

Verordnung zur Umsetzung des Maßregelvollzugsgesetzes – VO MRVG
Regulation to Implement the Hospital Treatment Enforcement Act (RTI-HTEA)

Die nachstehende Übersetzung ist nichtamtlich. Es kann keine Haftung für deren Richtigkeit übernommen werden. Maßgebend ist allein der Wortlaut der amtlichen Fassung der VO MRVG i.d.F. vom 12. Oktober 2009.

The translation below is no official version. No liability can be assumed for its correctness. Authoritative is the wording of the official version of the RTI-HTEA in the version of 12 October 2009.

Classification number 2128**Regulation to Implement
the Hospital Treatment Enforcement Act (RTI-HTEA)****of 12 October 2009 (fn 1)**

On the base of § 33 sentence 1 of the Hospital Treatment Enforcement Act - HTEA - of 15 June 1999 (OG. NW p. 402), last amended by article VI of the Law of 5 April 2005 (OG NW p. 408) it is hereby ordered, in agreement with the Ministry of Justice - after hearing the Committee of the Land Parliament with qualified competence for the administration of competences (Part 1) and for the implementation of the Hospital Treatment Enforcement Act (Part 2) as well as on grounds of § 23 of the Hospital Treatment Enforcement Act, with endorsement of the Committee of the Land Parliament with qualified competence for security personnel (Part 3) :

Part 1

Administration of competences

§§ 1 and 2

....

Part 2

Rules of implementation

§ 3**Equipment in the institution**

(1) The institution has to keep at least common rooms, visitors' rooms, treatment rooms and living rooms separate from each other. If at all possible, wards should be subdivided in groups sharing a flat. Living rooms should be equipped with a complete bathroom, but at least with a washbasin. Toilets and showers must be assigned to them. Living rooms should accommodate up to three people. A lock-up during the night will be permissible for up to two people only. Living rooms must be suitable for keeping the patients' objects in the sense of § 7 para. 1 and 3 HTEA. The furnishing of the living rooms shall cater to the individual requirements for treatment and security within a clinic adapting at best to the general way of living outside the hospital treatment enforcement.

(2) Treatment places must be classified by function for group therapy and individual therapy plus specific tasks. The rooms and equipment necessary for the medical and psychiatric examination plus treatment of the patients as well as the rooms needed for private life and leisure shall be kept ready.

(3) Rooms for therapies, which involve several wards, or add-on therapies plus schooling shall be located inside security area of the institution specialised for hospital treatment enforcement.

(4) The safety measures shall satisfy the requirements for the specially safeguarded, the closed and the eased commitment.

§ 4**Information of Patients**

(1) Rights and duties of the patients in accordance with §§ 5 to 18, 20 to 22, 25 and 26 HTEA and in accordance with the provisions of this regulation shall be published in the rules of the house or in a separate information brochure in easily understandable wording. The information material shall be handed out to the patient at the time of his/her admission.

(2) The admitting medical practitioner or psychotherapist shall be responsible for the verbal information. Inasmuch as it will be impossible to communicate the verbal information, due to the acute case of illness, this shall be done later on in the ward but as soon as possible. The admitting medical practitioner or psychotherapist shall also be the one who promptly informs the trust person of the patient about the admission.

(3) Information in writing or provided verbally shall cover appeals and remedies against any action of the the hospital treatment enforcement authorities. The option of addressing the competent offices of the authorities responsible for the institution at the time, the Committee on Petitions of the Land Parliament plus raising a petition for administrative review shall be pointed out in the same manner.

(4) The act of providing information in writing or verbally shall be documented.

§ 5

Correspondence, Parcels, Newspapers

(1) The therapeutic management in charge of the treatment shall prescribe any and all inspection of correspondence, telegrams, parcels, small parcels, newspapers and magazines. The expert in charge with the execution shall inform the other experts assisting in the treatment of the patient and the management of the institution about the findings from the inspection, inasmuch as this will be imperatively required for the treatment or for reasons of a settled life of cohabitation in the institution or the protection of the general public. Inasmuch as this will be necessary to prevent or pursue criminal offences or breaches of administrative rules, findings from the inspection may be communicated to those authorities of the Land competent for the completion of these tasks.

(2) Prior to any intervention in accordance with § 8 para. 2 HTEA the necessity for it shall be reviewed. The same shall be restricted by content and in time to the least possible degree discussing it with the patient. He/she must be informed at the same time about the possible remedies available to him/her.

(3) Letters, telegrams, parcels and small parcels, which have been addressed to the patient and stopped shall be returned to the sender unless they contain demands to commit criminal offences or tools to escape from the institution. Periodical newspapers and magazines may be destroyed after the expiry of 6 weeks, provided the reason for the stoppage will still exist at such time.

§ 6

Visits, Telephone Calls

(1) Visiting hours shall be offered in a sufficient allotment – in particular in the afternoon – as well as in the earlier evening hours and on the weekends. There may be no obstruction of the therapy.

(2) Unless contradicted by reasons of therapy, settled life of cohabitation or security, public telephones shall be installed in the wards. Times for telephone calls shall be planned for on a daily basis at least during the general business hours and in the early evening hours.

(3) In case a visit or telephone call needs to be monitored, this may not obstruct the visit or the telephone call. § 5 para. 1 and 2 shall be applied correspondingly.

§ 7

Religious Practise

(1) Compelling reasons for exclusion in accordance with § 13 para. 3 HTEA are in particular reasons in the context of the illness that required the commitment, a concrete suspicion of the intent to escape or the danger of a substantial disturbance of the event.

(2) The exclusion shall be restricted to one event. § 5 para. 2 applies as appropriate.

§ 8**Use of the Bridging Allowance**

- (1) The bridging allowance may be taken out before the time of discharge already for the furnishing of an apartment and payment of a rent deposit.
- (2) Inasmuch as the conditions of § 1 para. 3 HTEA have been fulfilled, it will be possible to pay out the bridging allowance at the time of discharge also to a probation officer or another office responsible for the care. The same shall be obligated to keep the money apart from their own assets.

§ 9**Special Safeguards**

- (1) Measures in compliance with § 21 HTEA are permissible, whenever the restrictions, as provided for in the Act, appear to be insufficient to ensure a settled life of cohabitation in the institution. Several measures may be ordered at the same time when there is no other way to turn away the danger.
- (2) The therapeutic management of the institution has the authority inasmuch as the participation of the authority responsible for the institution has not been prescribed (§ 21 para. 2 sentence 2 HTEA) or said authority has failed to reserve such a decision in general or in the individual case.

Part 3

Security Personnel

§ 10 - § 16 ...

§ 17**Coming into Force, Ceasing to be in Force
Obligation to report**

- (1) The regulation comes into force on the day after its promulgation.
- (2) At the same time the regulation for the administration of competences under the Hospital Treatment Enforcement Act of 23 December 2001 (OG.NW. 2002 p. 22), the Regulation to Implement the Hospital Treatment Enforcement Act NW (IR HTEA) of 5 December 2008 (OG.NW. p. 834) and the Ordinance about Security Personnel concerning the Hospital Treatment Enforcement Act of 28 November 2000 (OG.NW. p. 702) cease to be in force.
- (3) The government of the Land shall receive reports about all experience collected with the regulation before 31 December 2015 and every 5 years thereafter.

The Minister
for Work, Health and Social Affairs
of the Land of North Rhine-Westphalia

Note**Restitution of the Regulation Status**

(Article 270 of the Second Time Limitation Act of 5 April 2005 (OG. NRW. p. 274))

The ordinances enacted or amended by this Act may be altered on grounds of the pertinent authorisations for regulations by way of an ordinance.

Fn 1 OG. NW. 1986 p. 668, amended by Ordinance of 11 Dec. 1987 (OG. NW. 1988 p. 55);
Article 84 of the Second Time Limitation Act of 5 April 2005 (OG. NRW. p. 274),
entered into force on 28 April 2005.

Martin Bindhardt B.A. (CDN) has translated this Implementing Regulation Concerning the Hospital Treatment Enforcement Act (IR-HTEA) into the English language.
