EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT)

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Response

of the Italian Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Italy

from 2 to 12 September 2025

The Government of Italy has requested the publication of this response.
The CPT's report on the 2025 visit to Italy is set out in document CPT/Inf (2026) 43.

Strasbourg, 4 November 2026

ITALY

Ministero degli Affari Esteri
e della Cooperazione Internazionale

COMITATO INTERMINISTERIALE PER I DIRITTI UMANI

September 2026

ITALY'S RESPONSE

By letter of 8 April 2026 (CPT/AM/2026/15), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter "the CPT" or "the Committee") transmitted to the Italian authorities the report on its ad hoc visit to Italy carried out from 1 to 12 September 2025.

The present response follows Italy's reply of 12 December 2025 to the preliminary observations of the CPT delegation, which addressed the immediate observations made under Article 8, paragraph 5, of the Convention and a number of other matters raised at the end-of-visit talks, and builds on the information provided therein. The present response reflects the situation as of 16 September 2026.

In reaffirming Italy's commitment to the protection of all persons deprived of their liberty from torture and inhuman or degrading treatment or punishment, and to full cooperation with the CPT, the Italian authorities wish to stress that the Committee's findings have already been shared with the Regional Directorates of the Penitentiary Administration (PRAPs), the Governors of the establishments visited, the Regions and Local Health Authorities concerned, and the Technical Monitoring Group on prison healthcare (see the replies to paragraphs 73 and 89 below). For ease of reference, the response follows the structure and the paragraph numbering of the report. The Italian authorities do not object to the publication of the report and of the present response.

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Treatment of persons held in prison establishments | List of priority and chronic issues and good practices

The Italian authorities have taken careful note of the priority and chronic issues identified by the Committee at the outset of its report. Information on the acceleration of the measures provided for by the national Prison Building Plan (Piano Carceri) is provided in the replies to paragraphs 9 and 39; on dynamic security in the replies to paragraphs 18, 23 and 72; on conditions of detention and purposeful activities in the prisons visited, and on the plans for Florence Sollicciano Prison, in the replies to paragraphs 33, 35, 41 and 49; and on the gender-specific approach to women in prison in the reply to paragraph 105. As regards the measure of court-imposed solitary confinement for lifers (isolamento diurno), there are no legislative initiatives or plans regarding this matter. The good practices acknowledged by the Committee (the promotion of work opportunities through the incentives of Law No. 193/2000, the so-called Legge Smuraglia, and the standard of prison healthcare in the Liguria and Tuscany Regions) will continue to be supported and, as far as possible, extended to other Regions through the mechanisms described below.

- **Address the regional disparities in the provision of prison healthcare**

Within the Permanent Consultation Desk for Prison Healthcare (hereinafter the "Desk"), a Technical Monitoring Group (hereinafter "the Technical Group"), coordinated by the Ministry of Health, was established by State-Regions Agreement Rep. Atti No. 53/CU of 7 May 2025.

The Technical Group is primarily tasked with monitoring the provision of prison healthcare services for adults and minors in the Regions and Autonomous Provinces, as well as the implementation of the guidelines approved under State-Regions Agreement Rep. Atti No. 3/CU/2015.

The monitoring process assesses:

- the status of the regional and provincial healthcare service networks in place, including their respective management and operational arrangements;
- interregional transfers on health grounds pursuant to the primary legislation governing the reform of prison medicine, with specific regard to the implementation of the prescribed procedures by the Regions, Autonomous Provinces and Local Health Authorities (*Aziende Sanitarie Locali*, ASLs);
- the state of implementation of activities concerning structural and/or organisational conditions, falling within the remit of the Special Commissioner for the Prison Estate.

Furthermore, on the basis of the assessment of the regional and provincial networks, the Technical Group is tasked with identifying and proposing uniform management and operational procedures, in accordance with the guidelines approved under State-Regions Agreement Rep. Atti No. 3/CU/2015.

The Technical Group is currently drafting its first monitoring report, which is expected to be tentatively finalised by December 2026. The Italian authorities through the Health Ministry undertake to transmit it to the Committee, together with the Group's recommendations, as soon as it has been adopted (see also the reply to paragraph 73).

Good practices

With regard to good practices in prison healthcare, it should be noted that a specific section entitled "D. Further Implementations, Trials, Best Practices" is included in the regional network monitoring form, which has been shared with the Regions within the Technical Group and is used as a tool for the collection of data and information. This will make it possible to identify, on a systematic basis, practices worth disseminating nationwide, including those observed by the Committee in the Liguria and Tuscany Regions.

1. Preliminary remarks

Paragraph 9

The CPT would like to be provided with regular updates, on a quarterly basis, on the implementation of the above-mentioned measures designed to modulate the rise in the prison population, and to receive precise details on the number of additional prison places created to date and those currently being planned for the years 2026 to 2030[1].

In addition to the ordinary and extraordinary maintenance of the facilities and the recovery of detention places made unavailable by contingent events, a major effort has consistently been made towards the creation of new detention places.

The Prison Building Plan, which involves the Ministry of Justice, the Ministry of Infrastructure and Transport and the Special Commissioner, provides that, by 31 December 2027, a total of 10,507 detention places will be created or recovered (including works under the responsibility of the Department of the Penitentiary Administration, the Department for Juvenile and Community Justice, the Ministry of Infrastructure and Transport and the Special Commissioner for the Prison Estate), broken down as follows. The figures below update those communicated in Italy's reply of December 2025 to the preliminary observations (10,692 places, of which 73 DGMC (Dipartimento per la Giustizia Minorile e di Comunità), 3,314 MIT (Ministero delle Infrastrutture e Trasporti) and 4,669 Special Commissioner): the Plan was revised in May 2026 following the transfer to the MIT of part of the work previously assigned to the DGMC and the Special Commissioner; the difference is therefore due to a reorganisation of the Programme:

National Plan for Prison Building		
Years 2025/2027	Prison places 2025	Prison places 2026
Department of the Penitentiary Administration (*Dipartimento dell'Amministrazione Penitenziaria*, DAP)	2,636	2,636
Department of Juvenile and Community Justice (*Dipartimento per la Giustizia Minorile e di Comunità*, DGMC)	73	53
Ministry of Infrastructure and Transport (*Ministero delle Infrastrutture e dei Trasporti*, MIT)	3,314	3,421
Special Commissioner (*Commissario straordinario per l'edilizia penitenziaria*)	4,669	4,397
Total	10,692	10,507

[1] The Committee recognises the necessity to upgrade the prison estate but it considers that "..constructing new prisons and/or permitting prison population inflation will not provide a lasting solution to the problem of overcrowding." See the 31st General Report on the CPT's activities CPT/Inf(2021)5, paragraph 104.

Prison Building Plan broken down by annual targets for the years 2025 – 2026 – 2027

National Building Plan 25/27

Implementing body	2025	Upd. 2026	2027	25/27
DAP	290	1,603	743	2,636
DGMC	22	12	19	53
MIT	273	1,354	1,794	3,421
Special Commissioner	0	1,190	3,207	4,397
	585	4,159	5,763	10,507

In addition to these 10,507 places, by 2028 a further 560 places will become available through the seven new 80-place pavilions financed under the Complementary Fund to the National Recovery and Resilience Plan (*Piano Nazionale di Ripresa e Resilienza*, PNRR), at the following prisons: Vigevano, Rovigo, Ferrara, Viterbo, Perugia, Civitavecchia and Santa Maria Capua Vetere.

Therefore, barring any unforeseen loss of places, it is estimated that by 2028 a total of more than 11,000 prison places will have been created or recovered.

As at the end of the first half of 2026 – according to the records of the DAP – the following places had been delivered:

Delivered

Implementing body	2025	Firrst quarter of 2026	First half 2026
DAP	290	508	
DGMC	22	12	
MIT	273	273	
Special Commissioner	0	0	
	585	793	Over 960

Regarding the places reactivated by the DAP through ordinary maintenance works started in 2025 and completed by the first quarter of 2026 (including by the Regional Directorates and prison Governors), 798 places (290 in 2025 and 508 in the first quarter of 2026) were restored. This figure constitutes, within the observation window (1 January 2025 – 31 March 2026), the so-called "positive balance" between the total number of places restored and those that became unavailable in the same period for contingent reasons.

To this figure (798) an additional 80 places resulting from the works at Alba Prison will be added shortly. The planned works are substantially completed, with only minor finishing works remaining. However, in order to activate and properly test the new systems installed, in particular the special systems (video surveillance, public

address, fire detection, anti-aggression alarms), it is estimated that the renovated areas will be fully operational at the end of 2026.

As announced at the meeting of the Steering Committee for prison building, chaired by the Under-Secretary of State to the Presidency of the Council of Ministers and held on 30 July 2026, the following prison facilities are scheduled for completion between September and December 2026: Livorno pavilion D (138 beds) and Alba. Completion of works at Reggio Calabria “Arghillà”, Messina, Ariano Irpino, Cremona, Vigevano, Castelfranco Emilia, Biella, and Voghera, is expected by the end of 2026.

Concerning the recovery plan for former barracks, in 2024 the "Barbetti" Barracks in Grosseto were acquired by the Penitentiary Administration for government use, with a view to building an establishment of approximately 150 places.

For details of the activities coordinated by the Special Commissioner and of the prison building measures, two summary sheets are attached (Annexes Nos. 1 and 2).

2. Ill-treatment

Physical ill-treatment

Paragraph 18

The CPT recommends that the DAP and the senior management in each prison remain vigilant and ensure that custodial staff understand that all forms of ill-treatment, including excessive use of force when managing challenging prisoners and verbal abuse of persons in prison, are unprofessional, illegal and will be dealt with accordingly.

Further, the CPT recommends that the Italian authorities ensure that all prison officers are properly trained, with refresher courses at regular intervals, in the use of recognised methods of control and restraint which would be in compliance with the principle of proportionality. They should also receive training on verbal de-escalation skills to defuse incidents and thereby avoid the need to use force. Further, the CPT would like to receive information on the training activities conducted in respect of members of the G.I.O. and G.I.R. intervention groups, notably in relation with modules of the training handbook on the emergency situations mentioned in paragraph 71 as well as the first results of the testing of body-worn cameras.

The Directorate General for Training of the DAP is committed to ensuring high training standards for all prison staff, recognising the crucial role that initial and continuous training plays in promoting professionalism, awareness and responsibility. The issues of personal data confidentiality, suicide risk prevention and management and staff well-being are addressed with care in full compliance with constitutional principles and human rights. Training activities are structured into courses for new staff, as well as refresher courses focusing on the protection of human rights and the prevention of torture and other cruel, inhuman or degrading treatment or punishment. These courses are designed for all staff involved in the management of detainees.

Special training has been carried out to raise awareness of the protection of the dignity of transgender prisoners and the specific needs of this category of inmates.

As concerns emergency management, with particular regard to critical events involving detainees, an extensive refresher training programme has been held for prison Governors, Penitentiary Police commanders and rehabilitation officers.

The issues of legality, ethics of professional conduct, confidentiality of data relating to the penitentiary system, transparency and anti-corruption permeate all initial training programmes for all professional profiles of the Administration and are the subject of specific teaching modules drawing on the relevant national and supranational standards.

As regards specifically the training courses for Penitentiary Police staff, training is aimed at ensuring full respect for human dignity and the protection of inviolable human rights, in line with the Corps' role as guarantor of legality and with the humane approach that has always distinguished the Penitentiary Police Corps.

The training is designed to consolidate the staff's technical and professional preparation around the principles of legality, proportionality, impartiality, humanity and security, through specialised courses that cover in depth the following subjects:

- the protection of the dignity of detainees;
- knowledge of the prison population;
- prevention of inhuman or degrading treatment;
- correct operating methods for search activities;

- the legitimate, proportionate and graduated use of force in critical events;
- effective communication techniques and relational mediation;
- techniques for managing prisoners in psychological and psychiatric distress;
- management of operational stress and the emotional burden of the service;
- the prevention of conflicts and high-tension situations;
- the constant and continuous professional updating of Police staff.

Particular attention is also paid to the training of personnel called upon to operate in complex contexts involving high operational stress, to ensure the correct balance between security needs and full respect for the rights of individuals deprived of their liberty.

The approach adopted favours operational models oriented towards conflict prevention, mediation and the professional development of prison staff, in accordance with domestic and international standards aimed at ensuring a prison system based on the principles of legality, humanity and security.

The aim is to contribute, through training, to the dissemination of an institutional culture based on respect for human rights, transparency of administrative action and the prevention of any form of abuse or improper use of force. Below is a summary of the training courses held in 2025 and of those scheduled for 2026 (including those already held in the first half of the year):

Specialised training for the Penitentiary Police Corps – Years 2025 and 2026 (completed and planned)
"Introduction to the juvenile justice system for newly recruited prison officers and training for prison officers with at least five years' experience in the juvenile justice system": 2025 – 90 officers trained.
"Self-defence instructor training course based on the Global Self-Defence Method", delivered with the collaboration of instructors from the Italian Judo, Wrestling, Karate and Martial Arts Federation (FIJLKAM), affiliated with the Italian National Olympic Committee (*Comitato Olimpico Nazionale Italiano*, CONI): 2026 – 13 instructors trained.
"Course for Protective Services Officers", intended for personnel serving at the Office for Personal Safety and Security (*Ufficio per la Sicurezza Personale e la Vigilanza*, USPeV): 2025 – 74 officers trained. A new edition is planned for 2026.
"Training course on the use of body-worn cameras": 2025 – 55 officers trained (seminar on the operational guidelines for the mobile video surveillance system (body-cam) for the designated staff of the Regional Directorates, the DGMC and the Operational Intervention Group (*Gruppo di Intervento Operativo*, G.I.O.)). A new edition is planned for 2026.
"Training course for Negotiators of the Penitentiary Police": 2026 – 17 officers trained.
"Induction training course for Penitentiary Police staff working in the G.I.O. and its regional branches, the Regional Intervention Groups (*Gruppo di Intervento Regionale*, G.I.R.)": 2026 – 72 officers trained; by the end of 2026, 150 officers will have been trained.
"Seminar on the coordination of operational interventions" as part of the training programme on the procedures set out in the Prison Police Operational Handbook, which falls within the remit of the PRAPs. In 2025, 9,783 staff members received this training. By the end of 2026, the training programme is expected to have involved a further 1,380 staff members.
" Seminar on the coordination of operational interventions": 2025 – 1,226 Penitentiary Police officers trained (Commanders and Deputy Commanders, Coordinators of operational units in detention wings, Coordinators of General Surveillance). New editions are planned for the second half of 2026.

With regard to the specific training courses for staff assigned to the G.I.O., please refer to the reply to paragraph 72.

Recently, the DAP – at the initiative of the Deputy Head of the Department – conducted a comparative analysis of the increase in specialised training for the Penitentiary Police Corps and the number of criminal proceedings against its members for episodes of ill-treatment of prisoners.

A first analysis of the trend in criminal proceedings against prison staff highlights two important aspects:

- a considerable number of staff members are still involved in criminal proceedings pending;
- a decrease in new criminal proceedings in 2024 and 2025, which coincides with:
  - the launch of a substantial increase in initial and in-service training aimed at professionalising interventions;
  - the adoption of clear operational protocols (for the Local Intervention Units, Regional Operational Protocols, G.I.O.);
  - the introduction of body-worn cameras;
  - the establishment of the professional profile of the negotiator.

Below is a set of data for the period 2017-2026 (first half) on the trend observed:

- 2017: 13 cases of ill-treatment and 1 case of torture. Total number of staff involved: 60. 35 staff members were acquitted or had their cases dismissed; 11 staff members received disciplinary sanctions; 13 are currently under investigation; 1 has left the service on health grounds.
- 2018: 8 cases of ill-treatment and 2 cases of torture. Total staff members involved: 39. 4 had their cases dismissed; 31 are still under proceedings; 4 were dismissed from the service.
- 2019: 10 cases of ill-treatment. Total staff members involved: 27. 7 were acquitted or had their cases dismissed; 14 received disciplinary sanctions; 6 are still under proceedings.
- 2020: 9 cases of ill-treatment and 2 cases of torture. Total staff members involved: 193 (of whom 136 in relation to the events at Santa Maria Capua Vetere). 7 were acquitted or had their cases dismissed; 6 received disciplinary sanctions; 177 are still under proceedings; 3 were dismissed from the service;
- 2021: no cases (NB: period corresponding to the management of the Covid-19 emergency);
- 2022: 4 cases of ill-treatment and 1 case of torture. Total staff members involved: 52. 1 was dismissed; 2 received disciplinary sanctions; 49 are still under proceedings;
- 2023: 3 cases of ill-treatment and 4 cases of torture. Total staff members involved: 106. 2 received disciplinary sanctions; 104 are still under proceedings;
- 2024: 3 cases of ill-treatment and 1 case of torture. Total staff members involved: 15. 3 were dismissed; 12 are under proceedings;
- 2025: 3 cases of ill-treatment. Total staff members involved: 13. All 13 are under proceedings;
- 2026 (first half): 4 cases of ill-treatment / excessive use of force. Total staff members involved: 4. 2 Penitentiary Police officers serving at the Busto Arsizio Prison – currently under preliminary investigation; 2 Penitentiary Police officers from Pavia Prison – currently under preliminary investigation.

Inter-prisoner violence and intimidation

Paragraph 23

The CPT recommends that the Italian authorities put in place a comprehensive strategy for preventing inter-prisoner violence and intimidation through the promotion of a real dynamic security approach by prison staff (as outlined in paragraph 70 below). A pivotal element of this strategy will entail allocating significantly more resources to the promotion of staff competencies to ensure that the measures provided for can be effectively implemented. This should include the ability to identify potential perpetrators of violent acts against other prisoners, as well as to recognise when vulnerable prisoners might be seeking help through actions that are contrary to the internal prison rules.

In addition, a comprehensive cell share risk assessment should be conducted upon the admission of each prisoner, with the objective of identifying any potentially incompatible categories.

Finally, the Committee wishes to be informed about the outcome of the investigations into the events at Genoa Marassi Prison on 4 June 2025, and whether this has resulted in any lessons learned and, if so,

whether they have been transformed into revised policies and training programmes for prison staff. It would also like to know whether the prison management of the Genoa establishment has been consulted on the outcome of the investigations.

As indicated in Italy's reply to the preliminary observations, the prevention of inter-prisoner violence rests on three pillars: the careful allocation of prisoners upon admission and throughout detention; the constant monitoring of critical events by the DAP Situation Room and the Office for Inspection Activity, with targeted inspections in the establishments where the highest incidence of such events is recorded (around 30 inspection visits were scheduled between the end of 2025 and 2026); and the strengthening of staff presence and interaction within the detention wings, as required by the DAP Circular of 13 October 2025 on critical events, which the Committee has taken positive note of.

By note of 17 May 2021 (addressed to prison Governors and, for information, to the Regional Directors), the Directorate General for Prisoners and Treatment highlighted the central role that the issue of potential incompatibility between inmates plays in the allocation and grouping of prisoners and internees.

Specifically, a close check is carried out to identify any incompatibilities between detainees whenever a new inmate arrives, together with the constant and continuous verification of any incompatibilities between prisoners throughout detention, in order to prevent violence and intimidation among them; these provisions are in line with the CPT's recommendation on cell-share risk assessment.

It should be noted that every order for the transfer of prisoners issued by the Directorate General for Prisoners and Treatment refers to the DAP Note of 17 May 2021 in the provisions relating to the prison of destination, in order to ensure the proper management of the transfer.

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In relation to the high-security circuit, in order to ensure the most appropriate allocation of prisoners, specific instructions are given to the prison managements regarding custody arrangements and association.

In accordance with the provisions of the DAP Note of 17 May 2021 on "incompatibility between prisoners", when identifying the inmates to be assigned to the high-security circuit, account is taken of the compatibility and incompatibility with the inmates already held in the section to which the inmate is to be allocated, in particular any co-defendants or members of rival criminal groups, as indicated in the prisoner's personal file, in statements made by the prisoner or in prison records relating to previous periods of imprisonment.

To this end, particular attention must also be paid to the choice of the cell to which the detainee is assigned, avoiding, except where required by specific investigative needs, the allocation to the same cell of persons belonging to the same criminal association, especially if they hold a leadership position or are relatives, in order to prevent the emergence of leadership positions within the prison sections.

In the event of separation, visits, attendance at any courses and other rehabilitation activities are ensured in accordance with current regulations.

As regards the medium-security circuit, also in the light of the provisions of the circular letter of 6 June 2007 [3] on the reception of newly arrived prisoners, upon admission the Governor allocates prisoners to the sections intended for ordinary inmates, after gathering information from the prisoner's personal file and the court records and verifying, in the case of pre-trial prisoners, any incompatibilities with other prisoners serving sentences for the same offence, as well as any incompatibilities reported by prisoners already held in the establishment.

Article 14 of the Penitentiary Act (O.P.) provides that the assignment of convicts and internees to individual institutions and their grouping into sections are arranged with particular regard to the possibility of carrying out a common rehabilitation programme and the need to avoid reciprocal harmful influences.

Inmates and internees have the right to be assigned to an establishment as close as possible to their family's place of residence, there are specific reasons to the contrary (for example, serious security concerns necessitating the transfer of the inmate outside his or her territorial area). Of particular note is the amendment made by Legislative Decree No. 123/2018 to Article 14 of the Penitentiary Act, which provides that the allocation of prisoners and internees at risk of assault or abuse by the rest of the prison population because of their gender identity or sexual orientation must be carried out in homogeneous groups, in sections distributed evenly across the country, subject to the consent of the individuals concerned, who, in the absence of such consent, are assigned to ordinary sections.

Genoa Marassi Prison was inspected twice following the events of June 2025 (5–11 June 2025 and 18–20 September 2025). At the conclusion of the first inspection, a number of prescriptions were issued, and the prison management provided a response within 60 days[4].

The following are the most significant measures required to improve the organisational structure and to prevent similar critical events:

1) intensify controls within the sections around the clock, ensuring the regular execution of security operations (roll calls, checking of bars (*battitura*) and control of walls and floors, searches of cells and persons during movements);
2) issue organisational instructions to ascertain the overall conditions of the detainees inside the cells;
3) ensure that the management and the Commander communicate the operational procedures adopted following critical incidents to all staff members;
4) expand and intensify the video surveillance system and procedures for acquiring and storing images in accordance with current legislation;
5) define the assessment procedures for new prisoners and for all detainees throughout imprisonment for the purposes of case management and allocation;
6) establish criteria for the allocation of inmates, including assessment and management tools for vulnerable situations not necessarily connected with suicide risk;
7) establish the procedures for cell changes;
8) provide for specific assessment measures for the management of young adult prisoners;
9) give appropriate instructions on the organisation, management and entry and exit procedures for the section under Article 32 of the Penitentiary Act (O.P.) intended for prisoners who require special precautions;
10) review the organisation of the work of the Penitentiary Police, in order to intensify staff presence in the evening and night hours, within available resources.

The management of Genoa Marassi Prison gave effect to the prescriptions, reviewing the existing organisation.

Namely, the reception team was reviewed and the operating procedures and the management of new prisoners redefined; specific programmes for young adult prisoners were activated; a new method of staff involvement was introduced for the implementation of the new provisions with regard both to security (allocations, searches, checking of bars, roll calls) and to the integration and interaction between the security and rehabilitation areas, as in the case of the reception team.

Moreover, the management issued instructions relating to:

- the criteria for assigning prisoners to cells;
- the intensification of control in the detention sections;
- constant supervision of security operations by the Commander of the Penitentiary Police detachment or his deputy.

These procedures not only ensure the execution of the basic activities (checking of bars, searches, roll calls), but are also instrumental in assessing the overall conditions of the prisoners within the detention sections.

A strengthening of the involvement of the Commander of the detachment and the chain of command has also been arranged, through fortnightly meetings with the personnel of each rank, aimed at:

- ensuring an effective flow of communication in the security area;
- monitoring the organisation of the service;
- sharing the critical issues that have emerged and information relating to the inmate population.

With particular regard to measures in support of the young adult prison population, aged 18 to 25, it should be noted that the DAP, aware of the vulnerability of this category of prisoners and in view of the steadily increasing incarceration rate in this age group, has responded to the invitation of the CIDU and participated in the ad hoc Working Group established for the development and official adoption of the First National Action Plan (2026-2029) on Youth, Peace and Security, in implementation of United Nations Security Council Resolution 2250.

In this context, the DAP proposed the action "*Promoting the social and community reintegration of minors and young people at risk or who have gone through a prison or judicial process, through restorative justice programmes based on empowerment, relationships, dialogue with the community and the prevention of recidivism*". The measures envisaged include:

- mapping and analysis of all the restorative justice programmes already active in prisons or run at the new Centres for restorative justice established by local and territorial authorities under Article 63 of Legislative Decree No. 150/2022;
- quantitative analysis of the presence of young adult prisoners aged 18 to 25 across the country;
- verification of the restorative justice programmes already active in the establishments where their number is highest;
- launch of a policy aimed at raising awareness of and promoting rehabilitative treatment for young adults in prison so that:
  - they are kept away from deviance, crime and radicalisation;
  - those of migrant background can benefit from structured support to reconsider their path, integrate and achieve autonomy.

To achieve these goals, three main implementation tools have been proposed: the conclusion of Memoranda of Understanding with one or more bodies dealing with young people and restorative justice, with particular attention to the local authorities where the Centres for restorative justice are being established, as well as the Centres themselves; the greater involvement of youth associations operating at local level in prison rehabilitation programmes; and the provision of socio-occupational tutoring services, vocational training and post- release mentoring, together with social services and the juvenile justice services within a multidimensional reintegration pathway. Genoa Marassi Prison will be involved in the implementation of this project.

3. Material conditions and prison overcrowding

Material conditions

Paragraph 33

The CPT recommends that the Italian authorities invest greater efforts to maintain and repair the facilities in the prisons visited. Specifically, all cells should have adequate furniture for the number of inmates (including lockable cupboards) and effective window insulation, and urgent solutions to vermin infestations should be found and regularly repeated. Steps should also be taken to address the extensive mould in common washrooms, to repair all broken showerheads and leaking fixtures (especially at Foggia Prison), and to install doors on sanitary facilities to separate them from cooking areas.

The problem of the presence of mould in communal showers is clearly linked to their intensive use, mainly caused by the high overcrowding rate.

That said, while mould remediation and minor maintenance in shower rooms (removal of spores and stains , correction of the causes of humidity, repair of shower heads and localised leaks in plumbing systems, installation of doors separating sanitary facilities from cooking areas) typically fall within the remit of the prison managements and the Regional Directorates, which are required to act independently or in cooperation with each other, the DAP Headquarters will monitor the situation and guarantee all the financial resources and technical assistance needed to overcome the reported shortcomings.

Regarding the Foggia Prison, the renovation works in the wing accommodating finally sentenced prisoners (“Sezione Reclusione”), which were previously reported in December 2025, are nearing completion, as a project variation has been carried out in the executive phase. Works on the former New Arrivals section (“Sezione Transito”), carried out by the Regional Directorate of Penitentiary Administration, are currently underway. The church located within the building is also being renovated. The multi-video conference rooms are under construction. The floors on the ground level of the establishment are also being restored.

The Prison Management also provided the following updates:

1. The former infirmary wing has also recently undergone routine maintenance, which included painting the single-occupancy room, restrooms, and shower rooms, as well as the common areas and repairing any damage in order to ensure that the space meets adequate standards of cleanliness and functionality. Periodic maintenance of the wings was also carried out based on the appropriateness of the work.

2. Through collaboration with institutional bodies and third-sector organizations, measures were taken to improve prison conditions by installing air conditioners in the common rooms of the prison wings (donated by the Volunteer Service Centre) and equipping them with multifunctional benches for physical activity (donated by the Criminal Chamber and the Rotary Club).

With regard to Santa Maria Capua Vetere Prison, it should be noted that the prison management has in the meantime undertaken, at low cost, the renovation of all the cells of Section A of the Danubio Pavilion, including repainting, repair of the electrical system, replacement of ceiling lights and new furnishings. For completeness, it should also be noted that, as regards the renovation of the sanitary facilities in the exercise areas, the works have been awarded and have started for the installation of eleven urinals and sinks.

Concerning outdoor spaces, dedicated green areas have been created to allow inmates to meet their minor children in spaces other than the prison's internal visiting rooms. These green areas also allow inmates to meet their pets during their detention.

The nighttime water supply at Avellino Prison should be urgently restored and the collection of garbage at Santa Maria Capua Vetere Prison should be promptly and definitively addressed. The CPT further recommends that functional laundry services be made available at all visited prisons in line with Article 9 of the R.P.

Regarding the nighttime water supply issue at the Avellino prison, the 2025 Penitentiary Building plan includes the "*Upgrading the storage network and the drinking water storage*": the preliminary assessment check for the executive project is underway, on the basis of which the works will subsequently be contracted out.

For the other issues please, see the reply to paragraph 41.

Regarding Florence Sollicciano Prison, the CPT considers that the structural deficiencies of the establishment and the lack of effective renovation over the years demand serious reflection on the sustainability of keeping it operational. The Committee therefore requests in this respect a cost-benefit analysis in relation to the situation of Florence Sollicciano Prison and its future sustainability, to be prepared by the Special Commissioner of the Prison Estate.

Florence Sollicciano Prison has undergone and continues to undergo several structural improvements, under the responsibility of both the Ministry of Infrastructure and Transport and the Penitentiary Administration.

In view of the structural issues at the Sollicciano Prison in Florence and taking into account the measures ordered by the judicial authorities, the Department of Prison Administration has undertaken routine maintenance work in addition to the exceptional maintenance work already underway, which is due to be completed by 2030.

Routine maintenance work will ensure that detention facilities remain healthy and liveable, as a working methodology has been introduced and adopted which involves a series of activities carried out at regular intervals every 45 days. To support the routine maintenance activities, as set out below, the sum of EUR 297,000 has been allocated for 2026, in addition to the allocation to the PRAP Toscana (on 10 September 2025) of EUR 1,293,693 from the wages fund to pay for the work of prisoners who, employed by the prison management, have carried out and will continue to carry out such work.

The planned works include refurbishment of the walls in the detention cells using a cycle of anti-mould paint and siloxane paint; refurbishment of the bathroom; replacement of drains and washbasins; restoration of the waterproofing on the small terrace floors to eliminate water seepage into the floors below; and refurbishment of the shower rooms, with a complete reorganisation of the spaces. In addition, work is planned to paint the security doors, window frames, hatches and other metal components, as well as the replacement of missing window frames, the repair of broken glass and the fitting of locks to the security doors by a specialist firm; and finally, the refurbishment of the electrical system serving the detention cells and the section walkways.

The DAP is working on the project "Extraordinary maintenance of the roofs and facades of the detention pavilions; overhaul of the heating substations and construction of the water and sanitation mains, to adapt the sanitary facilities in the detention pavilions to Presidential Decree No. 230/2000".

The tender for the executive design of the works has been launched. The Project Manager (*Responsabile Unico del Progetto*, RUP) formalised the award proposal to the contracting authority, which is carrying out the statutory checks prior to the final award (estimated value of the works: approximately EUR 7.5 million).

Within the framework of this project, works were carried out to bring Section VI of the Giudiziario Pavilion, which had been severely vandalised during the riots of July 2024, into compliance with Presidential Decree No. 230/2000. These works were undertaken to ensure the functionality and suitability of the section for the

temporary accommodation of prisoners transferred from adjacent sections while renovation works in the detention pavilions are being completed.

The works were completed and the section was formally handed over to the prison management on 13 May 2026. Painting work is being carried out by the prison's own maintenance service. Finally, for completeness, it should be noted that the works for the "Adaptation and expansion of the CCTV systems in the detention pavilions and courtyards and construction of an anti-intrusion perimeter system" have also been completed and recently tested; they improve external video surveillance and provide a video control system for the internal spaces, which the establishment did not previously have (total value of works: approximately EUR 2.6 million).
In addition, it should be noted that the comprehensive extraordinary pest-control programme launched by the prison management to address the presence of *Cimex lectularius* (bed bugs) is ongoing and it is entrusted to a specialized company under an annual contract that calls for treatments every two weeks.

With regard to detention rooms, pest control measures are carried out based on reports submitted by inmates to staff. These reports are then forwarded to the contractor for scheduling the interventions. It should be noted that the staff receiving the reports are responsible for alerting the Healthcare service so that the inmate can undergo a medical examination and receive the relevant certification. The company, therefore, carries out targeted treatments in the wings and cells and at the end a detailed report is submitted to the Accountant Area of the Goods and Services Office and to the Prison Management for inclusion in the relevant file.

The interventions may also involve common areas, both within and outside the detention facilities (inmates' kitchen, gym, staff canteen, and so on). The entire operation is overseen by a Deputy Commander of Penitentiary Police who organizes the activities in coordination with the official of the Goods and Services Office. The interventions are supervised by Prison Police staff of the relevant wings.

In the first week of September 2026, a meeting was held with the manager of the company contracted to provide pest control services in order to identify measures that would ensure greater effectiveness of the treatments, including in terms of their duration. To this end, the representative was asked to treat all bedding, as well as the wall cavities where pests nest; regarding the latter, the Ordinary Maintenance Office of the prison (MOF) will also be involved in carrying out any minor masonry work that may be necessary. During the meeting, the company was also asked to prepare a short brochure to be posted in the prison wings, containing simple, quick-to-follow instructions and best practices for inmates aimed at curbing the problem in question. The brochure was submitted by the company on 15 September 2026, translated into two languages (English and Arabic) and is ready to be posted in the prison wings for easy consultation by foreign prisoners.

Finally, as part of the efforts to restore sanitary conditions in the wings, the Prison Management has requested that the company submit an action plan covering the wings that will be affected by the extraordinary maintenance works, to be carried out upon completion. This is intended to ensure that inmates are relocated to fully sanitized environments. The plan, received on September 16, 2026, along with the financial proposal, will be evaluated in consultation with the Commander of Detachment of Penitentiary Police and subsequently forwarded to the local Regional Directorate for the necessary financial authorization.

Moreover, following an order issued by the Supervisory Court in May 2025, requiring the Prison Management to plan an extraordinary pest control operation throughout the establishment, the operation was carried out between July 2025 and February 2026. It consisted of pest control in all wings (which were temporarily evacuated of the inmate population), as well as in all common areas, including non-detention spaces. The President of the Supervisory Court and the Regional Directorate were informed on an ongoing basis regarding the measures carried out.

Paragraph 35

The CPT welcomes the DAP's commitment to improving the outdoor facilities and wishes to receive confirmation that the necessary measures have been taken to carry out the improvements.

With regard to the structural improvement of the outdoor areas, it is confirmed that the competent Office has to date met every request for funds and technical support aimed at overcoming the reported shortcomings, with particular reference to the installation of shelters against inclement weather and of toilets in the exercise courtyards.

With regard to the observations on the sections' yards, in September 2026 the management of the 'Sollicciano' Prison announced that all of them include an indoor section and an open-air section. These are equipped with small pieces of gym equipment which prisoners can use for sporting activities. Some also have table football.

During the summer, discussions were initiated with the municipal Ombudsman for prisoners' rights, involving several local associations and organisations, with a view to developing a project aimed at repainting the areas and fitting them out with new furniture and play equipment.

Prison Management has also submitted to the relevant authorities a further request for funds for the purchase of equipment and supplies for recreational and sporting activities.

Prison overcrowding and its pervasive effects

Paragraph 39

The CPT reiterates its recommendation that the Italian authorities take action to ensure that all persons in prison are each provided with at least 4 m^2 of living space in multiple-occupancy cells; the Italian authorities should nonetheless strive to comply with the national minimum standard set forth in its legislation.

Further, the CPT recommends that rigorous action is required to bring the prison population below the number of places actually available within the prison estate and to put an end to overcrowding. In this respect, emphasis should be placed on the full range of non-custodial measures capable of providing judicial supervision during the period preceding the imposition of a sentence, as well as on measures to accelerate a prisoner's release, including through supervisory means tailored, inter alia to the prisoner's personality and the nature of their sentence[2].

The CPT would also like to be informed in detail on a quarterly basis of the ongoing projects to increase the capacity of the prison estate, as implemented in the context of the activities of the Special Commissioner on Prison Estate.

The Italian authorities are fully aware that the reduction of prison overcrowding cannot rely on the expansion of the prison estate alone, as the Committee recalls, and that it requires action on both the "entry" and the "exit" side of the prison population. Alongside the Prison Building Plan (see the reply to paragraph 9), Law No. 140 of 5 August 2026, "Provisions on home detention for the recovery of drug- or alcohol-dependent prisoners",

[2] See, for example, the White Paper on Prison Overcrowding, Recommendation CM/Rec (2017) 3 on the European Rules on community sanctions and measures, Recommendation Rec (2003) 22 on conditional release (parole) and Recommendation Rec (2010) 1 on the Council of Europe Probation Rules.

entered into force. It allows prisoners with substance use disorders who are already engaged in a therapeutic programme, and whose residual sentence does not exceed eight years (four years for the most serious offences), to serve their sentence under home detention in accredited residential therapeutic facilities, upon decision of the supervisory judge. Given that persons with substance use disorders account for around one third of the prison population, this measure has a significant deflationary potential.

Updates on the development of projects and the progress of works carried out by the Special Commissioner for the Prison Estate are provided at the meetings of the Inter-ministerial Steering Committee for Prison Building (*Cabina di regia*), chaired by the Presidency of the Council of Ministers, which last met on 30 July 2026. For detailed information, please refer to Annexes Nos. 1 and 2; as indicated in the reply to paragraph 9, the Italian authorities will provide the Committee with quarterly updates on these projects.

For further information, please see also the reply to paragraph 9.

Food and conditions of hygiene

Paragraph 40

The CPT recommends that the Italian authorities take steps to improve the quality of food in the prisons visited, and to make efforts to ensure that a wide variety of foods should be made available in the right proportions to enable prisoners to maintain an adequately nutritious, sufficiently calorific and well-balanced diet, as well as to access plenty of fluids.

With reference to the recommendations on the quality and variety of the food provided to prisoners, it should be noted that, in view of the need to assess the adequacy of the statutory food tables, in June 2024 the Italian Minister of Justice, Mr Carlo Nordio, approved new tables, following a report drawn up by the Council for Agricultural Research and Analysis of Agricultural Economics (*Consiglio per la ricerca in agricoltura e l'analisi dell'economia agraria*, CREA) (Annex 3).

CREA validated the aforementioned tables in both quantitative and qualitative terms, from a caloric and nutritional point of view, against the current "reference intake levels of nutrients and energy for the Italian population" (*Livelli di Assunzione di Riferimento di Nutrienti ed Energia*, LARN).

As indicated in the tables, meals vary according to the season and are planned on a weekly basis to ensure a continuous variety of foods. Due consideration is also given to Muslim prisoners, for whom meals consistent with Islamic dietary requirements are provided.

Paragraph 41

The CPT recommends that the Italian authorities ensure that all persons held in prison are provided with a minimum standard of living conditions, guaranteeing their dignity in terms of conditions of hygiene. To this end, steps should be taken to ensure that all persons in prison are provided with a regular supply of personal hygiene and cleaning products, in compliance with Article 6, paragraph 1 and Article 8 of the O.P. In particular, the Committee considers that prison management should enforce and instil in prisoners the culture of a cleaning routine both of cells and communal facilities as part of the tenets of dynamic security outlined in paragraph 70. Further, the Committee would like to be informed about the situation of the garbage collection at Santa Maria Capua Vetere Prison.

With reference to separate waste collection at Santa Maria Capua Vetere Prison, the prison management issued a specific service order (No. 247 of 11 December 2025) to properly organise and manage the waste collection

service carried out by the prisoners employed in this activity (the so-called "white team"). The order also instructs the custodial staff in charge of surveillance in the detention sections to check the correct implementation of the separate collection procedures laid down in the order, and requires the section supervisor to carry out a final check before the waste is sorted in the external area, in order to ensure the proper functioning of the service.

The prison management has also arranged for works to be carried out, in the areas of the various pavilions intended for waste collection, to create covered storage areas separated by type of waste; moreover, for bulky waste (mattresses, washing machines, refrigerators, etc.), the collection service has been entrusted, through a specific tender, to a specialised company.

4. Penitentiary regime

Medium security

Paragraph 49

The CPT recommends that the Italian authorities intensify their efforts in developing the range of programmes on offer to prisoners to provide them with a structured day of activities at Foggia Prison, notably in light of the commendable policy announced by the DAP to promote additional working activities (including during the summer) provided by external investors within prison establishments, and taking into consideration the tenets of the so called *Legge Smuraglia* and its zero-recidivism approach.

The CPT would like to be informed of the practical effects of the recent Circulars adopted by the DAP in relation to the more stringent authorisation of access of external actors to prison establishments where high-security sections exist, and notably whether this reduces opportunities for prisoners under the medium-security regime.

The circular letters of 17 March 2025, 15 April 2025, 21 October 2025 and 28 November 2025 regulated the procedure for requesting authorisation to carry out rehabilitation activities according to the type of prisoners involved, with the main aim of reconciling, in a balanced way, the right to take part in treatment activities with the essential needs of security and the orderly management of daily prison life.

At the same time, the organisational principles and operating methods were standardised in order to prevent uneven interpretations of the procedures and consequent differences in application, which could adversely affect both the effective delivery of rehabilitative activities and the maintenance of adequate levels of security within penitentiary institutions.

Under these provisions, the Directorate General for Prisoners and Treatment authorised, with short response times, 100% of the requests received for rehabilitation activities for medium-security prisoners (between 21 October 2025 and 30 April 2026, 868 authorisations were issued out of a total of 868 requests); for the centrally managed circuits (high-security regime or justice collaborators) the rate was 91.64% (between 21 October 2025 and 30 April 2026, 406 authorisations were issued out of 443 requests). Over the same period, a significant improvement in the rate of participation of the prison population in treatment activities compared to the previous period was recorded. The circulars have therefore not reduced the opportunities available to prisoners under the medium-security regime.

Indeed, based on the publications of the DAP Statistical Office, during 2025 60,045 participations in treatment activities were recorded.

For completeness, it should be noted that by circular letter of 6 May 2026 the Regional Directorates were given back responsibility for authorising treatment activities for medium-security prisoners held in institutions also accommodating centrally managed circuits, thus further streamlining the procedure.
With reference to the prisons visited by the CPT, the data processed by the Statistical Office show that, at the Avellino Prison, as at 31 December 2025, there were 195 inmates employed by the Penitentiary Administration, of whom 21 were women, out of a population of 572 inmates, of whom 68 were women. As regards participation in school courses, in 2024/2025, 44 men and 2 women enrolled in 12 literacy and first-level courses (first and second term); 63 men enrolled in 5 second-level courses (first, second and third term) of the arts high school (*liceo artistico*); and 72 men enrolled in 10 second-level courses (first, second and third term) of the technical institute for the technological sector. 469 inmates participated in rehabilitation activities (sports, cultural and recreational activities, exhibitions and theatre workshops), 55 of whom were women.

At Florence Sollicciano Prison, on 31 December 2025, 164 inmates (33 women) were working for the Penitentiary Administration, out of a total population of 555 inmates (74 women).

On the same date, 5 prisoners (2 women) were engaged in work for employers other than the Penitentiary Administration.

As regards participation in school courses, in 2024/2025, 159 men and 13 women were enrolled in 10 literacy and first-level courses (first term only); 40 men were enrolled in 3 second-level courses (first, second and third term) of the vocational institute for the services sector; 7 men were enrolled in a second-level course (second term only) of the technical institute for the technological sector; and 48 men and 22 women were enrolled in 3 second-level courses (first, second and third term) of another high school. 486 inmates participated in rehabilitation activities (sports, cultural and recreational activities, exhibitions and theatre workshops), 36 of whom were women.

At Foggia Prison, on 31 December 2025, there were 129 inmates employed by the Penitentiary Administration, of whom 7 were women, out of a population of 647 inmates, of whom 22 were women. On the same date, 15 prisoners were engaged in work for employers other than the Penitentiary Administration. As regards participation in school courses, in 2024/2025 43 men and 7 women were enrolled in 4 literacy and first-level courses (first and second term). 225 prisoners participated in rehabilitation activities (sports, cultural and recreational activities, exhibitions and theatre workshops), including almost all female inmates.

The range of professional courses has been expanded: courses for plumbers, shoemakers and personal caregiver assistants have been held. In addition, three more professional courses for dairy workers, landscape maintenance workers and tractor operators are set to begin in September 2026. In particular, the training offerings for women have been expanded to include a sewing course, a makeup and hairstyling course, and a literacy course. Rehabilitation treatment programs have also been implemented through artistic activities (the “Ritagli di Libertà” project: the works created by inmates were exhibited at the Foggia Civic Museum), in-depth studies (the “Laboratori di Pace” project, dedicated to the study and exploration of women who distinguished themselves in the fields of peace and reconciliation), and activities for personal well-being (course in educational dance and body expression, and sessions with a holistic practitioner).

At Genoa Marassi Prison, on 31 December 2025, 100 prisoners were working for the Penitentiary Administration, out of a total of 689 male prisoners. On the same date, 24 prisoners were engaged in work for employers other than the Penitentiary Administration.

As regards school attendance, in 2024/2025 137 men were enrolled in 9 literacy and first-level courses (first term only); 66 men were enrolled in 7 second-level courses (first and second term) of the technical institute for industry and crafts; 17 men were enrolled in 4 second-level courses (second and third term) of the technical institute for economics; and 117 men were enrolled in 11 second-level courses (first, second and third term) of the technical institute for technology. 554 prisoners participated in rehabilitation activities (sports, cultural and recreational activities, exhibitions and theatre workshops).

At Santa Maria Capua Vetere Prison, on 31 December 2025, 320 prisoners, of whom 33 were women, were working for the Penitentiary Administration, out of a total population of 1,026 prisoners, 58 of whom were women. On the same date, 16 male prisoners were engaged in work for employers other than the Penitentiary Administration.

As regards school courses, in 2024/2025 63 male prisoners were enrolled in 8 literacy and first-level courses (first and second term), 12 male prisoners were enrolled in a second-level course (second term only) of the vocational institute for the services sector; and 49 male prisoners were enrolled in 3 second-level courses (first, second and third term) of the vocational institute for industry and crafts. 520 prisoners – including almost all

female inmates – participated in rehabilitation activities (sports, cultural and recreational activities, exhibitions and theatre workshops).

Paragraph 50

In light of the serious situation of overcrowding described in paragraph 39 above and the efforts to tackle it, the CPT recommends that, the number of educators at Foggia and Avellino Prisons be sufficiently reinforced to allow them to adapt their interventions to the number of prisoners in the establishments.

The current national shortfall in the professional profile of rehabilitation officer (*Funzionario giuridico-pedagogico*) is around 7%, which means that the staffing complement is almost fully covered (Ministerial Decree of 10 June 2025).

The situation of rehabilitation officers in post at the prisons visited by the CPT is as follows:

- Avellino Prison: 11 rehabilitation officers full covering the entire planned staffing plan;
- Florence Sollicciano Prison: 9 rehabilitations out of a staffing plan of 11 units (one further posting is planned);
- Foggia Prison: 6 rehabilitation officers out of a staffing plan of 7 units;
- Genoa Marassi Prison: 10 rehabilitation officers full covering the planned staffing plan;
- Santa Maria Capua Vetere Prison: 14 rehabilitation officers against a staffing plan of 13 units.

Following the public competition for the recruitment of rehabilitation officers launched in 2022, 289 officers have been recruited (since March 2024), including the following postings:

- Foggia Prison: 3 officers; and
- Avellino Prison: 1 officer.

It will be possible to recruit additional staff from the ranking list of the above-mentioned competition 2022 (valid until January 2027) should the Administration be authorised to proceed with further recruitment, as already envisaged for 33 officers in the Three-Year Staffing Plan 2025-2027.

Compared with the number given in December 2025 (1,017 units), as at 1 September 2026 there were 1,029 rehabilitation officers in post.

Any increase in the national complement of rehabilitation officers can only be achieved through a legislative provision increasing the staffing establishment.

High-security

Paragraph 53

The CPT recommends that the DAP, in the context of the implementation of the 2025 Circulars on the revision of the modalities of life and regime in high-security sections, refrain from a collective approach and instead carefully reviews and applies corrective measures based on an individual risk assessment in accordance with the principle of proportionality, and taking into due consideration the content of the treatment plan of the prisoner concerned in communication with the relevant supervisory judges.

The concept of " circuit" (*circuito*) is an organisational feature of the Italian prison system. In particular, Article 14, paragraph 3, of the Penitentiary Act provides that: "*The assignment of convicted persons and internees to individual institutions and their grouping into wings of each institution shall be ordered with particular regard to the possibility of carrying out a common rehabilitation programme and the need of avoiding mutual harmful influences.*"

Grouping the prison population into homogeneous groups aims at the positive outcome of common reintegration programmes, which depends on the homogeneity of the treatment group.

The "*circuiti*" – defined with reference to the level of security – are arrangements aimed at maintaining order and security and the proper functioning of prisons. In practice, they are specific management settings for those inmates who are assessed as being highly dangerous, with reference both to the offence they committed and to their behaviour in detention.

Assignment to one of the penitentiary circuits does not imply any reduction of the rights of prisoners, since it only entails the assignment of inmates to particularly secure wings, stricter checks or the adoption of special precautions in the treatment activities provided for by law.

The differentiation operated by the Penitentiary Administration through the "*circuiti*" is merely a subdivision of inmates into groups that require a differentiated level of security, without affecting their rehabilitation treatment.

Assignment to a circuit is based on the detention order or on further elements available to the Administration.

In prisons, there are some prisoners who pose a higher risk to security than others. There may be prisoners whose behaviour threatens internal security, or prisoners who are dangerous because of the seriousness of their offence and because of their link with the criminal organisation they belong to. In all cases, the solution provided for by penitentiary legislation is a differentiation of prisoners based on the security level required.

The custodial arrangement in the high-security wings is "closed custody". Under this model, inmates may spend up to eight hours a day out of their cells, in communal rooms or in treatment activities for those who wish to take part, but are not free to move around the wing.

Cell gates remain closed, except for the movements of inmates from their cells to the premises where common activities take place and back.

Closed custody is the rule for high-security inmates not only because of the likelihood of critical incidents , but also because the offences they are charged with or sentenced for (membership of mafia-type criminal organisations, offences aimed at supporting those organisations, etc.) prevent them from being held in settings that allow wide association with other inmates; otherwise dynamics of subjugation, proselytism and agreements for illicit purposes could easily develop. Closed custody does not imply a difference in the rights and duties of inmates or in access to treatment activities, other than the restrictions provided for by law with reference to the nature of the detention order.

On 27 February 2026 the Directorate General for Prisoners and Treatment sent a letter to the Regional Directors of the Penitentiary Administration, to the prison Governors and to the Commanders of the Penitentiary Police detachments, in order to provide them with clear guidelines on the management of inmates assigned to the high-security circuit, in line with the CPT's recommendation in this paragraph.

In that letter, Article 14, paragraph 3 of the Penitentiary Act is recalled (quoted above), since it is the legal basis on which the Penitentiary Administration differentiates prisoners through the "*circuiti*".

Moreover, paragraph 3 of the letter, entitled "Exclusivity of the organisational model for high-security inmates – mandatory closed custody and rehabilitation as the primary objective of the Penitentiary Administration",

clearly states that the mandatory nature of closed custody "*shall not be understood as a lessening or reduction of the rehabilitation purposes in respect of the high-security prison population. Those purposes shall always be pursued, as provided for by the Penitentiary Act, as the primary objective of the Penitentiary Administration.*"

5. Restrictive measures and separated regimes

Separation measures (Article 32 of the RP)

Paragraph 59

The CPT reiterates its recommendation that the Italian authorities introduce a programme of individually tailored activities overseen by a multi-disciplinary team for all persons subject to a separation measure under Article 32 of the R.P.. These activities should be an integral part of the sentence plan to assist the prisoners' transition out of the segregation unit and back into ordinary accommodation units, as well as part of their preparation for reintegrating into the community.

The Committee considers that this predicament should be prioritised by the DAP, given that prisoners accommodated in so-called Article 32 sections represent the most vulnerable group in the entire prison system. This is particularly salient given their intersectional vulnerabilities and heterogeneous composition, as well as their challenging behaviour, exacerbated by frequent transfers. The situation of the Danube Module of Santa Maria Capua Vetere Prison, and the repeated pleas from prison management to the PRAP of the Region of Campania for redress in terms of its high occupancy rate and poor material conditions, are a poignant illustration of the above-mentioned observations.

Currently, the operational arrangements concerning the observation and treatment of prisoners assigned to wings under Article 32 of the Reg. of Enf. of the Penitentiary Act are governed by the circular letter No. 3693/6143 of 18 July 2022, point 3, entitled "Wings under Article 32 of the Reg. Enf. ".

That circular letter, taking into account the particularly challenging behaviour of inmates assigned to Article 32 wings, provides for a specific custodial arrangement aimed at ensuring a higher level of supervision than in ordinary wings.

Penitentiary treatment in these wings is based on a multi-disciplinary methodology, involving healthcare staff and, where necessary for foreign inmates, language and cultural mediators. An "integrated active" approach must be adopted in the interventions, with a gradual participation of the inmate in the treatment activities included in his or her individualised treatment plan. This treatment must be geared to addressing the weaknesses and problems that caused the dysfunctional behaviour which led to the inmate's placement in the wing.

The assignment of an inmate to one of these wings is temporary and reversible: this is an essential element of the system provided for by the circular letter. The aim is to ensure the progression of treatment and the consequent reintegration into ordinary wings or enhanced treatment wings. The six-month period provided for the review is to be understood as a maximum time limit, and the multi-disciplinary team's evaluations have to be carried out at least every two months.

Finally, it must be acknowledged that the current overcrowding of several prisons throughout the country represents a major obstacle to the full and smooth implementation of the provisions of the circular letter. The lack of available places in ordinary wings or in enhanced treatment wings for the prisoners who could be moved out of Article 32 wings can hinder the transition from one wing to another, jeopardising the consolidation of the results achieved and interrupting the continuity and progression of the rehabilitation process. Similarly, the lack of available places in wings under Article 32 of the Reg. Enf. may be a risk factor for order and security in the prison.

The medium-security "*circuito*" has been subdivided into several internal sub-categories, ranging from the reception units to ordinary wings, enhanced treatment wings and wings under Article 32 Reg. Enf., with

tailored rehabilitation plans drawn up by the multi-disciplinary observation team, and the possibility of gradual transition to more or less restrictive arrangements, according to the progress of the inmate.

Action carried out by the Directorate General for Prisoners and Treatment: from 2022 to date, the measures and proposals put forward by the Regional Directorates have been constantly monitored and supported. In each district, pursuant to Article 115 Reg. Enf., "an integrated system of prisons, covering the different types of detention shall be established; the total accommodation capacity of that system shall meet the criterion of territoriality in the enforcement of the sentence, taking into account also any requirements of a general nature". Moreover, " within the categories of institutions specified under numbers 2) and 3) of Article 59, paragraph 1 O.P., prisoners and internees are assigned to facilities or wings so as to implement the guidelines referred to in Article 14, paragraph 2 O.P.".

Further action: it is considered that the goal of establishing an adequate number of wings under Article 32 Reg. Enf. throughout the country has been achieved. The number of such wings varies, as does that of ordinary wings and enhanced treatment wings, according to the composition of the prison population and the treatment interventions required. The Administration intends to strengthen the action initiated with the circular letter of 2022 and to require Governors to comply with the provision on the temporary nature of assignments to wings under Article 32 Reg. Enf., ensuring the six-monthly review of assignments and the progression of treatment.

As provided for by the circular letter of 18 July 2022, the persons held in Article 32 wings present very complex situations, which must be managed using all the instruments available under the Penitentiary Act, by a multi-disciplinary team addressing their problems. For this reason, the presence of treatment staff will be strengthened (rehabilitation officers, experts in psychology and criminology, volunteers, cultural mediators), with the contribution of healthcare professionals, to analyse in depth the underlying problems behind their difficult relations and behaviour and to draft an individualised treatment plan.

Special surveillance (*sorveglianza particolare*) Article 14-bis of the O.P.

Paragraph 61

Given the potentially harmful effects of solitary confinement, the CPT calls upon the Italian authorities take the necessary steps to ensure that prisoners subject to solitary confinement under the so-called "14-bis" regime:

- **benefit from a structured programme of purposeful, and preferably out-of-cell, activities;**
- **are provided – on a daily basis – with meaningful human contact. The aim should be that they benefit from such contact for at least two hours every day, and preferably more.**

The longer the separation measure continues, the more resources should be made available to attempt to (re)integrate the prisoner into the main prison community

The Directorate General for Prisoners and Treatment sent a letter on 16 September 2025 on the "Regime of special surveillance" under Article 14-bis of the Penitentiary Act, entitled "unified criteria of enforcement and operational guidelines – minimum standards of implementation and realignment of local practices", providing detailed instructions on the implementation of the special surveillance regime.

The letter reiterates that the special surveillance regime does not have a punitive function but is a preventive measure addressing conduct contrary to order and security requirements; that it may in no case entail the solitary confinement of the inmate, which is permitted only in the cases provided for by Article 33 of the Penitentiary Act; and that it consists of a more rigorous individualised treatment tailored to the inmate's personality.

Article 14-quater of the Penitentiary Act provides that restrictions may only concern what is "strictly necessary" for the requirements of order and security and must be specified in the decree ordering the regime.

The decrees imposing the regime of special surveillance under Article 14-bis of the Penitentiary Act are drafted and proposed by the Directorate General and submitted to the Deputy Head of Department for signature and generally provide that:

a) the inmate is not allowed to participate in the monthly drawing of lots for the selection of the inmates tasked with checking the application of the food tables and the preparation of food (Article 6, paragraph 9 O.P.), for the library management service (Article 12, last paragraph, O.P.) and for the organisation of cultural, sports and leisure activities provided for by Article 27 O.P.;
b) the inmate is not allowed to participate in school lessons, vocational training courses, work activities, sports or leisure activities, or in activities in common within his detention wing;
c) the inmate may not use or possess an individual camping burner.

Already in 2000, the Director of the Office for Prisoners and Treatment reminded all prison Governors that the enforcement of the special surveillance regime may not entail the total isolation of the prisoner, since solitary confinement is authorised only in the cases provided for by law. Some space for human contact has to be preserved, not only with custodial staff or other prison officers but also with other inmates.

The following principles were recalled, making it clear that the special surveillance regime cannot be equated with solitary confinement:

1. where the decree provides for the inmate's outdoor exercise to be carried out without any other inmate, the inmate subject to the special surveillance regime shall nevertheless be admitted to some activities in common with other inmates of his wing, which are not to be regarded as the leisure activities prohibited by the decree;
2. where the decree does not provide for the inmate's outdoor exercise to be carried out without any other inmate, the Governor of the prison shall assess, after a certain period, the inmate's admission to some activities in common with other inmates of his wing.
3. The inmate’s accommodation in a single cell excludes the possibility of sharing activities in common with other cellmates.

6. Prison staff

Staff components and presence

Paragraph 66

The CPT recommends that the vacant positions of prison staff at all prisons visited be filled and their complements reinforced at Santa Maria Capua Vetere and Foggia Prisons in order to reflect the contingent emergencies faced by the two establishments due to the proportion of staff facing legal proceedings (at Santa Maria Capua Vetere Prison) and the high occupancy levels (at Foggia Prison).

As regards the critical issue highlighted, there is still a shortfall in Penitentiary Police staff, as indicated in Italy's reply to the preliminary observations. On 18 December 2025, the final ranking list of the public competition for 3,246 agents of the Penitentiary Police was published.

The relevant training course (186th course) is structured into three intakes:

- 1st intake: 12 January 2026 – 4 May 2026; 1,443 newly recruited agents took up their duties in May 2026;
- 2nd intake: started on 8 June 2026 (1,475 trainees);
- 3rd intake: scheduled to start on 19 October 2026.

On 12 February 2026, a further public competition for 3,350 agents was published.

As a result of the first intake of the 186th course, the following reinforcements were assigned to the establishments visited:

- Avellino Prison: + 14 officers (2 women, 12 men);
- Florence Sollicciano Prison: + 14 officers (5 women, 9 men);
- Foggia Prison: + 17 officers (1 woman, 16 men);
- Santa Maria Capua Vetere Prison: + 20 officers (2 women, 18 men);
- Genoa Marassi Prison: no additional staff were assigned following the completion of the 186th training course.

Training activities and staff support measures

Paragraph 72

The CPT takes note of the training modules introduced by the DAP in 2023 on the management of critical events. In light of the observations related to the 2025 ad hoc visit, the CPT would like to receive information on the roll out of training activities for prison custodial staff on manual control techniques of prisoners, as well as on the training activities on offer to members of the prison intervention groups such as G.I.R. and G.I.O. (see paragraph 17).

The training of staff belonging to the G.I.O. is a priority.

The Ministerial Decree of 14 May 2024 establishing the Group provides for the constant identification of staff training needs. The Directorate General for Training is entrusted with specific initial and continuous training programmes. Shooting and self-defence instructors embedded in the local and central units of the G.I.O. provide their support.

At the end of the three-week basic training course, the G.I.O. staff and the staff of the Regional Groups attend further training modules on specific topics (lawful use of force, correct use of restraint and control instruments,

respect for the proportionality principle, de-escalation techniques and skills). They also attend training in operational techniques of immediate response, organised in cooperation with other law enforcement agencies and other State agencies.

G.I.O. members are required to maintain physical fitness for the job and to undergo continuous training in technical matters and specific topics, through seminars and placements run by other law enforcement agencies and State institutions. They also attend regular shooting training sessions.

Training activities are being stepped up through new training modules focusing on specific issues and self-control techniques. Particular attention is paid to Team Leaders' training, especially in the coordination of first-line responding units.

For the reasons indicated above, great importance is attached to so-called *proximity training*, a continuous training process within the Group itself. Indeed, some instructors are part of the operational staff of the Central Group and of the Regional Groups. These instructors, during daily work and specific interventions, identify the training needs of the staff and put forward analyses and proposals for the development of innovative operational procedures, so as to maintain high quality standards and improve the technical and operational effectiveness of this specialised unit of the Penitentiary Police Corps.

The training of G.I.O. staff is structured into three phases:

- *Basic training phase*, aimed at providing staff with adequate hard skills in the operational intervention tactics of the Penitentiary Police, with training sessions on various topics run by specialised staff and instructors of the Corps, possibly already serving in the G.I.O.
- *Technical-operational course*, aimed at strengthening the hard skills acquired in the first phase by going deeper into the legal framework of the Penitentiary Act and the lawful use of force, and by offering training sessions in techniques and tactics of intervention. Trainees undergo stress tests and simulations of activation and intervention procedures, broken down into individual phases, with negotiation and analysis of the type of emergency.
- *Final training module*, aimed at the full professionalisation of the technical skills acquired. Thereafter, during the period of operational service, the consolidation of the hard skills acquired and the development of further soft skills follow.

In 2025, the following activities were organised:

- two courses of physical training and refresher training in legislation for a total of 107 G.I.O./G.I.R. staff members;
- two training courses for staff of the Regional Groups for a total of 60 staff members;
- one seminar on *Leadership and soft skills*, intended for Team Leaders, attended by 33 staff members;
- one seminar on "*Psychology of emergency. Individual and group behaviour in crisis situations, resilience, management and recovery*", held online and intended for both Team Leaders and operational staff.

7. Healthcare services

Paragraph 73

The CPT would like to receive the first assessment of the monitoring body on the evaluation of the quality of healthcare provision established by the State-Region Unified Conference, along with its recommendations in view of removing the imbalances observed in the course of the 2025 ad hoc visit. In this respect, the Committee trusts that the recommendations outlined in this report will be transmitted to the attention of the monitoring body in view of promoting their follow-up and implementation.

The Technical Monitoring Group established pursuant to State-Regions Agreement Rep. Atti No. 53/CU/2025 is carrying out the activity provided for under its first task, namely monitoring the status of regional and provincial healthcare service networks.

This data collection exercise concerning the provision of prison healthcare services for adults and minors in the Regions and Autonomous Provinces is currently ongoing; therefore, it is not yet possible to provide an initial assessment of the status of the networks.

The tasks of the Technical Group are described in the introductory section above (see "*Address the regional disparities in the provision of prison healthcare*").

Following the examination of the preliminary observations of the CPT within the technical monitoring Group on 23 October 2025, the Ministry of Health dispatched a formal note, reference number prot. 72000 dated 4 November 2025, addressed to the Campania Region and the Local Health Authority (*Azienda Sanitaria Locale*, ASL) of Avellino, for the purpose of obtaining detailed reports on prison healthcare within their respective territorial jurisdictions. The Avellino ASL replied to the request, stating that:

- the prison healthcare unit guarantees the continuous presence of medical staff 24 hours a day, every day of the year. During the daytime shift, two continuity-of-care physicians operate in addition to the unit's lead physician, whilst one continuity-of-care physician is present during the night shift. Furthermore, medical emergencies are covered by the local 118 emergency service of the ASL. Despite a persistent shortage of nursing staff, a shift pattern is generally ensured, consisting of 3-4 nurses in the morning, 3 in the afternoon, and 2 during the night, save for sudden justified absences;
- upon admission, prisoners are subject to the procedures laid down in the Avellino ASL resolution of 23 January 2025, concerning the adoption of operational procedures and the establishment of an ASL Observatory for prison healthcare;
- specialist services that cannot be provided within the institution are booked through the regional unified booking centre (*Centro Unico di Prenotazione*, CUP); a telemedicine service for psychiatry is also active. The dental service has been transferred to the Healthcare District of Monteforte Irpino, with days dedicated exclusively to prisoners;
- staff have been made aware of the requirements of privacy and confidentiality concerning prisoners and the activities carried out within prison institutions;
- specific emergency preparedness courses have been conducted (first aid and firefighting), along with all courses provided by the Healthcare Authority for its employees.
- Similarly, a formal note (prot. 7201 of 4 November 2025) was sent to the Puglia Region and the ASL of Foggia, requesting specific information on the management of the healthcare service within the prisons under their territorial jurisdiction, and on the adoption of immediate measures at Foggia Prison for the replacement of emergency medicines and expired electrodes of the automated external defibrillator (AED).

The Foggia ASL replied by transmitting the documentation of the Services Conference convened on 11 November 2025, during which the activities implemented, planned and scheduled aimed at ensuring the safety and quality of care for the prison population were discussed, namely:

- screening within the prison population;
- targeted visits aimed at verifying hygiene and health conditions pursuant to Article 11 of Law No. 354/1975;
- structural deficiencies and identification of premises intended for healthcare use;
- management of emergencies and medicines;
- management of health documentation and digital health;
- shortage of nursing and medical staff.

The same ASL officially confirmed the immediate replacement of the essential medicines and defibrillator electrodes that had expired at the time of the CPT's visit to Foggia Prison.

Furthermore, following the CPT's visit on 10 November 2025, the Local Health Authority (ASL) conducted a screening program for the female inmate population to prevent breast and cervical cancer. A similar screening program is scheduled in September 2026. Furthermore, discussions are underway with the local ASL to develop a health screening plan for the entire prison population.

Healthcare facilities and staffing

Paragraph 76

Following the review of the relevant healthcare facilities and staffing components at Avellino, Foggia and Santa Maria Capua Vetere Prisons by the relevant ASLs, the CPT recommends that, at:

Avellino Prison junior doctors should receive the necessary guidance and support from senior medical staff to ensure that healthcare for prisoners is of an equivalent standard to that provided in the community, and the complement of visiting specialists should be increased, notably in dermatology and endocrinology. Further, in order to attract and retain skilled doctors, incentives such as loyalty bonuses or salary supplements for continuity in prison assignments should be considered. The conditions in the *Infermeria* and clinic environment should be remedied, including through mould removal, repainting, repairing broken flooring, and replacing worn mattresses in on-call rooms for staff, as well as repairing the dental chair.

Considerations regarding the increase in specialist medical staff and the incentive system needed to attract and retain a greater number of physicians will be brought to the attention of the Technical Group in the course of its ongoing institutional activities.

The documents sent by the Avellino Prison show that currently 14 medical doctors are on duty there, 5 of whom ensure about 96 hours/month of service each.

In order to make medical posts in prisons more attractive, the prison healthcare coordinator and the head of prison healthcare of the ASL of Avellino have repeatedly urged the competent offices to apply the new contracts provided for by the Regional Supplementary Agreement (*Accordo Integrativo Regionale*, AIR), which recognise specific allowances for medical service in prison.

There are currently 9 nurses, compared with the 19 nursing posts provided for by the staffing plan. This number is supplemented, through additional working hours and on a task-force basis, by a further 3 or 4 nurses from

the Sant'Angelo dei Lombardi Prison and one nurse from the Lauro ICAM for detained mothers, for a total of 13 or 14 operational nurses.

To address the shortage of staff, the head of prison healthcare of the ASL of Avellino has repeatedly asked for an increase in prison nursing staff, obtaining the publication of specific calls for prison healthcare posts, covering both new temporary recruitments and additional working hours for staff already employed.

The number of specialists was also increased through public calls for prison healthcare.

Currently, the specialist service includes a psychiatrist, an ear, nose and throat (ENT) specialist, an endocrinologist and a dermatologist, as recommended by the CPT.

A further call has been requested to recruit permanent nurses, and the annual renewal has been requested of the calls for specialist outpatient services in the prison setting.

As regards the structural shortcomings of the healthcare facilities, which persist and have been only partially addressed, the prison healthcare coordinator and the head of prison healthcare of the ASL of Avellino have repeatedly urged renovation works, to restore hygienic conditions throughout the healthcare centre of the prison. These requests led, in March 2026, to the approval of works that will start in November/December 2026.

The prison Governor has reported that a project to restore the infirmary premises has been approved in agreement with the ASL of Avellino. Following the validation of the joint project, on 30 April 2026 a direct negotiation procedure on the Electronic Market for Public Administration (*Mercato Elettronico della Pubblica Amministrazione*, MEPA)[7] (No. 6286281) was launched for the award of the engineering and architecture services for the executive design of the renovation works.

The dental chair is not yet working, but the prison healthcare coordinator and the head of prison healthcare of the ASL of Avellino have repeatedly asked the competent offices to repair it or to replace it, in order to resume dental care in the prison. The new equipment will be provided at the end of the renovation works. In the meantime, dental care is provided twice a week in the ASL District of Monteforte Irpino.

Foggia Prison mental healthcare should be reinforced though a psychiatric provision of an additional 12 hours per week and restoring the functionality of the dental cabinet by repairing the leaking ceiling. Each prison block must be equipped with a stocked CPR trolley and functional AED with valid pads. Sessional cover for ophthalmology, dermatology, dentistry, and physiotherapy specialists must be secured.

Following the formal note sent by the Ministry of Health (prot. 7201 of 4 November 2025) to the Puglia Region and the ASL of Foggia (see the reply to paragraph 73), the Foggia ASL formally replied, stating that: "*Whereas, by formal note reference number prot. AFG-0124500 of 21 October 2025, the Head of the Simple Departmental Unit (*Unità Operativa Semplice Dipartimentale*, UOSD) for Prison Medicine highlighted that the number of psychologists and psychiatrists on duty at Foggia Prison is insufficient to ensure adequate support for the inmate population, in compliance with the current Suicide Risk Prevention Protocol, and requested as a matter of utmost urgency an increase in the hours of outpatient specialist care in the branches of Psychiatry and Psychology at Foggia Prison. Therefore, the purpose of this document is to request – in order to guarantee a healthcare service that respects the right to health of the prison population, and is efficient and responsive to the actual needs of the institution as highlighted by the Head of the UOSD for Prison Medicine – a derogation from the historical total hours for outpatient specialist care and, consequently, an overall weekly increase of 152 hours, of which 76 hours weekly (2 assignments of 38 hours each) for the branch of Psychiatry and 76 hours (2 assignments of 38 hours each) for the discipline of Clinical Psychology*".

The documents sent by Foggia Prison show that since October 2025 the psychiatric service has been reinforced with two psychiatrists for a total of 20 hours per week. It should also be noted that on 15 September 2026, as part of a specific technical working group convened to examine the Prison's healthcare issues, the Director of the relevant Social and Health District, together with the Head of Healthcare at Foggia Prison, committed to further strengthening specialized psychiatric care by increasing the number of hours dedicated to a total of 30 hours per week.

As regards staffing, the Foggia ASL informs that the following professionals are currently on duty: 1 Healthcare Service Director, specialist in psychiatry (available on call), 7 psychologists, 4 medical doctors ensuring round-the-clock medical cover, 7 healthcare assistants (OSS) and 20 nurses.

The specialists are: 2 psychiatrists, 1 infectious diseases specialist, 1 pulmonologist, 1 ENT specialist, 1 ultrasound specialist/radiologist, 1 physiatrist, 1 internal medicine physician, 1 dentist and 2 cardiologists. Further specialists will shortly be available: 1 gynaecologist, 1 ophthalmologist and 2 physiotherapists, to further enhance the healthcare offer in the prison.

The dental cabinet has been refurbished and is currently functioning.

As regards the medicines and the defibrillator pads that were found to be expired during the Committee's visit, on 22 October 2025 they were disposed of and replaced with valid medicines and pads.

In this regard, the Foggia ASL confirmed the introduction of a mandatory periodic check of emergency medicines and equipment at Foggia Prison (monthly check by nursing staff, as reported in Italy's reply to the preliminary observations).

Santa Maria Capua Vetere Prison uninterrupted 24/7 nursing coverage, including during periods of staff leave, should be guaranteed. Escort staffing should be improved to ensure the timely transfer of prisoners requiring external specialist or emergency care. All ward clinics allowed by staffing levels should be reopened, to reduce the escort burden. Further, the autoclaved packing requires a clear date indicating when the instruments were last autoclaved and sterilised.
Following the formal note sent by the Ministry of Health (prot. 7200 of 4 November 2025) to the Campania Region and the ASL of Caserta, the Caserta ASL sent a formal note stating that: "*Through the professional, technological, and organisational resources allocated, the Santa Maria Capua Vetere Prison Healthcare Unit constantly guarantees the required 24-hour medical and nursing service on all days of the week, in respect of which no interruptions have ever been detected. [...] 28 nurses (CPS) are assigned on a full-time and permanent basis, a regularisation process having been concluded years ago for staff transferred from the Ministry of Justice pursuant to the Prime Ministerial Decree (*Decreto del Presidente del Consiglio dei Ministri*, DPCM) of 1 April 2008, who were predominantly not employees but worked under contractual arrangements*".

However, some critical issues remain at Santa Maria Capua Vetere Prison, as highlighted by the Committee during the visit, and the DAP is taking every possible initiative, in agreement with the local health authorities and the relevant Regional authorities. These efforts aim at increasing the level of healthcare provision and, in particular, at enhancing psychiatric care, as well as at the full protection of the right to health of the whole prison population.

Finally, the Directorate General for Prisoners and Treatment wrote to the health authorities of the Campania Region highlighting the need to carry out all the measures recommended by the CPT in the prisons visited.

Access to healthcare

Paragraph 79

The CPT recommends that the DAP review the relevant provisions of Circular No. 0435332 U on 13 October 2025, to ensure that the transfer of prisoners to hospitals is enforced and decided upon solely by healthcare staff based on principles of medical necessity. Furthermore, there is no justification for prison custodial staff to interfere in such transfers for specialist consultations to a hospital on the basis of understaffing or generic security concerns, which can be addressed by an individual risk assessment of each case.

With regard to the transfer of prisoners to external healthcare facilities, it should be noted that the circular in question is not intended to interfere with matters of a medical nature; for this reason, where a medical certificate has been issued by the doctor of the prison, the transfer to hospital always take place. The aim of the circular is to promote greater coordination between the prison management and the healthcare management in order to prevent the emergence of "defensive medicine" practices which lead to transfers to hospitals that subsequently prove to be unnecessary. The authority of healthcare staff to arrange consultations or admissions to external healthcare facilities therefore remains unchanged and is not open to question.

Screening upon admission and recording of injuries

Paragraph 81

Recording of the medical examination in the event of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries, to be kept in the medical file of the prisoner.

As provided for by Article 11, paragraph 7, of Law No. 354/1975, "*The physician shall immediately record in the medical chart any information relating to signs or indicators suggesting that the person may have suffered violence or ill-treatment and, without prejudice to the mandatory reporting obligation, shall give notice thereof to the Governor of the institution and to the supervisory judge*".

The recommendation to use anatomical diagrams will be examined, within the framework of the work of the Technical Group, once the preparatory actions currently underway have been completed.

Injuries should be photographed, and the colour photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register, in which all types of injuries should be recorded.

Further, the Committee reiterates its recommendation to introduce a dedicated injury register at the prisons visited and throughout the DAP.

These recommendations will likewise be examined by the Technical Group in the same framework.

With regard to the recommendations contained in the CPT report, it should be noted that the Directorate General for Prisoners and Treatment has issued a note to the Regional Directorates containing updated provisions relating to the critical issues that have emerged, as detailed in the reply to paragraph 89.

In particular, the Regional Directorates and the prison managements have been reminded of the need for strict compliance with the provisions aimed at guaranteeing the confidentiality of prisoners and internees during medical examinations and with Article 11, paragraph 7 O.P.; furthermore, they were invited to establish a register recording all communications relating to injuries reported by the doctor on the basis of the aforementioned provision.

Medical confidentiality and documentation

Paragraph 83

The CPT recommends that the Italian authorities take measures to ensure that the above-mentioned precepts are fully implemented in practice.

As regards the CPT recommendation in this paragraph, it should be noted that the Directorate General for Prisoners and Treatment has issued a circular to the relevant offices setting out updated guidelines regarding the issues that have arisen, as further detailed in the reply to paragraph 89.

As regards confidentiality in particular, the Governor of Foggia Prison has ordered that Penitentiary Police staff remain outside the infirmary during medical examinations, unless the inmate expressly consents to their presence or there are evident reasons of order and security, reaffirming the provisions set out as far back as 2000 in circular letter no.3526/5976 regarding the confidentiality of medical examinations.

Paragraph 84

The CPT recommends that at Avellino and Foggia Prisons the medical records room be secured, and access restricted exclusively to healthcare staff.

Within the Permanent Consultation Desk for Prison Healthcare – an advisory, national coordination and monitoring body established by the DPCM of 1 April 2008 ("Modalities and criteria for the transfer to the National Health Service of healthcare functions, employment relationships, financial resources, and equipment and capital goods concerning prison healthcare") – an activity has been initiated aimed at defining detailed procedures to guarantee strict compliance with the General Data Protection Regulation (GDPR) within the prison context.

In the context of the recent provisions issued by the Directorate General for Prisoners and Treatment (see the reply to paragraph 89), the prison Governors were requested to raise the healthcare authorities' awareness of the need for secure custody of the clinical records of prisoners and for medicines to be stored in the infirmaries out of the inmates' reach.

Medication

Paragraph 85

The CPT recommends that the ASL of Avellino and Foggia take the necessary steps in order to ensure that medications at the prisons under its responsibility are up to date. Further, the cabinets of the pharmacy of Santa Maria Capua Vetere Prisons should be secured, locked and only accessible to healthcare staff.

These recommendations will be reported to the Technical Group with a view to urging the Regions and, in particular, Campania Region competent for Avellino and Santa Maria Capua Vetere prisons, to periodically check the expiry date of medicines held in the prison institutions under their jurisdiction, as already done by the Foggia ASL, which has established a mandatory periodic check of emergency medicines and equipment at Foggia Prison.

Review of fitness for detention and support inmates or "*piantoni*"

Paragraph 88

The CPT recommends that the Italian authorities take the relevant measures, including of a legislative nature, in order to ensure that every prisoner who is subject to a solitary confinement measure such as those under special surveillance (Article 14bis of the O.P.), *isolamento diurno* (Article 72 of the CC) or

isolation for judicial or medical purposes (Article 33 of the O.P.), are subject to a mandatory medical check on a daily basis.

In the context of the recent provisions issued by the Directorate General for Prisoners and Treatment (see the reply to paragraph 89), and with a view to ensuring daily medical examinations for prisoners subject to any form of solitary confinement or to the regime of special surveillance under Article 14-bis of the Penitentiary Act, the Governors of all prisons were instructed to inform the competent healthcare authorities promptly of the measures adopted in respect of inmates, so that the daily visit already provided for by Article 11 O.P. for prisoners in disciplinary isolation is extended in practice to all prisoners held in comparable conditions.

Paragraph 89

The CPT recommends that steps be taken by the relevant authorities to ensure that *piantoni* employed at Avellino, Foggia and Santa Maria Capua Vetere Prisons, as well as in other prisons in Italy, receive appropriate training in caring skills.

Further, the Committee wishes to stress that any involvement of *piantoni* in the care of disabled prisoners should never lead to a total delegation of staff responsibilities and that the work of *piantoni* should always be adequately supervised by a qualified member of healthcare staff.

As regards the training of the inmates entrusted with the task of caregivers for fellow inmates, the Governors were requested to organise specific initiatives, with the support of the Local Health Authorities, as already provided for by the DAP Headquarters in the Circular Letter of 10 March 2016 " *Physical disability in prisons – Functional limitations*".

That Circular Letter confirmed the instructions given in 2015 to Regional Directors and prison Governors on the authorisation and promotion of training courses for caregivers, following the recommendations made by the CPT

The prison Governor asks the health authorities to carry out training initiatives for the inmates selected as caregivers, also on the prevention of accidents in the workplace. However, the release of those who have been trained entails the need to organise new training courses for their replacements.

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With reference to the recommendations on healthcare set out in the previous paragraphs, it should be noted that, in May 2026, all local authorities (Regional Directorates and prison managements) were informed of the findings contained in the report. This was done in order to raise awareness at all levels, given the need to share the issues that had emerged with the Regions and Health Authorities, so that the relevant provisions within their remit could be issued regarding the confidentiality of medical consultations, the recording of injuries, the safekeeping of medical records, daily health checks and the role of custodial staff, supplementing – where lacking – the existing provisions to achieve a uniform and functional framework across the whole country.

Psychiatric care

Paragraph 96

The CPT recommends that the ASL of Caserta upgrades the conditions in the ATSM of Santa Maria Capua Vetere, notably with the increased presence of psychiatric staff and capacity to attend to the requirements of patients in need from the entire catchment area of the PRAP of the Campania Region.

The ASL should also ensure that the levels of humidity in the ward are monitored and kept under control.

Further, the CPT recommends that the mental health team of the ATSM of Santa Maria Capua Vetere be provided with sufficient space to offer all patients a structured programme of activities to assist with their recovery and take advantage of the mental health expertise available.

The Committee would also like to be informed of the situation of [redacted] accommodated at the Danube Module of Santa Maria Capua Vetere Prison following the ad hoc inspection of his situation carried out by the Supervisory Judge of Santa Maria Capua Vetere, on 20 September 2025.

With regard to the situation of the inmate referred to by the CPT [redacted] the relevant healthcare interventions are particularly complex, since the inmate persistently refuses to undergo the healthcare treatment offered to him, to undergo clinical monitoring and to take the prescribed therapy. Nevertheless, the DAP Headquarters continue to monitor his situation, with the aim of involving the local healthcare staff in identifying the most appropriate solutions for his care and placement, while respecting the inmate's clinical condition and the law in force.

The documentation received from the Regional Directorate of Campania states that [redacted]. was sentenced for murder with the recognition of partial mental incapacity. Immediately after his admission to the prison of Santa Maria Capua Vetere, he was placed in the Mental Health Protection Unit (*Articolazione Tutela Salute Mentale*, ATSM) for almost two years. Following his discharge from the specialist unit, his detention was characterised by marked maladjustment and serious aggressive and destructive acts towards staff and prison property, related to his psychiatric condition, which led, after a few years, to his precautionary placement in 2025 in the section under Article 32, paragraph 1, R.P. of the " Danubio" Pavilion.

The medical documentation highlights a clinical picture of extreme seriousness and complexity. Furthermore, the documentation forwarded by the Regional Directorate of Campania shows the need for additional efforts aimed at aligning the assessments of the prison healthcare unit (*Unità Operative Semplici*, UOS) and of the Department of Mental Health (*Dipartimento di Salute Mentale*, DSM) of the ASL of Caserta, as set out below.

The DSM of the ASL of Caserta has formally rejected the request to place the prisoner back on the waiting list for the ATSM, taking the view that his needs are limited to psychopharmacological therapy which is "appropriately deliverable in the ordinary section", and not recognising the need for the multidisciplinary intensive programme typical of the ATSM.

The prison Health Director, on the other hand, has stressed the absolute inadequacy and unsuitability of the " Danubio" Pavilion, which offers only the minimum conditions for health protection. The prisoner displays a total and systematic lack of compliance, constantly refusing insulin therapy, glycaemic controls and psychiatric examinations, thereby exposing himself to an immediate and constant risk to his life. The seriousness of the situation is illustrated by the fact that therapy could only be administered by resorting to exceptional measures such as compulsory medical treatment (*Trattamento Sanitario Obbligatorio*, TSO) in an extra-hospital setting (the last of which was attempted in May 2026), in the course of which serious physical assaults against medical staff and healthcare workers were also recorded.

The position of the DSM of the ASL of Caserta, according to which the condition is manageable in an ordinary section, raises serious concerns in view of the recurrent episodes of decompensation and the material impossibility of providing preventive and life-saving treatment in an ordinary detention section.

In order to guarantee the right to health and dignity of the prisoner, the Regional Directorate of Campania has announced that it will again bring the issue to the Regional Permanent Observatory for Prison Healthcare, involving also the General Directorate of the ASL (a meeting has been scheduled in the near future), in order

to promote a joint and urgent re-assessment of the clinical case, with a view to reconsidering the admission of the prisoner to the ATSM which, at present, appears to be the only suitable setting to ensure continuous multidisciplinary monitoring and the clinical stabilisation of the inmate.

In addition, in order to raise the level of health protection or arrange a possible therapeutic transfer, the Regional Directorate of Campania will further call on the Governor of Santa Maria Capua Vetere Prison to ensure that the efforts already made by all prison staff involved in the management of the prisoner continue and that the local health management takes charge of the daily monitoring of the psycho-physical condition of the prisoner.

Finally, the Directorate General for Prisoners and Treatment has urged the Regional Directorate of Campania to provide timely updates on developments, following the scheduled meetings with the health authorities, inviting it to involve also the competent Regional Coordinator for Prison Health in the assessment of the correct therapeutic approach for the prisoner in question and of a possible alternative placement in the region suited to his care needs.

Mechanical fixation

Paragraph 98

The CPT calls upon the Italian authorities and in particular the ASL No. 3 of the Region of Liguria to stop the measure of mechanically fixating agitated inmates in an equipped cell of Pavilion No. 6 of Genoa Marassi Prison. In the CPT's view, there can be no justification to resort to the mechanical fixation of an inmate in a security (non-medical) setting without constant medical supervision, nor to forcibly administer medication. Further, the Committee is of the opinion that the extensive resort to Article 54 of the CC, which is a protective clause for the exemption of the staff's criminal responsibility, is being applied without a stringent assessment of the criteria of imminent danger, proportionality and residuality as set out in the Article 54 of the CC.

Following the observation made by the CPT, the DAP issued instructions to the management of Genoa Marassi Prison to ensure, in agreement with the prison's health authority, that where physical restraint is necessary and the conditions for such intervention are met, it is carried out in external hospital facilities. The practice of mechanical fixation in the cell of Pavilion No. 6 has therefore been discontinued.

In addition, it is confirmed that on 16 July 2026 the DAP received the report of the G.O.T. (Observation and Treatment Group) meeting held at Genoa Marassi Prison, at which the prison management and the ASL's medical director defined and agreed – following the findings and the recommendation of the CPT in paragraphs 97 and 98 of the report – a methodology for the management and treatment of prisoners at risk of self-harm or harm to others.

It is considered that the definition of a working method for the management and care of this category of prisoner-patients clearly demonstrates that the staff in Genoa have engaged in critical reflection on the practices employed and have applied the CPT's findings in a process of organisational learning, which has been incorporated in the agreements reached within the G.O.T., a copy of which is attached in English translation.

Prevention of suicide

Paragraph 101

The CPT acknowledges the comprehensive efforts undertaken by the Italian authorities to address the challenges posed by suicide in prisons and encourages them to maintain this commitment as they

implement the recommendations outlined by the recent study by the National Institute of Health, Migration and Poverty. The Committee recommends that the DAP devote particular attention to the following five areas of shortcomings identified by the delegation in its examination of the relevant protocols and practices. This is particularly important in the context of severe prison overcrowding and poor healthcare staffing:

- **The presence of psychiatric and psychological staff at Avellino, Foggia and Santa Maria Capua Vetere Prisons should be increased to ensure the relevant anti-suicide protocols are properly applied;**
- **Isolation measures of prisoners assessed to be at risk of suicide should be avoided, and instead increased peer support tools and stronger interactions with families and integrated care should be promoted;**
- **Concrete, measurable outcome indicators in relation to the implementation of the measures foreseen in anti-suicide protocols, such as for example, rate of reduction in suicides, percentage of staff trained, and average response time to risk detection, should be introduced in order to better assess their impact and adopt the necessary corrective measures;**
- **A national strategy for the reduction of ligature points in prisons (notably those on windows, beds, cell gates and light fittings) should be adopted, taking into account the models mentioned above;**
- **Call bells and/or interphone systems should be actively introduced in all cells at the national level.**

Regarding the first point, please see the reply to paragraph 76. As already mentioned, the Foggia ASL has formally requested the Puglia Region an increase in the hours of psychiatrists and psychologists.

The Penitentiary Administration regularly urges and coordinates its local structures, inviting them to review the agreements on the prevention of suicide risk in prison. Indeed, it is deemed appropriate to implement the national and regional guidelines through operational protocols tailored to the specific local situation, in order to provide effective tools and procedures to prevent suicide risk among the prison population. To make these programmes fully effective and applicable, the Penitentiary Administration deems it essential to enhance cooperation among all the institutional actors involved.

The Circular Letter of 9 March 2026 "*Further guidelines for the prevention of self-harm in prison*" gave specific instructions, following the conclusions reached by the Multi-disciplinary Working Group established by the Administration in cooperation with the National Institute for Health, Migration and Poverty (*Istituto Nazionale per la promozione della salute delle popolazioni Migranti e per il contrasto delle malattie della Povertà*, INMP).

Following the issue of the Circular Letter, monitoring was carried out among the Regional Directorates to assess the actual implementation in the prisons of the procedures indicated in the Letter.

Deaths

Paragraph 102

The CPT reiterates its recommendation that the DAP take proactive measures to become a requesting party for all autopsies undertaken in respect of prisoners and systematically share the content of any autopsy report with the relevant prison management and healthcare staff.

Further, the Committee recommends that an analysis be undertaken of each death in prison to consider what general lessons may be learned for the prison in which the death occurred and whether, in the case of self-inflicted death, there are any systemic, nationwide measures which must be taken, and to allow

the sharing of lessons learnt at the national level. Finally, this recommendation should also be transmitted to the Italian State Judicial Council (*Consiglio Superiore della Magistratura*) for dissemination to the relevant judicial and prosecutorial authorities.

In the event of deaths from natural causes or from causes to be determined, the DAP Headquarters initiate an inspection procedure through the competent Regional Directorate, in order to ascertain the causes, circumstances and dynamics of the event. The outcome of the inspection is sent to the Central Office for Inspections at the Headquarters, which has specific competence in this area.

Inspections on quality of care and governance

Paragraph 103

The Committee recommends that all ASLs comply with their obligation to conduct inspections on the quality of care provided to prisoners at all prison establishments nationwide. To this effect the State-Region Unified Conference should remind the Ministry of Health of this obligation and disseminate the pertinent information to all relevant actors. Furthermore, the CPT would like to receive the reports on the inspections conducted over the last year to the healthcare facilities of Avellino, Foggia and Santa Maria Capua Vetere Prisons.

The reports requested by the CPT are attached to this document (see Annexes no. 4, 5, 6 and 7).

8. Women in prison

Preliminary remarks on gender approach

Paragraph 105

The CPT recommends that the Italian authorities take active steps to develop a gender-specific approach towards women prisoners. Furthermore, when developing gender sensitive risk and needs assessments and classification of prisoners it should be taken into account that women generally pose a lower security risk. Furthermore, if women have to be held in predominantly male prisons, there should be a distinct prison management of women prisoners within the overall management of the establishment with a dedicated prison staffing complement.

On 31 December 2025, there were 2,754 women in prison, out of a total of 63,499 prisoners. 498 of these female inmates were held in female prisons (*Casa Circondariale Femminile* (CCF) of Roma Rebibbia, and *Casa di Reclusione Femminile* (CRF) of Trani and CRF of Venezia Giudecca), while 2,256 were held in female wings in prisons accommodating mainly men. There are also attenuated-custody facilities (*Istituti a Custodia Attenuata per Madri*, ICAM) accommodating imprisoned mothers with their children under 6 years of age. These facilities have been designed with spaces meeting the needs of imprisoned mothers as well as of their children. On 31 December 2025, there were 24 mothers with 27 children in the ICAMs and in the nursery units.

The Penitentiary Administration pays particular attention to women's detention, seeking to reduce the inequalities of treatment suffered by women in prison, by directing its efforts towards the identification of their specific needs, the improvement of their detention conditions and the promotion of specific treatment activities.

In 2008, a model for the internal regulations of female prisons and wings was drafted (Circular Letter 0308268-2008 of 17 September 2008) focusing on the specific needs of female inmates. In May 2023, a dedicated working group on "Female detention" was established with the aim of reducing the gender gap. It is structured into three sub-groups focusing respectively on premises, on legal and regulatory aspects, and on the specific needs of the female prison population.

In the same vein, reference can be made to the many memoranda of understanding signed by the Penitentiary Administration with Third Sector associations and bodies, by which the Administration intends to widen the training offer, treatment activities and health protection. For example, since 2016 Soroptimist International has carried out several initiatives aimed at facilitating imprisoned women's employability by providing training and job integration from a gender equality perspective: enhancement of women's economic conditions, equality of rights, gender equality, including the right to health and to psycho-physical well-being.

Vocational training initiatives are also of particular relevance, as they enable individuals to acquire job skills useful for their reintegration upon release; these initiatives are promoted by Regional Administrations and by prison managements with specific funding from the Fines Fund (*Cassa delle Ammende*).

Law No. 62 of 21 April 2011 marked a milestone in acknowledging the exercise of parenthood as a rehabilitation lever, since it provides that parents subject to judicial measures who have their minor children with them may be assigned either to the above-mentioned ICAMs or to Protected Foster Homes (*Case Famiglia Protette*), the former being under the responsibility of the Penitentiary Administration and the latter under the Regions.

The DAP has contributed to the establishment of protected foster homes for women with children and without accommodation, although these structures do not fall under the DAP's jurisdiction. They were funded with

EUR 1.5 million over three years (2021, 2022, 2023), distributed among the Regions, and are monitored by the Department of Juvenile and Community Justice.

In order to improve family relationships, the Penitentiary Administration supports all projects aimed at acquiring and strengthening the sense of parenthood during imprisonment, in view of future release. For example, reference can be made to the memoranda of understanding and cooperation signed with "Bambinisenzasbarre", "ConiBambini", "Fondazione con il Sud" and "Telefono Azzurro", which have contributed and are contributing to measures both of a logistical/structural nature, by establishing dedicated child-friendly spaces, and in support of the imprisoned parent.

Conditions of detention

Paragraph 109

The CPT recommends that the Italian authorities ensure that the DAP and the relevant PRAPs of the Puglia and Campania Regions pay particular attention to the occupancy levels of the female detention facilities of Avellino, Foggia and Santa Maria Capua Vetere Prisons, which were all operating beyond their official capacity. Attention should be paid to maintaining the facilities in a decent state of repair, such as fixing the washing machine at the female detention unit of Avellino Prison.

Please see the reply to paragraph 9, including annexes 1 and 2, and paragraph 49.

Searches

Paragraph 114

The recommendation outlined in paragraph 122 in respect of strip searches in the context of detention of male prisoners is also valid in this context.

Please, see the reply to paragraph 122.

9. Other issues

Means of restraint and security measures (searches, pepper spray)

Paragraph 122

The CPT recommends that the Italian authorities ensure that the criteria of expediency and proportionality for strip-searches be reviewed, with the aim of ensuring respect for personal dignity. Detained persons who are searched should not normally be required to remove all their clothes at the same time. Rather, a person should be allowed to remove their clothing above the waist and then put their clothes back on, before removing further clothing.

Article 34 of the Penitentiary Act confers on the administrative authorities the power to carry out personal searches for security reasons, subject to respect for the dignity of the person searched, and Article 74 of the Penitentiary Regulations specifies the manner in which searches are to be carried out.

The current legal framework strikes a balance between the security needs of prisons and the protection of the fundamental rights of prisoners, providing that the use of more invasive methods is limited to cases in which ordinary control tools are not sufficient to achieve the preventive purpose of the search. In line with Circular No. 3542/5992 of 16 February 2001, strip searches are to be resorted to only where security cannot otherwise be guaranteed, and strip searches involving squatting are to be reduced to a minimum. The Penitentiary Administration has progressively encouraged the use of technological tools, deploying metal detectors and devices for detecting mobile phones, drugs, weapons or materials likely to endanger order and security.

In this regard, it is believed that the method indicated by the CPT consisting in the progressive removal of clothing with the possibility of intermediate partial dressing, prior to the continuation of the verification operations, may in some cases offer the subject concrete opportunities to transfer or reconceal illicit objects or substances in clothing that have not yet been verified (fabric folds, pockets, lining).

Although operational procedures have been established, each search is carried out whilst also considering the prisoner in question and their past history (links to organised crime groups, previous attempts to conceal items, etc.). Consequently, the methods used are always proportionate to the risk of prohibited items or substances being brought into the prison premises and to the safety of the premises and individuals.

Failure to immediately neutralize the offensive potential may allow the detainee to maintain the availability or proximity of self-injurious or hetero-harmful objects (fragments of ceramics, wires, razor blades) with consequent prejudice to the security of the institution and the safety of the people present.

It is understood that the protection of the dignity, confidentiality and modesty of the detained person is indefectibly guaranteed through the adoption of strict operational precautions, among which the provision according to which personal search operations are carried out by personnel belonging to the same sex as the person subject to control assumes primary importance.

Paragraph 123

The Committee, in light of its observations on the use of pepper spray in places of deprivation of liberty, considers that it should not under any circumstances be used in confined spaces with insufficient ventilation, due to the risk of suffocation and other serious health consequences. Further, in the CPT's view it is inadmissible for pepper spray to be used solely to enforce compliance or to enforce regulations of a purely administrative nature in the absence of any threat to safety. The CPT considers that the relevant guidelines being developed by the Italian authorities governing the use of pepper spray in prisons should include, as a minimum:

- **Clear instructions as to when pepper spray may be used, in compliance with the principles of subsidiarity, proportionality, advance warning and precaution;**
- **The right of persons exposed to pepper spray to be granted immediate medical attention;**
- **Information regarding the qualifications, training and skills of staff members authorised to use pepper spray;**
- **An adequate reporting and inspection mechanism with respect to the use of pepper spray.**

Finally, the Committee would like to receive a copy of the prospective study of the above-mentioned Commission on the use of pepper spray in prison establishments.

In November 2025, the Head of the Department tasked a working group with an in-depth analysis of the legal and technical aspects concerning the use of instruments of personal defence based on *Oleoresin Capsicum*, already in use by other law enforcement agencies in Italy. The analysis aimed at assessing the feasibility of equipping the Penitentiary Police Corps with such tools, subject to a trial. The concentration of the blend and the effective spray range comply with Ministerial Decree No. 103 of 12 May 2011, so that the product is not designed to cause injury but is purely an instrument of defence. Under Italian legislation, the use of the spray is authorised only in response to a violent act, a threat or active resistance against the law enforcement officer or other persons present, and provided that the intervention complies with the principles of proportionality and lawfulness of police action. The spray cannot be used for intimidating or preventive purposes.

During the feasibility study, in view of the possible use indoors, including inside prisons, a specific decontaminating product (based on a saline solution) was tested; it captures and neutralises the particles sprayed in the environment and facilitates the removal of the product's effect from the aggressor as well as from people who may have been contaminated accidentally.

The operational context of actual use is still under evaluation, given the need to balance the interests at stake – staff defence and protection of third persons – and the fact that in most cases the scenario would be an indoors one.

On completion of the feasibility study, on 22 December 2025, the Head of Department established an Operational Committee in charge of the trial – to last six months – of the *Oleoresin Capsicum* spray equipment. The Operational Committee has the task of deciding whether the instrument should be used in every prison as individual equipment or as equipment of the detachment, or whether its use should be limited to the specialised units, in view of the particular type of services they perform.

Besides the operational protocol on the conditions of use, the Committee is to draft a training/information protocol for the staff designated in the prisons where the trial will be carried out.

As of today, the Committee gathered twice and the tests were not started yet.

Contact with the outside world

Paragraph 126

The CPT recommends that the prison management of Foggia Prison resume the use of the *aree verdi* where prisoners could meet with their families in a more pleasant and convivial setting.
The green area (*area verde*), accessible from May to October, has been partially restored through the installation of a children's playground, thanks to a project funded by the Inner Wheel Club (Rotary

International). Nevertheless, the area is not yet usable, since further refurbishment works and safety equipment are necessary.

The DAP Headquarters has asked the prison Governor for a report on the progress of the refurbishment works and the timeframe for their completion.

Paragraph 127

The CPT would like to be informed of the measures being taken by the DAP pursuant to the Constitutional Court decision No. 10/2024

After the dissemination of the first Guidelines signed by the then Acting Head of Department on the implementation of Judgment No. 10/2024 (circular letter of 11 April 2025), the Directorate General for Prisoners and Treatment issued two notes (on 15 May 2025 and on 1 August 2025) to monitor the situation throughout Italy. By these two notes, the Regional Directorates were instructed to carry out monthly monitoring of implementation.

To date, there are 15 rooms for intimate visits in operation, and 9 further rooms are being set up.

For example, by 2027, the Regional Directorate of Lazio will set up three rooms for intimate visits suitable for both medium-security and high-security inmates.

The results of the monitoring carried out between 12 April 2025 and 31 March 2026 show that 456 inmates were authorised to have an intimate visit and did so; 347 inmates were authorised but did not have a visit; and 902 applications were refused. As regards the inmates who were authorised but did not have a visit, the reason is in most cases the lack of suitable rooms; these inmates are placed on waiting lists for the authorised visit to take place in a different prison. In other cases, prisoners, after receiving the authorisation, do not apply for the visit or withdraw; in some cases, the authorised partners do not attend.

10. LIST OF ANNEXES

- **Annex 1: Plan of Prison Building**
- **Annex 2: Detail of the places to be recovered**
- **Annex 3: Food tables**
- **Annex 4: ASL inspection at Santa Maria Capua Vetere prison on 24 March 2025**
- **Annex 5: ASL inspection at Santa Maria Capua Vetere prison on 10-11 November 2025**
- **Annex 6: Report on inspections carried out in 2025 at Avellino province prisons**
- **Annex 7: ASL report on the visit to Foggia prison on 11 November 2025**
- **Annex 8: Report on inspection carried out at Santa Maria Capua Vetere prison**
- **Annex 9: G.O.T. Report dated 15 July 2026**

11. LIST OF ACRONYMS

AED	Automated External Defibrillator
AIR	Regional Integrative Agreement (*Accordo Integrativo Regionale*)
ASL	Local Health Authority (*Azienda Sanitaria Locale*)
CCF and CRF	female prisons (*Casa Circondariale Femminile* and *Casa di Reclusione Femminile*)
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CREA	Council for Agricultural Research and Analysis of Agricultural Economics (*Consiglio per la ricerca in agricoltura e l'analisi dell'economia agraria*)
DAP	Department of the Penitentiary Administration (*Dipartimento dell'Amministrazione Penitenziaria*)
DGMC	Department of Juvenile and Community Justice (*Dipartimento per la Giustizia Minorile e di Comunità*)
G.I.O.	Operational Intervention Group (*Gruppo di intervento regionale*)
G.I.R.	Regional Intervention Group (*Gruppo di intervento regionale*)
ICAM	Basic-security facilities accommodating imprisoned mothers with their children under 6 years of age (*Istituti a Custodia Attenuata per Madri*)
INMP	National Institute to promote Migrants' health and to fight against poverty illnesses (*Istituto Nazionale per la promozione della salute delle popolazioni Migranti e per il contrasto delle malattie della Povertà*)
MIT	Ministry of Infrastructure and Transport (*Ministero delle Infrastrutture e dei Trasporti*)
O.P.	Penitentiary Act (*Ordinamento Penitenziario*)
TSO	compulsory medical treatment procedure (*Trattamento Sanitario Obbligatorio*)
UOSD	Simple Departmental Structure (*Unità Operativa Semplice Dipartimentale*)

PLAN OF PRISON BUILDING
aimed at recovering and/or constructing detention places

2025 – 2027

Prison Building Plan

May 2026

Synthesis New detention places / Recovered places during 1st Quarter 2026

Delivered		
Implementing Body	2025	1° Quarter 2026
DPA	290	508
DJCJ	22	12
MIT	273	260
SC	0	0
	585	780

- **DPA: 508 places** were recovered through works of ordinary maintenance. That figure is the net balance between the places recovered through maintenance works and the places unavailable during the same period, mainly due to malicious destructions
- **DJCJ**: they confirm the recovery of **12 places** in the Prison for Minors «Malaspina» in Palermo
- **MIT**: 260 detention places were recovered, of which 230 for the DPA (Livorno Pad. «D» and Cagliari UTA), and 30 detention places for the Prison for Juveniles in Rovigo. As for the 273 detention places, recovered in 2025, 40 are for the DJCJ (Aquila 28 places and Lecce 12 Places)
- **SC:** During the quarter, as for **Line 1**, works in the Trani prison were started, besides the works already started in Castel Franco Emilia and in S. Maria Capua Vetere. As for **Lines 2 and 3**, after the tenders adjudication, the contracts were undersigned (planning and works) for all the interventions foreseen.

Prison Building Plan

May 2026

Synthesis New detention places / Places to be recovered

National Prison Building Plan 25/27				
	2025	Update 2026	2027	25/27
DPA	290	1.166	1.180	2.636
DJCJ	22	12	19	53
MIT	273	1.354	1.794	3.421
SC	0	1.190	3.207	4.397
	585	3.722	6.200	10.507

This Table is the updated framework of the objectives of the next two-year period

MIT: There is an increase in the number of detention places to be recovered under the MIT responsibility, for the inclusion of the intervention in Cagliari Uta prison – already concluded –Pavilion 41-b for 92 detention places. Out of the total number of surveyed interventions (3,421), 3,235 are for the DPA and 186 for the DJCJ

CS: There is a decrease in the places to be recovered (**-272**) mainly due to the exclusion of two interventions in Line 1 DPA (**Nuoro** e **Grosseto**) and one shifting of the recovery of some places from 2026 to 2027 for intervention of extraordinary maintenance (Line 3) by the Regional Directorates, due to delays in the activity of intervention planning.
In April 2026, the activity of the Special Commissioner, supported by Invitalia, brought to the opening of the first construction sites (Line 1) and to the development of tender procedures relevant to 35 prisons.

CS – Line 1 – Projects DPA (Commissioner's powers)

May 2026

n. Interventions	Detention Places	Central Purchasing Body	Contracting authority	Monitoring	Program Costs
5	566	Invitalia	DAP	CS/CDP	€ 37,1 mln

	Prisons	Detention places	Tender	Planning	Start of works	End of Works
1	SANTA MARIA CAPUA VETERE CC	150	concluded	concluded	Dec-25	II Quarter 2027
2	CR CASTELFRANCO EMILIA	36	concluded	concluded	Oct-25	IV Quarter 2026
3	TRANI CC	80	concluded	concluded	Apr-26	III Quarter 2027
4	CR REBIBBIA	100	May 2026	July 26	Dec-26	IV Quarter 2027
5	CC AGRIGENTO	200	May 2026	July 26	Dec-26	IV Quarter 2027
	CC NUORO	0	suspended			-
	GROSSETO	0	suspended			-
	Total	566				

- **S. Maria Capua Vetere**, **Castelfranco Emilia and Trani**: works ongoing and time schedule in line with the planning.
- **Agrigento** and **Rebibbia**: the documents to start the tender are ready. After further checks carried out by the DPA, the publication of the tender is foreseen by May 2026.
- **Grosseto** and **Nuoro**: interventions not consistent with the Program, due to times and costs
- The exclusion of the works in **Grosseto** and **Nuoro** reduces the detention places from **808** to **566,** with a difference of **- 242** in comparison with the Program forecast

CS – Line 2 - Modules

May 2026

n. Interventions	Detention Places	Central Purchasing Body	Contracting authority	Monitoring	Program Costs
9	384	Invitalia	Invitalia	CS/CDP	€ 32 mln

Moduli

	Prisons	Detention Places	Tender	Planning	Start of works	End of Works
	PRIORITIES					
1	REGGIO EMILIA CC-CR	48	concluded	ongoing	Sept. 2026	IV Quarter 2026
2	FROSINONE	48	concluded	ongoing	Sept. 2026	IV Quarter 2026
3	VOGHERA CC	48	concluded	ongoing	Sept. 2026	IV Quarter 2026
4	BIELLA	24	concluded	ongoing	Sept. 2026	IV Quarter 2026
5	PALMI	24	concluded	ongoing	Sept. 2026	IV Quarter 2026
	Sub-Totale	192				
	NON PRIORITIES					
6	L'AQUILA CC	48	concluded	See note		-
7	MILANO – OPERA	48	concluded	See note		-
8	ALBA CR	48	concluded	see note		-
9	AGRIGENTO	48	concluded	see note		-
	Sub-Total	192				
	Total	384				

- **All the tender procedures are concluded and** all the framework agreements were **undersigned**; the activities of planning and execution were started.
- The **new layouts** of the modules have been agreed with the DPA The new layout might bring a total increase in the number of detention places of **48 places.**
- [**Note**] The compliance with the planning will depend upon an assessment of the financial coverage of the non priorities interventions and, as for the times for ending the works, upon the concrete possibility to make works in three shifts of workers.

CS – Line 2 - Pavilions

May 2026

n. Interventions	Detention places	Central Purchasing Body	Contracting Authority	Monitoring	Program Costs
12	1.560	Invitalia	Invitalia	CS/CDP	€ 200 mln

Pavilions

	Prisons	Detention places	Tender	Planning.	Start of Works	End of Works
	PRIORITIES					
1	ARGHILLA' CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
2	SANTA MARIA CAPUA VETERE CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
3	FERRARA CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
4	PERUGIA CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
5	ROVIGO CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
6	TRAPANI CC	120	Nov-25	June 26	Dec 26	IV Quarter 2027
	Sub-Totale	720				
	NON PRIORITIES					
7	ARGHILLA' CC	120	Nov-25	See note		-
8	SALUZZO CR	120	Nov-25	See note		-
9	SECONDIGLIANO CC	120	Nov-25	See note		-
10	TRANI CC	120	Nov-25	See note		-
11	PAVIA CC	120	Nov-25	See note		-
12	GELA CC	120	Nov-25	See note		-
13	MONZA CC	120	Nov-25	See note		-
	Sub-Total	840				
	Total	1560				

- There was a shift in the work schedule of the tender process and, consequently, in the start of planning, due to the high number of bids received (more than 120), that slowed down the selection process.
- The **new layouts** have been shared and confirmed with the DPA. That new layout might bring an increase in the number of detention places of **+ 507 places**.
- Further to deeper technical analysis, caried out in coordination with the DPA, a re-scheduling of the priority interventions were carried out. Said re-scheduling brought to splitting the project for Arghillà prison into two separated interventions.
- **[Note]** The compliance with the planning will depend upon an assessment of the financial coverage of the non priorities interventions and, as for the times for ending the works, upon the concrete possibility to make works in three shifts of workers.

CS – Line 3 – Extraordinary maintenance

May 2026

n. Interventions	Detention places	Central Purchasing Body	Contracting Authority	Monitoring	Program costs
n.d.	1.917	Invitalia	CS/PRAP	CS/CDP	€ 32 mln

Extraordinary maintenance – *1° PART*

	Prisons	Detention Places	Tender	Planning	Start of Works	End of Works
1	C.C. Messina	82	concluded	concluded	June-26	III Quarter 2026
2	C.C. Barcellona PG	50	concluded	concluded	June-26	IV Quarter 2026
3	C.C. Ariano Irpino	48	concluded	concluded	May-26	IV Quarter 2026
4	C.C. Pescara	29	concluded	concluded	May-26	IV Quarter 2026
5	C.C. Benevento	18	concluded	concluded	May-26	III Quarter 2026
6	C.C. Napoli Secondigliano	12	concluded	concluded	May-26	IV Quarter 2026
7	C.C. Vigevano	12	concluded	concluded	June-26	IV Quarter 2026
8	C.C. Cremona	12	concluded	concluded	May 26	III Quarter 2026
9	C.C. Torino (pad. Arcobaleno)	10	concluded	concluded	June-26	IV Quarter 2026
10	C.C. S. Pietro Reggio Calabria (rep. Scilla)	9	concluded	concluded	May-26	III Quarter 2026
11	C.C. Vibo Valentia	9	concluded	concluded	May-26	III Quarter 2026
12	C.C. Arghillà Reggio Calabria	8	concluded	concluded	May-26	III Quarter 2026
13	C.C. Viterbo	8	concluded	concluded	May-26	IV Quarter 2026
14	C.C. Torino (pad. Sez. C)	6	concluded	concluded	June-26	IV Quarter 2026
	Total	313				

- There is an increase in the projects ready to be started, in comparison with the previous update (January 2026). In particular, for 14 interventions the relevant planning has been concluded and the start of works is scheduled by the end of May 2026, for a total number of **313 detention places.**
- Further 31 interventions for a total number of **776 detention places** are being foreseen, for a total amount of **1,089** detention places, as of today.

CS – Line 5 – Projects MIT (Commissioner's Powers)

May 2026

n. Interventions	Detention Places	Central Purchasing Body	Contracting Authority	Monitoring	Program Costs
8	1.516	Invitalia	MIT	CS/CDP	€ 141,8 mln

Ministry of Infrastructures and Transports

	Prisons	Detention Places	End Planning	Tender for Works	Start of Works	End of Works
1	MILANO OPERA CC	400	June 26	July 26	Sept. 26	IV Quarter 2027
2	BRESCIA VERZIANO CC	348	June 26	July 26	Sept. 26	IV Quarter 2027
3	MILANO BOLLATE CC	192	Concluded	May 26	July 26	IV Quarter 2027
4	BOLOGNA CC	150	June 26	July 26	Sept 26	IV Quarter 2027
5	ROMA REBIBBIA - Lotto 1	130	Concluded	Being adjudicated	June 26	III Quarter 2027
6	FORLI' CC - Lotto 2	125	June 26	July 26	Sept. 26	IV Quarter 2027
7	MILANO SAN VITTORE - Raggio IV	86	May 26	June 26	July 26	IV Quarter 2027
8	MILANO SAN VITTORE - Raggio II	85	June 26	July 26	Sept. 26	IV Quarter 2027
	Totale	1516				

- **Rebibbia** – Derogation Powers transferred and tender process under adjudication (67 bids received)
- **Bollate** - Derogation Powers transferred and start of the tender process scheduled at the end of May
- **San Vittore IV** – Derogation Powers to be transferred pending the end of the assessment procedure of the planning
- The scheduling of the start of some tenders has shifted (San Vittore II, Verziano, Opera). Project checks are ongoing to confirm the economic frameworks with respect to possible further needs today included in the amounts available.

CS – Line 4 – IT Platform

May 2026

IT Platform

December 2025 – Digital Platform identified.

January/February 2026 – Deeper analysis requested by MoJ / DPA

March 2026 – IT Platform selected and start of the tailoring activities

June 2026 – First version of the Platform delivered.

July 2026 – Start document feeding of platform

Technical Provider

May 2026 – Publication of tender ongoing

Luglio 2026 – Selection of the Company

Note – It is necessary to empower the technical structures of the DPA and of the DJCJ to ensure effective management and constant monitoring of the platform after the conclusion of the Commissioner's Term.

Prison Building Plan

May 2026

Total recap of New detention Places / Detention Places to be recovered

	Delivered				National Plan of Prison Building 25/27			
	Oct 22 - Dec 24	2025	1° Quarter 2026	Total Oct 22 - Mar 26	2025	Upd. 2026	2027	25/27
DAP	21	290	508	819	290	1.166	1.180	2.636
DGMC	156	22	12	190	22	12	19	53
MIT	325	273	260	858	273	1.354	1.794	3.421
CS	n.a.	0	0	0	0	1.190	3.207	4.397
	502	585	780	**1.867**	585	3.722	6.200	**10.507**

Note – Since the approval of the Plan by the Council of Ministers (July 2025) until today, the prison population increased by about **2,000 units.**

As part of the Prison Building Plan, below are the details of the places that will be recovered by the Special Commissioner for Penitentiary building which provides for 5 actions of interventions:

- Action 1 - Planned/ongoing DPA interventions (commissioner powers) (**566** places);
- Action 2 - Extensions of existing structures (new pavilions and new prefabricated modules) (**1,944** places);
- Action 3 – Extraordinary maintenance (**1,089** places);
- Action 4 – National digital platform for the census of penitentiary facilities and potential enhancement of some of them.
- Action 5 - Planned/ongoing MIT interventions (commissioner powers) (**1,516** places)[1];

Below is the detail of the interventions currently envisaged by the interventions of the Plan of the Special Commissioner for Penitentiary Building aimed at the creation or reactivation of detention places.

Action 1 – DPA interventations (commissioner power) (with a grey background those already in progress)		
Santa Maria Capua Vetere remand prison	Extraordinary maintenance	150
Castelfranco Emilia	Regulatory compliance	36
Trani remand prison	Regulatory compliance for the "formal blu" pavilion	80
Roma Rebibbia remand prison	Renovation I wing	100
Agrigento remand prison	Completion of the new pavilion	200
	Total	**566**

Action 2 - Expansion of existing structures (new pavilions) (with a grey background the priority ones)		
Reggio Calabria Argillà remand prison	New pavilion	120
Santa Maria Capua Vetere remand prison	New pavilion	120
Ferrara remand prison	New pavilion	120
Perugia remand prison	New pavilion	120
Rovigo remand prison	New pavilion	120
Trapani remand prison	New pavilion	120
	Sub total	**720**
Reggio Calabria Arghillà remand prison	New pavilion	120
Saluzzo prison	New pavilion	120
Napoli Secondigliano prison	New pavilion	120
Trani remand prison	New pavilion	120
Pavia remand prison	New pavilion	120
Gela remand prisonm	New pavilion	120
Monza remand prison	New pavilion	120
	Sub Total	**840**
	Total	**1.560**

Action 3 - Extraordinary Maintenance (Planning concluded)		
Messina remand prison	Lot no. 1-2-3	82
Barcellona Pozzo di Gotto remand prison	Section no. 5	50

[1] MIT proceedings entrusted to the Special Commissioner pursuant to art. 1, paragraph 247, of Law no. 199 of 30 December 2025.

Ariano Irpino remand prison	Section no. 8	48
Pescara prison	Penal section no. 1	29
Benevento remand prison	Mental Health Protection Articulation	18
Secondigliano remand prison	Nursery section no. 3	12
Vigevano prison	Formal nursery section	12
Cremona remand prison	Formal solitary confinement section	12
Torino remand prison	“Raimbow” pavilion	10
Reggio Calabria S. Pietro remand prison	“Scilla” pavilion	9
Vibo Valentia remand prison	A and H pavilions	9
Reggio Calabria Arghillà remand prison	“Demetra” section	8
Viterbo remand prison	Judicial confinement section	8
Torino remand prison	C Pavilion	6
	Total	**313**

As part of the same Action 3, a further 31 interventions are planned for 776 places, for a total of 1,089 prison places to date.

Action 5 – Planned/ongoing MIT interventations (commissioner powers)		
Milano Opera prison	New pavilion completed	400
Brescia Verziano prison	Expansion through new pavilion construction	348
Milano Bollate prison	New pavilion	192
Bologna remand prison	New pavilion	150
Roma Rebibbia NC remand prison	New pavilion	130
Forlì remand prison	New penitentiary building completed (lot no.2)	125
Milano San Vittore remand prison	Extraordinary maintenance no.2	85
Milano San Vittore remand prison	Extraordinary maintenance no.4	86
	Total	**1516**

Report ALL. 3

TABELLA APPLICATIVA MENU' SETTIMANALE INVERNALE ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
I	1	The	in filtri	nr.filtri	3,5	3,5	3,5	3,5
I	2	Latte	UHT intero	ml	700	700	700	700
I	3	Caffè	macinato	g	24,5	24,5	24,5	24,5
I	4	Zucchero	semolato	g	70	70	70	70
I	5	Aceto	di vino	ml	30	30	30	30
I	6	Acciughe	salate	g	0	40	150	40
I	7	Arrosto bovino	Vitellone posteriore con osso Coscia Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	120			
I	8	Bieta	Bietola da costa	g	0		180	
I	9	Bietola	Bietola foglia	g	23	23	23	23
I	10	Bistecca bovino senza osso	Vitellone posteriore con osso Coscia Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	150			
I	11	Bollito Bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	0		120	
I	12	Brasato bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	0	120		
I	13	Broccoletti	I Categoria	g	0	165		165
I	14	Broccoli	I Categoria	g	172,5		172,5	
I	15	Burro		g	37,5	25	25	27,5
I	16	Carote	Senza foglie novelle I Categoria	g	330,35	366	366	346
I	17	Cavolfiore	I Categoria	g	195		195	
I	18	Ceci	in sacchi di iuta	g	10		10	
I	19	Cicoria	I Categoria	g	183	183	280,6	183
I	20	Coniglio	Coniglio senza testa, eviscerato	g	0		250	
I	21	Cozze	Cozze sgusciate precotte 250/350 pz./Kg Congelate	g°°	0			20
I	22	Crauti	Cavoli verza I Categoria	g	0		88	
I	23	Crostata	Crostatina monodose	g	80	80	80	80
I	24	Dado brodo - 1 dado = 11Gr. -	Dado da brodo di carne/vegetale	g	0	11	22	11
I	25	Fagioli	Borlotti/Regina in sacchi di iuta	g	30	60	30	45
I	26	Farina	tipo 0	g	10	15	20	30
I	27	Fesa tacchino	fesa di tacchino Classe A	g	0	120		120
I	28	Fettina bovino	Vitellone posteriore con osso Coscia Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	120	120	120	120
I	29	Fett. maiale o braciola s.osso	Lombo	g	120	150		
I	30	Finocchi	diametro 60+	g	448	238	294	266
I	31.1	Formaggio da tavola	Provolone dolce grasso > o = 40 %					

TABELLA APPLICATIVA MENU' SETTIMANALE INVERNALE ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
I	31.2		Emmenthal umidità < o = 35 %					
I	31.3		Fontal grasso > o = 45 %	g	100	100	115	100
I	31.4		Asiago d'allevo DOP					
I	31.5		Caciotta latte misto umidità < o = 41 %					
I	31.6		Stracchino					
I	31.7		Formaggini porzionati					
I	31.8		Ricotta vaccina					
I	32	Formaggio per condimento	Formaggio grattugiato grasso minimo 32 %, umidità < o = 31 %	g	57,5	70	77,5	57,5
I	33.1	Frutta	Pere Abate 55 - 65 mm/Williams 55 - 65 mm I Categoria					
I	33.2		Mandarini 50 - 60 mm I Categoria					
I	33.3		Banane I Categoria					
I	33.4		Uva da tavola bianca/nera I Categoria	g	3150	3150	3150	3150
I	33.5		Kiwi 90 - 110 mm I Categoria					
I	33.6		Cachi circonferenza 22 - 24 cm Ia Categoria					
I	34	Funghi	coltivati	g	270	280,8	54	108
I	35	Gnocchi patate	Gnocchi di patate	g	200	200	200	
I	36	Indivia	Indivia scarola I Categoria	g	0	97,6		183
I	37	Latte per preparazione piatti	UHT intero	ml	105	50	170	100
I	38	Latticini (fior di latte)	Fior di latte	g	0	150	150	150
I	39	Lattuga	Lattuga cappuccio/romana I Categoria	g	246	443	320	344
I	40	Lenticchie	tipo Montagna in sacchi di iuta	g	20		20	
I	41	Limoni	Limoni 48 - 57 mm/58 - 67 mm I Categoria	g	300	300	300	300
I	42	Macinato bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	255	120	10	255
I	43	Macinato maiale	Spalla	g	0		10	
I	44	Merluzzo	Filetti di merluzzo senza pelle 100 / 200 g congelato	g°°	200			
I	45	Mortadella	Mortadella grasso < o = 28 %	g	0	100		110
I	46	Olio di Arachide	Olio di semi di arachide	g	15	10	20	15
I	47	Olio di oliva	Olio di oliva	g	230	235	215	240
I	48	Olive nere	in salamoia	g	0		10	

TABELLA APPLICATIVA MENU' SETTIMANALE INVERNALE ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
I	84	Vongole	Vongole sgusciate congelate in mattonella	g	60			20
I	85	Wurstel	di carne avicola	g	0		75	
I	86	Zafferano	Zafferano in fili umidità < o = 12%	g	0,0125		0,0125	
I	87	Basilico	fresco					
I	88	Rosmarino	fresco					
I	89	Salvia	fresca					
I	90	Prezzemolo	fresco	g	195	201,2	195	260
I	91	Peperoncino	intero disidratato umidità ≤ 11%					
I	92	Sedano	da coste 500 - 800 g II categoria					
I	93	Aglio	Aglio bianco IIa Categoria	g	14,42	20,6	8,24	25,75
I	94	Cipolla	Cipolle bianche/dorate/rosse diametro = o > 50 mm II Categoria	g	157,5	220,5	126	244,65
I	95	Pepe	Pepe nero macinato Umidità ≤ 5%	g	7	7	7	7

LEGENDA

Tipo di menù

I	Invernale
E	Estivo

g°°	il peso è da intendersi al netto della glassatura (ghiaccio di copertura)
g °	il peso è da intendersi al netto della sgocciolatura (liquido accessorio, non decisivo per l'acquisto)

Tutte le carni di cui alla presente Tabella applicativa sono da intendersi fresche

Carni bovine

Classe A	Età inferiore ai 2 anni
Conformazione R	Buona
Stato ingrassamento 2 o 3	Scarso o Medio

Pasta

proteine > o = a 12,5 % p/p	Proteine > o = a 12,5 g per 100 g di prodotto

Prodotti ortofrutticoli

Se non diversamente indicato le misure in mm si riferiscono al calibro

TABELLA APPLICATIVA MENU' SETTIMANALE ESTIVO ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
E	1	The	in filtri	nr.filtri	3,5	3,5	3,5	3,5
E	2	Latte	UHT intero	ml	700	700	700	700
E	3	Caffè	macinato	g	24,5	24,5	24,5	24,5
E	4	Zucchero	semolato	g	70	70	70	70
E	5	Aceto	di vino	ml	30	30	30	30
E	6	Acciughe 1 Acc. = gr.10	salate	g	10	5		140
E	7	Arrotolato di bovino	Vitellone posteriore con osso Coscia Classe A - Conformazione R - Stato ingrassamento 2 o 3	g				150
E	8	Arrosto maiale	Lombo	g			120	
E	9	Bieta	Bietola da costa	g	24	24	24	24
E	10	Burro		g	20	40	27,5	30
E	11	Capperi	sotto sale	g			6	
E	12	Carote	Senza foglie novelle I Categoria	g	348	298	293	258
E	13	Cetrioli	I categoria	g	209,45		209,45	
E	14	Coniglio	Coniglio senza testa eviscerato	g	250		250	
E	15	Cozze	Cozze sgusciate precotte 250/350 pz./Kg Congelate	g°°	20			
E	16	Crostata	Crostatina monodose	g	80	80	80	80
E	17	Dado brodo 1 dado = 11 Gr.	Dado da brodo di carne/vegetale	g		5,5	5,5	2,75
E	18	Fagioli	Borlotti/Regina in sacchi di iuta	g	45	20	30	35
E	19	Fagiolini	Fagiolini filiformi fini Calibro baccello ≥ 6 mm e ≤ 9 mm Ia Categoria	g	269,32	213	312,5	213
E	20	Farina	tipo 0	g	16	16	22,5	18
E	21	Fesa tacchino	fesa di tacchino	g	150	120		120
E	22	Fettina bovino	Vitellone posteriore con osso Coscia Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	240	120	120	240
E	23	Fettina maiale	Lombo	g	120			
E	24	Finocchi	diametro 60+	g	56	238	238	238
E	25.1	Formaggio da tavola	Provolone dolce grasso > o = 40 %					
E	25.2		Emmenthal umidità < o = 35 %					
E	25.3		Fontal grasso > o = 45 %	g	120	120	115	100
E	25.4		Asiago d'allevo DOP					
E	25.5		Caciotta latte misto umidità < o = 41 %					

TABELLA APPLICATIVA MENU' SETTIMANALE ESTIVO ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
E	25,6		Stracchino					
E	25,7		Formaggini porzionati					
E	25,8		Ricotta vaccina					
E	26	Formaggio per condimento	Formaggio grattugiato grasso minimo 32 %, umidità < o = 31 %	g	72,5	72,5	77,5	92,5
E	27.1	Frutta	Pesche pasta bianca/gialla 73 - 80 mm I Categoria					
E	27.2		Albicocche I Categoria					
E	27.3		Ciliegie I Categoria	g	3150	3150	3150	3150
E	27.4		Banane I Categoria					
E	27.5		Cocomero min. 4 Kg I Categoria					
E	28	Funghi	coltivati	g	32,4			54
E	29	Gnocchi patate		g	200	200	200	200
E	30	Latte per prep. piatti	UHT intero	ml	50	60	165	20
E	31	Latticini (fior di latte)	Fior di latte	g	150	170	150	150
E	32	Lattuga	Lattuga cappuccio/romana I Categoria	g	344,4	270,6	172,2	295,2
E	33	Limoni	Limoni 48 - 57 mm/58 - 67 mm I Categoria	g	300	300	300	300
E	34	Macinato bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g		240	120	120
E	35	Melanzane	Melanzane lunghe/globose (ovali) I Categoria	g	286	275	165	187
E	36	Merluzzo	Filetti di merluzzo senza pelle 100 / 200 g congelato	g°°		200		
E	37	Mortadella	Mortadella grasso < o = 28 %	g			100	110
E	38	Nasello	Filetti di nasello senza pelle interfogliati lastra 100 / 200 g Congelato	g°°	200			
E	39	Olio di Arachide	Olio di semi di arachide	ml	40	60	40	30
E	40	Olio di oliva	Olio di oliva	ml	225	205	220	225
E	41	Olive nere	in salamoia	g	15		16,75	15
E	42	Palombo	In tranci Congelato	g°°			200	
E	43	Pancetta	pancetta tesa	g	10	10	40	10
E	44	Pane	Pane Fresco confezionato pezzatura fino a 300 g	g	2100	2100	2110	2100

TABELLA APPLICATIVA MENU' SETTIMANALE ESTIVO ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
E	45	Pane grattato	Pane grattugiato	g	10	20	20	20
E	46	Panna da cucina	Panna UHT da cucina in brik	g				40
E	47	Passato di Pomodoro	Passata di pomodoro	g	100	50	10	10
E	48.1	Pasta	Conchiglie proteine > o = a 12,5 % p/p					
E	48.2		Bucatini proteine > o = a 12,5 % p/p					
E	48.3		Farfalle proteine > o = a 12,5 % p/p					
E	48.4		Farfalline proteine > o = a 12,5 % p/p					
E	48.5		Fusilli proteine > o = a 12,5 % p/p					
E	48.6		Gnocchetti sardi proteine > o = a 12,5 % p/p					
E	48.7		Linguine proteine > o = a 12,5 % p/p					
E	48.8		Maccheroncini proteine > o = a 12,5 % p/p	g	560	520	320	480
E	48.9		Pastina (Anellini/Stelline) proteine > o = a 12,5 % p/p					
E	48.10		Pennette proteine > o = a 12,5 % p/p					
E	48.11		Rigatoni proteine > o = a 12,5 % p/p					
E	48.12		Sedanini proteine > o = a 12,5 % p/p					
E	48.13		Spaghetti proteine > o = a 12,5 % p/p					
E	48.14		Trenette proteine > o = a 12,5 % p/p					
E	49.1	Pasta all'uovo	Tagliatelle					
E	49.2		Tortellini secchi	g	40		140	
E	49.3		Lasagne					
E	50	Patate	Patate pasta bianca/gialla diametro 40+	g	825	675	1.012,50	675
E	51	Peperoni	Peperoni dolci rossi/gialli/verdi I Categoria	g	121	319	88	374

TABELLA APPLICATIVA MENU' SETTIMANALE ESTIVO ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
E	52	Pesto alla genovese	Pesto alla genovese basilico > o = 55 % - olioextravergine oliva > o = 30% - pinoli > o =3%	g		40		20
E	53	Petto pollo	Petti di pollo	g	180		120	120
E	54	Petto tacchino	fesa di tacchino	g	60			
E	55	Piselli scatola	Piselli fini lessati diametro > o = 8,75 e < o = 10,2 mm	g *	165	160	245	90
E	56	Pollo Coscio	Cosce di pollo	g		150		
E	57	Pollo 1/4	Allevato a terra tg leg./med. Classe A	g		250	250	
E	58	Pomodori da insalata	Pomodori tondi/costoluti/oblunghi calibro 47 - 57 mm I Categoria	g	246	564	253	536,18
E	59	Pomodori pelati	Pomodori pelati superiori	g	470	290	420	320
E	60	Ricotta	Ricotta di mucca pastorizzata	g	20			
E	61	Riso	Parboiled	g	420	340	380	480
E	62	Rughetta	Rucola a mazzi	g		55		55
E	63	Sale iodato fino	Sale iodato fino	g	40	40	40	40
E	64	Sale iodato grosso	Sale iodato grosso	g	50	50	50	50
E	65	Salsiccia maiale	Salsiccia grasso < o = 25 %	g				10
E	66	Sarde	Intere Congelate	g°°		150		150
E	67	Spalla cotta	Spalla cotta umidità < o = a 70 %	g	100	150	130	140
E	68	Spezzatino bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g		150		
E	69	Spinaci	I categoria	g	242	181,5	181,5	508,2
E	70	Tonno sotto olio	Tonno in olio oliva	g	190	20	180	
E	71	Uova	Uova categoria A peso M (da 53 g a 63 g)	pz.	4,5	6	6,5	6
E	72	Verza	Cavoli verza Ia Categoria	g		14,66		
E	73	Vino per preparazione pasti	Vino bianco/rosso brik	ml	35		85	50
E	74	Vongole	Vongole sgusciate congelate in mattonella	g	20			
E	75	Wurstel	di carne avicola	g	6,5		6,5	
E	76	Zucchine	Zucchine bianche/verdi 100 - 225 g I Categoria	g	221,4	216	340,2	194,4
E	77	Basilico	fresco					

TABELLA APPLICATIVA MENU' SETTIMANALE ESTIVO ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
E	78	Rosmarino	fresco					
E	79	Salvia	fresca					
E	80	Prezzemolo	fresco	g	338	364	266,5	364
E	81	Peperoncino	intero disidratato umidità ≤ 11%					
E	82	Sedano	da coste 500 - 800 g I categoria					
E	83	Aglio	Aglio bianco Ia Categoria	g	22,66	17,51	12,36	25,75
E	84	Cipolla	Cipolle bianche/dorate/rosse diametro = o > 50 mm I Categoria	g	131,25	147	178,5	273
E	85	Pepe	Pepe nero macinato Umidità ≤ 5%	g	7	7	7	7

LEGENDA

Tipo di menù	
I	Invernale
E	Estivo

g°°	il peso è da intendersi al netto della glassatura (ghiaccio di copertura)
g *	il peso è da intendersi al netto della sgocciolatura (liquido accessorio, non decisivo per l'acquisto)

Tutte le carni di cui alla presente Tabella applicativa sono da intendersi fresche

Carni bovine	
Classe A	Età inferiore ai 2 anni
Conformazione R	Buona
Stato ingrassamento 2 o 3	Scarso o Medio

Pasta	
proteine > o = a 12,5 % p/p	Proteine > o = a 12,5 g per 100 g di prodotto

Prodotti ortofrutticoli
Se non diversamente indicato le misure in mm si riferiscono al calibro

TABELLA APPLICATIVA MENU' SETTIMANALE INVERNALE ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
I	49	Palombo	in trance Congelato	g°°	200			
I	50	Pancetta	pancetta tesa	g	20	10	30	10
I	51	Pane	Pane Fresco confezionato pezzatura fino a 300 g	g	2110	2100	2100	2100
I	52	Pane grattato	Pane grattugiato	g	10	5	15	
I	53	Panna da cucina	Panna UHT da cucina in brik	g	0		30	
I	54	Passato di pomodoro	Passata di pomodoro	g	60			
I	55.1	Pasta	Conchiglie proteine > o = a 12,5 % p/p					
I	55.2		Bucatini proteine > o = a 12,5 % p/p					
I	55.3		Farfalle proteine > o = a 12,5 % p/p					
I	55.4		Farfalline proteine > o = a 12,5 % p/p					
I	55.5		Fusilli proteine > o = a 12,5 % p/p					
I	55.6		Gnocchetti sardi proteine > o = a 12,5 % p/p					
I	55.7		Linguine proteine > o = a 12,5 % p/p					
I	55.8		Maccheroncini proteine > o = a 12,5 % p/p	g	540	460	460	500
I	55.9		Pastina (Anellini/Stelline) proteine > o = a 12,5 % p/p					
I	55.10		Pennette proteine > o = a 12,5 % p/p					
I	55.11		Rigatoni proteine > o = a 12,5 % p/p					
I	55.12		Sedanini proteine > o = a 12,5 % p/p					
I	55.13		Spaghetti proteine > o = a 12,5 % p/p					
I	55.14		Trenette proteine > o = a 12,5 % p/p					
I	56.1	Pasta all'uovo	Tagliatelle					
I	56.2		Tortellini secchi	g	100	100	100	100
I	56.3		Lasagne					
I	57	Patate		g	675	775	525	900

TABELLA APPLICATIVA MENU' SETTIMANALE INVERNALE ALLEGATE AL CONTRATTO
GENERI DA SOMMINISTRARE PRO-CAPITE

Tipo Menù (I - E)	N. progr.		Requisiti minimi di prodotto	Unità di misura g/ml/pz	TOTALE I SETT. Grammi	TOTALE II SETT. Grammi	TOTALE III SETT. Grammi	TOTALE IV SETT. Grammi
I	58	Pecorino	Pecorino semiduro umidità < o = 32 %	g	0			2,5
I	59	Peperoni	Peperoni dolci rossi/gialli/verdi I Categoria	g	0	88	275	253
I	60	Pesto alla genovese	Pesto alla genovese basilico > o = 55 % - olio extravergine oliva > o = 30% - pinoli > o =3%	g	0	20		20
I	61	Petto pollo	Petti di pollo Classe A	g	120		120	
I	62	Petto tacchino	Petto di tacchino Classe A	g	120			
I	63	Piselli scatola	Piselli fini lessati diametro > o = 8,75 e < o = 10,2 mm	g *	200	70	110	250
I	64	Pollo 1/4	Allevato a terra tg leg./med. Classe A	g	250	250	250	250
I	65	Polpa maiale	Spalla	g	0			120
I	66	Pomodori da insalata	Pomodori tondi/costoluti 47 - 57 mm I Categoria	g	66	247	90	66
I	67	Pomodori pelati	Pomodori pelati superiori	g	650	540	360	350
I	68	Ricotta	Ricotta di mucca pastorizzata	g	0			20
I	69	Riso	Parboiled	g	320	360	300	340
I	70	Salame	Salame tipo Ungherese/Fabriano umidità < o = a 38 %	g	0		100	
I	71	Sale iodato fino	Sale iodato fino	g	40	40	40	40
I	72	Sale iodato grosso	Sale iodato grosso	g	50	50	50	50
I	73	Salsiccia maiale	Salsiccia grasso < o = 25 %	g	15	10		15
I	74	Sarde	Intere Congelate	g	0		150	
I	75	Seppie	Seppie pulite 300 / 400 g Congelate	g°°	0	260		180
I	76	Sgombro	Intero Congelato	g°°	0			150
I	77	Spalla cotta	Spalla cotta umidità < o = a 70 %	g	60	15	120	110
I	78	Spezzatino bovino	Vitellone anteriore disossato Petto Classe A - Conformazione R - Stato ingrassamento 2 o 3	g	0	150		
I	79	Spinaci	I categoria	g	182	182	182	182
I	80	Tonno sotto olio	Tonno in olio oliva	g	180	160		
I	81	Uova	Uova categoria A peso M (da 53 g a 63 g)	pz	2	4,5	5	4,5
I	82	Verza	Cavoli verza Ia Categoria	g	103	187		14,66
I	83	Vino per preparazione pasti	Vino bianco/rosso brik	ml	0	30	50	

CAMPANIA REGION
the Caserta Local Health Authority

Ministry of Health Directorate-General for Health
Prevention by certified e-mail:
dgprev@postacert.sanita.it

Ministry of Justice Department Penitentiary
Administration Directorate General Detainees and
Treatment ■ by PEC: protdgdt^ap@^iustizi^

Asl CE Ref. No 0099455/DIR. DIP. del 15-04-2025litorato Regionale dell' Amministrazione Penitenziaria *2025-P10011-99455*
by certified e-mail: prot.pr.napoli@giustiziacert. i t

SURVEILLANCE COMMISSION FOR ARTICLE 11 L

Region of Campania
Directorate-General for Health Protection and Coordination S.S.R.
by certified e-mail: d g0.4.t erritoriale@pec.regione.campania.i t

Surveillance Office of S. Maria C.V.
by certified e-mail: prptmffsoxy.sair^^

Penitentiary Directorate of the Institute of S. Maria C.V.
by certified e-mail: cc.santamariacapuavetere@giustiziacert.it

THEIR SEATS

Subject: Supervisory Board pursuant to art.ll L. 354/1975 - Verbale delle Ispezione of 24 March 2025 c/o Istituto Penitenziario di S. Maria C.V.

In accordance with Article 14 of Law No 354/1975, we enclose the inspection report drawn up on 24 March 2025 at the S. Maria C.V. Penitentiary Institute by the Supervisory Board pursuant to Article 11 of Law No 354/1975, established by Decisions No [1]161/2019 and No 703/2021 of the Caserta ASL and Decision No [1] 6548 of 14 July 2022, No 9289 of 11 October 2022 and No 1112 of 27 January 2025.

il Direttore del Dipartimento di Prevenzione
[redacted]

The Director Ge nerale
[redacted]

Tel. 0823445121-22 - e-mail: *Direction. Qenerale@aslcaserta.it - PEC: Directionaenerale@pec.aslcaserta.it*
Via Unità Italiana, 28 - 81100 Caserta

MINUTES No 3/2025

On 24 March 2025, at 9.35 a.m., the Company Supervision Commission of the Caserta ASL pursuant to art.II of Law No 354 of 26 July 1975, as amended (Rules on the Penitentiary Order and the Implementation of the PRIVACY AND LIMITATION MEASURES OF FREEDOM) carried out an inspection visit to the Prison of S. Maria C.V. (EC).

The access took place in the presence of the deputy prison director of the Institute [redacted] of the deputy commander [redacted] of the Superintendent of Penitentiary Police [redacted] of the deputy superintendent [redacted] of the assistant chief coordinator [redacted] of the technical assistant surveyor [redacted] of the Medical Director referent of the Institute [redacted], of the head of the UOSD Dependencies pathology in prison [redacted], of the doctor on duty [redacted] from the NLF. [redacted], of the NLF. [redacted] and O.S.S. [redacted]

The Commission shall be composed as follows:
[redacted], chair of the committee (not present due to undeniable business commitments) Dr [redacted], member
[redacted] member
[redacted] member (absent for business commitments)
[redacted], member and delegate to the coordination for the inspection
[redacted] component
[redacted] member
[redacted], member
[redacted] member (absent due to illness)
[redacted] verbalizing secretary noted the following:

A) MANAGEMENT OF PHARMACIES AND DEVICES

As far as specific competence is concerned, [redacted] carried out the verification of the narcotic drugs managed at the premises of the UOSD Pathological Dependencies in Prison and the control of the drugs, devices and medical equipment kept at the warehouse and the clinic of the Central Infcrmeria, as well as at some sections of the structure (Tamigi). For the house of imprisonment are present [redacted] lannotta and the CPSI [redacted] (for the UOSD pathological addictions in prison), [redacted] and the OSS [redacted]; for the Commission pursuant to Article 11 of Law No 354/1975, [redacted], [redacted], [redacted], [redacted]

During the inspection visit, respectively, the model report currently in use at the P.O. Melorio for the applicable parts was used, considering the type of structure **(ailegatol),** and the specific model for the verification and control of "closet" narcotic drugs (Annex 2), both integral parts of these minutes. Preliminary verification of the correct sealing was carried out

of medicines, devices and medical supplies allocated in the central infirmary depot and in the first aid clinic on the same floor.

In addition to the minutes set out in Annex 1, the following is specified:

CONDITIONS FOR THE PRESERVATION OF PHARMACIES AND DEVICES IN CENTRAL FERMERIA

Requests to the UO Pharmacy of Afference are made every fifteen days in reference to the programming produced by the Health Manager of the structure shared with the Director of the UOSD Pharmacy of Afference. It was possible to view the forms used by the various sections for requests for drugs and devices at the central warehouse; the same were all signed for acceptance by the staff in service at the time of delivery of the amount due.

In the storage room all drugs and devices are stored in a suitable place and condition; the stocks recorded appeared to be adjusted to the 994 holdings reported as present on 24 March. The drugs are allocated in a chest of drawers in alphabetical order, with a further distinction between oral and parenteral forms. The vials of Atropine and Adrenaline, as poisons, are kept separately from other drugs, separated from each other in dedicated drawers with clear indication of the content, in order to avoid medication errors. The infusion solutions are placed on a special stitching with a clear separation between those with different active ingredient and those with the same active ingredient but different concentrations or dosages; The same is true for medicines. Sample-controlled drugs have all been found to be valid and in this regard, to facilitate the verification of products that may be close to their expiry date, a time stamp is used; The deadlines on drug packs were also highlighted.

The devices and medical equipment, all valid, are allocated in order on a special stitching, separately from drugs.

As for the drugs intended for patients of the "Mental Health Articulation", in implementation of the New Corporate Act that provided for their afference to the Department of Mental Health and not to the DSS 21, it has been ordered the complete management, including custody, at the OPG Overcoming Section. No oxygen cylinders were found in storage, instead present at the clinic of the central infirmary and in some arms, as specified in the "Management of medical gases" section.

With regard to the surgeries in the central infirmary building, we would point out the following:

- **In the ambulatory intended for first aid, both the drugs and the devices found inside a closet were found to be stored in appropriate conditions and in validity, with the exception of a single bottle of glucosate solution 10% 250 cc expired on January 31st, which is therefore alienated.** The packs of atropine and adrenaline are stored in the relevant safe with a clear indication of the contents, so as to make them immediately available in urgent situations.

Both drugs and devices found inside a trolley, including some suture threads, were found to be valid; the multi-dose packs and disinfectants on the shelf of the

itself (Neoxinal, Amukina Med, Braunol) correctly bear the date of opening, in line with the stability of the individual products. The biological refrigerator has a temperature of 4.6°C and was found to contain some packs of the Engerix B vaccine, insulin in pens (Xultophy, Humalog and Fiasp), Muskidol and Debridat in vials; As already noted in November 2024, the presence on a separate shelf of some reagents dedicated to the troponin test apparatus, located in the same room, is confirmed.

- Following the completion of the adaptation and renovation works, it was possible to access the room for radiological examinations, which was found to be equipped with new equipment; No medicines or devices are managed in this service.
- It was not possible to access the room intended for cardiology and otolaryngology surgeries as specialist visits to the restricted were underway.

MANAGEMENT OF MEDICAL GAS

In the first aid clinic of the central infirmary there are two 7-liter oxygen cylinders, correctly secured to the dedicated trolleys, with a medical gas content and related tests in progress; in the Thames section inspected, a cylinder for oxygen therapy prescribed to a prisoner was found.

Given the distance from the central infirmary, the invitation to equip the section with an oxygen cylinder for any emergencies is reiterated.

MANAGEMENT OF PHARMACIES SUBJECT TO COMPLIANCE WITH THE COLD CHAIN

At the central warehouse, two biological refrigerators were found to be in use again and to contain only drugs subject to compliance with the cold chain compared to the only refrigerator detected during the previous inspection visit.

- Refrigerator 1: its display shows the temperature of 6.8°C, in line with the allowed range; in it there are some packages of multidose insulins (Apidra, Humalog, Lantus) and Debridat in vials
- Refrigerator 2: its display shows the temperature of 6.3°C, in line with the permitted range; it contains tetanus immunoglobulins, some doses of the Engerix B vaccine for adults, a pack of Retacrit4000 Ul

All drugs subject to compliance with the cold chain bear an indication of their expiry date and are valid.

It was confirmed by those present that the procedure that allows the display on the relative display of the graphs from which it is possible to deduce the trend of the temperatures distinguished by time slots as well as on a daily, weekly and monthly basis, so as to be able to detect any out-of-range fluctuations even during the night hours, allowing the appropriate consequential fulfillments.

STUPEFACENT MANAGEMENT

Subsequently, the correct management of the drugs referred to in Presidential Decree No 309/90, as amended, was verified. The narcotic drugs and the registers dedicated to their handling are allocated in the "safe", consisting of a metal compartment with a key inside the two-door cabinet present at the local drug storage room, which is in turn locked.

With regard to the custody of these keys, we confirm the adoption of the procedure as set out in letter ref. 127890/IST.PEN.SMCV of 23 May 2023, according to which they are entrusted at the end of the shift, together with the keys of the warehouse, to the doctor of P.S. and acceptance.

The supply requests, made by means of a three-copy bill, are delivered to the Local Pharmacy Service of Afference which provides for the various disbursements; at the time of the inspection, only 178 cp of Gardenale of 50 mg (ex. 02/2027), given the impossibility of purchasing the 100 mg formulation on tender, in line with the quantity reported on the ministerial register of loading and unloading. This register is regularly stamped and signed on every page by the Health Officer in charge and does not present erasures and / or abrasions, if not some sporadic correction with highlighting of the person who made it, as required by current regulations. In addition, the entries provided at the beginning and at the foot of the page with an indication of the quantity and number of the page of the register from which and to which the report was made are all correctly executed.

All the loading operations carried out show a clear indication of the origin and the number of the relative supply voucher, in line with the provisions of the Presidential Decree, 309/90 and subsequent amendments.

No cut blisters were found.

PROCEDURES ADOPTED

Also on this occasion the adoption of the following procedures is confirmed:

- Following the same procedures adopted at the UU.OO. of P.O. Melorio, the CPSI contact person sends a special "self-inspection" form to the reference pharmacy.
- The delivery of what is necessary to the various sections takes place following a request signed in a legible way by the doctor and receipted by receipt. Once at destination, traceability is reported possible for transcription into the therapy notebook and medical record.
- In line with the provisions of procedure ref. 127890/IST.PEN.SMCV of 23 May 2023, the keys to the drug storage and safe room are entrusted at the end of the shift to the doctor of P.S. and acceptance, who will record on the register established for that purpose the movements carried out and the related justifications.
- The correct keeping and verification of the deadlines of what is in storage is the responsibility of the Health Officer in charge and the CPSI contact person, as happens for the pharmaceutical cabinets of the hospital UOO; to facilitate this control also at the departments of the district house, it is used as

CAMPANIA REGION
Local Health Authority of Caserta
Corporate Supervisory Board pursuant to art. 11 L. 354/1975

reference the deadline transmitted by the Pharmacy's Afference which is delivered to the

c/o del Dipartimento di Prevenzione ASL Caserta Form Pag. 4 di 99 and No 21

[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]

Personnel responsible for rearing sections who sign for receipt, so that the validity of what is administered to the restricted can be monitored.

- An archive is available containing the current therapeutic plans of the "ad personam" drugs requested on a weekly basis from the UOSD Pharmacy of Afference.

We confirm the suspension of the computerized management of the loading and unloading of medicines and devices, due to problems with the PC supplied.

MANAGEMENT OF PHARMACIES AND DEVICES AT THE VARIOUS SECTIONS OF THE CIRCONDARY HOUSE

The members of the commission then went to the Thames section of the District House, randomly chosen. The small biological refrigerator supplied, whose display shows the temperature of 5.6 ° C, contains a pack of Praluent 150, one of Ozempic and insulin pens delivered by the Territorial Pharmacy of Afference on "ad personam" therapeutic plans. The drugs and devices in stock in two cabinets and in the therapy trolley were all valid.

Also on this occasion it was found the presence of several packs of drugs **defused due to the relative supply at the affiliated pharmacies** of the territory, **especially for drugs with active ingredients in combination.**

Once again, [redacted] represented to the prescriber of the ward who assisted in the inspection the need to carry out a correct reconnaissance/reconciliation of the drug therapy that follows the prisoner in his care transitions, in order to avoid the use of procurement at the affiliated pharmacies rather than at the reference pharmaceutical service (for example rosuvastatin vs simvastatin or atorva statin).

For medical gases under management, please refer to the dedicated section of these minutes.

VERIFICATION AND CONTROL OF STUPEFACENT PHARMACY AT THE UOSD "PATHOLOGICAL DEPENDENCES IN CARCERE"

At the inspection visit are present, as per Annex 2, the Head of the UOSD [redacted] and the CPSI, [redacted] for the Casa Circondariale; [redacted], [redacted] and [redacted] for the company commission.

At the UOSD the electronic register is in use and therefore there are no abrasions, deletions, corrections, etc.

The documentation relating to the movements of that register, including the ministerial model for requests for supply at the pharmacy of reference, shall be properly kept and stored in the safe, in which the narcotic drugs are stored.

9 undamaged bottles of 1000 my bottles containing about 300 ml of methadone were in stock

(Scad. 05/2026), no. 6 undamaged bottles of 500 ml and 1 bottle containing about 190 ml of Ellepalmiron (boxes

[redacted]

03/2027), n. 864 4 mg Suboxone films (exp. 07/2025 and 12/2025), No. 705 8 mg Suboxone films (exc. 09/2025), 9 ampoules of Buvidal 8 mg (exp. 12/2025 and 03/2027), 6 ampoules of Buvidal 64 mg (exc. 04/2026), 28 vials of Buvidal 96 mg (exp. 02/2026 and 01/2027), 1 ampoule of Buvidal 128 mg (exc. 02/2026), in line with the printout of the quantities in loading obtained from the electronic register, which is an integral part of Annex 2,
The settings of the electronic register allow a timely and constant archiving on computer medium of the data relating to the movements carried out; the invitation to the UOSD Director already made during the previous accesses to evaluate the possibility of tracing the batch number and expiry dates of the medicinal products managed in this way has been reiterated.
The clinic is equipped with a labeller that allows to optimize the management of drugs with a narcotic action, as has been found indirectly during the recent Commission inspection visits to the prisons of Arienzo, Aversa and Carinola, given that this structure deals with the preparation of "ad personam" formulations (as in the case of methadone) and their delivery to all the prisons present on the territory of the Caserta ASL.
In the light of the above, it is considered to confirm as "excellent" the judgment relating to the inspection at this OU and at the drug depot of the central infcrmeria.

B) DEPARTMENTS AND WATER SUPPLY

The hygienic sanitary control operated today by [redacted] veterinary doctor manager, [redacted] medical director and [redacted] TPALL highlighted the following.
Please note that the use of a mobile phone has not been allowed for any photographic surveys.
The Penitentiary Institute is divided into 7 sectors: Tiber (all the department under renovation), Thames, Nile, Danube (kitchen not working), Volturno (kitchen under renovation), Seine, Articulates and Central Infirmary.
In all kitchens, meals are prepared by detainees who follow regular food training courses provided by the Private Accredited Body.
The menus used therein respect the ministerial tables.
We note that the structural situation in some departments has worsened compared to the inspection visits of the past year as the failure to resolve the non-compliances highlighted is obviously exacerbated.

TAMIGI DEPARTMENT (high security department)

The non-conformities highlighted above have been partially eliminated while the following still persist:

- **access area to the kitchen: there are rust areas** on the entrance door;

- Washing **area: a cleaning operation with a clinging solution was carried out which did not give excellent results and therefore non-compliance** persists at the level of the **tiles behind the washbasin and under the window with continuity solutions; there are large areas of rust to the heatsiphon allocated therein;**
- Vegetable washing **area: a clinging solution remediation has been carried out which has not yielded very good results and therefore non-compliance** persists;

The temperature control sheets of all refrigerators kept there shall be duly completed. The food inspected is in good condition, kept at suitable temperatures, regularly labelled and in compliance with shelf life.

VOLTURNO DEPARTMENT

Renovation work has been completed. Meal preparation is moved to the Thames kitchen.
It is acknowledged that the flooring of the cell has been replaced, the siphoned grids on the floor have been sufficiently cleaned and the waste containers have been purchased from scratch.

NILO DEPARTMENT

The following non-conformities are identified:

- **Vegetable cell: floor with areas of discontinuity;**
- **bathroom: disconnected tile behind the toilet. The latter** requires complete **replacement; ceiling with areas of humidity;**
- **locker rooms: diffuse dust;**
- **Peel-vegetable zone: presence of considerable infiltration** of water to the entire ceiling and **walls. Due to the poor structural conditions that do not guarantee** the hygiene of the **production process and consequently food safety, this** area is inhibited from use **until the non-compliance described above is resolved.**
- **Door that from the outside: with a solution of continuity at the bottom such as to allow the entry of creeping animals.**

Temperature control sheets are regularly filled in. Foods inspected in cold rooms and chillers are in good condition, kept at suitable temperatures, regularly labelled and in compliance with the expiry date.
We reiterate, as already pointed out above, the failure of the **extractor hoods in the two departments (Tamigi and Nilo), a condition that requires an immediate resolution to protect the persons employed**

there.

c/o Directorate of the Department of PreventionASL Caserta

We take note of the verbal statement made by the prison police officer [redacted] of the mandate given to a company for the resolution of the above-mentioned non-compliance.

SENNA DEPARTMENT (high security female department)

The area intended for the preparation of meals is clean and therefore no hygienic-sanitary and/or structural problems were detected during the inspection of the canteen.
One cell was inspected on a sample basis (point 7) and found to be in good sanitary condition.
To verify the hygiene of the process and food safety, 2 samples were taken respectively in the kitchen of the Thames and Seine department.

C) EPIDEMIOLOGY AND PREVENTION OF INFECTIVE DISEASES

[redacted] Medical Director currently SISP, Prevention Department reports on the outcome of the inspection visit carried out today at the District House of S. Maria C.V., together with [redacted] pharmacist manager, and [redacted] UOC director for health protection in prison, as members of the above-mentioned commission. The visit took place in the presence of [redacted] Medical Director of the penitentiary.
With regard to its field of competence, Epidemiology and Prevention of Infectious Diseases, the following information has been acquired.
The adoption of the operational protocol is confirmed as regards the health activities carried out at the entry of a person into the institute, in particular the prevention of the spread of infectious diseases: history and physical examination for the identification of possible infectious pathology, screening for HIV, HCV and HBV and TPHA.
Patients with diffusive diseases in the acute phase are placed in isolation and a report of infectious disease is made to the territorially competent Collective Prevention Unit.
Each prisoner was offered flu vaccination during theseasonal campaign and was offered HBV vaccination. In fact, the two refrigerators under inspection contained 7 boxes of Engerix B expiring in April/2025.
Health care is provided with regular visits regardless of the requests of the interested parties.
On 24/03/2025 there were 994 detainees compared to the maximum capacity of the institute which is 826 detainees. The institute consists of 7 sections and each has its own infirmary.
No health education interventions are carried out.
The SMOP information system is used to store almost all of the prisoners' health records but paper medical records are still used.
Periodic checks are carried out on the premises of the institute to ensure an adequate level of hygiene and health.

The non-conformities detected are shown in bold in the body of this report.

For any communication use the PEC: departmentprevenzioneexcel@pec.aslcaserta.it

y Board pursuant to art. 11 L.

isions No 161/2019 and No 703/2021

Letto, firmato e sottoscritto dalla Commissione.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CAMPANIA REGION -- ----------

CASERTA HEALTH COMPANY

P.P.O.O. MELORIO-PALASCIANO

___ IELM821Wì11 --------- ----------

DATE "^^®!^

DATIDIU.O. CMA

U.O.ZDH/AMBULATORY CODE N° LETFO PLACES

Ut MV CAHtuyuxM^ BX ACT- M - Q. E A- GHoAnfc

M - q- Wi/mw F. Wcc*

rY

Hi^etforé OSA^tcc ^.4^G44U£

Co-authorising officer —

C^OIACCMMQ Inspection Assistant

x~'

The OU knows at least approximately its monthly expenditure on moths ☐ Si ☐ No

Monthly figure indicated €

Figure resulting from the printouts €

The OU is satisfied with the service offered by the Pharmacy ☐ Si ☐ No

0) Appreciation of the Pharmacy

Quali sono i settori di lavoro della Farmacia di cui l'U.O. è maggiormente soddisfatta

Distribuzione Farmacia ☒ *Orario celerità nella consegne* ☐

Informazione sui farmaci ☒ *altro (specificare)* _____

Here.li sono i settori di lavoro della Farmacia di cui l'U.O. è maggiormente insoddisfatta

DM *ribuzione Farmacia* ☐ *Orario celerità nella consegne* ☐

Informazione sui farmaci ☐ *altro (specificare)* _____

1) Drugs and devices

TtaWacTwm'm^ .. .. ☒ Si

n, Medications are stored in appropriate conditions ☒ Si LJNo

in The drugs are all stored in the original packaging or be there mficabiii

nom dosage, deadline Or Yes □ No

IV, Expired drugs are found CiENTRAct

Name of expired drug^ quantià I found

Name of expired drug_ quantiàI found **inupee-Hs^**

V? Name of expired drug_____ quantiàI found it.

TìsìstFunfrigo^^ .....

1. It is equipped with a thermometer
2. Allows continuous recording of deli;

. 3. The refrigerator contains only drugs

The refrigerator also contains other _____

VI, 4. V i are products to be stored in the refrigerator stored elsewhere? \JCWJc

...VIL ,S.Qm.pMsentì,^^

aso ati ispctto in previous points

They are stored together with other drugs ☐ Si ☐ No RELAZIO

ii. Separately from the same ☐ Si ☐ No

IX. Are there samples of devices? ☐ Si ☒ No

rmacr ☐ Si ☐ No

ii. Separately from the X's ☐ Si ☐ No

themselves. Expired devices are found ☐ Si ☒ No

Expired device name Expired device name Expired device name how many found expired how many found expired how many found expired

XI. Are there experimental devices? □ Yes ☒ No

i. They are preserved together with the other tannaces □ YES nNo

According to the person present at the inspection, drugs are delivered to the (discharge, day-hospital) A little? 0 Yes NON

WucMM.t£

2) Consistency of stocks

I. According to the pharmacist, stocks are, in relation to repane activity,

Right Excessive ! Poor IJ

In the opinion of the representative of the department the scenes are "

Right Excessive Li Scarse U

IH. The following items have been counted:

Count items that, according to the tabuito. produce 50% of department spending)

Quantity found Quantity requested neirulnmo month

To be returned to the pharmacy the following in the quantities

3) Narcotic VÙTeS'AtA-LuA V. JOSA DEP. PATOLOGICHE (ALL. 2)

I. There is a closet or safe for drugs LI. If yes, who holds the key ☒ Si ☐ No Coordinator QJ ^Altro% There

II. The Register is kept up to date and properly maintained ☐ No ☒ No (RIFERIMENTI PROCEDURA

IV. The following stocks have been checked: <10 DEPOSITO

_ So w . t - n . 198 (se* 0%

4i Gs- medical li .....

L There are medical gas cylinders ☒ Si ☐ No

IL They are properly preserved ☒ Si ☐ No

O U&VG

C-2. THE M^3

,OVi KCxix.^0b^> ovQ

5) Loading and unloading procedures StELAHcv*!'"
Loading and unloading of tannace, devices, etc. are carried out regularly.

'Sy'GìiidEio siili inspection

Very good ☒ DEPOSITO INFERMERIA CENTRALE,

Good ☒ SEZIONE TAMIGI, AMBULATORIO INFERMERIA

Sufficient ☐

Poor

The representative of the department exposes the following problems encountered in the relationship with the pharmacy.
From the pharmacy I would expect more especially _____

QJO « ttCAvCs rO'g.

Firma del Farmacista

[redacted]

Finna dei represent. nte del reparto

[redacted]

prepared for the preparation of the inspection report (see Annex) .

NOTE 5: During the inspection, the report is drawn up using the appropriate . form. The minutes are signed by the GVI and Caposala of the SC and sent to the DS. A copy of the report shall be retained by the RSF.

NOTE 6: The Health Department examines the inspection report.

If no irregularities have been detected, the report shall be archived in accordance with the procedures and time limits laid down by the DS.

If non-conformities have been detected, they shall be examined and, in the event of serious deficiencies or irregularities in accordance with the laws in force, the Health Director shall report the irregularities to the competent judicial authority.

NOTE 7: The RSF, together with the health of the verified SC, analyses any non-conformities detected during the inspections and determines which corrective actions must be taken to avoid their recurrence in the future.

7. **ANNEX:** copy of inspection report

PHARMACEUTICAL DEPARTMENT

HOSPITAL SERVICE

SINGLE BUSINESS PRESIDENCY

PLESSO OSPEpAtLERO C t BlALc

cV,

VERIFICATION MINUTES AND CONTROL OF STUPEFACENT PHARMACY ARMADIUM

MINUTES

OPERATING UNIT does tnì

Responsible for medicine cabinet and garrisons. ^SX ^6 , LÒA 41

Head of Operations Unit

Leading Pharmacist Arerà A- V... ..... CàìiM 40

DRUG MANAGEMENT

THE OPERATIONAL UNIT IS EQUIPPED WITH CASSAFORTE FOR THE CUSTODY OF PHARMACIES ☒ SÌ □ NO

STUPEFACENTI

TO THE FORMS FOR THE APPLICATION OF PHARMACIES TO FARM ACIA □ YES □ NO

Ci STWO 1

THE REGISTER IS COMPLETED WITH INDELEABLE INK WITHOUT ABRASIONS

OR EXPUNGES □ YES □ NO

EVERY PAGE IS INTESTED IN ONE PHARMACY, PHARMACEUTICAL FORM

AND DOSAGE □ NO

ENTRY AND OUTPUT REGISTRATIONS ARE MADE IN CONOLOGICAL ORDER
REPORTING ALL THE DATA REQUESTED □ NO

ANY CORRECTIONS ARE CHECKED □ YES

OotO

THE NAME AND SURNAME AND NUMBER OF CLINICAL CARD IS INDICATED

OF THE PATIENT □ NO

THE OPERATIONAL UNIT IS INDICATED IN THE EVENT OF SUBMISSION TO THE LAST
0

PHARMACY IN CASE OF RETURNS □ NO

JUICES ARE REPORTED AFTER EVERY MOVEMENT ^^1 □ NO

THE SIGNING OF THOSE EXECUTING THE MOVEMENT IS PRESENT □ YES □ NO^g^p^^
Ok

IN THE CASE OF PARTIAL ADMINISTRATION OF A PHARMACEUTICAL FORM WHICH

CANNOT BE REUSED THE EXACT QUANTITY IS SPECIFIED

ADMINISTRATION CORRESPONDING TO THE REQUIREMENT IN CLINICAL CARD □ YES □ NO

PROCEDING THE UNLOADING OF THE ENTIRE UNIT OF THE FORM

PHARMACEUTICAL

CORRESPONDENCE JACKETS; ☒ SI □ NO

.. HOT TO EVERY FULL PAGE IS [1] kPÓIUkTO ÌL NUMBER OF PAGE

WHERE THE REGISTRATION AND JACY TO BE REPORTED IN THE

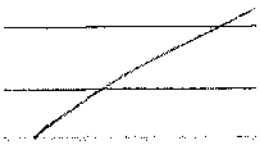
NEW PAGE

THE FINANCIAL DATE OF THE PAGE IS CHECKED BY THE DIRECTOR OF THE

OPERATING UNIT □ YES □ NO

[redacted]

NOTES ON REGISTER AND CONSERVATION



JACKETS

THE STUPEFACENT AND PSYCHOPTROPE SUBSTANCES AND PREPARATIONS REFERRED TO IN THE FIRST FOUR TABLES OF D.P.R 309/90 WHICH ARE GIVEN AT THE INSPECTION ARE, IN SO FAR AS THEY ARE:

MEDICINAL	**JACENZA PHYSICS**	OF WHICH DOWNLOADS	CORRESPONDENCE ON THE REGISTER
Com Gì Arterie			
	VO G		3 S- i—c TT ı co
RìTIOoLAGPA \I AU\		L	
			C\0

FOR DISCORDANCES PRECISE THE REASONS:

THE PHARMACIST

[redacted]

THE RESPONSIBLE FOR INFERMIERISTIC SERVICE

THE DIRECTOR OF THE OPERATIONAL UNIT.

CE ASL - Dipartim8jJt(HW>(ler«e MDSDDì|)en8enzy reere

[redacted]

NB: COPY OF THIS DOCUMENT IS SUBMITTED TO THE COMPETENT HEALTH DIRECTORATE AND

TO THE DIRECTOR OF THE PHARMACEUTICAL SERVICE BY THE INTERNAL PHARMACY

PREDEFINED ASL - PREDEFINED SER.T

JACKETS UPDATED AT 24-03-2025 10:01:51
OPERATOR Oli IMPROBA LUIGI

Code(Description			li	-i Warehouse I Units in			Warehouses		Available	j U n i t à available		
1G	IMETADONE 5MG/ML EL.1000 ML.		i	46.493	mg. 1 9	FI. +	2 98 .	6 0 m	4 6.4 9 3 mg	1 9	FL	+ 298-60 mi,
n? ra	1BUPRENORFINA G.L. CP. 2 MG. 28 CP		i		fi mq . ! 0	CP			u mg	1 0	CP	
B8?	|BUPRENORFINA *G.L.* CP. 8 MG. 28 CP		i		•j PACI . 1 0	CP			() mg	1 or	CP	
F .4 P	I BUPRENORF.INA G.L. CP. *A* MG 28 CP		!		mq . ! 0				a mg	1 0	CP	
B4G	IBUPRENORFINA G.L. CP. 4 MG	7 CP	!		*a* mg . 1 0	*CP*			0 m$)	1 0	CP	
R2X	| BUPRENORPHTNE SUN 7CPR SUBL2MG		i		0 mg . 1 0	CP			0 mg	1 0	CP	
BOX	(BUPRENORPHINE SUN 7CPR SUBL8MG		!		0 mg . | 0	CP			0 mg	1 or	CP	
L.^	|ELLEPALMIRON 5MG/ML FL. 500ML		1	15.950	sq.m. ì 6	FL+	190	m 1.	15.950 mg	1 6	RL	+ 190 mi.
S2	(BUPRE/NALOX 2 MG./0.5 MG. CP.		1		Q rnq . i 0	CP			g mg	!0	CP	
58	1BOBRE/NALOX 8.MG./2 MG. CP.		1		0 mq . ! 0	*CP*			0 mg	10	CP	
SG	IBUPRP/NA60X 16 MG./4 MG. 28 CP.		|		o mg . ! 0	CP			n mg	1 0	C P	
SGA	iBUPRE/NALOX 16 MG./4 MG. 7 CP.		|		0 mg. 10	CP			fi mg	1 0	CP	
S2M	IBUPRE/NALOX MOLTENI 2 MG./O.S MG. 7 CP. 1				0 mg. | 0	CP			0 mg	! 0	CP	
S4M	IBUPRE/NALOX MOLTENI *4* KG./1 MG. 7 CP.		|		0 mg . > 0	CP			u mg	10		
S8M	1BUPRE/NALOX MOLTENI $ MG./2 MG. 7 CP.		|		0 mg . i 0	CP			0 mg	10	CP	
S2B	IBUPRE/NALOX MYLAN 2 MG./O.S MG.	7 CP. 1			0 Mo . ! 0	CP			0 mg	1 0	C P	
SOR	IBUPRE/NALOX MYLAN 8 MG./2 MG. 7 CP.		1		0 mg . 1 0	CP			0 but	1 0	CP	
S2E	1 Bilt-RE/UALOX ETHYPHARM 2MG./0.5 MG. 7 CP 1				0 mg . i 0	CP			0 mg	1 0	CP	
S8E	IBUPRE/NALOX ETHYPHARM 8MG./2 MG. 7 CP |				0 but. ! 0	CP			0 mg	1 0	CP	
G10	IGHB 10 ML FLAGS. A.L 17,SV*17$0 MG. |				0 Mi . I 0	FL			0 mi	1 0	FL	
G14	IGHB FLACONI DA 14 0 MI.. AL I7,5%^24500 MG 1				0 Mi . I 0	FL			0 m .1.	1 (')	FI.	
X2	IBUPRE/NALOX 2/0.5 MG 28 FILM		1		0 mg. ! 0	FILM			0 mg	1 0	FILM	. 4'1
X8	IBUPRE/NALOX B/2 MG 28 FILM		1	5.64 0	mg.1705 FILM				5.640 mg	I 7 05	FILM	x/L ' 1 V3
XI	IBUPRE/NALOX 12/3 MG 28 FILM		!		0 Rag . | 0	FILM		0 mg	1 0	FIL	
X4	IBUPRE/NALOX 4/1 MG 28 FILM		|	3.4 56	mg. i 8 64	FILM			2.7 56 mg		4 FILM	
53 IX	ISIXMO BUP.R SUB-CUTAN PLANT 296, 8MG |				0 pz. 1 0	PZ			0 p z	; o	P X	
Pb	IMETADONE CP. 5 MG. - CONF. DA .1.0 CP.		1		0 mg. 1 0	CP			0 mg	! 0	CP	
PI	IMETADONE *CP.* 10 MG. - CONF. DA 10 CP.		1		0 mg . 1 0	CP			there	1 0	CP	
P2	|METADONE CP. 20 MG. - CONF. DA 10 CP.		!		0 mg. I 0	CP			0 mg	ì 0	CP	
P4	1 METADONE. CP. 40 MG. - CONF. DA 10 CP.		i		0 m q. 10	CP			0 mg	1 0	CP	
P6	METADONE CP. 60 MG. - CONF. DA 10 CP.		1		0 but . | 0	*l* p		the rag	1 0	CP	
P5C	! METADONE CP. 5 MG. - CONF. DA 30 CP.		!		0 but. I 0	CP			0 but	! 0	CP	
P1C	METADONE CP. 10 MG. - CONF. DA 30 CP.		1		0 mg . | 0	C1:J		0 but	1 0	CP	
P2C	fMETADONE CP. 20 MG. - CONF. DA 30 CP.		1		0 mg . | 0	CP		0	i or	CP	
P4C	|METADONE *CP.* 40 MG. - CONF. DA 30 CP.		|		0 mg . 1 0	CP		but	IO	CP	
p	|METADONE CP. 60 MG, - CONF. DA 30 CP.		1		0 mg , | 0	CP		0 mg	i <9	CP	
KT2	IKETAMINE MOLT 5F 2ML 50MG ML		|		? ; Mi . 1 0	FI		0 m 1	ì the	FI	
ET 2	!FENTANEST IM IV 5F O,1MG 2ML		!		0 mi. 1 0	FI			0 mi	1 0	FI	.. ••i<’
V8$	IBUVIDAL FIALA 8 MG		1		72 mg. I 9	FI			7 2 m g	1 $)	FI	
VBA	IBUVTDAL FIALA 16 MG		!		0 . 1 0	FI			mg	1 0	FI	
VBC	IBUVIDAL FIALA 24 MG		1		0 mg. | 0	FI			0 mg	1 0	FI	
VBD	THE BOVI DAL FIALA 32 MG		i		mg. I 0	FI			mg	1 0	FI	
VBE	|BUVID?AL FIALA 64 MG		!	384	but. | 6	FI			3 8 4 mg	1 6	FI	s c - u\l&
VBF	IBUVTDAL FIALA 96 MG		|	2.688	but. i 2 8	FI		,	2.688 but	1 28	FI	■ ’s. ì ? 6
V n G	IBUVIDAL FIALA 128 MG		1	128	but. | 1	FX			but	| ,	FI	
VBH	ISUVWAL FIALA 160 MG		i		0 but . 10	FI			mg	1 0	EX	
B2Y	|BUPRENORPHINE SUN 7CPR SUBL2MG		|		Q but . | 0	CP			li mg	1 or	CP	
B8Y	|BUPRENORPHINE SUN 7CPR SUBL8MG		!		0 but . | 0	CP			0 but	1 0	CP	
C 5A	| LEVOMETADONE CI?. 5 MG CONF. DA 7 CP.		I		() mg . |0	CP			0 m <•?	i 0	CP	
C5B	| LF.VOMETADONE CP. 5 MG CONF. DA 28 CP.		|		0 mg . I 0	CP			D m a	1 0	CP	
C b c	1LEVOMETADONE CP. 5 MG CONF. DA 30 CP.		i		0 mg. 1 0	CP			{) mg	1 0	CP	
C5D	1LEVOMETADONE CP. 5 MG CONF. DA 50 CP.		1		(') but. 1 0	CP			tì mg	1 0	CP	
C 1A	ILEVOMETADONE CP. 10 MG CONF. DA 7 CP.		:		:) . i 0	CP			g mg	1 0	CP	
CIP	the LEVOMETADONE CP. 10 MG CONF. D/A 28 CP. |				0 but . | 0	*CP*			mg	IO	CP	
C 1 c	{LEVOMETADONE CP. 10 MG CONF. DA 30 CP. i				0 but. | 0	*CP*			a sqm	1 or	CP	
C1D	(LEVOMETADONE CP. 10 MG CONF. DA 50 CP. {				0 mg . | 0	CP			0 mg	I 0	CP	
C2A	|LEVOMETADONE CP. 20 MG CONF. DA 7 CP.		i		0 but . I 0	*CP*			f) mg	I 0	CP	
C2B	|LEVOMETADONE CP. 20 MG CONF. DA 28 CP. !				0 but. | 0	*C* P			o mg	1 0	*C* P	
C 2 C	|LEVOMETADONE CP, 20 MG CONF. DA 30 CP. i				0 ni g . 1 0	CP			the in g	1 0	CP	
C2D	1LEVOMETADONE CP, 20 MG CONF. DA 50 CP. !				0 mg . 1 0	CP			0 mg	1 0	(' n	
C3A	! LEVOMETADONE CP. 30 MG CONF. D/^ 7 CP.		1		0 mg. I 0	GF			0 mg	1 or	CP	
C3B	1LEVOMETADONE CP. 30 MG CONF. DA 28 CP. 1				0 mg. I 0	CP			u mg	ì 0	CP	
c.$c	|LEVOMETADONE CP. 30 MG CONF. DA 30 CP. i				0 mg . I 0	CP			9 mg	1 0	CP	
C 3D	|LEVOMETADONE CP. 30 MG CONF. DA 50 CP. |				0 mg . | 0	CP			0 mg	IO	CP	

Code 1G	Description		|	**• i and the WTd>**	0 mg . | 0	FI.			mg . 1 0	FL
B2 P	(METADONE 5MG/ML FL.1000 ML.		|		0 mg. 1 0	CP	>	mg . 1 0	CP
BOP	IBUPRENORFINA G.L. CP. 2 MG. 28 CP		i		0 mg. 1 0	CP		0 mg . 1 0	CP
	IBUPRENORFINA G.L. *CP.* 8 MG. 28 CP		i		0 rag . i 0	CP	!	0 mg . | 0	CP
p	|BUPRENORFINA G.L. CP. 4 MG 28 CP		!		0 mg . 1 0	CP	(	0 mg . I 0	f; p
	|BUPRENORFINA G.L. CP. 4 MG	7 CP	i		0 Rag . | 0	CP		0 mg . 1 0	CP
B2X	(BUPRENORPHINE SUN 7CPR SUBL2MG		i		0 mg . | 0	CP	1	u mg . 1 0	CP
B8X	(BUPRENORPHINE SUN 7CPR SUBL8MG		(		0 mg . ! 0	FL	1	0 mg . 1 0	FL
L r>	IELLEPALMIRON 5MG/ML FL. 500ML		{		0 mg . I 0	CP	!	0 Rag . 1 0	CP
82	IBUPRE/NALOX 2 MG./0.5 MG. CP.		|		0 mg . | 0	CP	!	the mg. | 0	C P
fi	IBUPRE/NALOX 8.MG./2 MG. CP.		I		0 mg . | 0	CF	**ft I**	•• i mg . (0	CP
	IBUPRE/NALOX 16 MG . / 4 Y4G . 28 CF.		i		0 mg. 10	CP		0 mg . | 0	CP
S^C^	ì BUPRE/HALOX 16 MG./4 MG. 7 CP.		!		0 mg. | 0	CP		mg . 1 0	C1?
S 2 M	i BUPRE/NAI.OX MOLTKNX 2 MG./O.S MG. 7 CP. |				*0* mg. | 0	CP	Q.	0 mg . 1 0	CP
S 4 M	1 BUPRE/NAbOX MOLTENI <1 MG./l MG. 7 CP.		i		0 mg . 1 0	CP	**cs**	0 mg . ! 0	CP
SBM	IBUPRE/NALOX MOLTENI 8 MG./2 MG. 7 CP. i				0 m.g . | 0	CP	**fi’**	0 mg . 1 0	CP
S 2 9	(BUPRE/HALOX MYLAB 2 MG./O.S MG. 7 CP. 1				mg. 1 0	C P		o mg . 1 0	CP
S 8 8	IBUPRE/NALOX MYLAN 8 MG./2 MG. 7 CP.		i		0 mg . 1 0	CP	**“Jtl**	u rag > 1 0	C P
•' F	IBUPRE/NALOX ETHYPHARH 2MG./0.5 MG. 7 CP I				0 mg. 1 0	CP	**w** *SS.* **w ®**	0 mg . 1 0	CP
8 8 E	IBUPRE/NALOX ETHYPHARM 8MG./2 MG. 7 *CP*		i		0 mi. 10 mi. |	FL	**fig**	0 mi , 1 0	
G10	IGHB 10 ML FLAGS. AL 17.5%'1750 MG. |				0 0	FI,	**es\®n**	0 mi , | 0	FL
Gl 4	IGHB FLACONI DA 140 ML.AL 17.5%»24500 MG 1				0 mg. 1 or	FILM		*fj* Rag . | 0	FILM
	IBUPRE/NALOX 2/0.5 MG 28 FILM		|		0 mg. | 0	FILM	**w**	*1)* Rav. I 0	FILM
X8	IBUPRE/NALOX 8/2 MG 28 FILM		{		0 mg , | 0	FILM	©̈	0 mg . 1 U	FILM
zi	IBUPRE/NALOX 12/3 MG 28 FILM		1		mg . I 0 p- .	FILM	**&> ‘I M**	0 but . 1 0 pcs.	FILM
X4	IBUPRE/NALOX 4/1 MG 28 FILM		1	0	1 0	P Z		10	PZ
SIX	ISIXMO BUPR SUB-CUTAN PLANT 296,$MG|				0 mg . | 0	CP	**be Hf[1]-**	the . Ino | 0	CP
	(METADONE CP. 5 MG. - CONF. DA 10 CP.		1		0 mg. i 0	CP		0 mg . ! 0	*CP*
PI	(METADONE CP. 10 MG. - CONF. DA 10 CP.		1		0 mg . j 0	CP		n Rag . 1 0	*C* P
P2	(METADONE CP. 20 MG. - CONF. DA 10 CP.		1		0 mg. 1 0	CP	*** \l**	0 mg . | 0	CP
P4	(METADONE CP. 40 MG. - CONF. DA 10 CP.		|		0 mg . | 0	L. r	(/ Rag . 1 0	Ur
P6	(METADONE CP. 60 MG. - CONF. DA 10 CP.		1		(1 mg. | 0	l.. L-	**1** *t:*	mg . •. 0	CP
P5C	(METADONE CP. 5 MG. - CONF. DA 30 CP.		1		fi mg . | 0	C P	**|** 0	mq . 1 0	CP
P1C	| METADONE CP. .10 MG. - CONF. DA 30 CP.		1		0 mg . 1 0	f There	**1** (.;	mg . i 0	CP
r 2 C	IMETADONE CP. 20 MG. - CONF. DA 30 CP.		|		0 mg. I 0	CP	**1**	mg. 1 0	CP
P4C	(METADONE *CP.* 40 MG. - CONF. DA 30 *CP.*		|		0 mg . I 0	CP	**1** 0	Rag . 1 0	CP
P6C	(METADONE CP. 60 MG. - CONF. DA 30 CP.		1		0 mi. I 0	FI	**i** 0	Mi . I 0	FI
KT2	IKETAMINE MOLT 5F 2ML 50MG ML		|						

FTS	IFENTANEST IH IV 5	F O,1MG 2ML			1	n	ini	1	0	FI	i	o	m	1.	1	0	FI
,	|BOVIDAL FIALA 8 MG				1		0	mg	!	0 FI	!	0	mg	.	1	0	FI
" VBA	ÌBUVIDAL FIALA 16	MG			|		0	mg	!	0 FI	!	0	mg	.	1	or	FI
VBC	IBUVIDAL FIALA 24	MG			j	0	mg	i	0	FI	ì	o	mg.		1	0	
VBD	■BUVIDAL FIALA 32	MG			1		0	but	5	or FI			.ug	.	i	0	FI
VHP	IBW1DAL FIALA 64	MG .			1	0	but	!	0	FI	1	C	mg	■	1	0	FI
VBF	iBUVIDAL FIALA 96	MG			|		0	but	!	0 FI					1	0	FI
VBG	IBUVIDAL FIALA 128	MG			1		0	mg	1	0 FT			mg	.	i	or	FI
VBH	IBUVIDAL FIALA 160	MG			j	0	mg	1	0	FI	1	o	mg	.	'	0	Fi
82 Y	the SUPRENORPHINE SUl '	7CPR SUBLi	MG		j		0	but	1	0 CP	1	0	but	.	!	a	CP
B$Y	IBUPRENORPHTNE SUb	7CPR SUBL8MG			]	Q	but	i	0	CP	!	0	but	.	!	0	CP
CSA	|LEVOMETADONE CP.	5 MG CONF.	DA	? CP.	1		0	mg	i	0 CP	!	0	mg	-	i	0	CP
C5B	|LEVOMETADONE CP.	5 MG CONF.	DA	CP. !			0	mg	|0	CP	ì	o	fi:	a.	i	0	CP
CSC	|LEVOMETADONE CP.	5 MG CONF.	DA	30 CP.	i	0	mg	!	0	CP	1	0	mg	•	i	0	CP
rsn	)LEVOMETADONE CP.	5 MG CONF.	DA	50 CP.	i		0	mg	!	0 CP	I	0	mg	.	i	0	CP
C1A	|LEVOMETADONE CP.	10 MG CONF.	DA	7 CP.	i	0	mg	1	0	CP	1	0	mg	.	i	0	
C1B	|LEVOMETADONE CP.	10 MG CONF.	DA	2 8 CP. !		{;	mg	1	0	CP	ì	0	mg	.	!	0	C P
eie	1LEVOMETADONE CP.	10 MG CONF.	DA	30 CP. |			0	mg	!	0 CP	1	o	mg	.	i	0	CP
C1D	I LEVOMETADONE C P.	10 MG CONF.	DA	50 CP. I			0	mg	;	0 CP	1	0	mg.		1	0	CP
C 2 A	|LEVOMETADONE CP.	20 MG CONF.	DA	7 CP.	|		0	mg	1	0 CP	1	o	mg.		1	0	CP
C2B	|LEVOMETADONE C P.	20 MG CONF.	DA	28 CP. !			0	mg	1	0 CP	!	0	mg.		1	0	CP
C2C	iLEVOMETADONE CP.	20 MG CONF.	DA.	30 CP. |			0	mg	!	0 CP	I	0	mg.		|	0	CP
C2D	j LEVOMETADONE CP.	20 MG CONF.	DA	50 CP. i		0	mg	i	0	CP	1	0	but.		i	or	C P
C3A	!LEVOMETADONE CP.	30 MG CONF.	DA	7 CP.	|	0	mg	i	0 CP	i	0	mg	.	!	0	CP
C3B	iLEVOMETADONE CP.	30 MG CONF.	DA	28 CP. j		0	mg	]	0	CP	)	0	but	.	!	or	CP
C3C	!LEVOMETADONE CP.	30 MG CONF.	D7\	30 CP. !			0	mg	the	Û C P	1	0	mg	.	•	or	C P
G3D	:LEVOMETADONE CP.	30 MG CONF.	DA	50 CP. i			0	mg	!	0 CP	ì	o	mg	.	i	0	CP



CAMPANIA REGION

the Caserta Local Health Authority

Ministry of Health Directorate-General for Health Prevention by certified e-mail: dgprev@p or stacert.sanita.it

Ministry of Justice Department of Prison Administration Directorate-General for Detainees and Treatment by certified email: RiMUgdtU;^

Asl CE Ref. No 0293536/DIR. DIP. del 12-12-2025iterato Regionale dell' Amministrazione Penitenziaria by certified e-mail: prot.pr.n apoli@giustiziacert.it

2025-P10011-293536

SURVEILLANCE COMMISSION FOR ARTICLE 11 .....

Region of Campania Directorate-General for Health Protection and Coordination S.S.R. by certified e-mail: d g04.territoriale@pec.regione.campania.it

Surveillance Office of S. Maria C.V. by certified e-mail: prot.uffsorv.sant.amariacapuavetere@giustiziacert.it

Penitentiary Directorate of the Institute of S. Maria C.V. by certified e-mail: cc.santamariacapuavetere@giustiziacert.it

THEIR SEATS

Subject: Supervisory Commission pursuant to art.ll L. 354/1975 - Minutes of Inspections of 10 and 11 November 2025 c/o Istituto Penitenziario di S. Maria C.V.

In accordance with Article 14 of Law No 354/1975, we are forwarding the report of inspections carried out on 10 and 11/11/2025 at the S. Maria C.V. Penitentiary Institute by the Supervisory Board pursuant to Article 11 of Law No 354/1975, established by Caserta Local Health Authority Decisions No 161/2019 and No 703/2021 and Decision No 6548 of 14 July 2022, Decision No 9289 of 11 October 2022 and Decision No 1112 of 27 January 2025.

the [illegible] tore of the Department of Prevention . ...

Dipet [redacted]

The Grand General Director [redacted]

MINUTES No 7/2025

On 10 and 11 November 2025, at 9.35 a.m., the Corporate Supervision Commission of the Caserta ASL pursuant to art.ll of Law No 354 of 26 July 1975, as amended (Rules on the Penitentiary Order and the Implementation of the PRIVACY AND LIMITATION MEASURES OF FREEDOM) carried out inspections at the Prison of S. Maria C.V. (EC)

The access took place in the presence of the deputy prison director of the Institute [redacted] the Superintendent of Prison Police [redacted], the kitchen manager [redacted], the accounting officer [redacted] the Medical Director referent of the Institute [redacted] of the doctor on duty [redacted] of the head of the UOSD pathological addictions in prison [redacted], from the NLF [redacted] of the NLF. [redacted] of the NLF. [redacted] of the O.S.S. [redacted] and [redacted] The Commission as follows composed: [redacted], chair of the committee (not present due to undeniable corporate commitments) [redacted] member (absent on the 10th due to irrevocable corporate commitments) [redacted] member [redacted], member (absent for business commitments replaced by [redacted]) [redacted] member and delegate to the coordination for the inspection [redacted] component [redacted], member [redacted], member [redacted] member [redacted] verbalizing secretary noted the following:

A) MANAGEMENT OF PHARMACIES AND DEVICES

As far as specific competence is concerned, [redacted] on 11 November 2025 carried out the verification of the narcotic drugs managed at the premises of the UOSD Pathological Dependencies in Prison and the control of the drugs, devices and health equipment kept at the warehouse and the clinic of the central infirmary. For the ASL, [redacted], the CPS [redacted] and CPS [redacted] (for the UOSD pathological addictions in prison), [redacted], and CPS [redacted] for the Commission pursuant to Article 11 of Law No 354/1975, [redacted], [redacted] and [redacted] (delegate of [redacted]

During the inspection visit, the model report currently in use at UOSD Farmacia DSS 20,21 and 22 for the applicable parts were used, respectively, given the type of structure **(Annexl),** and the specific model for the verification and control of "closet" narcotic drugs **(Annex 2),** both integral parts of these minutes.

Preliminary verification of the correct tightness of drugs, devices and medical equipment allocated in the warehouse of the Central Infcrmeria and in the first aid clinic on the same floor was carried out.

In addition to the minutes set out in Annex 1, the following is specified:

CONDITIONS FOR THE STORAGE OF PHARMACIES AND DEVICES AT THE CENTRAL DEPOSIT

In application of the provisions of letter ref. 174625/DS21 of 16 July 2025, which ordered the temporary closure of the ward offices of the District House, from the second half of July onwards all health services are guaranteed at the premises of the Central Infcrmeria.

This organizational change has led to the amalgamation of the drug stores of the individual arms in a single central warehouse where, as reported, therapies for the restricted are prepared daily at the various sections of the District House.

Requests to the UO Pharmacy of Afference continue to be made every fifteen days in reference to the programming produced by the Health Manager of the facility shared with the Director of the UOSD Pharmacy of Afference.

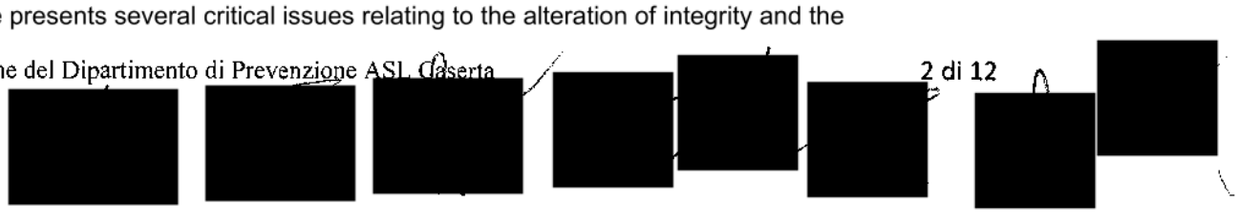
In the storage room all drugs and devices are stored in a suitable place and condition; the stocks recorded appeared to be adjusted to the 982 held reported as present on 11 November. The drugs are allocated in a chest of drawers in alphabetical order, with a further distinction between oral and parenteral forms.

The infusion solutions were placed on a special stitching with clear separation between those with different active ingredient and those with the same active ingredient but different concentrations or dosages.

No vials of Atropina and Adrenalina have been found in storage in the drawers dedicated to their custody as, as reported, they have recently been the subject of a request by staff related to the first aid clinic for emergencies; however, the Medical Director of the Institute present at the inspection was invited to send an urgent request to the reference Pharmaceutical Service in order to allow the restoration of the relative mandatory stock.

Sample-controlled drugs and devices have all been found to be valid.

During the control activity, the habit of cutting the blisters of the tablets was found to facilitate their delivery; this practice presents several critical issues relating to the alteration of integrity and the



loss of traceability of the drug, considering that it makes it difficult both to identify the medicine and its batches and expiry dates. The deteriorated and unidentifiable tablets also lead to a considerable increase in pharmaceutical expenditure for the ASL, given the need to replenish supplies. It was therefore invited to immediately suspend this practice by implementing appropriate procedures for the preparation of daily therapies.

No oxygen cylinders were found in storage, instead present at the clinic of the central infirmary, as specified in the "Management of medical gases" section.

CONDITIONS FOR THE STORAGE OF PHARMACIES AND DEVICES IN CENTRAL NURSERY

With regard to the first aid clinic in the central infirmary building, we would point out the following:

- Both the drugs and the devices found inside a cabinet were found to be stored in appropriate conditions and in the course of validity.
- The packs of atropine and adrenaline are stored in the relevant safe with a clear indication of the contents, so as to make them immediately available in urgent situations.
- The multi-dose packs and disinfectants on the shelf of the same (Neoxinal, Amukina Med, Braunol) correctly report the relative opening date, in line with the stability of the individual products.
- Within the emergency trolley supplied were found both some drugs (Mepivacaine vials 20mg/ml, Pantorc 40 mg flac) and devices (Guedel cannula no. 3, some electrodes for ECG) expired, for which it was arranged the immediate alienation and simultaneous request for replacement with similar products in the process of validity.
- As noted, the supplied biological refrigerator is turned off due to failure and pending technical intervention; in order to optimize the management of drugs subject to compliance with the cold chain avoiding continuous access to the central warehouse, it is recommended to allocate a biological refrigerator to this clinic by taking it from one of the disused infirmaries, after verification of the correct functioning. This would make it possible to remedy the critical issue arising from the need to store in the refrigerators present in the central warehouse various biological samples waiting to be sent to the analysis laboratory (as reported in the section "Management of medicines subject to compliance with the cold chain).
- It was not possible to access the room intended for cardiology and otorhin surgeries since, as reported, specialist visits to the restricted were underway.

MANAGEMENT OF PHARMACIES AND DEVICES AT THE VARIOUS SECTIONS OF THE CIRCONDARY HOUSE

As stated above in the section entitled 'Conditions for the storage of medicines and devices at the central warehouse', it was not possible to carry out an inspection visit to the outpatient clinics of the individual sections of the District House, given that they were closed in accordance with letter ref. 174625/DS21 of 16 July 2025.

MANAGEMENT OF MEDICAL GAS

In the first aid clinic of the central infirmary there were three 7-liter oxygen cylinders with a medical gas content and related tests in validity, but not insured to the dedicated trolleys, however present.

A single 14 lt oxygen cylinder was found to be properly guarded and with expiry dates and testing in order.

Given the distance from the central infirmary, we reiterate the suggestion already made during previous inspections to equip the various sections or at least those furthest from the central infirmary with an oxygen cylinder for the management of any emergencies.

MANAGEMENT OF PHARMACIES SUBJECT TO COMPLIANCE WITH THE COLD CHAIN

Two organic refrigerators are currently in use at the central warehouse, of which:

- Refrigerator 1: whose display shows a temperature of 4.6°C, in line with the permitted range; it contains several packages of multidose insulins (Apidra, Humalog, Lantus), Debridat in vials, antitetanic immunoglobulins, Betabioptal eye drops, Retacrit 4000 UI.
- Refrigerator 2: whose display shows a temperature of 5.2°C, in line with the permitted range; it contains some doses of the flu vaccine (Vaxigrip, Fluad) and medicines supplied by the reference Pharmaceutical Service on an "ad personam" therapeutic plan (Dupixent, Praluent, Xultophy, Mounjaro, Tresiba, Tremfya).

All drugs subject to compliance with the cold chain were found to be valid.

It is reported the presence in both refrigerators respectively of two containers containing urine and a container containing faeces awaiting delivery to the analysis laboratory, as reported by the staff present; as already indicated in the section on first aid surgery, it is suggested to allocate a biological refrigerator to the storage of material not belonging to the category of medicines, taking it from one of the disused infirmaries after verifying its correct functioning.

We also invite you to provide daily visualization on the displays of the graphs from which it is possible to deduce the trend of the temperatures distinguished by time slots as well as on a daily, weekly and monthly basis, so as to be able to detect any out-of-range fluctuations even during the night hours, allowing the appropriate consequential fulfillments.

REGIONE CAMPANIA
ASL CASERTA

STUPEFACENT MANAGEMENT

The correct management of the medicines referred to in Presidential Decree No 309/90, as amended, was then checked.
The narcotic drugs and the registers dedicated to their handling are allocated in the "safe", consisting of a metal compartment equipped with a key inside the two-door cabinet present at the local drug depot, in turn locked.
With regard to the custody of these keys, the application of the procedure adopted by letter ref. 127890/IST.PEN.SMCV of 23 May 2023 was confirmed, according to which they are entrusted at the end of the shift to the medical director in service.
The supply requests, made by means of a three-copy bill, are delivered to the Local Pharmacy Service of Afference which provides for the various disbursements; at the time of the inspection, only 72 cp of Gardenale 100 mg (lot 4U3315 scad. 10/2027), in line with the quantity recorded on the ministerial register of loading and unloading. This register is not stamped and signed by the Health Officer in charge and does not present the signature of the on-call doctor to complete the operations allowed on the page, as required by the current rules. In addition, the entries provided at the beginning and at the foot of the page with an indication of the quantity and number of the page of the register from which and to which the report was made are not all correctly executed.
The register has no erasures and / or abrasions, if not some sporadic correction with highlighting of who made it.
All loading operations shall show a clear indication of the origin and the number of the relevant supply voucher, in line with the provisions of Presidential Decree No 309/90, as amended.
No cut blisters were found.

PROCEDURES ADOPTED

At the date of the inspection, the following procedures were adopted:

- In line with procedure ref. 127890/IST.PEN.SMCV of 23 May 2023, it is confirmed that the keys to the drug storage and safe compartment are entrusted at the end of the shift to the doctor on duty, who records the movements carried out and the related justifications on the register established for that purpose.
- By virtue of the new organization, the time stamp sent by the local pharmacy on a quarterly basis is no longer handed over to the staff in charge belonging to the various sections; therefore the verification of the deadlines of what is in storage and in the central infirmary is up to the Health Officer in charge and the CPSI contact person in service.
- An archive is available containing the current therapeutic plans of the "ad personam" drugs requested on a weekly basis from the UOSD Pharmacy of Afference.
- Following the same procedures active at the UU.OO. district, the CPSI contact person provides for send to the reference pharmacy a special "self-inspection" form.

We confirm the suspension of the computerized management of the loading and unloading of medicines and devices, due to problems with the PC supplied.

VERIFICATION AND CONTROL OF STUPEFACENT PHARMACY AT THE UOSD "PATHOLOGICAL DEPENDENCES IN CARCERE"

At the inspection visit are present, as per Annex 2, the Head of the UOSD [redacted] (note, CPSI [redacted] and CPSI [redacted] for the Casa Circondariale; [redacted], Dr. Lucius Ulysses and [redacted] for the company commission. At the UOSD the electronic register is in use and therefore there are no abrasions, deletions, corrections, etc.

The documentation relating to the movements of this register, including the ministerial model for requests for supply at the Pharmacy of Afference, is correctly kept and stored in the safe, in which the drugs with narcotic action are stored.

There were 5 undamaged bottles of 1000 ml and 1 bottle containing about 750 ml of methadone (of which 4 expired. 09/2026 and 1 expiry date 11/2026), 1 bottle containing approximately 455 ml of Ellepalmiron (exc. 03/2028), 400 4 mg Suboxone films (exp. 11/2026), No. 410 8 mg Suboxone films (example: 07/2026), 8 ampoules of Buvidal 8 mg (exp. 04/2027), n. 2 ampoules of Buvidal 64 mg (exp. 02/2027 and 04/2027), 17 vials of Buvidal 96 mg (of which 16 expire. 02/2026 and no. 1 expiring 01/2027), n. 3 ampoules of Buvidal 128 mg (exp. 10/2027), in line with what is indicated in the printout of the quantities in load obtained from the electronic register, an integral part of Annex 2.

The settings of the electronic register allow a timely and constant archiving on computer medium of the data relating to the movements carried out; the invitation to the UOSD Director already made during the previous accesses to evaluate the possibility of tracing the batch number and expiry dates of the medicinal products managed in this way has been reiterated.

The clinic is equipped with a labeller that allows to optimize the management of drugs with an amazing action, as has been found indirectly during the past inspections of the Commission to the prisons of Arienzo, Aversa and Carinola, considering that this structure deals with the preparation of "ad personam" formulations (as in the case of methadone) and their delivery to all the prisons present in the territory of the Caserta ASL.

As reported by the Head of UOSD [redacted] a request was made for the supply of a larger cabinet for the custody of narcotic drugs in view of the increased volume of managed medicines referred to in Presidential Decree 309/90 and subsequent amendments.

In the light of the above, it is considered to confirm as "excellent" the judgment relating to the inspection at this OU and "good" at the drug depot of the central infirmary.

[redacted]

B) DEPARTMENTS AND WATER SUPPLY

The hygienic sanitary control operated today by [redacted] veterinary doctor manager, [redacted] medical director and [redacted]TPALL highlighted the following.
Please note that the use of a mobile phone has not been allowed for any photographic surveys.
The Penitentiary Institute is divided into 7 Detention Departments: Tiber (all the department under renovation), Thames, Nile, Danube (kitchen not working), Volturno (kitchen under renovation), Seine, Articulation for the protection of mental health (at the Nile Department) and Central Infirmary. The structure has several critical issues of a general nature, which concern different areas and referable to infiltration of water from the ceiling and rising humidity from the walls.

KITCHEN
Meals are prepared by detainees who follow regular food training courses provided by a private accredited body; the menus used therein comply with the ministerial tables.
We note that the overall structural situation compared to the previous inspection visit has deteriorated due to the non-resolution of the non-compliances highlighted in the previous visits.

KITCHEN DEPARTMENT TAMIGI (high security male department)

During the verification, the following non-conformities were found:
- **access area to the kitchen: there are rust areas on the entrance door;**
- **Dishwashing area: there are extended areas of continuity solution to the walls; treatment with a clinging solution has worsened the situation from a hygienic health point of view; the walls, in some places, have obvious cracks; the structural situation is objectively worsened compared to the previous official control considering it necessary , in order not to compromise the hygiene of the preparations, the inhibition of the use of the dishwashing area until the elimination of the hygienic health problems detected.**
- **Vegetable washing area: the treatment carried out with clinging solution has worsened the situation from a sanitary point of view as there are stretched areas of continuity solution to the walls; refrigerator with obvious areas of rust at the bottom;**
- **changing room: diffuse cracks on the walls; double compartment lockers for rusty staff at the bottom;**
- **there is no hot water supply;**

Foods in refrigerators are stored in such a way as not to respect the subdivision of meat, fish and vegetables in order to avoid cross-contamination.
The temperature control sheets of all refrigerators kept there shall be duly completed by the control staff.

KITCHEN DEPARTMENT VOLTURNO

Renovation works are underway and are being finalised. Meal preparation is moved to the Thames kitchen.

KITCHEN DEPARTMENT NILO

The non-conformities found in the previous inspection report have been partially complied with but **to date the following <u>non-conformities</u> persist:**

- **Vegetable cell: floor with areas of discontinuity;**
- **bathroom: disconnected tiles behind the toilet; there is no hot water supply;**
- **locker rooms: diffuse dust;**
- **door that from the outside: with a solution of continuity at the bottom such as to allow the entry of creeping animals.**
- **Fridge at positive temperature with extensive areas of rust at the bottom;**

Temperature control sheets are regularly filled in. Foods inspected in cold rooms and chillers are in good condition, kept at suitable temperatures.

SENNA DEPARTMENT (high security female department)

The meal preparation area is clean and therefore no hygiene, sanitary and/or structural inconveniences were detected during the inspection of the meal preparation area, except for the **<u>failure to provide hot water from the toilets reserved for kitchen staff.</u>**

It should also be noted that the company Domenico Ventura srl, responsible for the supply of food products, daily draws up a document where, in addition to indicating the product supplied, it associates all the elements useful for traceability purposes (lot, expiry date, trade name, etc.).

This procedure is not included in its own self-monitoring plan, which therefore needs to be supplemented.

DETENTIVE ROOMS

The detention rooms of the wards were inspected on a sample basis:

Volturno Department: room no. 9 and room no. 10 and no health problems were identified;

Department of Seine: Room No. 3 shows stains on the ceiling of the toilet probably caused by an infiltration.

LOCAL INFERMERIA

The premises used as infirmary in the different departments were inspected: Thames, Nile, Danube, Volturno, Seine and Central Infirmary.

<u>The infirmary premises of the Thames, Nile, Danube and Volturno wards are in very poor sanitary conditions which preclude their use for which they are intended.</u>

In detail there is no water supply from the washbasins present, significant infiltrations to the ceiling and walls; presence of dirt prior to the floor, unsuitable flooring. The premises inspected, given the serious problems found, are, from a sanitary point of view, unsuitable.

Central infirmary: there are stains on the ceiling and walls most likely caused by infiltration;
Local infirmary department Seine: absence, for a limited area, of tiles on the wall of the dressing room. N.B.
We take note of and obtain a copy of letter ref. 0174625/DS21 of 16 July 2025 signed by Director DS 21 Dott. Francesco Frascaria, in which it was ordered the closure of all the ward surgeries allowing the presence of nursing staff at the Nile and Seine ward in certain time slots. The health services for the entire institute would be guaranteed only by the Central Infirmary. Subsequently, by letter ref. 0182272/IST.PEN.SMCV of 25 July 2025, signed by [redacted] and [redacted] of the UOS Presidio Sanitario Penitenziario Carcere di SMCV, was notified of the temporary closure of the ward infirmaries because the remodeling of the organization, as ordered by the note signed by the Director Responsible of Ds 21, was not associated with ensuring the safety of health personnel for the performance of care activities. For the sake of completeness, the two notes are annexed to this letter.
Finally, we note that the pastry shop that manages the laboratory for the production of fresh pastries represented by SWEET ITALY S.R.L. UNIPERSONALE [redacted] of which M[redacted]born in [redacted] on [redacted] and resident in [redacted], is legal representative, is not registered under Article 6 of Regulation (EC) No 852/04. The registration in the Gisa IT system refers exclusively to the plant located in [redacted] (registration number U150005CE001474-01,02,03.)

C) INSPECTION OF AMBULATORS - DEPARTMENTS AND COMMON SPACES

The TPALL[redacted] and [redacted] carried out the inspection on 10.11.2025 and noted the following:

1. Findings and Criticisms Found.

Lack of technical and administrative documentation.
We found the total absence of technical and administrative documentation, already detected in previous inspections, relating to the environments inspected. For a correct assessment of the state and conformity of the structure, the following documents are required:

- **Plan of the state of the places of the environments used for penitentiary sanitary facilities.**
- **Risk Assessment Document (DVR) related to health areas, integrated with reports specialized according to the type of activity performed (e.g. report of the Qualified Expert for the use of equipment with ionizing radiation).**
- **Certifications and Periodic Checks related to:**
  - o Installations in sanitary environments (in relation to the specific intended use).
  - o List of electromedical equipment present, with related certifications and maintenance plan, or General facilities of the entire penitentiary (electrical, thermal, elevators / elevators, firefighting, etc.), complete with periodic legal checks.
- **Certificato di Agibilità della struttura penitenziaria.**

- **Fire Prevention Certificate (CPI).**

*** Emergency Management Plan/Programme adopted/approved for the facility.**

« Routine maintenance programme, with the possible appointment of a third party responsible for the facilities serving the facility.

*** Extraordinary maintenance programme/improvement/adaptation of the penitentiary planned for the current three-year period.**

It should be noted that the premises intended for the provision of health services are granted free of charge to the ASL by the Prison Administration, with agreements in accordance with Agreement No 29/CU/2009 which, among other things, specifies that the ordinary and extraordinary maintenance of the premises in question remains the responsibility of the Prison Administration.

2. Health Area and Clinics

The Health Area needs **urgent and significant adaptation** to ensure regulatory compliance.

- **Authorization to Exercise (A.E.):** The unavoidable need to meet the essential structural, instrumental and plant requirements for the authorisation to carry out out outpatient activities, in compliance with DGRC 7301/01, was again reiterated.
- Specialist **clinics (Radiological and Dental):** No specific documentation was found for the radiological surgery. We underline the obligation to comply with the provisions of Legislative Decree 101/2020 (protection from ionising radiation). It is confirmed that the diagnostic room (radiology) and the dental room are currently functioning.
- Medical Department: **There has been a serious and widespread criticality of a hygienic-structural nature. Specifically: lack of monolithic floors, unwashable or unsuitable coatings/paints, inadequate furnishings and non-compliant electrical system.**
- Immediate recommendation: Pending an extraordinary remedial maintenance intervention, **it is <u>proposed the immediate suspension of activities in these medical facilities for reasons of hygienic-sanitary safety and plant compliance,</u>**

3. **Detention Departments and Common Spaces**

There are a number of structural and maintenance deficiencies affecting safety and hygiene.

- Danube Department: **The department needs a deep maintenance intervention, both ordinary and extraordinary, due to obvious critical issues related to structural and plant obsolescence.**
- Central Corridor: The refurbishment of the pavement is almost completed. **The critical issue regarding the replacement of iron windows, which can be opened inwards and are located at man height, remains, representing a potential safety risk.**
- **Other structural and safety issues:**
  - **The access stairs to the departments are free of non-slip bars or have worn bars, or A metal shelving in the kitchen (Nile Department) is not fixed to the wall.**
  - **The aerators in the infirmary toilets are not working.**
  - **An adjustment of the legal services is necessary ici in molte celle e nei reparti.**

Next Recommended Steps

1. **Immediate acquisition** of the listed documentation.
2. **Verification and urgent fulfillment** of the requirements for the Authorization to Exercise (DGRC 7301/01) and for radiological compliance (Legislative Decree 101/2020).
3. **Immediate start of the planning** of extraordinary maintenance work, starting with the ward doctors' offices and the Danube Department.

D) EPIDEMIOLOGY AND PREVENTION OF INFECTIVE DISEASES

[redacted], medical director currently SISP, prevention department reports the outcome of the inspection carried out at the District House of S. Maria C.V., together with [redacted], pharmacist manager, and [redacted], Penitentiary Health Coordinator, as members of the above-mentioned commission. The visit took place in the presence of d[redacted] Medical Director of the penitentiary.

With regard to its field of competence, epidemiology and prevention of infectious diseases, the following information has been obtained.

The adoption of the operational protocol is confirmed as regards the health activities carried out at the entry of a person into the institute, in particular the prevention of the spread of infectious diseases: history and physical examination for the identification of possible infectious pathology, screening for HIV, HCV and HBV and TPHA. Patients with diffusive diseases in the acute phase are placed in isolation and a report of infectious disease is made to the territorially competent Collective Prevention Unit.

Each detainee was offered flu vaccination during the seasonal campaign and HBV vaccination is offered. In fact, the two refrigerators under inspection contained 7 boxes of Engerix B expiring in April/2025.

Health care is provided with regular visits regardless of the requests of the interested parties. Currently there are 982 detainees compared to the maximum capacity of the institute which is 826 detainees. The institute is composed of 7 sections and each one belongs to the central infirmary.

No health education interventions are carried out.

The SMOP information system is used to store almost all of the prisoners' health records but paper medical records are still used. Given that the use of the computerised medical record is mandatory in implementation of regional (DGRC No 18/2021) and company provisions (Delibera Asl Caserta No 1194/2021), a programme for **bringing all health document management back to IT procedures within the current year is required.**

Periodic checks are carried out on the premises of the institute to ensure an adequate level of sanitation. The visit was carried out using the standardised survey referred **to in Annex 2.** It notes as a main problem the frequent failure to provide specialist and hospital healthcare services to persons detained due to a lack of prison staff for translation and planting, directly resulting from staff shortages in the Prison Administration. Particularly serious is the non-provision of hospital services already planned and clinically appropriate and / or necessary that risks determining over time the

worsening of the clinical condition of patients and the need for urgent interventions. It is considered necessary for the Presidium to constantly monitor the criticality identified and for the Prison Administration to provide suitable solutions to the shortage of staff in the Translation and Planning Unit for **the zeroing out of missing translations for health reasons of prisoners, with absolute priority for hospital admissions.**

The non-conformities detected are shown in bold in the body of this report.

For any communication use the PEC: **departmentprevenzioneexcel@pec.aslcaserta.it**

Read, signed and signed by the Commission.

[redacted]

‘CAMPANIA REGION
CASERTA HEALTH COMPANY
P.P.O.O. MELORIO-PALASCIANO'%'

date'
U.O. DATA
O.U./DH/AMBULATORY CODE N° BED PLACES

LA CAU-1

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CM'Ui'VnKJ b¥- (bJQW OtxHB
QkO^Jg S

THE Ovtm^Avo^e istem^A '
Coordinating Director

Inspection Qualification
assistant

The OU knows at least approximately its monthly expenditure on medicines L-'Yes L-I No .
Monthly figure indicated - €
Figure resulting from the printout €
The OU is satisfied with the service offered by the Pharmacy Osi U No

' **Gòs^o^Mx**

0) Appreciation of Pharmacy ...
What are the areas of work of the Pharmacy of which the OU is most satisfied Distribution *Pharmacy Timetable for* U deliveries
Information on medicines *Other (please specify)*
What are the areas of work of the Pharmacy of which the OU is most dissatisfied?
Pharmacy Distribution D *Fast delivery times* D

I Drugs and devices
I. The drugs are stored in an appropriate place- ^B^Yes ONo
II. Medications are stored in appropriate conditions ↑ Yes ONE
III. The drugs are all stored in the original packs or so that they are verifiable .
name, dosage, expiry , 0 Yes
IV. Expired drugs are found **A-bt&Al-AVùRx»** H^° !
Name of expired drug_____ _____how many found expired_____ \
Drug name-expired^ **VLE^vlACAtHA do** rt^tfLduantià found expired at **S ¥** **\ f**
Name of expired drug} **Leo H7**^ how many found expired **-S.'V** **. <©^4)**
g SI3te a t rig 0r if er0 p er] with specific conservation of theTarmace
1. It is equipped with thermometer 2. Allows continuous-deHa-temperature recording
3. The refrigerator contains only medication.
The refrigerator also contains something else.
4. Are there products to be stored in the refrigerator stored elsewhere?
VI. Are there any drug samples?
VII. Are there any drugs in the package for the public?
Vile. Are there experimental drugs?
If yes, in relation to the previous points

in j CAVtcètbòj

4) Medical gases r v _

Information on medicines []

Other (please specify)

AUlV

□ YES <8^0

☐ Yes

☐ Yes D No

☐ Yes teXby

i. They are stored together with other medicines U Yes Uflo

\ . ii. Separately from the same II 0 Yes ONE

IX. ■■ Are there samples of devices? - □ Yes

v - • \ . i m-So wcons iris i thrio-à^—' ~~~~~~ -

11. Separately from the same □ Yes []No

X. Expired devices are found □ Yes QNo

Expired device name GO ({OSto. wÀ duantià found expired at À *Qz*

Expired device name htcìjrh •ELETTO^W A- how many found expired at Expired device name ' how many found

□ Yes

□ Yes QNo Q

Yes QNO

- According to the person present at the inspection, are drugs delivered to users?

expired, ~ XI. Are there experimental devices?

“ i. They are stored together with other medicines

ii. Separately from the same

XII.

(resignation, day-hospital)

2) Consistency of stocks

I. In the opinion of the pharmacist, the stocks are, in relation to the activity of the department

Right Excessive □ Poor □

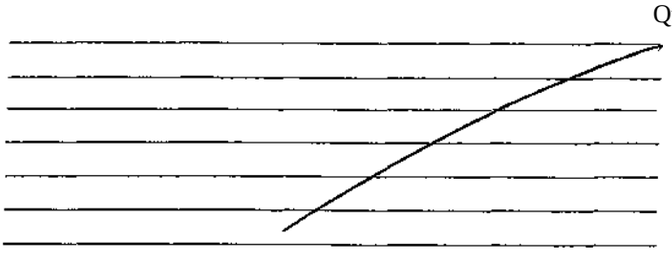
In the opinion of the representative of the department, the stocks are

Right Excessive □ Poor □

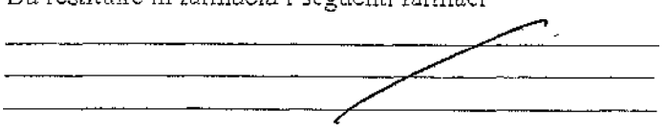
III. The following items have been counted: ᶻ

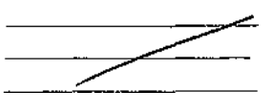
Count the items that, according to the tabulto, produce 50% of department spending)

Quantity found Quantity requested in the last month



Da restituire in farmacia i seguenti farmaci in the quantities





3) Narcotic drugs

1. There is a closet 0 safe for narcotics □ No

1.1. If yes, who holds the key Coordinator Q] Other n

The II Register shall be kept up to date and properly maintained. DNO

-I-I-L --Submitaneeldatere-and/or-abrasions ---------- -g-No-

IV. The following stocks have been verified:

II There are medical gas cylinders \ 3> "3-VA X 0^. E]NO

They are properly preserved W lu LT W □ Yes ^0

5) Loading and unloading procedures

Loading and unloading of drugs, devices, etc. ARE CARRIED OUT REGULARLY.

6) Opinion on the inspection

Very good WPtoNWoò'b-c MVocoQvObc

Good

Sufficient

Poor ı—t CL^151 \ \ 's

The representative of the department exposes the following problems encountered in the relationship with the pharmacy. From the pharmacy I would expect more especially

Firma del Farmacista

[redacted]

Signature of the department

[redacted]

All (2)

prepared for the preparation of the inspection report (see Annex).

NOTE 5: During the inspection, the report u tilizzand or the appropriate form shall be drawn up. The minutes are signed by the GVI and Caposala of the SC and sent to the DS. A copy of the report shall be retained by the RSF.

NOTE is: *ts.* Health Directorate examines the inspection report. *

If no irregularities have been detected, the report is archived according to the procedures and times established by DS.

If non-conformities have been detected, they shall be investigated and, in the event of serious deficiencies or irregularities in accordance with the laws in force, the Health Director shall report the 'regularities to the competent judicial authority. -

NOTE 7: The RSF, together with the health authorities of the verified SC, analyses any non-conformities detected during the inspections and determines which corrective actions must be taken to avoid their recurrence in the future.

7' **ANNEX:** copy of inspection report

c

PHARMACEUTICAL DEPARTMENT

HOSPITAL SERVICE

PRESIDIO SINGLE AZIEND

PLESSO OSPEDALIERI

V^ALR WIFICAfrCOmOL LO. ARMADI O F^^

DATE..41 .yjLp&l£ **NR. MINUTES.**

4

UNITA* OPERATIV A CO f^bBAÌ ^VoUO^lO&C. M C^CBÈlB

Head of the Operations Unit^

Famiaeist Manager. HA A-pjofi <UVt CAArxTO £ Mirrivi

5-OCVO , \ GaHHKSSfOnJ*®.

Aliaste JSUffiEE **Basii**

THE OPERATIONAL UNIT* IS EQUIPPED WITH CASSAFÒRIB FOR THE CUSTODY OF PHARMACIES STUPEFACENTI **/K®** ° No

THE LOADING AND UNLOADING REGISTER IS HOLDED IN THE BOX TOGETHER TO THE MODULES FOR THE A RIC HIESTA OF PHARMACIES AT THE FARM ACIA ' □ NO

ELBTT«oaco

[redacted]

THE REGISTER IS COMPLETED WITH INDELEABLE INK WITHOUT ABRASIONS

0 EXPUNGES

EVERY PAGE IS INTESTED IN ONE PHARMACY, PHARMACEUTICAL FORM

AND DOSAGE

ENTRY AND OUTPUT REGISTRATIONS ARE MADE IN CONOLOGICAL ORDER □ YES □ NO

REPORTING ALL THE DATA REQUESTED

ANY CORRECTIONS ARE CHECKED ☒ SI ☐ NO

THE NAME AND SURNAME AND NUMBER OF CLINICAL CARD IS INDICATED

OF THE PATIENT

THE OPERATIONAL UNIT IS INDICATED IN THE EVENT OF SUBMISSION TO THE LAST 0

PHARMACY IN CASE OF RETURNS

JUICES ARE REPORTED AFTER EVERY MOVEMENT

THE SIGNING OF THOSE EXECUTING THE MOVEMENT IS PRESENT

fiTEL CASE OF PARTIAL ADMINISTRATION OF A PHARMACEUTICAL FORM WHICH

CANNOT BE REUSED THE EXACT QUANTITY IS SPECIFIED XSI □ NO

ADMINISTRATION CORRESPONDING TO THE REQUIREMENT IN CLINICAL CARD ^si n NO

PROCEDING THE UNLOADING OF THE ENTIRE UNIT OF THE FORM □ YES □ NO

PHARMACEUTICAL

■S.

Me

CORRESPONDENCE JACKETS:

HOT TO EACH COMPLETE PAGE AND* THE PAGE NUMBER IS REPORTED O YES □ NO

IN CUT THE REGISTRATION AND THE JACCESS TO BE REPORTED IN THE

JACKETS

THE STUPEFACENT AND PSYCHOPTROPE SUBSTANCES AND PREPARATIONS REFERRED TO IN THE FIRST FOUR TABLES OF D.P.R 309/90 WHICH ARE GIVEN AT THE INSPECTION ARE, IN SO FAR AS THEY ARE: ☒ SI □ NO

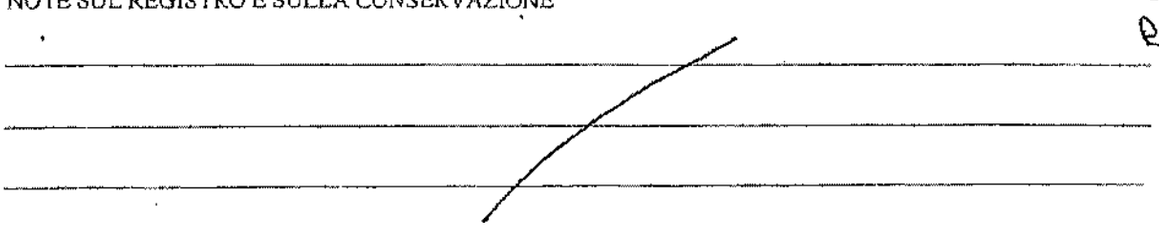
NEW PAGE ☒ NO

THE FINANCIAL DATE OF THE PAGE IS CHECKED BY THE DIRECTOR OF THE

UNITA' OPERATIVA ☒ SI ☐ NO

COPIA CARTACEA (DA STAMPA REGISTRAZIONI REG. ELETTRONICI

NOTE SUL REGISTRO E SULLA CONSERVAZIONE



MEDICINAL	JACENZA PHYSICS	OF WHICH DOWNLOADS	CàHIUSPONDENZA ON THE REGISTER
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FOR DISCORDANCES PRECISE IH REASONS:

IL FARMACISTA

IL RESPONSABILE DEL SERVIZIO INFERMIERISTICO

IL DIRETTORE DELLA UNITA' OPERATIVA

NB: COPY OF THIS DOCUMENT IS HELD BY THE COMPETENT HEALTH DIRECTORATE AND TO THE DIRECTOR OF THE PHARMACEUTICAL SERVICE BY THE INTERNAL PHARMACY [4]

ANNEX 2 to the minutes of the visit by the EC ASL Supervisory Committee to the Casa Circondariale di S. Maria C.V on 10-11/11.2025

Region of Campania
the Caserta Local Health Authority
UOC Coordination of Penitentiary Health
Corporate coordination area for prison health under DCA No 83/2019

Corporate supervisory **commission in penitentiary** [redacted]

institutions pursuant to Article L. 354/1975.
Visit of the day 10.11.2025 at the C.C. of S. Maria C.V.

Participants in the visit for specific areas: .....—-———r—— -7 . jy_ .
..... — ..... _—

Prisoners present at the Institute on the date of the visit:
_ (indicated by the Prison Administration), of which they are included in the SMOP regional information system, of which no. with the opening of a Computerised Clinical Folder

A - Epidemiology, infectious diseases and prevention.
1 - Is there a written document setting out the procedures/protocols for the prevention and management of infectious diseases^f? NO.
2 - Epidemiological detection of pathologies of the detained population: YES/JSK)
- with SMOP Regional Information System: YES /J£G-
3 - Active cancer screening offer atPentance:NO
- colorectal:NO
- uterus^ST/ NO /N.A. due to absence of female population.
- breast>8f7 NO /N.A. for absence female population
4 - Offer, active vaccinationpST ! NO
~ if YES, indicate which:/ t/h/cJg. ^^T/xzFd't/g'^-^l' />/ Wi»*

5 - Detection of vaccination needs and prevention and health promotion SMOP regional information system: YES/NO''
NOTES:

B - Health assessments of detainees at entry (for whatever reason) since 15.10.2025.
1 - No. of detainees entering the Institute: _
2 - no. of formal communications of socio-anagraphic and entry information received from the Prison Department in accordance with the signed operating protocol: Q
3 - No of detainees in the SMOP regional system:
4 -number of detainees who received:
a) you FIRST GENERAL MEDICAL VISIT: 55
b) the FIRST PSYCHOLOGICAL VISIT; 55
c) Suicidal risk assessment at entry: 55

NOTES: ■ 7 <. [redacted]

YES. N.21

via -Cesare Battisti, 90 81100 Caserta
Tel. 0823 445333 -salutecarcere@asfcaserta.il -tutetasalutecarcere@pec

via Cesare Battisti. 90 81100 Caserta
Tel. 0823 445333 -salutecarcere@aslcaserta.it - tutelasaluiecarcere@pec.aslcaserta.it

C - Performing specialist visits from 15.10.2025:
1 ~ n. prescribed and planned specialist visits:
of which you. 3 4 carried out and n..S? NOT CARRIED OUT for specialist visits not carried out, please indicate the reasons:
...

NOTES:

D - Hospitalisation from 15.10.2025:
1 -No non-urgent hospital admissions: ’
of which n. y ___ carried out and "NOT CARRIED OUT
for those not carried out, state the reasons: S* &-/ P

2 - URGENT hospital admissions (after activation Service 118):
of which no. ___ carried out and m ^^NOT CARRIED OUT
for hospitalisations not carried out, state the reason:

NOTES:

E - Medical certifications from 15.10.2025;
1 - use of the SMOP information system for issuing certifications:
a) escIusivq^M'7 NO
b) in response to a request made electronically by the Penitentiary Directorate through the system (as per the signed protocol): YES / NO /PAR^lAtEMTE
2 “No of medical certificates issued:
of which no. by computerised procedure (SMOP)
and by non-computerised procedure, for the following reasons:

... .

3 - No. of sustainability certifications of the disciplinary sanction of EAC with isolation: of which n.with favourable opinion

F - Presence of detainees in solitary confinement at the date of the visit: YES / NO
1 “(if YES), TOTAL No // of which No ____ DISCIPLINARY^n. ^.SANITARY;
2 - daily health check of inmates in solitary confinement^Yes / NO
If NO, please state the reasons:

Region of Campania
the Caserta Local Health Authority
UOC Coordination of Penitentiary Health
Corporate coordination area for prison health under DCA No 83/2019

G ~ Additional Notes:

- ^777^ '

WZ-

H ~ Documentation attached:

- COPIA FICATE del Certificato sul NIP riguardo le Vaccinazioni RICEVUTE al Non ACCOMPAGNATO per detenuti Jerico Francesco Saverio, ospite alla CC JACCI, della ASL Caserta

Signatures participating in the # visit

RE^iWIA
COMPANY ^tókjfcWCALE CASERTA
UOC COOgWWÌENTO PENITENZIARIA
HEALTHMedical Director
Dowry. Lucius Ulysses

Commission (which the consewerèquVeH not annexed to the minutes transmitted. ' It will be highlighted in | to attached must be delivered to the this summary sheet but

via Cesare Battisti, 90 81100 Caserta
Tel. 0823 445333 - salutecareere@aslcasena.it-tutetesalutecareere@pec.aslcaserta.it

via Cesare Battisti. 90 81100 Caserta
Tel. 0823 445333 -salutecarcere@aslcaserta.it - tutelasaluiecarcere@pec.aslcaserta.it

AZIENDA SANITARIA LOCALE
AVELLINO

CAMPANIA REGION
LOCAL HEALTH COMPANY AVELLINO
www.aslavellino.it

DEPARTMENT OF PREVENTION
UOSD Administrative Manager Dr.
[redacted] Avellino-
Via Circumvallazione, 77

Avellino, date of protocol

To the Director-General [redacted]

At the UOSD Health Protections in Prison
[redacted]

SUBJECT MATTER: Verbal transmission of inspections at the 4 penitentiary institutes of the Province of Avellino - year 2025

With reference to the above, we enclose the reports of the inspections carried out by the Commission established by Decision No 1171 of 9 September 2024, as shown below:
-Aryan prison Irpino (AV) Inspection of 05/06/2025;
-Prison of Sant'Angelo dei Lombardi (AV) Inspection of 12/06/2025;
-Prison of Avellino Inspection of 16/06/2025;
-1CAM di Lauro (AV) Inspection of 24/06/2025.

Il Segretario della Commissione
[redacted]

Il Presidente della Commissione
[redacted]

COMMISSION FOR THE SURVEILLANCE OF THE "PASQUALE CAMPANELLO" CIRCONDARY HOUSE ARIANO IRPINO

In accordance with **ASL Avellino Decision No 1171** of 9 September 2024, which reconstituted the Commission for the control of prisons in the province of Avellino, an inspection was carried out at the 'Pasquale Campanello' District House in Ariano Irpino on 5 June 2025 at 9.45 a.m. There are:
[redacted] as Secretary. [c]
On behalf of the Prison Administration, [redacted] (RSPP) appointed by the management of the district house.

The Commission initially examines the health area located on the second floor of the building, h where the health representative [redacted] and the nursing coordinator [redacted] are present.
The conditions of the premises appear to be substantially similar to those already found during the on-the-spot inspection of 24 September 2024: in the Dental Clinic water infiltrations are still found on one side of the ceiling, and the enclosure block has a pumping and extraction group located in an incorrect position directly near the armchair.
We reiterate the shortcomings found for the other premises used as outpatient clinics (rotation for the different specialist branches) and for those used for the parking of doctors and nurses.
Many of the materials previously present in another room identified as an outpatient clinic, which is always blind and devoid of ventilation, are removed.
Maintenance deficiencies are found in the service rooms and the medicine storage room has the same microclimatic conditions already found; the refrigerator therein is equipped with temperature detection without an obvious alarm system and whose temperature range is not exactly defined.
There is no evidence, at the time of the inspection, of the presence of continuity groups also serving the health area.
Inside the bathroom serving the health manager's office, there is an electric boiler for the production of hot water, the characteristics of which have not been specified and there is no evidence of maintenance reports. In the adjoining clinic were found n.
3 non-separate vacuum therapeutic oxygen cylinders for solid and not properly fixed to the wall.
Therefore, overall, a situation substantially comparable to that highlighted during the on-the-spot inspection of 24 September 2024 has emerged, so we reiterate as a conclusive opinion the need for an desirable relocation of healthcare environments to other more suitable and rationally divided premises both for the needs of health workers and for due respect for prisoners.
In this regard, the Head of Directorate informs the Commission that work is being planned for a different allocation of the infirmary, foreseen in the former section 90, whose work is expected to be completed by 31/12/2025.
The Commission then goes to the ground floor to inspect the kitchen area of the detainees. at the beginning of the corridor leading to these premises, a room/clinic used by nurses/SDOs and for some emergency medical examinations has recently been set up; Inside there are some oxygen cylinders not fixed to the wall and a refrigerator for drugs not equipped with an alarm system for temperature deviations. In addition, the adjoining bathroom, being blind, is not equipped with a functioning ventilation system. Totally absent emergency lighting system.
The visit continues in the kitchen where the structural conditions have remained unchanged since the last visit. In the dressing room there are lockers for changing staff clothes without doors and almost completely rusty; moreover, the shoes and shoes of the operators are placed on the roof of the same, not being sloping as per the regulations.
There are continuity solutions on the entire flooring of the kitchen rooms with divelle tiles and plaster of the peeled and falling walls near the processing areas. In the tableware washing area, close to the taps and fittings, a plexiglass panel was used that, not adhering perfectly to the tiles of the wall, favors the formation of evident unwanted mold.

Of which it is verbal. L.C.S.

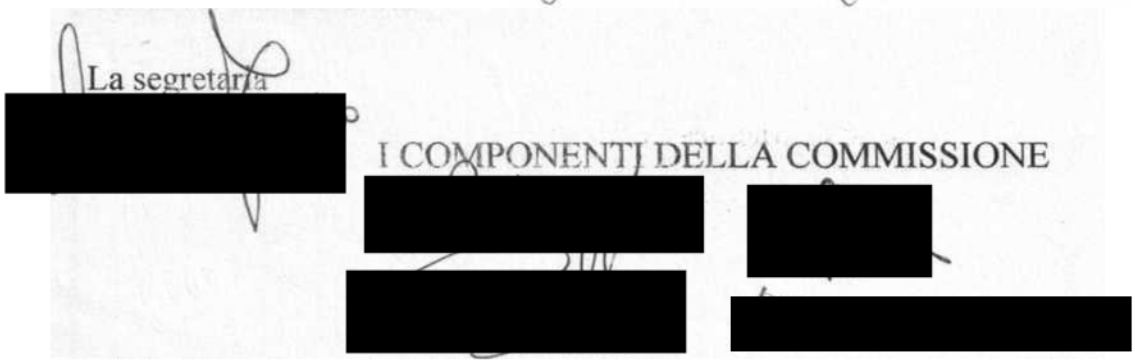
THE COMMISSION'S COMPONENTS



SURVEILLANCE COMMISSION HOUSE OF RECLUSION OF S. ANGELO DEI LOMBARDI

In accordance with ASL Avellino Resolution No 171 of 9 September 2024, which reconstituted the Commission for the control of prisons in the province of Avellino, an inspection was carried out at the San Angelo dei Lombardi Prison on 12 June 2025 at 10 a.m.
I am Preser ti: [redacted], [redacted], [redacted], the [redacted] Expert and [redacted] as Secretary.
Superintendent [redacted] is delegated to the Prison Administration
The Commission shall start operations from premises intended for healthcare. Their conditions appear, at the time of the inspection visit, mostly overlapping with what was already found during the inspection of 30/09/2024, with evidence of some deficiencies that can be improved with appropriate maintenance work:
1)) the flooring (in linoleum and parquet) should be made uniform to improve the usability of the rooms and to avoid accumulations of dirt;
2) non-air-conditioned environments should be adequate;
3) the locker room shall not be divided by sex;
4) The specialist clinic is still not properly usable because it is occupied by materials and equipment subject to previous vandalism;
5) there is a small deposit that is not rationally used;
6) the toilets attached to the SIAS medical room and to the medical rest room are still in need of proper ordinary maintenance.
There is also a detention cell with three beds, in the state, occupied by a prisoner in the health care area.
Another room, which is of the prison administration, is also used for the storage of special waste from the Health Area.
The visit continues in the kitchen rooms for the detainees; they have conditions more or less similar to those found in the previous inspection: continuity solutions persist in flooring as well as in wall tiling; all grids on the floor should be properly maintained.
It should also be noted that there are some visible and unprotected electrical components (ceiling area) as well as the absence of methane gas leak detectors. Of which is verbal L.C.S.

[redacted]



COMMISSION FOR THE SURVEILLANCE OF CARCERE AVELLINO

On 16/06/2025 at 10.30 the supervisory committee met to carry out the inspection at the Antimo Graziano District House of Bellizzi Irpino in the province of Avellino. There are:
[redacted]

[redacted], as Secretary.
The prison administration is represented by [redacted] (assistant chief coordinator) and [redacted] (substitute commissioner).

The Commission shall carry out an inspection of the following areas:

1. Health area located in the old pavilion on the ground floor of the building:

-LOCAL PHARMACY: need for installation of air conditioning system that guarantees microclimatic conditions suitable for the type of room, absence of mosquito nets on the windows, refrigerator without temperature control system.
-MEDIAL GUARDIAN RESERVATION ROOM: room bathroom in precarious hygienic-sanitary conditions and poor state of maintenance with detachment of plaster from the ceiling, absence of mosquito nets on the windows.
-MEDICHERIA: presence of Fridge drugs DESMON without temperature control system, empty sink pans in poor maintenance conditions, trolleys for the preparation of obsolete drugs.
-STANDING ROOM FOR NURSES: bathroom with the presence of kitchen furnishings, stove and fometto, moisture stains for infiltration from the ceiling.
-ROOM EX LABORATORY ANALYSIS (now intended for sampling point): 2 refrigerators, one of which is domestic and the other without a temperature control system. Presence of an emergency trolley not accompanied by a list of the drugs supplied, outdated counters and obsolete trolleys with rust points and irrelevant material and furnishings.
- HEALTH COORDINATOR/RESPONSIBLE ROOM: recently executed painting, presence of new glares on the ceiling to be restored.
- EX AMBULATORIO (STAZIONAMENTO OSS): room used as an archive with 2 computer workstations with 2 PCs. There is only one working chair. It is installed a small sink connected to an autoclave for the supply of water H24; the tap dispenses brown water. It needs cleaning and sanitizing of the system.
- ODONTOIATRIC AMBULATORY: disused/decommissioned assembly. Tender procedure in place for the acquisition/installation of new assembly and ancillary equipment.
- EX RADIOLOGY: room divided and repainted, presence of small areas of swelling to the walls for rising humidity. Presence of light point with non-insulated electrical cables. Presence of an inaccessible room.
- EX PHYSIOCHINESITHERAPY: the inspection could not be carried out at the time of the visit.

The staff on duty present at the time of the inspection report that the supply of drinking water is suspended during the night hours (from 8 p.m. to 6 a.m.).

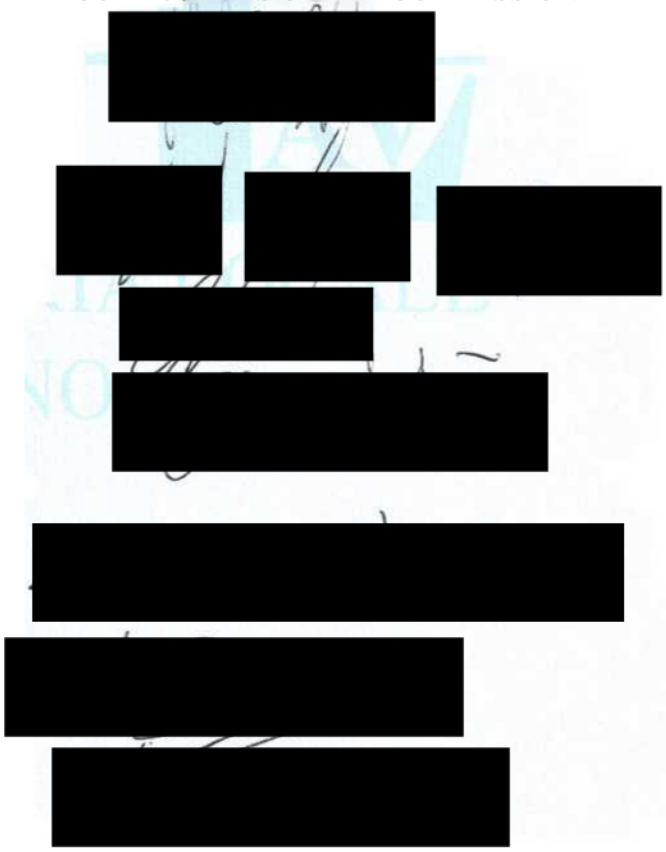
There are also disconnections in the linoleum flooring (overlapping the ceramic flooring) throughout the sanitary area, both in the connective area and in the operating rooms, which in some places give rise to a risk of tripping.

The inspection continues at the kitchens:
CENTRAL KITCHEN: Presence of continuity solution in various points of the flooring with extensive areas without gress with accumulation of washing water and processing waste; all hoods without filters with condensation on the ceiling, waste containers with manual opening; windows without mosquito nets. There is no evidence of a pest control plan. In the dressing room attached to the kitchen there are not enough lockers compared to the staff employed, with wide doors and cumbersome presence of shoes and boots of the staff, toilets with manual taps and lack of hot water in one of the two bathrooms; presence of a hygienic room under construction with building materials. Bathroom doors need maintenance, non-functioning showers. In the area in front of the changing rooms, presence of non-relevant material with accumulation of dust.
-KITCHEN PAVILION DE VIVO: no room/closet is identified for storing cleaning materials, waste containers with manual opening, presence of continuity solutions on the floor near the washing grids.
-FEMALE PAVILION KITCHEN: the lack of dishwashers persists, the presence of industrial refrigerators; lack of mosquito netting at the window separating the kitchen from the corridor while the one at the window at the fires must be restored; there is no cabinet dedicated to the storage of detergents; non-air-conditioned room with high ambient temperature value. Since the last visit, the 4 non-functioning fires have been restored. There is no storage room for which some foods, even in hermetically sealed packages, are stored in the bathroom room. No evidence of local locker room.

CPel which is v^Kbale^L.C.S.

THE SECRET

THE COMPONENTS OF THE GOMMISSION



ICAM LAURO SURVEILLANCE COMMISSION (AV)

In accordance with **ASL Avellino Resolution No 1171** of 9 September 2024, which reconstituted the Commission for the control of prisons in the province of Avellino, an inspection was carried out at the ICAM in Lauro on 24 June 2025 at 10.30 a.m.

There are:

[redacted] as Secretary.

For the prison administration, the Chief Superintendent [redacted]s present at the inspection.

The visit begins by inspecting the kitchen rooms of the inmates, which are in good hygienic and maintenance conditions. He only complains about the malfunction of the faucet of one of the washbasins with non-manual operation. Adjacent to the kitchen there is a room that needs to be repainted due to moisture infiltration to the walls; in the same room there are 2 outdated and rusty lockers to be replaced.

As regards the health area, there is an infirmary room with a hygienic service in satisfactory sanitary conditions, as well as another room reserved for specialist visits.

There is also a small blind room overlooking the corridor, currently used as a storage of parapharmaceutical material, containers for special waste and documents that should be properly stored in other rooms / dedicated spaces.

Finally, it should be noted that that room has not yet been equipped with an appropriate and necessary forced air extraction system.

Of which it is verbal. L.C.S.

THE COMMISSION'S COMPONENTS

IL SECRET RIO

[redacted]

AFG-0135730-2025 of 14/11/2025
14:21:30

ASL Foggia

PREVENTION DEPARTMENT
Hygiene and Public Health Service
Director - [redacted]
Piazza Pavoncelli n. 11 - FOGGIA
Tel. 0881-884330 - mail. department.prevenzione@mailcert.aslfg.it

To the Director-General
[redacted]

To the Health Director
[redacted]

To the Director U.O.S.V.D.
[redacted]

ASL FG - THEIR OFFICES

To the Director of the Foggia District House
[redacted]

Subject: Reply to letter ref. AFG-0133855 of 11 November 2025.

We, the undersigned, [redacted] Medical Director and [redacted] Coordinator of the T.dP., with reference to the letter referred to in the subject relating to the request for verification of hygienic health conditions pursuant to Article 11 of Law No 354/75, today we carried out an inspection at the Foggia District House aimed at ascertaining the conditions of the premises serving the sanitary areas.

Before accessing the facility, in the presence of [redacted] a member of the Board of Trustees and a member of the Board of Trustees. [redacted] we reported about our presence to the Director [redacted], who verbally consented to the carrying out of the inspections of rite.

From the verification carried out inside the structure it emerged that as regards the sanitary conditions of the rooms used to carry out health activities, they are good in some environments and discreet in others.

Specifically, the ophthalmology surgery, both for the furnishings as well as for the reconstruction of the same, does not present critical issues.

As for all the other rooms, despite having ascertained that ordinary cleaning is ensured by the internal staff, due to worn furniture, medical equipment that are worn out and old, walls to be repainted and especially for stained fixtures, there are no optimal hygienic conditions.

Therefore, it would be appropriate to proceed with a total replacement of furniture, equipment / aids such as trolleys and beds, a repainting of the rooms with a general restoration of the functionality of the fixtures, the removal of all waste (chairs, aids, single-use oxygen cans, etc.) improperly stored in the courtyard adjacent to the medical room.

It should also be noted that during the inspection the common areas (corridors and stairs) of the entire structure, did not have optimal hygienic conditions, in particular the presence of daily waste from the Sections, which were not regularly removed.

The C oordinator [redacted]
[redacted]

Il Dirigente Medico
[redacted]

SERVIZIO DI IGIENE E SANITÀ PUBBLICA A.S.L. FG
Vu' X,

APULIA REGION

CAMPANIA REGION

the Caserta Local Health Authority

Ministry of Health
Directorate-General for Health Prevention by certified e-mail: dgprev@postacert.sanita.it

Ministry of Justice Department of Prison Administration Directorate-General for Detainees and Treatment by certified email: prot.dgdt.dap@giustiziacert.it ÌMMM

SURVEILLANCE COMMISSIONS EX ART. 11 L....

Campania Region Directorate-General for Health Protection and Coordination S.S.R. by certified e-mail: dg04.territoriale@pec.regione.campania.it

Surveillance Office of S. Maria C.V. by PEC: prot.uffsorv.santamariacapuavetere@giustiziacert.it

Penitentiary Directorate of the Institute of S. Maria C.V. by PEC: cc.santamariacapuavetere@giustiziacert.it

THEIR SEATS

Subject: Supervisory Commission pursuant to art.ll L. 354/1975 - Verbale delle Inspezioni of 27 April 2026 c/o Istituto Penitenziario di S. Maria C.V.

In accordance with Article 14 of Law No 354/1975, please find enclosed a report of the inspections carried out on 27 April 2026 at the S. Maria C.V. Penitentiary Institute by the Supervisory Board pursuant to Article 11 of Law No 354/1975, established by the Caserta Local Health Authority Decisions No 161/2019 and No 703/2021 and Decision No 6548 of 14 July 2022, No 9289 of 11 October 2022 and No 1112 of 27 January 2025, specifying that this inspection concerned only doctors' offices in order to monitor the progress of the structural and plant adaptation work previously requested following the problems identified during the previous inspection. This is communicated subject to further access within the current semester.

The Dirdrtor General

[redacted]

Il Direttore the Department of Prevention

[redacted]

Tel. 0823445121-22 - e-mail: direzione.generale@aslcaserta.it
^EC: direzionegenerale@pec.aslcaserta.it
Via Unità Italiana, 28 -81100 Caserta

CAMPANIA CASERTA REGION
Local Health Authority of Caserta
Corporate Supervisory Board pursuant to Article L. 354/1975
Former EC ASL Decisions No 161/2019 and 11.703/2021

MINUTES No 1/2026

On 27 April 2026, at 9.35 a.m., the Company Supervision Committee of the Caserta ASL pursuant to Article 11 of Law No 354 of 26 July 1975, as amended (Rules on the Penitentiary Order and the Implementation of the PRIVACY AND LIMITATION MEASURES OF FREEDOM) carried out an on-the-spot inspection at the Prison Institute of S. Maria C.V. (CE)

The inspection visit requested by the Director of the "E Uccella" District House of Santa Maria Capua Vetere (Caserta) [redacted] with ref. N.0019586/2026/SD of 16/04/2026 took place in the presence of the Deputy Prison Director of the Institute [redacted], the Superintendent of Prison Police [redacted], the accounting officer [redacted] and the Acting Director of the UOS Prison Health Presidium of S. Maria C.V. Dr. [redacted]

The Commission - composed as follows:

[redacted], chairman of the committee (not present due to undeniable company commitments);
[redacted], member;
[redacted], member (absent for company commitments)
[redacted], member (absent for business commitments);
[redacted], member and delegate to the coordination for the inspection;
[redacted], component;
[redacted], member;
[redacted], member;
[redacted], member;
[redacted], verbalizing secretary noted the following.

1. Introduction and purpose of the inspection visit

It should be noted that the objective of the visit was to monitor the progress of the structural and plant adaptation work, previously requested following the critical issues identified in the previous inspection visit, and it should be noted that the inspection concerned only the medical departments of the Volturno, Thames, Nile, Danube and Seine departments. The Tiber department has been excluded as it is currently undergoing a complete restructuring that affects the entire section.

2. Outcome of the verification: structural improvements

Compared to what was found in the previous inspection, which highlighted the lack of minimum hygiene and health requirements, we note the following progress:

• Flooring and cladding: new monolithic floors and claddings have been installed in all the departments viewed, complete with rounded shell to ensure maximum hygiene and ease of cleaning.

• Plant engineering: the electrical and air-conditioning installations have been the subject of revision and remake .

3. Criticisms found and aspects to be perfected.

Despite the structural improvements, there are still some points of attention that need resolution to ensure the full functionality and safety of the environments:

3.1. Water and thermal comfort

• Hot water supply: **At the time of the visit, the hot water was not constantly supplied.** This deficiency, attributable to the internal organization of the Institute, with hot water supply for time slots, represents a limit for normal health and hygiene activities.

• Hygienic services: even bathrooms dedicated to staff and users, although renovated, must have constant hot water.

3.2. Electrical and instrumental safety

• Equipotential nodes: **no visible equipotential nodes were found in all the doctors visited. This element is of fundamental importance for electrical safety, especially for the use of electromedical equipment by ASL Caserta.**

• Power grid design: network points and electrical outlets must be increased to avoid overloading or obstruction in any medical establishment, with the sole exception of that of the Seine department.

• Technical documentation: **although the systems have been 'revisited', it has not been possible to view the relevant conformity certifications (floors, coatings, electrical and air-conditioning systems). Please note that these acts are essential preconditions for suitability for use.**

3.3. Other issues identified

• Danube Medical Department: the **size of the rooms is completely insufficient** to ensure the minimum health operations and the correct handling of both health personnel and patients (detainees).

3.4. Further indications for the subsequent start of the accreditation process.
In order to complete the process of adapting to the objectives of accreditation, the following is necessary:

• (Electromedical Maintenance) ensure that all the electromedicals that will be installed are certified and included in a periodic maintenance plan in accordance with the law (by the ASL).

• (Interventions on fixtures) evaluate the adaptation or replacement of fixtures, which have not been renovated and maintain their previous status, in order to ensure optimal energy and safety standards (by the Prison Administration).

4. Joint for the Protection of Mental Health in Prison (ASM)

With reference to the premises dedicated to the Articulation for the Protection of Mental Health in prison (ASM) active at the Casa Circondariale di S. Maria and not affected by this visit, dr. This shows that the Intra-Penitentiary Health Section in question is affected by a company transfer programme to another prison (formalised by letters ref. EC ASL No 0041192/SAN.PEN of 16 February 2026, No 0268733/DIP.S.M. of 12 November 2025 and No 0239906/SAN.PEN of 13 October 2025). The transfer was requested because, in addition to operational problems, the aforementioned ASM is not compliant and cannot be compliant with the requirements deriving from the approval on 29.12.2025 by the Unified Conference of the Plan of National Actions for Mental Health (Agreement No. 177/CU/2025) that require the presence of areas for rehabilitation activities and green and outdoor spaces for common activities, not presented and not activated in the current headquarters.

Conclusions

The Commission notes that:
a. Outcome of the visual inspection **(Ref. Point 3.2)** We take note of the structural progress made in the medical wards of the Volturno Thames, Nile, Danube and Seine departments, with particular reference to the installation of monolithic flooring and wall coverings and the overhaul of electrical and air-conditioning systems.
b. Criticisms detected and prescriptions **(Ref. Point 3)** Despite improvements, there are still critical issues that must be resolved by the competent offices before considering the premises suitable for sanitary use:
• Water system: It is necessary to ensure the constant supply of hot water, currently limited to time slots, both for health activities and for toilets.
• Electrical Safety: We note the visible absence of equipotentiary nodes and the need to increase network points and electrical outlets (except in the Seine department) to avoid operational obstacles.
• Documentation: It is essential the acquisition of certifications of conformity for floors, walls and systems, acts that represent the mandatory prerequisite for the suitability of use.
c. Specific assessment of the Danube Department **(Ref. Point 3.3)** With regard to the Danube Department's medicine, the Commission reiterates that the dimensions implemented; environments are insufficient for the minimum health operations. The hygienic-sanitary compaohuta of this room can be evaluated favorably only on the condition that a detailed design of the furnishings, furnishings and sanitary equipment is prepared in such a way as not to hinder the workflows and ensure the safety of patients and staff.
d. Limits of opinion and responsibility The Commission's activity is limited exclusively to the health and hygiene supervision provided for in Article L 354/1975 and does not extend to authorisation functions (or certificates specific to other bodies.

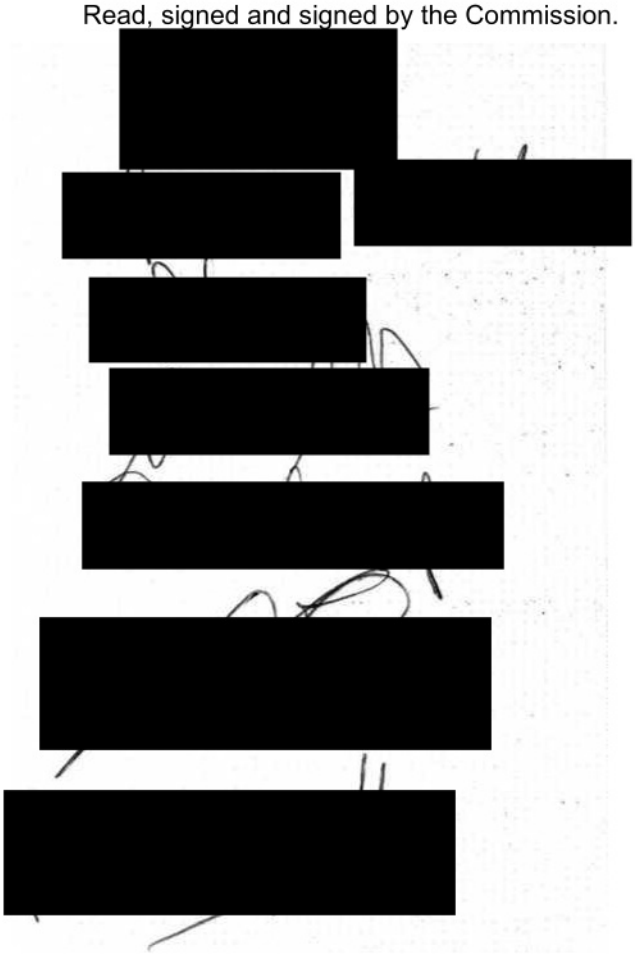
[redacted]

It should be noted that this inspection is in the nature of verification of the state of the places and does not constitute an opinion of structural suitability, nor authorization to carry out health activities, since the technical and employer responsibility remains with the competent offices.

The non-conformities detected are shown in bold in the body of this report.

For any communication use the PEC: **departmentprevenzioneexcel@pec.aslcaserta.it**

Read, signed and signed by the Commission.



Ministry of Justice

Directorate of Genova Marassi Prison

Report of the GOT meeting

On 15 July 2026, the Monitoring and Treatment Group met at the Directorate's offices which is composed of:

Director [redacted]
Acting Commander [redacted]
Head of the Treatment Area, Rehabilitation Officer [redacted]
Cultural Mediator [redacted]
Director of the Local Mental Health Department ASL 3 [redacted]

in order to establish and share the procedures to be implemented for the management of emergencies and critical situations.

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Considering that, in September 2025, CPT carried out an *ad hoc* visit to this institution in order to examine the treatment and conditions of detention of the detainees;

Given that, following this visit, a finding was made regarding the procedures and the administration of mechanical/pharmacological restraint;

Having regard to note No. 0278350.U of 15 June 2026, signed by the Head of Department, forwarding the opinion issued by Office IV - Legal Affairs and requesting that its contents be shared with the Institute's Medical Director;

Having regard to the note from this Directorate, ref. no. 0088727 of 17 June 2026, by which the communication from the Head of Department was forwarded, formally inviting the Medical Director to comply with the points set out therein;

Given that, at this institution, all critical incidents are promptly reported and dealt with by convening dedicated multidisciplinary teams, composed of prison staff, healthcare professionals and any other relevant professionals responsible for the individual's care;

Considering that, following each staff meeting, a program of interventions is drawn up by all the relevant professional staff, designed to assist in the management of 'problematic' prisoners;

Bearing in mind that the monitoring of interventions is constantly carried out, including through any subsequent update meetings of the multidisciplinary team, following which further supplementary interventions are planned or those already arranged are confirmed;

Given that, despite the measures put in place by the prison and healthcare professionals involved, hetero- or self-aggressive behaviour and states of psychomotor agitation may persist;

THE G.O.T.
STATES THAT

Should all measures taken by prison and healthcare staff be ineffective and the prisoner continue to behave aggressively or exhibit psychomotor agitation to such an extent that is poses a potential threat to own safety or that of staff, such situations of extreme urgency and gravity will be managed at external hospitals designated to carry out assessments and provide medical care.

Director [redacted]
Acting Commander [redacted]
Head of the Treatment Area, Rehabilitation Officer [redacted]
Cultural Mediator [redacted]
Director of the Local Mental Health Department ASL 3 [redacted]