

ANNEX 4

PHOTO FEATURE ON THE RENOVATION OF THE LOCK-UPS CARRIED OUT IN THE POLICE STATION OF PUENTE DE VALLECAS DISTRICT

Ministry of the Interior

Directorate-General
of the Police and the Civil Guard

Police Headquarters in Madrid

Puente de Vallecas district station

PHOTO FEATURE OF THE LOCK-UPS

[Translators' Remark: *Only the captions of the pictures are hereby included, as no photographic format files have been sent us*]

1st picture: Main door to access the lock-up area

2nd picture: Main door to access the lock-up area (seen from the inside of the lock-ups)

3rd picture: Door of a cell

4th picture: Register of illumination and ventilation in the upper part of the door, seen from the interior of a cell

5th picture: Double cell

6th picture: Double cell

7th picture: Individual cell

8th picture: Surveillance camera and ventilation device.

9th picture: Toilettes in the lock-ups. Shower, WC and washbasin (The latter are behind the shower screen)

10th picture: Ventilation and airing grille.

11th picture: Corridors with floor ducts.

12th picture: Ventilation system.

13th picture: Power supply register.

14th picture: Water heater in the toilettes.

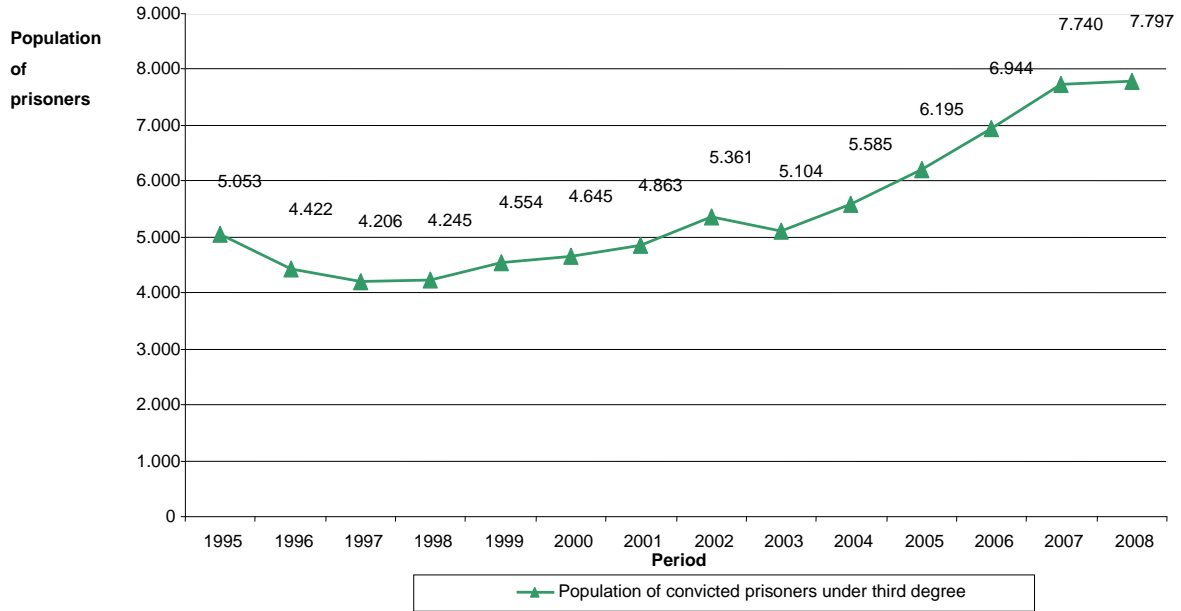
15th picture: WC

16th picture: Washbasin

17th picture: Toilettes

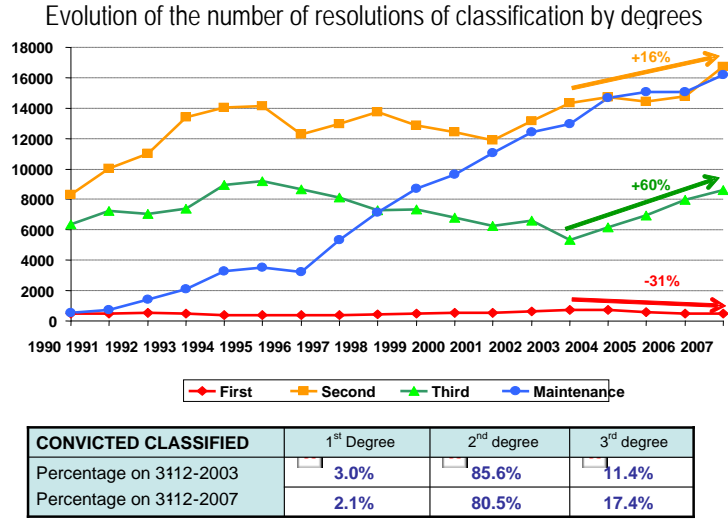
ANNEX 5

Table 2.- Evolution of the population of convicted prisoners under third degree in the period 1955-2008



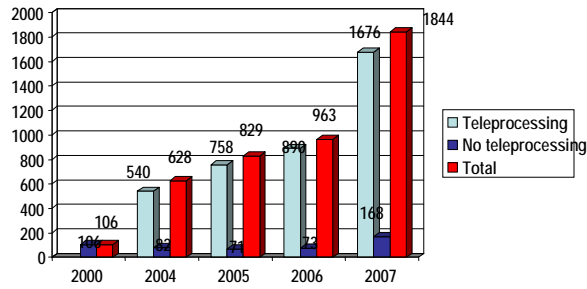
Source. General Survey on number of prisoners. Dated 31st, Dec. each year. Data on 2008 refer to 31st, Jan. 2008.

ANNEX 6



ANNEX 7

EVOLUTION OF ART. 86.4



ANNEX 8

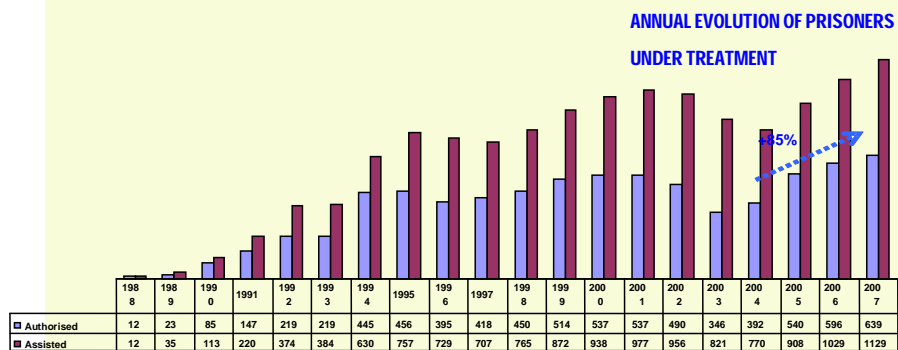
CLASSIFICATION OF CONVICTS

Year	1 st -100.2	2 nd -100.2	3 rd -100.2	Total
2004	1	4		5
2005	3	45	0	48
2006	68	347	1	416
2007	45	678	1	724

ANNEX 9

Art. 182 Penitentiary Regulation: OUT OF PRISON TREATMENT

Distribution by Autonomous Communities



ANNEX 10**SCHEDULED OUTINGS**

	2004	2005	2006	2007
Centres	57	58	62	62
Outings	1.006	1.061	1.446	2.045
Beneficiaries	2.258	2.846	3.923	4.673
Companions	1.712	2.154	2.758	3.100
Outings of prisoners	7.285	8.288	11.809	16.428

ANNEX 11

EVOLUTION OF THE IMPLEMENTATION OF SPECIFIC PROGRAMMES

		2000	2004	2008 (1)
GENDER VIOLENCE	No. of centres			46
	No. of prisoners			466
CONTROL SEXUAL ASSAULT	No. of centres	13	6	39
	No. of prisoners	97	35	339
SUICIDE PREVENTION (2)	No. of centres	64	64	65
	No. of prisoners	3014	3434	3443
FOREIGNERS	No. of centres			29
	No. of prisoners			784
DISABLED	No. of centres			31
	No. of prisoners			392
YOUTH	No. of centres			19
	No. of prisoners			889
CLOSED REGIME	No. of centres			22
	No. of prisoners			480
GOOD BEHAVIOUR UNIT	No. of centres	1	1	21

		2000	2004	2008 (1)
	No. of prisoners	20	80	4052
Animal-assisted therapy (T.A.C.A)	No. of centres			12
	No. of prisoners			104
CONFLICT RESOLUTION USING DIALOG	No. of centres			11
	No. of prisoners			204

ANNEX 12

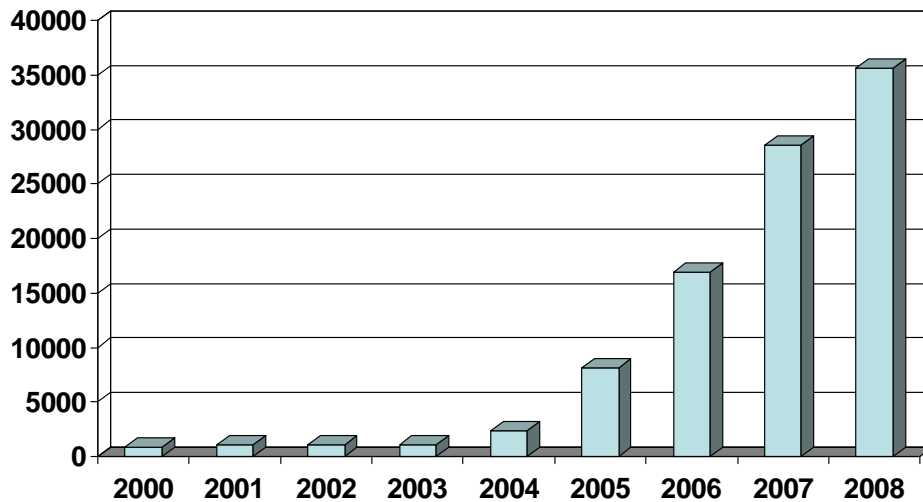
Outing permits

Evolution of the permits during the last 10 years

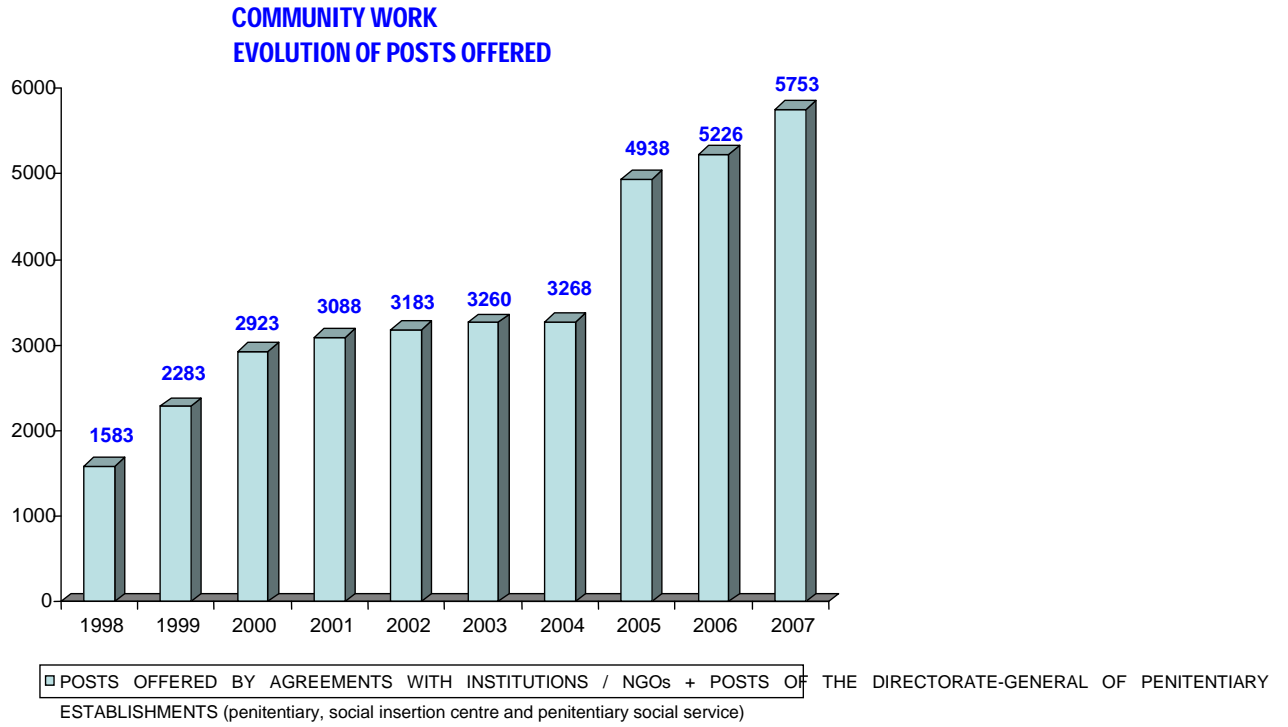
Year	Permits	Beneficiaries	Index of non return
1998	56.257	13.059	0,73
1999	58.724	13.998	0,68
2000	59.919	12.814	0,66
2001	64.033	13.858	0,67
2002	67.417	14.564	0,63
2003	72.915	15.276	0,52
2004	76.974	16.103	0,57
2005	79.978	17.579	0,60
2006	85.141	19.149	0,57
2007	89.491	19.753	0,58

ANNEX 13

EVOLUTION OF ALTERNATIVE MEASURES



ANNEX 14



ANNEX 15

**CIRCULAR 3/2004 OF THE SECRETARY OF PRISON SERVICES, REHABILITATION
AND YOUTH JUSTICE OF THE DEPARTMENT OF JUSTICE IN CATALONIA,
REGULATING PERFORMANCE PROCEDURES IN SITUATIONS OF AGRESSIVENESS
IN PATIENTS ADMITTED IN PSYCHIATRY UNITS.**

NOT TRANSLATED

ANNEX 16

**ORDER 2/1994, OF THE SECRETARY OF PRISON SERVICIES, REHABILITATION
AND YOUTH JUSTICE OF THE DEPARTMENT OF JUSTICE IN CATALONIA ON THE
TRANSFER OF INMATES**

Regional Government of Catalonia
Department of Justice
Directorate-General of Penitentiary and Rehabilitation Services

ANNEX I

Digital
photograph

Transfer data sheet

Inmate	Catalonian ID code (CIC)	ID number (NIS)
--------	--------------------------	-----------------

Age	Born in	Province of
-----	---------	-------------

Son of	and of	Situation
--------	--------	-----------

Classification	Regime
----------------	--------

Main offence/crime	Sentence	Months and days
	Arr. Subs/men	

Date of execution	with redemption
-------------------	-----------------

Today, he/she will be taken to

Ordered by the Directive Centre to the custody of

Reason for the transfer

Notes

The Director
 Regional Government of Catalonia
 Department of Justice
 Directorate-General of Penitentiary and Rehabilitation Services

Right thumb of the inmate

ANNEX II

PENITENTIARY CENTRE

HEALTH CARE CONTROL FOR TRANSFERS

The doctor

reports that:

The inmate

[1] is in good health conditions to be transferred in ordinary driving.

[2] is in good health conditions to be transferred in ordinary driving. He/she has the following injury:

.....

[3] is not in good health conditions to be transferred in ordinary driving but can be transferred in ambulance.

[4] is not in good health conditions to be transferred due to the following reasons:

.....

....., on the of,

The doctor.....

The director

Regional Government of Catalonia
Department of Justice
Directorate-General of Penitentiary and Rehabilitation Services

ANNEX III

Penitentiary centre

DRIVING CONTROLS – NEGATIVE

Date of driving

Line

NAME OF THE INMATES	NIS	DESTINATION CENTRE	REASON THAT PREVENTS IT

....., on the of,

The director

The Head of Services

Regional Government of Catalonia
 Department of Justice
 Directorate-General of Penitentiary and Rehabilitation Services

ANNEX IV

Penitentiary centre

The inmates that are mentioned in the table, admitted in the centre for reasons of transfer by driving, as of, express that they do not have any injury caused during their transfer.

Name of the inmate	Signature

The inmates that are mentioned in the table, included in the same driving, express that they do not have any injury caused during their transfer.

Name of the inmate	Signature

Barcelona, of,

The civil servant of the Unit

The Head of Services

Regional Government of Catalonia
 Department of Justice
 Directorate-General of Penitentiary and Rehabilitation Services

ANNEX V

Penitentiary.....

I report that due to the transfer from the Penitentiary centre.....
to the Penitentiary centre at hours on the
day....., I have seen the
inmate..... The result of the
examination has been the following:

....., on the..... of.....,

The doctor.....

Regional Government of Catalonia
 Department of Justice
 Directorate-General of Penitentiary and Rehabilitation Services

ANNEX VI

REPORT ON THE TRANSFER

Pursuant to Article 80 of the Penitentiary Regulation, in case you are going to be transferred to other penitentiary centre, you must know that: the transfers will be generally carried out by road and under the custody of the Security Forces; the unjustified refusal to accomplish the legal orders related to transfers in driving will be a very serious offence.

During the transfer, you will have to:

- Accept the security rules established by the members of the Security Forces who drive the vehicle.
- Keep a normal respectful and considerate attitude towards them.
- Correctly behave in relation to your companions.
- Treat the premises and elements of the vehicle in which you are being transferred in a correct way.

You have the right to:

- Be treated in a correct way.
- Be called by your name.
- Request and complain in relation to the transfer.
- Communicate to the members of the Security Forces who are driving any circumstance, incidence or anomaly that may occur during the transfer so that it can be solved.

Moreover, you must know that:

- The baggage and personal belongings that you can take with you during the transfer may not weight more than 25 kg. The belongings must be appropriately packed in a suitcase or big-size bag.
- Your personal money will be given to you, up to the maximum weekly sum. The rest of the money and all valuable objects you own will be sent to the premises you are going to in the most adequate way.
- You will be given a sandwich and a litre of mineral water.
- You are not allowed to take animals or unpacked objects with you. Same applies to musical instruments, pictures, TV, sound players, etc.
- The baggage in excess and the non-authorised objects can be transferred to your destination centre or to the person you appoint, if you require so.

Regional Government of Catalonia
Department of Justice
Directorate-General of Penitentiary and Rehabilitation Services

ANNEX VII

PENITENTIARY CENTRE

LABEL FOR BAGGAGE IDENTIFICATION

Num.

INMATE..... ID NUMBER
(NIS).....

ORIGIN CENTRE..... DESTINATION
CENTRE.....

DATE..... LINE.....

.....

RECEIPT FOR THE INTERESTED PERSON: NUM.

INMATE..... ID NUMBER
(NIS).....

ORIGIN CENTRE..... DESTINATION
CENTRE.....

DATE..... LINE.....

Regional Government of Catalonia
Department of Justice
Directorate-General of Penitentiary and Rehabilitation Services

ANNEX VIII

PENITENTIARY.....

LIST OF BAGGAGE

LINE DATE

NAME OF THE INMATE	LABEL NUM.	DESTINATION CENTRE

ORIGIN CENTRE

DESTINATION CENTRE

THE HEAD OF SERVICE
ESCORT

THE HEAD OF SERVICE

THE HEAD OF

ANNEX 17

**CIRCULAR 2/2007, DATED THE 18TH OF OCTOBER, OF THE SECRETARY OF
PRISON SERVICES, REHABILITATION AND YOUTH JUSTICE OF THE
DEPARTMENT OF JUSTICE IN CATALONIA, REGULATING THE PROCEDURE
OF PHYSICAL RESTRAINT**

NOT TRANSLATED

ANNEX 18

**CIRCULAR 6/2004, OF THE SECRETARY OF PRISON SERVICES,
REHABILITATION AND YOUTH JUSTICE OF THE DEPARTMENT OF JUSTICE
IN CATALONIA ON PERFORMANCE PROCEDURES AND SUBSEQUENT
OBSERVANCE OF COERCIVE MEANS**

NOT TRANSLATED

ANNEX 23

PROCEEDINGS 18/2007 OF THE DIRECTORATE-GENERAL OF PENITENTIARY INSTITUTIONS OF THE MINISTRY OF INTERIOR, SPANISH GOVERNMENT, ON MECHANICAL RESTRAINT

I 18/2007	TGP/SA/IP
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Subject: **PROCEEDINGS ON MECHANICAL RESTRAINT**

Implementation area: **Penitentiaries**

Descriptors: **Departments of Nursing, Admissions, Isolation and inter-unit transfers.**

1.- LEGAL GROUNDS:

1.1.- Cases of regimes

In accordance to **Article 45 of the Organic Law on Penitentiaries (LOGP)**, coercive means that are established by law can only be used upon authorisation of the Director in the following cases:

- To avoid escape or violence of the prisoners.
- To avoid damages of the prisoners, either self-inflicted or to other persons or things.
- To overcome active or passive resistance of prisoners to comply with the orders given by the penitentiary staff when they carry out their duties.

It adds, “when these means need to be used due to the urgency of the situation, the Director will be informed and he will communicate this to the prison judge and will exclusively be used to re-establish normality and will only last the strictly necessary time”.

On the other hand, **Art. 71.2 of Penitentiary Regulation (RP)** points out “concerning the security measures mentioned in the previous articles, when the officers identify any regime-related anomaly or any fact or circumstance that may lead to a possible alteration of the normal life in the Centre, they will immediately inform the Service Head without prejudice that they could use the coercive means referred to in the following article if it were the case”.

The **Art. 72 of Penitentiary Regulation** lists the following coercive means: “temporary isolation, personal physical strength, rubber truncheon, sprays with appropriate performance and handcuffs” indicating that “their use will be proportionate to the aim, it will never mean an undercover sanction and will only be applied when there is no other softer form to achieve the aim pursued and for the strictly necessary time” (principles of legality, necessity and proportionality).

Therefore, the use of coercive means must accomplish in all cases the following legal requirements:

- Application only in those cases legally foreseen and with the exceptions mentioned in Art. 72.2 and 254.3 of the Penitentiary Regulation.
- Exclusive use of legally established means.
- Proportionate use and for the strictly necessary time.
- Previous authorisation of the Director unless it is not possible due to the urgency, in whose case the Director will be immediately informed.
- Communication of their use to the prison court.

The special impact that this type of performances may have for the prisoner as well as for the penitentiary administration has led to the need of establishing control mechanisms by the Directive Centre allowing to ensure and specify their need, duration and proportionality. Having said this, the **Order 6/2006** establishes the correct application and control of coercive means to be used in the Centres:

- Using a register book where all interventions carried out must be explained, signed up by the Security Sub-director and the Service Heads and where the date, time when it started and when it ended, type of coercive mean use, summary of the facts and other measures adopted must be recorded.
- The measures adopted due to the regime-related incidents that may occur must be recorded in the Penitentiary Information System.
- Submission of the reports to the Regime Area of the Subdirectorate-General of penitentiary treatment and management.

Likewise, the **Order 5/2006** establish the obligation to communicate the Subdirectorate-General of Inspection those regime-related incidents “whenever the use of rubber truncheons, handcuffs, mechanical restraint or sprays with appropriate performance are necessary”.

1.2.- Health-related cases:

- **Spanish Constitution Art. 43** on the right to health.
- **Law 41/2002, on the autonomy of the patient.**
 - Article 5 (on the right to information). Information on the adoption of a measure: the patient must be informed about the use of an exceptional and urgent measure of mechanical restraint in those cases established in and according to this protocol and the information must be given in an appropriate way according to the understanding capacity and existing circumstances of the moment. The information must be communicated before, during and after.
 - Articles 8 and 9 (on the informed consent and its limitations). The consent of a measure of mechanical restraint of a person with the capacity and under the conditions to decide will be valid in accordance with the Art. 8.2. In the exceptional cases in which the patient - capable and under the conditions to decide – grants his/her consent for the adoption of a mechanical restraint measure, this consent will be written down in a document signed up by the patient.

2- RATIONALE

The Penitentiary Regulation mentions in its first section in Art. 72 on coercive means, among others, the handcuffs. Some explanations must be given about the concept of “handcuffs” and the real aim of this regulation, since the Art. 72 states: “their use will be proportionate to the aim... and will only be applied when there is no other softer form to achieve the aim pursued and for the strictly necessary time”.

When the penitentiary regulation mentions the handcuffs, it actually refers to the need of mechanically immobilize or restrain the movements of an inmate and before that, by requirement of the aforementioned Art. 72, it must be confirmed whether there is “a softer form to achieve the aim pursued” and the answer is clear and firm: Yes, there is a possibility to mechanically immobilize an inmate with elements that cause less damage than handcuffs, and this is the belts for mechanical restraint that are designed for its use in the health care system and have proven to be a more appropriate and useful mechanism for restraint as well as less harmful, above all, when the restraint is not for an instant but it is foreseen or the need arises to take a longer time or for an observation period. In the penitentiary centres, these belts are already being used in restraint for medical purposes.

The reality in the regime, as previously mentioned, requires the mechanical restraint of an inmate in exceptional circumstances for a period of time and to it does not seem to be very coherent with the aims of the Organic Law on Penitentiaries and the Penitentiary Regulation to limit this restraint to the exclusive use of handcuffs. Therefore, this Directorate-General takes into account the regulation and understands that no new coercive mean is being created and, as a consequence, authorises the use of belts for physical restraint for exceptional use and always complying with the required legal guarantees in its application and supervision, as it is considered that this element is less traumatic and harmful, more humanitarian, and does not reduce the foreseen aim.

The Directorate-General of Penitentiary Institutions considers that it will be advisable to establish some basic recommendations allowing the standardisation of criteria in relation to the use of different types of physical restraints and the conditions of their employment.

Its use must be guided in all cases by principles of necessity, proportionality, respect to dignity of the inmate and fundamental rights.

In this sense, it is necessary to highlight the importance of the use of these means when an immediate application is required in emergency situations and the mechanical restraint in case it is used for longer time.

3- GENERAL CONCEPTS AND INDICATIONS ON MECHANICAL RESTRAINTS.

The need to mechanically restrain a person may be consequence of a regime-related alteration or due to reasons derived from health conditions.

In the cases of regime-related alternations as well as in the cases related to a medical reason, the mechanical restraint is an exceptional measure used in an emergency situation, whose duration must be limited in time and subject to a comprehensive follow-up by the correspondent staff.

- a) From the regime-related point of view, it is understood that a person may be subject to a mechanical restraint when he/she has a violent and aggressive attitude and has caused or may cause damage to himself/herself, to other people or to material elements or facilities if no appropriate action is taken.
- b) From the health care point of view, a person may be subject to this measure when he/she is under a severe psychomotor alteration of organic or psychic aetiology or whose attitude, not necessarily violent, may hinder a therapeutic programme (drug administration, extraction of probes or catheters, etc.) or make it impossible. Severe psychomotor alteration is understood as a serious state of hyperactivity in which the patient has caused damage to himself/herself, to other people or objects in his/her surrounding, or there is a risk that he/she could cause damage in the short term if no appropriate action is taken.

A mechanical restraint has a medical-therapeutic nature when a professional doctor establishes so, or in the absence thereof, a graduate nurse. In all cases, mechanical restraint is a medical action applied to patients.

4.- PROCEDURES:

4.1.- Regime-related procedure:

In a violent or risky situation, an aggressive inmate or an inmate in state of alteration will be restrained, if appropriate, and the Service Head will immediately be informed.

4.1.1.- Short-time mechanical restraint

- The use of handcuffs will be use for restraints for short periods of time.

- This element may be necessary to avoid violent quarrels among inmates, active resistance to orders by officers, when this measure is necessary for the transfer to other departments, etc.
- All legal and procedural guarantees established in the Order 6/2006 (section 3, 5th) must be respected when handcuffs are used.
- Their use must stop when the inmate does not show aggressive attitude any more, when the security reasons that motivated their use disappear or when they are replaced by legally approved belts.
- An integral frisk will be conducted to the inmate to ensure he/she does not have any type of hidden dangerous object (blades, pricks, etc.) and the metal detector will also be used for this purpose.

4.1.2.- Long-lasting mechanical restraint

- The use of legally approved belts is aimed to restraints that are foreseen to take long time.
- This measure will consist of fastening to an appropriately equipped bed substituting the initial handcuffs.
- According to experience, the restraining elements should be disposed of rapidly and it is also advisable that the lower extremities are immobilized to avoid rotation of the body towards the head, which could lead to very severe injuries (that could be fatal).
- Once the person has been restrained, a doctor must be present to determine whether, in his/her opinion the situation may be subject to health-care assistance. When it is exclusively a regime-related situation, the doctor will make a written report to point out whether it is possible or not to isolate the patient or use mechanical restraints from the medical point of view.
- In the last case, a regular follow-up of the inmate's state must be conducted. The officers will carry out inspections with a frequency established by the Director or, in his/her absence, by the Service Head, but in no case should this last more than one hour. The officer must record and sign the form on the follow-up.
- For the temporary removal of any restraining element, the authorisation of the Service Head is necessary and any complementary security measures may be taken if the situation requires so (more presence of officers, applying handcuffs again before removing the belts, etc.).
- When each work shift finishes, the Service Head will supervise the restraint and will report the next Head starting his/her shift and in all cases, the Director or Head of Incidences.
- In case it is a health emergency, the patient will be transferred to the nursing department where the need to adopt restraining measures will be assessed.

4.2.- Health-related procedure:

In a health emergency situation that may be subject to the use of a mechanical restraint measure to a patient, the procedure will be as follows:

- The staff must treat the patients in a calmed way, without provocations and listening when they speak, they must show protection and never authority and should express the rules and limits.
- The professional staff assisting a patient under these conditions must first try to orally restrain the patient and subsequently, if appropriate, conduct a drug treatment.
- If the mechanical restraint measure is adopted, a member of the team must act as leader in the process. He/She does not need to be a great expert, but must be the most appropriate person for the patient. From that point onwards, the dialog with the patient is inadequate and only the leader will communicate the inmate that he/she is going to be restrained because he/she has lost control and to avoid self-inflicted damage or damage to other.
- Potentially dangerous objects may be taken away from the patient.
- The restraint will be carried out in the nursing department and, whenever possible, in a specific observation cell or a cell that allows regular control of the patient.
- Only legally approved belts will be used and no handcuffs or other physical restraint means. The belts will be placed in a safe way without pressuring on the patient's skin and avoiding causing skin breakdowns.
- The doctor will evaluate the position (supine or prone position) that is most appropriate for each case.
- The restraint will be kept for the shortest time possible. Once the crisis is controlled, the gradual or complete liberation of the patient will take place.
- While the patient is restrained, a regular control will be conducted:
 - When the restraint has been ordered by a nurse, the confirmation of a doctor must be sought as soon as possible. The said confirmation must be given every eight hours if it were necessary to keep it.
 - Medical supervision of the patient's condition must be carried out at least every eight hours.
 - During the first hour, the nursing staff will observe the patient every 15 minutes and subsequently every two hours, to supervise his/her state and behaviour. The vital signs must be taken every eight hours. All observations must be adequately noted down in the medical report.
 - Depending on the evolution of the patient, the doctor may order more frequent controls or permanent observation.

- The patient must be cleaned up at least once in each shift.
- Depending on the patient's situation or state of consciousness, he/she will be given the necessary meals. When he/she eats, he/she must always be accompanied by a member of the health-care staff.
- Mechanical restraint as well as information related to controls must be recorded in the medical report.

5- INFRASTRUCTURES AND EQUIPPMENTS

- For the effective application of this measure, all Centres must have a cell in the Nursing Department, Closed Regime Department and Isolation Department and this cell must be rapidly and easily accessible in each unit.

The said cells must have good ventilation and illumination, non-slip floor or floor with non-slip strips, toilette and no furniture or shelves.

- In the centre of the cell, there will be a properly equipped bed that will be articulated and anchored to the floor if possible, enabling the prison staff to access without difficulty to the whole perimeter.
- The Directive Centre will provide the penitentiaries with different models of authorised belts and handcuffs (metallic, or flange-type or similar that are for one use only and disposable).

6- REPORT OF THE JUDICIAL AUTHORITY

The prison judge must be informed about mechanical restraints that are used for any reason.

7- TEMPORARY PROVISION

In order to accomplish this, a maximum period of three months will be provided so that in each penitentiary the cells are equipped according to the indications above for the foreseen aim.

8- FINAL PROVISION

This order will be in force on the following day after its reception. It will be read in the first session of the Directive Board and the Treatment Board and it will be communicated according to the terms established in the Art. 280.2.14th of the Penitentiary Regulation.

ANNEX 24

PART OF THE ORDER 6/2006 OF THE DIRECTORATE-GENERAL OF PENITENTIARY INSTITUTIONS OF THE MINISTRY OF THE INTERIOR, SPANISH GOVERNMENT, ON THE RESPONSE PROTOCOL ON SECURITY (SECTION 3.2.: APPLICATION OF REGIME-RELATED LIMITATIONS OF THE ARTICLE 75 OF THE PENITENTIARY REGULATION)

“ 3.2. APPLICATION OF REGIME-RELATED LIMITATIONS OF THE ARTICLE 75 OF THE PENITENTIARY REGULATION.

The Article 75 of the Penitentiary Regulation regulates the limitations that the Director of the Centre may adopt to guarantee the security of the prisoners as well as to preserve the security and order in the facilities.

The adoption of the measure must be recorded in the SIP/ menu/ security/ management of the situation in the prison, applying what is established in the Article 75.1 or 75.2.

3.2.1. – PROCEDURE to apply Article 75.1.

The Director of the Centre is responsible for the adoption of the agreement on regime-related limitations to preserve security and order in the facilities by Order of the Direction, to the extent of the faculty granted to him by the Penitentiary Regulation.

The said agreement will include the limitations deemed appropriate but when they imply the isolation of a prisoner, they will be applied after assessing the factors of the case and once other less harmful alternatives for the prisoner have been ruled out, such as:

- Applying a new internal separation to the prisoner or prisoners in question.
- Transfer to other building, module, block or cell in the prison according to the principles listed in Article 16 of the General Penitentiary Law and Article 99 of the Penitentiary Regulation.
- The participation of the prisoner in the regime according to his/her situation in material or time spaces different to those that led to the danger situation for security or order of the centre.
- Any other measures that allow making the regime situation of the prisoner and the limitation imposed on him/her compatible without modifying the latter or implying a risk to his/her rights and interests.

The agreement must be motivated and explicitly express the specific circumstances justifying the application of the measures to preserve security and order of the centre.

The agreement will be notified to the prisoner and he/she will be informed on the specific measures of regime limitation as well as the right to file a complain before the Prison Judge according to letter g) second section of Article 76.2 of the General Penitentiary Law.

In order to guarantee the prisoner's rights, the Prison Judge will be informed about the adoption of the said measures and will receive the agreement with the reasons that led to the application of the measure. Likewise, the judicial authority will be informed about the lifting of the measure.

The application of regime limitations for the preservation of security or good order of the centre will under no circumstances mean to equate the prisoner's regime of life to closed regime, in such a way that the necessary measures must be adopted so that the prisoner can continue participating in the normal activities and programmes.

Depending on the seriousness of the facts, the regime limitations due to the application of the Article 75 of the Penitentiary Regulation will imply that the correspondent authority (Treatment Board or Directive Board) assesses the circumstances of the case and the convenience of proposing:

- The application of closed regime according to the Article 10 of the General Penitentiary Law or the regression to the treatment degree.

- Transfer to other building in the regime of life in which the inmate participates. The proposal will include the correspondent motivation.

- The adoption of the said agreements will be specified in the first session of the licensed authority since the measure was applied, without prejudice to what is agreed in the extraordinary session if it would be advisable given the circumstances.

3.2.2. – APPLICATION OF ARTICLE 75 .2.

The second section of Article 75 of Penitentiary Regulation foresees the possibility that the Director of the centre, in certain circumstances and with specific objectives, upon request of the inmate or on his/her own initiative, agrees measures that imply regime limitations for the inmates.

Concerning this, the following considerations must be pointed out:

The said agreements must always have an exceptional nature and their duration must be only enough to preserve the objectives when no other less restrictive means can be used. Before the adoption of the agreement, even if it is adopted upon request of the inmate, other alternatives or strategies must be assessed in order to overcome the problem.

If the agreement is adopted, the feasibility of a transfer so that the regime limitations can be lifted must be studied, according to point 3 of the aforementioned article. In those cases, the most appropriate centre or centres will be studied in which the circumstances leading to auto-protection will not occur again.

No undetermined proposals will be given to centres; they must state whether there are compatible prisoners and the number of them with the objective of establishing the

correspondent incompatibility. The proposal will be given according to the terms mentioned in the section above (first section Article 75).

Special attention will be granted to those prisoners admitted because they have committed crimes related with sexual freedom with the aim to preserve their physical integrity in case of potential aggressions by other prisoners.

This regulatory provision will be applied when there is no other possibility of internal classification due to the lack of appropriate departments fulfilling enough personal security conditions.

For this purpose, a response protocol will be established when the detained, imprisoned and convicted persons are admitted for the aforementioned crimes.

When the architectural layout of the building does not avail an appropriate department for the said prisoners, measures will be taken to mitigate the lack of activity that the auto-protection may imply in such a way that the normal personal development is facilitated.

In this sense, the interruption of different activities compatible with the said situation should be avoided. Likewise and without the need of request by the prisoner, he/she will be given the possible and adequate cultural, informative, sport and occupational means.

Notification to the Prison Court will be done by submission of the agreement adopted with an explanation of the reasons and the lifting of regime limitations will also be communicated when it takes place.

The examination of these prisoners by the doctor and psychologist of the centre, established in the Order 14/2005 on suicide prevention must be taken into account. As it is established in this order, “the prisoner under this regime will be interviewed by the educator at least once a week and examined by the doctor and the psychologist of the centre, according to the programmed visits and in all cases at least once a month”.

ANNEX 25

**TABLE ON PROPORTIONALITY CRITERIA TO IMPOSE SANCTIONS OF THE
DISCIPLINARY COMMISSION OF THE PENITENTIARY CENTRE OF QUATRE
CAMINS**

NOT TRANSLATED

ANNEX 27

**CENTRES BUILT ACCORDING TO THE PLAN FOR RECOUP AND CREATION OF
PENITENTIARIES 02/12/2005
(OFFICIAL OPENINGS BETWEEN 06/2004 AND 10/2008)**

PENITENTIARY CENTRES

Penitentiaries	Functional cells	Complementary cells	Total of cells
Seville II (Morón)	1.008	206	1.214
Puerto III	1.008	206	1.214
Madrid VII (Estremera)	1.008	206	1.214
Castellón II (Albocasser)	1.008	206	1.214
Total	4.032	824	4.856

SOCIAL INTEGRATION CENTRES

Social integration centres	Cells
Jerez de la Frontera	67
Salamanca	67
Zaragoza	135
Córdoba	135
Ciudad Real	34
Huesca	67
León	135
Vigo	135
Alicante	189
Segovia	51
Seville	208
Huelva	154

MOTHER UNITS

Mother Units	Cells
Mallorca	20

ANNEX 28

**FORECAST OF NEW PLACES IN PENITENTIARIES SINCE OCTOBER
2008 TO 2012 IN THE FRAMEWORK OF THE PLAN FOR RECOUP AND
CREATION OF PENITENTIARIES**

PENITENTIARIES

Penitentiaries	Functional cells	Complementary cells	Total of cells
Andalusia (Málaga)	1.008	186	1.194
Menorca (Mahón)	92	38	130
Tahiche (extension) Fase II			
Gran Canaria (S. Bartolomé de Tirajana C.II	1.008	186	1.194
Fuerteventura C.IV)	216	52	268
Soria	720	152	872
Ceuta I	648	152	800
Levante I - Murcia (Campos del Río)	1.008	186	1.194

Navarra (Pamplona) N.II	504	120	624
Levante II – Valencia	1.008	186	1.194
Norte I – Basque Country (Álava – Zaballa - Iruña de Oca)	720	152	872
Norte III – Basque Country (S. Sebastián - Zubieta)	504	120	624
Total	7436	1530	8966

SOCIAL INTEGRATION CENTRES

Social Integration Centres (CIS)	Total of cells
Algeciras	154
Andalusia I (Jaén)	52
Andalusia II (Almería)	102
Granada	154
Málaga	209
Fuerteventura	52
Gran Canaria (Las Palmas)	155

Lanzarote	52
Tenerife	154
Santander	51
Soria	52
Valladolid	102
Albacete	53
C. La Mancha II (Toledo)	52
Ceuta II	52
Cáceres	56
A Coruña	154
Alcalá de Henares	208
Madrid Sur (Leganés /Getafe)	204
Madrid III (Navalcarnero / Vicálvaro)	204
Murcia	155
Pamplona	53
PV I - Álava (Vitoria)	102
PV – II Guipúzcoa	102
PV – III Vizcaya	102
Valencia	204
Total	2.990

MOTHER UNITS

Mother Units	Functional cells
Seville	31
Canary Islands	16
Madrid	38
Valencia	30
Total	115