

**FOLLOW-UP REPORT OF THE DANISH GOVERNMENT IN RESPONSE
TO THE REPORT OF THE EUROPEAN COMMITTEE
FOR THE PREVENTION OF TORTURE AND INHUMAN
OR DEGRADING TREATMENT OR PUNISHMENT (CPT)
ON ITS VISIT TO DENMARK**

FROM 2 TO 8 DECEMBER 1990

(transmitted by letter of 22 July 1992)

SUPPLEMENTARY
INFORMATION

to the

Report of 23 January 1992

Concerning R.1: Nothing to add.

Concerning R.2: Nothing to add.

Concerning R.3: Nothing to add.

Concerning R.4: Nothing to add.

Concerning R.5:

The working party mentioned, concerned with the use of security cells, expects to give its final recommendations on all uses of security cells in the prisons and remand institutions coming under the Department of Prisons and Probation in the course of autumn 1992. These recommendations will in due course be sent to the Committee for information.

Concerning R.6: Nothing to add.

Concerning R.7:

As stated in the Interim Report, the Department of Prisons and Probation is willing to call upon Boards of visitors to make more frequent inspection visits to all prisons at regular intervals. The Department has discussed this with the prison inspectors and has taken the matter up with the association of county councils.

Concerning R.8:

A working party under the Information Group of the Department of Prisons and Probation has produced a provisional draft of a guide for convicted persons on the most important general rules for serving a prison sentence. The draft contains a section on the particular situation of foreign prisoners.

The present draft will be dealt with by the Information Group of the Department of Prisons and Probation at the end of September this year, following which it is expected that the draft will be circulated among the prison institutions for comment.

When, among other things on the basis of the feedback from the prisons, a decision is taken on the final form of the guide, it will be printed for issue to all prisoners. The guide will be translated into a number of the most relevant foreign languages.

It is thought that it will be possible to complete the work of producing the final version, printing and translating the guide during the course of 1993.

This material will in due course be sent to the Committee for information.

Concerning R.9: Nothing to add.

Concerning R.10:

The question of a supervision and contact body for establishments for convicted persons was discussed at a meeting with the governors of all institutions in spring 1992. Partly as a result of this discussion, the Department has looked more closely into the possibility of setting up a system of regional visiting bodies on an experimental basis. The Department has invited the National Association of Local Authorities to a meeting with a view to discussing this.

It should be added that a permanent system of supervision bodies for establishments for convicted persons, if this is decided upon, would have to be established by law. The Ministry of Justice will request the Criminal Law Council - possibly on the basis of experience with an experimental arrangement - to have the question included in the discussion of the report now available from a working party on a law on the serving of sentences etc.

Concerning R.11: Nothing to add.

Concerning C.1:

In the interim answer it was stated that a working party was expected to be set up to deal with the issue of the further training for staff who run a particular risk of having to use force.

The working party concerned has now been set up.

Concerning C.2: Nothing to add.

Concerning C.3: Nothing to add.

Concerning C.4:

A new structure, known as the AUF structure, has been introduced at Blegdamsvejen Prison and Western Hospital. This means that the core staff have greater responsibility and competence for solving inmate's problems. The planning work for the implementation of structural changes in the east and north wings of Western Prison has been initiated. A similar structure is expected to be introduced in the remaining parts of the Copenhagen prisons over the next few years.

A corresponding structure has already been fully established in 8 open prisons (Jyderup, Møgelkær, Kragshovede, Sdr. Omme, Søbysøgård, Renbæk, Gribskov and Kærshovedgård) and two closed prisons (Ringe and Nyborg). In Horserød and Nr. Snede (open prisons), planning work has begun and is expected to be completed in the course of 1992. In addition, planning work in Vridsløslille, Horsens and Herstedvester (closed prisons) has also begun and is expected to be completed in 1993. All prisons will then have been restructured.

In the local jails (arresthussektor), the new structure has been introduced in Randers and Nykøbing F. The new establishment in Helsingør will be restructured in line with the AUF principle. The aim is to introduce a similar structure in all local jails.

Concerning C.5: Nothing to add.

Concerning C.6:

The building for persons held under paragraph 36 of the Aliens Act, outside the wings of the Western Prison, is now completed and in service.

Concerning C.7: Nothing to add.

Concerning C.8:

The Danish Medical Association, in cooperation with the Department of Prisons and Probation, has developed a series of courses for doctors who work in, or whose work is connected with, the prison service ("doctors at risk"). The first courses will be given in August and October 1992.

Concerning I.1:

For information, we attach a survey of the number and duration of cases of solitary confinement among remand prisoners in the whole of 1991; cf. Enclosure A.

Concerning I.2:

The scientific investigation mentioned, concerning the possible harmful effects of solitary confinement, was begun in autumn 1991. The data collection phase is planned to cover a period of two years. The research group expects to be able to submit a report on the main findings of the study to the Minister of Justice by late summer 1993. A copy of the report will be sent to the CPT.

Concerning I.3: Nothing to add.

Concerning I.4: Nothing to add.

Concerning I.5:

No inmate is at present held under the Circular of 2 May 1989 on prison conditions for certain specified inmates.

Concerning I.6: Nothing to add.

Concerning I.7: Nothing to add.

Concerning R.12:

As stated in the Interim Report, working parties were set up to propose solutions to the problems at the Police Headquarters Prison. A total of four working parties were set up, to submit proposals concerning respectively: leadership, reception procedure, objectives and information. The working parties have now come up with proposals which will be taken up and discussed in a steering committee meeting in August 1992.

Concerning R.13:

As stated in the answer to point C.1, a working party has been set up to deal with the question of further training for staff who run a particularly high risk of having to use force. The remit of this working party includes among other things the question of the limited use of rubber truncheons.

Concerning R.14: Nothing to add.

Concerning R.15: Nothing to add.

Concerning R.16: Nothing to add.

Concerning R.17:

As stated under point C.6, the block for aliens held under paragraph 36 of the Aliens Act is now completed and in service.

Concerning R.18: Nothing to add.

Concerning C.9: Nothing to add.

Concerning C.10:

The final version of the project for improving conditions in the Police Headquarters Prison had to await the completed reports from the four working parties which had the task of dealing with a whole series of issues concerning this prison.

Since these reports were received in spring 1992, the main concern of the Department in this matter has been the future structure for the accommodation of remand prisoners in Copenhagen. The chief architect of the Ministry of Justice has stated that it will take about one year to complete the work from the date that the main project is commissioned.

Concerning C.11:

As stated in the Interim Report, the Department of Prisons and Probation, in discussions with the Ministry of Health and the Danish Medical Association among others, has pointed out the need to establish the required number of beds in the psychiatric hospital system to be able to admit prisoners from the Western Prison, for example.

It can now be added that the Department of Prisons and Probation has initiated a survey of the country's prisons and remand institutions to determine the number of mentally ill inmates in order to be able to provide a better basis for continued discussions with the counties and hospital administrators among others. In addition, the Department of Prisons and Probation, in cooperation with the Institute for Psychiatric Demography at the Århus Psychiatric Hospital, has planned a major scientific study of the extent of the problem. The findings of these initiatives will be taken into account in the Department's continuing efforts to ensure that mentally ill prisoners are transferred to psychiatric wards.

Concerning C.12:

It can be added that the prison service Training Centre is considering the production of cassettes and cartoon strips with the aim of providing further information for foreign inmates who are illiterate.

In the Nyborg State Prison non-Danish speaking prisoners are offered courses in Danish and/or English. It is the teachers and students who decide together, in the individual case, whether the teaching should be in Danish or English. It is the State Prison's experience that English is chosen in most cases.

In the Copenhagen prisons, the staff, in cooperation with the prisoners, have produced a language textbook together with cassettes to be used to teach the staff common words and phrases frequently used in prison, in four major languages. Staff can borrow this material to take home.

Furthermore, the Copenhagen Prisons have produced a book in eight different languages, intended to help foreign prisoners to learn common words and expressions in Danish.

Concerning C.13: Nothing to add.

Concerning I.8:

With the letter of 13 March 1992, the Department of Prisons and Probation sent the CPT a copy of the report produced by a city court judge concerning the treatment of a Gambian national in Copenhagen Prisons.

Concerning I.9:

With the letter of 13 March 1992, the Department of Prisons and Probation sent the CPT a copy of the report produced by a city court judge concerning the treatment of a Tanzanian national in Copenhagen Prisons.

Concerning I.10: Nothing to add.

Concerning I.11:

In the Interim Report it was stated that the double key system in Western prison, where the prisoners would have the possibility of letting themselves out of the cells and keeping other prisoners out, had not yet been implemented.

It can now be stated that the project has begun.

Concerning I.12: Nothing to add.

Concerning I.13:

The general part of the judicial review has as yet still not been completed.

Concerning I.14: Nothing to add.

Concerning R.19 and R.20:

Steps have now been taken to set up a working party which, taking as a starting point the Act on the Deprivation of Liberty and other Coercive Measures in Psychiatry, will consider how and to what extent the principles of this Act - possibly in an adapted form - should apply to the psychiatric treatment of prisoners in the Herstedvester Institution. If the principles can be applied, the working party is to submit draft administrative rules etc., with a view to the practical implementation of a proposal.

The Department of Prisons and Probation has thus taken steps to ensure that a special working party submits proposals for an interim arrangement pending the resolution of the question of the use of compulsory treatment at the Herstedvester Institution in connection with consideration of a proposed Bill on the serving of sentences, etc.

To ensure that the working party has access to the necessary broad range of expertise, the Danish Medical Association, the Danish Psychiatric Society and the National Health Board have been invited to take part in its work.

For information we attach copies of the letters to these bodies and the draft of the working party's remit (Enclosure B). The CPT will be informed of the final composition of the working party, which depends on the replies of the Danish Medical Association, the Danish Psychiatric Society and the National Health Board.

Concerning R.21: Nothing to add.

Concerning R.22: Nothing to add.

Concerning C.14: Nothing to add.

Concerning C.15: Nothing to add.

Concerning I.15: Nothing to add.

Concerning R.23:

Discussions with the prisoners continue to take place via the Leisure Activities Committee (on which there is one prisoner from each unit) and through a working party consisting of three prisoners and three representatives of the establishment. The working party discusses various wishes of general interest for the prisoners. In addition, the prisoners are encouraged to make application to unit staff as regards wishes/problems connected with the individual units. In this way it is possible to have a more thorough discussion of the prisoners' proposals and the possibilities for meeting them before the prisoners' wishes and proposals are passed on for actual discussion with the prison administration.

The Department of Prisons and Probation has the impression that the local solution works satisfactorily, but agrees with the Nyborg State Prison that the local administration should continue its efforts to persuade the prisoners to adopt the usual prisoners' spokesmen system.

Concerning C.16: Nothing to add.

Concerning C.17:

In June 1992 the Department of Prisons and Probation sent out new rules to all institutions concerning the precautions to be taken against HIV infection as regards prisoners in institutions. A copy of these rules is attached (cf. Enclosure C).

In addition, in spring 1992 information was sent to staff on HIV/AIDS and on how staff can avoid being infected in their work. A copy of this note is attached. Through being well informed about the risk of infection etc., staff will be able to help improve prisoners' knowledge of the subject. Apart from the "key persons" in the Department of Prisons and Probation itself, the individual institutions are able to draw on the services of specialists all over the country who are attached to the individual county authorities and give lectures, lend video films and contribute to the dissemination of knowledge in other ways.

Concerning C.18:

The reader is referred to the comments under point R.8.

Nyborg State Prison has also reported that the prison has acquired some tapes with texts in English, German, French and Spanish, which are lent to foreign prisoners. The tapes describe a number of practical matters connected with everyday life in a prison.

Concerning R.24: Nothing to add.

Concerning R.25 and 26:

The Ministry of Justice abides by what was stated in the Interim Report.

Concerning R.27: Nothing to add.

Concerning R.28:

The Ministry of Justice abides by what was stated in the Interim Report.

Concerning R.29:

The Ministry of Justice abides by what was stated in the Interim Report.

Concerning R.30:

The Ministry of Justice abides by what was stated in the Interim Report.

Concerning I.16:

As stated in the Interim Report with the statistical data for 1990, cases concerning the conduct of official duties by the police occur partly as the result of complaints submitted by the public and partly as the result of reports of actual punishable offences or internal disciplinary matters.

In 1991 there were 304 complaints about the conduct of police on duty which were referred to the Police Complaints Board (lokalnævn) under Part 93 b of the Administration of Justice Act.

The Police Complaints Board decided 267 cases in 1991, in the following manner:

Case withdrawn before consideration	27
Dismissed by the Complaints Board as obviously groundless	38
Referred back to the local Chief of Police for action	177
Referred to the Public Prosecutor for examination	21
Referred to criminal proceedings	3
Legal examination instituted	1

It should be pointed out that there is no identity between cases reported and cases decided in 1991, as some of the decisions concern cases brought in 1990, just as some of the cases brought in 1991 were still pending at the end of that year. In addition, a total of 208 disciplinary cases were brought against police officers in 1991 for offences of a non-criminal nature.

Finally, in 1991 charges were brought against police offices in 28 cases - of which 11 related to the performance of their duties - for violation of the Danish Criminal Code, which automatically means that disciplinary charges were brought in parallel with the criminal proceedings.

Concerning I.17: Nothing to add.

Concerning I.18: Nothing to add.

Concerning I.19: Nothing to add.

Concerning I.20: Nothing to add.

**Number of cases of solitary confinement of remand prisoners
completed during 1991**

	Duration of solitary confinement										Total
	1-7 days	8-14 days	15-21 days	22-29 days	1<2 mths	2<3 mths	3<4 mths	4<5 mths	5<6 mths	>=6 mths	
Copenhagen Prisons	140	187	87	87	92	35	15	14	5	9	667
Roskilde	1	2	2	2	4	2	1	-	-	1	13
Koge	8	5	2	2	4	4	1	1	1	2	30
Helsingor	2	2	2	-	3	1	-	1	-	-	11
Hillerod	2	3	1	2	8	4	3	-	1	-	24
Frederikssund	1	2	1	-	4	4	1	-	-	-	13
Holbek	1	1	3	1	8	2	-	-	-	2	18
Kalundborg	5	4	3	3	2	4	1	-	-	-	22
Slagelse	1	4	4	1	2	3	1	-	-	-	16
Ringsted	1	-	1	1	2	1	-	1	-	1	8
Nastved	3	2	-	1	6	1	1	-	-	-	14
Vordingborg	2	1	1	-	2	1	1	-	-	1	9
Ronne	4	4	3	1	2	-	-	-	-	-	14
Nykobing F.	5	3	3	1	1	-	-	-	2	2	17
Nakskov	2	4	3	-	3	1	-	-	-	-	13
Odense	2	4	2	3	5	1	-	2	-	-	19
Assens	2	4	-	-	-	-	-	1	-	-	7
Nyborg arr.	1	3	1	-	3	-	-	1	-	-	9
Frederikshavn	1	1	-	2	-	-	-	-	-	-	4
Nykobing M.	1	-	-	-	-	-	-	-	-	-	1
Aalborg	4	12	4	3	1	2	2	-	-	-	28
Vyborg	6	-	4	2	1	1	-	-	-	-	14
Randers	-	4	1	1	6	-	1	1	-	-	14
Hobra	2	1	3	4	2	-	-	1	-	-	13
Arhus	2	3	2	1	4	2	2	1	-	-	17
Silkeborg	1	4	1	-	-	-	-	-	-	-	6
Horsens. arr	2	1	3	3	2	1	1	-	-	-	13

Ringkøbing	-	1	-	-	2	1	-	-	-	-	4
Holstebro	-	-	-	-	1	-	-	-	-	-	1
Herning	3	-	2	-	1	-	-	-	-	-	6
Vejle	2	5	-	5	6	-	1	-	-	1	20
Kolding	5	3	2	3	6	1	2	-	1	-	23
Esbjerg	1	1	2	3	2	-	2	-	-	-	11
Haderslev	1	2	-	1	1	-	1	-	-	1	7
Abenra	1	3	2	1	5	-	-	1	-	-	13
Tonder	5	5	3	4	3	1	-	1	-	-	22
TOTAL	220	277	148	138	194	73	37	26	10	20	1143

**NUMBER OF CASES OF SOLITARY CONFINEMENT OF REMAND PRISONERS
FOR PERIODS GREATER THAN 179 DAYS COMPLETED DURING 1991**

	Institution	Duration
1st quarter 1991	Copenhagen prisons	314 days
	Copenhagen prisons	337 days
2nd quarter 1991	Copenhagen prisons	227 days
	Copenhagen prisons	273 days
	Ringsted	346 days
	Nykøbing F.	243 days
3rd quarter 1991	Copenhagen prisons	188 days
	Copenhagen prisons	199 days
	Copenhagen prisons	461 days
	Køge	240 days
	Vordingborg	213 days
4th quarter 1991	Copenhagen prisons	231 days
	Copenhagen prisons	262 days
	Roskilde	246 days
	Køge	213 days
	Holbæk	297 days
	Holbæk	196 days
	Nykøbing F.	246 days
	Vejle	339 days
Haderslev	191 days	

D R A F T

The Ministry of Justice, Department of Prisons and Probation, has set up a working party concerned with the use of the principles of Act no.331 of 24 May 1989 on the Deprivation of Liberty and other Coercive Measures in Psychiatry in connection with the psychiatric treatment of prisoners in the Herstedvester Institution.

The Herstedvester Institution occasionally admits prisoners who turn out to be psychotic and who for some reason or another cannot be directly transferred to a psychiatric ward.

On paragraph 1 of the commented version of the Act on Coercive Measures in Psychiatry it is stated inter alia that:

"...as regards prisoners in the Herstedvester Institution, the Ministry of Justice, in an answer to the Law Committee, explained the existing legal situation, in which compulsory treatment of the mentally ill among prisoners in Herstedvester Institution to a limited extent has taken place in accordance with the principles of forced detention under the Act of 1938 and stated that with the Bill (Psychiatry Act) no change of this legal situation was envisaged. The Ministry of Justice added that in view of the fact that the Herstedvester Institution is an establishment coming under the prison service and as such not directly included in the normal field of application of the Bill, there is need for the question of compulsory treatment procedures in the Herstedvester Institution to be considered more closely in the Criminal Law Council's working party concerned with the drafting of a special law on the serving of sentences. The answer is printed as an annex to the Law Committee's opinion (Folketings Tidende [Parliamentary Report] 1988/89, B 1351). Against this background it must be assumed that the compulsory treatment of the mentally ill in Herstedvester Institution can be maintained for the present in accordance with practice up to now, but that the question should find a final solution in connection with a new law on the serving of sentences. Reference is made in this regard to opinion 1181/1989 on a law on the serving of sentences etc., drafted by the working party set up by the Criminal Law Council with the task of producing a draft for a new law on the serving of sentences..."

The Department has found it appropriate to consider how and to what extent the principles of the Psychiatry Act can be used in the Herstedvester Institution, as a provisional arrangement pending a final answer to this question (cf. above).

The working party will take as a starting point the Act on the Deprivation of Liberty and other Coercive Measures in Psychiatry, and will consider how and to what extent the principles of this Act - possibly in an adapted form - should apply to the psychiatric treatment of prisoners in the Herstedvester Institution, and if the principles can be applied, the working party is to submit draft administrative rules etc., with a view to the practical implementation of a proposal.

In its work the working party will take account of the European Prison Rules and the rules of medical ethics for doctors working in prisons, as they are laid down in more general terms inter alia in the "Tokyo Declaration", and so far as Danish conditions are concerned are referred to in the recommendations of the National Health Board. The working party should also take account of the discussions between the Department and the Danish Medical Association and a leader in the *Ugeskrift for Læger* (medical weekly) no. 47/1991, page 3342.

The working party should also consider the view put forward on the question by the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and the Danish authorities' answer to this.

The working party must work on the basis that the Department of Prisons and Probation cannot provide any additional resources in connection with the introduction of new provisions.

The working party is made up of:

Assistant Secretary Annette Esdorf, Department of Prisons and Probation, (Chairperson);
Prison Inspector Erik Taylor, Herstedvester Institution;
Managing consultant Heidi Hansen, Herstedvester Institution;
Prison Service Nursing Consultant Annette Lindberg, Copenhagen Prisons;
Prison Service Psychiatric Consultant Peter Kramp;
Danish Medical Association
Danish Psychiatric Society
National Health Board
Ministry of Justice representative Marianne L. Hansen;
Special Consultant Alette Reventlow, Department of Prisons and Probation (Secretary)

**Letter sent on 7 July 1992 to the
Danish Medical Association, the Danish Psychiatric Society
and the National Health Board**

MINISTRY OF JUSTICE
DEPARTMENT OF PRISONS AND PROBATION

Act no.331 of 24 May 1989 on the Deprivation of Liberty and other Coercive Measures in Psychiatry has, according to § 1, only psychiatric wards as its direct field of application. As regards compulsory treatment of mental illness among prisoners in the Herstedvester Institution, this has occurred to an extremely limited extent in accordance with the principles of forced restraint under Act no.118 of 13 April 1938 on the hospitalisation of mentally ill persons. This legal situation is that referred to in the commentary on § 1 of the first-named Act, and the considerations that have up to now been associated with the possible retention of this practice are mentioned in the same place.

Against the background inter alia of the Report by the Committee for the Prevention of Torture and the media interest that periodically arises on the question, the Department deems it appropriate that consideration should already be given to how and to what extent the rules of the Psychiatry Act can be applied in the Herstedvester Institution, initially as a provisional arrangement, until the question is finally settled in connection with the discussion of a proposed Act on the serving of sentences, etc.

The Department of Prisons and Probation has therefore decided to set up a working party to discuss the question, its remit and composition being as set out in the attached draft.

In view of the fact that work of this working party will to a very large extent be considering aspects that are not exclusively concerned with the prison service, and it will certainly be desirable for the working party to include representation from the ///Danish Medical Association/Danish Psychiatric Society/National Health Board/// we would like your opinion on the extent to which the ///Danish Medical Association/Danish Psychiatric Society/National Health Board/// is interested in being represented, and if it is, who the representative will be.

Annette Esdorf

MINISTRY OF JUSTICE
DEPARTMENT OF PRISONS AND PROBATION

We enclose herewith a number of copies of the Department's circular of today's date on guidelines for precautions against HIV infection for the inmates of prison service institutions.

1. The institution is to see that the prisoners have the opportunity to become familiar with information material on AIDS and HIV.

The Department issues the information leaflet "Information on AIDS" translated into English and certain other languages.

2. It is pointed out that there is no medical reason why prisoners in whom the presence of HIV antibodies has been detected should be excluded from work in the kitchens of the institution or any similar work.

The prison doctor is bound to secrecy concerning what he learns or suspects of a prisoner's state of health, in accordance with the general provisions of the law governing medical practice. The doctor can thus not speak unless he considers that he is obliged to do so under the law or is acting in justifiable defence of the general interest or the interest of himself or another. It may for example be because it is necessary to avoid risk to the life or health of other prisoners or staff. In such a case it is incumbent upon the doctor to inform the governor of the institution.

The result of any examination to determine the presence of AIDS antibodies is thus covered by medical secrecy.

If the doctor considers that he should inform the governor of the situation that would otherwise be covered by medical secrecy, this implies that the prisoner should be informed of it.

3. The circular, together with this covering letter will be included in the Department's collection of circulars as soon as possible.

Alette Reventlow

To prison service institutions and prisons.

MINISTRY OF JUSTICE
DEPARTMENT OF PRISONS AND PROBATION

Circular on guidelines for precautions against HIV infection for the inmates of prison service institutions.

(To prison service institutions and prisons).

Following a proposal by the Department's consultant on questions concerning general medicine and hygiene, and after discussion with the National Health Board, the following guidelines for precautions against HIV infection for the inmates of prison service institutions have been drawn up.

I. Information

As regards information for prisoners concerning HIV infection, the Department, in cooperation with the National Health Board has produced the leaflet "Information on AIDS".

The leaflet should be posted on the notice boards in the accommodation blocks and similar places.

Prisoners who because they are in individual cells or for some other reason are prevented from making themselves familiar with the leaflet should have a copy issued to them.

Copies can be obtained from the 4th Office of the Department.

II. Examinations, etc.

1) Prisoners who say they are afraid they might be infected with HIV shall be sent to the prison doctor for examination.

2) The Department's consultant on questions concerning general medicine and hygiene is available if required to give guidance to institutions.

3) In accordance with § 9 of the Medical Code, the prison doctor is obliged to keep silent about what he learns or comes to suspect in course of his duties concerning the secrets belonging to the prisoners' private lives.

III. Accommodation of prisoners in whom AIDS antibodies have been detected

Prisoners in whom AIDS antibodies have been detected will under normal circumstances not present any risk of infection for staff or other prisoners and need not therefore initially be sent to the institution's infirmary or an individual cell.

Transfer to the infirmary or an individual cell may take place however if the prisoner requests it or if his conduct exposes fellow prisoners or others to the risk of infection.

IV. Reporting of examinations

The institution doctor shall make a monthly report to the Department's consultant on questions concerning general medicine and hygiene on all the examinations carried out in order to detect AIDS antibodies.

The report is made on a special form.

V. The Department's circular of 13 December 1985 on guidelines for precautions against HIV infection for the inmates of prison service institutions is hereby revoked.

The present circular takes effect immediately.

Anders Troldborg Alette Reventlow

MINISTRY OF JUSTICE
DEPARTMENT OF PRISONS AND PROBATION

To prison service institutions, departments, staff,
inspectors and AIDS key persons

We enclose herewith a number of copies of an information leaflet for prison service staff on HIV and AIDS. This leaflet, which replaces that of 13 December 1985, has been updated in line with the new knowledge on HIV and AIDS that has been gained since 1985 and there have been some linguistic changes.

The Department is to ensure that the information is made known to staff in an appropriate fashion.

It is also to be seen that a copy is delivered to the institution doctor and any AIDS key persons.

Further copies of the leaflet can be requested by telephone from the 1st Office of the Department (room 258).

Also enclosed in the National Health Board's 1991 leaflet "Værd at vide om HIV og AIDS" ["Worth knowing about HIV and AIDS"].

Erik Bang

MINISTRY OF JUSTICE
DEPARTMENT OF PRISONS AND PROBATION

Information on HIV/AIDS for prison service staff

This information pamphlet has been produced in cooperation with the National Health Board. It tells prison service staff about HIV/AIDS and how to avoid the risk of infection at work.

1. HIV infection and AIDS

AIDS is an abbreviation for Acquired Immunodeficiency Syndrome. Translated into Danish as "erhvervet immundefekt syndrom".

AIDS is the most serious condition that can arise after infection by a virus known as HIV (Human Immunodeficiency Virus). HIV can destroy the body's defences (immunosystem). This means that the infected person can be seriously ill as the result of infections (viral, bacterial, fungal, etc.), which carry no risk for healthy people with an intact immunosystem.

After being infected with HIV, the body produces antibodies against the virus. It usually takes 6-12 weeks from the time of the infection until the presence of antibodies can be detected. The person is then said to be "HIV positive".

About half of the people infected with HIV show symptoms of acute HIV infection with fever after 2-4 weeks. Others show no sign of the primary infection.

After the primary infection there is a phase with no symptoms. In the case of many HIV carriers this symptom-free phase lasts for several years. But sooner or later the majority do start to show symptoms.

The main symptoms are:

- swollen lymph nodes in several parts of the body;
- persistent or recurring fever;
- weight loss of over 10%;
- night sweats or cold shivers;
- sores or coatings in the oral cavity and throat over a long period;
- persistent cough, not like the normal smoker's cough;
- persistent diarrhoea;
- skin eruption

All these symptoms are also seen in the case of many other diseases and need not have anything to do with HIV infection.

AIDS can be diagnosed only where there are certain quite specific combinations of the symptoms.

It is thought at present that the majority of HIV carriers will sooner or later develop AIDS.

2. Methods of infection

The methods of infection for HIV are similar to those for hepatitis B (infectious inflammation of the liver), but HIV is less infectious than the hepatitis B virus.

Infection occurs through:

- the transfer of blood from an infected person directly into the bloodstream of another person;
- through sexual contact, for example via semen, through small tears in the mucus membrane of the colon or vagina;
- from mother to child during pregnancy and birth.

The infection is not transferred through blood or semen coming into contact with intact skin.

Spittle, tears, urine, stools, vomit and secretions from the nose contain no risk of infection unless there is visible blood in them.

No cases have been seen of infection through bites, scratches or the use of mouth to mouth or mouth to nose resuscitation, and the risk of infection in these circumstances is minimal or non-existent.

3. Infectiousness

HIV cannot exist outside the body, and the infection is not spread through objects such as tableware, furniture, toilets or washing machines, or through shaking hands or other everyday contact.

Infection with HIV in the course of work has so far been seen only among health care staff. Neither in Denmark nor in other countries are there any known cases of HIV infection through work outside the health system.

Even though there were some 300,000 recorded cases of AIDS in the world in 1990, and the WHO estimates that 8-10 million people are HIV positive, there are only about 40 known cases in the world of HIV infection being transferred from infected persons to hospital staff.

In virtually all cases it has been a matter of pricks with hypodermic needles, where there has been direct transfer of HIV-infected blood directly into the person's bloodstream. A few have been infected through unusual and prolonged contact with HIV-infected blood on unprotected, non-intact skin or mucous membrane.

No cases have been seen of hospital staff being infected with HIV in connection with the care and treatment of HIV/AIDS patients or handling anything from them.

4. HIV/AIDS in Denmark

The first case of AIDS in Denmark was discovered in 1981. The number of registered AIDS cases as at 30 November 1991 was 906. About 75% of the AIDS sufferers in Denmark are men infected through homosexual contact. It is estimated that about 5,000 people are infected with HIV.

In the mid-80s, HIV spread among the intravenous drug abusers in Copenhagen, where 15-20% of this population is thought to be infected. Since then no significant increase in the number of infected drug abusers has been observed. In recent years there has been an increase in the number of cases of heterosexual infections, very largely through contact with groups where the infection was already widespread. About 20% of the new HIV positive cases detected are women.

5. Precautions to be taken against HIV/AIDS

a. General situation

Information on methods of infection, hygienic conditions and safety measures can be provided by the doctors, nursing staff and special "key persons" in the individual places of work. Further information can be obtained at any time from this group.

It is emphasised once again that HIV is not transmitted by normal everyday contact.

If a client is HIV positive, work can be carried out in the normal way, observing the safety precautions discussed below. The client should therefore initially be placed in an ordinary prison unit, and there is normally no reason why he should not work as a cook or orderly.

b. Safety precautions, etc.

Avoid direct contact with the clients' blood or semen: use gloves if necessary. Avoid pricks from used injection syringes, hypodermic needles and sharp instruments.

If a needle with the syringe is found, touch only the syringe.

If a needle only is found, take it by the plastic sheath.

Immediately place any needles found in a plastic container (safety-box).

Syringes should be placed in a plastic bag, that can be sealed, before being put in the waste bin.

If there is a risk of clothing and skin being soiled by blood or semen, overalls and disposable gloves can be used for searches, examination or the use of force. Any cuts or sores should be covered. When the task is completed the hands should be thoroughly washed.

HIV is not transmitted by coughs or sneezes, for example. There is therefore no need for masks, mouth masks or protective spectacles.

It is recommended that during resuscitation attempts staff use the ventilation masks which are available in all institutions and prisons.

Do not touch clean surfaces or objects with soiled gloves.

c. Precautions in the case of accident

1. Prick with a dirty needle:

- make it bleed a little if possible;
- bathe with spirit of iodine 2½-5% or surgical spirit 70%.

2. Splash in the eye or other mucous membrane:
 - rinse with water, either under the tap or for example with a disposable syringe.
3. In the case of both types of accident:
 - see the doctor or nearest casualty department to find out whether any further precautions are necessary.

6. Cleaning

There are no special cleaning requirements for cells etc., even if the client has HIV/AIDS.

In cells, etc., that are soiled with blood or secretions containing visible blood, the procedures are:

1. Cleaning staff should wear overalls and use disposable rubber gloves (latex in preference to PVC). In the case of large spills on the floor, overshoes should be used.
2. Spilt blood, vomit, stools and similar should be cleaned up immediately or as soon as possible, using cellulose sponge soaked in a suitable disinfectant (e.g. Diversol BX 1%, Tref 1% or some other corresponding chlorine compound).

The disinfectant must not be mixed with other cleansing agents. Used cellulose sponge should be placed in a plastic bag and disposed of. Once it has been used, the sponge should not be dipped in the disinfectant again.

(Cellulose sponge should be used in preference to cleaning cloths because it has absorbent properties whereas cloths can drip).

3. After disinfection, when all visible soil has been removed, the overshoes should be discarded. If the staff's overalls have been soiled (for example in the case of massive loss of blood) they should be placed in a plastic bag and sent to the laundry with any other soiled clothing. The plastic bag must not be used again.

Clothing that can stand it should be washed at a minimum of 80°C. Clothing that cannot stand it (e.g. woollens), should be placed in a separate plastic bag and washed at the highest possible temperature. Any blood on the gloves should be removed before cleaning.

4. When all visible soil has been removed using disinfectant, the cell should be washed with normal cleansing agents. After this the disposable gloves should be discarded.
5. The hands should be thoroughly washed.

7. Reporting of accidents, etc., at work

Any accident involving risk of infection for staff should be reported immediately to the administration to have it recorded as an occupational accident.

In order to provide the best possible basis for evaluation of the case as possible occupational injury, in the case of all accidents that involve risk of infection for staff, a blood sample should be taken from the employee as soon as possible after the incident. This should be followed up by further examinations to detect antibodies 1½, 3, 6 and 12 months after the accident.

Furthermore, as soon as possible after the accident a blood sample of the client involved should be taken to determine whether he is a carrier.

In connection with accidents that involve a high risk of infection a report should be produced on the conditions resulting from the accident. In the case of an accident in connection with the use of force, such information appears in the use of force report, the report on placing in a security cell or the use of handcuffs.

The information in these reports does not take the place of reporting to the occupational accident administration.

8. Further information

For further information, we recommend the 4 National Health Board pamphlets of 1988 and 1991:

- Concise HIV guidelines for health staff;
- Psychosocial support in connection with HIV infection and AIDS;
- The AIDS disease and guidelines for the prevention of HIV infection;
- Worth knowing about HIV and AIDS.

These four pamphlets contain guidelines relevant to prison service staff.

Reference is also made to AIDS-nyt (AIDS news) published by the National Health Board (obtainable by subscription) and the special issue "Materialer om AIDS".