


STATE OF OHIO



DEPARTMENT OF REHABILITATION AND CORRECTION

SUBJECT:	PAGE <u>1</u> OF <u>17</u>
<b>Execution</b>	NUMBER: 01-COM-11
RULE/CODE REFERENCE: ORC 2949.22; 2949.25	SUPERSEDES: 01-COM-11 dated 04/11/11
RELATED ACA STANDARDS:	EFFECTIVE DATE: September 18, 2011
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Ohio Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

form

**II. PURPOSE**

The purpose of this policy is to establish guidelines for carrying out a court-ordered sentence of death.

**III. APPLICABILITY**

This policy applies to all individuals involved in carrying out a court-ordered death sentence in accordance with all applicable policies, administrative regulations, and statutes.

**IV. DEFINITIONS**

**Auxiliary Team Member** – A physician who has been designated by the Warden to provide advice and consultation as described in this policy.

**Critical Incident Debriefing Team** - A group selected by the Southern Ohio Correctional Facility (SOCF) Warden, and including the Religious Services Administrator (RSA), available to assist any persons involved in the execution process. A psychological debriefing process is available via DRC clinical staff and others to recognize stressors associated with executions and to work through them with affected staff as follows:

- Worker’s own experiences of the execution including reactions and perceptions.
- Review any negative aspects and feelings.
- Review any positive aspects and feelings.
- Relationships with workers and/or family.
- Empathy (sharing) with others.
- Disengagement from execution experience.

- Integration of this experience into the professional work role for a positive future contribution to the overall team effort.
- Exploring religious convictions and feelings.

**Death House** - A physical location within the SOCF used for the execution of a death-sentenced prisoner.

**Death Row** – (1) A housing area at the Ohio State Penitentiary (OSP) that has been designated by the Director of the Department of Rehabilitation and Correction to house male prisoners who are committed to the Department with a sentence of death; (2) A housing area at the Ohio Reformatory for Women (ORW) that is similarly designated to house female prisoners committed to the Department with a sentence of death; (3) A housing area at the Mansfield Correctional Institution (MANCI) that has been designated by the Director of the Department of Rehabilitation and Correction to house male prisoners who are committed to the Department with a sentence of death who are determined to be seriously mentally ill pursuant to the criteria set forth in Department Policy 67-MNH-27, Transfer of Prisoners to the Ohio State Penitentiary, or whose medical needs are inconsistent with assignment to OSP pursuant to Department Policy 68-MED-13, Medical Classification. Death Row is also a reference to a housing status for prisoners sentenced to death; it is not a security classification.

**Drug Administrator** - Any qualified member of the Medical Team who administers any execution drug or witnesses the preparation and administration of any execution drug. A Drug Administrator shall be currently qualified under Ohio Law to administer and prepare drugs for intravenous and intramuscular injections. A Drug Administrator may also establish or assist in establishing IV connections.

**Execution Team** - A group consisting of no less than twelve (12) members designated by the Warden of the Southern Ohio Correctional Facility to carry out court-ordered executions. Their duties also include preparation and testing of equipment, carrying out pre- and post-execution activities, and counseling with the prisoner.

**Execution Timeline** - A record of events before and during an execution to include the specific information required to be recorded by this policy and other information at the discretion of the Execution Team.

**Medical Team Member** – A person who is a member of the Execution Team and who is currently qualified under Ohio Law to administer and prepare drugs for intravenous and intramuscular injections, or who has at least one year experience as a certified medical assistant, phlebotomist, EMT, paramedic or military corpsman.

**Religious Services Administrator** - The Religious Services Administrator is the coordinator and administrator for religious services for the Ohio Department of Rehabilitation and Correction (DRC). The RSA will provide counseling and support services for the offender and others consistent with the provisions of this directive.

**Reprieve** - The postponement of an execution.

**Stay** - A court-ordered suspension or postponement of a legal execution.

## V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction to carry out the death penalty in a constitutional manner and as directed by Ohio Courts of Law. All execution processes shall be performed in a professional, humane, sensitive, and dignified manner. It is the responsibility of the Director to designate a penal institution where death sentences shall be executed. The Warden of that facility, or Deputy Warden in the absence of the Warden, is responsible for carrying out the death sentence on the date established by the Ohio Supreme Court.

The procedures set forth in this policy are to be strictly followed. Any situation that arises that would make following these policies difficult, impractical, or impossible shall be immediately reported to the Director or the Warden. Any variations of a substantial nature must be approved by the Director as described in this policy.

There will be no variations from the following requirements:

1. At least three Medical Team Members, two of whom are authorized to administer drugs under Ohio law, shall be used in the conduct of court-ordered executions.
2. The drugs required by this policy shall be used.
3. Functions required to be performed by medically-qualified persons, as described in this policy, shall be performed by Medical Team Members.
4. All Execution Team functions shall be performed by appropriately trained and qualified members of the Execution Team.

## VI. PROCEDURES

### A. General Guidelines

1. All prisoners sentenced to death by a court of law shall be transported to a reception center within the Department of Rehabilitation and Correction for initial processing. Upon completion of the reception process, the prisoner shall immediately be transferred to the designated institution: MANCI or OSP for male prisoners or ORW for female prisoners.
2. All court-ordered executions shall be carried out at the Southern Ohio Correctional Facility and will be planned to commence at 10:00 a.m. on the scheduled execution date, subject to developing circumstances.
3. Unless otherwise designated by the Director/designee, the prisoner shall remain on Death Row until transferred to the Death House for scheduled execution.
4. The Ohio Supreme Court shall designate the date of execution. Upon receipt of a scheduled execution date, the Warden of the institution housing the prisoner shall notify the Director, the RSA, and the Warden at SOCF.

5. Attendance at the execution is governed by the Ohio Revised Code, section 2949.25 and includes:
  - a. The Warden or Acting Warden of the institution where the execution is to be conducted, and such number of correction officers or other persons as the Warden or Acting Warden thinks necessary to carry out the death sentence.
  - b. The sheriff of the county in which the prisoner was tried and convicted.
  - c. The Director of the Department of Rehabilitation and Correction, or designee, and any other person selected by the Director/designee to ensure that the death sentence is carried out.
  - d. Such number of physicians and medical personnel as the Warden or Acting Warden thinks necessary. A physician may be designated by the Warden as an auxiliary member of the execution team, and whose role will be to provide consultation or advice as may be necessary. This physician shall attend such number of execution rehearsals as the Warden may consider necessary, but no less than one rehearsal per execution. The Auxiliary Team Member shall attend training sessions on topics identified in VI.B.4.b.i. – iv. below. It is anticipated that the Auxiliary Team Member may not routinely attend the executions, but would be available to provide consultation or advice in the event of some unanticipated circumstance.
  - e. The prisoner may select one of the following persons: the RSA, minister-of-record, clergy, rabbi, priest, imam, or regularly ordained, accredited, or licensed minister of an established and legally cognizable church, denomination or sect, subject to the approval of the Warden.
  - f. Three persons designated by the prisoner who are not confined in any state institution subject to the approval of the Warden or Acting Warden based on security considerations.
  - g. Three persons designated by the immediate family of the victim, subject to the approval of the Warden or Acting Warden based on security considerations, as detailed in Department Policy 03-OVS-06, Victim Involvement in the Execution Process.
  - h. Representatives of the news media as the Director/designee authorize which shall include at least one representative of the following: a newspaper, a television station, and a radio station.
6. Given the gravity of the sentence to be carried out, it is imperative that these procedures be strictly adhered to and all actions by Department personnel in carrying out the sentence be fully documented as required by this policy. However, due to the difficult and sometimes unpredictable nature of the tasks to be performed in carrying out the sentence it may not always be possible to follow these procedures to the letter. Thus, variations from the requirements of the policy directive may sometimes be necessary. Any member of the Execution Team who determines for any reason it is difficult, impractical, or impossible to strictly follow the procedures in this policy directive shall

immediately report the same to the Warden or to the Director. The Director may then consult with the Warden and others as appropriate. Only the Director may authorize a deviation from the procedures in this policy directive. Any such deviation shall be documented as soon as possible.

B. Execution Preparation – Approximately thirty (30) days prior to the scheduled execution date

1. Notification

The Warden of the institution where the prisoner is housed shall notify the Director by memo when a firm date is scheduled for a prisoner's execution with copies going to the Regional Director, DRC Chief Counsel, Assistant Director, APA, Ohio State Highway Patrol (Portsmouth and Jackson), and the Office of Victim Services.

2. Execution Drugs

a. The Warden shall ensure a sufficient quantity of the drugs used for executions (pentobarbital, midazolam, and hydromorphone) are stocked within the SOCF Infirmary for a pending execution or anticipated future executions.

b. The Warden's assessment of what constitutes a sufficient quantity shall include ensuring a sufficient amount for a contingency against contamination or inadvertent loss.

c. At his discretion, the Warden may, at any time, direct the Health Care Administrator or the Health Care Administrator's designee to order execution drugs from a licensed pharmacist at the Central Pharmacy of the Department of Mental Health, or any other licensed pharmacist.

d. All drugs obtained shall be maintained in the Infirmary.

3. Assessment of Prisoner

a. Every possible effort shall be made to anticipate and plan for foreseeable difficulties in establishing and maintaining the intravenous (IV) lines. The prisoner shall be evaluated by appropriately trained medical staff at the parent institution not later than twenty-one (21) days before the execution to evaluate the prisoner's veins and plan for the insertion of the IV lines. This evaluation shall include a "hands-on" examination as well as a review of the medical chart to establish any unique factors which may impact the manner in which the Execution Team carries out the execution. Potential problems shall be noted and discussed, and potential solutions considered, in advance of the execution. Concerns or potential issues shall be communicated to the Warden or designee at SOCF as soon as possible.

b. Any evaluation that is conducted by a member of the institution medical staff shall be noted in the prisoner's medical chart.

- c. The prisoner's medical condition shall be assessed in order to identify any necessary accommodations or contingencies that may arise from the prisoner's medical condition or history. Any medical condition or history that may affect the performance of the execution shall be communicated as soon as possible to the Warden of SOCF, who shall confer with others as necessary to plan such accommodations or contingencies. The fact of the assessment and any conclusions shall be documented in the prisoner's medical chart.
  - d. Any concerns for establishing or maintaining IV lines and any concerns or plans for medical accommodations or contingencies shall be communicated to the Execution Team in order that these things may be discussed and addressed in execution trainings or rehearsals.
  - e. An appropriate member of the mental health staff at the parent institution shall evaluate the prisoner not later than twenty-one (21) days before the execution to evaluate his or her stability and mental health in light of the scheduled execution. Any concerns or contingencies affecting the execution process shall be communicated to the Warden of SOCF as soon as possible. The fact of the assessment and any conclusions shall be documented in the prisoner's mental health chart. If the prisoner has no mental health file due to not being on the mental health caseload, the fact of the assessment and any conclusions shall be documented in the prisoner's medical chart.
4. Training
- a. The Execution Team shall begin conducting training sessions no less than once per week until the scheduled date of execution. The training shall address any accommodations or contingencies that might be anticipated.
  - b. Training in the following topics shall be provided for every member of the Execution Team prior to service and at least once per year thereafter:
    - i. The general nature and effects of the execution drugs that are used during the execution process;
    - ii. Drug administration procedures, including the insertion of the IV needles and administration of intramuscular injections;
    - iii. Signs or symptoms of problems when administering drugs; and
    - iv. Any legal developments of significance.
5. Other Preparations
- a. The RSA shall make contact with the prisoner to establish counseling and family contact information.

- b. Prior to commencement of the initial training session, the Warden or the Team Leader shall verify and document the qualifications of the Medical Team members. Medical team members shall provide evidence of certification status at least once per year and upon any change in status.
  - c. The Team Leader shall ensure that each member of the Execution Team has received a copy of the current execution policy. Each member of the Execution Team shall sign for its receipt.
- C. Execution Preparation - Approximately fourteen (14) days prior to the execution
1. The Warden of the institution where the prisoner is housed shall have the Execution Information Release (DRC1808) completed by the prisoner. This form will verify information on the prisoner, visitors, witnesses, spiritual advisor, attorney, requested witness, property, and funeral arrangements.
  2. The names of official witnesses/media witnesses shall be supplied to the Warden, as outlined in this policy.
  3. The names and relationships of the victim's witnesses shall be supplied to the Warden.
  4. The RSA shall provide family information from the prisoner to the Warden.
- D. Execution Preparation - Approximately twenty-four (24) hours prior to the scheduled execution
1. The prisoner shall be transferred from Death Row and housed in the Death House at SOCF. The prisoner shall be constantly monitored by at least three (3) members of the Execution Team. An Execution Timeline shall be maintained.
  2. An Authorized Independently Licensed Mental Health Professional shall interview the prisoner periodically and submit progress reports to the Warden. All prisoner files shall be maintained in the Warden's office at SOCF, unless otherwise directed by the Warden.
  3. The Warden shall establish a line of communication with DRC legal staff and the Attorney General's Office for notice of case status and/or other significant legal changes.
  4. The RSA shall provide counseling and spiritual support unless the prisoner requests not to have contact.
  5. Beginning with his/her arrival at SOCF, the prisoner shall not be forced to meet with non-staff visitors that he does not wish to see.
- E. Execution Preparation - The following events shall take place upon the prisoner's arrival at the Death House
1. Once the prisoner is at SOCF, the Death House shall be restricted to the following:  
Director/designee(s);

Warden;  
Communications Chief/designee;  
Institution Deputy Warden;  
Administrative Assistant to the Warden;  
Chaplain;  
Physician;  
Independently Licensed Mental Health Professional;  
Chief of Security;  
Maintenance Superintendent;  
Any other person as deemed necessary by the Warden.

2. The prisoner shall be evaluated by medical staff on the day of arrival at SOCF to evaluate the prisoner's veins and plan for the insertion of the IV lines. This initial evaluation shall include a "hands-on" examination as well as a review of the medical chart. At a minimum, a "hands-on" examination shall also occur later that evening. Potential problems shall be discussed, and potential solutions considered. The performance of these two evaluations shall be noted in the Execution Timeline. Any relevant portion of the medical file may be kept in the Death House for appropriate reference as needed.
3. SOCF chaplains shall make periodic visits to the prisoner, if requested by the prisoner.
4. The Deputy Warden shall assign security personnel to staff entrances, checkpoints, and to assist the Ohio State Highway Patrol (OSHP).
5. The Team Leader shall ensure that the prisoner's property is inventoried in front of the prisoner. The prisoner will have previously, per paragraph C.1. specified who is to receive his or her personal effects. The Team Leader shall ensure that the Inmate Property Record Disposition and Release (DRC2055), correctly specifies this information, and the Team Leader shall sign it to confirm the review.
6. The prisoner shall, per paragraph C.1. specify in writing his/her request for funeral arrangements, which shall be recorded in the Execution Information Release, (DRC1808).
7. The prisoner shall be allowed contact visits with family, friends and/or private clergy, as approved by the Warden between the hours of 4:30 p.m. and 7:30 p.m. on the day prior to the scheduled execution. Cell front visits shall be permitted between the hours of 6:30 a.m. and 8:00 a.m. on the day of the scheduled execution. The attorney and spiritual advisor may continue to visit with the prisoner until 8:45 a.m. The Warden may increase the visiting opportunities at his discretion.
8. The Team Leader shall ask the prisoner to identify his or her special meal request. The special meal shall be served the day prior to the scheduled execution, at a time to be determined by the Managing Officer.
9. The Warden shall brief key personnel, to include medical and mental health staff, in order to allow intake information to be obtained.



10. The Warden shall receive updates from security personnel and the OSHP on crowd control, demonstrations, pickets, etc.
  11. The Chief of Security or designee shall brief the Warden on the level of tension within the remainder of the prison population.
  12. The Warden shall relay any out of the ordinary activity to the South Regional Director.
  13. The Execution Team shall continue to prepare as needed.
- F. Execution Preparation – Morning of Execution Day. At any time, as determined by the Team Leader, on the morning of the execution:
1. The prisoner shall be permitted to take a shower and dress in the designated clothing the morning of the execution.
  2. Vein Assessment

A “hands-on” examination of the prisoner’s veins shall be made before the IV is established. Potential problems shall be discussed, and potential solutions considered. The performance of this evaluation shall be noted in the Execution Timeline.
  3. Drugs Obtained from Infirmary
    - a. The institution Health Care Administrator or a person designated by the Warden who is a person qualified under Ohio law to administer drugs shall take possession of the drugs pentobarbital, midazolam, and hydromorphone from the institution pharmacy storage area, and shall document possession of the drugs by signing form Order for Execution Medications (DRC2001). This person shall deliver the drugs to the Death House.
    - b. The Health Care Administrator or qualified designee shall give possession of the drugs to a Drug Administrator, in the presence of a second Drug Administrator. These persons shall complete form Order for Execution Medications (DRC2001).
    - c. The drugs shall be prepared for injection by a Drug Administrator. The preparation of the drugs shall be monitored by a second Drug Administrator who shall independently verify the preparation and dosage of the drugs. Both Drug Administrators shall document this in the form Order for Execution Medications (DRC2001).
  4. Drug Preparation
    - a. One Drug Administrator shall prepare the execution drugs as follows:
      - i. Syringes 1 and 2: Five (5) grams of pentobarbital (under whatever generic or trade name it may be known or sold), 100 ml of a 50mg/mL solution shall be withdrawn and divided into two syringes labeled “1” and “2”.

- ii. Syringes 3 and 4: Five (5) additional grams of pentobarbital shall be obtained and kept available in the Equipment Room, but need not be withdrawn into syringes unless the primary dose of five grams proves to be insufficient for the procedure. Two additional syringes labeled "3" and "4" shall be kept available for contingent use.
  - iii. Syringes A and B: Drugs for intramuscular injection may be drawn up into syringes for use as needed if the decision is made to use an alternative method. Ten (10) mg of midazolam (under whatever generic or trade name it may be known or sold) shall be obtained or prepared with 5mg/mL concentration. Forty (40) mg of hydromorphone (under whatever generic or trade name it may be known or sold) shall also be obtained or prepared with 10 mg/mL concentration. The midazolam and hydromorphone in the amounts specified above shall be drawn into or mixed in a single syringe for intramuscular injection, which shall be labeled "A." A second such syringe shall be prepared if needed, and shall be labeled "B."
  - iv. Syringe C: A third syringe of sixty (60) mg of hydromorphone may also be prepared if needed and labeled as "C."
- b. A second Drug Administrator shall witness the Drug Administrator's preparation of the execution drugs.
  - c. The drug preparation shall be documented as follows:
    - i. The Drug Administrator who prepared the execution drugs and the Drug Administrator who witnessed the preparation shall complete form Order for Execution Medications (DRC2001).
    - ii. A Drug Administrator shall inform the Command Center when the Execution Drugs are prepared, and the Command Center shall record in the Execution Timeline the time that the drugs were prepared.
- 5. Official witnesses to the execution will report to the institution. The victim's witnesses shall report to the Portsmouth Highway Patrol Post for escort to the institution by designated SOCF personnel.
  - 6. The prisoner shall be allowed to have visits as described in E.7. above.
  - 7. The RSA shall be present to counsel and provide spiritual support to the prisoner and staff.
  - 8. All communication equipment shall be tested, including primary and secondary communication with both the Governor's Office and the Office of the Attorney General.
    - a. Primary communications shall be via a telephone line opened directly to the Command Center from the execution chamber. This line shall be tested one (1) hour prior to the scheduled execution. Other than testing, this line shall remain open.

- b. Secondary communications shall be via cellular telephone.
- c. In the event that both the primary and secondary communications are inoperable, the execution shall be delayed until communications are established.

G. Execution Preparation - Approximately fifteen (15) minutes prior to the scheduled execution

1. Witnesses Transported to Death House.

All authorized witness groups shall be escorted to the Death House separately by designated staff. Witnesses shall be escorted to viewing rooms before the death warrant is read.

2. Phone for Prisoner's Counsel

If the prisoner chooses to have his or her counsel as a witness, at all times after counsel enters the witness room, counsel shall have free access to the phone near the entrance door of the Death House.

- a. The phone in the Death House foyer will enable counsel to call into the waiting room for prisoner's counsel in the prison compound where another person, whose presence is arranged by counsel for the prisoner and whose presence satisfies the prison's security concerns, and which person is acting on behalf of the prisoner and his or her counsel, will be situated during all times after the death warrant is read.
- b. The Warden shall allow this other person to have access to his or her own laptop computer and to a phone that can connect that person to an outside line.

3. Death Warrant

The Warden shall read the death warrant to the prisoner.

4. Closed-Circuit Camera Activated

Immediately after the death warrant is read, the closed-circuit camera in the execution chamber shall be turned on so that witnesses in the witness rooms can view the subsequent activities in the execution chamber on the television screen in those rooms.

5. Prisoner Enters Execution Chamber

The Warden and Execution Team shall escort the prisoner to the execution chamber, assist the prisoner onto the bed and secure the straps. The team shall roll up the prisoner's sleeves or take other steps to ensure that the arms are plainly visible to persons in the chamber and to those in the equipment room.

6. Curtain Closed

Once the prisoner is secured to the bed, the curtain shall be closed, prior to the insertion of the IV needles. The closed-circuit camera shall remain on to allow the witnesses to view the establishment of IV site(s).

7. IV Site(s) Preparation & Establishment

- a. The Medical Team shall enter the Execution Chamber to prepare IV site(s).
- b. The Medical Team shall establish one or two viable IV sites.
  - i. The arm veins near the joint between the upper and lower arm shall be utilized as the preferred site for the IV injection.
  - ii. In the event that the Medical Team member is unable to establish an IV at a preferred site, the Medical Team member(s) may establish an IV at alternative site(s) for use by the Drug Administrator when administering execution drugs.
  - iii. The Execution Team may utilize a non-invasive device such as a light, if desired, to assist in locating a vein.
- c. The Medical Team member(s) shall be allowed as much time as is necessary to establish viable IV site(s).
  - i. If the Medical Team member(s) are unable to establish viable IV site(s), the Medical Team members shall consult with the Warden.
  - ii. The Warden shall consult with the Director and others as necessary for the purpose of determining whether or how long to continue efforts to establish viable IV site(s) before proceeding to the alternative method of execution.

8. Confirming & Recording Establishment of IV Site(s)

- a. A Medical Team member shall test the viability of the IV site with a low-pressure saline drip through IV tubing. If necessary, a heparin lock may be attached to the IV needle as an alternative to the saline drip.
- b. The Warden, Team Leader, and a Drug Administrator shall all confirm the visibility of the IV sites.
- c. The Medical Team member(s) shall exit the Execution Chamber and shall announce the number of attempts made to establish viable IV site(s) to the Command Center contact for capture on the timeline.
- d. The Command Center shall record in the Execution Timeline the number of attempts.

9. Curtain Opened

The curtain shall be opened after the establishment of viable IV site(s) or upon a decision to use the alternative method. The curtain shall remain open during the remainder of the execution until the examination for the pronouncement of death, unless the execution is abandoned or halted.

10. Last Words

The Warden shall ask the prisoner if he has any last words. If the prisoner has a last statement, he will be allowed to make it while the witnesses are present in the adjacent viewing rooms, and are able to see him and hear him via microphone.

- a. There shall generally be no restriction on the content of the prisoner's statement and no unreasonable restriction on the duration of the prisoner's last statement.
- b. The Warden may impose reasonable restrictions on the content and length of the statement. The Warden may also terminate a statement that he or she believes is intentionally offensive to the witnesses.

H. Commencement of Execution

1. Execution by IV Injection

- a. Upon the Warden's signal, a Drug Administrator shall intravenously administer the previously prepared syringes 1 and 2.
- b. The low-pressure saline drip shall be allowed to flush saline through the line(s) following completion of the IV drug administration.
- c. A second Drug Administrator shall be present in the equipment room to observe the administration of the execution drugs. This Drug Administrator shall announce the start and finish times of each injection to the Command Center contact for capture on the timeline.
- d. The Command Center shall record in the Execution Timeline the start and finish times of each injection.
- e. Following administration of the IV drugs, a Drug Administrator shall reenter the Execution Chamber to inspect the IV site for evidence of incontinence or infiltration and to listen to the prisoner for breathing and heart sounds.
- f. At the completion of the process and after a sufficient time for death to have occurred, the curtain shall be closed and an appropriate medical professional shall evaluate the prisoner to confirm death. The curtain shall then be re-opened and the Warden shall announce the time of death. In the event that the appropriate medical professional cannot confirm that death has occurred, the curtain shall be reopened until an appropriate time has passed to reevaluate the prisoner.

2. Using Alternative IV Sites

- a. The Team Leader, a Medical Team member, and the Warden shall observe the prisoner during the injection process to look for signs of swelling or infiltration at the IV site, blood in the catheter, and leakage from the lines and other unusual signs or symptoms.
- b. The Execution Team shall communicate to the Drug Administrators any problems detected during the administration of the execution drugs.
- c. The Drug Administrator who is administering the execution drugs shall determine whether it is necessary to use another viable IV site.
- d. In the event that the Drug Administrator who is administering the execution drugs detects a problem in the administration of the drugs, the Drug Administrator shall use any other viable IV site. No prior consultation with the Warden or other members of the Execution Team is required.
- e. Whenever it is necessary to change IV sites, the Drug Administrator shall administer a full dosage of the execution drug through the alternate, viable IV site using syringes 3 and 4.
- f. In the event the Drug Administrator changes to another viable IV site, the Drug Administrator shall ensure the Command Center is informed. The Command Center shall record in the Execution Timeline any change in IV site(s).

3. Establishing Other IV Sites(s)

- a. In the event there is no alternative viable IV site, the Medical Team shall consult with the Warden and Director.
- b. The Warden, following consultation with the Director, shall determine whether to proceed with execution by IV injection or whether execution by intramuscular injection should be used.
- c. In the event the Warden determines to proceed with execution by IV injection, the Execution Team shall repeat the steps in paragraphs VI.G.6. - 8 and continue with the execution as provided for in paragraph (VI)(H).
- d. The Warden shall ensure the Command Center is informed of his decision. The Command Center shall record the Warden's decision in the Execution Timeline.

4. Alternative Execution by Intramuscular Injection

The Warden, following consultation with the Director, may order an execution by intramuscular injection if execution by IV injection is unfeasible, or if pentobarbital could not be obtained for use in the execution.

- a. The execution drugs used for execution by intramuscular injection shall be prepared as provided for in VI.F.4.
- b. A Drug Administrator shall enter the chamber at the direction of the Warden and shall administer an intramuscular injection of 10 mg midazolam and 40 mg hydromorphone, labeled syringe "A," into a large muscle of the prisoner, usually the deltoid or triceps muscle. Alternative sites may include the hip, thigh or other location as may be appropriate under the circumstances.
- c. Five minutes after injection of Syringe A, a Drug Administrator shall re-enter the chamber to listen for breathing and heart sounds. If the prisoner is still breathing, the Drug Administrator shall administer the intramuscular injection of 10 mg midazolam and 40 mg hydromorphone, labeled syringe "B," into a large muscle.
- d. Five minutes after injection of Syringe B, a Drug Administrator shall re-enter the chamber to listen for breathing and heart sounds. If the prisoner is still breathing, the Drug Administrator shall administer an intramuscular injection of 60 mg of hydromorphone only, labeled syringe "C," into a large muscle. This step shall be repeated until the prisoner is deceased.
- e. At the completion of the process and after a sufficient time for death to have occurred, the curtain shall be closed and an appropriate medical professional shall evaluate the prisoner to confirm the fact of his or her death. The curtain shall then be re-opened and the Warden shall announce the time of death. In the event that the appropriate medical professional cannot confirm that death has occurred, the curtain shall be reopened until an appropriate time has passed to reevaluate the prisoner.

#### I. Post-Execution

1. The Warden, or his designee, shall notify the Director that the execution has been carried out.
2. The Medical Team shall remove the IV equipment and clean the IV sites.
3. The RSA or the prisoner's Spiritual Advisor shall anoint the body of the prisoner if requested by the prisoner.
4. The RSA shall coordinate the burial of the prisoner's body with local chaplains if the prisoner's family does not want the body.
5. The Execution Team shall remove the deceased from the execution bed and place him or her on a gurney.
6. Disposition of the body shall be in accordance with arrangements made prior to the execution at the prisoner's request.
7. The Warden shall sign and return the death warrant to the Court, indicating the execution has been carried out.

8. Prepared Execution Drugs
  - a. One Drug Administrator shall properly dispose of any execution drugs that have been prepared for administration but not been utilized.
  - b. A Second Drug Administrator shall witness the disposal.
  - c. Both Drug Administrators shall document the disposal in form Order for Execution Medications (DRC2001).
9. Unprepared Execution Drugs
  - a. One Drug Administrator shall properly return any unprepared execution drugs to the Infirmary.
  - b. A Second Drug Administrator shall witness the return of the unprepared execution drugs.
  - c. Both Drug Administrators shall document the return of the unprepared execution drugs in form Order for Execution Medications (DRC2001).
10. Recording Used Execution Drugs

The Team Leader shall document the name or description, the expiration date, and the lot number of the execution drugs used.
11. After-Action Review

Immediately following an execution, the Execution Team and the on-site administrators directly involved in the execution process shall meet to review the process of the execution. Any unique or unusual events shall be discussed, as well as opportunities for improvement and successful procedures. Actions and documentation of the events shall be reviewed to identify any discrepancies. Discrepancies from the policy directive shall be clearly described and noted in a written record. The record shall be signed and dated by the Warden.
12. Critical Incident Debriefing
  - a. The Warden shall ensure that critical incident debriefings are available for the Execution Team and staff participants immediately following the execution.
  - b. The Critical Incident Debriefing team shall conduct interviews in accordance with CIM guidelines.
  - c. The RSA shall be available for debriefing for the family of the prisoner.



## 13. Quality Assurance Review

The Director shall designate a Special Assistant for Execution Policy and Procedures. The Special Assistant shall evaluate the performance of the Execution Team, review the conduct of court-ordered executions and report to the Director of the Department. His or her duties will consist of reviewing documentation, training, and professional qualifications, to ensure compliance with the written policy directive. The Special Assistant may utilize assistants as necessary to compile or assess the information, and may consult with others consistent with the confidentiality of the process. Whenever appropriate, the Special Assistant shall consult with a properly trained medical person when reviewing the medical aspects of the execution procedures. The Special Assistant will also provide consultation and advice concerning modifications in the written directive. The Special Assistant will prepare a report to the Director following each execution, with any suggestions or recommendations that are appropriate.

**Related Department Forms:**

Execution Information Release	DRC1808
Order for Execution Medications	DRC2001
Inmate Property Record Disposition and Release	DRC2055