EXHIBIT A
II. 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, the subsequent executions will follow immediately upon completion or stay of the preceding execution.
2. Lethal Injection Team

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.

b. The

shall:

(1) interview potential Injection Team members and conduct a background investigation;

(2) select Injection Team members;

(3) maintain the confidentiality of Injection Team members;

(4) maintain a list of potential Injection Team members;

(5) schedule Injection Team drills including, but not limited to, practice using the four channel processed electroencephalography;

(6) contact and confirm the Injection Team members when an Execution Warrant is signed;

(9) prepare an Agency Purchase Request (APR) and make payments to the Lethal Injection Team.

c. The identity of the individuals selected for the Lethal Injection Team(s) will remain confidential.

d. All team members must be trained health care professionals who have completed IV 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 intravenous IV access points. At least one team member will have experience in placing an IV in the jugular vein.

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

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

g. An individual may be removed from the team for any reason.

The Lethal Injection Kit contains the items listed below:

1. four 60 cc syringes with 1.5 gm thiopental, identified with a green label that contains the chemical name;

2. three 60 cc syringes each with 50 mg Pancurium Bromide, identified with a yellow label that contains the chemical name;

3. four 60 cc syringes each with 50 meq Potassium Chloride, identified with a red label that contains the chemical name;

4. three 20 cc syringes each with 20 ml Normal Saline, identified with a white label that contains the chemical name; and

5. three 250 cc bags of Normal Saline Solution.
h. 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;

(5) ten 18 g 1” needles;

i. Two 4-channel processed electroencephalograph (EEG) monitors shall be stored at the execution complex at SCI-Rockview.
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[Redacted text]

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11. Preparations for the Execution

a. 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.

b. From this point on, the LIT members will observe the injection procedures and document the activities on a Checklist of Lethal Injection Procedures (Attachment 4-G).

c. Two members of the LIT will document each step of the injection procedures on a Checklist of Lethal Injection Procedures (Attachment 4-G), separate from the checklist completed by

d. The LIT members will inventory the contents of the Lethal Injection Kit and check each item carefully to ensure that everything is in proper order.

e. The LIT members shall verify that the EEG monitor is operational. If the EEG monitor is not operational and cannot be made so, the LIT shall verify that the reserve EEG monitor is operational. If neither EEG monitor is operational, the LIT members shall proceed by using physical examination to determine if the inmate is unconscious.

g. No less than 30 minutes prior to the scheduled time of execution, the LIT will enter the Injection Chamber and set up the two 250cc 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. When the flow has been checked the flow clamps will be shut off and the LIT member(s) will return to the Injection Room.
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C.

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2. EEG Monitor and Intravenous Catheter Procedures

a. 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.

b. The LIT will inform the inmate that he is being connected to the EEG monitor to monitor his consciousness level, if an EEG monitor is being used.

c. The LIT will set up two intravenous catheters, one in each forearm or other usable vein.

d. Each intravenous catheter will be connected to an IV extension set and administration set that leads to one of the 250 cc Saline solutions.

e. 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 (KVO) rate.

f. The LIT will apply leads for the electrocardiogram (ECG) and verify that it is operating.

3. Commencement of the Lethal Injection

a. At the determined time of the execution, after has determined that no stay of execution has been ordered, and so indicated to , the final order for the execution to proceed will be given by .

b. 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) 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.
(2) 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.

(3) If an EEG monitor is being used, the LIT will observe the EEG monitor until the PSI reaches 40 or less and then proceed with the execution. If the EEG monitor does not reach 40 or less, the execution procedure shall be restarted from Section C (3)(c)(1) using a different IV site.

(4) One syringe containing 20 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. The emptied syringe will then be removed.

(5) CAUTION: If all of the thiopental has not been flushed from the line, the mixture with the pancurium 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.

(6) A syringe containing 50 mg pancurium bromide, identified with a yellow 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.

(7) When the contents of the first pancurium bromide syringe has been injected, the emptied syringe will be removed and the second 50 mg pancurium bromide syringe, identified with a yellow 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.

(8) One syringe containing 20 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 entire contents will be injected to flush the line. Each emptied syringe will then be removed.

(9) 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.

(10) 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 emptied syringe will then be removed.

(11) After the second Potassium Chloride syringe has been removed from the line, the Injection Team will observe the ECG monitor. Once asystole or absence of
4. Non-Completion of the Execution

a. If asystole or absence of electrical activity does not occur within two minutes of the second injection of Potassium Chloride, 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 five minutes one LIT member will notify that injection of the drugs has been completed.

d. _ to draw the curtain to the closed position.

e. After the curtain has been drawn closed, _ will open the door to the Standby Room and silently signal the Coroner to enter the Injection Chamber.

f. The Coroner will conduct an examination to determine that the Phase III inmate died following the lethal injection and will pronounce the Phase III inmate dead under those circumstances.

5. Completion of the Execution

a. 

b. The Coroner will exit the Injection Chamber and return to the Coroner’s Standby Room.

c. _ will then draw open the curtain and _ 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 the inmate dead at
\[\text{_____} \text{ p.m. The execution is complete and the officers will now escort you out of the Execution Facility.}\]

\text{d. After making the announcement, \[\text{_______}\] will draw the curtain closed and \[\text{_______}\] will open the door to the Injection Chamber and signal the Coroner to enter the Injection Chamber to perform his/her post-execution procedures.}

\text{D. Post-Execution Procedures}

\text{[Redacted text]}

\text{[Redacted text]}

\text{[Redacted text]}

\text{[Redacted text]}

\text{[Redacted text]}
2. Post-Mortem Examination and Certification of Execution

a. Immediately following the pronouncement of death, the Coroner will enter the Injection Chamber to perform a post-mortem examination of the deceased inmate.

b. The LIT will remain in the Injection Room during the post-mortem examination.

c. As prescribed by statute, immediately after execution a post-mortem examination of the body will be made at the discretion of the Coroner of the county in which the execution is performed. The Coroner will report the nature of any examination so made. This report will be filed with the death certificate.

d. 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 monitor and ECG lines from the inmate's body;

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

   (4) examine the deceased inmate.

e. When the post-mortem examination is completed, the Coroner will:

   (1) prepare and sign a report of the post-mortem examination;
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(2) prepare a death certificate; and

(3) determine if he/she will perform an autopsy on the body.

f. 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.

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

(1) he/she will inform of his/her decision;

(2) he/she will inform 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) will prepare the written certification of the
    execution, noting the Coroner’s decision to conduct an autopsy;

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

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

h. If the Coroner will not perform an autopsy:

(1) shall remain in the Injection Chamber until the deceased inmate’s body is removed;

(2) will obtain a receipt for the body from the Coroner;

(3) the Body Removal Detail shall transport the body to the vehicle of the funeral
    home designated by the next-of-kin or the 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

3. Securing and Disposing of the Lethal Injection Kit and Single Use Equipment upon
Completion of Execution.

a. After the Coroner has left the Execution Facility, the Injection Team will enter the
Injection Chamber from the Injection Room.
b. The Injection Team 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 facility medical 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 Facility.

h. The LIT will give the Checklist of Lethal Injection Procedures and the print out from the ECG to [blank], then leave the Execution Facility [blank].
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7. Certification of Execution

After the execution, the 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 Act of June 18, 1998 (P.L. 622, No. 80), "The Death Sentence Execution Law." The certificate will be filed in the office of the clerk of such court.