Exhibit 2

EXECUTION PROCEDURES

FOR

LETHAL INJECTION

This manual contains a summary of the most significant events and departmental procedures which will occur during the final days leading to the execution of a condemned inmate. It contains a detailed listing of some of the duties and responsibilities of certain key departmental personnel In addition, the manual covers institutional perimeter security prior to, during and subsequent to an execution.

It will be used as a guideline for the Warden to assure that operational functions are properly planned with the staff who have designated responsibilities in performing a legally ordered execution by lethal injection.

SECTION 8 (PERIMETER SECURITY) IS CONFIDENTIAL AND IS NOT FOR PUBLIC RELEASE.

TABLE OF CONTENTS – LETHAL INJECTION

TABLE OF CONTENTS – LETHAL INJECTION CON'T

PROCUREMENT, PREPARATION, INTRODUCTION OF THE CHEMICALS, AND PROCEDURES OF ACCOUNTABILITY

RIVERBEND MAXIMUM SECURITY INSTITUTION

BRIEF EXPLANATION OF THE CHEMICALS USED IN LETHAL INJECTION

Sodium Thiopental

A rapid-onset barbiturate used in general anesthesia It works by depressing the central nervous system, causing sedation or sleep, depending on the dose. It reduces oxygen flow to the brain and causes respiratory depression. It will be administered in one lethal 5 gram dose during the injection process

Pancuronium Bromide (Pavulon)

A muscle paralytic. It will assist in the suppression of breathing and ensure death A lethal dose of 100mg/100mL is administered during the injection process.

Potassium Chloride

A salt that in high doses interrupts the electrical signaling essential to normal heart function. A high dose of potassium chloride administered intravenously causes cardiac arrest and rapid death. A lethal dose of 100 mg/mL of a 2 mEq/mL concentrate is administered during the injection process

PROCUREMENT, STORAGE, ACCOUNTABILITY, AND TRANSFER OF THE CHEMICALS

Procurement

1. Upon direction from the Warden or his designee, a member of the Execution Team checks the supply of chemicals and expiration dates. If he determines that additional chemicals are needed, he contacts the Procurement Officer at RMSI. The RMSI Procurement Officer contacts the Procurement Officer at DeBerry Special Needs Facility (DSNF) to order the needed chemicals. When the chemicals are delivered, the Procurement Officer at DSNF contacts the Procurement Officer at RMSI. One of the members of the Execution Team picks up the chemicals at either the DSNF or the RMSI warehouse. The Warden ensures that there are enough lethal injection chemicals kept in inventory at RMSI to carry out three executions.

Storage of Chemicals

1. The member of the Execution Team and the Warden take the chemicals to the armory area of Building 7 at RMSI. The lethal injection chemicals (LICs) are not stored in the weapon area of the armory due to the occasional employee traffic but rather in the key control section of the armory where there is the least employee need for access. The chemicals are placed in unmovable heavy gauge steel containers with security grade locks or in a small refrigerator that has been equipped with heavy gauge steel bar(s) to prevent mobility and access to the refrigerator without the removal of the locked/secured bars. The refrigerator is plugged into an emergency power outlet with back-up power to the generator in the event of a power outage. Pancuronium Bromide must be refrigerated at approximately 40 degrees to extend shelf life past six months.

2. All locking devices and storage containers are designed to prevent access to anyone without the proper keys or result in such destruction that entry into the container is unmistakable. There is only one key to access each storage container or refrigerator. That key is issued permanently to the Warden of RMSI. The Warden also has the pattern key to the container or refrigerator in his possession. There are no other duplicates produced. The Warden surrenders the key to no one other than the one member of the Execution Team designated for inventorying the LICs and only for the duration of the count and expiration checking of the LICs. Only the Warden or designee is allowed to access the storage containers or refrigerator.

3. The chemicals on hand are monitored for expiration dates. All of the chemical boxes and bottles have an expiration date, and all chemicals are in tamper-proof bottles or containers. As the chemicals reach their expiration dates, they are disposed of by hazardous waste pick-up.

NOTE: The chemical manufacturer may change the concentration of the chemical solution without notification. The label should be carefully checked before mixing.

Accountability of Chemicals

1 A permanently bound ledger is maintained in the armory/key control area where all employees, including the armory/key control officer(s), signs each time they enter the area The armory/key control officer performs a visual inspection of each container upon arrival at his workstation to ensure the proper band is in place and that the container or refrigerator has not been compromised in any way.

2 A permanently bound ledger is maintained in the storage area that contains a record of each LIC An inventory of each chemical is maintained on a Bin Card form Any LICs removed for use, disposal due to expiration, or for any other reason are deducted from the inventory Any LICs received into the storage container or refrigerator are added to the inventory.

3 Each storage container has a numbered security band that is broken prior to opening the container. The number of each band is recorded in the ledger. When the container or refrigerator is opened for any reason, the band is broken and the justification for entry is recorded in the ledger adjacent to the band number. When the container is secured and a new band is placed on the container or refrigerator, a new number is recorded in the ledger

4 Upon receipt of the LICs, the Warden or designee proceeds to the armory storage area, secures the LICs, and adjusts the inventory appropriately Prior to the LICs being placed in storage, the expiration date and lot number or other identifying marking is recorded to ensure that the LIC is properly disposed of at the time of expiration.

5. The Warden and the designee jointly verify all inventories of LICs on a semi-annual basis (January/July), at a minimum, and subsequent to each execution The Warden and the designee make appropriate entries in the ledger with their full signatures that verify the correctness of the LIC count

Transfer of Location

1 After the LICs are signed out on the appropriate ledger in the armory for execution purposes, the LICs are placed in an inconspicuous container for transport to the Execution Chamber. The Warden's designee is responsible for the delivery of the LICs to the appropriate individuals in the Execution Chamber.

2 In the event the LICs are not used and not compromised in any way, the LICs are returned to the armory, re-entered on the perpetual inventory ledger, and secured in the appropriate container or refrigerator

LETHAL INJECTION CHEMICAL SET-UP AND PREPARATION

1 A minimum of two members of the Execution Team bring the LICs from the armory area directly to the Lethal Injection Room approximately three hours before an execution The amount of chemicals and saline is sufficient to make two complete sets of eleven (11) syringes each One set is color coded red and the back-up set is color coded blue. Each syringe is numbered in the order it is to be administered and labeled with the name of its contents Only the Warden and one member of the Execution Team has a key to the Lethal Injection Room.

2. Each chemical is prepared for being drawn into syringes by one member of the Execution Team. Another member of the Execution Team observes and verifies that the procedure has been carried out correctly

3. Only one chemical and one syringe is prepared at a time. The two sets of syringes are positioned in specific holding places in two separate trays color coded red and blue. The syringes are numbered, labeled, and placed in the order they will be administered. One member of the Execution Team will perform this procedure while another member of the Execution Team observes and verifies that the procedure has been carried out correctly. The Chemical Preparation Time Sheet will document the preparation of each chemical.

4 Instructions for preparation of one set of syringes:

Sodium Thiopental: The Sodium Thiopental is in powder form and is mixed with sterile water. A box of Thiopental contains 500 mg of powder and a bottle of sterile water 10 boxes of 500 mg of Thiopental are required to produce 5 grams of the chemical The member of the Execution Team draws 20 cc of sterile water and injects it into the powder. The powder is dissolved into the water. Next, he repeats the process nine (9) more times, using the remaining 9 boxes for a total of 5 grams of the chemical. He then draws the solution into four syringes The syringes are labeled **Sodium Thiopental** with consecutive **numbers one (1)** through **four (4)**

Saline: The member of the Execution Team draws 50 cc of saline solution from the IV bag into a syringe which is labeled **Saline** with the **number five (5)**. Saline is administered between the drugs to prevent any mixing of the LICs and flushes the IV line.

Pancuronium Bromide (Pavulon) The member of the Execution Team draws 50 cc of Pancuronium Bromide (100mg/mL) in each of two syringes. These syringes are labeled **Pancuronium Bromide** with **numbers six (6)** and **seven (7),** respectively

Saline: The member of the Execution Team draws 50 cc of saline solution from the IV bag into a syringe which is labeled **Saline** with the **number eight (8)**

Potassium Chloride: The member of the Execution Team draws 50 cc of Potassium Chloride (100 mL of 2 mEq/mL) into each of two syringes The syringes are labeled **Potassium Chloride** with the **numbers nine (9)** and **ten (10)**, respectively

Saline: The member of the Execution Team draws 50 cc of saline solution from the IV bag into a syringe which is labeled **Saline** with the **number eleven (11)**.

5. The tray is placed on the workstation in the Lethal Injection Room

6 **THIS PROCESS WILL BE REPEATED FOR THE SECOND SET OF SYRINGES**

7 When the execution is complete, all syringes and any of the unused LICs are sent to the Medical Examiner's office with the body

IV PREPARATION

IV LINE SETUP

REQUIRED ITEMS: 2 BAGS OF 0 9% SODIUM CHLORIDE
2 SOLUTION SETS
2 HEMOSTATS
EXTENSION SETS
TAPE

1. Two (2) bags of 0 9% Sodium Chloride Injection USP are hung in the injection room The expiration dates should be checked

2. A Solution Set spike is inserted into each bag with the clamp turned to the off position. The drip chamber is compressed until it is approximately 1/3 filled. The Solution Sets are 85 inches long. The length of the Solution Set may be purchased longer or shorter just as long as there is a port near the spiked end.

3 The port nearest the spiked end is opened. This is done by tearing the plastic and rubber off leaving an open hole.

4. Once the port is opened, an extension is inserted Extensions can be purchased in different lengths. The extension into the first port should be 18 to 24 inches in length. Extensions are added to each end of the Solution Set until it reaches the desired length. The ends should reach from head to toe of the condemned inmate.

5. Once the desired length is obtained, the lines should be filled with Sodium Chloride. The clamp is opened, allowing the port to fill. When it is filled it is clamped and capped off. The line that goes to the body continues to fill. The clamp is turned off and the line is capped.

6. The line is taped to the port (where the syringe is inserted) in place. The remainder of the line is placed out of the ports in the window. It should be taped in place to keep it from being pinched closed.

7 The Sodium Chloride bag and line on the left goes to the left side of the condemned inmate The left side of the condemned inmate is nearest the wall / window and requires fewer extensions. **Repeat #5 and #6. IV lines are ready.**

INSERTION OF A CATHETER AND CONNECTION OF IV LINES

Strap Down and Location of the Vein

1 The Extraction Team straps the condemned to the gurney in the Death Watch Area.

2. The Extraction Team moves the gurney into place in the Execution Chamber and straps it to the floor. Members of the team place arm supports on the gurney and restrain the condemned inmate's arms securely to the gurney The restraints are secure but not tight enough to slow or stop blood circulation

3. The Extraction Team exits the Execution Chamber after the condemned inmate is in place and secure.

4. The IV Team enters the Execution Chamber with an instrument cart One member of the IV team remains in the Lethal Injection Room.

5 The member of the IV Team in the Lethal Injection Room activates the phone light in the Execution Chamber.

6. Size, location, and resilience of veins affect their desirability for infusion purposes. The EMT inserts the first catheter into a vein on the right side of the condemned in the anticubital *fossa* area. If a catheter cannot be successfully inserted into the anticubital area, the EMT examines other locations for insertion in the following order:

   a. Forearm
   b. Wrist
   c. Back of the hand
   d. Top of the foot
   e. Ankle, lower leg, or other appropriate locations as determined by the EMTs

7. In the unlikely event that none of these veins are usable, the physician is called into the Execution Chamber to perform a cut-down procedure

Venipuncture and IV Lines

1. The EMT(s):

   a. Place a tissue towel under the limb or body part to be used to start an IV
   b. Place a tourniquet around the limb or body part 6-8 inches above the vein to be used
   c. Find the best vein to use according to the succession outlined
   d. Swab the area with an alcohol pad.
   e. Determine the size of the catheter to be used which is determined by the size of the vein, 18 gauge being the largest.
   f Insert a catheter into the vein bevel side up at a shallow angle, feeding the plastic catheter sleeve into the vein

The flash chamber of the catheter fills with blood, which is the first indicator the catheter is inside a vein.

2. An IV Team member attaches the Solution Set line from the right Sodium Chloride bag to the catheter. This is a friction coupling and requires the line to be pushed into the catheter and twisted to secure the connection.

3 An IV Team member in the Execution Chamber signals the IV Team member in the Lethal Injection Room to open the clamp on the right bag of Sodium Chloride, near the spike, to allow a flow of Sodium Chloride into the vein.

4 Members of the IV Team observe the IV for indication of a well functioning line. The first indicator is that when the clamp is opened, there is a steady flow/drip inside the drip chamber. The second indicator is that the flash chamber becomes clear of blood as the Sodium Chloride begins to flow. When the IV Team is confident that there is a well-functioning line, the IV Team member in the Lethal Injection Room deactivates the telephone indicator light, signaling that there is a successful IV line.

5. A member of the IV Team places the Tegaderm transparent dressing over the catheter and secures the line in place with tape.

6 The second IV is then started on the left side of the condemned inmate and **Steps 1-5 are repeated**, using the left bag of Sodium Chloride.

CHEMICAL ADMINISTRATION AND IV MONITORING

1. All members of the IV Team monitor both catheters to ensure that there is no swelling around the catheter that could indicate that the catheter is not sufficiently inside the vein. The IV Team member in the Lethal Injection Room monitors the catheters by watching the monitor in his room which displays the exact location of the catheter(s) by means of a pan-tilt zoom camera. The IV Team Members observe the drip chambers in both lines to ensure a steady flow/drip into each Solution Set line.

2. Next, an IV Team member tapes both hands, palms up, to the arm support to prevent movement. The palms will be down should the back of the hand be used for the catheter.

3. When the hands are taped in place, the members of the IV Team leave the Execution Chamber

4. Designated members of the IV Team enter the Lethal Injection Room and assume their pre-assigned stations.

    a. One IV Team member observes the process, monitoring the catheter sites for swelling or discoloration, and enters the times of the LIC and Saline administration on the Chemical Administration Record sheet.
    b. One IV Team member observes the process and hands the labeled/numbered/colored syringes to the Executioner in the prescribed order.

5. The Executioner selects either the left or right Solution Set line based on the flow/drip inside the drip chamber. If both lines are equal, the left line nearest the Executioner is used

6. When the Warden gives the signal to proceed with the execution, the Executioner clamps the line near the spike. The Executioner receives the first syringe from the member of the IV Team and inserts and twists it into the extension line.

DRUG SEQUENCE	INDENTIFIER LABEL	VOLUME
1. SODIUM THIOPENTAL	(DRUG NAME, RED # 1)	50 cc
2 SODIUM THIOPENTAL	(DRUG NAME, RED # 2)	50 cc
3 SODIUM THIOPENTAL	(DRUG NAME, RED # 3)	50 cc
4 SODIUM THIOPENTAL	(DRUG NAME, RED # 4)	50 cc
5. SALINE FLUSH	(DRUG NAME, RED # 5)	50 cc
6. PANCURONIUM BROMIDE	(DRUG NAME, RED # 6)	50 cc
7. PANCURONIUM BROMIDE	(DRUG NAME, RED # 7)	50 cc
8 SALINE FLUSH	(DRUG NAME, RED # 8)	50 cc
9. POTASSIUM CHLORIDE	(DRUG NAME, RED # 9)	50 cc
10 POTASSIUM CHLORIDE	(DRUG NAME, RED # 10)	50 cc
11. SALINE FLUSH	(DRUG NAME, RED # 11)	50 cc

7. The Executioner pushes on the plunger of the **#1 syringe (red)** with a slow, steady pressure Should there be or appear to be swelling around the catheter or if there is resistance to the pressure being applied to the plunger, the Executioner pulls the plunger back. If the extension line starts to fill with blood, the execution may proceed. If there is no blood, the Executioner discontinues with this line He starts the process on the other line with the back-up set of syringes starting with syringe # 1(blue) and following all of Step 6.

8. An IV Team Member hands the syringes to the Executioner and both IV Team Members observe the correct order of the syringes as the Executioner injects the LICs and saline solution.

9. After the **#11 syringe** has been injected, the Executioner closes the extension line with a clamp and opens the line below the spike to allow a drop of 1-2 drops per second in the drip chamber.

10. The Executioner signals the Warden that all of the LICs and saline solution have been administered.

DEATH WATCH PROCEDURES - LETHAL INJECTION

DAY 1

1. Security staff are assigned to posts in the Death Watch area The supervisor is a Correctional Lieutenant or higher.

2. Death Watch logs are activated during the entire Death Watch period. All activity unique to the Death Watch and execution must be documented. Areas addressed include, but are not limited to: **inmate's behavior, actions, movements, communications initiated and received concerning Death Watch activities.**

3. The condemned inmate is moved to Death Watch status in Building 8.

4. The inmate's property is inventoried and stored as specified in TDOC Policy # 504.02.

5. The institutional chaplain begins daily visits with the inmate.

6. The visiting status of the inmate changes to non-contact.

7. Designated personnel test execution-related equipment to include the closed circuit TV, telephones, intercoms, etc.

8. Inmate clothing is obtained and issued as needed.

9. The Chaplain requests instructions for release of the inmate's body in writing If no recipient is designated, the Warden arranges for a pauper's burial.

DAY 2

1. The Food Service Manager is advised of meal needs for TDOC and other agency support staff.

2 The inmate orders his last meal

3. The Chaplain confirms funeral arrangements with the family, if available.

DAY 3

1 MIS personnel test the closed circuit TV system and the audio system.

2. The Food Service Manager prepares and serves the last meal. The inmate may request a special meal. The meal is provided within reason as determined by the Warden Cost must not exceed $20 00.

3. The TDOC Communications Officer arrives to handle media inquiries.

4. The lethal injection chemicals are removed from secured storage and delivered to the Lethal Injection Room

DAY 4 - EXECUTION DAY

12:00 am

1. By prior planning, the Execution Team arrives and reports directly to the Executioner waiting area in Building 8 Their identities are known by the fewest number of staff necessary.

2 Beginning at 12:00 am, the only staff authorized in the capital punishment complex are:

   a. Commissioner or designee
   b. Warden
   c. Deputy Warden
   d. Lethal injection recorder
   e. Death Watch Supervisor and assigned officers
   f Chaplain
   g. Physician and associate
   h. Executioner (Executioner waiting area)
   i IV Team
   j. Extraction Team

Any exceptions to the above must be approved by the Warden or Commissioner.

3. The inmate is dressed in cotton trousers, shirt, cotton socks, or cloth house shoes.

4 Official witnesses report to the Administration Building conference room no later than 12:00 am They are greeted by Escort Officers, processed through checkpoint, and moved to the Parole Board Room in Building 8, where they remain until final movement to the witness room.

5. Immediate family members of the victim report to the Administration Building no later than 12:30 am and are greeted by Escort Officers. These witnesses are security cleared and escorted to the conference room in Building 8, where they remain until final movement to the victim family members witness room.

6. The Lethal injection Recorder or designee, designated EMTs, and the physician report to the Execution Chamber for preparation. The Lethal Injection Recorder or designee checks the phones in the Execution Chamber

7. The Medical Examiner's staff is stationed in the capital punishment garage.

12:30 am

1. Victim family member witnesses are secured in the Building 8 conference room by the Escort Officers no later than 12:45 am

2. Official witnesses are secured in the Building 8 Parole Board Room by the Escort Officers no later than 12:45 am. They are moved to the capital punishment waiting area at 1:00 am or as directed by the Death Watch Supervisor.

1:00 am

1. Beginning at 1:00 am, the only staff authorized in the Execution Chamber are the Warden, those TDOC employees designated by him to carry out the execution, the Attorney General / designee, and the Defense Counsel witness.

2. At the command of the Warden or Deputy Warden, the Extraction Team approaches the holding cell and asks the condemned inmate to approach the cell door and be handcuffed. After being handcuffed, he is asked by the Extraction Team Leader to step back and place his hands above his head on the wall at the rear of the holding cell. (If the condemned inmate refuses to cooperate, the Extraction Team enters the holding cell and removes the inmate).

3. The Extraction Team places the condemned inmate on the gurney and secures him in restraints

4 The condemned inmate is moved to the Execution Chamber.

5 The Lethal injection Recorder or designee records the time the condemned inmate enters the Execution Chamber.

6 The IV Team establishes IV lines into both arms as instructed in Section 5 of this manual.

7 Official witnesses, victim family members, the Attorney General/designee and the Defense Counsel witness, are secured in the appropriate witness rooms.

8 The closed circuit television camera and audio system are activated

1:10 am

1. Blinds to the witness room(s) are opened by the Warden and Deputy Warden.

2. The Warden contacts the Commissioner to ensure that no last minute stay or reprieve has been granted.

3. The Warden permits the condemned inmate to make a last statement.

4. The Warden gives the signal to proceed and the Executioner begins to administer the first chemical. The Lethal Injection Recorder documents the time the process begins.

5. Following the completion of the lethal injection process, and a five-minute waiting period, the blinds to the official witness room are closed, the closed-circuit TV camera is disengaged, and the privacy curtain is closed. The Warden then asks the physician to enter the room to conduct an examination. The physician reports his findings to the Warden or designee.

6. The inmate is pronounced deceased by the physician. The Administrative Assistant or designee records the time that death is pronounced.

7. The Warden or designee announces that the sentence has been carried out and invites the witnesses to exit. The Warden announces the following: "The sentence of _____ has been carried out Please exit."

8. The witnesses are then escorted from the witness rooms by Escort Officers.

9. The Commissioner or designee notifies all appropriate State officials that the sentence has been carried out. Media representatives are notified by the TDOC Communications Officer or designee

10 The Extraction Team removes restraints.

11 The Medical Examiner staff assists in removal of the body and placement in the Medical Examiner's vehicle, which is in the capital punishment garage.

12. The Medical Examiner's vehicle is cleared to exit the facility.

13 The Lethal injection Recorder completes the Lethal Injection Execution Recorder Checklist.

POST EXECUTION

1. The body is transported to the State Medical Examiner for examination and release

2. The Assistant Commissioner of Operations conducts an operational debriefing at the appropriate time

3 The Commissioner arranges for or mandates an EAP debriefing as needed.