladu z drugim odstavkom tega člena, zaprosi komite za sodelovanje zainteresirano državo članico. V dogovoru z omenjeno državo članico lahko taka preiskava zajema obisk na njeno ozemlje.

4. Po obravnavi ugotovitev, ki mu jih predloži član ali člani v skladu z drugim odstavkom tega člena, pošlje komite te ugotovitve zainteresirani državi članici in tudi vse komentarje in sugestije, za katere meni, da so primerne glede na dano stanje.

5. Celotna dejavnost komiteja, navedena v prvem do četrtem odstavku tega člena, je zaupna, v vseh etapah tega dela pa se teži vzpostaviti sodelovanje z državo članico. Komite lahko po končanem delu v zvezi s preiskavo, ki je bila vodena v skladu z drugim odstavkom, po posvetovanju z zainteresirano državo članico odloči, da se v letno poročilo, ki ga izdela v skladu s 24. členom, vključi kratko poročilo o rezultatih dela.

4. The Secretary-General of the United Nations shall convene the initial meeting of the Committee. After its initial meeting, the Committee shall meet at such times as shall be provided in its rules of procedure.

5. The States Parties shall be responsible for expenses incurred in connection with the holding of meetings of the States Parties and of the Committee, including reimbursement to the United Nations for any expenses, such as the cost of staff and facilities, incurred by the United Nations pursuant to paragraph 3 of this article.

Article 19

1. The States Parties shall submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have taken to give effect to their undertakings under this Convention, within one year after the entry into force of the Convention for the State Party concerned. Thereafter the States Parties shall submit supplementary reports every four years on any new measures taken and such other reports as the Committee may request.

2. The Secretary-General of the United Nations shall transmit the reports to all States Parties.

3. Each report shall be considered by the Committee which may make such general comments on the report as it may consider appropriate and shall forward these to the State Party concerned. That State Party may respond with any observations it chooses to the Committee.

4. The Committee may, at its discretion, decide to include any comments made by it in accordance with paragraph 3 of this article, together with the observations thereon received from the State Party concerned, in its annual report made in accordance with article 24. If so requested by the State Party concerned, the Committee may also include a copy of the report submitted under paragraph 1 of this article.

Article 20

1. If the Committee receives reliable information which appears to it to contain well-founded indications that torture is being systematically practised in the territory of a State Party, the Committee shall invite that State Party to co-operate in the examination of the information and to this end to submit observations with regard to the information concerned.

2. Taking into account any observations which may have been submitted by the State Party concerned, as well as any other relevant information available to it, the Committee may, if it decides that this is warranted, designate one or more of its members to make a confidential inquiry and to report to the Committee urgently.

3. If an inquiry is made in accordance with paragraph 2 of this article, the Committee shall seek the co-operation of the State Party concerned. In agreement with that State Party, such an inquiry may include a visit to its territory.

4. After examining the findings of its member or members submitted in accordance with paragraph 2 of this article, the Commission shall transmit these findings to the State Party concerned together with any comments or suggestions which seem appropriate in view of the situation.

5. All the proceedings of the Committee referred to in paragraphs 1 to 4 of this article shall be confidential, and at all stages of the proceedings the co-operation of the State Party shall be sought. After such proceedings have been completed with regard to an inquiry made in accordance with paragraph 2, the Committee may, after consultations with the State Party concerned, decide to include a summary account of the results of the proceedings in its annual report made in accordance with article 24.

21. člen

1. Država članica te konvencije lahko v skladu s tem členom kadarkoli izjavi, da prizna, da je komite pristojen prejemati in obravnavati poročila, v katerih ena država članica trdi, da kakšna druga država članica ne izpolnjuje svojih obveznosti na podlagi te konvencije. Ta sporočila se lahko prejemajo in obravnavajo v skladu s tem členom samo, če prihajajo iz države članice, ki je dala izjavo, da prizna pristojnost komiteja. Komite ne obravnava nobenega sporočila, ki se nanaša na državo članico, ki ni dala take izjave. Za sporočila, prejeta po tem členu, velja takle postopek:

- a) če država članica te konvencije meni, da kakšna druga država, ki je tudi članica konvencije, ne uporablja določb konvencije, lahko pisno opozori zadevno državo na to vprašanje. Država, ki ji je poslano sporočilo, pošlje v treh mesecih po njegovem prejemu državi, ki ji je poslala sporočilo, pojasnilo ali kakršnokoli drugo pisno izjavo, ki pojasnjuje vprašanje in ki naj bi vsebovala čim več in čim koristnejša obvestila o pravih postopkih in o pravnih sredstvih, bodisi da so že uporabljena ali se uporabljajo ali se šele utegnejo uporabiti;
 - b) če v šestih mesecih od dneva, ko je prejemna država dobila začetno sporočilo, vprašanje ni zadovoljivo rešeno za obe zainteresirani državi članici, imata obe pravico predložiti to vprašanje komiteju, pri čemer se pošlje sporočilo komiteju in drugi zainteresirani državi;
 - c) komite je lahko pristojen za zadevo, ki jo dobi v skladu s tem členom, šele ko se prepriča, da so bila vsa razpoložljiva interna pravna sredstva izkoriščena in izčrpana v skladu s splošno priznanimi načeli mednarodnega prava. To pravilo se ne uporablja v primerih, ko pritožbeni postopki presegajo razumne roke ali ni pričakovati, da bodo dejansko učinkoviti za osebo, ki je žrtev kršenja te konvencije;
 - d) komite obravnava sporočila, predvidena s tem členom, na zaprtih sejah;
 - e) s pridržkom določb pod c) ponudi komite svoje dobre usluge zainteresiranima državam članicama, da bi mimo rešili vprašanje ob spoštovanju obveznosti iz te konvencije. Če komite meni, da je potrebno, lahko v ta namen ustanovi ad hoc spravno komisijo;
 - f) v vsaki zadevi, ki mu je predložena v skladu s tem členom, lahko komite zahteva od zainteresiranih držav članic iz pododstavka b), da mu pošljeta vsa ustrezna obvestila;
- g) zainteresirani državi članici, navedeni v pododstavku b), imata pravico biti zastopani, ko komite obravnava zadevo, in dajati ustne in/ali pisne pripombe;
 - h) komite mora predložiti poročilo v dvanajstih mesecih od dneva, ko je prejel sporočilo, navedeno v pododstavku b);
 - i) če je bilo mogoče najti rešitev v skladu z določbo pod e), se komite v svojem poročilu omeji na kratko navedbo dejstev in dosežene rešitve;
 - (ii) če rešitve ni bilo mogoče najti v skladu z določbo pod e), se komite v svojem poročilu omeji na kratko navedbo dejstev, besedilo pisnih pripomb in zapisnik o ustnih pripombah, ki sta jih navedli zainteresirani državi članici, se dodata k poročilu. Za vsako zadevo se pošlje poročilo zainteresiranima državam članicama.

2. Določbe tega člena začnejo veljati, ko pet držav članic te konvencije da izjavo, predvideno v prvem odstavku tega člena. To izjavo deponira država članica pri generalnem sekretarju Organizacije združenih narodov, ki pošlje kopijo drugim državam članicam. Izjava se lahko umakne kadarkoli s sporočilom, poslanim generalnemu sekretarju. Ta umik ne vpliva na obravnavo kakršnegakoli vprašanja, ki je predmet že poslanega sporočila v skladu s tem členom: nobeno nadaljnje sporočilo katerekoli države članice ne bo sprejeto v skladu s tem členom, ko generalni sekretar prejme sporočilo o umiku izjave, razen če zainteresirana država članica ne da nove izjave.

22. člen

1. Država članica te konvencije lahko v skladu s tem členom kadarkoli izjavi, da prizna, da je komite pristojen sprejemati in obravnavati sporočila, ki jih dobi od posameznikov ali v imenu posameznikov, ki so pod njeno jurisdikcijo in trdijo, da so žrtve kršenja določb konvencije s strani kakšne države članice. Komite ne sprejme nobenega sporočila, ki se nanaša na posamezno državo članico, ki ni dala take izjave.

Article 21

1. A State Party to this Convention may at any time declare under this article that it recognizes the competence of the Committee to receive and consider communications to the effect that a State Party claims that another State Party is not fulfilling its obligations under this Convention. Such communications may be received and considered according to the procedures laid down in this article only if submitted by a State Party which has made a declaration recognizing in regard to itself the competence of the Committee. No communication shall be dealt with by the Committee under this article if it concerns a State Party which has not made such a declaration. Communications received under this article shall be dealt with in accordance with the following procedure;

- (a) If a State Party considers that another State Party is not giving effect to the provisions of this Convention, it may, by written communication, bring the matter to the attention of that State Party. Within three months after the receipt of the communication the receiving State shall afford the State which sent the communication an explanation or any other statement in writing clarifying the matter, which should include, to the extent possible and pertinent, reference to domestic procedures and remedies taken, pending or available in the matter;
- (b) If the matter is not adjusted to the satisfaction of both States Parties concerned within six months after the receipt by the receiving State of the initial communication, either State shall have the right to refer the matter to the Committee, by notice given to the Committee and to the other State;
- (c) The Committee shall deal with a matter referred to it under this article only after it has ascertained that all domestic remedies have been invoked and exhausted in the matter, in conformity with the generally recognized principles of international law. This shall not be the rule where the application of the remedies is unreasonably prolonged or is unlikely to bring effective relief to the person who is the victim of the violation of this Convention;
- (d) The Committee shall hold closed meetings when examining communications under this article;
- (e) Subject to the provisions of subparagraph (c), the Committee shall make available its good offices to the States Parties concerned with a view to a friendly solution of the matter on the basis of respect for the obligations provided for in this Convention. For this purpose, the Committee may, when appropriate, set up an ad hoc conciliation commission;
- (f) In any matter referred to it under this article, the Committee may call upon the States Parties concerned, referred to in subparagraph (b), to supply any relevant information;
- (g) The States Parties concerned, referred to in subparagraph (b), shall have the right to be represented when the matter is being considered by the Committee and to make submissions orally and/or in writing;
- (h) The Committee shall, within twelve months after the date of receipt of notice under subparagraph (b), submit a report:
 - (i) If a solution within the terms of subparagraph (e) is reached, the Committee shall confine its report to a brief statement of the facts and of the solution reached;
 - (ii) If a solution within the terms of subparagraph (e) is not reached, the Committee shall confine its report to a brief statement of the facts; the written submissions and record of the oral submissions made by the States Parties concerned shall be attached to the report.

In every matter, the report shall be communicated to the States Parties concerned.

2. The provisions of this article shall come into force when five States Parties to this Convention have made declarations under paragraph 1 of this article. Such declarations shall be deposited by the States Parties with the Secretary-General of the United Nations, who shall transmit copies thereof to the other States Parties. A declaration may be withdrawn at any time by notification to the Secretary-General. Such a withdrawal shall not prejudice the consideration of any matter which is the subject of a communication already transmitted under this article; no further communication by any State Party shall be received under this article after the notification of withdrawal of the declaration has been received by the Secretary-General, unless the State Party concerned has made a new declaration.

Article 22

1. A State Party to this Convention may at any time declare under this article that it recognizes the competence of the Committee to receive and consider communications from or on behalf of individuals subject to its jurisdiction who claim to be victims of a violation by a State Party of the provisions of the Convention. No communication shall be received by the Committee if it concerns a State Party which has not made such a declaration.

2. Za komite bo nesprejemljivo vsako sporočilo, dano v skladu s tem členom, ki je anonimno ali za katerega meni, da pomeni zlorabo pravice do takih sporočil ali da je nezdružljivo z določbami te konvencije.

3. Ob pridržku drugega odstavka pošlje komite vsako sporočilo, dano v skladu s tem členom, državi članici te konvencije, ki je dala izjavo v skladu s prvim odstavkom in se zanjo trdi, da je kršila katerokoli določbo konvencije. Navedena država v naslednjih šestih mesecih pošlje komiteju pisna pojasnila ali izjave, ki pojasnjujejo vprašanje in morebitne ukrepe, ki jih je že sprejela za izboljšanje položaja.

4. Komite obravnava sporočila, ki jih je prejel v skladu s tem členom, ob upoštevanju vseh informacij, ki jih je dobil od posameznikov ali v njihovem imenu in od zainteresirane države članice.

5. Komite ne obravnava nobenega sporočila posameznika v skladu s tem členom, ne da bi se poprej prepričal o naslednjem:

- a) da navedeno vprašanje ni bilo obravnavano in ni v obravnavi pred kakšno drugo mednarodno instanco, pristojno za preiskavo ali reševanje spora;
- b) da je posameznik izkoristil vsa interna razpoložljiva sredstva. To pravilo se ne uporablja, če pritožbeni postopki presegajo razumne roke ali ni pričakovati, da bodo dejansko učinkoviti za posameznika, ki je žrtev kršenja te konvencije.

6. Komite obravnava sporočila, predvidena v tem členu, na zaprtih sejah.

7. Komite sporoči svoje ugotovitve zainteresirani državi članici in posamezniku.

8. Določbe tega člena začnejo veljati, ko pet držav članic te konvencije da izjavo, predvideno v prvem odstavku tega člena. Država članica deponira to izjavo pri generalnem sekretarju Organizacije združenih narodov, ki pošlje kopijo drugim državam članicam. Izjava se lahko kadarkoli umakne s sporočilom, poslanim generalnemu sekretarju. Ta umik ne vpliva na obravnavo kakršnegakoli vprašanja, ki je predmet že poslanega sporočila v skladu s tem členom; nobeno nadaljnje sporočilo, ki ga je poslal posameznik ali je bilo poslano zanj, ne bo sprejeto v skladu s tem členom, ko generalni sekretar prejme sporočilo o umiku izjave, razen če zainteresirana država članica ni dala nove izjave.

23. člen

Člani komiteja in člani ad hoc pravne komisije, ki utegnejo biti imenovani v skladu s prvim odstavkom pod e) 21. člena, imajo pravico do olajšav, privilegijev in imunitet, ki so priznane izvedencem v službi Organizacije združenih narodov tako, kot so navedene v ustreznih delih konvencije o privilegijih in imunitetah Združenih narodov.

24. člen

Komite predloži državam članicam in generalni skupščini Organizacije združenih narodov letno poročilo o svojih dejavnostih po tej konvenciji.

2. The Committee shall consider inadmissible any communication under this article which is anonymous or which it considers to be an abuse of the right of submission of such communications or to be incompatible with the provisions of this Convention.

3. Subject to the provisions of paragraph 2, the Committee shall bring any communications submitted to it under this article to the attention of the State Party to this Convention which has made a declaration under paragraph 1 and is alleged to be violating any provisions of the Convention. Within six months, the receiving State shall submit to the Committee written explanations or statements clarifying the matter and the remedy, if any, that may have been taken by that State.

4. The Committee shall consider communications received under this article in the light of all information made available to it by or on behalf of the individual and by the State Party concerned.

5. The Committee shall not consider any communications from an individual under this article unless it has ascertained that:

- (a) The same matter has not been, and is not being, examined under another procedure of international investigation or settlement;
- (b) The individual has exhausted all available domestic remedies; this shall not be the rule where the application of the remedies is unreasonably prolonged or is unlikely to bring effective relief to the person who is the victim of the violation of this Convention.

6. The Committee shall hold closed meetings when examining communications under this article.

7. The Committee shall forward its views to the State Party concerned and to the individual.

8. The provisions of this article shall come into force when five States Parties to this Convention have made declarations under paragraph 1 of this article. Such declarations shall be deposited by the States Parties with the Secretary-General of the United Nations, who shall transmit copies thereof to the other States Parties. A declaration may be withdrawn at any time by notification to the Secretary-General. Such a withdrawal shall not prejudice the consideration of any matter which is the subject of a communication already transmitted under this article; no further communication by or on behalf of an individual shall be received under this article after the notification of withdrawal of the declaration has been received by the Secretary-General, unless the State Party has made a new declaration.

Article 23

The members of the Committee and of the ad hoc conciliation commissions which may be appointed under article 21, paragraph 1 (e), shall be entitled to the facilities, privileges and immunities of experts on mission for the United Nations as laid down in the relevant sections of the Convention on the Privileges and Immunities of the United Nations.

Article 24

The Committee shall submit an annual report on its activities under this Convention to the States Parties and to the General Assembly of the United Nations.

III. DEL**25. člen**

1. Ta konvencija je odprta za podpis vsem državam.
2. Ta konvencija se mora ratificirati. Ratifikacijske listine bodo deponirane pri generalnem sekretarju Organizacije združenih narodov.

26. člen

Vse države lahko pristopijo k tej konvenciji. Pristop se uveljavi tako, da se pristopna listina deponira pri generalnem sekretarju Organizacije združenih narodov.

27. člen

1. Ta konvencija začne veljati trideseti dan potem, ko je dvajseta listina o ratifikaciji ali pristopu deponirana pri generalnem sekretarju Organizacije združenih narodov.
2. Za vsako državo, ki bo to konvencijo ratificirala ali k njej pristopila po deponiranju dvajsete listine o ratifikaciji ali pristopu, začne konvencija veljati trideseti dan potem, ko je deponirala svojo listino o ratifikaciji ali pristopu.

28. člen

1. Vsaka država lahko ob podpisu ali ratifikaciji ali pristopu izjavi, da ne prizna pristojnosti, ki jo ima komite v skladu z 20. členom konvencije.
2. Vsaka država članica, ki bo imela pridržek v skladu s prvim odstavkom tega člena, lahko kadarkoli umakne ta pridržek tako, da pošlje sporočilo generalnemu sekretarju Organizacije združenih narodov.

29. člen

1. Vsaka država članica te konvencije lahko predlaga amandma in da svoj predlog generalnemu sekretarju Organizacije združenih narodov. Generalni sekretar sporoči predlog amandmaja državam članicam, pri čemer od njih zahteva, da mu sporočijo, ali so za to, da se organizira konferenca držav članic, da bi se predlog obravnaval in dal na glasovanje. Če se v štirih mesecih od dneva, ko je bilo dano tako sporočilo, vsaj tretjina držav članic izjavi za konferenco, jo generalni sekretar organizira pod pokroviteljstvom Organizacije združenih narodov. Vsak amandma, ki ga sprejme večina držav članic, ki so navzoče na konferenci in glasujejo, predloži generalni sekretar v sprejetje vsem državam članicam.
2. Amandma, sprejet po prvem odstavku tega člena, začne veljati, ko dve tretjini držav članic te konvencije obvestijo generalnega sekretarja Organizacije združenih narodov, da so ga sprejele v skladu s postopkom, predvidenim z njihovo ustavo.
3. Ko začnejo amandmaji veljati, so obvezni za vse države članice, ki so jih sprejele, za druge države članice pa veljajo določbe te konvencije in vsi prejšnji amandmaji, ki so jih sprejele.

PART III**Article 25**

1. This Convention is open for signature by all States.
2. This Convention is subject to ratification. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.

Article 26

This Convention is open to accession by all States. Accession shall be effected by the deposit of an instrument of accession with the Secretary-General of the United Nations.

Article 27

1. This Convention shall enter into force on the thirtieth day after the date of the deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.
2. For each State ratifying this Convention or acceding to it after the deposit of the twentieth instrument of ratification or accession, the Convention shall enter into force on the thirtieth day after the date of the deposit of its own instrument of ratification or accession.

Article 28

1. Each State may, at the time of signature or ratification of this Convention or accession thereto, declare that it does not recognize the competence of the Committee provided for in article 20.
2. Any State Party having made a reservation in accordance with paragraph 1 of this article may, at any time, withdraw this reservation by notification to the Secretary-General of the United Nations.

Article 29

1. Any State Party to this Convention may propose an amendment and file it with the Secretary-General of the United Nations. The Secretary-General shall thereupon communicate the proposed amendment to the States Parties with a request that they notify him whether they favour a conference of States Parties for the purpose of considering and voting upon the proposal. In the event that within four months from the date of such communication at least one third of the States Parties favours such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of the States Parties present and voting at the conference shall be submitted by the Secretary-General to all the States Parties for acceptance.
2. An amendment adopted in accordance with paragraph 1 of this article shall enter into force when two thirds of the States Parties to this Convention have notified the Secretary-General of the United Nations that they have accepted it in accordance with their respective constitutional processes.
3. When amendments enter into force, they shall be binding on those States Parties which have accepted them, other States Parties still being bound by the provisions of this Convention and any earlier amendments which they have accepted.

30. člen

1. Vsak spor med dvema ali več državami članicami v zvezi z razlago ali uporabo te konvencije, ki ga ni mogoče rešiti s pogajanjem, se predloži v arbitražo na zahtevo ene izmed teh držav. Če v šestih mesecih po dani zahtevi za arbitražo strani ne dosežejo sporazuma o organiziranju arbitraže, lahko vsaka med njimi predloži spor Mednarodnemu sodišču z zahtevo v skladu s statutom sodišča.

2. Vsaka država lahko ob podpisu ali ratifikaciji ali pristopu h konvenciji izjavi, da zanjo ne velja prvi odstavek tega člena. Za druge države članice ne velja navedena določba glede na vsako državo članico, ki izrazi tak pridržek.

3. Vsaka država članica, ki izrazi pridržek v skladu z drugim odstavkom tega člena, ga lahko kadarkoli umakne tako, da pošlje sporočilo generalnemu sekretarju Organizacije združenih narodov.

31. člen

1. Država članica lahko odpove to konvencijo s pisnim sporočilom, poslanim generalnemu sekretarju Organizacije združenih narodov. Odpoved začne veljati eno leto potem, ko je generalni sekretar prejel sporočilo.

2. Zaradi take odpovedi država članica ni oproščena obveznosti, ki jih ima v skladu s to konvencijo v zvezi z vsakim dejanjem ali vsako opustitvijo pred dnem, ko začne odpoved veljati. Odpoved tudi ni ovira za nadaljnjo obravnavo vsakega vprašanja, ki je bilo že predloženo komiteju na dan, ko je začela odpoved veljati.

3. Po dnevu, ko začne veljati odpoved posamezne države članice, komite ne obravnava več nobenega novega vprašanja v zvezi z zadevno državo.

32. člen

Generalni sekretar Organizacije združenih narodov sporoči vsem državam članicam Organizacije združenih narodov in vsem državam, ki bodo podpisale to konvencijo ali pristopile k njej:

- a) podpise, ratifikacije in pristope, prejete na podlagi 25. in 26. člena;
- b) datum, ko začne konvencija veljati na podlagi 27. člena, in datum, ko začne veljati vsak amandma po 29. členu;
- c) odpovedi, prejete na podlagi 31. člena.

33. člen

1. Ta konvencija, katere besedila v arabskem, angleškem, francoskem, kitajskem, ruskem in španskem jeziku so enako verodostojna, bo deponirana pri generalnem sekretarju Organizacije združenih narodov.

2. Generalni sekretar Organizacije združenih narodov pošlje vsem državam overjene kopije te konvencije.

Article 30

1. Any dispute between two or more States Parties concerning the interpretation or application of this Convention which cannot be settled through negotiation shall, at the request of one of them, be submitted to arbitration. If within six months from the date of the request for arbitration the Parties are unable to agree on the organization of the arbitration, any one of those Parties may refer the dispute to the International Court of Justice by request in conformity with the Statute of the Court.

2. Each State may, at the time of signature or ratification of this Convention or accession thereto, declare that it does not consider itself bound by paragraph 1 of this article. The other States Parties shall not be bound by paragraph 1 of this article with respect to any State Party having made such a reservation.

3. Any State Party having made a reservation in accordance with paragraph 2 of this article may at any time withdraw this reservation by notification to the Secretary-General of the United Nations.

Article 31

1. A State Party may denounce this Convention by written notification to the Secretary-General of the United Nations. Denunciation becomes effective one year after the date of receipt of the notification by the Secretary-General.

2. Such a denunciation shall not have the effect of releasing the State Party from its obligations under this Convention in regard to any act or omission which occurs prior to the date at which the denunciation becomes effective, nor shall denunciation prejudice in any way the continued consideration of any matter which is already under consideration by the Committee prior to the date at which the denunciation becomes effective.

3. Following the date at which the denunciation of a State Party becomes effective, the Committee shall not commence consideration of any new matter regarding that State.

Article 32

The Secretary-General of the United Nations shall inform all States Members of the United Nations and all States which have signed this Convention or acceded to it of the following:

- (a) Signatures, ratifications and accessions under articles 25 and 26;
- (b) The date of entry into force of this Convention under article 27 and the date of the entry into force of any amendments under article 29;
- (c) Denunciations under article 31.

Article 33

1. This Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

2. The Secretary-General of the United Nations shall transmit certified copies of this Convention to all States.



2.2 OPCIJSKI PROTOKOL h Konvenciji proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju

ZAKON O RATIFIKACIJI

OPCIJSKEGA PROTOKOLA H KONVENCIJI PROTI MUČENJU IN DRUGIM KRUTIM, NEČLOVEŠKIM ALI
PONIŽEVALNIM KAZNIM ALI RAVNANJU

1. člen

Ratificira se Opcijski protokol h Konvenciji proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju, sprejet na 57. zasedanju Generalne skupščine Združenih narodov 18. decembra 2002.

2. člen

Besedilo protokola se v izvorniku v angleškem jeziku ter v prevodu v slovenskem jeziku glasi:

PREAMBULA

Države pogodbenice tega protokola

ponovno potrjujejo, da so mučenje in druge oblike okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja prepovedane in pomenijo resno kršenje človekovih pravic,

so prepričane, da so potrebni nadaljnji ukrepi, da bi lahko uresničili cilje Konvencije proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju (v nadaljevanju: konvencija) in okrepili varstvo oseb, ki jim je bila odvzeta prostost, pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja,

se sklicujejo na 2. in 16. člen konvencije, ki zavezuje vse države pogodbenice, da učinkovito ukrepajo, da bi preprečile mučenje in druge oblike okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja na katerem koli ozemlju pod njihovo jurisdikcijo,

ugotavljajo, da so predvsem države odgovorne za izvajanje teh dveh členov, da je skupna odgovornost vseh držav okrepiti varstvo oseb, ki jim je bila odvzeta prostost, in v celoti spoštovati njihove človekove pravice, in da mednarodni organi izvajanja dopolnjujejo in krepijo državne ukrepe,

se sklicujejo na to, da sta za učinkovito preprečevanje mučenja in drugega okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja potrebni izobraževanje in povezovanje zakonodajnih, upravnih, sodnih in drugih ukrepov,

se sklicujejo na to, da so na Svetovni konferenci o človekovih pravicah odločno izjavile, da je treba prizadevanja za odpravo mučenja usmeriti predvsem na preprečevanje, in pozvale k sprejetju opcijskega protokola h konvenciji, ki naj bi vzpostavil preventivni sistem rednih obiskov na krajih odvzema prostosti,



2.2 OPTIONAL PROTOCOL to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

ACT OF RATIFICATION

OF THE OPTIONAL PROTOCOL TO THE CONVENTION AGAINST TORTURE AND OTHER CRUEL,
INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

Article 1

The Optional Protocol to the Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment, adopted at the 57th session of the General Assembly of the United Nations 18 December 2002 is hereby ratified.

Article 2

The text of the Protocol in the original in the English language and in translation into the Slovene language reads as follows:

PREAMBLE

The States Parties to the present Protocol,

Reaffirming that torture and other cruel, inhuman or degrading treatment or punishment are prohibited and constitute serious violations of human rights,

Convinced that further measures are necessary to achieve the purposes of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (hereinafter referred to as the Convention) and to strengthen the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment,

Recalling that articles 2 and 16 of the Convention oblige each State Party to take effective measures to prevent acts of torture and other cruel, inhuman or degrading treatment or punishment in any territory under its jurisdiction,

Recognizing that States have the primary responsibility for implementing those articles, that strengthening the protection of people deprived of their liberty and the full respect for their human rights is a common responsibility shared by all and that international implementing bodies complement and strengthen national measures,

Recalling that the effective prevention of torture and other cruel, inhuman or degrading treatment or punishment requires education and a combination of various legislative, administrative, judicial and other measures,

Recalling also that the World Conference on Human Rights firmly declared that efforts to eradicate torture should first and foremost be concentrated on prevention and called for the adoption of an optional protocol to the Convention, intended to establish a preventive system of regular visits to places of detention,

so prepričane, da se lahko varstvo oseb, ki jim je bila odvzeta prostost, pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja okrepi z nesodnimi preventivnimi sredstvi, ki temeljijo na rednih obiskih na krajih odvzema prostosti,

in so se dogovorile:

I. DEL

Splošna načela

1. člen

Namen tega protokola je vzpostaviti sistem rednih obiskov neodvisnih mednarodnih in državnih organov na krajih, kjer je ljudem odvzeta prostost, da bi preprečili mučenje in druge oblike okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja.

2. člen

1. Ustanovi se Pododbor za preprečevanje mučenja in drugega okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja Odbora proti mučenju (v nadaljevanju: pododbor za preprečevanje), ki opravlja naloge, določene s tem protokolom.

2. Pododbor za preprečevanje opravlja svoje delo v okviru Ustanovne listine Združenih narodov in spoštuje njene cilje in načela ter norme Združenih narodov glede ravnanja z ljudmi, ki jim je bila odvzeta prostost.

3. Pododbor za preprečevanje spoštuje tudi načela zaupnosti, nepristranskosti, nerazlikovanja, univerzalnosti in objektivnosti.

4. Pododbor za preprečevanje in države pogodbenice sodelujejo pri izvajanju tega protokola.

3. člen

Vsaka država pogodbenica na državni ravni ustanovi, določi ali vzdržuje enega ali več organov za obiskovanje zaradi preprečevanja mučenja in drugega okrutnega, nečloveškega ali ponižujočega ravnanja ali kaznovanja (v nadaljevanju: državni preventivni mehanizem).

4. člen

1. Vsaka država pogodbenica v skladu s tem protokolom dovoli obiske organov iz 2. in 3. člena na katerem koli kraju, ki je v njeni pristojnosti in pod njenim nadzorom, kjer so ali bi lahko bile osebe, ki jim je bila odvzeta prostost na podlagi odredbe javne oblasti ali na njihovo pobudo ali z njihovo izrecno ali tiho privolitvijo (v nadaljevanju: kraji odvzema prostosti). Namen teh obiskov je, če je potrebno, okrepiti varstvo teh oseb pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja.

2. V tem protokolu pomeni odvzem prostosti vsako obliko pridržanja ali zapore ali namestitve osebe v javni ali zasebni zavod, ki ga ta oseba po odredbi sodne, upravne ali katere koli druge oblasti ne sme zapustiti po svoji volji.

Convinced that the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment can be strengthened by non-judicial means of a preventive nature, based on regular visits to places of detention,

Have agreed as follows:

PART I

General principles

Article 1

The objective of the present Protocol is to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

Article 2

1. A Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of the Committee against Torture (hereinafter referred to as the Subcommittee on Prevention) shall be established and shall carry out the functions laid down in the present Protocol.

2. The Subcommittee on Prevention shall carry out its work within the framework of the Charter of the United Nations and shall be guided by the purposes and principles thereof, as well as the norms of the United Nations concerning the treatment of people deprived of their liberty.

3. Equally, the Subcommittee on Prevention shall be guided by the principles of confidentiality, impartiality, non-selectivity, universality and objectivity.

4. The Subcommittee on Prevention and the States Parties shall cooperate in the implementation of the present Protocol.

Article 3

Each State Party shall set up, designate or maintain at the domestic level one or several visiting bodies for the prevention of torture and other cruel, inhuman or degrading treatment or punishment (hereinafter referred to as the national preventive mechanism).

Article 4

1. Each State Party shall allow visits, in accordance with the present Protocol, by the mechanisms referred to in articles 2 and 3 to any place under its jurisdiction and control where persons are or may be deprived of their liberty, either by virtue of an order given by a public authority or at its instigation or with its consent or acquiescence (hereinafter referred to as places of detention). These visits shall be undertaken with a view to strengthening, if necessary, the protection of these persons against torture and other cruel, inhuman or degrading treatment or punishment.

2. For the purposes of the present Protocol, deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority.

II. DEL

Pododbor za preprečevanje

5. člen

1. Pododbor za preprečevanje sestavlja 10 članov. Po petdeseti ratifikaciji ali pristopu k temu protokolu se število članov v pododboru za preprečevanje poveča na 25.
2. Člani pododbora so izbrani med osebami, ki imajo visok moralni ugled, morajo imeti poklicne izkušnje na področju pravosodja, zlasti kazenskega prava, upravljanja zaporov ali policijske uprave ali na različnih področjih, povezanih z ravnanjem z osebami, ki jim je bila odvzeta prostost.
3. Pri sestavi pododbora za preprečevanje se upoštevata pravična geografska zastopanost in zastopanost različnih oblik civilizacij in pravnih sistemov držav pogodbenic.
4. V tej sestavi se upošteva tudi uravnotežena zastopanost spolov na podlagi načel enakosti in nediskriminacije.
5. Vsak član pododbora mora biti državlján druge države.
6. Člani pododbora za preprečevanje opravljajo svoje delo kot posamezniki, morajo biti neodvisni in nepristranski ter morajo biti pododboru na razpolago za učinkovito opravljanje dela.

6. člen

1. Vsaka država pogodbenica lahko v skladu z drugim odstavkom tega člena predlaga največ dva kandidata, ki sta ustrezno usposobljena in izpolnjujeta zahteve iz 5. člena, pri čemer mora predložiti podrobne podatke o njuni usposobljenosti.
2. (a) Kandidati morajo biti državljani držav pogodbenic tega protokola.
 (b) Vsaj eden od obeh kandidatov mora biti državlján države pogodbenice, ki ga je predlagala.
 (c) Posamezna država pogodbenica lahko predlaga največ dva svoja državljana.
 (d) Preden država pogodbenica predlaga državljana druge države pogodbenice, zaprosi za njeno soglasje in ga pridobi.
3. Generalni sekretar Združenih narodov vsaj pet mesecev pred dnevom sestanka držav pogodbenic, na katerem bodo potekale volitve, pošlje pismo državam pogodbenicam, s katerim jih pozove, naj v treh mesecih predlagajo svoje kandidate. Generalni sekretar nato predloži abecedni seznam vseh predlaganih oseb z navedbo držav pogodbenic, ki so jih predlagale.

7. člen

1. Člani pododbora za preprečevanje se izvolijo po naslednjem postopku:
 - a) najprej se upošteva izpolnjevanje zahtev in meril iz 5. člena tega protokola;
 - b) prve volitve potekajo najpozneje šest mesecev po začetku veljavnosti tega protokola;
 - c) države pogodbenice izvolijo člane pododbora s tajnim glasovanjem;
 - d) volitve članov pododbora potekajo vsaki dve leti na sestankih držav pogodbenic, ki jih skliče generalni sekretar Združenih narodov. Na sestankih, na katerih je za sklepčnost potrebna navzočnost dveh tretjin držav pogodbenic, so v pododbor izvoljene tiste osebe, ki dobijo največ glasov in absolutno večino glasov predstavnikov držav pogodbenic, ki so navzoči in glasujejo.

PART II

Subcommittee on Prevention

Article 5

1. The Subcommittee on Prevention shall consist of ten members. After the fiftieth ratification of or accession to the present Protocol, the number of the members of the Subcommittee on Prevention shall increase to twenty-five.
2. The members of the Subcommittee on Prevention shall be chosen from among persons of high moral character, having proven professional experience in the field of the administration of justice, in particular criminal law, prison or police administration, or in the various fields relevant to the treatment of persons deprived of their liberty.
3. In the composition of the Subcommittee on Prevention due consideration shall be given to equitable geographic distribution and to the representation of different forms of civilization and legal systems of the States Parties.
4. In this composition consideration shall also be given to balanced gender representation on the basis of the principles of equality and non-discrimination.
5. No two members of the Subcommittee on Prevention may be nationals of the same State.
6. The members of the Subcommittee on Prevention shall serve in their individual capacity, shall be independent and impartial and shall be available to serve the Subcommittee on Prevention efficiently.

Article 6

1. Each State Party may nominate, in accordance with paragraph 2 of the present article, up to two candidates possessing the qualifications and meeting the requirements set out in article 5, and in doing so shall provide detailed information on the qualifications of the nominees.
2. (a) The nominees shall have the nationality of a State Party to the present Protocol;
 (b) At least one of the two candidates shall have the nationality of the nominating State Party;
 (c) No more than two nationals of a State Party shall be nominated;
 (d) Before a State Party nominates a national of another State Party, it shall seek and obtain the consent of that State Party.
3. At least five months before the date of the meeting of the States Parties during which the elections will be held, the Secretary-General of the United Nations shall address a letter to the States Parties inviting them to submit their nominations within three months. The Secretary-General shall submit a list, in alphabetical order, of all persons thus nominated, indicating the States Parties that have nominated them.

Article 7

1. The members of the Subcommittee on Prevention shall be elected in the following manner:
 - (a) Primary consideration shall be given to the fulfilment of the requirements and criteria of article 5 of the present Protocol;
 - (b) The initial election shall be held no later than six months after the entry into force of the present Protocol;
 - (c) The States Parties shall elect the members of the Subcommittee on Prevention by secret ballot;
 - (d) Elections of the members of the Subcommittee on Prevention shall be held at biennial meetings of the States Parties convened by the Secretary-General of the United Nations. At those meetings, for which two thirds of the States Parties shall constitute a quorum, the persons elected to the Subcommittee on Prevention shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of the States Parties present and voting.

2. Če na volitvah dva državljana države pogodbenice dobita dovolj glasov za članstvo v pododboru za preprečevanje, postane član pododbora tisti kandidat, ki dobi več glasov. Če sta državljana dobila enako število glasov, velja naslednji postopek:

- a) če je le enega od obeh kandidatov predlagala država pogodbenica, katere državljan je, postane ta kandidat član pododbora za preprečevanje;
- b) če je oba kandidata predlagala država pogodbenica, katere državljan sta, poteka ločeno tajno glasovanje, s katerim se odloči, kateri državljan bo član pododbora,
- c) če nobenega kandidata ne predlaga država pogodbenica, katere državljan sta, poteka ločeno tajno glasovanje, s katerim se odloči, kateri kandidat bo član pododbora.

8. člen

Če član pododbora umre, odstopi ali zaradi kakršnega koli razloga ne more več opravljati svojih dolžnosti, država pogodbenica, ki je tega člana predlagala, predlaga drugo osebo, ki je ustrezno usposobljena in izpolnjuje zahteve iz 5. člena, ob upoštevanju potrebe po uravnoteženi zastopanosti različnih področij, in bo opravljala delo do naslednjega sestanka držav pogodbenic, če se s tem strinja večina držav pogodbenic. Šteje se, da se države pogodbenice strinjajo, razen če polovica ali več držav pogodbenic odgovori negativno v šestih tednih, potem ko jih je generalni sekretar Združenih narodov obvestil o predlaganem imenovanju.

9. člen

Člani pododbora za preprečevanje so izvoljeni za štiri leta. Enkrat so lahko ponovno izvoljeni, če so ponovno predlagani. Polovici članov, izvoljenih na prvih volitvah, se mandat izteče po dveh letih; imena teh članov neposredno po prvih volitvah z žrebom določi predsedujoči sestanka iz točke d prvega odstavka 7. člena.

10. člen

1. Pododbor za preprečevanje izvoli svoje vodstvo za dve leti. Lahko je ponovno izvoljeno.

- 2.** Pododbor za preprečevanje sprejme svoj poslovnik. Ta med drugim določa, da:
- a) je za sklepčnost potrebna več kot polovica članov;
 - b) se odločitve pododbora za preprečevanje sprejmejo z večino navzočih članov;
 - c) se pododbor za preprečevanje sestaja brez navzočnosti javnosti.

3. Prvi sestanek pododbora za preprečevanje skliče generalni sekretar Združenih narodov. Po prvem sestanku se pododbor sestaja, kot to določa poslovnik. Pododbor za preprečevanje in odbor proti mučenju zasedata hkrati vsaj enkrat letno.

2. If during the election process two nationals of a State Party have become eligible to serve as members of the Subcommittee on Prevention, the candidate receiving the higher number of votes shall serve as the member of the Subcommittee on Prevention. Where nationals have received the same number of votes, the following procedure applies:

- (a) Where only one has been nominated by the State Party of which he or she is a national, that national shall serve as the member of the Subcommittee on Prevention;
- (b) Where both candidates have been nominated by the State Party of which they are nationals, a separate vote by secret ballot shall be held to determine which national shall become the member;
- (c) Where neither candidate has been nominated by the State Party of which he or she is a national, a separate vote by secret ballot shall be held to determine which candidate shall be the member.

Article 8

If a member of the Subcommittee on Prevention dies or resigns, or for any cause can no longer perform his or her duties, the State Party that nominated the member shall nominate another eligible person possessing the qualifications and meeting the requirements set out in article 5, taking into account the need for a proper balance among the various fields of competence, to serve until the next meeting of the States Parties, subject to the approval of the majority of the States Parties. The approval shall be considered given unless half or more of the States Parties respond negatively within six weeks after having been informed by the Secretary-General of the United Nations of the proposed appointment.

Article 9

The members of the Subcommittee on Prevention shall be elected for a term of four years. They shall be eligible for re-election once if renominated. The term of half the members elected at the first election shall expire at the end of two years; immediately after the first election the names of those members shall be chosen by lot by the Chairman of the meeting referred to in article 7, paragraph 1 (d).

Article 10

1. The Subcommittee on Prevention shall elect its officers for a term of two years. They may be re-elected.

2. The Subcommittee on Prevention shall establish its own rules of procedure. These rules shall provide, inter alia, that:

- (a) Half the members plus one shall constitute a quorum;
- (b) Decisions of the Subcommittee on Prevention shall be made by a majority vote of the members present;
- (c) The Subcommittee on Prevention shall meet in camera.

3. The Secretary-General of the United Nations shall convene the initial meeting of the Subcommittee on Prevention. After its initial meeting, the Subcommittee on Prevention shall meet at such times as shall be provided by its rules of procedure. The Subcommittee on Prevention and the Committee against Torture shall hold their sessions simultaneously at least once a year.

III. DEL**Naloge in pooblastila pododbora za preprečevanje****11. člen**

Pododbor za preprečevanje:

- a) obiskuje kraje iz 4. člena in daje priporočila državam pogodbenicam glede varstva oseb, ki jim je bila odvzeta prostost, pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja;
- b) v zvezi z državnimi preventivnimi mehanizmi:
 - i) svetuje in pomaga državam pogodbenicam pri njihovi vzpostavitvi, če je potrebno;
 - ii) vzdržuje neposredne, in če je potrebno, zaupne stike z državnimi preventivnimi mehanizmi in jim omogoča usposabljanje in strokovno pomoč, da bi okrepili svoje zmogljivosti;
 - iii) jim svetuje in pomaga pri oceni potreb in sredstev, potrebnih za krepitev varstva oseb, ki jim je bila odvzeta prostost, pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja;
 - iv) daje priporočila in pripombe državam pogodbenicam, da bi okrepile zmogljivosti, naloge in pooblastila državnih preventivnih mehanizmov za preprečevanje mučenja in drugih oblik okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja;
- c) za preprečevanje mučenja na splošno sodeluje z ustreznimi organi in mehanizmi Združenih narodov in mednarodnimi, regionalnimi in državnimi institucijami ali organizacijami, ki si prizadevajo za okrepitev varstva oseb pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja.

12. člen

Da bi pododboru za preprečevanje omogočili uresničevanje njegovih nalog in pooblastil iz 11. člena, se države pogodbenice zavezujejo, da bodo:

- a) sprejele pododbor za preprečevanje na svojem ozemlju in mu dovolile dostop do krajev odvzema prostosti, kot je opredeljeno v 4. členu tega protokola;
- b) priskrbele pododboru za preprečevanje vse ustrezne informacije, ki bi jih od njih zahteval, da bi lahko ocenil potrebe in ukrepe, ki bi jih bilo treba sprejeti za okrepitev varstva oseb, ki jim je bila odvzeta prostost, pred mučenjem in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja;
- c) spodbujale in omogočale stike med pododborom za preprečevanje in državnimi preventivnimi mehanizmi;
- d) obravnavale priporočila pododbora za preprečevanje in vzpostavile dialog z njim o mogočih ukrepih za izvajanje.

13. člen

1. Pododbor za preprečevanje najprej z žrebom sestavi program rednih obiskov v državah pogodbenicah, da izpolni naloge in pooblastila iz 11. člena.

2. Po posvetovanjih pododbor za preprečevanje uradno obvesti države pogodbenice o svojem programu, tako da se lahko nemudoma dogovorijo o potrebnih praktičnih podrobnostih glede obiskov, ki naj se opravijo.

3. Obiske opravita vsaj dva člana pododbora za preprečevanje. Če je potrebno, člane spremljajo strokovnjaki z dokazanimi strokovnimi izkušnjami in znanjem na področjih, ki jih vključuje ta protokol, in so izbrani s seznama strokovnjakov, pripravljenega na podlagi predlogov držav pogodbenic, Urada visokega komisarja Združenih narodov za človekove pravice in Centra Združenih narodov za mednarodno preprečevanje kriminala. Pri pripravi seznama države pogodbenice predlagajo največ pet nacionalnih strokovnjakov. Država pogodbenica lahko nasprotuje, da je posamezen strokovnjak navzoč pri obisku, nato pododbor za preprečevanje predlaga drugega strokovnjaka.

PART III**Mandate of the Subcommittee on Prevention****Article 11**

The Subcommittee on Prevention shall:

- (a) Visit the places referred to in article 4 and make recommendations to States Parties concerning the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;
- (b) In regard to the national preventive mechanisms:
 - (i) Advise and assist States Parties, when necessary, in their establishment;
 - (ii) Maintain direct, and if necessary confidential, contact with the national preventive mechanisms and offer them training and technical assistance with a view to strengthening their capacities;
 - (iii) Advise and assist them in the evaluation of the needs and the means necessary to strengthen the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;
 - (iv) Make recommendations and observations to the States Parties with a view to strengthening the capacity and the mandate of the national preventive mechanisms for the prevention of torture and other cruel, inhuman or degrading treatment or punishment;
- (c) Cooperate, for the prevention of torture in general, with the relevant United Nations organs and mechanisms as well as with the international, regional and national institutions or organizations working towards the strengthening of the protection of all persons against torture and other cruel, inhuman or degrading treatment or punishment.

Article 12

In order to enable the Subcommittee on Prevention to comply with its mandate as laid down in article 11, the States Parties undertake:

- (a) To receive the Subcommittee on Prevention in their territory and grant it access to the places of detention as defined in article 4 of the present Protocol;
- (b) To provide all relevant information the Subcommittee on Prevention may request to evaluate the needs and measures that should be adopted to strengthen the protection of persons deprived of their liberty against torture and other cruel, inhuman or degrading treatment or punishment;
- (c) To encourage and facilitate contacts between the Subcommittee on Prevention and the national preventive mechanisms;
- (d) To examine the recommendations of the Subcommittee on Prevention and enter into dialogue with it on possible implementation measures.

Article 13

1. The Subcommittee on Prevention shall establish, at first by lot, a programme of regular visits to the States Parties in order to fulfil its mandate as established in article 11.

2. After consultations, the Subcommittee on Prevention shall notify the States Parties of its programme in order that they may, without delay, make the necessary practical arrangements for the visits to be conducted.

3. The visits shall be conducted by at least two members of the Subcommittee on Prevention. These members may be accompanied, if needed, by experts of demonstrated professional experience and knowledge in the fields covered by the present Protocol who shall be selected from a roster of experts prepared on the basis of proposals made by the States Parties, the Office of the United Nations High Commissioner for Human Rights and the United Nations Centre for International Crime Prevention. In preparing the roster, the States Parties concerned shall propose no more than five national experts. The State Party concerned may oppose the inclusion of a specific expert in the visit, whereupon the Subcommittee on Prevention shall propose another expert.

4. Če se pododboru za preprečevanje zdi primerno, lahko po rednem obisku predlaga še kratek dopolnilni obisk.

14. člen

1. Da bi pododboru za preprečevanje omogočili izpolnjevanje nalog in pooblastil, se države pogodbenice tega protokola zavezujejo, da mu bodo zagotovile:

- a) neomejen dostop do vseh informacij o številu oseb, ki jim je bila odvzeta prostost, na krajih odvzema prostosti, kot je opredeljeno v 4. členu, in o številu krajev in njihovih lokacijah;
- b) neomejen dostop do vseh informacij o ravnanju s temi osebami in njihovimi pogoji odvzema prostosti;
- c) neomejen dostop do vseh krajev odvzema prostosti ter njihovih objektov in opreme ob upoštevanju drugega odstavka;
- d) možnost zaupnih pogovorov z osebami, ki jim je bila odvzeta prostost, brez prič, osebno ali s prevajalcem, če je potrebno, in s katero koli osebo, za katero pododbor za preprečevanje meni, da lahko priskrbi ustrezne informacije;
- e) svobodno izbiro krajev, ki jih želi obiskati, in oseb, s katerimi želi govoriti.

2. Obisku določenega kraja odvzema prostosti se lahko nasprotuje le iz nujnih in tehtnih razlogov zaradi državne obrambe, javne varnosti, naravne nesreče ali hudega nereda na kraju, ki naj bi ga obiskali, in ki trenutno preprečujejo izvedbo takega obiska. Država pogodbenica se ne sme sklicevati na obstoj razglašenega izrednega stanja kot na razlog za nasprotovanje obisku.

15. člen

Nobena oblast ali uradna oseba ne sme odrediti, uporabiti, dovoliti ali dopustiti kakršne koli sankcije proti nobeni osebi ali organizaciji, ker je pododboru ali njegovim delegatom dala resnične ali neresnične informacije, in nobene osebe ali organizacije se zaradi tega ne sme kako drugače oškodovati.

16. člen

1. Pododbor za preprečevanje svoja priporočila in pripombe zaupno sporoči državi pogodbenici, in če je potrebno, državnemu preventivnemu mehanizmu.

2. Pododbor za preprečevanje objavi svoje poročilo z morebitnimi pripombami prizadete države pogodbenice, kadar to zahteva. Če država pogodbenica objavi del poročila, lahko pododbor za preprečevanje objavi poročilo v celoti ali delno. Osebni podatki pa se ne smejo objaviti brez izrecne privolitve prizadete osebe.

3. Pododbor za preprečevanje mora Odboru za mučenje predložiti javno letno poročilo o svojih dejavnostih.

4. Če država pogodbenica v skladu z 12. in 14. členom zavrne svoje sodelovanje s pododborom za preprečevanje ali ukrepanje, ki bi glede na priporočila pododbora izboljšalo stanje, lahko Odbor proti mučenju na prošnjo pododbora za preprečevanje z večino svojih članov odloči, da bo dal javno izjavo o zadevi ali objavil poročilo pododbora, potem ko je imela država pogodbenica možnost predstaviti svoja stališča.

4. If the Subcommittee on Prevention considers it appropriate, it may propose a short follow-up visit after a regular visit.

Article 14

1. In order to enable the Subcommittee on Prevention to fulfil its mandate, the States Parties to the present Protocol undertake to grant it:

- (a) Unrestricted access to all information concerning the number of persons deprived of their liberty in places of detention as defined in article 4, as well as the number of places and their location;
- (b) Unrestricted access to all information referring to the treatment of those persons as well as their conditions of detention;
- (c) Subject to paragraph 2 below, unrestricted access to all places of detention and their installations and facilities;
- (d) The opportunity to have private interviews with the persons deprived of their liberty without witnesses, either personally or with a translator if deemed necessary, as well as with any other person who the Subcommittee on Prevention believes may supply relevant information;
- (e) The liberty to choose the places it wants to visit and the persons it wants to interview.

2. Objection to a visit to a particular place of detention may be made only on urgent and compelling grounds of national defence, public safety, natural disaster or serious disorder in the place to be visited that temporarily prevent the carrying out of such a visit. The existence of a declared state of emergency as such shall not be invoked by a State Party as a reason to object to a visit.

Article 15

No authority or official shall order, apply, permit or tolerate any sanction against any person or organization for having communicated to the Subcommittee on Prevention or to its delegates any information, whether true or false, and no such person or organization shall be otherwise prejudiced in any way.

Article 16

1. The Subcommittee on Prevention shall communicate its recommendations and observations confidentially to the State Party and, if relevant, to the national preventive mechanism.

2. The Subcommittee on Prevention shall publish its report, together with any comments of the State Party concerned, whenever requested to do so by that State Party. If the State Party makes part of the report public, the Subcommittee on Prevention may publish the report in whole or in part. However, no personal data shall be published without the express consent of the person concerned.

3. The Subcommittee on Prevention shall present a public annual report on its activities to the Committee against Torture.

4. If the State Party refuses to cooperate with the Subcommittee on Prevention according to articles 12 and 14, or to take steps to improve the situation in the light of the recommendations of the Subcommittee on Prevention, the Committee against Torture may, at the request of the Subcommittee on Prevention, decide, by a majority of its members, after the State Party has had an opportunity to make its views known, to make a public statement on the matter or to publish the report of the Subcommittee on Prevention.

IV. DEL**Državni preventivni mehanizmi****17. člen**

Vsaka država pogodbenica najpozneje leto po začetku veljavnosti tega protokola, njegovi ratifikaciji ali pristopu k njemu vzpostavi, določi ali ustanovi enega ali več neodvisnih državnih preventivnih mehanizmov za preprečevanje mučenja. Mehanizmi, ki so jih vzpostavile decentralizirane enote, se lahko za namene tega protokola določijo za državne preventivne mehanizme, če so v skladu z njegovimi določbami.

18. člen

1. Države pogodbenice zagotavljajo neodvisnost delovanja državnih preventivnih mehanizmov in neodvisnost njihovega osebja.
2. Države pogodbenice ukrenejo vse potrebno, da zagotovijo, da so strokovnjaki državnega preventivnega mehanizma ustrezno usposobljeni in imajo strokovno znanje. Prizadevajo si za uravnoteženo zastopanost spolov in ustrezno zastopanost etničnih skupin in manjšin v državi.
3. Države pogodbenice se zavezujejo, da bodo dale na voljo potrebna sredstva za delovanje državnih preventivnih mehanizmov.
4. Pri vzpostavitvi državnih preventivnih mehanizmov države pogodbenice ustrezno upoštevajo načela glede statusa in delovanja nacionalnih institucij za spodbujanje in varstvo človekovih pravic.

19. člen

Državni preventivni mehanizmi imajo vsaj naslednja pooblastila, da:

- a) na krajih odvzema prostosti, kot so opredeljeni v 4. členu, redno preverjajo ravnanje z osebami, ki jim je bila odvzeta prostost, da bi okrepili njihovo varstvo pred mučenjem, in drugimi oblikami okrutnega, nečloveškega ali poniževalnega ravnanja ali kaznovanja, če je potrebno;
- b) ob upoštevanju ustreznih norm Združenih narodov dajejo priporočila ustreznim organom, da bi izboljšali razmere in ravnanje z osebami, ki jim je bila odvzeta prostost, in preprečili mučenje in druge oblike okrutnega, nečloveškega, poniževalnega ravnanja ali kaznovanja;
- c) predložijo predloge in pripombe k veljavnim ali predlaganim zakonom.

20. člen

Da bi državni preventivni mehanizmi lahko izpolnili svoje naloge in pooblastila, se države pogodbenice tega protokola zavezujejo, da jim bodo zagotovile:

- a) dostop do vseh informacij o številu oseb, ki jim je bila odvzeta prostost, na krajih odvzema prostosti, kot so opredeljeni v 4. členu, in o številu krajev in njihovi lokaciji;
- b) dostop do vseh informacij o ravnanju s temi osebami in njihovih pogojih odvzema prostosti;
- c) dostop do vseh krajev odvzema prostosti ter njihovih objektov in opreme;
- d) možnost zaupnih pogovorov z osebami, ki jim je bila odvzeta prostost, brez prič, osebno ali s prevajalcem, če se zdi potrebno, in s katero koli osebo, za katero državni preventivni mehanizem meni, da lahko priskrbi ustrezne informacije;
- e) svobodno izbiro krajev, ki jih želijo obiskati, in oseb, s katerimi želijo govoriti;
- f) pravico do stikov s pododborom za preprečevanje, pošiljanja informacij pododboru in do srečanj z njim.

PART IV**National preventive mechanisms****Article 17**

Each State Party shall maintain, designate or establish, at the latest one year after the entry into force of the present Protocol or of its ratification or accession, one or several independent national preventive mechanisms for the prevention of torture at the domestic level. Mechanisms established by decentralized units may be designated as national preventive mechanisms for the purposes of the present Protocol if they are in conformity with its provisions.

Article 18

1. The States Parties shall guarantee the functional independence of the national preventive mechanisms as well as the independence of their personnel.
2. The States Parties shall take the necessary measures to ensure that the experts of the national preventive mechanism have the required capabilities and professional knowledge. They shall strive for a gender balance and the adequate representation of ethnic and minority groups in the country.
3. The States Parties undertake to make available the necessary resources for the functioning of the national preventive mechanisms.
4. When establishing national preventive mechanisms, States Parties shall give due consideration to the Principles relating to the status of national institutions for the promotion and protection of human rights.

Article 19

The national preventive mechanisms shall be granted at a minimum the power:

- (a) To regularly examine the treatment of the persons deprived of their liberty in places of detention as defined in article 4, with a view to strengthening, if necessary, their protection against torture and other cruel, inhuman or degrading treatment or punishment;
- (b) To make recommendations to the relevant authorities with the aim of improving the treatment and the conditions of the persons deprived of their liberty and to prevent torture and other cruel, inhuman or degrading treatment or punishment, taking into consideration the relevant norms of the United Nations;
- (c) To submit proposals and observations concerning existing or draft legislation.

Article 20

In order to enable the national preventive mechanisms to fulfil their mandate, the States Parties to the present Protocol undertake to grant them:

- (a) Access to all information concerning the number of persons deprived of their liberty in places of detention as defined in article 4, as well as the number of places and their location;
- (b) Access to all information referring to the treatment of those persons as well as their conditions of detention;
- (c) Access to all places of detention and their installations and facilities;
- (d) The opportunity to have private interviews with the persons deprived of their liberty without witnesses, either personally or with a translator if deemed necessary, as well as with any other person who the national preventive mechanism believes may supply relevant information;
- (e) The liberty to choose the places they want to visit and the persons they want to interview;
- (f) The right to have contacts with the Subcommittee on Prevention, to send it information and to meet with it.

21. člen

1. Nobena oblast ali uradna oseba ne sme odrediti, uporabiti, dovoliti ali dopustiti kakršne koli sankcije proti nobeni osebi ali organizaciji, ker je državnemu preventivnemu mehanizmu dala resnične ali neresnične informacije, in nobene osebe ali organizacije se zaradi tega ne sme kako drugače oškodovati.

2. Zaupne informacije, ki jih zbere državni preventivni mehanizem, so zavarovane kot take. Osebni podatki pa se ne smejo objaviti brez izrecne privolitve prizadete osebe.

22. člen

Pristojni organi prizadete države pogodbenice obravnavajo priporočila državnega preventivnega mehanizma in z njim vzpostavijo dialog o mogočih ukrepih za izvajanje.

23. člen

Države pogodbenice tega protokola se zavezujejo, da bodo objavile in razširjale letna poročila državnih preventivnih organov.

V. DEL**Izjava****24. člen**

1. Ob ratifikaciji lahko države pogodbenice izjavijo, da bodo odložile izpolnjevanje svojih obveznosti iz III. ali IV. dela tega protokola.

2. Odložitev obveznosti velja največ tri leta. Odbor proti mučenju lahko podaljša to obdobje za dodatni dve leti ob utemeljenih navedbah države pogodbenice in po posvetovanjih s pododborom za preprečevanje.

VI. DEL**Finančne določbe****25. člen**

1. Stroške pododbora za preprečevanje, ki nastanejo pri izvajanju tega protokola, krijejo Združeni narodi.

2. Generalni sekretar Združenih narodov zagotovi ustrezno osebje in prostore za učinkovito opravljanje nalog pododbora za preprečevanje po tem protokolu.

26. člen

1. V skladu z ustreznimi postopki Generalne skupščine se ustanovi poseben sklad, za pomoč pri financiranju izvajanja priporočil, ki jih je pododbor za preprečevanje dal po obisku v državi pogodbenici, in za izobraževalne programe državnih preventivnih mehanizmov, ki ga je treba upravljati v skladu s finančnimi predpisi in pravili Združenih narodov.

Article 21

1. No authority or official shall order, apply, permit or tolerate any sanction against any person or organization for having communicated to the national preventive mechanism any information, whether true or false, and no such person or organization shall be otherwise prejudiced in any way.

2. Confidential information collected by the national preventive mechanism shall be privileged. No personal data shall be published without the express consent of the person concerned.

Article 22

The competent authorities of the State Party concerned shall examine the recommendations of the national preventive mechanism and enter into a dialogue with it on possible implementation measures.

Article 23

The States Parties to the present Protocol undertake to publish and disseminate the annual reports of the national preventive mechanisms.

PART V**Declaration****Article 24**

1. Upon ratification, States Parties may make a declaration postponing the implementation of their obligations under either part III or part IV of the present Protocol.

2. This postponement shall be valid for a maximum of three years. After due representations made by the State Party and after consultation with the Subcommittee on Prevention, the Committee against Torture may extend that period for an additional two years.

PART VI**Financial provisions****Article 25**

1. The expenditure incurred by the Subcommittee on Prevention in the implementation of the present Protocol shall be borne by the United Nations.

2. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Subcommittee on Prevention under the present Protocol.

Article 26

1. A Special Fund shall be set up in accordance with the relevant procedures of the General Assembly, to be administered in accordance with the financial regulations and rules of the United Nations, to help finance the implementation of the recommendations made by the Subcommittee on Prevention after a visit to a State Party, as well as education programmes of the national preventive mechanisms.

2. Poseben sklad se lahko financira s prostovoljnimi prispevki vlad, medvladnih in nevladnih organizacij in drugih zasebnih ali javnih subjektov.

VII. DEL

Končne določbe

27. člen

1. Protokol je na voljo za podpis vsem državam, ki so podpisale konvencijo.
2. Protokol lahko ratificira vsaka država, ki je ratificirala konvencijo ali k njej pristopila. Listine o ratifikaciji se deponirajo pri generalnem sekretarju Združenih narodov.
3. Protokol je na voljo za pristop vsem državam, ki so ratificirale konvencijo ali k njej pristopile.
4. Pristop se opravi z deponiranjem listine o pristopu pri generalnem sekretarju Združenih narodov.
5. Generalni sekretar Združenih narodov o deponiranju vsake listine o ratifikaciji ali pristopu obvesti vse države, ki so podpisale ta protokol ali k njemu pristopile.

28. člen

1. Protokol začne veljati trideseti dan po dnevu, ko se pri generalnem sekretarju Združenih narodov deponira dvajseta listina o ratifikaciji ali pristopu.
2. Za vsako državo, ki ratificira protokol ali k njemu pristopi po deponiranju dvajsete listine o ratifikaciji ali pristopu pri generalnem sekretarju Združenih narodov, začne protokol veljati trideseti dan po dnevu deponiranja njene listine o ratifikaciji ali pristopu.

29. člen

Določbe tega protokola veljajo za vse dele zveznih držav brez omejitev ali izjem.

30. člen

K temu protokolu niso dopustni pridržki.

31. člen

Določbe tega protokola ne vplivajo na obveznosti držav pogodbenic po regionalnih konvencijah, ki uvajajo sistem obiskov na krajih odvzema prostosti. Pododbor za preprečevanje in organi, ustanovljeni na podlagi takih regionalnih konvencij, pa se spodbujajo k posvetovanju in sodelovanju, da bi se izognili podvajanju in učinkovito podpirali cilje tega protokola.

2. The Special Fund may be financed through voluntary contributions made by Governments, intergovernmental and non-governmental organizations and other private or public entities.

PART VII

Final provisions

Article 27

1. The present Protocol is open for signature by any State that has signed the Convention.
2. The present Protocol is subject to ratification by any State that has ratified or acceded to the Convention. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.
3. The present Protocol shall be open to accession by any State that has ratified or acceded to the Convention.
4. Accession shall be effected by the deposit of an instrument of accession with the Secretary-General of the United Nations.
5. The Secretary-General of the United Nations shall inform all States that have signed the present Protocol or acceded to it of the deposit of each instrument of ratification or accession.

Article 28

1. The present Protocol shall enter into force on the thirtieth day after the date of deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.
2. For each State ratifying the present Protocol or acceding to it after the deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession, the present Protocol shall enter into force on the thirtieth day after the date of deposit of its own instrument of ratification or accession.

Article 29

The provisions of the present Protocol shall extend to all parts of federal States without any limitations or exceptions.

Article 30

No reservations shall be made to the present Protocol.

Article 31

The provisions of the present Protocol shall not affect the obligations of States Parties under any regional convention instituting a system of visits to places of detention. The Subcommittee on Prevention and the bodies established under such regional conventions are encouraged to consult and cooperate with a view to avoiding duplication and promoting effectively the objectives of the present Protocol.

32. člen

Določbe tega protokola ne vplivajo na obveznosti držav pogodbenic štirih Ženevskih konvencij z dne 12. avgusta 1949 in dopolnilnih protokolov k Ženevskim konvencijam z dne 8. junija 1977, niti na možnost katere koli države pogodbenice, da pooblasti Mednarodni odbor Rdečega križa, da obišče kraje odvzema prostosti v razmerah, ki jih ne zajema mednarodno humanitarno pravo.

33. člen

1. Vsaka država pogodbenica lahko kadar koli odpove ta protokol s pisnim uradnim obvestilom, naslovljenim na generalnega sekretarja Združenih narodov, ki obvesti druge države pogodbenice tega protokola in konvencije. Odpoved začne veljati eno leto po dnevu, ko generalni sekretar prejme uradno obvestilo.

2. Odpoved države pogodbenice ne odvezuje obveznosti po tem protokolu glede katerega koli dejanja ali razmer, ki lahko nastanejo pred dnevom, ko začne odpoved veljati, ali ukrepov, za katere se je pododbor za preprečevanje odločil ali se lahko odloči, da jih sprejme glede te države pogodbenice; odpoved prav tako na noben način ne vpliva na nadaljnje obravnavanje katere koli zadeve, ki je pri pododboru za preprečevanje že v obravnavi pred dnevom, ko začne veljati odpoved.

3. Po datumu, ko začne veljati odpoved države pogodbenice, pododbor za preprečevanje ne začne obravnavati nobene nove zadeve, povezane s to državo.

34. člen

1. Vsaka država pogodbenica tega protokola lahko predlaga spremembo in jo predloži generalnemu sekretarju Združenih narodov. Generalni sekretar sporoči predlagano spremembo državam pogodbenicam tega protokola in jih zaprosi, da ga obvestijo, ali se strinjajo s konferenco držav pogodbenic zaradi obravnavanja in glasovanja o predlogu. Če se v štirih mesecih od dneva tega sporočila vsaj tretjina držav pogodbenic strinja s to konferenco, generalni sekretar skliče konferenco pod pokroviteljstvom Združenih narodov. Generalni sekretar Združenih narodov pošlje vsem državam pogodbenicam v sprejetje vsako spremembo, ki jo z dvetretjinsko večino sprejmejo države pogodbenice, ki so navzoče in glasujejo na konferenci.

2. Sprememba, sprejeta v skladu s prvim odstavkom tega člena, začne veljati, ko jo sprejmejo države pogodbenice tega protokola z dvetretjinsko večino v skladu z njihovimi ustavnimi postopki.

3. Ko začnejo spremembe veljati, so zavezujoče za vse tiste države pogodbenice, ki so jih sprejele, za druge države pogodbenice pa še naprej veljajo določbe tega protokola in katera koli prejšnja sprememba, ki so jo sprejele.

35. člen

Člani pododborja za preprečevanje in državnih preventivnih mehanizmov uživajo take privilegije in imunitete, ki so potrebni za neodvisno izvajanje njihovih nalog. Člani pododborja za preprečevanje uživajo privilegije in imunitete iz 22. člena Konvencije Združenih narodov o privilegijih in imunitetah z dne 13. februarja 1946 ob upoštevanju določb 23. člena te konvencije.

Article 32

The provisions of the present Protocol shall not affect the obligations of States Parties to the four Geneva Conventions of 12 August 1949 and the Additional Protocols thereto of 8 June 1977, nor the opportunity available to any State Party to authorize the International Committee of the Red Cross to visit places of detention in situations not covered by international humanitarian law.

Article 33

1. Any State Party may denounce the present Protocol at any time by written notification addressed to the Secretary-General of the United Nations, who shall thereafter inform the other States Parties to the present Protocol and the Convention. Denunciation shall take effect one year after the date of receipt of the notification by the Secretary-General.

2. Such a denunciation shall not have the effect of releasing the State Party from its obligations under the present Protocol in regard to any act or situation that may occur prior to the date on which the denunciation becomes effective, or to the actions that the Subcommittee on Prevention has decided or may decide to take with respect to the State Party concerned, nor shall denunciation prejudice in any way the continued consideration of any matter already under consideration by the Subcommittee on Prevention prior to the date on which the denunciation becomes effective.

3. Following the date on which the denunciation of the State Party becomes effective, the Subcommittee on Prevention shall not commence consideration of any new matter regarding that State.

Article 34

1. Any State Party to the present Protocol may propose an amendment and file it with the Secretary-General of the United Nations. The Secretary-General shall thereupon communicate the proposed amendment to the States Parties to the present Protocol with a request that they notify him whether they favour a conference of States Parties for the purpose of considering and voting upon the proposal. In the event that within four months from the date of such communication at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of two thirds of the States Parties present and voting at the conference shall be submitted by the Secretary-General of the United Nations to all States Parties for acceptance.

2. An amendment adopted in accordance with paragraph 1 of the present article shall come into force when it has been accepted by a two-thirds majority of the States Parties to the present Protocol in accordance with their respective constitutional processes.

3. When amendments come into force, they shall be binding on those States Parties that have accepted them, other States Parties still being bound by the provisions of the present Protocol and any earlier amendment that they have accepted.

Article 35

Members of the Subcommittee on Prevention and of the national preventive mechanisms shall be accorded such privileges and immunities as are necessary for the independent exercise of their functions. Members of the Subcommittee on Prevention shall be accorded the privileges and immunities specified in section 22 of the Convention on the Privileges and Immunities of the United Nations of 13 February 1946, subject to the provisions of section 23 of that Convention.

36. člen

Člani pododбора za preprečevanje ob obisku v državi pogodbenici uživajo privilegije in imunitete, ne da bi posegali v določbe in namene tega protokola, in sicer:

- (a) spoštujejo zakone in predpise države, ki jo obiščejo;
- (b) se vzdržijo katerega koli ukrepa ali dejavnosti, ki ni v skladu z nepristransko in mednarodno naravo njihovih nalog.

37. člen

1. Ta protokol, katerega besedilo v angleškem, arabskem, francoskem, kitajskem, ruskem in španskem besedilu je enako verodostojno, se deponira pri generalnem sekretarju Združenih narodov.

2. Generalni sekretar Združenih narodov pošlje overjene kopije tega protokola vsem državam.

3. člen

Za izvajanje protokola skrbi Ministrstvo za pravosodje.

4. člen

Republika Slovenija daje v zvezi s 17. členom Opcijskega protokola h Konvenciji proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju naslednjo izjavo: »Pristojnosti in naloge državnega preventivnega mehanizma po opcijskem protokolu, skladno s 17. členom, izvršuje Varuh človekovih pravic, v dogovoru z njim pa tudi nevladne organizacije, registrirane v Republiki Sloveniji, ter organizacije, ki so pridobile status humanitarne organizacije v Republiki Sloveniji.«

5. člen

1. Naloge in pooblastila državnega preventivnega mehanizma po tem protokolu izvršuje Varuh človekovih pravic. Pri opravljanju nadzora na krajih odvzema prostosti ter preverjanja ravnanja z osebami, ki jim je bila odvzeta prostost, lahko z Varuhom pri izvrševanju nalog in pooblastil Varuha po tem protokolu sodelujejo nevladne organizacije, registrirane v Republiki Sloveniji, ter organizacije, ki so pridobile status humanitarne organizacije v Republiki Sloveniji, ki se ukvarjajo z varstvom človekovih pravic ali temeljnih svoboščin, zlasti s področja preprečevanja mučenja in drugih krutih, nečloveških ali poniževalnih kazni ali ravnanj.

2. Organizacije, ki bodo sodelovale pri izvajanju nalog in pooblastil po določbah prejšnjega odstavka, se izberejo na podlagi javnega razpisa, katerega izvede Varuh, ki tudi odloči o izbiri organizacije. Vsebina javnega razpisa mora biti v skladu s 4. členom tega zakona ter podzakonskih aktov, izdanih na podlagi četrtega odstavka.

Article 36

When visiting a State Party, the members of the Subcommittee on Prevention shall, without prejudice to the provisions and purposes of the present Protocol and such privileges and immunities as they may enjoy:

- (a) Respect the laws and regulations of the visited State;
- (b) Refrain from any action or activity incompatible with the impartial and international nature of their duties.

Article 37

1. The present Protocol, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations.

2. The Secretary-General of the United Nations shall transmit certified copies of the present Protocol to all States.

Article 3

The Ministry of Justice shall be responsible for the implementation of the Protocol.

Article 4

In connection with Article 17 of the Optional Protocol to the Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment the Republic of Slovenia hereby makes the following statement: "The competences and tasks of national preventive mechanism under the Optional Protocol, in compliance with Article 17 shall be carried out by the Human Rights Ombudsman, and with his agreement also non-governmental organisations registered in the Republic of Slovenia and organisations that have obtained the status of humanitarian organisations in the Republic of Slovenia."

Article 5

1. The tasks and authorities of national preventive mechanism under this protocol shall be performed by the Human Rights Ombudsman. In carrying out monitoring at places of detention and checking the treatment of persons who have been deprived of their liberty, non-governmental organisations registered in the Republic of Slovenia and organisations that have obtained the status of humanitarian organisations in the Republic of Slovenia, which deal with the protection of human rights or fundamental freedoms, especially in the field of preventing torture and other cruel, inhuman or degrading treatment or punishment, may cooperate with the Ombudsman in carrying out the tasks and authorities of the Ombudsman under this protocol.

2. Organisations that will cooperate in the implementation of tasks and authorities under the provisions of the previous paragraph shall be chosen on the basis of public tender, which will be held by the Ombudsman, who will also decide on the choice of organisations. The content of the public tender must be in compliance with Article 4 of this Act and statutory regulations issued on the basis of the fourth paragraph.

3. Osebe iz izbranih organizacij, ki bodo sodelovale pri izvajanju nalog in pooblastil državnega preventivnega mehanizma po tem protokolu, podajo predhodno pisno izjavo, da bodo pri opravljanju teh nalog in pooblastil delovale po navodilih Varuha človekovih pravic in delovale po predpisih o varovanju tajnosti osebnih in tajnih podatkov, tako kot to velja za Varuha, njegove namestnike in uslužbence.

4. Potrebne stroške in nagrade osebam iz organizacij, ki opravljajo naloge oziroma izvršujejo pooblastila po prvem odstavku, izplača Varuh človekovih pravic iz proračunskih postavk Varuha, po pravilniku, ki ga izda Varuh po predhodnem soglasju ministra, pristojnega za finance. Pravilnik se objavi v Uradnem listu Republike Slovenije.

6. člen

Ta zakon začne veljati 1. januarja 2007.

Št. 713-03/91-4/4

Ljubljana, dne 29. septembra 2006

EPA 1008-IV

Predsednik

Državnega zbora

Republike Slovenije

France Cukjati, dr. med., l.r.

3. Persons from the selected organisations who will cooperate in implementing the tasks and authorities of national preventive mechanism under this Protocol shall provide a prior written declaration that in performing these tasks and authorities they will work according to the instructions of the Human Rights Ombudsman and work according to regulations on the protection of the confidentiality of personal and confidential information, as these apply for the Ombudsman and his deputies and staff.

4. Necessary costs and rewards of persons from organisations that perform tasks or implement authorities under the first paragraph shall be paid by the Human Rights Ombudsman from budget headings of the Ombudsman, according to rules which the Ombudsman shall issue after the prior approval of the minister responsible for finance. The rules shall be published in the Official Gazette of the Republic of Slovenia.

Article 6

This Act shall take effect on 1 January 2007.

No. 713-03/91-4/4

Ljubljana, 29 September 2006

EPA 1008-IV

President

National Assembly

of the Republic of Slovenia

France Cukjati, M.D., l.r.

Državni preventivni mehanizem v Republiki Sloveniji po Opcijskem protokolu h Konvenciji OZN proti mučenju in drugim krutim, nečloveškim ali poniževalnim kaznim ali ravnanju Poročilo 2013

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