EXHIBIT B
I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. APPLICABILITY

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections.

III. POLICY

It is the policy of the Department to:

A. administer all Capital Cases in a secure and humane manner consistent with applicable law;

B. ensure that all Phase I Capital Case inmates are governed by the same general policies applicable to all Administrative Custody inmates with the few exceptions described in specific policies;

C. ensure that all Phase I Capital Case inmates in Administrative Custody status have access to educational and leisure programs;

D. allow Capital Case inmates in Phase I and/or Phase II access to legal materials;
E. provide a safe, secure and humane process of administering a Capital Punishment sentence as required by applicable laws and statutes of the Commonwealth of Pennsylvania;

F. make reasonable accommodations for and respond appropriately to the needs of the representatives of the news media in their coverage immediately before, during and after an execution, while preserving the good order and security of the institution; and

G. provide appropriate accommodations for preparing registered victims who have chosen to serve as witnesses to an execution.

IV. PROCEDURES

All applicable procedures are contained in the procedures manual that accompanies this policy document.

V. SUSPENSION DURING AN EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

VI. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY

A. Release of Information

1. Policy

This policy document is public information and may be released upon request.

2. Confidential Procedures (if applicable)

Confidential procedures for this document, if any, are not public information and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as needed basis.
B. Distribution of Policy

1. General Distribution

The Department of Corrections' policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

VIII. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

This Policy and the accompanying Procedures Manual supersedes all prior versions of these documents.

2. Facility Policy and Procedures

This Policy and the accompanying Procedures Manual supersedes all prior versions of these documents.

B. Cross Reference(s)

1. Administrative Manuals
   a. DC-ADM 007, Access to Provided Legal Services;
   b. DC-ADM 009, News Media Relations;
   c. DC-ADM 801, Inmate Disciplinary and Restricted Housing Procedures;
   d. DC-ADM 802, Administrative Custody Procedures;
   e. DC-ADM 812, Visiting Privileges;
   f. DC-ADM 815, Commissary Privileges;
   g. DC-ADM 816, Inmate Compensation System;
h. DC-ADM 818, Automated Inmate Telephone System;
i. DC-ADM 819, Religious Activities;
j. 6.3.1, Facility Security;
k. 6.5.1, Administration of Security Level 5 Housing Units; and
l. 13.1.1, Management and Administration of Health Care.

2. ACA Standards
   a. Administration of Correctional Agencies: None
   b. Adult Correctional Institutions:
   c. Adult Community Residential Services: None
   d. Correctional Training Academies: None

3. Other
   Act of June 18, 1998, P.L. 622 (61 P.S. 3003)
**Policy Document:** This policy document is public information and may be released upon request.

**Procedures Manual:** The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.
Section 4 – Execution Procedures

A. General

1. SCI Rockview (ROC) is designated as the Capital Facility.
B. Pre-Execution Procedures

1. Scheduling of Lethal Injection
   a. The lethal injection will be scheduled in accordance with the date stated on the execution warrant signed by the Governor.
   b. The Secretary will designate the time of the lethal injection.
   c. When multiple executions are scheduled on the same day, the subsequent executions will follow immediately upon completion or stay of the preceding execution.

2. Lethal Injection Team (LIT)
   a. The Department will obtain the services of a sufficient number of individuals qualified to administer the lethal injection to ensure that a two-member team, at a minimum, will be available for each scheduled execution. The identities of the members of the LIT
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Section 4 – Execution Procedures

shall be kept confidential. The members of the LIT shall be kept separate from any person attending an execution other than the inmate who is the subject of the execution and Department employees who are permitted to have contact with them.

b. The shall:

(1) interview potential LIT members and conduct a background investigation;
(2) select LIT members;
(3) maintain the confidentiality of LIT members and potential LIT members;
(4) maintain a list of potential LIT members;
(5) schedule LIT drills including, but not limited to, practice using the four channel processed electroencephalography and the electrocardiograph;
(6) contact and confirm the LIT members when an Execution Warrant is signed;
(9) prepare an Agency Purchase Request (APR) and confidentially make payments to the LIT.

c. The identity of the individuals who are potential LIT Members as well as the identity of the individuals selected for the LIT will remain confidential.

d. All LIT members must be trained health care professionals who have completed intravenous therapy training and are experienced in performing venipuncture. In the case of a collapsed vein(s), team members must be able to identify appropriate alternative IV access points. At least one team member will have experience in placing an IV in the jugular vein.

e. LIT members may be requested to submit to psychological testing

f. If an LIT member wishes to withdraw from the LIT, he/she may do so by notifying the

g. An individual may be removed from the LIT for any reason and
c. The Capital Facility's medical department will provide a sufficient number of intravenous catheters, IV administration sets and needles of various sizes. At a minimum the items below will be provided:

(1) four IV Extension Sets;
(2) four 18 g Intravenous Catheters;
(3) four 22 g Intravenous Catheters;
(4) four IV Administration Sets #110; and
(5) ten 18 g 1" needles.

d. One 4-channel processed electroencephalograph (EEG) monitor and one electrocardiograph (ECG) shall be stored at the execution complex at ROC.
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Issued:
Effective:
11. Preparations for the Execution

a. One LIT member will document each step of the injection procedures on a Checklist of Lethal Injection Procedures (Attachment 4-E), separate from the checklist completed by [REDACTED].
b. The LIT members will break the seal and inventory the contents of the Lethal Injection Kit and check each item carefully to ensure that everything is in proper order.

c. The LIT members shall verify that the EEG monitor is operational. If the EEG monitor is not operational and cannot be made so, the execution shall proceed by using physical examination to determine if the inmate is unconscious.

d. The LIT members shall verify that the ECG monitor is operational. If the ECG monitor is not operational and cannot be made so, the execution shall proceed and the Coroner's determination of whether the inmate is dead shall determine if the execution has been completed.

e. One hour before the scheduled time of execution, the LIT members will dress in disposable surgical masks, gowns, and surgical gloves provided by the Capital Facility and enter the Injection Room.

f. From this point on, the LIT will observe the injection procedures and document the activities on a Checklist of Lethal Injection Procedures.

g. No less than 30 minutes prior to the scheduled time of execution, the LIT will set up the two 1000 cc bags of Normal Saline Solution by connection to the IV administration sets. Two separate IV lines will be used.

h. The IV extension sets will be connected to the IV administration sets and the two lines will be passed through the opening of the wall to the Injection Chamber.

i. The flow of both IV lines will be checked by regulating each flow clamp. After the flow has been checked, the flow clamps will be shut and the LIT member(s) will return to the Injection Room.
C. Execution Procedures
u. The only Capital Facility staff remaining in the Injection Chamber during the lethal injection will be the Capital Facility Manager/designee and the Major-of-the-Guard/designee.

v. The Capital Facility Manager/designee will direct all activity in the Injection Chamber.

w. After the Phase III inmate is transported to the Injection Chamber and secured on the Injection Table, and the LIT member(s) will enter the Injection Chamber.

2. Electroencephalograph (EEG) Monitor, Electrocardiograph (ECG), and Intravenous Catheter Procedures

a. The LIT will inform the inmate that he is being connected to the EEG monitor to monitor his consciousness level and to an ECG to monitor his heart, if an EEG monitor and/or ECG is/are being used.

b. The LIT will connect the electrocardiograph (ECG) and verify that it is operating. If the ECG is not operational or available, the execution shall proceed without the use of an ECG.

c. The LIT will apply leads for the EEG and verify that it is operating. If the EEG is not operational or available, the execution shall proceed without the use of an EEG.

d. The LIT will establish two intravenous catheters, one in each forearm or other usable vein.

e. Each intravenous catheter will be connected to an IV extension set and administration set that leads to one of the 1000 cc Saline solutions.

f. The LIT member(s) will then start and regulate the flow of both IV Saline solutions at approximately 10 to 15 drops per minute, to the Keep Vein Open rate.

g. Upon completing all the connections, the LIT and will return to the Injection Room and notify the Capital Facility Manager/designee that they are ready to commence the lethal injection.

h. The Major-of-the-Guard/designee will remove the surgical mask from the inmate and cover the inmate with a sheet up to his/her neck prior to opening the curtain, signaling the commencement of the execution. He/She will make the written record of all activity in the Injection Chamber.
3. Commencement of the Lethal Injection

a. At the determined time of the execution, after the Secretary/designee has determined that no stay of execution has been ordered, and so indicates to the Capital Facility Manager/designee, the final order for the execution to proceed will be given by the Capital Facility Manager/designee.

b. The Capital Facility Manager/designee will signal the Major-of-the-Guard/designee to open the curtain. The opening of the curtain is the signal to the LIT to commence the lethal injection.

c. When the signal is given to start the execution, the LIT will follow this sequence:

   (1) If pentobarbital is being used:

      (a) one syringe containing 2,500 mg pentobarbital, identified with a green label that contains the chemical name will be inserted in the “Y” injection tube of the left arm IV administration set and the injection shall commence. The emptied syringe will be removed from the injection tube; and

      (b) a second syringe containing 2,500 mg pentobarbital, identified with a green label that contains the chemical name, will be inserted into the “Y” injection tube of the right arm IV administration set and the contents injected. The emptied syringe will then be removed from the injection tube.

      (c) 50 ml Normal Saline, identified with a white label that contains the chemical name, will be inserted into the “Y” injection tube of the left arm IV administration set and the contents injected to flush the line.

   (2) If thiopental is being used:

      (a) A syringe containing 1.5 gm thiopental, identified with a green label that contains the chemical name will be inserted in the “Y” injection tube of the left arm IV administration set and the injection shall commence. The emptied syringe will be removed from the injection tube.

      (b) A second syringe containing 1.5 gm thiopental, identified with a green label that contains the chemical name, will be inserted into the “Y” injection tube of the left arm IV administration set and the contents injected. The emptied syringe will then be removed from the injection tube.

      (c) 50 ml Normal Saline, identified with a white label that contains the chemical name, will be inserted into the “Y” injection tube of the left arm IV administration set and the contents injected to flush the line.
NOTE: If all of the thiopental has not been flushed from the line, the mixture with the pancuronium bromide may create flocculation (solid particles) to block the flow of the fluid through the intravenous catheter. If blockage occurs, the remaining injections must be made in the contingency line running to the right arm.

(3) Following administration of the second syringe of pentobarbital or the second syringe of thiopental and the Normal Saline:

(a) If an EEG monitor is being used, the LIT will observe the EEG monitor to determine if the PSI displays nine or less (purple or blue).

i. If the PSI displays nine or less (purple or blue), the LIT will signal the Capital Facility Manager/designee who will close the curtains between the Injection Chamber and the witness rooms. Once the curtains are closed, the LIT will enter the Injection Chamber and the Capital Facility Manager/designee shall call the inmate’s name in a loud voice and observe the inmate for a reaction. A member of the LIT will assess the consciousness of the inmate by tactile stimulation of the inmate. The tactile stimulation shall include touching the inmate, shaking the inmate’s shoulder, and brushing the inmate’s eyelashes. The capital Facility Manger/designee and the LIT shall closely monitor the inmate for a reaction to assess consciousness. If the Capital Facility Manager/designee and the LIT agree that the inmate is unconscious, the LIT shall return to the Injection Room and the curtains between the Injection Chamber and the witness rooms shall then be reopened and the execution shall proceed.

ii. If the EEG monitor does not display nine or less (purple or blue), or if the Capital Facility Manager/designee and the LIT do not agree that the inmate is unconscious, the execution procedure shall be restarted from Subsection C.3.c.(1) or (2) as applicable. The LIT shall determine whether to use a different IV site or sites if the execution procedure is restarted.

(b) If an EEG monitor is not being used, the Capital Facility Manager/designee shall wait two minutes following the administration of the second syringe containing 2,500 mg pentobarbital or the second syringe containing 1.5 gm thiopental. After two minutes have passed, the Capital Facility Manager/designee will close the curtains between the Injection Chamber and the witness rooms. Once the curtains are closed, the LIT will enter the Injection Chamber and the Capital Facility Manager/designee shall call the inmate’s name in a loud voice and observe the inmate for a reaction. A member of the LIT will assess the consciousness of the inmate by tactile stimulation of the inmate. The tactile stimulation shall include touching the inmate, shaking the inmate’s shoulder, and brushing the inmate’s eyelashes. The Capital Facility Manager/designee and the LIT shall closely
monitor the inmate for a reaction to assess consciousness. If the Capital Facility Manager/designee and the LIT agree that the inmate is unconscious, the LIT shall return to the Injection Room and the curtains between the Injection Chamber and the witness rooms shall then be reopened and the execution shall proceed. If the Capital Facility Manager/designee and the LIT do not agree that the inmate is unconscious, the execution procedure shall be restarted from Subsection C.3.c.(1) or (2) as applicable. The LIT shall determine whether to use a different IV site or sites if the execution procedure is restarted.

(4) One dose of 50 mg of pancuronium bromide, will be administered through the "Y" injection tube of the left arm IV administration set.

(5) Upon completion of the first dose of 50 mg pancuronium bromide, a second dose of 50 mg pancuronium bromide will be administered through the "Y" injection tube of the left arm IV administration set.

(6) The "Y" injection tube of the left arm IV administration set will then be flushed with 50 ML Normal saline.

(7) A syringe containing 50 meq potassium chloride, identified with a red label that contains the chemical name, will be inserted into the "Y" injection tube of the left arm IV administration set and the entire contents shall be injected.

(8) When the contents of the first potassium chloride syringe have been injected, the emptied syringe will be removed and a second syringe containing 50 meq potassium chloride, identified with a red label that contains the chemical name, will be inserted into the "Y" injection tube of the left arm IV extension set and injected. The empty syringe will then be removed.

(9) After the second potassium chloride syringe has been removed from the line, the LIT will observe the ECG monitor. Once asystole or absence of electrical activity is observed for two minutes an LIT member will notify the Capital Facility Manager/designee that injection of the drugs has been completed. If an ECG monitor is not being used, the LIT will advise the Capital Facility Manager/designee when three minutes have passed.

(10) The Capital Facility Manager/designee will then signal the Major-of-the-Guard/designee to draw the curtains to the closed position.

(11) After the curtain has been closed, the Capital Facility Manager/designee shall permit the Coroner to enter the Injection Chamber to conduct an examination to determine that the Phase III inmate died following the lethal injection and to pronounce the Phase III inmate dead under those circumstances.
4. Non-Completion of the Execution

a. If absence of electrical activity (asystole) does not occur within two minutes of the second injection of potassium chloride or, if an ECG monitor is not being used and the Coroner does not determine that the inmate has died, the third 50 meq potassium chloride syringe, identified with a red label that contains the chemical name, will be inserted into the "Y" injection tube of the left arm IV administration set and the entire contents shall be injected.

b. When the contents of the third potassium chloride syringe have been injected, the emptied syringe will be removed and the fourth 50 meq potassium chloride syringe, identified with a red label that contains the chemical name, will be inserted into the "Y" injection tube of the left arm IV administration set and injected. The emptied syringe will then be removed.

c. After the fourth potassium chloride syringe has been removed from the line, the Injection Team will observe the ECG monitor. Once asystole or absence of electrical activity, is observed for two minutes one LIT member will notify the Capital Facility Manager/designee that injection of the drugs has been completed. If an ECG monitor is not being used, the LIT will advise the Capital Facility Manager/designee when three minutes have passed.

d. The Capital Facility Manager/designee will then signal the Major-of-the-Guard/designee to draw the curtains to the closed position.

e. After the curtain has been closed, the Capital Facility Manager/designee shall permit the Coroner to enter the Injection Chamber to conduct an examination to determine that the Phase III inmate died following the lethal injection and to pronounce the Phase III inmate dead under those circumstances.

5. Completion of the Execution

a. The Capital Facility Manager/designee will notify the Capital Facility Command Post that the Coroner has pronounced the Phase III inmate dead and designated the time of death.

b. The Coroner will exit the Injection Chamber and return to the Coroner's Standby Area.

c. The Major-of-the-Guard/designee will then draw open the curtains and the Capital Facility Manager/designee will use the microphone in the Injection Chamber to make the following announcement over the public address system to the witnesses:

"Ladies and gentlemen, the County Coroner has pronounced [insert inmate's name] dead at ______ p.m. The execution is complete and the officers will now escort you out of the Execution Complex."
d. After making the announcement, the Major-of-the-Guard/designee will draw the curtains closed and the Capital Facility Manager/designee will open the door to the Injection Chamber and signal the Coroner to enter the Injection Chamber to perform his/her post-execution procedures.
2. Post-Mortem Examination and Certification of Execution

a. The LIT will remain in the Injection Room until the Coroner has completed his post-mortem investigation and departed the Injection Chamber.

b. Following the departure of the witnesses, the Coroner will enter the Injection Chamber to perform a post-mortem examination of the deceased inmate at his discretion as prescribed by statute. The Coroner will report the nature of any examination so made. This report will be filed with the death certificate.

c. While conducting the post-mortem the Coroner will:

   (1) collect the lethal injection apparatus, i.e., the two bags of Saline and the IV lines from the LIT;

   (2) remove the EEG and ECG lines, if any, from the inmate’s body;

   (3) take at least two photographs of the deceased inmate; and

   (4) examine the deceased inmate.

d. After the post-mortem examination is completed, the Coroner will:

   (1) sign a body receipt and provide it to the Capital Facility Manager/designee;

   (2) prepare, sign and provide to the Capital Facility Manager/designee a report describing the nature of the post-mortem examination made;

   (3) prepare a death certificate and provide it to the Capital Facility Manager/designee; and
(4) determine if he/she will perform an autopsy on the body.

e. The Body Removal Detail, consisting of two members of the Standby Team and a Commissioned Officer, will enter the Injection Chamber and assist the Coroner in placing the deceased inmate in a body bag.

f. If the Coroner will perform an autopsy on the body:

(1) he/she will inform the Major-of-the-Guard/designee of his/her decision;

(2) he/she will inform the Major-of-the-Guard/designee of the estimated time when the body may be released to the funeral home designated by the next-of-kin or the facility to provide for the final arrangements of the body;

(3) the Body Removal Detail will transport the body to the Coroner’s vehicle, which will be waiting at the main entrance to the Execution Complex; and

(4) after the Body Removal Detail has placed the body in the vehicle, the Coroner will then depart the Capital Facility.

g. If the Coroner will not perform an autopsy:

(1) the Capital Facility Manager/designee and the Major-of-the-Guard/designee shall remain in the Injection Chamber until the deceased inmate’s body is removed;

(2) the Body Removal Detail shall transport the body to the vehicle of the funeral home designated by the next-of-kin or the Capital Facility to provide for the final arrangements of the body. If the family does not arrange for disposition of the body, the Department’s contracted mortician will be contacted for cremation of the remains; and

4. Securing and Disposing of the Lethal Injection Kit and Single Use Equipment upon Completion of Execution
6.5.8, Capital Case Procedures Manual
Section 4 – Execution Procedures

a. After the Coroner has left the Execution Complex, the LIT will enter the Injection Chamber from the Injection Room.

b. The LIT will dispose of all used needles and syringes in the sharps container.

c. All other items (gloves, clothing, surgical masks, IV lines, etc.) will be disposed of in the Biomedical Waste container. All disposed items will be left in the Injection Chamber for pick-up by the Capital Facility Medical Department staff.

d. The contents of the unused backup syringes will be disposed of by the LIT.

e. The LIT will remove their protective clothing, and prepare themselves for departure.

No one will be permitted to enter the Injection Chamber until the LIT has completed its work and is prepared to depart the Execution Complex.

h. The LIT will give its Checklist of Lethal Injection Procedures and the print outs from the ECG, if any.
8. Certification of Execution

After the execution, the Capital Facility Manager will certify in writing, under oath or affirmation, to the court of the county where the inmate was sentenced to death that the inmate was duly executed in accordance with the requirements of Title 61 of the Pennsylvania Statutes. The Certificate of Execution (Attachment 4-I) will be filed in the office of the clerk of such court.
6.5.8, Capital Case Procedures Manual
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6.5.8, Capital Case Administration Manual
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Attachment 4-D
CHECKLIST OF LETHAL INJECTION PROCEDURES

Inmate Name: __________________________  Date: ____________
Inmate Number: ________________________

Initials: LIT Member ______ LIT Member ______

EQUIPMENT

EEG Monitor:
  Available  Yes ___ No ___
  Operational Yes ___ No ___

ECG Monitor:
  Available  Yes ___ No ___
  Operational Yes ___ No ___

INJECTION AGENTS

Four 60 cc syringes each with 2,500 mg pentobarbital with green label containing chemical name
  Yes ___ No ___ NA ___

Four 60 cc syringes each with 1.5 gm thiopental with green label containing chemical name
  Yes ___ No ___ NA ___

Two glass vials each with 50 mg pancuronium bromide with yellow label containing chemical name with sufficient syringes to enable the LIT to draw and administer two 50 mg doses.
  Yes ___ No ___

Four 30 cc syringes each with 50 meq potassium chloride with red label containing chemical name
  Yes ___ No ___

Normal Saline flush syringes with white label containing chemical name with sufficient syringes to enable the administration of 6 separate 50 cc doses
  Yes ___ No ___

Three 1000 cc bags Normal Saline solution
  Yes ___ No ___

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Section 4 – Execution Procedures
Attachment 4-E
PROCEDURE
(Initials indicate item performed)

LIT dressed in disposable surgical mask, gown, and gloves

Two 1000 cc saline IV solutions connected to IV start kits.

IV administration sets connected to IV extension kits and two lines passed through opening to the Injection Chamber.

Checked the flow of both IV lines by regulating each flow clamp and shut flow clamps off.

Inmate secured to the Injection Table. Escort Team exited Injection Chamber.

ECG monitor leads attached to inmate.

EEG monitor leads attached to inmate.

Two IV catheters established (one in each forearm or other usable vein).

Each IV catheter connected to an IV extension set with 1000 cc Normal Saline.

Flow of both IV Normal Saline started and regulated at approximately 10 to 15 drops per minute.

LIT returned to the Injection Room and notified the Facility Manager/designee by intercom that the lethal injection is ready to commence.

Major-of-the-Guard opened the curtain.

Flow of IV Normal Saline to left arm reduced to the Keep Vein Open rate.

SEDATION

(A) If pentobarbital being used:

Syringe containing 2,500 mg pentobarbital inserted into the left arm “Y” injection tube and contents injected.

Emptied pentobarbital syringe removed from the injection tube.

Second syringe containing 2,500 mg pentobarbital inserted into the right arm “Y” injection tube and contents injected.

Emptied pentobarbital syringe removed from the injection tube.
50 ML Normal Saline flush performed on left arm IV line

50 ML Normal Saline flush performed on right arm IV line

(B) If thiopental being used:

Syringe containing 1.5 gm thiopental inserted into the left arm “Y” injection tube and contents injected.

Emptied thiopental syringe removed from the injection tube.

Second syringe containing 1.5 gm thiopental inserted into the left arm “Y” injection tube and contents injected.

Emptied thiopental syringe removed from the injection tube.

50 ML Normal Saline flush performed on IV line “Y” injection tube and contents injected.

CONSCIOUSNESS CHECK

EEG Monitor Being Used:
Yes _____
No _____

(A) If EEG monitor being used:

PSI reached 9 or less (displays purple or blue). (Proceed to Physical Examination)

PSI did not reach 9 or less (display purple or blue) (Proceed to Additional Sedation Section):

ADDITIONAL SEDATION
(If Necessary)

Existing injection sites used:
Yes _____
No _____

Alternate injection site(s) established:
Yes _____
No _____
(1) If pentobarbital being administered:

Third syringe containing 2,500 mg pentobarbital inserted into right arm “Y” injection tube or alternate site and contents injected.

Empty pentobarbital syringe removed.

Fourth syringe containing 2,500 mg pentobarbital inserted into right arm “Y” injection tube or alternate site and contents injected.

Empty pentobarbital syringe removed

Normal Saline flush performed (Proceed to Additional Observation Section).

(2) If thiopental being administered:

Third syringe containing 1.5 gm thiopental inserted into left arm “Y” injection tube or alternate site and contents injected.

Empty thiopental syringe removed.

Fourth syringe containing 1.5 gm thiopental inserted into left arm “Y” injection tube or alternate site and contents injected.

Empty thiopental syringe removed.

Normal Saline flush performed. (Proceed to Additional Observation Section).

ADDITIONAL OBSERVATION

PSI reached 9 or less (displays purple or blue). (Proceed to Physical Examination.)

PSI does not reach 9 or less (Displays purple or blue) (Proceed to Physical Examination)
PHYSICAL EXAMINATION

Facility Manager called inmate's name in loud voice.

LIT member touched inmate.

LIT Member shook inmate's shoulder.

LIT Member brushed inmate’s eyelashes.

LIT determined inmate unconscious at (enter time ________).

LIT and Facility Manager/designee agree that inmate is unconscious. (Proceed to Administration of Remaining Agents Section)

ADMINISTRATION OF REMAINING AGENTS

50 mg pancuronium bromide injected into left arm IV line.

Empty pancuronium bromide syringe removed.

Second dose of 50 mg pancuronium bromide injected into left arm IV line.

Empty pancuronium bromide syringe removed.

Normal Saline flush performed.

One syringe containing 50 meq potassium chloride inserted into the left arm “Y” injection tube or alternate site and the contents injected.

Empty potassium chloride syringe removed.

Second syringe containing 50 meq potassium chloride inserted into the left arm “Y” injection tube and the contents injected.

Emptied potassium chloride syringe removed. (Proceed to Additional Observation)

ADDITIONAL OBSERVATION

ECG Monitor Being Used:

Yes ______

No ______

6.5.8, Capital Case Procedures Manual
Section 4 – Execution Procedures

Attachment 4-E
(1) If ECG Monitor Being Used:

____  Asystole (absence of electrical activity) observed for two (2) minutes and Facility Manager/designee notified by intercom. (Proceed to Coroner)

____  Asystole (absence of electrical activity) does NOT occur within two (2) minutes of the second injection of Potassium Chloride:

____  Third syringe containing 50 meq potassium chloride inserted into left arm “Y” injection tube or alternate site and contents injected.

____  Empty potassium chloride syringe removed.

____  Fourth syringe containing 50 meq potassium chloride inserted into left arm “Y” injection tube or alternate site and contents injected.

____  Empty potassium chloride syringe removed.

____  Asystole (absence of electrical activity) observed for two (2) minutes and Facility Manager/designee notified by intercom. (Proceed to Coroner)

(2) If ECG Monitor Not Being Used:

____  LIT Informed Facility Manager/designee that 3 minutes passed. (Proceed to Coroner)

CORONER

____  Coroner entered injection chamber and examined inmate.

Coroner determined inmate died.

Yes  ____  (Proceed to Post-Mortem)

No  ____  (Proceed to Additional Agents)

ADDITIONAL AGENTS

____  Third syringe containing 50 meq potassium chloride syringe inserted into left arm “Y” injection tube or alternate site and contents injected.

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Attachment 4-E
Empty potassium chloride syringe removed.

Fourth syringe containing 50 meq potassium chloride inserted into left arm "Y" injection tube and contents injected.

Empty potassium chloride syringe removed.

LIT informs Facility Manager/designee that 3 minutes have passed.

Coroner entered injection chamber and examined inmate.

Coroner determined inmate died.

Yes  (Proceed to Post-Mortem)
No  (Await Instructions)
POST-MORTEM

Used bags Normal Saline passed through to the Injection Chamber.

ECG and EEG lines, if any, disconnected.

Coroner exited Injection Chamber.

Contents of unused backup syringes disposed of by LIT.

All used needles and syringes deposited in sharps container.

All other items deposited in biomedical waste container.

Checklists given to the Facility Manager/designee or Major of the Guard before departing execution facility.

6.5.8, Capital Case Procedures Manual
Section 4 – Execution Procedures

Issued:
Effective:

Attachment 4-E
## INVENTORY CHECKLIST FOR LETHAL INJECTION EQUIPMENT AND SUPPLIES

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Qty</th>
<th>ITEM</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Start Kit - Tavinol, 100&quot; w/3 ports</td>
<td>4</td>
<td>EEG Monitor</td>
<td>1</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% - 1000 cc</td>
<td>4</td>
<td>Gloves, Surgeon, Size 7</td>
<td>3</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% - 30 cc vials</td>
<td>10</td>
<td>Gloves, Surgeon, Size 7 ½</td>
<td>3</td>
</tr>
<tr>
<td>Angiocath 24 gauge</td>
<td>2</td>
<td>Gloves, Surgeon, Size 8</td>
<td>3</td>
</tr>
<tr>
<td>Angiocath 22 gauge (1 ¼&quot;)</td>
<td>4</td>
<td>Gloves, Surgeon, Size 8 ½</td>
<td>3</td>
</tr>
<tr>
<td>Angiocath 20 gauge (1 ¼&quot;)</td>
<td>4</td>
<td>Surgical Cap, Disposable</td>
<td>4</td>
</tr>
<tr>
<td>Angiocath 18 gauge (1 ¼&quot;)</td>
<td>4</td>
<td>Surgical Mask, Disposable</td>
<td>4</td>
</tr>
<tr>
<td>Angiocath 16 gauge</td>
<td>4</td>
<td>Surgical Gown, Disposable</td>
<td>4</td>
</tr>
<tr>
<td>Winged Infusion 22 Gauge</td>
<td>50</td>
<td>Flashlight</td>
<td>1</td>
</tr>
<tr>
<td>IV Extension Set (16&quot;)</td>
<td>2</td>
<td>Batteries, Size D</td>
<td>2</td>
</tr>
<tr>
<td>Needle 18 gauge, 1 inch</td>
<td>10</td>
<td>Black Magic Marker</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Swabs, box</td>
<td>1</td>
<td>Paper Tape – Non-woven, roll ½&quot; wide</td>
<td>1</td>
</tr>
<tr>
<td>Gauze Squares, 4 x 4&quot; non-sterile</td>
<td>1</td>
<td>Sharps Container</td>
<td>1</td>
</tr>
<tr>
<td>Band Aids, box</td>
<td>1</td>
<td>Biomedical Container</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive Tape ½&quot; wide (Dermicel)</td>
<td>4</td>
<td>Stethoscope</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive Tape 1&quot; wide</td>
<td>4</td>
<td>Syringe, 5 cc</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive Tape 2&quot; wide</td>
<td>6</td>
<td>Shroud, Human Remains</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive Tape 3&quot; wide</td>
<td>4</td>
<td>Bath Towel</td>
<td>8</td>
</tr>
<tr>
<td>Tourniquet</td>
<td>2</td>
<td>Sheets</td>
<td>6</td>
</tr>
<tr>
<td>Scissors, Bandage</td>
<td>1</td>
<td>Tincture of Benzoin, btl.</td>
<td>1</td>
</tr>
<tr>
<td>Betadyno Soap</td>
<td>1</td>
<td>Injection Chamber First Aid Kit</td>
<td>1</td>
</tr>
<tr>
<td>ECG Monitor</td>
<td>1</td>
<td>Incident Reports</td>
<td>5</td>
</tr>
<tr>
<td>Protective Eyeglasses (not shields)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contents of Injection Chamber First Aid Kit

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Way Management</td>
<td></td>
</tr>
<tr>
<td>Bag Valve Mask Resuscitator</td>
<td>1</td>
</tr>
<tr>
<td>Dressings and Bandages</td>
<td></td>
</tr>
<tr>
<td>Adhesive Bandages (1&quot;x3&quot;)</td>
<td>16</td>
</tr>
<tr>
<td>Adhesive Tape (1/2&quot; x 5yds)</td>
<td>1</td>
</tr>
<tr>
<td>Adhesive Tape (1&quot; x 5yds)</td>
<td>1</td>
</tr>
<tr>
<td>Gauze Pads (2&quot;x2&quot;)</td>
<td>10</td>
</tr>
<tr>
<td>Gauze Pads (4&quot;x4&quot;)</td>
<td>10</td>
</tr>
<tr>
<td>Trauma Dressing (10&quot;x30&quot;)</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol Wipes</td>
<td>10</td>
</tr>
<tr>
<td>Ammonia Inhalants</td>
<td>10</td>
</tr>
<tr>
<td>Scissors</td>
<td>1</td>
</tr>
<tr>
<td>Blood Pressure Kit</td>
<td>1</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>1</td>
</tr>
<tr>
<td>Carry Bag</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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Section 4 – Execution Procedures
Attachment 4-G, Page 1

Issued:
Effective:
<table>
<thead>
<tr>
<th>DATE OF INVENTORY (Month/Day/Year)</th>
<th>INVENTORIED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Initial, Last Name, Title Printed</td>
</tr>
</tbody>
</table>

This inventory list shall be checked quarterly and items shall be replaced as needed by the Capital Facility. The Lethal Injection Kit (which includes Pentobarbital or thiopental, Normal Saline Solution, Pancuronium Bromide, and Potassium Chloride) is not included in this inventory.

Comments: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
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Section 4 – Execution Procedures

Issued:  
Effective:
Administrative Custody - A status of confinement for non-disciplinary reasons that provides closer supervision, control, and protection than is provided for in general population.

Attorney of Record - The person appointed by the court or designated by the inmate as his/her legal counsel at the time of the scheduled execution.

Capital Case - An inmate (1) physically committed to the Department of Corrections under a sentence of Capital Punishment; (2) pending sentencing under a jury recommendation for Capital Punishment; or (3) whose sentence of Capital Punishment has been vacated, but is awaiting re-trial or re-sentencing where a sentence of Capital Punishment may be re-imposed.

Capital Facility - The Facility designated as the site for executions.

Capital Facility Manager - Superintendent of the Capital Facility or a specifically authorized designee.

Credentials for the Purposes of Identification of News Media Representatives - Both photo identification such as a valid driver's license, and an ID card issued by the reporter's place of employment shall be required. If the reporter's employer does not issue ID cards, a letter signed by a supervisor on company stationery will suffice.

Department/DOC - The Pennsylvania Department of Corrections.

Escort Team - Corrections Officers specially trained to secure the Phase III inmate immediately prior to the performance of execution procedures by the Injection Team.

Execution Complex - The Capital Facility area dedicated to the specific functions of execution limited to the Phase III visiting area, Injection Team Room, Injection Chamber, Standby Room, Witness Waiting Room and Witness Room, with separate viewing area for victims and the Execution Command Post.

Execution - The process by which the sentence of Capital Punishment is carried out within the confines of the Execution Complex.

Execution File - A file that is started by the Home Facility upon notification that a designated inmate is to be moved to Phase II status.

Facility - A state correctional institution operated by the Department of Corrections.

Home Facility - The institution to which a Phase I and/or Phase II inmate has been classified.

Home Facility Manager - Superintendent of the Home Facility or a specifically authorized designee.

Immediate Family - Spouse, children (16 years of age or older with prior approval of the Superintendent), parents, siblings (16 years of age or older), grandparent(s) and/or relatives who have reared the Phase III inmate.
Lethal Injection - The lawful intravenous injection of a lethal quantity and concentration of statutorily authorized chemical substances.

Lethal Injection Team - Individuals who are responsible for preparing the Phase III inmate for lethal injection and performing the lethal injection process until the Phase III inmate is pronounced dead, or a stay of execution is ordered.

Mini Law Library - Selected legal materials maintained in the housing area for Capital Cases.

News Media - Representatives of general circulation newspapers, magazines sold through newsstands and/or mail subscriptions to the public, national/international news services, or radio/television stations holding a Federal Communications Commission License.

PSP - The Pennsylvania State Police.

Phase I - A Capital Case inmate for whom no valid Execution Warrant is in effect.

Phase II - A designation assigned to a Capital Case inmate for whom an Execution Warrant has been signed and who is awaiting transfer to the Capital Facility.

Phase II Counselor - A specially trained counselor assigned to a Capital Case inmate, upon designation as Phase II status.

Phase III - A Capital Case inmate transferred to the Capital Facility for execution.

Press Office - The office of the Department of Corrections Press Secretary.

Public Information Officer - The individual designated to serve as official spokesperson for the facility.

Secretary Of The Department Of Corrections - The person designated by the Governor as the Chief Executive of the Department of Corrections.

Spiritual Advisor - A qualified representative, clergy or lay, from the outside community who has received written endorsement from the recognized authority of their faith group as a person competent to provide spiritual counseling and guidance to the Phase III, II, or I inmate. Such endorsement will be verified by the Facility Chaplaincy Program Director.