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## **Report**

**to the Czech Government  
on the visit to Czechia  
carried out by the European Committee  
for the Prevention of Torture and Inhuman  
or Degrading Treatment or Punishment (CPT)**

**from 16 to 26 April 2024**

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## EXECUTIVE SUMMARY

During the April 2024 visit, the CPT delegation focused on the treatment of persons held in police custody, several prisons and two security detention facilities as well as juveniles accommodated in an educational institution. The visit also provided an opportunity for the CPT to continue its dialogue with the Czech authorities concerning the use of surgical castration in the treatment of sex offenders.

The cooperation received during the visit, both from the national authorities and staff at the establishments visited, was excellent.

### Persons in police custody

While the vast majority of persons interviewed by the delegation during the visit made no allegations of ill-treatment by the police, a few allegations of excessively tight handcuffing were received, both at the time of apprehension and during subsequent escorts.

Moreover, the information available to the CPT indicates that ill-treatment and possibly disproportionate (and sometimes lethal) use of force by the police has not yet been fully eradicated in the Czech Republic. In the report, the Committee summarises several cases of use of force by police officers which are in the public domain and considers that the authorities should remain vigilant to any signs of ill-treatment, abuse of power and unnecessary and disproportionate use of force by police officers.

The report contains detailed findings concerning the practical operation of fundamental safeguards against ill-treatment for persons deprived of their liberty by the police. The right of access to a lawyer and a medical doctor appeared to be generally respected. However, a few allegations were received that the provision of information on rights was delayed for several hours and that requests by detained persons that a third person be notified were not granted by police officers. Moreover, despite certain amendments to the relevant regulations, it continues to be the case that police officers remain systematically present during medical examination of detained persons.

As regards the specific situation of juveniles, while a lawyer and usually a parent were present during police questioning, a few allegations were heard that police officers attempted to interview juveniles immediately after apprehension in the absence of both a lawyer and a trusted adult person. The CPT wishes to point out that juveniles (that is, all persons below the age of 18) should never be subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer and, in principle, a trusted adult person.

The relevant legal provisions continue to allow, under certain conditions, detained persons to be handcuffed to fixed objects for up to two hours at a time, and the findings of the visit suggest that this possibility was used in certain cases, including in respect of juveniles. The CPT reiterates that, as a matter of principle, the practice of handcuffing a person to a fixed object is inappropriate and could amount to degrading treatment. This is particularly true for juveniles.

Despite certain amendments to the relevant regulations, persons who were being strip-searched were in practice still obliged to strip fully naked and perform one to three squats. The CPT recommends that the relevant national regulations be fully implemented, that resort to a strip search be always based on an individual risk assessment and that detained persons who are searched not be required to remove all their clothes at the same time.

Material conditions in the police cells seen by the delegation were very good. However, detained persons held for 24 hours or longer were offered no access to the open air.

### Olešnice Educational Institution

The vast majority of juveniles with whom the delegation spoke made no complaints of ill-treatment by staff. On the contrary, many of them spoke positively of staff and the delegation observed that the overall atmosphere in the establishment was not tense. However, the delegation heard a few

isolated allegations that juveniles were slapped and punched to their head and shoulder by a particular member of staff. The management of the Olešnice Educational Institution should remain vigilant to any signs of ill-treatment of juveniles by staff and take appropriate action if such allegations are brought to their attention, with a view to preventing this kind of unacceptable behaviour.

Material conditions in the Institution were very good and the CPT appreciates that the establishment gives the impression of a genuinely educational, rather than carceral facility. While the communal areas, in particular the living rooms, were decorated with pictures and colourful curtains, contained plants and provided a convivial environment, some of the bedrooms were somewhat impersonal and were not decorated by the juveniles. The Committee considers that staff should encourage and motivate juveniles to personalise and decorate their environment.

The CPT gained a positive impression of the regime, education and activities offered to juveniles accommodated in the Institution, including vocational training, leisure and association time, sports activities and unsupervised walks into the community. However, group therapeutic sessions for juveniles who were prone to self-harm, emotionally instable or aggressive towards others were not offered, and should be introduced.

Access to both general and specialist healthcare appeared to be satisfactory overall. However, the entry medical examination of the juvenile took place only after the receipt of the individual medical file, which led to delays of at least one week, and sometimes longer. Moreover, there was no physical medical examination and no systematic screening of new admissions for the detection of possible injuries by the medical doctor.

## **Security detention**

The CPT visited for the first time Opava Security Detention Facility and Prague – Pankrác Security Detention Facility.

The delegation received no allegations of ill-treatment, whether physical or verbal, in either of these establishments. Instances of violence between inmates were rare and mainly consisted of verbal altercations and minor physical attacks which resulted in no or only minor injuries. The findings of the visit also show that staff intervene promptly and adequately to de-escalate the situation and separate the inmates involved.

Material conditions were on the whole adequate in both establishments. In particular, cells were sufficient in size for their capacity and were suitably equipped. However, all the premises of Prague – Pankrác Security Detention Facility and the cells at Opava Security Detention Facility were austere and impersonal, and lacked any colour or decoration. The Czech authorities should make efforts to provide a more congenial and personalised environment for inmates in both establishments visited.

The CPT gained a positive impression overall of the treatment and activities provided to inmates; in addition to pharmacotherapy, they were offered a range of varied psychosocial activities. Multidisciplinary teams met regularly to assess the situation of individual inmates. However, it appeared that individual treatment plans were mostly prepared by special educators and that input from other members of the teams could be reinforced to further develop and supplement the existing plans. Inmates should be involved in the drafting and subsequent review of their treatment plans.

Group therapies, any other organised activities during which prison officers were not present and, at Opava Security Detention Facility, individual sessions of inmates with a psychiatrist, were systematically carried out by staff through metal bars. The CPT acknowledges that special security measures might be called for in specific cases on the basis of an individual risk assessment; however, systematic contact with inmates through bars whenever prison officers are not present is a practice which can hardly be described as conducive to a genuine therapeutic relationship and is potentially degrading to both inmates and staff. The CPT reiterates its recommendation that the Czech authorities fundamentally review this approach in all security detention facilities.

In line with the relevant legal provisions, consent to treatment was not systematically sought from security detention inmates. The CPT considers that, as a general principle, all categories of

psychiatric patient, be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment. Any derogation from this fundamental principle should be based upon law, and only relate to clearly and strictly defined exceptional circumstances and should be accompanied by appropriate safeguards.

As regards medical confidentiality, the information gathered during the visit indicates that prison officers remained systematically present during medical examinations of inmates. The CPT underlines that there can be no justification for prison officers being systematically present during medical examinations/consultations of inmates. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint.

The staffing situation was on the whole adequate at Opava Security Detention Facility. However, at Prague – Pankrác Security Detention Facility, there was a number of vacant posts, both as regards specialist and custodial staff. Attracting suitably qualified staff was considered a major challenge by the management of the facility. Indeed, apparently due to the lack of staff, the operation of Prague – Pankrác Security Detention Facility was temporarily suspended in the months following the CPT visit.

Resort to means of restraint and coercive means did not appear to be excessive and was well documented on the whole. However, at Opava Security Detention Facility, priority would appear to be given in most cases to the use of coercive means under the authority of custodial officers, rather than resort to the means of restraint under the control of healthcare staff. The CPT considers that, given the profile of security detention inmates most of whom (if not all) are persons with mental health problems, priority should be given to a therapeutic approach and, where necessary, the use of means of restraint under the authority of healthcare staff, rather than coercive means applied by custodial officers.

Individual medical files of practically all inmates in both establishments contained PRN prescriptions (*pro re nata*, as needed) for chemical restraint. At Prague – Pankrác Security Detention Facility, the application of chemical restraint on the basis of these prescriptions was approved by a medical doctor in individual cases, and carried out by a nurse.

However, at Opava Security Detention Facility, chemical restraint was often applied on the basis of PRN prescriptions by nurses, without confirmation by a medical doctor, and without a medical doctor subsequently examining the inmate concerned. This may place too much responsibility on nurses as regards the assessment of the inmate's mental state and the provision of an adequate response, in the absence of a medical doctor, to potential complications.

## **Prisons**

The CPT visited for the first time Oráčov and Rýnovice Prisons and carried out a follow-up visit to Valdice Prison. These three establishments accommodated adult sentenced men.

The vast majority of prisoners made no allegations of ill-treatment by staff. However, at Valdice, the delegation received a few isolated allegations of physical ill-treatment by staff (including slaps, punches and truncheon blows). Further, the delegation received a few isolated allegations of verbal abuse and discriminatory behaviour at Rýnovice and Valdice Prisons. The CPT acknowledges the authorities' commitment to investigating and properly documenting without delay alleged unlawful conduct by prison officers towards prisoners, upon the prison administration's own initiative or upon receipt of individual complaints.

Inter-prisoner violence was a challenge in all three prisons visited. Episodes of violence concerned both minor incidents and more serious fights (involving slaps, punches, and sometimes the use of heavy or sharp objects) which could result in injuries, and threats thereof. The CPT gained a positive impression that when these incidents were brought to the attention of the staff and management, a swift response was provided. The CPT welcomed important efforts to tackle inter-prisoner violence. It also pointed out that addressing the phenomenon of inter-prisoner violence and intimidation

required an adequate level of staff and training to ensure a dynamic security approach that promotes a good atmosphere in the prison environment.

As regards material conditions, the premises and the accommodation units of the establishments visited were generally clean and in an adequate state of repair, with an exception relating to a couple of units at Oráčov which required some refurbishment. However, the CPT found the cage-like living conditions of prisoners held on the ground floor of D building (main hall) of Valdice completely inappropriate. In addition, the material conditions of the disciplinary units were generally very poor, in particular in Oráčov and Valdice Prisons, and require immediate attention. Outdoor exercise yards used by the general prison population were usually adequate, although drab and dreary with concrete walls and floors and few green areas. The yards dedicated to the disciplinary, segregation and maximum-security units were particularly austere, and often in a very poor state of repair.

In respect of the living space, the Czech authorities should ensure that all prisoners are afforded, as a minimum, 4 m<sup>2</sup> of living space per person in a multiple-occupancy cell (not counting the space taken by the in-cell sanitary annexe). This was not the case at the time of the visit.

The CPT acknowledges the efforts made across the three establishments visited to increase the work opportunities and vocational training for prisoners. It also gained a positive impression of the prison service's efforts, in particular those of the local pedagogues, educators and psychologists, despite their limited means, to continuously increase the portfolio of special educational programmes tailored to the prisoners' individual needs. However, staff shortages and recent funding cuts had had a significant impact on the regime offered to male sentenced prisoners who did not work and those placed in high security surveillance and enhanced surveillance.

The levels of nursing and medical cover, including in psychiatry, appeared generally insufficient to meet the needs of the prison population in the establishments visited. The medical service was left vulnerable to potential disruptions in the continuity of care and unable to take a proactive stance on health matters. Moreover, the Committee has misgivings about the overall organisation and coordination of healthcare services within each establishment. That said, the CPT welcomes the recent steps taken to enhance the independence of the healthcare services in Czech prisons and encourages the development of a system of effective quality control.

The CPT stressed that it does not subscribe to the approach to quarantine groups of prisoners who may have been considered to have been in contact with a person who had tested positive for hepatitis C. Such placement could be perceived as stigmatising and an informal punishment by those concerned.

The practice of fixating violent and/or recalcitrant prisoners and those threatening to commit self-harm to fixed objects such as radiators or other items of furniture, in their own cells or special cells (located in the disciplinary/crisis units) remains problematic and should be reviewed. Indeed, the CPT had serious misgivings about the fixation of prisoners to a bed in a non-medical setting for security-related reasons or to manage a person at a risk of self-harm. It considers that the practice of initiating disciplinary proceedings following instances of self-harm or attempted suicide should be ended forthwith as it is totally inappropriate.

The CPT welcomes the authorities' commitment to develop a policy towards the management of transgender persons in prison and encourages taking into account the Committee's standards in this area.

It is regrettable that the minimum visit entitlements for adult prisoners have not been increased, as repeatedly recommended by the Committee. Necessary steps should be taken to ensure that all adult prisoners may receive visits for at least one hour every week. The conditions for visits with families and lawyers at Rýnovice and Valdice Prisons should be reviewed. Prisoners should not have to conduct closed visits through metal bars.

## **Surgical castration in the treatment of sex offenders**

The CPT notes that the number of approved applications for surgical castration continues to be relatively low, in comparison with the number of interventions actually carried out some two decades ago. However, that in itself cannot remove the Committee's fundamental objection to the intervention which could easily be considered as amounting to degrading treatment. The Committee once again urges the Czech authorities to build on these developments and to put a definitive end to the use of surgical castration as a means of treatment of sex offenders. Further, the authorities should take the necessary measures to ensure that data on the annual number of surgical castrations actually carried out in the context of treatment of sex offenders is collected.



## I. INTRODUCTION

### A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out a periodic visit to the Czech Republic from 16 to 26 April 2024. It was the Committee’s seventh periodic visit to the Czech Republic.<sup>1</sup>

2. The visit was carried out by the following members of the CPT:

- Vincent Delbos (Head of Delegation)
- Slavica Dimitrievska
- Slava Novak
- Aleksandar Tomčuk
- Victor Zaharia.

3. They were supported by Petr Hnátik and Kelly Sipp of the CPT Secretariat, and assisted by:

- Dagmar Breznoščáková, psychiatrist, former Vice-President of the Slovak Psychiatric Association (expert)
- Jake Hard, prison doctor, United Kingdom (expert)
- Tomáš Opočenský (interpreter)
- Dalila Graffová (interpreter)
- Helena Rejholcová (interpreter)
- Regina Hofmanová (interpreter)
- Renata Drahozalová (interpreter).

4. A list of the establishments visited is set out in Appendix I to this report.

5. The report on the visit was adopted by the CPT at its 115th meeting, held from 4 to 8 November 2024, and transmitted to the authorities of the Czech Republic on 3 December 2024. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Czech authorities provide within six months a response containing a full account of the action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

### B. Consultations held by the delegation and co-operation encountered

6. In the course of the visit, the delegation held consultations with Karel Dvořák, Deputy Minister of Justice, Josef Pavlovic, Deputy Minister of Health, Simon Michailidis, Director General of the Prison Service, and David Fulka, Deputy Police President, as well as other senior officials from the ministries and services concerned.

The delegation also met Vít Alexander Schorm, Deputy Public Defender of Rights (Deputy Ombudsperson), and Milan Svoboda, Head of the National Preventive Mechanism (NPM) Department of the Public Defender’s Office. Meetings were also held with representatives of the Prague Office of the United Nations High Commissioner for Refugees (UNHCR) and non-governmental organisations active in areas of concern to the CPT.

A full list of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations is set out in Appendix II to this report.

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1. The visit reports and the responses of the Czech authorities on all previous visits are available on the CPT website: <https://www.coe.int/en/web/cpt/czech-republic>.

7. The CPT received excellent cooperation during the visit, both from the national authorities and staff at the establishments visited.

The delegation was able to interview in private those persons with whom it wished to speak and was provided with the information necessary for carrying out its task. Even though the delegation had rapid access to all places of detention it wished to visit, including those not notified in advance, it is regrettable that it was not possible, at the beginning of the visit, to equip the delegation with official credentials as regards the establishments under the authority of the Ministry of Education. The CPT trusts that this will be made possible during future CPT visits.

The Committee also wishes to express its appreciation for the assistance provided to its delegation before, during and after the visit by the CPT liaison officers appointed by the Czech authorities, Jakub Machačka and Miroslav Crha, of the Office of the Government.

### **C. Immediate observations under Article 8, paragraph 5, of the Convention**

8. During the end-of-visit talks with the Czech authorities, on 26 April 2024, the delegation outlined the main findings of the visit. On that occasion, it made two immediate observations under Article 8, paragraph 5, of the Convention. The Czech authorities were requested to carry out, at Oráčov Prison:

- a prompt investigation for contagious pathogens that could have caused an outbreak of skin infections, including discussion with public health, microbiology and/or hygiene services;
- a prompt investigation into the quality of the water, including discussion with public health, microbiology and/or the relevant hygiene and environmental services.

The Czech authorities were requested to provide, within three months, an account of the steps taken to implement these requests.

9. The immediate observations were confirmed by letter of 27 May 2024, when transmitting the delegation's preliminary statement to the Czech authorities.

On 31 July 2024, the authorities informed the CPT of the action taken in response to these immediate observations and on other matters raised by the delegation at the end-of-visit talks. This response has been taken into account in the relevant sections of this report (see, most notably, paragraphs 120 and 156).

### **D. National Preventive Mechanism**

10. The Czech Republic ratified the Optional Protocol to the United Nations Convention against Torture (OPCAT) in July 2006 and designated the Public Defender of Rights (Ombudsperson) as the National Preventive Mechanism (NPM). The Ombudsperson Act, as amended in this connection, authorises the Ombudsperson to carry out visits to places where persons are or may be deprived of their liberty by a public authority, or as a result of their dependence on the care being provided. A separate department, responsible for the NPM function, has been established within the Ombudsperson's Office. Delegations carrying out NPM visits may be accompanied by external experts.<sup>2</sup>

11. At the time of the 2024 visit, the NPM department comprised, in addition to the head of department, eight full-time posts of specialist staff to carry out NPM visits, and two and a half additional posts to process complaints.

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2. According to the information provided to the delegation, the NPM carried out 36 visits in 2023 to various establishments.

The delegation was informed that it was considered to entrust the Ombudsperson's Office with the additional task of the Ombudsperson for Children in 2025 and designate it as the National Human Rights Institution (NHRI). It remained unclear, however, whether additional resources would be allocated to the Ombudsperson's Office, along with these additional tasks, which would have impact on the overall workload of the Ombudsperson's Office, including staff dedicated to the NPM.

The CPT must underline in this context that adequate resources are essential for the effective functioning of the NPM.<sup>3</sup>

**The CPT would like to receive information from the Czech authorities as to how this issue will be addressed.**

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3. See document [CAT/OP/12/5](#) of 9 December 2010. See also document CAT/OP/1 of 6 February 2012.

## II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

### A. Police custody

#### 1. Preliminary remarks

12. Insofar as is relevant for the CPT, the legal provisions governing the time-limits for the deprivation of liberty by the police have remained unchanged since the previous visit carried out by the CPT in 2018.

It is recalled that persons who are detained (“*zadrženi*”) by the police on suspicion of having committed a criminal offence<sup>4</sup> must be brought before a judge within 48 hours and then remanded in custody by the judge within 24 hours or released. In total, the persons concerned may be held for up to 72 hours in police detention facilities. Persons who are arrested (“*zatčeni*”) under an arrest warrant must be brought before a court within 24 hours, and the judge must take a decision on remand detention (or release) within 24 hours.<sup>5</sup>

13. Persons may also be deprived of their liberty for various reasons provided for in Section 26 of the Police Act (for example, posing a threat to one’s own life, the life or health of others or to property, after having escaped from prison, having committed an administrative offence), or in order to have their identity established (Section 63 of the Police Act). In all these cases, the period of police custody shall not last for more than 24 hours.

Further, persons who fail to appear in a police station to provide an “explanation” (which is necessary, for example, for the investigation of a criminal offence or finding a wanted person), may be brought in (“*předvedeni*”) by the police. In this case, the “explanation” provided by the person concerned must be recorded without undue delay and the person must then be released (Section 61 of the Police Act).

14. Foreign nationals may be held in police custody (for reasons related to immigration legislation, such as unauthorised entry or stay in the territory of the Czech Republic, or if a decision has been issued to expel the person) for up to 24 or 48 hours, depending on the precise legal ground for the deprivation of liberty (Section 27 of the Police Act).

15. The information gathered during the visit, notably from the relevant registers in the police establishments visited and from interviews with persons who had recently been in police custody, confirmed that these time-limits were respected in practice.

#### 2. Ill-treatment

16. It is positive that the vast majority of persons interviewed by the delegation during the visit made no allegations of ill-treatment by the police. On the contrary, several persons stated explicitly, and on their own initiative, that they had been treated correctly by police officers and considered that the police officers’ behaviour had been professional.

Nevertheless, the delegation received a few allegations of excessively tight handcuffing, both at the time of apprehension and during subsequent escorts.

**The CPT recommends that all police officers in the Czech Republic be regularly reminded, including through ongoing training, that when it is deemed essential to handcuff a person at the time of apprehension or at a later stage, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as is strictly necessary.** It should be noted that excessively tight handcuffing can have serious health-related consequences (for example, sometimes causing a severe and permanent impairment of the hand(s)).

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4. Or persons who have already been formally accused of having committed a criminal offence.

5. See Sections 69, 75, 76, 76a and 77 of the Criminal Procedure Code (CPC).

17. Despite these rather positive findings of the 2024 visit, the information available to the CPT indicates that ill-treatment and possibly disproportionate (and sometimes lethal) use of force by the police has not yet been fully eradicated in the Czech Republic.

A. For example, in a recent case concerning the death of a patient in a psychiatric hospital following the repeated use of a taser by police officers who had been called in by staff to intervene and subdue the patient,<sup>6</sup> the European Court of Human Rights (“the Court”) found a violation of Article 2 of the European Convention of Human Rights (“ECHR”) (right to life), both in its procedural and substantive aspects.<sup>7</sup>

B. Another case<sup>8</sup> communicated by the Court to the Czech Government under Article 2 of the ECHR concerns the death of the applicant’s brother in the course of a police intervention in June 2021, during which police officers had kneeled on his neck and legs for several minutes to subdue him, and the ensuing criminal investigation into the circumstances of his death.

C. In addition, in a much-publicised case, which was under investigation at the time of the visit,<sup>9</sup> a patient in a psychiatric hospital died after an intervention by the police on 7 February 2023. The police officers who were called in to intervene used force against the patient, including a taser and, once the patient had been brought under control, one of the police officers kneeled on his back for several minutes. The cause of death has apparently been established as asphyxiation.

In this context, the CPT wishes to reiterate its position that the use of force and/or means of restraint entailing a risk of positional asphyxia should only be a last resort, in exceptional circumstances and for the briefest possible duration, and must be subject to precise guidelines in order to minimise the risks to the health of the person concerned.

D. Further, by a judgment which has recently become final,<sup>10</sup> several police officers were found guilty of the crime of abuse of power and the crime of torture and ill-treatment. On various occasions in 2013, the police officers concerned verbally abused several detained persons, threatened them with physical attacks, slapped them in the face and on the back of their heads, and punched and kicked them, in some cases to make them confess. The ill-treatment took place in particular during police questioning in an interrogation room, but also in a police car and a police custody cell. In one case, they did not allow a detained person placed in a short-term cell to use the toilet and then made him clean the floor of the cell with his clothes after he had urinated in the cell.

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6. See [V. v. the Czech Republic](#), no. 26074/18, 7 December 2023.

7. As regards the substantive limb of Article 2, the Court noted several failures when it comes to the use of a taser and considered, *inter alia* that the applicable legal framework was too general and, for example, did not contain specific provisions concerning the use of a taser against persons with mental disorders or, more generally, against persons who have been hospitalised and who are likely to have been medicated, but who are not included among vulnerable persons specifically mentioned in Section 58 (1) of the Police Act (for example, pregnant women, elderly persons or juveniles). Moreover, there was apparently no special training programme for police officers which would address the specific challenges of dealing with persons suffering from psychosocial disabilities. The Court also noted that there was nothing in the material before the Court to suggest that, at the time in question, there existed any instruction or methodological guidance requiring that cooperation and coordination be established between (on the one hand) police officers intervening at hospitals and (on the other hand) health professionals.

As regards the procedural limb of Article 2, the Court reiterated that the investigative steps were taken by the General Inspection of Security Forces (GISF) itself, which had already been found to be an independent body in an earlier case (see [B. Ů. v. the Czech Republic](#), no. 9264/15, 6 October 2022). However, in the case at hand, the Court identified a number of omissions and shortcomings capable of undermining the thoroughness and reliability of the investigation, and concluded that the investigation carried out was inadequate and therefore in breach of the state’s procedural obligations to protect the right to life (as regards Article 3, having regard to its findings and conclusion under Article 2, the Court considered that no separate issue arose concerning the alleged breaches of Article 3).

8. See [S.T. v. Czech Republic](#), no. 28273/23, communicated on 30 January 2024.

9. See <https://zpravy.aktualne.cz/domaci/bohnice-policie-umrti/r~dc7b21e8e83d11ee80bfac1f6b220ee8/>.

10. See most notably the Resolution of the Supreme Court no. [8 Tdo 861/2022-1670](#), of 15 November 2022, and the ensuing Resolution of the Constitutional Court no. [IV.ÚS 635/23](#), of 17 January 2024.

In light of the information summarised above, **the CPT considers that the Czech authorities should remain vigilant to any signs of ill-treatment, abuse of power and unnecessary and disproportionate use of force by police officers.**

**In this context, the Committee recommends that the regulatory framework of the use of force by the police be amended to clearly provide that the use of force and/or means of restraint entailing a risk of positional asphyxia should only be a last resort, in exceptional circumstances and for the briefest possible duration, in order to minimise the risks to the health of the person concerned. Police officers should be trained in appropriate management of persons with acute behavioural disturbance.**

Further, **the Committee would like to be informed of the steps taken or envisaged by the Czech authorities in the context of the execution of the case of V. v. the Czech Republic, and, more generally, of the steps taken or envisaged to reinforce the regulatory framework of the use of force, including the use of tasers and kneeling, by the police and of investigations into cases of possible ill-treatment by police officers.**

**In addition, the Committee would like to be informed of the outcome of the investigation into the death of a patient which occurred on 7 February 2023, as referred to in paragraph 17, C.)**

18. According to the information provided by the authorities, between 2018 and the time of the 2024 visit, 42 complaints were lodged which concerned possible ill-treatment of persons deprived of their liberty by the police. While the police did not have specific data which would provide more detailed information, the newly developed categorisation of complaints will also contain disaggregated data on police ill-treatment. The CPT welcomes this development.

### **3. Safeguards against ill-treatment**

#### a. introduction

19. By virtue of Section 24 of the Police Act,<sup>11</sup> the fundamental safeguards against ill-treatment of persons deprived of their liberty advocated by the CPT, namely the right of detained persons to have the fact of their detention notified to a close relative or third party of their choice and the rights of access to a lawyer (including the right to consult with him or her in private) and a doctor (including of one's own choice), apply (regardless of the precise legal ground for the deprivation of liberty), in principle, from the very outset of their deprivation of liberty by the police.

#### b. information on rights

20. The relevant legislation contains several provisions which lay down the obligation to inform persons deprived of their liberty by the police of their rights, whether that deprivation of liberty was carried out pursuant to the Police Act or the Criminal Procedure Code (CPC).<sup>12</sup> In the police establishments visited during the 2024 visit, information sheets were available (or could be downloaded from an electronic system) in several languages (see, however, paragraph 23).

21. In line with these provisions, most persons interviewed during the visit confirmed that they had been informed of their rights in writing shortly after their arrival at the first police station and had been allowed to keep a copy of the information sheet. Foreign nationals met by the delegation confirmed that the information sheets had been provided in a language they understood.

However, the delegation heard a few isolated allegations that the provision of information had been delayed until the moment of placement in a police custody cell or until the initial questioning by the police. This took place several hours after the person concerned had been deprived of his or her liberty.

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11. See also Sections 69 (4), 76b and 158 (5) CPC.

12. See, most notably, Section 13 of the Police Act and Section 33 (6) CPC.

**The CPT recommends that the Czech authorities pursue their efforts to ensure that all persons deprived of their liberty by the police – for whatever reason – are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear verbal information at the very outset, to be supplemented at the earliest opportunity (that is, immediately upon their arrival at police premises) by the provision of a written form setting out their rights in simple and accessible language. Detained persons who are unable to read the information sheet or understand its contents should receive appropriate assistance including, where necessary, by using alternative modes, means and formats of communication.**

**Care should be taken to ensure that they are actually able to understand their rights; it is incumbent upon police officers to ascertain that this is the case.**

c. notification of custody

22. The CPT acknowledges that several persons who had recently been in police custody stated that they had not requested that a third person be notified of the fact of their detention.

However, the delegation received a few isolated allegations that the request by a detained person that a third person be notified was not granted by police officers, or that no feedback was provided to detained persons on whether police officers had managed to notify the third person they had requested be contacted.

As already noted in the report on the 2018 visit,<sup>13</sup> the CPT is aware that Section 24 (3) of the Police Act provides for a possibility for police officers to delay notification to a third person if that notification constitutes a threat to an important action to be carried out in the context of the investigation, or if it is associated with disproportionate difficulties. If this exception is applied in a given case, the competent prosecutor must be informed in writing and the third person must be notified once the reasons for the application of the exception cease to exist.

Nevertheless, as was the case already during the 2018 visit, all persons who were interviewed by the delegation during the 2024 visit and who claimed that their request to notify a third person had not been granted by the police stated that they had neither been informed whether the above-mentioned exception was being applied to them, nor when the notification would be allowed. Moreover, when examining detention records, the delegation did not come across any such record or any copy of the notification of the exception to a public prosecutor.

**The CPT recommends once again that the Czech authorities take the necessary steps to ensure that all detained persons effectively benefit from the right of notification of custody from the very outset of their deprivation of liberty. Any exception to this right should be clearly defined by law, duly recorded and applied for as short a time as possible. Further, the application of any exception in a given case should be notified to the detained person concerned.**

**Steps should also be taken to ensure that detained persons are provided with feedback on whether it has been possible to notify a close relative or other person of the fact of their detention when notification is performed by police officers.**

23. Some persons interviewed during the visit alleged that they had not been aware of their right to notify a third person of their detention when they had been in police custody. The CPT notes in this respect that, while the rights of access to a lawyer and a doctor are systematically set out in all information materials for persons deprived of their liberty by the police, regardless of the precise legal ground for the deprivation of liberty, this is not the case for the right to notify a third person.

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13. See CPT/Inf (2019) 23, paragraph 13.

For example, the information sheet for escorted persons (“*poučení eskortované osoby*”) and the list of rights of an apprehended person, which form a part of the official record on the apprehension of a person (“*úřední záznam o zajištění osoby*”) and which were presented to the delegation, do not contain the right to notify a third person.

**The CPT recommends that these shortcomings be remedied.**

24. Several police officers met during the visit understood that it was up to the persons in police custody to explicitly request the notification of a third person (see paragraph 29 as regards the situation of juveniles). If this was not the case, the officers did not consider it their obligation to verify whether the person concerned was aware of this right, and even less so to offer this possibility to the detained person. While this formalistic interpretation may be in line with the letter of Section 24 (3) of the Police Act (which indeed provides that notification should be done upon the request of the person concerned), **reference is made to the recommendation set out in paragraph 21 on the need to verify that detained persons are actually able to understand their rights.**

d. access to a lawyer

25. As was the case during several previous visits, the right of access to a lawyer for persons deprived of their liberty by the police, guaranteed by the relevant legislation, appeared to be generally respected in practice. The vast majority of persons interviewed during the visit confirmed that their request to meet a lawyer (including the right to consult with him or her in private) had been granted shortly after the outset of their deprivation of liberty by the police.

26. The issue of access to free legal aid for persons in police custody has been the subject of a longstanding dialogue between the CPT and the Czech authorities.

The CPT repeatedly underlined that the exercise of the right of access to a lawyer can only be considered to be an effective *safeguard against ill-treatment* if persons in police custody who are not in a position to pay for a lawyer benefit from a fully-fledged system of legal aid. If this is not the case, the right of access to a lawyer will remain, in many cases, purely theoretical. In the CPT’s experience, it is during the period immediately following the apprehension that the risk of intimidation and ill-treatment is at its greatest. Consequently, the possibility for persons taken into police custody to have access to a lawyer during that period is a fundamental safeguard against ill-treatment. The Committee recommended that the right to free legal aid for persons who are not in a position to pay for a lawyer should be applicable as from the very outset of their deprivation of liberty by the police.

In their response to the 2018 report,<sup>14</sup> the Czech authorities indicated that since 1 July 2018, the system of access to legal aid had been extended so that persons with low income could ask the Czech Bar Association to appoint a lawyer for them. Legislative changes were being adopted to ensure that such legal aid can also be used in cases where a person is detained in a police cell.

By letter of 31 July 2024, the Czech authorities further clarified that, following amendments to Law no. 85/1996, on advocacy, Section 24 (4) of the Police Act had been amended with effect from 1 January 2022 to make it clear that no costs need be borne by persons deprived of their liberty by the police in order to obtain free legal aid – the words “at their own expense” were removed from said provision, which now reads as follows: “persons deprived of their liberty have the right to secure themselves legal aid”.

The CPT takes due note of these amendments and acknowledges that some persons interviewed during the 2024 visit confirmed that an *ex officio* lawyer had been appointed to them when they had requested this whilst in police custody. However, it remains the case that Section 33 (2) CPC *explicitly* guarantees the right of access to free legal aid only once the person concerned has been formally declared “accused” (“*obviněný*”), which can take place several hours after the moment of the deprivation of liberty by the police and prior to which the person concerned can be subjected to police questioning.

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14. See CPT/Inf (2019) 34, page 2.



Moreover, while police officers met during the 2024 visit confirmed that an *ex officio* lawyer can be appointed for certain police questionings of persons deprived of their liberty, they were not sure whether this also concerned the time during which persons were placed in a police cell before their questioning by the police and whom to contact if persons requested a lawyer to be appointed to them.

Following the 2024 CPT visit, in the aforementioned letter of 31 July 2024, the authorities indicated that a training will be provided to all police officers who implement restrictions on personal liberty how to deal with requests for legal aid.

**The CPT welcomes these developments and the commitment of the Czech authorities to provide training to police officers accordingly. It would like to receive more detailed information on the above-mentioned amendments to Law no. 85/1996, on advocacy, which extended the possibility of providing free legal aid to persons in police custody, and on the practical arrangements concerning access to free legal aid for persons deprived of their liberty by the police before the first police questioning.**

e. access to a doctor

27. As was already the case during previous visits, if a person in police custody needs medical assistance, displays visible injuries or requests to see a doctor, police officers ensure that he or she is examined by a medical doctor who decides whether the person is fit to be placed in a police cell or whether there is a need for hospitalisation. Further, in line with Section 31 of the Police Act, persons who are visibly under the influence of a substance (“*návyková látka*”) are examined by a medical doctor before placement in a police cell.

However, the delegation met one person who reported being distressed after police questioning and had been reluctant to go back to the police cell. Even though the person concerned allegedly told police officers that the person felt unwell and claustrophobic and that the person had been repeatedly admitted to a psychiatric hospital before, that person’s request to receive medical assistance, which was made late in the evening, was allegedly rejected by police officers, who indicated that the examination would be arranged in the morning.

As stressed in the report on the 2018 visit, the CPT considers that a request by a detained person to see a doctor should always be granted; it is not for police officers to filter such requests.

In their response, the Czech authorities stated that a police officer may not refuse access to a physician at any time during detention. Therefore, a police officer should grant such a request to a detainee unless – of course – the person’s conduct unambiguously indicates that medical examination is clearly requested without any reason. The authorities further stated that police officers will continue to be trained in these procedures.

**The CPT recommends that the Czech authorities continue their efforts to ensure, including through the provision of ongoing training to police officers, that police officers do not reject requests made by persons deprived of their liberty to be provided with medical assistance.**

28. Despite the recommendations repeatedly made by the CPT in previous visit reports, Sections 12 (2) and 17 (4) of the Binding Guidelines on Escorts, Surveillance of Persons and on Police Cells (no. 159/2009, further referred to as “Binding Guidelines no. 159/2009”) continue to provide that, as a general rule, a police officer of the same sex as the person being medically examined should remain in direct audio and visual contact during medical examinations of persons deprived of their liberty by the police.

The aforementioned provisions have been amended since the last visit and an exception to the general requirement has been introduced: a healthcare professional carrying out an examination of a person deprived of his or her liberty by the police, whether in a police custody cell or outside, may now refuse the presence of police officers. In such cases, the healthcare staff must be informed of the risks involved and must sign a statement attesting that they refused, at their own risk, that their safety be ensured by police officers.

While taking note of this development, the CPT considers that such wording and procedure may put undue pressure on the attending healthcare professional to accept the presence of police officers, at the expense of medical confidentiality. Unsurprisingly, the findings of the 2024 visit clearly indicate that police officers still remain systematically present during medical examinations of detained persons.

The CPT must underline that there can be no justification for police officers being systematically present during medical examinations/consultations of persons in police custody. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint. Moreover, the presence of non-healthcare staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that he or she has been ill-treated, or information on drug use or contagious disease).

Therefore, the CPT considers that, *as a general rule*, all medical examinations/consultations of persons in police custody should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality. However, taking duly into account the need to ensure the safety and security of healthcare staff, the Committee recognises that the presence of non-healthcare staff at the request of the healthcare professional may be warranted in exceptional cases.

Any such *exception* should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, the presence of police officers is considered strictly necessary, most notably to ensure the safety of healthcare staff. Police officers should, when appropriate, fully apprise the doctor of any relevant prior behaviour on the part of the detained person but the final decision as to whether non-healthcare staff should be present during the examination/consultation should rest with the healthcare professional. Moreover, the exception should only be permissible if other, less intrusive security measures have been considered not to fully contain the perceived risks posed by the detained person. For example, consideration should be given to the establishment of a secure room or to ensuring the presence of additional healthcare personnel. Another option might be the installation of a call system, whereby healthcare staff would be in a position to rapidly alert police officers in those exceptional cases when a detained person becomes agitated or threatening during a medical examination/consultation. The healthcare professional concerned should be duly informed of the applicable rules and how to react in high-risk situations.

**While taking note of the steps taken so far, the CPT recommends that the Czech authorities take further measures, including by amending the relevant regulations, to ensure that these precepts are fully implemented in practice. In particular, *as a general rule*, all medical examinations of persons in police custody should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality, unless, *exceptionally*, the healthcare professional concerned expressly requests otherwise in a given case.**

f. juveniles deprived of their liberty by the police

29. The relevant legislation contains a number of important additional safeguards concerning juveniles deprived of their liberty by the police.

Most notably, pursuant to Sections 24 (2) and 26 (4) of the Police Act, if the person deprived of liberty is a juvenile, the statutory representative (that is, usually the parent) or an appointed guardian must be informed without undue delay. Further, in accordance with Section 158 (5) CPC, if “explanation” is requested from a juvenile, as a general rule, the statutory representative or appointed guardian must be informed in advance.<sup>15</sup>

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15. According to the response of the Czech Government to the 2018 report, such a person may then indeed be present during the interview of the juvenile, unless this would jeopardise its objective (for example, in the case of proceedings on a criminal offence committed by a parent against a child).

As regards legal representation, Section 42a (1) a) of the Juvenile Justice Act (JJA)<sup>16</sup> provides that juveniles (that is, *persons aged 15 or over, and before they reach the age of 18*) must be represented by a lawyer from the moment when measures taken pursuant to the JJA or the CPC are being taken against them.

Most juveniles interviewed by the delegation during the 2024 visit confirmed that, in line with these provisions, a lawyer was appointed for them promptly after their apprehension by the police and was present, usually together with a parent or a representative of the authority for the social and legal protection of children, during their police questioning.

However, a few allegations were heard that police officers attempted to interview juveniles immediately after apprehension in the absence of both a lawyer and a trusted adult person. This would be unacceptable.

The CPT wishes to point out that juveniles (that is, all persons below the age of 18) should never be subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer and, in principle, a trusted adult person.

**The CPT recommends that the Czech authorities take steps to ensure that these precepts are effectively implemented and that the relevant legal provisions are fully respected in practice.**

30. Moreover, as already raised in the report on the 2018 visit, the presence of a lawyer during investigative acts carried out by the police, including questioning, is not obligatory for children (that is, *persons below the age of 15*).

While these children are not criminally liable, the CPT notes that the proceedings may have important legal implications for them and that they may be subjected to measures under the JJA, including the imposition of “protective education” and “protective treatment” in a closed institution, pursuant to Section 93 JJA.<sup>17</sup>

According to the information available to the CPT, an [amendment](#) to the JJA has now been adopted and requires that children below the age of 15 must be represented by a lawyer already from the moment when they provide an “explanation” to establish whether they have committed an illicit act, or from the moment when measures are being taken against them pursuant to the JJA or the CPC.

**The CPT notes with interest this development and would like to receive more detailed information about the amended legislation, including its implementation.**

#### **4. Conditions of detention**

31. As observed already during previous visits, material conditions in the police cells seen by the delegation were very good. The cells were in a good state of repair, clean, sufficiently lit (including some access to natural light) and ventilated, adequately equipped and were sufficient in size.<sup>18</sup>

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16. Law no. 2018/2003 (as in force at the time of the 2024 visit).

17. It is noteworthy that in the case of [International Commission of Jurists \(ICJ\) v. the Czech Republic](#) (complaint no. 148/2017, 20 October 2020, paragraph 100), the European Committee of Social Rights held that mandatory legal assistance below the age of criminal responsibility in the pre-trial stage of proceedings was not ensured and that this amounted to a violation of Article 17 of the 1961 Charter.

18. For example, a single-occupancy cell intended for overnight accommodation measured some 8 m<sup>2</sup>, and small waiting areas with barred walls for a placement of one or two persons for up to six hours measured between 2.5 and 4 m<sup>2</sup>.

32. However, it remains the case that detained persons are offered no access to the open air throughout the duration of police custody. It is particularly regrettable that no facility in which detained persons could access open air was established when Žďár nad Sázavou District Police Station was thoroughly refurbished, two to three years prior to the visit.

**The CPT reiterates its recommendation that all persons held in police custody for 24 hours or longer be, as far as possible, offered outdoor exercise every day, preferably in facilities of adequate size and possessing the necessary equipment (such as a shelter against inclement weather and a means of rest). This requirement should be taken into account in particular when the (re-)construction of a police establishment is being planned.**

## 5. Other issues

33. The issue of handcuffing to benches/wall fixtures of persons in police custody has been the subject of a long-standing dialogue between the CPT and the Czech authorities.

Regrettably, the relevant legal provisions<sup>19</sup> remain unchanged since the previous visit and continue to allow detained persons to be handcuffed to fixed objects for up to two hours at a time if they physically attack police officers or other persons, endanger their own life, damage property or attempt to escape. To this end, virtually all police establishments visited in 2024 were equipped with stools and/or benches with a metal bar.

Police officers with whom the delegation spoke confirmed that this possibility was used in certain cases and the delegation met a few persons, including juveniles, who had allegedly been restrained in this way when they had been held in a police station.

The CPT must reiterate that, as a matter of principle, the practice of handcuffing a person to a fixed object is inappropriate and could amount to degrading treatment. This is particularly true for juveniles.

In the event of a person in police custody acting in a highly agitated or violent manner, the use of handcuffs may be justified. However, the person concerned should never be shackled to fixed objects. Instead, the person should be kept under close supervision in a secure setting and, if necessary, police officers should seek medical assistance and act in accordance with the doctor's instructions.

**The CPT once again calls upon the Czech authorities to eliminate the practice of handcuffing detained persons to fixed objects in police establishments. All objects used for attaching persons should be removed from police establishments.**<sup>20</sup>

34. A new provision (Section 13 (4)) has been added to the Binding Guidelines no. 159/2009, which stipulates that persons who are being strip-searched should be asked to remove their clothes above the waist and should be allowed to put them back on before they are asked to remove their clothes below the waist.

While the CPT welcomes this development, it also notes that the aforementioned provision contains an exception whereby the above-described procedure shall not be used if it impedes the finding and removal of a weapon or another object capable of endangering one's life or health. The CPT has certain reservations about such a broadly worded exception which lends itself to abuse.

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19. See Section 25 of the Police Act and Section 3 (c) of Appendix no. 1, Section 3 of Appendix no. 2 and Section 3 of Appendix no. 3 to the Binding Guidelines no. 159/2009.

20. See also [Recommendation](#) CM/Rec(2021)2 of the Committee of Ministers to member States on measures against the trade in goods used for the death penalty, torture and other cruel, inhuman or degrading treatment or punishment, which regards, *inter alia* cuffs for restraining human beings, designed to be anchored to a wall, floor or ceiling as "inherently abusive goods and equipment" and requires member states to take measures to prevent and prohibit their import, export or transit, from, to or through their jurisdiction. Further, they should be included on a list of prohibited goods and equipment which should be established by member states, and their stock should be destroyed (paragraphs 1.2, 1.3, 1.4 and Appendix 1 to the Recommendation).

As regards the information gathered during the visit, the CPT acknowledges that a few persons stated that they had not been strip-searched by police officers at all, or that they had been allowed to remove their clothing above the waist first and put it back on before removing further clothing below the waist, in line with the amended regulations.

However, the majority of persons still indicated that they had been obliged to strip fully naked and perform one to three squats. In some case, when persons were moved between various police establishments, they were allegedly strip-searched several times whilst deprived of their liberty by the police . This would appear to be excessive and difficult to justify on the basis of an individual risk assessment.

**The CPT recommends that the Czech authorities pursue their efforts to ensure that the relevant national regulations are fully implemented, that resort to a strip-search is always based on an individual risk assessment and that detained persons who are searched are not required to remove all their clothes at the same time; that is, a person should be allowed to remove clothing above the waist and get dressed before removing further clothing. Police officers should be instructed accordingly.**

## B. Olešnice Educational Institution

### 1. Preliminary remarks

35. The basic legal framework of institutional care for children/juveniles is laid down by the Juvenile Justice Act (Law no. 218/2003, “JJA”), Law on the execution of institutional education and protective education (Law no. 109/2002) and Sections 971 to 975 of the Civil Code (Law no. 89/2012).

By virtue of Section 971 of the Civil Code (CC), if the upbringing of a child<sup>21</sup> or his or her physical, intellectual or mental condition, or proper development, is seriously endangered or disturbed, or if there are serious reasons for which the child's parents cannot ensure his or her upbringing, the court may order the measure of institutional education (“*ústavní výchova*”) of the child (see paragraph 52 as regards the length of the measure and its review).<sup>22</sup>

36. Several interlocutors met during the visit considered that the system of care for children/juveniles was outdated and required a complete overhaul.

In particular, the current system was based on placement in institutions, with a limited number of alternatives. Further, although there has been an increase in the number of children/juveniles with serious behavioural disorders who have been placed in institutional care, staffing levels in the institutions have not been increased accordingly. In certain institutions, children/juveniles with serious behavioural disorders were reportedly being accommodated together with children/juveniles with other indications for placement (see paragraph 35 for the various grounds for the imposition of the measure) as the capacity of the institutions concerned was insufficient to ensure separate accommodation. Unlike in the past, the transfer of children/juveniles from one establishment to another, for example due to aggressive behaviour, had to be decided by the court, which led to delays of several months, and the measures which may be taken in response to aggressive behaviour were insufficient (see also paragraph 55).

Moreover, there was a lack of follow-up support to juveniles who were, as a general rule, discharged from institutional care at the age of 18. Most notably, they were not appointed a social worker for adults (“*kurátor pro dospělé*”) and, despite the existence of “half-way homes”, housing support after release was regarded as insufficient.

According to the authorities, the 2020 to 2029 strategy for the protection of children includes de-institutionalisation of institutions for children/juveniles. Further, a new draft law which will replace the Law on the execution of institutional education and protective education should be drafted by the end of 2025.

**The CPT would like to receive more detailed and up-to-date information on the reform of the system of institutional care for children and juveniles, including the expected timeframe.**

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21. That is, in the civil law context, a person below the age of 18.

22. Juveniles (aged between 15 and until they reach the age of 18) who have committed a *criminal offence* may be subjected to three types of measures: educative (such as supervision by a probation officer or participation in a probation programme), protective (protective treatment and security detention which are imposed under the Criminal Code, and protective education) and penal (which include, *inter alia*, suspended prison sentence and imprisonment) - see Sections 10 and 21 to 24 JJA. Of those measures, only a prison sentence and protective education (as well as the two measures imposed under the Criminal Code, that is protective treatment (under certain conditions) and security detention) entail deprivation of liberty in a closed institution.

By virtue of Section 93 JJA, protective treatment and protective education may also be imposed on children aged between 12 and until they reach the age of 15 who commit an act which would otherwise be considered a criminal offence.

37. During the 2024 visit, the delegation visited for the first time Olešnice Educational Institution (“the Institution”).<sup>23</sup> The Institution was established in the 1970s in the premises of a former agricultural school and operates under the authority of the Ministry of Education, Youth and Sports. With an official capacity of 36 places,<sup>24</sup> it was accommodating 33 persons (13 girls and 20 boys). 28 of them were aged between 15 and 18 and had been placed in the establishment under the court-imposed measure of institutional education.<sup>25</sup> Two other persons had already reached the age of 18 but the court extended the measure until they reach the age of 19 (Section 974 CC). The remaining three were accommodated in the establishment on the basis of a contract with the director, to allow them to finish their vocational training (see also paragraphs 42 and 52).

## 2. Ill-treatment

38. The vast majority of juveniles with whom the delegation spoke made no complaints of ill-treatment by staff. On the contrary, many of them spoke positively of staff and the delegation observed that the overall atmosphere in the establishment was not tense. It is also positive that juveniles were able to identify a member of staff whom they liked the most, whom they trusted and to whom they would talk if they had any complaints.

However, the delegation heard a few isolated allegations that juveniles were slapped and punched to their head and shoulder by a particular member of staff. The alleged ill-treatment was said to be a reaction to breaches of house rules by the juveniles.

**The CPT recommends that the management of the Olešnice Educational Institution remain vigilant to any signs of ill-treatment of juveniles by staff and take appropriate action if such allegations are brought to their attention, with a view to preventing this kind of unacceptable behaviour. Further, staff should receive a clear message that no form of physical punishment should ever be used against juvenile.**

39. Violence between juveniles did not appear to be a major issue. While these incidents occasionally occurred (such as verbal conflicts and minor physical fights between juveniles), the information gathered during the visit indicates that staff intervened promptly and adequately to separate the juveniles involved in the fight.

## 3. Living conditions

40. The Institution had two sites at the opposite ends of the town of Olešnice. Juveniles were divided into five “educational groups”, three for boys, one for girls and one mixed group, each group consisting of five to eight persons. In addition to the accommodation buildings, one site comprised an administrative building, a sports field, greenhouses and repair workshops, and the other held classrooms, a training kitchen and a pastry workshop.

Each educational group was accommodated in a separate, flat-like section, which included several living units composed of an entrance area, two double- or triple-occupancy bedrooms,<sup>26</sup> and sanitary facilities. In addition, each section had a well-equipped kitchen, a communal room with sofas, a TV and a computer, and an educator’s office.

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23. Pursuant to Section 2 of the Law on the execution of institutional education and protective education, children and juveniles may be placed in one of four types of establishment – in addition to educational institutions (that is, the type of establishment visited in 2024), they include diagnostic institutions, children’s homes and children’s homes with a school.

24. The high school affiliated to the Institution had a capacity of 100 places, including 36 for juveniles from the Institution.

25. The Institution did not admit children and juveniles under measures imposed pursuant to the JJA or the Criminal Code.

26. There were also a few single-occupancy rooms for juveniles who wished to be accommodated separately.

41. Material conditions in the Institution were very good and the CPT appreciates that the establishment gives the impression of a genuinely educational, rather than carceral facility. All the premises seen by the delegation were in a good state of repair overall,<sup>27</sup> were clean, bright and sufficiently ventilated.

Bedrooms were spacious<sup>28</sup> and were suitably equipped with beds, bedside tables, tables and chairs, and a lockable wardrobe for personal belongings.

However, while the communal areas, in particular the living rooms, were decorated with pictures and colourful curtains, contained plants and provided a convivial environment, some of the bedrooms were somewhat impersonal and were not decorated by the juveniles. While the CPT acknowledged that this was allowed in principle, after consultation with the educator, **it considers that staff should encourage and motivate juveniles to personalise and decorate their environment.**

#### 4. Regime, education and activities offered to juveniles

42. The CPT gained a positive impression of the regime, education and activities offered to juveniles accommodated in the Institution.

During the day, they were allowed to move freely within the establishment<sup>29</sup> and, during their leisure time, associate freely, visit each other in their living units and access communal rooms and a gym. In addition, for a minimum of one hour every day, they could leave the establishment and go for unsupervised walks into the community.

All juveniles living in the establishment participated in one of four vocational training courses (gardening, repair works, cooking and pastry-baking) and received a vocational certificate after its successful completion.<sup>30</sup>

A range of other activities was organised for them, including community sessions, arts and crafts, training in life skills, and sports and leisure activities.

43. It is also positive that the Institution cooperated with several non-governmental organisations which provided supporters ("*patron*") to the juveniles. These organisations visited the establishment or juveniles could visit them, in particular those who did not visit parents during the weekend.

44. Each juvenile had a detailed and structured individual care plan ("individual plans of personality development – *individuální plán rozvoje osobnosti*"),<sup>31</sup> which was drawn-up, and reviewed bi-annually, by a special educator and a psychologist, together with the juvenile concerned.

45. However, no group therapeutic sessions were offered to juveniles who were prone to self-harm, emotionally instable or aggressive towards others. As acknowledged by staff, there were unmet needs in this area (see also paragraph 51). **The CPT recommends that the Czech authorities take steps to ensure that such therapeutic sessions are introduced.**

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27. Some minor defects, such as damaged doors and wardrobes, were being repaired on an ongoing basis.

28. For example, a double-occupancy bedroom measured around 13.5 m<sup>2</sup> and triple-occupancy bedrooms between 16 and 18 m<sup>2</sup>.

29. The sections accommodating educational groups were locked between 21:00 and 6:00; the living units and juveniles' bedrooms were never locked.

30. The certificate did not indicate that the juvenile concerned attended the vocational training while being placed in the Institution.

31. In addition to the personal characteristic of the juveniles, the plans contained several areas in which goals were set, including relations with staff and other juveniles, communication with the family, respect to rules, educational competencies and needs, interests and leisure activities, and wishes of the juvenile.



## 5. Staff

46. The staffing levels and the presence of staff in the Institution appeared to be adequate overall and no posts were vacant at the time of the visit. According to the information provided to the CPT, the team was relatively stable and staff fluctuation did not pose a major problem.

The team consisted of a special educator (“*speciální pedagog*”), 13 assistant educators (“*asistent pedagoga*”), a psychologist, 13 educators (“*vychovatel*”), and one social worker. There were also eleven teachers working in the school who together covered 10.4 full-time equivalent posts (FTE).

Most staff members worked during the day shift (7:00 to 13:00, or until 16:30). During the afternoon (13:00 to 21:00) and the night shift (21:00 to 7:00), there were, as a minimum, five educators (that is, one for each educational group).

## 6. Healthcare

47. Juveniles accommodated in the Institution were registered with a general practitioner in the town of Olešnice who could refer them to a specialist doctor, including a psychiatrist. Access to both general and specialist healthcare appeared to be satisfactory overall.

48. More than half of the juveniles were receiving psychotropic medication, including second-generation anti-psychotics. The prescribed doses of the medication were in the therapeutic range for children and adolescent population, and the delegation did not come across any cases of polypharmacy or observe any sign of over-sedation of the juveniles. The CPT considers it positive that none of the juveniles were prescribed benzodiazepines in their regular therapeutic protocol.

49. Contraceptives could be prescribed, with the consent of the juveniles concerned and their guardians. When pregnancies occasionally occurred in the Institution, the psychologist and the special educator were then involved with the juvenile and provided education about the pregnancy. They were not, however, allowed to influence the decision as to whether to continue or terminate the pregnancy. **The CPT would like to be informed whether sexual education to prevent pregnancies is provided to juveniles in the Institution.**

50. Upon admission of the juvenile to the Institution, the medical file was requested from the medical doctor with whom the juvenile had previously been registered. However, the entry medical examination of the juvenile took place only after the receipt of the file, which led to delays of at least one week, and sometimes longer. Moreover, there was no physical medical examination and no systematic screening of new admissions for the detection of possible injuries by the medical doctor.

The CPT has repeatedly stressed the important role that healthcare staff can play in the prevention of ill-treatment, in particular through the prompt conduct of a thorough medical examination of persons upon their admission to a closed establishment, under conditions guaranteeing medical confidentiality, and through the diligent and accurate recording of injuries. Such arrangements will also protect police officers and staff of the Institution against unfounded allegations of ill-treatment.<sup>32</sup>

**The CPT recommends that the Czech authorities take steps to ensure that newly admitted juveniles are properly interviewed and physically examined by a medical doctor, or a qualified nurse reporting to a doctor, as soon as possible after their admission to Olešnice Educational Institution, and preferably within 24 hours of arrival. Such medical examinations should also take place whenever juveniles are brought back by the police, for example after an abscondment.**

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32. The conduct of a medical screening upon admission is also important, *inter alia* in the interests of identifying special medical needs, preventing the spread of transmissible diseases and suicide prevention.

51. No protocol was in place on the management of self-harm and suicides, how to approach such cases and what follow-up is required. While acknowledging that these cases were rare, **the CPT recommends that the Czech authorities take steps to ensure that such a protocol is developed at national level and applied in all juvenile educational institutions in the country, as guidance and a tool for staff working in these establishments.**

## 7. Initial placement in the Institution and review of the measure

52. By virtue of Section 971 CC, the court may impose the measure of institutional education (“*ústavní výchova*”) of children<sup>33</sup> if their upbringing or their physical, intellectual or mental condition, or their proper development, is seriously endangered or disturbed, or if there are serious reasons for which the children’s parents cannot ensure their upbringing.

Institutional education is initially imposed for up to three years and may be repeatedly extended, each time for up to three years. Further, if important reasons exist, it may be extended by the court for up to one year after the person concerned has reached the age of majority (Section 974 CC).<sup>34</sup>

53. Every six months, the court must review whether grounds for the measure persist (Section 973 CC). In the context of the review, a multidisciplinary team including a special educator, an educator, teachers and a psychologist prepared a “complex report”, which was submitted to the court and the authority for the social and legal protection of children.

54. The information gathered during the visit showed that the court proceedings leading to the imposition of the measure were, in most cases, initiated by the authority for the social and legal protection of children and the child was represented by a guardian *ad litem*, which was in most cases a municipal authority.<sup>35</sup> As far as the delegation could ascertain, the juvenile concerned appeared in person before the court.<sup>36</sup>

However, it remained unclear whether the child concerned may be represented by a lawyer and whether free legal aid is available in this type of proceedings. **The CPT would like to receive the clarification on these points from the Czech authorities.**

## 8. Other issues

55. As regards disciplinary procedures, if juveniles breach their obligations, they may be subjected to “educational measures” (Section 21 of the Law on the execution of institutional education and protective education), which include, for example, the withdrawal or reduction of privileges and a ban on participation in an “attractive activity”.

56. Resort to educational measures did not appear to be excessive.<sup>37</sup> In each case, juveniles attested with their signature that they were informed of the decision and received a written copy thereof. The usual disciplinary offences were the use of alcohol and illicit substances, inappropriate behaviour during walks into the community and abscondments, and the usual measure imposed was a ban on walks into the community for three to seven days.

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33. That is, in the civil law context, persons under the age of 18.

34. For example, as already noted in paragraph 37, to finish their vocational training.

35. Pursuant to Section 469 of the Law on special court proceedings (Law no. 292/2013), the court shall appoint a guardian *ad litem* for the child concerned. As a general rule, such guardian should be the authority for the social and legal protection of children, unless the proceedings were instituted upon the motion of that authority.

36. Pursuant to Section 6 of the Law on special court proceedings, the juvenile concerned has the status of a party to the court proceedings.

37. In fact, the vast majority of measures taken vis-à-vis juveniles were rewards.

57. However, the delegation noted that the relevant records contained minor inaccuracies.<sup>38</sup> **The CPT trusts that efforts will be made to keep the records related to the imposition of educational measures diligently.**

58. Arrangements concerning juveniles' contact with the outside world were satisfactory. Juveniles were allowed to keep and use<sup>39</sup> their mobile phones, and the Institution provided a Wi-Fi connection. Further, they could receive visits in the establishment, leave the establishment with their visitors and go for a walk in the town, and were allowed weekend leave to visit their families. The CPT received no complaints in this respect from the juveniles interviewed during the visit.

59. As regards inspection procedures, the Institution was regularly visited by a public prosecutor who may, *inter alia* interview juveniles in private. In addition, the Czech School Inspection visited the establishment in January 2024. This type of establishment may also be visited by the NPM (see paragraph 10).<sup>40</sup>

60. Several avenues of complaint were open to juveniles accommodated in the establishment. In particular, they could lodge complaints with the management and staff of the Institution and were informed of this possibility in the house rules.<sup>41</sup> As noted already in paragraph 38, it is positive that juveniles interviewed during the visit were able to identify a member of staff whom they trusted and would talk to if they had any complaints. Juveniles could also complain to their guardian from the authority for the social and legal protection of children.

Confidential complaints boxes were installed in various parts of the Institution and phone numbers to external bodies were available on notice boards.

Further, an e-mail address was available to which complaints, including anonymous complaints, could be sent. However, not all juveniles with whom the delegation spoke were aware of this possibility.

Moreover, there was no information leaflet which could be given to juveniles (and their families) upon admission to the establishment and which would inform them of, *inter alia* the establishment's routine and the right to lodge formal complaints both within and outside the establishment.

**The CPT recommends that an information leaflet be drawn up in plain, easy-to understand and non-legalistic language and given to juveniles and their families as part of the admission procedure. The leaflet should set out the main features of the Institution's routine, the rights and duties of juveniles, and possibilities to lodge complaints, both within and outside the establishment. It should also inform them of the review of the measure of institutional education and the possibilities to request discharge from the establishment.**

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38. For example, while it was clear from the text that a juvenile tested positive for THC, a positive test for cocaine was circled on one form. On another form, the indication whether the test for illicit substances was positive or negative was missing.

39. The use of mobile phones was not allowed during organised activities, during school classes and at night.

40. In 2022, the Czech Ombudsperson (in the capacity of the NPM) published a [report](#) on a series of 13 visits to establishments for institutional education of juveniles carried out between 2019 and 2021. Olešnice Educational Institution was not among the establishments visited by the NPM.

41. During 2022 and 2023, no formal complaints were lodged.

## C. Security detention

### 1. Preliminary remarks

#### a. the concept of security detention

61. The implementation of the court-imposed criminal measure of security detention (“*zabezpečovací detence*”, also referred to by the authorities as “secured forensic detention”) was examined for the first time by the CPT in the Czech Republic during the 2014 periodic visit. The report on that visit<sup>42</sup> contains a detailed description of the concept of the measure and the basic legal framework, as laid down in the Criminal Code (CC) and the Law on the Execution of Security Detention (LESD). Insofar as relevant for the CPT, the relevant provisions have remained by and large unchanged since 2014.

62. It should be recalled that security detention may be imposed on persons who have committed certain serious criminal offences (or an act which would otherwise be regarded as a serious criminal offence) in a mental state which excludes or diminishes their criminal liability and who are considered to represent a danger to society, if it cannot be expected that a court-ordered measure of protective treatment<sup>43</sup> will achieve its goal (Sections 47 (2) and 100 CC). Security detention is thus designed as a subsidiary measure, the primary aim of which is the protection of society and the therapeutic and educational fostering of inmates (“*chovanec*”), and shall be served in special facilities under the authority of the Czech prison service.

Security detention is imposed by the court at the time of sentencing (that is, during criminal proceedings) and, depending on the circumstances of the case, either as a separate measure or together with a criminal sanction.<sup>44</sup>

63. In addition, at a later stage, inpatient protective treatment may be converted into security detention (i) if conditions for imposing security detention provided for in Section 100 CC are met or (ii) even when these conditions are not met, if the protective treatment is not achieving its goal or does not ensure sufficient protection of society, in particular if the patient has escaped from a psychiatric facility, used violence against staff or other patients, or repeatedly refused to undergo examinations or treatment (Section 99 (5) CC).<sup>45 46</sup>

64. As was the case already during the 2014 visit, if security detention is imposed together with a prison sentence at the time of sentencing, it is executed after the prison sentence has been served. Further, if a prison sentence is imposed on an inmate who is already serving security detention, the execution of the security detention is interrupted and the inmate concerned is transferred to a prison; after having served the prison sentence, the person concerned is returned to security detention. In the report on the 2014 visit, the CPT expressed reservations about such arrangements due to the lack of specific treatment programmes in prisons.

In their response, the Czech authorities indicated that they were aware that the issue regarding the relationship between a prison sentence and security detention required a comprehensive solution and that the Government would initiate expert consultations regarding the issue with the aim of proposing legislative changes.

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42. See [CPT/Inf\(2015\)18](#), paragraphs 104 to 107.

43. Protective treatment is imposed by the court as an outpatient measure, or is served as an inpatient measure in a healthcare facility. It may also be served in prison if it has been imposed by the court together with a prison sentence.

44. See paragraphs 91 for more details concerning the review of the measure and the applicable procedural safeguards.

45. Since the last visit, Section 99 (5) CC has been amended and the possibility to impose the measure if the person has “in another manner expressed a negative attitude towards the protective treatment” has been removed because it was not considered precise enough.

46. Also, vice versa, the court may convert security detention into inpatient protective treatment if the reasons for which the security detention was ordered cease to exist, and if the conditions for inpatient protective treatment are met.

Nevertheless, the arrangements have not changed since the 2014 visit. According to the information provided by the authorities during the 2024 visit, prisoners who will later be transferred to security detention were usually accommodated in special units for persons with personality and behavioural disorders in prisons. However, the authorities acknowledged that the treatment programmes available in these units remained less developed than those in dedicated security detention facilities.

65. Following several years of sharp increase in the number of security detention inmates, the situation stabilised in the two years preceding the visit. According to the data provided by the authorities, between 2018 and 2024, there were 105 new admissions to security detention facilities and 79 terminations of the measure.<sup>47</sup> Despite this, the fact is that the security detention facilities were operating at close to their full capacity at the time of the 2024 visit – the three security detention facilities in service in the Czech Republic had an overall capacity of 125 places and were accommodating 114 security detention inmates.

As recognised by the authorities, one of the contributing factors may be the broadly-worded provision of Section 99 (5) CC (see paragraph 63), which allows for a relatively easy conversion of inpatient protective treatment into security detention if the protective treatment is not achieving its goal and despite the fact that the general conditions for the imposition of security detention provided for in Section 100 CC (that is, most notably, danger to society presented by the person concerned) are not met.<sup>48</sup>

Moreover, apparently due to the critical number of vacancies at Prague – Pankrác Prison (and, more generally, in the whole prison system (see also paragraphs 83 and 167), the operation of Prague – Pankrác Security Detention Facility, which was visited by the CPT in 2024, has been temporarily suspended and the inmates have been transferred to the two remaining facilities of this kind.<sup>49</sup> According to the publicly available data, these two facilities were operating at 100% of their capacity as of 31 August 2024.

66. Bearing in mind the challenges which the system of security detention faces in the Czech Republic, in particular the relationship between the measure of security detention and prison sentences, the conversion of the less severe measure of inpatient protective treatment into the measure of security detention and the occupancy levels in the security detention facilities, **the CPT encourages the Czech authorities to initiate a reflection process, involving a broad range of interlocutors, to review the concept and practical operation of the measure of security detention. This should include considerations as to how the measure could be re-adjusted to best achieve its aims, that is, the protection of society, as well as the therapeutic and educational fostering of inmates. Efforts to improve austere material conditions in security detention facilities as described in paragraph 71, to resolve the staffing situation discussed in paragraph 83 and to address the ambiguity in the use of means of restraint and coercive means described in paragraph 87, should be part of the reflexion process, with a view to strengthening the therapeutic, rather than carceral, ethos of the measure of security detention.**

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47. Including two persons released to community, 48 transferred to protective treatment, one escorted abroad to serve a prison sentence, one released on health grounds, 12 transferred to serve a prison sentence, and 15 death cases.

48. It is noteworthy that in its 2019 report, the Czech Ombudsperson considered that the possibility of converting inpatient protective treatment into security detention under these conditions was problematic from the perspective of the principle of proportionality of the measure of security detention (see [Security Detention, Report on systematic visits](#), 2019, page 24).

49. That is, Brno and Opava Security Detention Facilities.

- b. establishments visited during the 2024 visit

67. The CPT visited for the first time Opava Security Detention Facility and Prague – Pankrác Security Detention Facility.

*Opava Security Detention Facility* belongs to Opava Prison and Security Detention Facility. It is located in a separate compound which was owned by the army until the 1960s, then operated as a prison for male juveniles until 2009, and which now serves for the execution of security detention. Taken into service in February 2013, it is the biggest security detention facility in the Czech Republic – with an official capacity of 50 places, it was accommodating 48 adult male inmates at the time of the visit. One part of the establishment was under reconstruction, and it was planned to create a pre-release unit by the end of 2024 which would offer a more open regime, with an additional capacity of 15 places. **The CPT would like to receive updated information on the progress of these works.**

*Prague – Pankrác Security Detention Facility*, located in a separate building within the compound of Prague – Pankrác Remand Prison and Security Detention Facility, was taken into service in January 2022; it is the newest facility of this kind in the Czech Republic.<sup>50</sup> At the time of the visit, it was accommodating 20 male adult inmates, for an official capacity of 28 places. This facility was accommodating primarily inmates who had had conflicts with other inmates in the other two security detention facilities.

## 2. Ill-treatment

68. The CPT received no allegations of ill-treatment, whether physical or verbal, in either security detention facility visited. On the contrary, several inmates interviewed during the visit in both establishments made positive comments about the attitude of staff of various categories, including specialist and custodial staff. The delegation did not observe any particular tensions between inmates and staff.

The information gathered during the visit, through interviews both with inmates and staff, indicates that instances of violence between inmates were rare in both establishments and mainly consisted of verbal altercations and minor physical attacks which resulted in no or only minor injuries. This state of affairs was also confirmed by the examination of various registers, including the disciplinary register, the register of the use of coercive means (“*donucovací prostředky*“, see also paragraph 86) and the register of instances of inter-prisoner violence.<sup>51</sup>

The findings of the visit also show that staff intervene promptly and adequately to de-escalate the situation and separate the inmates involved.

## 3. Living conditions

69. Material conditions were on the whole adequate in both establishments visited. All the premises seen by the delegation were clean and in an acceptable state of repair. Cells in which inmates were accommodated had sufficient access to natural light and artificial lighting was adequate. However, at Prague – Pankrác Security Detention Facility, the delegation heard a few complaints about a lack of ventilation of cells during summer months, since inmates were apparently not allowed to open cell windows. **The CPT recommends that the Czech authorities take steps to ensure that cells at Prague – Pankrác Security Detention Facility are properly ventilated.**

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50. The third security detention facility, located in Brno, was taken into service in January 2009 as the first facility of its kind in the Czech Republic. It was visited by the CPT in 2014. It serves as the admission facility of security detention inmates and it is the only facility that accommodates female inmates. At the time of the 2024 visit, it was holding 43 inmates (including 12 women), for an official capacity of 47 places. As of May 2024, there were no juvenile security detention inmates in the Czech Republic.

51. For example, at Opava Security Detention Facility, there was one registered case of inter-prisoner violence in 2020, six cases in 2021, one case in 2022, four cases in 2023 and one case between January and April 2024. At Prague – Pankrác Security Detention Facility, in 2022 (the first year of operation of the facility), there were four cases, three cases in 2023, and no case between January and April 2024.

70. Cells in both establishments were sufficient in size for their capacity. Opava Security Detention Facility was equipped with single-occupancy (8 to 9 m<sup>2</sup>), double-occupancy (16 to 17 m<sup>2</sup>) and triple-occupancy (25 m<sup>2</sup>) cells.<sup>52</sup> The majority of inmates at Prague – Pankrác Security Detention Facility were accommodated in single-occupancy cells measuring 8 m<sup>2</sup>; there were also several double-occupancy cells which measured between 10 and 12 m<sup>2</sup>.

The cells were suitably equipped with beds with full bedding, tables, chairs commensurate with the number of inmates accommodated in the cell, shelves and/or bedside tables, personal lockable storage space, and call bells. They were fitted with a fully partitioned sanitary annexe, containing a toilet and a washbasin.

71. However, all the premises of Prague – Pankrác Security Detention Facility, including the cells accommodating inmates, were austere and impersonal, and lacked any colour or decoration. The whole facility and the cells gave the impression of an ordinary prison and prison cells, rather than an establishment accommodating a specific category of persons with mental health problems who would benefit from a more congenial and therapeutic, rather than carceral environment. The same applies to the cells at Opava Security Detention Facility, which were equally stark.

**The CPT recommends that the Czech authorities make efforts to provide a more congenial and personalised environment for inmates held at Opava and Prague – Pankrác Security Detention Facilities. In this context, inmates should be encouraged to personalise and decorate their cells.**

72. In both establishments, inmates were offered a minimum of one hour of daily outdoor exercise (and often more),<sup>53</sup> usually in groups of five to eight persons. However, it usually took place in somewhat confined cage-like spaces.

At Opava Security Detention Facility, there were two such spaces which measured approximately 30 and 40 m<sup>2</sup>, and at Prague – Pankrác Security Detention Facility, there were three, each measuring 35 m<sup>2</sup>. Although these yards had benches and a shelter against inclement weather, and at Prague – Pankrác some sports equipment, there was no vegetation, and the yards were rather unwelcoming overall, with concrete floor and surrounded by a wire-mesh fence.

In both establishments, there was unused potential to offer outdoor exercise under more suitable conditions – at Opava, there were two spacious outdoor sports facilities, and at Prague – Pankrác, the outdoor yards used at the time of the visit were located in a large, secure inner courtyard, with an old, open, firefighting water reservoir in the middle; the courtyard could be equipped with vegetation and turned into a pleasant outdoor space. **The CPT encourages the Czech authorities to explore ways in which daily outdoor exercise could be offered to inmates at Opava and Prague – Pankrác Security Detention Facilities under more suitable conditions.**

#### **4. Treatment and activities**

73. The CPT gained a positive impression overall of the treatment and activities provided to inmates in both security detention facilities visited.

In addition to pharmacotherapy, inmates were offered a range of varied psychosocial activities. They included individual and group therapy sessions adapted to the needs presented by the inmate population (dealing with emotions and thoughts, control of aggressive behaviour, motivation, specific programmes for perpetrators of sex offences, substance users and persons with intellectual disabilities, music therapy, and animal therapy at Opava Security Detention Facility), psychological counselling, and occupational therapies (gardening, arts and crafts). Inmates were also offered organised sports sessions in indoor and outdoor sports facilities, and leisure activities and association time (film club, relaxation sessions, board games, chess competitions).

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52. The area taken by the fully-partitioned in-cell sanitary annexes (approximately 1.5 m<sup>2</sup>) was excluded from the cell sizes indicated in this paragraph.

53. In addition, organised sports activities sometimes took place in outdoor sports facilities (see paragraph 73).

Another positive element was the holding of communal meetings for groups of inmates and staff every morning. In total, most inmates spent four to five hours a day outside their cells, engaged in an organised activity.

In addition, a number of inmates at Opava Security Detention Facility were granted free association time within their respective units (usually between 17:30 to 21:30), depending on the risk assessment.

Free association was not offered at Prague – Pankrác because of the relatively confined space in the units and the profile of the inmates;<sup>54</sup> this facility was accommodating primarily inmates who had had conflicts with other inmates in the other two security detention facilities. As a consequence, however, the majority of inmates in this facility spent up to 20 hours per day, locked-up alone in their single-occupancy cells.

**The CPT encourages the Czech authorities to explore ways in which additional out-of-cell time could be granted to inmates accommodated at Prague – Pankrác Security Detention Facility, once this facility is taken back into service.**

74. As regards pharmacotherapy, the necessary medication (including second generation anti-psychotics) was available in both facilities visited and the prescriptions examined by the delegation were in the upper levels of the therapeutic range. The delegation did not observe any sign of oversedation of inmates.

75. Multidisciplinary teams, composed of special educators, psychologists, therapists, social workers and, if necessary, psychiatrists, met regularly to assess the situation of individual inmates. Individual treatment plans, which were prepared for each inmate and reviewed quarterly, identified the treatment options and partial goals of the treatment (with the ultimate goal of releasing the inmate from security detention).<sup>55</sup>

However, it appeared that the treatment plans were mostly prepared by special educators and that input from other members of the aforementioned multidisciplinary teams could be reinforced to further develop and supplement the existing plans. It further appeared that inmates were not involved in the drawing up of those plans. **The CPT recommends that the multidisciplinary approach to the drawing up of individual treatment plans be reinforced. Further, inmates should be involved in the drafting and subsequent review of their individual treatment plans.**

76. Group therapies, any other organised activities during which prison officers were not present and, at Opava Security Detention Facility, individual sessions of inmates with a psychiatrist, were systematically carried out by staff through metal bars. According to the staff met during the visit and the information provided by the authorities after the visit in reaction to the preliminary observations presented by the CPT delegation,<sup>56</sup> these arrangements were considered necessary to ensure the safety of staff, due to the high risk presented by the inmates, and were required by the relevant internal regulations.

As already pointed out in the report on the 2014 visit,<sup>57</sup> the CPT acknowledges that special security measures might be called for in specific cases on the basis of an individual risk assessment; however, systematic contact with inmates through bars whenever prison officers are not present is a practice which can hardly be described as conducive to a genuine therapeutic relationship and is

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54. As already noted in paragraph 67, this facility was accommodating primarily inmates who had had conflicts with other inmates in the other two security detention facilities.

55. In addition, a comprehensive report ("*komplexní zpráva*") was prepared on every inmate once a quarter by a panel of specialist staff and submitted to the court, in compliance with Section 26 LESD. These reports contained a thorough individualised evaluation of the effectiveness of treatment programmes, a description of the inmate's behaviour, his social situation, perception of the offence and self-reflection, risk assessment and conclusions as to the motivation of the inmate, his willingness to co-operate and the possibility to move on to protective treatment. Inmates were informed of the contents of these reports.

56. A letter of 31 July 2024.

57. See [CPT/Inf\(2015\)18](#), paragraph 122.



potentially degrading to both inmates and staff. **The CPT reiterates its recommendation that the Czech authorities fundamentally review this approach in all security detention facilities.**

77. The delegation received no complaints from inmates about the provision of somatic care and, as far as it could ascertain, scheduling specialist medical examinations outside of the security detention facilities did not pose a major difficulty. Medication was distributed to inmates by nurses. In both establishments visited, basic life-saving equipment (such as defibrillators and oxygen) was available, either directly in the facility (at Opava) or in the prison hospital located within the same compound (at Prague – Pankrác).

Further, all newly admitted patients were medically examined, as a general rule within 24 hours of their admission.

78. As regards consent to treatment, under Section 17 (1) c) LESD, inmates are obliged to participate in programmes in which they have been placed, in particular detoxification programmes. Further, according to Section 25 (2) LESD, if an inmate is placed in a programme which includes the provision of healthcare, he or she is obliged to undergo such healthcare. In line with these provisions, consent to treatment was not systematically sought from security detention inmates.

The CPT considers that, as a general principle, all categories of psychiatric patient,<sup>58</sup> be they voluntary or involuntary, civil or forensic, with legal capacity or legally incapacitated, should be placed in a position to give their free and informed consent to treatment.<sup>59</sup> Any derogation from this fundamental principle should be based upon law, and only relate to clearly and strictly defined exceptional circumstances, and should be accompanied by appropriate safeguards.

In particular, the relevant legislation should require a second psychiatric opinion (that is, from a psychiatrist not involved in the treatment of the patient concerned) in any case where a patient does not agree with the treatment proposed by the establishment's doctors (even if his or her guardian consents to the treatment); further, patients should be able to challenge a compulsory treatment decision before an independent outside authority and should be informed of this right in writing.

**The CPT reiterates its recommendation that these precepts be effectively implemented in all security detention facilities in the Czech Republic. The relevant legislation should be amended accordingly.**

79. As regards medical confidentiality, the information gathered during the visit indicates that prison officers remained systematically present during medical examinations of inmates.

The CPT underlines that there can be no justification for prison officers being systematically present during medical examinations/consultations of inmates. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint. Moreover, the presence of non-healthcare staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that he or she has been ill-treated, or information on drug use or contagious disease).

The CPT considers that, as a *general rule*, all medical examinations/consultations of security detention inmates should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality. However, taking duly into account the need to ensure the safety and security of healthcare staff, the Committee recognises that the presence of non-healthcare staff at the request of the healthcare professional may be warranted in exceptional cases.

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58. Indeed, these considerations apply equally to the specific category of security detention inmates.

59. The admission of a person to a psychiatric establishment on an involuntary basis, be that in the context of civil or criminal proceedings, should therefore not preclude seeking informed consent to treatment.

Any such *exception* should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, the presence of prison officers is considered strictly necessary, most notably to ensure the safety of healthcare staff. Prison officers should, when appropriate, fully apprise the doctor of any relevant prior behaviour on the part of the inmate but the final decision as to whether non-healthcare staff should be present during the examination/consultation should rest with the healthcare professional. Moreover, the exception should only be permissible if other, less intrusive security measures have been considered insufficient to fully contain the perceived risks posed by the inmate. For example, consideration could be given to ensuring the presence of additional healthcare personnel. Another option might be the installation of a call system, whereby healthcare staff would be in a position to rapidly alert prison officers in those exceptional cases when an inmate becomes agitated or threatening during a medical examination/consultation. All healthcare professionals should receive training on the applicable rules and how to react in high-risk situations.

**The CPT recommends that the Czech authorities take steps to ensure that these precepts are fully implemented in practice.**

## 5. Staff

80. At *Opava Security Detention Facility*, the staffing situation was on the whole adequate. The complement of specialist staff<sup>60</sup> included two special educators, two psychologists, two educator-therapists,<sup>61</sup> seven educators mainly responsible for the provision of leisure activities and one social worker. One additional post of an educator-therapist and one additional post of an educator were vacant at the time of the visit. In the morning shift on working days (approximately 6:00 to 14:30), there were nine members of specialist staff, and the afternoon shift (12:00 to 20:30) was covered by five members of specialist staff. During the weekend, there was at least one member of specialist staff present in the facility during the day.

**The CPT recommends that the Czech authorities take the necessary measures to ensure that the vacant posts of a therapist and an educator at Opava Security Detention Facility are filled.**

81. Custodial staff included 35 officers, with one additional post being vacant. Prison officers worked in 12-hour shifts, with seven officers being present on the day shift and four officers at night. The CPT notes positively that prison officers deployed at the security detention facility were specifically selected to work with security detention inmates and received an induction and in-service training.<sup>62</sup>

82. The healthcare team dedicated for the security detention facility comprised one head doctor, one head nurse, four nurses and four orderlies. In addition, the facility contracted a GP (for a 0.15 full-time equivalent (FTE)) and three psychiatrists who together worked in the facility for 0.6 FTE.

The day shift (approximately 6:00 or 7:00 to 15:30) was composed of three nurses and three orderlies, with one nurse and orderly remaining in the facility until 19:00 and 18:00, respectively. During weekends, there was one nurse and one orderly from 6:00 until 18:00 or 19:00. It follows, however, that no member of healthcare staff was present in the establishment at night.

The CPT considers that a person competent to provide first aid (who holds valid certification from training in the application of cardiopulmonary resuscitation) is always present in every prison establishment (and even more so in a security detention facility), including at night and on weekends; preferably, this person should be a qualified nurse, in particular in establishments which have an in-patient infirmary.

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60. That is, non-custodial staff responsible for achieving the aim of security detention.

61. That is a staff member with at least 200 hours of socio-therapeutic training.

62. For example, some of the officers had a study visit in a psychiatric hospital before they were deployed in the security detention facility.

**The CPT recommends that this precept be implemented in practice at Opava Security Detention Facility.**

83. The staffing situation at *Prague – Pankrác Security Detention Facility* was a matter of concern to the CPT. There was a number of vacant posts, both as regards specialist and custodial staff, and several additional staff members had announced that they would leave the facility. Attracting suitably qualified staff was considered a major challenge by the management of the facility.

Specialist staff included two special educators, two educators, one social worker and one educator responsible for leisure activities. However, the two psychologists who together worked for 1.8 FTEs (the remaining 0.2 FTE was vacant) were both leaving the facility and one of the two posts of an “educator-therapist” was vacant. Members of specialist staff worked from 6:00 or 7:00 until 14:00 or 15:00 on working days, with at least one person staying every day until 17:00 or 18:00.

As regards custodial staff, there was one head of the team (“*inspektor dozorčí služby*”), and 18 prison officers allocated to the security detention facility, of whom three were leaving; a further three custodial officer posts were vacant at the time of the visit. Four to five prison officers were present at all times.

As already mentioned in paragraph 65, apparently due to the lack of staff, the operation of Prague – Pankrác Security Detention Facility was temporarily suspended in the months following the CPT visit.

**The CPT would like to receive more information on the suspension of the operation of Prague – Pankrác Security Detention Facility, including any plans to take it back into operation and the steps envisaged to attract suitably qualified staff and fill the vacant posts.**

84. As regards healthcare staff, Prague – Pankrác Security Detention Facility benefitted from the presence of a prison hospital, located within the same compound, in which inmates were taken to be provided with healthcare.

In addition, a general practitioner visited the security detention facility once a week (and more often if necessary) and a nurse was present for eight hours on working days.<sup>63</sup> A psychiatrist worked in the facility for 0.6 FTE.

## **6. The use of means of restraint and coercive means**

85. According to Section 36 LESD, the following means of restraint (“*omezovací prostředky*”) may be used: placement in a closed unit or seclusion room, manual control, mechanical restraint (use of straps) and acute parenteral administration of psychotropic medication<sup>64</sup> (chemical restraint). Under Section 37 (2) LESD, any use of means of restraint (if connected with the state of health of the inmate) shall be authorised by a medical doctor.

In addition, by virtue of Section 17 (5) of the Law on the corps of prison and court guards (Law no. 555/1992), prison officers may use coercive means (“*donucovací prostředky*”) which include, *inter alia* manual control and handcuffing. If a person attacks a prison officer or another person, threatens his or her life, damages property, or attempts to escape, he or she may be handcuffed to a suitable object for up to two hours. Resort to coercive means is decided by custodial officers.

86. Resort to means of restraint and coercive means was well documented in both establishments visited. In addition to the record in the central register of use of coercive means and the central register of the use of means of restraint, detailed reports were produced in each individual case. Inmates were seen by a member of healthcare staff after every use of coercive means.

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63. In addition, a nurse from the prison hospital came to distribute medication in the evening and during the weekend.

64. This option is regarded as a means of restraint unless it is administered upon the inmate’s request or constitutes a long-term treatment of a mental disorder.

However, at Prague – Pankrác Security Detention Facility, as far as the delegation could ascertain, the use of means of restraint was not always recorded in the individual medical file of the inmate concerned. **This deficiency should be remedied.**

87. Use of means of restraint and coercive means did not appear to be excessive in either of the two establishments visited.

Since the opening of Prague – Pankrác Security Detention Facility, coercive means have been used in six cases (usually manual control, sometimes in combination with the use of handcuffs). Means of restraint were used twice in 2022 and on 17 instances in 2023 in respect of five particularly challenging inmates (most of these cases concerned chemical restraint, and in four cases the use of belts, usually for approximately one hour, in one case for two hours).

According to the overview provided to the delegation during the visit to Opava Security Detention Facility, there were four cases of use of coercive means in 2020, no cases in 2021 and 2022, three cases in 2023 (including one registered case of handcuffing to a suitable object (a bed) for one hour),<sup>65</sup> and two cases between January and April 2024. As regards means of restraint, there was one case in 2020, two cases in 2021 (manual control) and none thereafter.

The information gathered during the visit, including the aforementioned figures, indicates that the approach to the restraint of challenging inmates and managing violent behaviour (even though generally not excessive) is somewhat security-driven at Opava Security Detention Facility. Priority would appear to be given in most cases to the use of coercive means under the authority of custodial officers, rather than resort to the means of restraint under the control of healthcare staff – it became clear during the visit that prison officers repeatedly used metal handcuffs, including for “handcuffing to a suitable object”, to deal with violent inmates in recent years. This state of affairs seems to be linked with the fact that no healthcare staff were at all times available in the establishment.<sup>66</sup>

The CPT acknowledges that restraint of agitated or violent inmates may sometimes be necessary. However, given the profile of security detention inmates most of whom (if not all) are persons with mental health problems, priority should be given to a therapeutic approach and, where necessary, the use of means of restraint under the authority of healthcare staff, rather than coercive means applied by custodial officers. Moreover, for the purpose of mechanical restraint, only equipment designed to limit harmful effects (preferably padded cloth straps) should be used, in order to minimise the risk of the inmate sustaining injury and/or suffering pain.

Further, security detention inmates, as with any other category of persons deprived of their liberty, should never be handcuffed to fixed objects. In the event of an inmate acting in a highly agitated or violent manner, the person concerned should rather be kept under close supervision in an appropriate setting and, if necessary, prison officers should request medical assistance and follow the instructions of the healthcare professional (including, for example, to transfer the inmate to an appropriate healthcare setting).

**The CPT recommends that the Czech authorities take steps to ensure that these precepts are effectively implemented in practice at Opava Security Detention Facility and, where applicable, in other security detention facilities in the Czech Republic.**

88. In the rare cases in which belts were used as a means of restraint, the inmate concerned was regularly checked by a nurse, usually every 30 minutes.

The CPT considers that when an inmate is subjected to mechanical restraint, a qualified healthcare staff member should be continuously present in order to maintain the therapeutic alliance and to provide assistance. Clearly, video surveillance cannot replace such continuous staff presence.

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65. According to the information provided by the management, the fact that the use of handcuffs included handcuffing to a suitable object has only been specifically indicated in the register of the use of coercive means since the end of 2023.

66. It is recalled that Prague – Pankrác Security Detention Facility was located within the same compound as a prison hospital, and healthcare staff were available at all times.

**The CPT recommends that steps be taken at Opava and Prague – Pankrác Security Detention Facilities to ensure that these standards are applied whenever resort is had to means of mechanical restraint.**

89. Individual medical files of practically all inmates in both establishments contained PRN prescriptions (*pro re nata*, as needed) for chemical restraint.

At Prague – Pankrác Security Detention Facility, the application of chemical restraint on the basis of these prescriptions was approved by a medical doctor in individual cases, and carried out by a nurse.

However, given the aforementioned lack of permanent presence of medical staff at Opava Security Detention Facility, chemical restraint was often applied on the basis of PRN prescriptions by nurses, without confirmation by a medical doctor, and without a medical doctor subsequently examining the inmate concerned.<sup>67</sup>

The CPT must underline that the injection of rapidly acting tranquillisers is a form of chemical restraint which is associated with significant risks to the health of the inmate, including severe and life-threatening complications.<sup>68</sup> Their use therefore requires close medical supervision and adherence to strict protocols by all staff involved, as well as the necessary skills, medication and equipment. The application of rapid tranquillisers on the basis of a PRN prescription without the explicit re-confirmation by a medical doctor might place too much responsibility on nurses as regards assessment of the inmate's mental state and the provision of an adequate response, in the absence of a medical doctor, to potential complications. It may also reduce the nursing team's motivation to attempt de-escalation of the situation by other means and consequently open the door for abuse.

In the Committee's opinion, in the event of an inmate presenting a state of agitation which cannot be dealt with by the nursing staff, a psychiatrist should be called immediately and intervene promptly to assess the state of the patient and issue instructions on the action to be taken.

Only in exceptional situations, when an inmate's agitation cannot be controlled by nursing staff and the intervention of a psychiatrist is not possible within minutes, may the administration by nursing staff of rapid tranquillisers under a "conditional" PRN prescription be justified, meaning that a medical doctor must be contacted (for example, by phone) and must confirm the prescription prior to its use. Further, a medical doctor must arrive without delay to monitor the patient's response and deal with any complications.

Moreover, the use of a PRN prescription for rapid tranquillisers must be accompanied by specific safeguards: as a minimum, any such PRN prescription should be drawn up by an experienced doctor after having thoroughly assessed the inmate's physical status, should only be valid for a limited time (that is, weeks rather than months) and should be re-assessed each time it is used or where there is any change in the inmate's medication.

**The CPT recommends that the Czech authorities take steps to ensure that these precepts are effectively implemented in practice at Opava Security Detention Facility and, where applicable, in other security detention facilities in the Czech Republic.**

## **7. Safeguards**

90. The relevant legislation contains a number of important legal safeguards which surround the imposition of the measure of security detention, its review and termination. The information gathered during the visit indicates that these provisions were respected in practice. However, reference is made to the remarks set out in paragraph 65 as regards the conversion to security detention of the measure of inpatient protective treatment.

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67. According to the information provided by the management of the facility, if resort to means of restraint became necessary when no nurse was present in the establishment (for example, at night), an ambulance would be called. Such a situation has not yet, however, occurred.

68. Such as cardiac arrhythmia, low blood pressure and respiratory depression.

91. The measure of security detention is imposed for a potentially indefinite period of time. However, a regular review as to whether grounds for security detention persist must be carried out by the court at least once a year for adult inmates and once every six months for juveniles. (See paragraph 65 as regards the figures on the termination of the measure in recent years.)

The examination of the relevant court decisions, as well as the information received during interviews with staff and inmates, shows that inmates were as a rule present at court hearings at which security detention was imposed or reviewed, and that they received a copy of the relevant decision which contained information on the available legal remedies. Inmates were represented by a lawyer, who was, in most cases examined by the delegation, appointed *ex officio*.<sup>69</sup>

Unlike the situation observed during the 2014 visit, security detention was reviewed and the decision as to the continuation or termination of the measure was taken by the court within the one-year time limit. The CPT welcomes this positive development.

92. Within the criminal proceedings in which the imposition of security detention was considered by the court, a psychiatric expert opinion was systematically ordered to assess the mental state of the defendant.

As regards the annual review of the measure, the information gathered through interviews with staff and inmates<sup>70</sup> indicates that a psychiatric expert opinion independent of the security detention facility was usually commissioned by the court every two years.<sup>71</sup>

The CPT welcomes this state of affairs, which is in line with the Committee's well-established position that commissioning, at reasonable intervals, in the context of the review of the measure of security detention (or compulsory hospitalisation in a psychiatric establishment), a psychiatric expert opinion which is independent of the facility in which the inmate/patient is placed, offers an additional, important safeguard. This is of all the more relevance in respect of inmates/patients who have already spent lengthy periods of time in that facility.

93. In addition to the *ex officio* annual judicial review, inmates may file a motion for discharge from security detention with the court. An appeal may be lodged against the court decision on the matter. If a motion by the inmate is dismissed, he or she may file a new one after six months (unless new reasons are stated in the motion).

Inmates may also be discharged at the initiative of the management of the security detention facility: if a panel of specialist staff members concludes that the reasons for security detention have ceased to exist, it shall submit to the governor a detailed report containing a recommendation to terminate the security detention or to convert it into protective treatment. The governor shall subsequently file a motion with the court for release of the inmate concerned from security detention or his or her transfer to protective treatment. If the governor disagrees with the panel's conclusion, he or she shall submit to the court the report, together with his or her dissenting opinion.<sup>72</sup>

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69. Under Section 36 (4) (b) CPC, a defendant must be represented by a lawyer in proceedings in which security detention is being imposed or converted. Pursuant to Section 36a (1) (a) and (c), in conjunction with Sections 355 and 357 CPC, an inmate must be represented by a lawyer in proceedings in which security detention may be extended, terminated or converted if the inmate concerned is legally incapacitated or his or her legal capacity is limited or if the court has doubts about the person's capability to adequately defend himself or herself.

70. In many cases, the relevant court decisions were issued in a simplified form pursuant to Section 136 (3) CPC, that is without the reasoning, given that all parties to the proceedings, including the inmate, relinquished their right to appeal.

71. A report which summarised the state of the inmate and contained a proposal as to the continuation or termination of the measure was prepared by the facility on the context of the annual review of the measure.

72. See Sections 357 (2) CPC and 26 LESD.

## 8. Other issues

94. According to Section 28 (3) LESD, the disciplinary punishments which may be imposed on inmates in security detention include reprimand, revocation of a disciplinary reward, revocation of the possibility to participate in a social or cultural event and confiscation of an item (for example, one which has been used to commit a disciplinary offence).

In both establishments visited, there were well maintained disciplinary registers and the number of disciplinary punishments was relatively low.<sup>73</sup> In practice, in virtually all cases, the punishment imposed was a reprimand.

95. The examination of individual disciplinary decisions showed that the inmates suspected of having committed a disciplinary offence were heard in person during the proceedings, witnesses were heard and other evidence, such as CCTV footage, was examined where relevant, and the inmates received a copy of the disciplinary decision.

96. Practical arrangements concerning inmates' contact with the outside world were adequate. Inmates were entitled to receive visits twice a week, each time for at least two hours. As a general rule, visits took place under open conditions (that is, without partitioning between inmates and their visitors).

They also had daily access to phones located within their units and the delegation received no complaints in this respect. According to the information provided by the management, this possibility was regularly used by the vast majority of inmates.

Further, inmates had an opportunity to make free-of-charge Voice over Internet Protocol (Skype) calls and were aware of this arrangement, according to the information gathered during interviews.<sup>74</sup>

97. As regards information provided to inmates upon their admission, Brno Security Detention Facility served as the admission facility, and the basic induction and provision of information was reported to be provided in this facility.

Following their transfer to one of the other two facilities which were operational in the Czech Republic at the time of the visit, inmates had an interview with staff and were given written information sheets on their rights, a copy of which they were allowed to keep. The information provided to inmates included the right to request discharge from security detention and conversion of security detention into protective treatment.

In addition, the sheets contained information on the possibility to request an interview with the governor of the facility, the supervisory prosecutor, judges, and bodies carrying out visits in the facility, as well as to lodge complaints with various state authorities and international institutions.

However, while the CPT notes positively that the information sheets provided comprehensive information, the fact remains that they contained six pages of legalistic text, which may not be easy to understand for all security detention inmates, most of whom have mental health problems.

**The CPT encourages the Czech authorities to develop a simplified version, drawn up in simple and accessible language, of the information sheet which could be provided, where appropriate, to security detention inmates upon admission (possibly in addition to the more detailed and comprehensive standard information sheet). Detained persons who are unable to read the information sheet or understand its contents should receive appropriate assistance including, where necessary, using alternative modes, means and formats of communication.**

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73. At Opava Security Detention Facility, no disciplinary punishments were imposed in 2022, 12 in 2023 and two between January and April 2024. At Prague – Pankrác Security Detention Facility, the corresponding figures were three in 2022, 13 in 2023 and three between January and April 2024.

74. In addition to these arrangements, it remains the case that security detention inmates may send and receive letters and, under certain conditions, receive packages.

98. In both establishments visited, registers of complaints lodged by inmates were properly maintained; all complaints were registered and the inmates concerned received information on their outcome. The number of registered complaints was relatively low in both establishments.<sup>75</sup>

99. In addition to the mandate of the NPM to carry out inspections in security detention facilities (see paragraph 10), public prosecutors carried out visits to the security detention facilities every two months in order to supervise compliance with the relevant legal requirements, including the legality of the deprivation of liberty. They have the right, *inter alia* to carry out the visit at any time, speak with inmates in private, and order their release if no legal grounds are given for their detention.<sup>76</sup>

In addition, the Directorate General of the Prison Service, the Ministry of Justice and the public health authority carried out inspections, each within their remit.

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75. For example, at Opava Security Detention Facility, there was one complaint registered in 2024, none in 2023, one in 2022, and 11 (lodged by three different inmates) in 2021. At Prague – Pankrác Security Detention Facility, there was one complaint in 2024, ten (lodged by four different inmates) in 2023 and one in 2022.

76. See Section 4 (1) (b) of the Law on the Public Prosecutor's Office (Law no. 283/1993) and Section 40 LESD.



## D. Prisons

### 1. Preliminary remarks

100. At the time of the visit, the prison estate in the Czech Republic consisted of 35 prisons, two prison hospitals and three secure forensic psychiatric facilities. These establishments were accommodating a total of 19 796 prisoners,<sup>77</sup> for an official capacity of 20 354 places (that is, an occupancy level of 98%) based upon 4 m<sup>2</sup>. This represents a reduction from 2018, when the prison population stood at 22 000, which is positive as long as the trend can be maintained. Nevertheless, at around 176 prisoners per 100 000 inhabitants, the rate of imprisonment remained one of the highest within Europe.<sup>78</sup> Further, all the prisons visited in 2024 were operating above their operational capacity, a situation which was exacerbated by reductions in staffing levels.

101. The number of alternative sanctions to imprisonment generally decreased between 2018 and 2023, despite small increases in numbers of sanctions imposing community service and conditional release for sentenced prisoners.<sup>79</sup> Discussions on the reintroduction of electronic monitoring, to be supervised by the Probation and Mediation Service (PMS), were still underway.<sup>80</sup> The CPT was informed that a new strategy was being prepared with regard to conditional release by the PMS.

**The CPT would like to receive the Czech authorities' comments on the reasons for this decrease in the use of community sanctions and measures. It would also like to be informed about the steps taken by the authorities, including efforts to reintroduce electronic monitoring, to reverse this trend as part of an overall strategy to manage the number of persons sent to prison.**

102. The CPT notes that several amendments to the new criminal code were being considered, with the intention of fostering systemic changes, through the decriminalisation of certain acts, which should lead to an overall reduction in the number of people being sent to prison, and extending the possibilities to impose alternatives to imprisonment.

**The CPT would like to receive detailed information on the timeline for adoption of the proposed amendments to the criminal code and the Czech authorities' analysis on how the latest legislative changes will affect rates of imprisonment and the use of community sanctions and measures.**

103. At the beginning of 2016, the Czech authorities adopted a "Concept paper on the prison system until 2025", which defined 17 strategic objectives, including increased employment of prisoners, education of prisoners, focus on individual treatment plans and their implementation, ensuring a safe environment in prisons and decreased rate of re-offending. During the initial talks with the authorities, the delegation was told that a new concept was being prepared to shape the prison system's strategy as of 2025.

**The CPT would like to receive the Czech authorities' assessment of the impact of the prison system's 2016-2025 strategy. Further, the Committee trusts that the recommendations made in this report will, where relevant, be integrated into the new draft strategy.**

104. In April 2024, the CPT visited for the first time Oráčov and Rýnovice Prisons and carried out a follow-up visit to Valdice Prison.<sup>81</sup> These three establishments accommodated adult sentenced men who were placed by a court decision in a prison with "surveillance" ("*s ostrahou*") and with

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77. Of which, 1 589 were on remand, 18 036 sentenced, 61 in hospitals and 110 in security detention.

78. See [Annual reports – Council of Europe Annual Penal Statistics](#), latest data on 31 January 2023.

79. Overall, according to the statistics of the Probation and Mediation Service by 30 November 2023, 13 401 alternatives were granted to remand and sentenced prisoners, compared to 14 433 in 2018 (that is, a 7% decrease over the previous five years).

80. At the time of the 2018 visit by the CPT, electronic tagging of persons under house arrest (both remand and sentenced) had started to be implemented and it was expected that courts would be more inclined to impose this type of sentence/measure. See [CPT/Inf \(2019\) 23](#), paragraph 33.

81. The prison has been visited four times by the CPT in the past. See the reports on the [2002](#), [2006](#), [2008](#) and [2014](#) visits and the [respective Government responses](#).

“increased surveillance” (“*se zvýšenou ostrahou*”).<sup>82</sup> Establishments with “surveillance” were further divided into low (“*nízkým*”), medium (“*středním*”) or high (“*vysokým*”) levels of security.<sup>83</sup> The delegation also visited Ostrava and Prague – Pankrác Remand Prisons, to interview newly admitted remand prisoners who had recently been in police custody.

105. *Oráčov Prison*, classified as an establishment with “surveillance”, is located in the Central Bohemian Region and has been operating since 1963. With an official capacity of 464 places, the prison was accommodating 544 sentenced prisoners (an occupancy level of 117%) at the time of the visit. Most of the prisoners (approximately 95%) were classified in the high security level with the remaining being in the medium security level. There were 39 foreign nationals.

*Rýnovice Prison*, classified as an establishment with “surveillance”, is located in the Liberec Region and opened in 1968. With an official capacity of 424 places, the prison was accommodating 465 prisoners (an occupancy level of 110%) at the time of the visit. Of these, most prisoners were also in the high security level (approximately 83%) with the remaining being in the medium security level. There were also three persons serving a life sentence and 26 foreign nationals.

*Valdice Prison*, classified as an establishment with “surveillance” and “enhanced surveillance”, is one of the prisons with the highest security arrangements in the country. It is established within the walls of a former 17th century monastery in the Hradec Králové Region near the town of Jičín. At the time of the visit, for an official capacity of 1 021 places, it was accommodating 1 007 sentenced prisoners (99% occupancy), of whom approximately 60% were under “increased surveillance” (ZO), 39% in high and 1% in medium security levels. There were 14 life prisoners and 96 foreign nationals.

## 2. Ill-treatment

106. Positively, the vast majority of prisoners met by the delegation in the three establishments visited made no allegations of ill-treatment by staff. On the contrary, many prisoners expressed favourable comments about staff behaviour.

However, at *Valdice*, the delegation received a few isolated allegations of physical ill-treatment by staff (including slaps, punches and truncheon blows),<sup>84</sup> and of inappropriate physical contact during searches, including strip-searches.

107. The delegation also heard of two cases of alleged ill-treatment of prisoners concerning several members of staff at *Rýnovice*<sup>85</sup> and at *Valdice*,<sup>86</sup> which were either under criminal investigation by the General Inspection of Security Forces (GIBS) or pending court proceedings at the time of the visit.

By letter of 31 July 2024, the Czech authorities informed the CPT that criminal proceedings regarding the staff working at *Rýnovice* were still ongoing regarding five officers and three officers had been acquitted of criminal charges.

Regarding the case at *Valdice*, the Czech authorities informed the CPT that criminal proceedings regarding the staff were still ongoing.

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82. In accordance with the law on execution of sentences, [Act No.169/1999](#).

83. See [Act No.169/1999](#), sections 8-12; See also [CPT/Inf \(2019\) 23](#), paragraph 34, for the description of the security classification system.

84. For example, a prisoner was allegedly beaten by two prison officers in the shower (that is an area not covered by CCTV) shortly after his admission into the prison as an informal punishment for having refused to enter his cell.

85. According to discussions with the Governor at *Rýnovice*, the case concerned an “intervention” by a group of custodial staff which took place in the disciplinary ward against a prisoner who had been regularly agitated and provocative.

86. The case concerned alleged excessive use of force by guards during a search for dangerous items. No staff member had been suspended.

The Committee takes note of the information provided by the Czech authorities concerning the aforementioned cases and **would like to be informed of the outcome of the criminal investigations.**

108. Further, the delegation received a few isolated allegations of verbal abuse (in the form of shouting and denigrating words) and discriminatory behaviour, including of racist nature, at Rýnovice and Valdice Prisons.

109. The CPT acknowledges the authorities' commitment to investigating and properly documenting without delay alleged unlawful conduct by prison officers towards prisoners, upon the prison administration's own initiative or upon receipt of individual complaints (see also paragraph 203). As indicated by the authorities in their letter of 31 July 2024, the delegation took note of the use of electronic CCTV material, which served as a deterrent to ill-treatment and to substantiate investigations into cases of alleged ill-treatment. Notwithstanding the outcome of the investigations into the above-mentioned cases, **the Committee recommends that the management of Rýnovice and Valdice Prisons deliver a clear message to prison staff that physical ill-treatment and verbal abuse such as insults as well as discriminatory behaviour towards prisoners is not acceptable and will be punished accordingly.**

110. Inter-prisoner violence was a challenge in all three prisons visited.<sup>87</sup> Episodes of violence concerned both minor incidents (often linked to close cohabitation such as hygiene issues, access to goods, drug trafficking and debts) and more serious fights (involving slaps, punches, and sometimes the use of heavy or sharp objects) which could result in injuries (including bruising, open wounds and fractures), and threats thereof. It appeared that part of the inter-prisoner violence was linked to rivalries between groups on the outside which were imported into the prison.

111. When these incidents were brought to the attention of the staff and management, the delegation had the impression that a swift response was provided in the form of immediate physical separation, reassessment of the allocation and placement of inmates in safe accommodation and the provision of medical care when required. The incidents appeared to be duly registered and cases were transferred to the competent investigative authorities upon detection of suspected and confirmed cases of inter-prisoner violence.

The prison administration's regulation to prevent inter-prisoner violence was based on identifying the profiles of "potential perpetrators and victims". It aimed at creating and securing conditions for the prevention and early detection of violence.<sup>88</sup> Most relevant departments in the prison establishments had clearly identified duties to prevent and manage cases of inter-prisoner violence. The delegation also took note of the practice of drawing up an annual report on inter-prisoner violence with a statistical overview and contextual analysis at Oráčov. At Valdice, the Governor informed the delegation of his efforts to improve the general atmosphere in detention by providing prisoners with various incentives for good behaviour (such as extended visiting rights and possibilities to move to a more favourable regime, see also paragraph 121).

112. The CPT welcomes these important efforts to tackle inter-prisoner violence and is very conscious of the challenging work which prison staff must undertake to ensure a dynamic security approach that promotes a good atmosphere and maintains order.

Addressing the phenomenon of inter-prisoner violence and intimidation requires that the level of staffing be sufficient (including at night-time) to enable prison officers to supervise adequately the activities of prisoners and support each other effectively in the exercise of their tasks. Both initial and

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87. For example, at Oráčov, the number of "confirmed" cases of violence between prisoners ranged between eight and 15 per year since 2018. There were 20 registered cases of 'violent behaviours' in 2023, 15 of which were proven following an investigation. Two incidents (including a collective incident) had been recorded in 2024, by the time of the visit. Rýnovice recorded 41 incidents of physical violence in 2021; 33 incidents in 2022; 51 incidents in 2023; and 18 in 2024, by the time of the visit. A large majority of these alleged incidents were not confirmed by the internal investigation and other administrative checks.

88. Prison Service Regulation 24/2022 on the prevention of violence and other inappropriate behaviour.

ongoing training programmes for staff of all grades must address the issue of managing inter-prisoner violence (on staffing and training issues, see paragraph 167).

**The CPT would like to receive information about the impact of the various steps taken by the establishments visited to prevent inter-prisoner violence.**

113. At Valdice, the Governor also informed the delegation of his wish to equip custodial staff with body-worn video cameras as a means to have greater oversight of any incidents. **The Committee would like to receive information about the implementation of such plans to equip custodial staff with body-worn video cameras within prison establishments and the rules which will regulate their use.**

### 3. Conditions of detention

#### a. material conditions

114. The premises and the accommodation units of the establishments visited were generally clean and in an adequate state of repair. As observed in the past, cells, rooms and dormitories were adequately equipped (that is, with beds/bunkbeds, mattresses and bedding, tables and chairs, personal lockers with locks, shelves and call bells) and generally had good access to natural and artificial light as well as ventilation. The bed linen was washed regularly. Large cells were equipped with fully partitioned toilets. Prisoners had access to warm showers at least twice a week in all establishments, with workers for example being granted additional showers if needed. Access to warm water in the rooms or the units' washrooms was also provided during certain times of the day.

However, the delegation noted that the floors of the rooms and communal areas of building A (units 1 and 2) and unit B6 at Oráčov required refurbishment. Due to inadequate ventilation, mould could be found on the walls in washing rooms in building A. Some windows were covered with an opaque plexiglass in addition to the glass window, the bars and grills which prevented prisoners from seeing outside. The delegation also received complaints about dysfunctional heaters and that some prisoners were cold in periods of low temperatures. By letter of 31 July 2024, the Czech authorities informed the CPT that building A and its units 1 and 2 were to be part of a larger remodelling and that the prison management had carried out "emergency repairs" following the CPT visit, mainly focused on repairs needed to the floors in the rooms and measures taken to prevent mould from appearing in the washroom of unit 1 in building A. This is positive. In addition, **the CPT recommends that further intermediary measures be taken at Oráčov Prison and other prison establishments to ensure that the premises are properly heated in cold weather.**

115. At Oráčov and Rýnovice, prisoners were usually accommodated in living units within which prisoners could move freely for a large part of the day. There would be up to five prisoners per room at Rýnovice. However, at Oráčov, some rooms (around 28-30 m<sup>2</sup>) were accommodating up to nine or 10 prisoners together. Further, building A consisted of two units, each accommodating around 90 prisoners in a number of rooms with a capacity of five to six persons per 18 m<sup>2</sup> room.

By letter of 31 July 2024, the Czech authorities informed the CPT that the remodelling of building A planned at Oráčov would involve halving the size of units 1 and 2 by creating two units with a capacity of approximately 40-45 prisoners each. Further, shower facilities were to be built in each unit, which would be accessible 24 hours a day, as was the case for the renovated dormitory C.

116. At Valdice, large dormitories for up to 20 people were still being used (for instance in building A). The delegation took note however of the management's efforts to limit the occupancy level in large dormitories to a maximum of 10 persons. As the Czech authorities are well aware,<sup>89</sup> the CPT considers that large-capacity dormitories should be phased out and replaced with cellular accommodation.

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89. See [CPT/Inf \(2019\) 23](#), paragraph 41.

117. Regarding the above comments, **the CPT would like to be informed of the timeline for the remodelling of building A, units 1 and 2, at Oráčov Prison. Further, it would like to receive the plans and timeline for the phasing out of the large capacity dormitories at Valdice Prison, and the introduction of cellular accommodation for all prisoners.**

118. At the time of the visit, the law afforded 4 m<sup>2</sup> of living space per person. However, it allowed establishments to provide between 3 and 4 m<sup>2</sup> per person if the overall number of sentenced prisoners classified in the given category exceeded the capacity of the given category of prison.<sup>90</sup> The amount of space provided to each prisoner was well tracked by the establishments. However, at the time of the visit, prisoners were only benefitting from some 3 m<sup>2</sup> of living space per person in a number of the units in the establishments visited.<sup>91</sup>

As indicated in the authorities' communication of 31 July 2024, the prison service is aware that the situation is not "ideal", but is "obliged to proceed in this way" in view of the standard accommodation capacities currently available and the continuing increase in the number of prisoners. The CPT is nevertheless of the view that government measures need to be taken to reduce prison overcrowding, for instance, by encouraging the use of alternatives to imprisonment and fluid exit flows (see also paragraph 101), rather than by reducing the living space allocated per person.

To this end, the CPT also notes with interest that section 17(6) of the [Decree No. 345/1999](#) by the Ministry of Justice on the execution of prison sentences was amended to guarantee a minimum of 10 m<sup>2</sup> for two prisoners accommodated together excluding the sanitary annex, as of 1st of January 2027.

**The CPT recommends that the Czech authorities continue to strive in the meantime to ensure that all prisoners are afforded, as a minimum, 4 m<sup>2</sup> of living space per person in a multiple-occupancy cell or 6 m<sup>2</sup> in a single-occupancy cell (not counting the space taken by the in-cell sanitary annexe).<sup>92</sup>**

119. A minimum of one hour of outdoor exercise was offered daily to prisoners in all the establishments visited. The outdoor exercise yards used by the general prison population were usually adequate, although drab and dreary with concrete walls and floors and few green areas. The yards had some equipment for exercise and means of rest and, except for the large yard at the building D at *Valdice*, shelter from inclement weather.

However, the yards dedicated to the disciplinary, segregation and maximum-security units were particularly austere, and often in a very poor state of repair. They most often did not offer a horizontal view.<sup>93</sup> The outdoor spaces used for prisoners in disciplinary isolation at *Rýnovice* and both disciplinary and maximum-security units at *Valdice* were covered by metal bars and had no sports equipment. At *Rýnovice*, the outdoor spaces used for disciplinary purposes were shaped in a half-circular form, split into six triangular strips of around 16.5 m<sup>2</sup> (of which only five were being used). Some had a small shelter, but none were equipped with means of rest and exercise equipment. During the visit, the prison administration indicated that there had been plans to tear down the whole complex. However, due to lack of funds, the refurbishment had been put on hold.

**The CPT recommends that the Czech authorities take steps to ensure that all prisoners, including those undergoing a disciplinary punishment of solitary confinement, who are segregated or placed in a maximum-security unit, have access to a minimum of one-hour of fresh air in a sufficiently spacious outdoor area equipped with a means of rest and shelter from the rain or sun.**

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90. Decree of the Ministry of Justice No. 345/1999, Section 17 (6).

91. For example, at *Valdice*, a 30 m<sup>2</sup> room (excluding the fully partitioned sanitary annex which measured around 4 m<sup>2</sup>) was holding nine people in the D building (that is, four bunkbeds and one single bed).

92. See in this respect the CPT's document "Living space per prisoners: CPT standards", [CPT/Inf \(2015\) 44](#).

93. For example, the large rooftop yard of building C at *Rýnovice* - which was dedicated to those accommodated in the maximum-security unit (OZSTZ), and the unit for prisoners with mental health problems ("*oddíl specializovaný pro výkon trestu odsouzených s poruchami duševními a poruchami chování v oddělení se zvýšenou ostrahou*" OSPDCH) - , the OZSTZ and disciplinary yards within building D at *Valdice* and the disciplinary yard at *Oráčov*, had no horizontal view.

**Further, all yards should also be equipped with suitable exercise equipment and efforts should be made to render them less austere by adding plants for example. To this end, a review of the current arrangements for outdoor exercise at Rýnovice and Valdice Prisons should be given priority.**

120. At *Oráčov Prison*, the delegation also received many complaints from prisoners about the quality of the tap water, which had a brown colour and was allegedly making them sick. Given the number of complaints received by the delegation on this issue, it became apparent that further investigation was required to rule out the link between the quality of the water as a potential cause for sickness.

Invoking Article 8, paragraph 5, of the Convention establishing the CPT, the delegation made an immediate observation and requested that the Czech authorities carry out a prompt investigation into the quality of the water, including discussion with public health, microbiology and/or the relevant hygiene and environmental services.

The authorities informed the CPT in the letter of 31 July 2024 of the protocol in place to check the quality of the water. According to the documents provided, the “microbiological analysis has shown that the drinking water does not contain bacteria that could have a negative impact on human health and could cause infectious diseases”.

The CPT notes with interest the analysis’ conclusion which however did not explain the colour of the water nor provide any information on what may have been causing many prisoners to complain about being sick after drinking it. **The CPT trusts that the Czech authorities will continue to ensure that the water meets all quality-related requirements in order for it to be potable.**

b. regime (work, vocational education and activities)

121. Individual sentence plans (ISP) were prepared during the admission phase, on the basis of risk assessment reports, and described the activities to be undertaken by each prisoner.<sup>94</sup> They were reviewed every three months for prisoners placed in prisons with surveillance (O) and every six months for prisoners in establishments with increased surveillance (ZO).<sup>95</sup>

The establishments visited (both O and ZO) used a system of internal differentiation (three permeable groups of internal differentiation, “*prostupná skupina vnitřní diferenciac*” namely PSVD) to assess progress in fulfilling the ISPs.<sup>96</sup> Upon examination of some decisions to review the placement in a differentiation group at Oráčov and Valdice, the delegation noted that prisoners were not involved in the review process nor were they asked to sign the decision.

**The CPT recommends that the Czech authorities ensure that prisoners are always involved in the review of their sentence plans.**

122. It is positive that significant efforts were made to provide sentenced prisoners with access to work, whenever possible. More than half of the prisoners (316 prisoners, that is, 58% of those accommodated) at Oráčov had access to remunerated work, while 167 prisoners (36%) at Rýnovice and 342 prisoners (34%) at Valdice had access to work. Work was generally proposed either in the internal operation of the prison (kitchen, laundry, cleaning, general maintenance) or in the centres for economic activities where work was proposed by outside companies (call centres, canteen, bakery, packaging, toys, advertising).

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94. The individual sentence plan usually contained a treatment programme, work activities, educational activities, special educational activities (individual counselling, group therapy, special programmes), leisure activities and contacts with the outside world.

95. Sections 38 and 39 of the [Decree No 345/1999](#).

96. Upon the end of their admission period, the prisoners would be first placed in the second differentiation group, with the aim to be moved to the first. The third group concerned prisoners who refuse to fulfil the treatment programme or have violated the internal regulations.

The CPT acknowledges the efforts made across the three establishments visited to increase the work opportunities for prisoners despite the challenges. **The CPT would be interested to learn of further steps being taken by the Czech authorities to increase the opportunities in the prisons visited to offer work to prisoners.**

123. It is also positive that Valdice and Rýnovice Prisons provide vocational training (welding/metal work, painting, bookbinding, information technology etc.) to prisoners. The prison service's secondary vocational school ("*střední odborné učiliště*"), composed of ten educational centres ("*školská vzdělávací střediska*" - ŠVS) located in various prison establishments, offered apprenticeships (up to three years long) and various certifying theoretical and practical courses (up to 40 hours a week). At Valdice, 71 prisoners (7%) and around a further 70 (15%) at Rýnovice were participating in a vocational programme. Oráčov Prison did not offer vocational training, but prisoners could apply for a transfer to another prison to undertake a vocational course.<sup>97</sup> Prisoners following a vocational course acquired the same status as prisoners who worked and received a scholarship of up to 1 000 CZK per month.

124. The delegation also took note of the programme of activities offered to prisoners in the three establishments. The delegation gained a positive impression of the prison service's efforts, in particular those of the local pedagogues, educators and psychologists, despite their limited means, to continuously increase the portfolio of special educational programmes tailored to the prisoners' individual needs (for example, prisoners placed in maximum-security units for behavioural issues, prisoners with risks of addictive behaviours) and preparation for release, through workshops on social education, ethics, legal basics, and financial literacy. These programmes included individual counselling and group therapy.

125. A variety of leisure activities (namely, music, sports, arts and crafts) was offered in all establishments, albeit in a small hourly volume. In all establishments visited, a library was available to prisoners who could borrow books usually on a monthly basis. The placement in a PSVD differentiation group affected the regime applicable to the prisoners. For instance, prisoners placed in the second and third differentiation group could watch TV up to 22:00 and 23:00, as opposed to 24-hour free use for the first differentiation group. Access to a gym was usually allowed once or twice a week to a limited number of prisoners as an incentive for good behaviour. At Oráčov, access to the large, recently renovated, gym was accessible to all, except for prisoners who did not work.

126. All establishments had wards dedicated to persons with a history of substance use (see also paragraph 158) which appeared to be well funded in view of the material conditions (wooden beds, in-cell kitchens and showers, TVs in the cells, art on the walls in the hallway) and the equipment available (sport facilities, table tennis, exercise bikes and other gym equipment in a good state of repair, fish tanks, music rooms, large TV and games in common rooms, gardens, workshops, libraries with a varied selection of books) offered to prisoners placed there. In addition, the regime in these wards, across all establishments, was open during most of the day (from 06:00 to 18:00 for example at Rýnovice). Prisoners also had access to the workshops and gym on a daily basis and were provided with therapeutic, professional and leisure activities daily (up to three hours a day at Rýnovice, for instance). This is very positive.

127. From the observations gathered by the delegation, it appeared that staff shortages and recent funding cuts had had a significant impact on the regime offered to male sentenced prisoners who did not work and those placed in high security surveillance and enhanced surveillance (including life sentenced prisoners, see paragraph 128).

For example, as regards the regime of prisoners placed in the "enhanced structural and technical security" ("*oddíl se zesíleným stavebně technickým zabezpečením*", OZSTZ) unit at Rýnovice (on placement in this ward, see paragraph 184), they were allowed to associate with each other, watch TV in the cultural room, access the yard (one hour a day) and had a tailored educational programme to support their reintegration into the general prison population according to the governor's plan. However, these prisoners did not work or participate in vocational programmes or other educational

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97. For instance, 52 prisoners were transferred from Oráčov to other prisons offering vocational training in 2024. There were 84 transfers in 2023 and 74 transfers in 2022.

and leisure activities (including sports). They spent most of their time (up to 20 hours) locked up in their cells, with their cellmate or alone.

At Valdice, the regime for those who do not work, that is around two-thirds of the prison population, was often limited to one hour of daily exercise in the yard, two to four hours daily in the TV room and one to two organised activities (table tennis, board games, etc.) a week. As observed in the past, these prisoners still spent 20 hours a day or more locked up in their cells, watching TV (if they had one in the cell), playing cards, listening to a radio or reading. According to the interviews the delegation carried out with prisoners, those placed in the enhanced security cells (on the ground floor of Building D) at Valdice had an even more limited regime.

Such a state of affairs is not conducive to preparing persons for reintegration into the community, nor is it positive for promoting good order, as prisoners become bored and frustrated.

128. As noted in the past, it is positive that, in practice, efforts were made to integrate life-sentenced prisoners<sup>98</sup> in the general prison population and to provide them with access to activities including work.

At *Valdice*, for instance, the 14 persons serving a life sentence were accommodated in multiple-occupancy cells together with other prisoners; several were also accommodated in double-occupancy cells located on the ground floor of building D. On the other hand, the regime remained extremely impoverished, most often limited to an hour in the yard and access to the cultural room to watch TV.

Further, at *Rýnovice*, three persons with a life sentence were placed in a unit designed to accommodate sentenced persons with higher security requirements. Two out of the three were working (one person worked in the call centre and one worked in a workshop producing electronic articles). The third person was engaged in craft activities. This is positive. However, they were apparently not always allowed to associate with other prisoners in the yard or at lunch time (although they could still be accommodated in a cell with non-life sentenced prisoners).

129. The CPT wishes to underline again that a satisfactory programme of activities is of crucial importance for the wellbeing of prisoners. It contributes to the establishment of a more secure environment within prisons and is an essential part of preparation for reintegration into the community. This is particularly true for sentenced prisoners who are classified as permanently incapable of work and consequently have no prospect of any improvement of the regime in the given establishment.

130. The CPT also invites the Czech authorities to consider establishing in particular a dedicated multi-disciplinary teams composed of educators, psychologists and social workers to work in maximum security units. The team would develop detailed individual sentence plans for each prisoner and increase their direct interaction with the prisoners through motivational interviews. There should also be increased engagement by a sports instructor. The aim should be to assist these prisoners in preparing for being integrated into an ordinary regime unit as part of their progression towards reintegration into the community. **The CPT would like to receive the comments of the Czech authorities on the creation of such multi-disciplinary teams to support persons placed in maximum security units.**

131. For life-sentenced prisoners, the programme should be designed so as to counteract the damaging effects of life imprisonment.<sup>99</sup> Separating these prisoners from others does not support these goals. The approach to the management of life-sentenced prisoners (as indeed for all prisoners) should proceed from an individual risk and needs assessment to allow decisions concerning security, including the degree of contact with others, to be made on a case-by-case basis.

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98. See section 54 of the Criminal Code ([Act No. 40/2009](#)) which provides the conditions for life imprisonment (that is, a sentence above thirty years).

99. See also paragraph 2 of [Recommendation Rec \(2003\) 23](#) of the Committee of Ministers of the Council of Europe on the management by prison administrations of life sentence and other long-term prisoners.



132. In the CPT's view, the aim should be to ensure that all prisoners are able to spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature.<sup>100</sup>

**The CPT reiterates its recommendation that the Czech authorities take concrete measures to provide all prisoners, including persons sentenced to life imprisonment, with a full programme of meaningful activities, that is, work, preferably with vocational value; education; sport; recreation/association, tailored to the needs of each category of prisoner and supported by an individual sentence plan.**

c. indigent prisoners and debts

133. The law<sup>101</sup> states that the prisoner is under an obligation to pay the costs of serving the sentence and other costs such as some health services (namely, the increased costs of surveillance and the costs of transfer to an outside medical facility) should they “intentionally cause or intentionally allow another to cause harm to his health or repeatedly violate the treatment programme” (see for instance paragraph 194 on this issue), among other reasons.<sup>102</sup> The prisoner may be exempt from paying the costs of detention if he was not assigned work “through no fault of his own”.<sup>103</sup> In addition, the CPT notes that, as from the beginning of May 2024, the monthly allowance given to indigent prisoners has been increased by 50% to 150 CZK (around €6).

However, the delegation learned that prisoners could still find themselves in debt to the prison system upon release. **The CPT would like to receive additional information on steps taken by the Czech authorities to support prisoners who find themselves in debt at the end of their prison sentences.**

#### 4. Healthcare

a. healthcare staffing

134. The levels of nursing and medical cover appeared generally insufficient to meet the needs of the prison population in the establishments visited. There was a clear requirement for the prompt recruitment of qualified nurses and doctors, in particular in relation to mental health input, in order to improve the overall quality, consistency and sustainability of the prison healthcare services. Difficulties to retain nursing staff and doctors left the medical service vulnerable to potential disruptions in the continuity of care and unable to take a proactive stance on health matters.

135. At *Oráčov*, there were three general practitioners (GP) visiting the establishment (that is, 544 prisoners at the time of visit) on a weekly basis and one dentist twice a week (0.8 FTE). There were five full-time positions for nursing staff (including a vacant one).

136. At *Rýnovice*, the healthcare team comprised two GPs (one vacant position) providing 0.9 FTE and seven nurses (for 465 prisoners at the time of visit). One dentist attended the establishment five hours a week. The low staffing levels and vacancies were causing strain on the only doctor present and certain delays to reply to prisoners' enquiries. There was a significant number of transfers to local hospitals for assessment and medical procedures.

137. At *Valdice*, the healthcare team comprised four GPs (providing 0.4 FTE) and eight nurses which is totally inadequate for a prison population of over 1 000 persons. The chief doctor had recently retired and no replacement had yet been recruited at the time of the visit. The delegation was advised that within the healthcare team there had been no head physician for eight years. Dentistry was offered twice a week (for seven and a half hours).

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100. See also [CPT/Inf \(2019\) 23](#), paragraph 51.

101. Act on the Execution of Imprisonment, [Act No. 169/1999](#), paragraphs 35 and 36.

102. This would include cases of hunger strike, self-harm and attempted suicide.

103. In 2024, costs of detention could amount to a maximum of CZK 1,500 per month.

138. Concerning psychiatric care,<sup>104</sup> at the time of the visit, a psychiatrist attended the prison at *Oráčov* on a weekly basis and a second psychiatrist visited once a month. At *Rýnovice*, a psychiatrist visited once per month from Brno Prison hospital and there was one vacant position for another psychiatrist (following a recent resignation prior to the CPT visit). Two psychiatrists attended *Valdice* together from Prague prison hospital every two weeks.

139. At *Oráčov* and *Rýnovice*, prisoners requiring specialist care were transferred to a local hospital or, if need be, to the specialist prison hospitals in Brno and Prague. At *Valdice*, however, several specialists came to the prison and covered internal medicine, diabetes, orthopaedics, radiology, ophthalmology and optometry. There was some physiotherapy input. None of the healthcare teams in the establishments visited had a paramedic or a pharmacist. Addictionologist positions were also vacant in all establishments visited.

140. Overall, there were significant concerns regarding the recruitment and retention of healthcare staff in the prisons visited, and in the Czech prison system as a whole.<sup>105</sup> The CPT understands that this shortage of healthcare staff is also linked to the overall shortage of qualified professionals in the labour market and welcomes the efforts of the prison service to adopt other appropriate solutions as was suggested by the authorities in their letter of 31 July 2024. However, among those it was proposed to employ “doctors who have been sentenced to imprisonment, even if their criminal activity is not related to the exercise of the medical profession”. This is inappropriate.

141. The Committee also has misgivings about the overall organisation and coordination of healthcare services within each establishment.

The smooth operation of a healthcare service in prison presupposes that doctors and nursing staff are able to meet regularly and form a working team under the authority of a medical coordinator, generally a senior doctor in charge of the service, who have profound knowledge of the prison system and its environment, is trained in public health and able to set up effective prevention and epidemic control plans, provide clinical leadership and to take the responsibility for the quality of care delivered in prison. This leader has the task to coordinate all medical activities and ensure that all professionals collaborate and communicate effectively, in particular between general/somatic and psychiatric health care providers. Further, the leader and the team should coordinate and communicate on a regular basis with the prison management. This was not the case in the prisons visited by the delegation.

**142. In light of the above, the CPT recommends that the Czech authorities pursue their efforts to improve the provision of healthcare services in prisons, to an equivalent level as provided for persons living in the wider community, in particular by:**

- **increasing the presence of doctors in all prisons visited to ensure a daily presence of a general practitioner;**
- **increasing the presence of nurses in all prisons visited ;**
- **increasing the presence of psychiatrists to ensure adequate provision of mental health care;**
- **ensuring that in every prison, a medical coordinator, generally a senior doctor, is designated as the head of the healthcare team, with responsibility for leading and coordinating the healthcare service, ensuring that there is a regular consultation process among the staff, and interacting closely with the management of the prison, under strict observance of medical confidentiality.**

**Further, the CPT recommends that the Czech authorities ensures that no prisoner is asked to provide medical advice or healthcare duties to other prisoners.**

143. In 2024, a gradual separation of the prison healthcare management from the prison management had been initiated. The delegation was informed that, as of 1 April 2024, a new contributory organisation, the Ministry of Justice Health Care Facilities (*Zdravotnická zařízení*

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104. Psychologists, as contributors to the individual sentence plans, were placed under the responsibility of the execution of sentences department.

105. See for example, [Z ruzyňské věznice odešla většina zdravotníků - Seznam Zprávy](#), August 2024.

*Ministerstva spravedlnosti*) was established. While the healthcare facilities remained under the oversight of the Ministry of Justice, the healthcare staff placed under its supervision would be removed from governors' authority, thereby enhancing the independence of all healthcare staff.

The CPT welcomes these steps to enhance the independence of the healthcare services in prisons and **would be interested to learn about the next steps of the process concerning the gradual transfer of the remaining healthcare staff under the prison service over to the Ministry of Justice Health Care Facilities.**

144. The delegation also found that in all establishments visited, the prison healthcare service was also responsible for undertaking certain aspects of the occupational health needs of the prison staff, including fitness for work and, if need be, hepatitis B vaccination.

As already stated in the past,<sup>106</sup> the CPT has misgivings about such a dual responsibility. It not only significantly decreases the capacity of doctors to treat prisoners and could be to the detriment of the quality of care provided, but it may also lead to a conflict of interest, which might ultimately compromise the perception of the professional independence of prison doctors.

**The Committee recommends that the Czech authorities put an immediate end to the practice of prison doctors treating both prisoners and prison staff in Czech prisons, and change the law accordingly.**

b. provision of general healthcare

145. In the establishments visited, GPs and nurses worked between 06:00 and 15:30 on weekdays. Consequently, no members of the healthcare teams were present at night and during weekends. Out-of-hours medical care was accessed via an ambulance (operated by the prison service) and escorts to the local hospitals.

It was positive to note that the nursing teams and the GPs received annual emergency response training. However, the absence of healthcare staff at night and during weekends could lead to problems. **The CPT recommends that the Czech authorities take steps to ensure that a person competent to provide first aid (who holds a valid certification in training in the application of cardiopulmonary resuscitation and the use of an automated external defibrillator) is always present in every prison establishment, including at night and on weekends; preferably, this person should be a qualified nurse, in particular in establishments which have an in-patient infirmary.**

146. On a positive note, the healthcare facilities in all establishments visited were in a good state of hygiene and adequately equipped. Dental suites included dental x-ray equipment. Individual medical files examined by the delegation were well-kept and the range and quantity of the medication was generally satisfactory.

147. Further, medication was supplied by local pharmacies and always prepared in an individualised form by a nurse. Medication (including psychotropic medication) was distributed by the nursing staff during working hours and by custodial staff during the night and weekends. In all establishments, medication was packed in sealed clear plastic bags.

It is worth mentioning that, during the visit, the delegation came across several cell doors (specifically in Valdice) with a sign indicating that the persons held therein had insulin requirements (including the dosage). The CPT considers that such a practice breaches the principle of medical confidentiality and is not necessary if a healthcare team visit the prisoners concerned as needs be.

The CPT must stress that the distribution of prescribed medication by medically untrained individuals is generally incompatible with the requirements of medical safety and medical confidentiality. **The CPT recommends that efforts be made to ensure that prescription medication be distributed by qualified healthcare staff. In any event, a list of medication to be distributed only by**

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106. See [CPT/Inf \(2019\) 23](#), paragraph 54.

**healthcare staff (such as anti-psychotics, methadone and antiretroviral drugs) should be established. Further, the signs on the cell doors relating to insulin requirements at Valdice Prison should be removed.**

148. The delegation was informed that the provision of medical care and treatment, including medication, in prison was generally covered by the insurance system. However, the situation of foreign nationals remains unclear. They were not insured and the costs of providing their healthcare would generally fall to the individual, which might cause them to fall into debt. One of the patients at Oráčov indicated that he had received an invoice for Kč 2,000,000 (around €80 000) which he could not pay for. Another foreign national who suffered with type II diabetes complained at not being able to obtain, for lack of means, Jardiance (empagliflozin) even though this had previously been advised by the prison hospital in Prague.

The CPT wishes to emphasise that the duty of care which is owed by the prison authorities to prisoners in their charge includes the responsibility to provide treatment, including medication, which their state of health requires free-of-charge and irrespective of the grounds of their legal status. Given prisoners' specific health-care needs – prisons are high-risk environments in terms of morbidity due to the higher prevalence of most diseases and drug use, compliance with this duty by public authorities is all the more important when it is a question of care required to treat life-threatening diseases.

**The CPT recommends that the Czech authorities ensure healthcare in prisons is provided free-of-charge and irrespective of the grounds of prisoners' legal status. The CPT would like to receive information regarding health insurance schemes for prisoners, including foreign nationals and those who were not in possession of a valid health insurance in the Czech Republic prior to their imprisonment.**

149. At Rýnovice and Valdice Prisons, the delegation was told that interpretation for foreign nationals was provided by the healthcare staff who were fluent in additional languages such as Russian and English and that, on occasion, other prisoners who spoke the relevant language could also be brought into a consultation.

**The CPT recommends that the Czech authorities ensure foreign national prisoners have recourse to professional interpretation services when required during healthcare consultations.**

c. admission process and screening for infectious diseases

150. Sentenced prisoners arriving in the establishments visited were systematically examined by a medical doctor. The medical screening included a full physical assessment and review of the records of previous assessments for any outstanding treatment and follow-up needs. It is positive to note that the clinical electronic system was confluent across all prison sites, so a person's healthcare record from within previous establishment(s) could be accessed.

151. It was reported that screening for tuberculosis and blood-borne viruses (such as hepatitis B and C as well as HIV) and syphilis was generally undertaken in the pre-trial detention prisons. However, a systematic approach to managing suspected cases of tuberculosis appeared to be lacking from the healthcare protocols at Oráčov Prison.

**The CPT would like to be informed of the measures taken at Oráčov Prison to diagnose and treat any suspected cases of tuberculosis, including the actions taken to mitigate the spread and outbreak of this infectious disease. In any case, the CPT recommends that a treatment plan be developed to deal with suspected cases of tuberculosis.**

152. None of the establishments offered hepatitis B vaccination to prisoners although they deemed it necessary for the staff on the basis of risk factors which apply similarly to persons held in the establishments. **The CPT recommends that relevant vaccinations are made available to prisoners as appropriate.**

153. It was reported that the prevalence of hepatitis C was very high within the prisoner population at Rýnovice and Valdice apparently due to the high levels of drug use (namely, intravenous Pervitin, that is methamphetamine). The treatment of hepatitis C was subcontracted to a private medical facility across the whole prison estate, which was responsible for the ongoing management and treatment of individuals with hepatitis C (twice a month).

At *Valdice*, a number of cells had “Quarantine” notices fixed to the outer door. Discussions with the healthcare staff confirmed that there were three multiple-occupancy cells (containing three, eight and nine “contacts” respectively) which were subject to ‘ordered supervision’, as instructed by the healthcare team in relation to a suspected ‘outbreak’ of hepatitis C. The prisoners in these cells were being quarantined pending the results of further investigation and treatment with confinement for periods of either 30, 50 or 150 days as advised by the sub-contracted provider. The explanation provided to the delegation as to the reason that these prisoners were being quarantined together was that, where one individual in the cell had been diagnosed with hepatitis C, the other occupants required restriction because of the apparent increased risks associated with possible violence and/or sexual contact between them. Referrals had apparently taken place and treatment would be instigated by the external company as necessary.

154. By letter of 31 July 2024, the Czech authorities informed the Committee that the Prison Service’s “healthcare department did not find any fault in the procedure of Valdice Prison in adopting anti-epidemic measures; on the contrary, the measures adopted reflect the requirements of the public health protection authority and make effective use of the prison’s organisational and technical possibilities, all without restricting the legal rights of inmates”.

155. The CPT wishes to stress that it does not subscribe to the approach taken at Valdice to quarantine groups of prisoners who may have been considered to have been in contact with a person who had tested positive for hepatitis C, whilst further tests were carried out and “to prevent the possible spread of the disease among the prison population”.

There is no medical reason for placing these prisoners in quarantine; a measure which in such cases could be considered as contrary to medical standards and ethics. Not surprisingly, such placement may also be perceived as stigmatising and an informal punishment by those concerned.

**The CPT recommends that the Czech authorities put an immediate end to the practice of placing prisoners in quarantine on the basis of being diagnosed with hepatitis C or having been in contact with another prisoner who has been tested for hepatitis C. The national guidance should be reviewed in cooperation with the public health protection authority.**

**The CPT recommends in particular that the Czech authorities introduce harm reduction programmes in prison to reduce the transmission of blood-borne viruses (introduction of needle and syringe exchange programmes, take-away naloxone, access to condoms). Information, education and counselling should be widely implemented. In undertaking such programmes, attention should be paid to the fact that not all prisoners are literate.**

156. At *Oráčov Prison*, the delegation noted an outbreak of reported and diagnosed skin infections affecting a number of prisoners. At the time of the visit, the scale of the issue was not known and it became apparent to the delegation, when discussing with the healthcare team, that further investigation was needed in order to rule out the possibility of antibiotic-resistant strains of *Staphylococcus aureus*.

Invoking Article 8, paragraph 5, of the Convention establishing the CPT, the delegation made an immediate observation and requested that the Czech authorities carry out a prompt investigation for contagious pathogens that have caused the outbreak of skin infections, including discussion with public health, microbiology and/or hygiene services.

157. By letter of 31 July 2024, the Czech authorities informed the Committee that five inmates from unit B6 had been diagnosed with a skin disorder by the prison doctor in March 2024, prior to the CPT visit. On 10 April 2024, the prison doctor and the general nurse carried out a physical examination of the inmates of unit B6 directly on the premises and in the bedrooms of the unit. During

the period March to June 2024, the doctor and the general nurses carried out increased surveillance of the inmates in unit B6 related to the occurrence of skin disorders. As part of the surveillance and examination of inmates, there were five documented cases of *Staphylococcus aureus* positivity based on swabs during this period. Following their local investigation into the situation, the Regional Hygiene Station (RHS) of the Central Bohemia Region issued several recommendations on 6 May 2024, including disinfection of the areas concerned. As of 21 June 2024, no further cases of skin infection caused by *Staphylococcus aureus* had been confirmed.

**The CPT welcomes the steps taken by the authorities and encourages the healthcare authorities to be vigilant to the underlying causes of skin infections.**

d. substance-use

158. Substance-use by the prison population was amongst the main challenges faced by the establishments visited according to their respective managements. While the delegation gained a good impression of the regime offered to the prisoners placed on the dedicated wards (see paragraph 126), the absence of addictionologists and any involvement of the psychiatrists in the treatment of persons with addictive behaviours was problematic. In all establishments, patients requiring opioid agonist therapy (OAT) could not be managed by the prison healthcare team, given the absence of an addictionologist to prescribe methadone.

The CPT is of the view that under no circumstances should an opioid substitution programme be stopped upon incarceration regardless of the barriers to such continuity of care. The current situation in the establishments visited bears the risk that continuity of care may be breached.

The CPT considers that admission to prison is an opportunity to address a person's drug-related problem and it is therefore important that suitable assistance be offered to all persons concerned. The assistance offered to such persons should be varied; substitution programmes for prisoners with drug dependence should be combined with genuine psycho-social and educational programmes for opioid-dependent persons who are unable to stop taking drugs. Further, access to opioid agonist therapy programmes in prisons should be readily available, with the possibility to be initiated while in prison. It should be managed by prison doctors, as part of a care plan drawn up by the doctor and regularly followed up by healthcare staff who should receive specific training on issues related to drug use.

**The CPT would like to receive information from the Czech authorities about the steps being taken to ensure that prisoners who need Opioid Agonist Treatment receive such treatment in due time.**

159. At *Valdice*, the delegation was informed by the governor that a request had been made to the Director General of Prison Services to close the specialised unit (*specializovaný oddíl pro výkon ochranného léčení protitoxikomanického a protialkoholního*, "SpOOL" unit) for sentenced prisoners with substance-related problems (accommodating 16 prisoners) given the issues relating to understaffing.<sup>107</sup> **The CPT trusts that the Czech authorities will ensure that Valdice Prison is provided with the necessary resources to provide sentenced prisoners with substance-related problems the care they require.**

e. provision of mental healthcare

160. There was generally a need for better psychiatric cover in the establishments visited. The delegation found, through interviews with prisoners and staff, as well as through the examination of incident files, that a number of prisoners were prone to self-harm or acts of attempted suicide. For instance, Rýnovice Prison recorded two suicides in 2019 and 2020 and three suicide attempts in the

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107. His request also concerned the specialised unit for sentenced prisoners with mental health related problems (accommodating 16 prisoners).

first four months of 2024. A more dramatic situation was found at Valdice Prison where 17 persons had committed suicide between 2018-2024.<sup>108</sup>

The delegation found that a therapeutic approach in dealing with self-harm and suicide attempts in the prisons visited was lacking. Rather than receiving adequate psychological care, prisoners were being managed by means of coercion such as fixation (see paragraph 177), disciplinary sanctions (see paragraph 191) or placement in a cell covered by CCTV. Generally, there was no written medical protocol for the management of prisoners who had self-harmed or presented a suicide risk. The delegation was informed that incidents of self-harm would be subject to examination by the prison doctor and an entry would be made in the medical records. During the out-of-hours period, patients would be taken to a local hospital for treatment and their risk assessed for further management.

161. Further, the delegation also found that custodial staff who worked on special wards accommodating prisoners with violent behaviours or severe mental health issues, were not provided with adequate training on mental health issues.

162. The CPT considers that all persons identified as presenting a suicide risk should benefit from counselling, support and appropriate association, for as long as necessary and in suitable facilities.

The prevention of suicide, including the identification of those at risk, should not rest with the healthcare service alone. All prison staff coming into contact with prisoners should be trained in recognising indications of suicidal risk. Steps should also be taken to ensure the proper flow of information – both within a given establishment and, as appropriate, between establishments (and more specifically between their respective healthcare services) - concerning persons who have been identified as potentially at risk. Furthermore, a full debriefing of relevant staff should be conducted after a suicide or a suicide attempt, and staff offered appropriate counselling.

**The CPT recommends that comprehensive procedures be drawn up for the identification and management of prisoners presenting risks of self-harm and suicide. Further, both healthcare and custodial staff should be trained to work together in the application of these procedures.**

f. recording of injuries

163. No register of injuries arising from inter-prisoner violence or staff use of force was kept by the healthcare teams in any of the prisons visited. The delegation found that medical records were often incomplete and lacked the relevant injury detail, including a body chart or photographs. None of the healthcare teams actually possessed a camera with which they could take photographs of injuries. The statement of the prisoner concerned as to the origins of the injuries was often absent, as was a fortiori the doctor's conclusions as to the consistency of any such statement with the injuries recorded (that is, there was no indication by the doctor of the consistency between any allegations made and the objective medical findings).<sup>109</sup>

**164. The CPT reiterates its recommendation that the Czech authorities take the necessary steps to ensure that the current practice is brought in line with the relevant prison regulations and the following requirements:**

**The record drawn up by a doctor after a thorough and confidential examination of a prisoner – whether newly arrived or following a violent incident in the prison – should contain:**

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108. Of which one in 2022, three in 2023 and one in 2024. The last death by suicide at Oráčov was recorded in 2016.

109. It is worth noting that incidents, involving violence, would be documented, including photographs and a body map to record the site of any visible injuries, by the custodial staff and filed within individual files held by the prison service. The proforma would also be completed by the doctor who could summarise injuries. Further, prisoners with injuries were asked to sign a form allowing the healthcare department to share medical information with the prevention department of the prison establishment. In cases where patients would not provide their consent, the regulations allowed for the doctor to indicate a "suspicion of signs of ill-treatment". See for instance, Prison Service Regulation 24/2022 on the prevention of violence and other inappropriate behaviour, section 14.

- (i) an account of statements made by the prisoner concerned which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment),
- (ii) a full account of objective medical findings based on a thorough examination, and
- (iii) the doctor's observations in the light of (i) and (ii), indicating the consistency between any allegations made and the objective medical findings.

Moreover, recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with body charts for marking traumatic injuries to be kept in the medical file of the prisoner. Further, it would be desirable for photographs to be taken of the injuries, and the photographs should also be placed in the medical file.

**Documents should be compiled systematically in a dedicated trauma register, where all types of injuries should be recorded and kept by healthcare services.**

g. confidentiality

165. During the visit, the delegation took note that medical consultations continued to be monitored by non-recording and soundless video surveillance, in the majority of the clinical consulting rooms (including GP and dental suites) in all establishments visited. Further, custodial staff routinely remained physically present in the consultation rooms (in the prisons and in external medical facilities), within the hearing and the sight of medical examinations. Several healthcare staff at Rýnovice and Valdice Prisons reported to the delegation increased levels of threats and violence directed towards them, primarily in relation to medication-seeking behaviour, and said that they were concerned about their safety. For intimate examinations, the doctor could use a separate examination room and/or request that the video surveillance be switched off.

In their letter of 31 July 2024, the Czech authorities stated that the “monitoring of the doctor's office premises using the camera system is not centrally unified.” The “purpose is to ensure the safety of doctors and other medical staff, with the proviso that the doctor themselves may deactivate the camera system during the treatment/examination of the patient. The CCTV is then controlled solely by the supervisory staff”. In addition, “the physical presence of the officer in the doctor's office (whether in the prison or in the facility of a medical service provider outside the prison) is individually ensured for the same reasons mentioned above. The medical staff themselves may request this in the prison from a preventive security point of view, whereas in medical facilities outside the prison the presence of the officer (providing escort to the inmate) is an automatic matter, in connection with which security rules and procedures are set by an internal governing act”.<sup>110</sup>

The CPT underlines that there can be no justification for prison officers being systematically present during medical examinations/consultations of prisoners. Their presence is detrimental to the establishment of a proper relationship between the patient and the healthcare professional and usually unnecessary from a security standpoint. Moreover, the presence of non-healthcare staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that he or she has been ill-treated, or information on drug use or contagious disease).

The CPT considers that, as a *general rule*, all medical examinations/consultations of prisoners should be conducted out of the sight and hearing of prison officers, under conditions fully guaranteeing medical confidentiality. However, taking duly into account the need to ensure the safety and security of healthcare staff, the Committee recognises that the presence of

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110. Namely, *NGŘ č. 33/2019, o vězeňské a justiční stráž* and the provisions of paragraph 46-1 (g) of the Act on Health Services 372/2011 which states that the provider is obliged to ensure “*that medical services are provided to inmate or client in the presence of an officer of the Prison Service, and only within sight, out of earshot, except in the case of a threat to the life, health or safety of a health care worker or other professional or property, where the officer is entitled to be present for the performance of the health service also within earshot.*”



non-healthcare staff at the request of the healthcare professional may be warranted in exceptional cases.

Any such *exception* should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, the presence of prison officers is considered strictly necessary, most notably to ensure the safety of healthcare staff. Prison officers should, when appropriate, fully apprise the doctor of any relevant prior behaviour on the part of the prisoner but the final decision as to whether non-healthcare staff should be present during the examination/consultation should rest with the healthcare professional. Moreover, the exception should only be permissible if other, less intrusive security measures have been considered insufficient to fully contain the perceived risks posed by the prisoner. For example, consideration could be given to ensuring the presence of additional healthcare personnel. Another option might be the installation of a call system, whereby healthcare staff would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination/consultation. All healthcare professionals should receive training on the applicable rules and how to react in high-risk situations.

**The CPT recommends that the Czech authorities take steps to ensure that these precepts are fully implemented in practice.**

166. The delegation found that paper books (at Rýnovice) or boxes were available for healthcare requests, including in the disciplinary unit at Oráčov. Custodial officers were responsible for receiving these paper requests from prisoners and registering them in the electronic system for follow-up by the healthcare services.

The CPT is of the view that prisoners should be able to approach the healthcare service on a confidential basis, for example, by means of a message in a sealed envelope. Prisoners should not be required to make requests to see a doctor via the custodial staff.

In order to enhance the confidentiality of healthcare requests, **the CPT recommends the Czech authorities introduce more appropriate procedures in all establishments, for instance by arranging daily rounds of nursing staff in the detention areas (including the disciplinary and other segregation wards) to collect requests for healthcare-related consultations, or by introducing dedicated locked letterboxes or electronic means for requests to which only members of the healthcare team have access.**

## 5. Other issues

### a. prison staff

167. Staffing levels in the Czech prison system, which were never high, were cut by 485 positions between 2023 and 2024. At the time of visit, for a prison population of over 19 500, there were 7 364 uniformed positions, of which 703 were vacant, and 4 107.4 FTE civilian positions, of which 198.5 FTE were vacant. Overall, nearly 8% of the total number of positions were vacant.

168. Oráčov Prison had 101 FTE custodial officers (and 19 vacant positions) as well as 97.7 FTE civilian staff (and four vacant positions), for 544 prisoners.

At Rýnovice Prison, there were 129 staff in uniform (and 21 vacancies) and 87 civilian staff (and seven vacancies), for 465 prisoners.

Valdice Prison had around 350 employees and 65 vacancies (mainly custodial positions), for 1 007 prisoners at the time of visit. The delegation was informed that the Governor relied on the help of 15 prison staff from other prison establishments. At night, the surveillance was ensured by 10 custodial staff.

169. Generally, the establishments' organisation suffered from a high turnover of custodial officers as well as a lack of educators, pedagogues and psychologists who participate in the supervision of sentence plans. Overall, the staffing levels in the prisons visited, in particular at Valdice, remained

inadequate to ensure a dynamic security approach whereby staff engage with prisoners and are able to promote good order and safety for all. In addition, the lack of staff results in the prisons being unable to offer a meaningful daily programme of activities and preparation for reintegration into the community upon release. For example, there were at least one psychologist at Rýnovice and three psychologists at Valdice missing to cover the needs.

170. By letter of 31 July 2024, the Czech authorities explained that they were considering ways to make the positions for officers and civilian staff more attractive, namely by offering better salaries. The CPT appreciates these efforts to invest adequate resources to attract staff and enhance their standing in the community. In addition to offering competitive salaries, it is essential that all custodial officers and other staff interacting with prisoners are properly trained so that they feel safe and assured in their communications with prisoners, and competent to resolve potential conflicts through appropriate interpersonal communication skills.

At Rýnovice, the delegation was informed that officers and civilian staff were offered refresher training on “interacting with prisoners” every year. This is positive and should be replicated in all prisons.

**171. The CPT recommends that the Czech authorities continue their efforts to invest adequate resources in the process of recruitment and training of prison staff, and to offer competitive working conditions.**

b. security-related issues

172. The CPT took note of the Czech authorities’ commitment to carry out strip searches based on an individual risk assessment and according to the two-stage process.<sup>111</sup> This is positive. However, the findings of the visit, in particular at Rýnovice, indicate that prisoners still have to remove all their clothing and, while fully naked, have to squat three times as part of the search procedure.

**The CPT reiterates its recommendation that the Czech authorities ensure that the regulations concerning the two-stage process are fully implemented in practice.**

173. According to the information gathered by the delegation in all establishments, prisoners were often handcuffed and sometimes ankle-cuffed, for extensive periods of time, during escorts, including when taken to medical examinations in outside healthcare facilities. It was a systematic practice for prisoners under enhanced security protocol and the measure was not recorded.

As noted in previous visit reports, the use of handcuffs and ankle-cuffs during medical examinations is a practice that infringes upon the dignity of the prisoners concerned, even more so when the person is injured and, in addition, impedes the development of a proper relationship of trust between the healthcare professional and the patient (and is possibly detrimental to the establishment of an objective medical finding). If exceptionally the application of handcuffs is deemed necessary on the basis of an individualised risk assessment, the decision on this matter should be taken by the healthcare staff involved, as is already accepted practice in Czechia. The CPT notes the Czech Prison Service’s commitment to applying this rule even in cases where the prisoner poses a serious security risk. However, further awareness raising efforts seem necessary to make the rule fully effective.

**The CPT recommends that the Czech authorities take steps to ensure that prisoners are not systematically handcuffed and ankle-cuffed when transferred from prison to an outside facility or during medical consultations. Any application of handcuffs (and ankle-cuffs) should be based on an individual risk assessment, should last only for as long as is strictly necessary and should be properly recorded. The use of ankle-cuffs should be recorded separately from the resort to handcuffs.**

174. At Valdice, individual security measures were applied to seven prisoners placed in the establishment’s enhanced security unit (see also paragraph 185) on the basis of their violent

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111. Response to paragraph 69 of the CPT report on its visit to the Czech Republic, from 9 to 11 October 2018, [CPT/Inf \(2019\) 34](#).

behaviour and potential risk of harm to others.<sup>112</sup> Such measures implied that handcuffs, most often attached to a belt around their waist, were systematically applied to these prisoners during movements within the establishment (except within the yard). All decisions on these measures were summarised in a one-page document, with the reasoning provided for the initial decision. However, the delegation found that there was no individual assessment of the reasons to justify the prolongation of the measure each month.<sup>113</sup> Further, there appeared to be no clear plan regarding the steps that had to be taken by the prisoners to be no longer subjected to the measure. The documentation contained no indication of reviews by an educator or other staff, whether the prisoners concerned had been given the possibility to be heard during the monthly review or informed of the reasons behind the prolongation of the measure.

175. In the CPT's view, there can be no justification for routinely handcuffing prisoners outside their cells, particularly when the measure is applied in an already secure environment. Such a practice can only be seen as disproportionate and punitive. Only in exceptional cases may such a measure be necessary based upon an individual risk assessment. **The CPT reiterates its recommendation that any application of handcuffs should be based on an individual risk assessment, should last only for as long as is strictly necessary and the reasons for the measure and any prolongation should be properly recorded. Further, the prisoner concerned should be informed accordingly and understand what behaviour is required for the measure to be ended.**

176. Decisions to use means of coercion in the event of an incident appeared to be recorded and thoroughly documented (including a body chart and steps taken after each incident).

However, the practice of fixating violent and/or recalcitrant prisoners and those threatening to commit self-harm to fixed objects such as radiators or other items of furniture, in their own cells or special dedicated cells (located in the disciplinary/crisis units) remains problematic. Tying prisoners in such a way so they can "cool off" is totally inappropriate.

**The CPT reiterates its recommendation that the Czech authorities ensure prisoners are never attached to radiators, furniture or other fixtures. In the event of a prisoner acting in a highly agitated or violent manner, the person concerned should rather be kept under close supervision in an appropriate setting. In case of agitation brought about by the state of health of a prisoner, prison officials should request medical assistance and follow the instructions of the healthcare professional.**

177. In all prison establishments visited, agitated and/or violent prisoners or persons at risk of self-harming could be subjected to mechanical restraint by means of medical straps or leather belts,<sup>114</sup> sometimes on a restraint bed. According to the authorities, restraining straps were used for strictly necessary periods of time during which persons were checked by a doctor and constantly monitored by an officer. In the prisons visited, the use of such measure appeared to be applied very rarely.<sup>115</sup>

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112. Concerning the persons placed in the OZSTZ unit at Rýnovice (see paragraph 184), handcuffs were systematically used on them for transfers outside their cells and usually removed upon entry into the TV room or yard.

113. For example, at the time of the visit, the decisions concerning the seven persons indicated "repeated threats of physical assault and death to employees", "verbal abuse and attempt to physically assault a member of staff with a punch in March 2023", "assault with a sharp object into a group of prisoners with the intention to harm", "assault on a detainee in February 2024, risks remaining", "repeated physical assault on prisoners, last in date being in October 2023", "repeated disciplinary offenses and physical assault on another prisoner in December 2023", "physical attack on another prisoner in April 2024 and repeated threats of harm to others".

114. In accordance with the [Act no. 555/1992](#), paragraph 17, which states the right for an officer to "use coercive means against persons who threaten life or health, intentionally damage property or use violence [...] on the premises of the Prison Service." The law recalls the principle of proportionality in applying the means of coercion, including straps.

115. At *Valdice*, the data provided by the prison management states that there had been between five and seven instances per year when prisoners had been subjected to this type of restraint between 2018 and 2023 in the cell 210K. There had been three cases by the time of the CPT visit in April 2024. In the absence of a dedicated register for such a measure at *Rýnovice* or *Oráčov*, the delegation examined the shift book where fixation could be recorded, and it appeared to be limited to a few occasions per year.

Nevertheless, the CPT has serious misgivings about the fixation of prisoners to a bed in a non-medical setting for security-related reasons.<sup>116</sup> These concerns relate to the conditions of the measure,<sup>117</sup> the duration of the measure, and the safeguards surrounding the measure. Further, the recording of the measure was not comprehensive. Even in cases where the governor's decision is based on a medical recommendation, concerning a person who is self-harming for example, the Committee has serious concerns about the measure taking place in a non-therapeutical environment.<sup>118</sup>

178. From the interviews carried out and an examination of the files, the delegation found that the doctor usually examined the person after being released from the restraint bed. Even in cases of self-harm, it appeared that healthcare staff did not routinely visit the person during the measure of fixation. In one case, a person fixated as a measure to prevent self-harm, apparently had an epileptic fit (he was known to be prone to such fits) while fixated. In another documented case, a prisoner who self-harmed had been fixated to a bed with open wounds, upon medical recommendation to prevent further self-harm.<sup>119</sup> These cases illustrate the particular need for medical oversight.

Further, the delegation received a couple of allegations that persons had had to defaecate and urinate whilst fixated. As indicated in the past,<sup>120</sup> the custodial supervision was not direct and continuous. Only visual checks were performed, at best once every 15 minutes.

179. The delegation also received a few isolated allegations at *Valdice Prison* that inmates were fixated either dressed in their underwear only, or naked, on the bed in a crisis cell (namely, cell 210k in building D). It was also alleged that in both cases the windows to the cell were deliberately left open to let in the cold air.

The CPT takes note of the results of the investigation initiated on 2 May 2024 by the Department of Internal Control of the Prison Service in response to the delegation's preliminary observations on these matters. The reply states that "the inmates are always properly dressed at the time the restraint straps are applied, they are never naked. The cell is heated as standard, equipped with a window and its own sanitary facilities. Inmates are under constant supervision and the individual segments of the restraint system are periodically released to increase circulation."

The CPT welcomes the Internal Control's reaffirmation of the conditions in which a measure of fixation should take place. However, theory and reality do not always align and the information gathered by the CPT delegation on the ground points to the measure not being properly applied.

**180.** In view of the above and in line with the Committee's well-established standards on this practice, **the CPT recommends that the Czech authorities cease to apply the measure of fixating prisoners to a bed in a non-medical setting.**

Pending the full implementation of this recommendation, **the CPT reiterates its recommendation that the Czech authorities take the necessary steps to ensure, whenever prisoners are immobilised with instruments of mechanical restraint (such as straps), that:**

- **the resort to such restraint is immediately brought to the attention of a doctor;**
- **the prisoners concerned are, at all times, continuously and directly monitored by a suitably trained member of staff and healthcare staff;**

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116. At Oráčov, for example, in one case registered in the shift book, a prisoner was tied with straps to the bed, on 16 March 2024, after "verbally assaulting" and "threatening custodial officers" and "destroying property".

117. A dedicated cell at Rýnovice for example was equipped with two rails installed in the concrete floor in order to place medical straps around the person lying down on a mattress.

118. For example, a recent case file at Valdice indicated that a person who had self-harmed and threatened to continue to self-harm had been fixated for more than 16 hours to a restraint bed following the Governor's decision and on the basis of a medical recommendation. No healthcare staff appeared to be present when the straps were applied to the person, during the measure or when the person was released from the straps.

119. The medical records noted that suturing of the wounds was offered but declined at that time by the patient.

120. See the CPT report on the visit to the Czech Republic, from 1 to 10 April 2014, [CPT/Inf \(2015\) 18](#), paragraph 90.

- the duration of the application of means of mechanical restraint be for the shortest possible time (usually minutes);
- the prisoners are provided access to a toilet as need be.

The exceptional prolongation of restraint should warrant a further review by a doctor and due consideration should be given to moving the person to an adequate medical facility at the earliest opportunity. In all cases, at the end of the measure there should be a debriefing with the prisoner concerned by an appropriately trained member of staff.

The Committee trusts that, in the context of the induction and on-going training of custodial staff, continued attention is given to managing particularly challenging prisoners in a manner that guarantees staff safety and the physical and mental integrity of prisoners.

181. The CPT continues to express serious misgivings about the use of service dogs, even with a muzzle, within detention areas of a prison.<sup>121</sup> Regrettably, it still appeared to be common practice in the prisons visited that service dogs were present during planned searches or incidents, transfers outside, daily rounds and headcounts. The CPT is of the view that the use of dogs in a detention area should be strictly limited to searches linked to substances. It is also good practice for a person from the cell being searched to observe the search.

**The CPT reiterates its recommendation that the Czech authorities take immediate steps to ensure that the use of service dogs within detention areas is limited to searches for illicit substances.**

182. The delegation also noted the presence of cage-like structures in areas of building D at Valdice such as on the staircases (holding up to four or five persons at a time) and in the main medical centre, mainly to hold prisoners while they were waiting for undefined amounts of time.

**The CPT recommends that such cages be removed and more suitable facilities, with adequate means of rest (bench or chairs) be found to serve as waiting areas within Valdice Prison.**

183. During the visit, in all three establishments, the delegation noted that prison officers in maximum security and disciplinary units systematically carried pepper spray and/or batons openly. The CPT considers that the routine carrying of such equipment on the wards is not conducive to developing positive relations between staff and prisoners. **The CPT recommends that prison officers do not routinely carry such equipment in detention areas.**

c. placement in segregation units

184. During the 2024 visit, the delegation visited the OZSTZ unit at Rýnovice, where prisoners could be placed because of the type of sentence, particularly dangerous behaviour committed in detention, escapes or attempts thereof or risk of endangering the safety of others. At the time of the visit, this unit was accommodating five prisoners, sometimes together in a cell (on issues relating to the regime, see paragraph 127).<sup>122</sup>

Placement in the OZSTZ unit would usually be indicated for 180 days, however a review of the decision could be requested after three months and transfers out of the unit were allowed after an evaluation of the validity of the reasons for such placement.<sup>123</sup> Prisoners could lodge an appeal with the prison governor or the Director General of the Prison Service as well as the court.

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121. 16 service dogs (among which six were detection dogs) were being used on a daily basis at Rýnovice, nine dogs at Valdice and six dogs at Oráčov (among which two were detection dogs).

122. The unit could accommodate 10 prisoners (two prisoners per cell). Cells were secured and prisoners could not access windows or cell doors. The establishment also accommodated the *OSP DCH* unit (with a capacity of 16 places) in the same wing for persons with mental health-related problems.

123. See section 7 (1) g) and section 72a of the [Act No. 169/1999](#).

**The CPT reiterates its recommendation that prisoners placed in maximum security units be given the opportunity to express their views when a decision on their placement (or its extension) is being taken and that reviews are thoroughly examined.**

185. The CPT notes that Section E of Valdice, which had been visited several times in the past, was no longer in use.<sup>124</sup> Many of the prisoners in a high security level and those with a life sentence had been transferred to the cells located on the ground floor of D building. On this floor, the main hall was composed of a number of cells which were further subdivided by bars and walls for security. The cells for two or more persons had a high, vaulted ceiling which required a barred structure on top of the living space (which stood at around 3 metres high). The windows were about one metre above the top of the bars and the poor access to natural light, the lack of any view outside, and the cage structure rendered the cells dungeon-like, which several prisoners said they found oppressive. These cells were built in the historic listed building, which made any refurbishment such as the enlargement of windows impossible. Sanitary facilities in these multiple-occupancy cells were not fully partitioned from the rest of the cell, often separated only by a plastic curtain.

**The CPT recommends that the Czech authorities stop holding prisoners on the ground floor of D building (main hall) and find more appropriate accommodation for the prisoners concerned elsewhere within the establishment. This hall in D building should be either reconverted for alternative use than prisoner accommodation or redesigned to accommodate prisoners in decent conditions, in light of the above comments. If the area is redesigned for prisoner accommodation, it will be necessary to ensure that the sanitary facilities in the cells are equipped with a full partition (that is, from floor to ceiling).**

186. In all establishments visited, the delegation met a number of prisoners who were located in special cells dedicated to the segregation of prisoners for protection reasons. Walks would usually be taken alone and prisoners were prevented from accessing work, vocational training or other activities.<sup>125</sup> Prisoners spent most of their days locked up in their cell reading books, watching TV, writing letters or making calls. Mostly, they had no contact with other prisoners, and very little meaningful contact with custodial or civilian staff. Moreover, there were no records or formal written decisions to trace the reasons for placement in these isolation cells/units and the length of time in isolation.

During the visit at Oráčov, the delegation met with a prisoner placed in a normal disciplinary cell for protection reasons for over a month with no prospects of being transferred. In this case, the disciplinary protocol was applied to the management and movements of the prisoner. For instance, the presence of two guards was required to open the cell. His cell was sparsely furnished, with no shelves or locker to store his personal belongings and he was required to wear uniform clothes meant for those placed in disciplinary.<sup>126</sup> He was allowed access to the outdoor exercise yard once a day. Contact with the outside world was similar to that afforded to other prisoners (see paragraphs 198 and 202). The management of Oráčov Prison should pay close attention to prisoners separated for protection reasons to avoid them being placed in a situation of *de facto* solitary confinement. More generally, it is problematic that disciplinary cells are used as protection cells, as this could be perceived by the prisoner as a punishment.

187. As mentioned in the past, the Committee recognises that it may, at times, be necessary to remove prisoners from the general prison population and place them in separate accommodation for their own protection. The decision whether or not to impose an isolation-type regime should always be based on an individual risk assessment of the prisoner concerned; further, the regime should be applied for as short a time as possible, which implies that the decision imposing it should be reviewed at regular intervals.

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124. See for instance, the CPT report on the visit to the Czech Republic, from 1 to 10 April 2014, [CPT/Inf \(2015\) 18](#).

125. At Rýnovice, the delegation met with a prisoner who had been isolated since February 2024. While the conditions of his room were decent, it didn't offer him a view of the outside and he did not benefit from a regime that would compensate the effects of the isolation.

126. There was a small TV room to which the person had access but it had very poor access to natural light. In addition, meetings with the psychologist took place in this TV room.

**The CPT recommends that, for those prisoners placed on protection for more than a few weeks, additional measures be taken in order to provide them with appropriate conditions and treatment; access to activities, educational courses and sport should be feasible. Moreover, there must be a more proactive approach by the prison healthcare service towards prisoners on protection, particularly as regards psychological and psychiatric care, especially as some of them might spend several months or more in conditions akin to solitary confinement. There should also be an individual assessment of their needs at regular intervals and every effort should be made to return them to mainstream custody. Where appropriate, transfer to another prison should be considered.**

188. Every establishment visited had a crisis unit to manage prisoners exhibiting a mental state of crisis (including risks of harm to self or others).<sup>127</sup> The crisis units were composed of crisis cells (for individual or multi-occupancy, sometimes with CCTV coverage) and other “special” cells. The length of stay in the crisis unit was determined on an individual basis.<sup>128</sup>

The delegation found that the information relating to the placement of prisoners in the crisis units was scattered across several registers and logbooks and various files. The information available to the delegation did not provide clear reasoning for placements in a crisis cell or “special cell” and ensuing review procedures. None of the dedicated registers which the delegation was able to examine indicated logs concerning healthcare or psychiatric supervision of such placement.

**The CPT recommends that the Czech authorities ensure that every placement in a crisis unit (whether it is a cell, special cell or cell with CCTV) is properly documented with clear reasoning of the placement and continued placement and that there is regular supervision by both custodial and healthcare staff, as appropriate.**

d. treatment of transgender persons

189. At the time of the visit, the Czech authorities informed the delegation that they were in the process of developing a policy towards the management of transgender persons in prison as currently transgender women in particular could be accommodated in male prisons. A clear framework for the treatment of transgender persons who are detained in prison should address both the policies towards the placement and the management of transgender persons in prison and should include clear protocols with regard to such issues as searches, use of force, staffing, healthcare and treatment (hormone or gender affirming surgery), and association and access to activities together with cisgender prisoners. Strategies to combat ill-treatment directed at transgender persons, both from staff or other prisoners, should be at the heart of the framework.

190. The Czech authorities are invited to make use of the recent standards developed by the CPT,<sup>129</sup> in particular that:

- prison managers should promote their respectful treatment by adopting an inter-disciplinary approach, considering the possible legal, medical and social ramifications of their actions, and establishing tailored safeguards against ill-treatment by prison staff or other prisoners;

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127. In accordance with the definition stated in the Regulation of the Director General of the Czech prison Service, 25/2011.

128. At Oráčov for example, according to the register on the use of the *crisis rooms*, these had been used 15 times in 2022, 28 times in 2023 and eight times by the time of the visit in 2024. The length of stay in the crisis unit varied from a few hours to a couple of weeks. According to the logbook pertaining to the *special cell*, it had been used 113 times in 2023 and 33 times in the first four months of 2024. Further, the length of stay did not appear to extend beyond 24 hours at which time a break (of at least an hour it seemed) would take place before the measure was imposed again.

129. See the CPT’s standard on transgender persons in prison, Extract from the 33rd General Report, [CPT/Inf \(2024\) 16-part](#); and the Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva.

- transgender persons should be accommodated in the prison section corresponding to the gender with which they identify, following an individual risk assessment;
- transgender prisoners should be allowed to dress in the clothes associated with their self-identified gender;
- prison authorities should address them by their preferred names, titles and pronouns in all verbal and written communication, irrespective of official documents;
- prison staff should receive training on how to carry out searches in a professional and respectful manner;
- national and prison authorities should ensure that all prison staff are empowered through training in preventing, identifying and responding to the specific needs of transgender persons and addressing the risks of abuse, discrimination and exclusion they face in the prison environment;
- national authorities should ensure that policies include strategies to prevent and combat ill-treatment by prison staff as well as inter-prisoner violence and intimidation targeting them

**The CPT would like to be informed about the policy adopted by the Czech authorities concerning the treatment of transgender persons in prison.**

e. discipline

191. Disciplinary sanctions still include solitary confinement for up to 20 days. In addition, sanctions also include placement in a closed unit for up to 20 days with an obligation to carry out some work (*celodenní umístění do uzavřeného oddílu, CUO*) and placement in a closed unit for up to 28 days with possibilities to carry out work and the treatment programme (*Umístění do uzavřeného oddílu až na 28 dnů, s výjimkou doby stanovené k plnění určených úkolů programu zacházení, UOMPZ*).<sup>130</sup> Resort to the most severe sanctions of solitary confinement seemed not to have been imposed in 2023-2024. However, CUO, which could lead to *de facto* solitary confinement (when the person was placed alone in a disciplinary cell and could not work for health reasons for example) was regularly imposed.<sup>131</sup> Placement in UOMPZ usually would be imposed for three to seven days (this sanction is within the powers of the educators); sometimes 10, 14 or 20 days, and occasionally for 22 or 28 days.<sup>132</sup>

As noted in the past<sup>133</sup>, the CPT considers that, given the potentially very damaging effects of solitary confinement, the maximum period for solitary confinement as a punishment (or any other punishment which could lead to *de facto* solitary confinement) for an adult prisoner should be no more than 14 days for a given offence, and preferably lower.<sup>134</sup> Any offences committed by a prisoner which might call for more severe sanctions should be dealt with through the criminal justice system.

**The CPT recommends again that the practice and relevant legal provisions be amended in light of the above remarks.**

192. As regards disciplinary proceedings, from the delegation's examination of a sample of disciplinary decisions, it appeared that prisoners facing disciplinary charges were provided with the opportunity to be heard orally or in writing by the person responsible for taking a decision. Individual

130. [Act No. 169/1999](#), paragraph 46.

131. For example, in 2023, there were two cases of CUO at Oráčov. CUO was imposed in nearly 70 cases (for up to 20 days) at Rýnovice and around 135 times in 2023 for three to 20 days, at Valdice.

132. For example, in 2023, 28 days of UOMPZ was imposed four times at Oráčov, nine times at Rýnovice and around five times at Valdice.

133. See for example [CPT/Inf \(2019\) 23](#), paragraph 78.

134. See 21st General Report of the CPT (CPT/Inf (2011) 28), paragraph 56.



case files appeared to be kept properly and well documented.<sup>135</sup> Prisoners would be provided with a copy of the disciplinary decision which informed them of available legal remedies.

A typical decision would indicate that a complaint against the decision could be submitted in writing or orally within three days from the date of notification of the decision “through the person who issued the decision” and that the complaint would be decided by the director or an authorised member of prison staff (such as the special pedagogue or the head of department). A court review could be requested in some cases, including for placement in a closed section or solitary confinement.<sup>136</sup>

The CPT welcomes the analysis performed by the management of Oráčov of disciplinary trends and meta-data.

193. The law imposes the requirement of a medical assessment prior to the placement into a disciplinary cell and thereafter at least once a week during the execution of the sentence.<sup>137</sup> In practice, the doctor’s involvement in monitoring the state of health of prisoners subject to disciplinary isolation was very limited. If need be, nurses would check on the state of health through the cell’s visor and provide medication to custodial staff, in charge of individual distribution (see also paragraph 147). Medical checks were not recorded in a specific register and the “fit for punishment” forms signed by the doctor were usually not kept in the individual medical files.

The CPT refers to its remarks in paragraph 81 of the report on the 2018 visit and **reiterates its recommendation that the role of healthcare staff in relation to disciplinary matters be reviewed.** Again, **in so doing, regard should be had to the European Prison Rules (in particular, Rule 43.2) and the comments made by the Committee in its 21st General Report (see paragraphs 62 and 63 of CPT/Inf (2011) 28).**

**The CPT recommends that whenever a member of the healthcare staff visits a prisoner placed in isolation as a punishment, the visit should be duly recorded.**

194. The delegation took note of a number of cases in all establishments visited where disciplinary proceedings were initiated following instances of self-harm or attempted suicide. Prisoners could be imposed up to 14 days in UOMPZ for self-harming. In addition, persons who self-harmed were obliged to bear the costs of any medical treatment. The Committee considers that such arrangements are inappropriate.

The CPT takes note of the authorities’ commitment from their letter of 31 July 2024 to ensuring the solitary confinement is not “imposed on prisoners with mental or physical disabilities when their condition would be exacerbated by it”.<sup>138</sup> The CPT must point out that acts of self-harm frequently reflect problems and conditions of a psychological or psychiatric nature and should be approached generally from a therapeutic rather than a punitive standpoint. Further, the imposition of a disciplinary punishment negatively influences the possibility of an early release from prison.

The Committee notes that UOMPZ is not a sanction of full-day confinement. However, *de facto isolation*, resulting from a combination of confinement to a cell for most of the day, little or no contact with staff, and a poor regime, is the exact opposite of the care required for persons presenting a risk of suicide or self-harm who should be afforded increased contact with other persons. Indeed, isolation may well increase the risk of suicide rather than decrease it. The treatment and care of persons who present a risk of suicide should be overseen by healthcare staff; that is, they should be the subject of regular visits by healthcare staff and follow-up.

**The Committee recommends that the Czech authorities take steps to ensure that acts of self-harm are no longer subjected to disciplinary punishment in prisons (and do not negatively**

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135. Disciplinary decisions included the prisoner’s statement and declaration of consent to share medical information with the investigating body in the context of physical violence, witness statements if available, and CCTV analysis as appropriate.

136. [Act No. 169/1999](#), paragraph 52.

137. [Act No. 169/1999](#), paragraph 49.

138. In accordance with rule 60.6. b. of the [European Prison Rules](#).

influence the possibility of an early release from prison) and persons who self-harm are not requested to pay for the healthcare provided to them.

**The CPT calls upon the Czech authorities to analyse the suicide rate in prison establishments and its causes and to introduce alternative suicide prevention measures – instead of isolation – such as increased and varied activities, opportunities for association, contact with the outside world and effective, multidisciplinary substance-use treatment. Active suicide prevention efforts are needed, through the provision of supportive monitoring and the development of trusting relationships between prisoners and staff. Further, measures should be taken to ensure that prevention efforts are adequately coordinated, in particular by regular and frequent meetings of the multidisciplinary team and through an adequate level of input from specialist staff such as psychiatrists and educators.**

195. Prisoners executing a disciplinary measure had rights to contact with the outside world as usual. However, as pointed out in the past, the regime imposed on prisoners in disciplinary cells remained impoverished.<sup>139</sup> Prisoners undergoing a CUO sanction could not participate in their usual work activities or treatment programme. The daily activity was limited to one hour of outdoor exercise in the yard and access to a selection of books (namely legal, educational and religious literature). They were not allowed to purchase items at the canteen other than hygiene products. In addition, they were not allowed to smoke, watch TV or rest on the bed (outside the time specified by the internal regulations). Sheets and mattresses would be removed and beds lifted when technically possible (namely in Rýnovice and Valdice). The regime applied to prisoners under the UOMPZ sanction was very similar, with some differences such as being allowed to work and participate in their treatment programme. However, in cases where the prisoner was not able to participate in those activities, again, this confinement could amount to *de facto* solitary confinement.

It is generally acknowledged that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long term, to have damaging effects, resulting in deterioration of mental faculties and social abilities.

**The CPT recommends that the practice of raising beds during the day be immediately ended, and that all prisoners subjected to the sanction of solitary confinement are provided with a wider range of reading material during their stay in a disciplinary cell. Steps should be taken to change the law accordingly.**

196. The material conditions of the disciplinary units were generally very poor, in particular in Oráčov and Valdice Prisons, and require immediate attention. There was generally insufficient access to natural light and inadequate ventilation.<sup>140</sup> In addition, the cells were often very dirty and the thin foam mattresses (with no cover) were often ripped. The toilets in collective disciplinary cells were not fully partitioned. Running hot water was generally not available in disciplinary cells. The collective showers used for Oráčov's disciplinary ward were dirty, with paint peeling off the walls.

**The CPT recommends that action be taken in the prisons visited to remedy the above-mentioned deficiencies in the material conditions of the disciplinary cells.**

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139. [Act No. 169/1999](#), paragraph 49 (3).

140. At the time of visit, some disciplinary cells had been recently refurbished or were in the process of being renovated at Rýnovice. Despite the renovations, these cells remained very dark.

f. contacts with the outside world

197. In all establishments visited, prisoners were able to send and receive letters and the confidentiality of correspondence with state institutions, international organisations and complaints bodies appeared to be respected.

198. Prisoners were allowed a three-hour visit per month, usually with up to four visitors at a time, in line with national legislation. Some visiting time (up to two additional hours) could be added to the minimum allocation as an incentive for good behaviour and placement in the first differentiation group (it could be proposed exceptionally for the second differentiation group).<sup>141</sup>

The delegation noted that the three establishments visited had taken measures to accommodate families with children during visits, either by setting up a children's corner in one of the visiting rooms (in *Oráčov* and *Valdice*), or a specific room where visits could be carried out with custodial supervision.

Whether the visits were held in an open environment or with a barred or glass partition was dependent on the prisoner's status or placement in a specific ward. From interviews, the delegation gathered that, once the closed visitation conditions were imposed, it seemed difficult to review the decision. At Rýnovice, for instance, prisoners serving a sentence in the OZSTZ unit (see paragraph 184) met their visitors in the large cultural room of the unit, systematically behind bars, under the direct supervision of a custodial officer and, in some cases, with handcuffs (despite being behind bars). In addition, the delegation was told (by staff or prisoners) that they were not always allowed to touch their visitors, for no clear reasons.

199. It is regrettable that, despite the assurance given by the Czech authorities in their response to the 2014 and 2019 visit reports, the minimum visit entitlements for adult prisoners have not been increased, as repeatedly recommended by the Committee. **The CPT reiterates its recommendation that the Czech authorities take the necessary steps to ensure that all adult prisoners may receive visits for at least one hour every week.**

200. At Rýnovice and Valdice Prisons, the rooms used for meetings with lawyers had had metal bars installed to separate the prisoner from their lawyer. This set-up was apparently for security reasons, in order to protect the lawyer or the video conference equipment from material damage, as prisoners "could get angry when they received bad news", in the absence of supervision. This is not appropriate and should be reviewed.

201. The CPT accepts that in certain cases it will be justified, for security-related reasons or to protect the legitimate interests of an investigation, to have visits take place in booths and/or be monitored. However, "open" visiting arrangements should be the rule and "closed" ones the exception, for all legal categories of prisoners. Any decision to impose closed visits with families or lawyers must always be well-founded and reasoned, and based on an individual assessment of the potential risk posed by the prisoner. In addition, the CPT recalls that the relationship between a client and a lawyer needs to be based on a relationship of trust. **The CPT recommends that the Czech authorities review the practice of according open and closed visits in view of the above-mentioned comments. Further, if prisoners are given closed visits, they should not have to conduct such visits with their families or lawyers through metal bars.**

202. Regarding the use of the telephone, in all establishments, prisoners could place a 20-minute phone call every day at their own cost.

Facilities for video-conference calls were being installed and used more regularly as a new system of communications. At *Oráčov*, where the prison had installed four computer stations in a room, prisoners were usually allowed 20 minutes, twice a month. At Rýnovice, video-conference calls were limited to 20 minutes, once a month, and used as a means to provide a reward to prisoners in the first differential group. At *Valdice*, the delegation was told that only the ZO/1st differentiation group had access to video-conference calls.

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141. On differentiation groups, see paragraph 121.

**The CPT encourages the Czech authorities to further develop the possibility of making Voice-over-Internet-Protocol (VoIP) calls for prisoners. The Committee encourages the Czech authorities to consider providing this possibility to all prisoners.**

g. complaints procedures

203. In the three establishments visited, prisoners generally appeared to be aware of the possibility to lodge complaints, and confidential complaints boxes, emptied regularly by administrative staff, were available in the accommodation areas. From examining a number of files, the delegation had the impression that complaints were diligently investigated and that prisoners were generally provided information about the outcome of the investigation. However, from consulting a sample of investigatory files it did not appear that prisoners were heard in the context of their complaint or provided with legal counsel. Some prisoners interviewed by the delegation expressed that they did not understand why their complaints were declared unfounded, and information on appeals was lacking from the investigation files examined by the delegation. Some prisoners with whom the delegation spoke felt it was pointless to complain as very few complaints were declared founded. In fact, a large majority, if not all in some years, of the complaints were declared unfounded, in the establishments visited between 2018-2024. Some prisoners also alleged that there could be retaliation (such as disciplinary punishments) for complaining.

**The CPT recommends that the Czech authorities take measures to develop trust in the complaints system by providing thorough reasoning regarding the outcome of a complaint and adequate information on the right to appeal.**

204. The CPT also takes note that medical complaints are separated from ordinary complaints. However, generally, unless the prisoners disagreed to sharing their medical records, these complaints were handled as ordinary complaints by the prison director's office. The delegation was advised that the prison healthcare team did not keep a register of complaints regarding prison healthcare services.

Following the recent developments related to the governance of healthcare in prison establishments (see paragraph 143), **the CPT recommends that healthcare-related complaints be directed to the new healthcare authority with a view to securing an effective and coherent complaints mechanism and developing a system of effective quality control. To facilitate such transition, healthcare teams in prison establishments should keep a separate register of complaints.**

## **E. The use of surgical castration in the context of the treatment of sex offenders**

205. The use of surgical castration in the context of treatment of sex offenders has been the subject of a longstanding dialogue between the CPT and the Czech authorities.

In previous visit reports,<sup>142</sup> the CPT repeatedly expressed its fundamental objections to the use of surgical castration as a means of treatment of sex offenders, since it is a mutilating, irreversible intervention which could not be seen as a medical necessity in this context, and could therefore easily be considered as amounting to degrading treatment. Consequently, the Committee urged the Czech authorities to put a definitive end to the use of surgical castration in the context of the treatment of sex offenders.

It should be recalled that, in brief,<sup>143</sup> castration may be permitted upon the written request of the patient, who must be at least 21 years old, if an expert medical examination has established the existence of a specific sexual deviance which has manifested itself in the commissioning of a violent sexually-motivated offence, or the offence of sexual abuse of a child, and if there is a high probability that the patient will commit a sexually motivated offence again in the future, and if other methods of treatment have proven unsuccessful (or cannot be applied due to health reasons).

A patients' request must be approved by a central commission composed of experts in psychology, psychiatry and sexology, together with a lawyer specialised in healthcare legislation. The castration may only be performed if the patient re-confirms his consent in writing immediately before the intervention. Further, the intervention cannot be carried out on (either remand or sentenced) prisoners or on persons with limited legal capacity. A court approval, in addition to the consent of the patient and the approval of the central commission, is required if the intervention is to be carried out on a patient subjected to the court-imposed measure of in-patient protective treatment (that is, forensic psychiatric placement in a healthcare facility) and on inmates in security detention.

According to the information provided by the Czech authorities, between 2018 and 2023, five applications for surgical castration were approved by the central commission. However, the authorities were unable to provide information as to whether the approved interventions have actually been carried out in these cases.

The CPT notes that the number of approved applications for surgical castration continues to be relatively low, in comparison with the number of interventions actually carried out some two decades ago.<sup>144</sup> **The Committee once again urges the Czech authorities to build on these developments and to put a definitive end to the use of surgical castration as a means of treatment of sex offenders. The relevant legal provisions should be amended accordingly.**

Further, **the Committee recommends that the authorities take the necessary measures to ensure that data on the annual number of surgical castrations actually carried out in the context of treatment of sex offenders is collected.**

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142. See, most recently, paragraphs 135 and 136 of the report on the 2018 visit to the Czech Republic (CPT/Inf (2019) 23).

143. The intervention is regulated in Sections 17 to 20 of the Law on specific healthcare services.

144. The information available to the CPT indicates that some 70 surgical castrations of sex offenders were carried out in the period of 2000-2006, 13 between 2007 and 2011 and none between 2012 and April 2014, while two requests for the intervention were approved between April 2014 and October 2018.

## **APPENDIX I**

### **List of the establishments visited by the CPT delegation**

#### **Police establishments**

- Beroun Territorial Police Department
- Prague II – New Town District Police Department
- Prague IV – Pankrác District Police Department
- Žďár nad Sázavou District Police Department

#### **Establishments operating under the authority of the Ministry of Justice**

- Oráčov Prison
- Rýnovice Prison
- Valdice Prison
- Opava Security Detention Institute
- Prague – Pankrác Security Detention Institute

The delegation also went to Ostrava and Prague – Pankrác Remand Prisons in order to interview newly admitted remand prisoners who had recently been in police custody.

#### **Juvenile educational institution**

- Olešnice Educational Institution for Juveniles.

## APPENDIX II

### List of the national authorities, other bodies and non-governmental organisations with whom the delegation held consultations

#### A. National authorities

##### **Ministry of Justice**

Karel Dvořák	Deputy Minister of Justice
Gabriela Slovákova	Director, Criminal Policy Department
Simon Michailidis	Director General of the Prison Service
Tomáš Hůlka	Deputy Director of the Prison Service
Ondřej Felix	Director, Healthcare Facilities of the Ministry of Justice
Iva Günzlová	Director of Inspection Unit
Miroslav Kaštyl	Advisor, Office of the government agent to the European Court of Human Rights

##### **Ministry of the Interior**

David Fulka	Deputy President of the Police
Karel Bačkovský	Deputy Director, Security Policy Department
Lubomír Janků	Advisor, Security Policy Department
Pavel Bacík	Director, Refugee Facilities Administration
Kristýna Pavlíčková	Advisor, Refugee Facilities Administration
Veronika Votočková	Advisor, Asylum and Migration Policy Department
Kateřina Hlaváčová	Deputy Director of the Internal Supervision Department of the Presidium of the Police
Miroslav Žaloudek	Advisor, Internal Supervision Department of the Presidium of the Police
Martin Blažek	Director, Methodological Department, Uniformed Police Directorate
Dušan Tatíček	Advisor, Methodological Department, Uniformed Police Directorate
Petr Matějčík	Head of Residence Regime Unit, Directorate of Alien Police
Soňa Szelesová	Advisor, Directorate of Alien Police

##### **Ministry of Education, Youth and Sports**

Jan Mušuta	Director, Department for Equal Access to Education
Martina Štěpánková Štýbrová	Unit for Equal Access to Education and Institutional Education
Jan Klusáček	Advisor, Institutional Education Department

##### **Ministry of Health**

Josef Pavlovic	Deputy Minister of Health
Venuše Škampová	Director, Healthcare Department

**Ministry of Labour and Social Services**

Mariana Radošovská

Advisor

**B. Office of the Public Defender of Rights (Ombudsperson)**

Vít Alexander Schorm

Deputy Ombudsperson

Milan Svoboda

Head of the National Preventive Mechanism Department (NPM)

**C. International organisations**

Office of the United Nations High Commissioner for Refugees (UNHCR) in the Czech Republic

**D. Non-governmental organisations**

Association for Integration and Migration (SIMI)

Counselling Centre for Citizenship, Civil and Human Rights

Initiative “Hlavák”

Organisation for Aid to Refugees (OPU)