LETHAL INJECTION PROCEDURE (Attachment C)

SECTION I. General

1. The Deputy Director, or designee, is responsible for assuring that the chemicals for lethal injection, the gurney, straps, and other necessary items, are available for use on the scheduled date of execution. The Deputy Director, or the designee, shall be healthcare trained, educated, and/or experienced in matters related to the establishment and monitoring of IVs, the mixing and administration of the chemicals, and assessing the presence or absence of consciousness.

2. When the chemicals have been received, the Deputy Director, or the designee, shall verify as to type and concentration, and thereafter supervise any necessary mixing or reconstituting of the chemicals in such a manner as will meet the injection requirements (see Chart A) and in accordance with manufacturer’s instructions. The mixed or reconstituted chemicals shall be transferred to an appropriate syringe(s) and thereafter placed in a designated Injection Drug Box. The box will be secured and conveyed to the Cummins Unit.

3. The Deputy Director, or designee, shall maintain physical custody of the Injection Drug Box and physically convey the box directly to the execution chamber for use. If not used, the Deputy Director, or designee, shall secure the Drug Box until used or destroyed.

4. Orientation of the executioner(s) to the Department’s Lethal Injection Procedure, if needed, will be conducted prior to the day of the execution and provided by the Director and/or designee(s).

5. On the evening of the execution, the executioner(s) shall, under the supervision of the Director, or designee, enter the injection room prior to the scheduled time of the execution and shall immediately inventory the Injection Drug Box to ensure that all chemicals are accounted for and that the infusion device(s) are in readiness.

6. The execution gurney will be positioned in the death chamber so that the Deputy Director, or designee, and the executioner(s) can directly observe the condemned inmate’s face and IV infusion site(s).
SECTION II. IV Set-Up Procedure

1. The Deputy Director, or designee, shall have an intravenous infusion device placed in each arm, or other standard anatomical venous point of entry, of the condemned inmate and a solution of N.S. (Normal Saline) available for an infusion medium. The individual(s) engaged in this activity will be referred to as the IV Team and shall be qualified as set forth in Section V.

2. An IV administration set shall be inserted into the outlet of the bag of N.S. IV solution. Two (2) IV bags will be set up in this manner.

3. The administration set tubing for each set-up will be connected to the receiving port of the three-way control devices; one left arm/side, the other for the right arm/side.

4. IV extension tubing will be connected to the discharge ports on the right/left three-way control devices and shall be thereafter connected to the applicable right and left IV insertion site(s). Extension tubing will be of sufficient length to accommodate the distance from control device to IV insertion site(s).

5. The tubing shall be cleared of air and made ready for use.

6. Intravenous catheters shall be initiated through standard procedure for such devices. Once the infusion of the IV solution has been assured, the IV devices shall be secured as appropriate.

7. At this point, the administration sets shall be running at a slow rate of flow (KVO), and ready for the insertion of syringes containing the chemicals. The Deputy Director, or designee, shall maintain observation of IV infusion(s) to ensure that the rate of flow is uninterrupted. NO FURTHER ACTION shall be taken until the prearranged signal to start the injection of chemicals is given by the Warden.

8. In the event that a patent intravenous infusion site cannot be established, the IV Team shall be directed by the Deputy Director, or designee, to evaluate other possible infusion sites. All effort will be made to establish two (2) unrelated intravenous infusion sites. If one (1) patent infusion site is established, and a second site proves to be a futile effort, the Deputy Director, or designee, may direct the IV Team to suspend further action to establish a second site and proceed with one site. In the case that no patent infusion site is established after reasonable attempts as determined by the IV Team, the Deputy Director, or designee, will direct the IV Team to suspend further action and thereafter summon trained, educated, and experienced person(s) necessary to establish a primary IV line as a peripheral line or as a central venous line.

EVERY EFFORT WILL BE EXTENDED TO THE CONDEMNED INMATE TO ENSURE THAT NO UNNECESSARY PAIN OR SUFFERING IS INFlicted BY THE IV PROCEDURE. STANDARD PRACTICE OF USING A LOCAL ANESTHETIC (1% LIDOCAINE) WILL BE ACCOMMODATED AS NECESSARY.
SECTION III. Preparation of Chemicals

1. The Deputy Director, or the designee(s), and a member of the IV Team shall prepare the designated chemicals and syringes for a total of one (1) complete set of chemicals. One (1) complete set of syringes is used in the implementation of the death sentence and an additional complete set of the necessary chemicals shall be obtained and kept available. The specific chemical contained in each syringe will be identified with the following information as set forth in the chemical charts:
   a. Assigned number
   b. Chemical name
   c. Chemical amount
   d. Designated color

2. The quantities of chemicals prepared and administered shall not be changed in any manner without prior documented approval of the director.

3. All prepared chemicals shall be utilized or properly disposed of in a timely manner after the time designated for the execution to occur.

4. The chemical amounts as set forth in the Chemical Chart are designated for the execution of persons weighing 500 pound or less. The chemical amounts shall be reviewed and may be revised as necessary for an offender exceeding this body weight.

5. CHEMICAL CHART
   a. CHART A: Three (3) Drug Protocol with Midazolam, Vecuronium Bromide and Potassium Chloride

<table>
<thead>
<tr>
<th>Syringe No.</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>250 mg midazolam, GREEN</td>
</tr>
<tr>
<td>2A</td>
<td>250 mg midazolam, GREEN</td>
</tr>
<tr>
<td>3A</td>
<td>60 ml saline, BLACK</td>
</tr>
<tr>
<td>4A</td>
<td>50 mg vecuronium bromide, YELLOW</td>
</tr>
<tr>
<td>5A</td>
<td>50 mg vecuronium bromide, YELLOW</td>
</tr>
<tr>
<td>6A</td>
<td>60 ml saline, BLACK</td>
</tr>
<tr>
<td>7A</td>
<td>120 mEq potassium chloride, RED</td>
</tr>
<tr>
<td>8A</td>
<td>120 mEq potassium chloride, RED</td>
</tr>
<tr>
<td>9A</td>
<td>60 ml saline, BLACK</td>
</tr>
</tbody>
</table>
(1) Syringes 1A and 2A shall each have a dose of 250 milligrams midazolam for a total dose of 500 milligrams. Each syringe containing midazolam shall have a GREEN label which contains the name of the chemical, the chemical amount and the designated syringe number.

(2) Syringes 4A and 5A shall each have a dose of 50 milligrams vecuronium bromide for a total dose of 100 milligrams. Each syringe containing the selected bromide shall have a YELLOW label which contains the name of the chemical, the chemical amount and the designated syringe number.

(3) Syringes 7A and 8A shall each contain 120 milliequivalents potassium chloride for a total dose of 240 milliequivalents. Each syringe containing potassium chloride shall have a RED label which contains the name of the chemical, the chemical amount and the designated syringe number.

(4) Syringes 3A, 6A, and 9A shall each contain 60 milliliters of saline solution. Each syringe shall have a BLACK label which contains the name of the solution, amount of solution, and the designated syringe number.

SECTION IV. Injection Procedure

1. The three-way control device facilitates the movement of infusion fluid from saline bag or infusion fluid with the chemicals from the syringes. A valve serves to direct which fluid source is entering the IV set up.

2. When the signal to commence is given by the Warden, the executioner(s) shall administer the chemicals in the order they appear in chart A under the direction of the Deputy Director, or designee, as follows:
   a. Syringe 1A shall be inserted into the designated chemical receiving port of the three-way control device.
   b. The flow of IV solution will be interrupted by moving the three-way valve assembly to allow the infusion of chemical from Syringe 1A.
   c. The contents of Syringe 1A shall commence with a steady even flow of the chemical and continue until the full dose of the chemical has been administered. Only the force necessary to activate the syringe plunger will be used.
   d. When the contents of Syringe 1A have been injected, the three-way valve assembly will be moved so as to shut off the chemical receiving port and resume infusion of IV solution.
e. Syringe 1A will be replaced by Syringe 2A and the procedure described in subparagraphs a-d for Syringe 1A will be repeated. This process will be repeated for all subsequent syringes.

f. Following the administration of syringe numbers 1A, 2A, and 3A, and after at least five (5) minutes have elapsed since commencing the administration of syringe 1A, the Deputy Director, or designee, will confirm the condemned inmate is unconscious by using all necessary and medically-appropriate methods. The Deputy Director, or designee, shall also confirm that the IV line(s) remains affixed and functioning properly.

g. Once the Deputy Director, or designee, determines that the condemned inmate is unconscious, the remaining chemicals will be administered in the order they appear in Chart A.

h. In the unlikely event that the Deputy Director, or designee, determines that the condemned inmate remains conscious following the administration of the chemicals in syringe numbers 1A, 2A, and 3A, the back-up syringes of the first chemical (Syringe 1B and 2B) and saline (Syringe 3B), shall be administered via the secondary or alternative IV line.

   (1) Following the administration of syringe numbers 1B, 2B, and 3B, and after at least five (5) minutes have elapsed since commencing the administration of syringe 1B, the Deputy Director, or designee, will confirm the condemned inmate is unconscious by using all necessary and medically-appropriate methods. The Deputy Director, or designee, shall also confirm that the IV line(s) remains affixed and functioning properly.

   (2) Once the Deputy Director, or designee, determines that the condemned inmate is unconscious, the remaining chemicals will be administered via the secondary or alternative IV line in the order they appear in Chart A.

i. Throughout the chemical infusion process, the Deputy Director, or designee, will closely monitor the infusion site for evidence of infiltrate, vein collapse, or other challenge to the patency of the infusion site.

   (1) Should a problem be suspected, the Deputy Director, or designee, will direct reduction of chemical flow rate or redirect chemical to the secondary or alternative site.

   (2) In the use of a singular infusion site pursuant to Section II (8), if the infusion site is suspected to be compromised, chemical flow rate will be reduced. If problem persists, the:
(a) injection procedure will cease;
(b) curtain to death chamber will close; and
(c) the IV Team summoned, and the infusion site problem corrected.

(3) If all efforts to re-establish patent infusion site fail, the Deputy Director, or designee, will direct the IV Team to suspend further action and trained, educated, and experienced person(s) necessary to establish a primary IV line as a peripheral line or as a central venous line will be summoned to facilitate an IV infusion site.

(4) When the infusion compromise is corrected, the IV Team and the summoned person(s) will be excused, the curtain reopened, and the lethal injection procedure continued.

Section V. IV Team Qualifications

Each member of the IV team shall have at least two (2) years of professional experience and certification or licensure in at least one of the following fields:

1. Emergency Medical Technician-Intermediate, or
2. Emergency Medical Technician-Paramedic, or
3. Nurse, or
4. Physician Assistant, or
5. Physician.