

**THE DEPARTMENTS OF HEALTH AND HUMAN SERVICES, HOMELAND  
SECURITY, DEFENSE, AND JUSTICE  
AND THE UNITED STATES POSTAL SERVICE**

**NATIONAL POSTAL MODEL FOR THE DELIVERY OF MEDICAL  
COUNTERMEASURES**

**A) PURPOSE**

To provide one integrated deliverable to address the Presidential requirement cited in Executive Order (EO) 13527, *Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack*, Section 2 as follows:

*“Sec. 2. United States Postal Service Delivery of Medical Countermeasures.*

*(a) The U.S. Postal Service has the capacity for rapid residential delivery of medical countermeasures for self administration across all communities in the United States. The Federal Government shall pursue a national U.S. Postal Service medical countermeasures dispensing model to respond to a large-scale biological attack.*

*(b) The Secretaries of Health and Human Services and Homeland Security, in coordination with the U.S. Postal Service, within 180 days of the date of this order, shall establish a national U.S. Postal Service medical countermeasures dispensing model for U.S. cities to respond to a large-scale biological attack, with anthrax as the primary threat consideration.*

*(c) In support of the national U.S. Postal Service model, the Secretaries of Homeland Security, Health and Human Services, and Defense, and the Attorney General, in coordination with the U.S. Postal Service, and in consultation with State and local public health, emergency management, and law enforcement officials, within 180 days of the date of this order, shall develop an accompanying plan for supplementing local law enforcement personnel, as necessary and appropriate, with local Federal sworn law enforcement, as well as other appropriate personnel, to escort U.S. Postal workers delivering medical countermeasures.”*

President Obama issued this EO on December 30, 2009, directing the establishment of a Federal capability for the timely provision of medical countermeasures (MCM) following a biological attack. Among other instructions, this EO directed the establishment of a national U.S. Postal Service (USPS) model (hereafter referred to as the Postal Model) for

residential delivery of MCM following a biological attack as quoted above. This Postal Model is one potential option that States or Municipalities could consider as a supplemental method for rapid MCM distribution.

The capacity of USPS to deliver self-administrable MCM within one day to every residence in an at-risk geographic area, as defined by the Incident Commander, is a unique response asset. The USPS, in conjunction with the Department of Health and Human Services (HHS) and interested local and State partners, has been working toward a national model since 2004 under the auspices of the Cities Readiness Initiative, or CRI (see section E, 2 below).

The EO calls for a national model to be developed to guide local planning for venue-specific Postal Plans, in cooperation with Federal Departments and Agencies. The model is intended to be replicable in any United States metropolitan area whose jurisdictions are willing to engage in the local pre-event preparations necessary to establish such a capability. The Postal Plan is intended to augment and supplement existing or evolving public health MCM distribution systems, not replace them; therefore it cannot be activated without integration into existing State, Local, Tribal, and Territorial (SLTT) plans. Standing capabilities must be established by each jurisdiction through collaborative planning and deployment processes, as appropriations allow. For participating jurisdictions, venue-specific Postal Plans created in such an environment ensure coordination of USPS assets with Federal and SLTT emergency response mechanisms.

A Postal Plan will assist in the delivery of antibiotics from the Strategic National Stockpile (SNS), as well as accompanying informational material to be provided from State and/or local public health sources, that will be provided to the general population affected by a life-threatening act of biological terrorism. The model provides the framework for cooperative responsibilities among the contributing Federal organizations and the participating SLTT agencies in both the creation of standing capabilities and in rendering assistance and services to victims of such a catastrophic incident.

## **B) AUTHORITIES AND REFERENCES**

This plan is consistent with all appropriate United States laws, policies, and other related requirements. This plan does not alter existing authorities, nor does it create new authorities. This plan does not supersede existing emergency plans or guidance, nor does it alter or impede the ability of Federal departments and agencies to carry out their specific authorities and statutory responsibilities. It is based upon appropriate legal authorities; Presidential Executive Orders; Homeland Security Presidential Directives; and national guidance, policies, and strategies.

Specific authorities include, but are not limited to:

**Public Laws (P.L.) and Statutes:**

- Defense Production Act of 1950, as amended (50 U.S.C. App. § 2061 *et seq.*)
- Emergency Federal Law Enforcement Assistance Act (42 U.S.C. § 10501)
- Economy Act (31 U.S.C. §1535)
- The Federal Food Drug and Cosmetic Act (21 U.S.C. § 301 *et seq.*)
- Federal Tort Claims Act (28 U.S.C. §§ 2671-2680)
- Health Service Programs (5 U.S.C. § 7901)
- Homeland Security Act of 2002 (P.L. 107-296, 116 Stat. 2135 (2002), codified predominately at 6 U.S.C §§ 101-557)
- Insurrection Act (10 U.S.C. §§ 331-335)
- Occupational Safety and Health Act of 1970 (29 U.S.C. § 651, *et seq.*)
- Post-Katrina Emergency Management Reform Act of 2006 (PKEMRA) (P.L. 109-295, 120 Stat. 1355 (2006))
- Posse Comitatus Act (18 U.S.C. § 1385)
- The Public Health Service Act (42 U.S.C. § 201 *et seq.*)
- Pandemic and All-Hazards Preparedness Act (P.L. 109-417, 120 Stat. 2831 (2006))
- The Public Readiness and Emergency Preparedness (PREP) Act (42 U.S.C. §§ 247d-6d, 247d-6e)
- The Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5121, *et seq.*)

**Presidential Directives:**

- HSPD-5, Management of Domestic Incidents, February 2003
- HSPD-8, National Preparedness, December 2003
- HSPD-21, Public Health and Medical Preparedness, October 2007

**Other References:**

- Memorandum of Agreement Among the Departments of Health and Human Services, Homeland Security, and the United States Postal Service for the Delivery of Antibiotics During a Catastrophic Incident, February 2004
- National Institute for Occupational Safety and Health (NIOSH) Recommendation for the Protection of Postal Mail Carrier Workers delivering Antibiotics door-to-door following an Anthrax Attack, February 2004
- National Preparedness Guidelines, September 2007
- National Response Framework (NRF), January 2008
- National Incident Management System (NIMS), December 2008
- National Infrastructure Protection Plan (NIPP), January 2009
- National Health Security Strategy, December 2009
- Memorandum of Understanding between the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and

Response and the United States Postal Service, Office of the Deputy Postmaster General and Chief Operating Officer on the Joint Program for the Development of Postal Capability for Medical Countermeasure Delivery, March 2010

## **C) FEDERAL STAKEHOLDER EMERGENCY MANAGEMENT RESPONSIBILITIES**

### **1. Department of Homeland Security (DHS)**

The Secretary of Homeland Security is the principal Federal official for domestic incident management. Pursuant to the Homeland Security Act of 2002, the Secretary is responsible for coordinating Federal operations within the United States to prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies. The Secretary shall coordinate the Federal Government's resources utilized in response to or recovery from terrorist attacks, major disasters, or other emergencies if and when any one of the following four conditions applies: (1) a Federal department or agency acting under its own authority has requested the assistance of the Secretary; (2) the resources of SLTT authorities are overwhelmed, and the appropriate SLTT authorities have requested Federal assistance; (3) more than one Federal department or agency has become substantially involved in responding to the incident; or (4) the President has directed the Secretary to assume responsibility for managing the domestic incident. As it relates to a biological attack or incident, the Secretary is responsible for conducting appropriate threat and risk assessments; developing Federal plans; coordinating the overall Federal response to the incident; developing and implementing policies that facilitate compliance with recommended public health and security measures; providing a common operating picture for all Federal Departments and Agencies; ensuring the integrity of the Nation's infrastructure, domestic security, and continuity of government; and coordinating communication with the public.

### **2. Department of Health and Human Services (HHS)**

The Secretary of HHS leads all Federal public health and medical responses to public health emergencies and incidents covered by the National Response Framework. The Secretary of HHS, through the Assistant Secretary for Preparedness and Response (ASPR), coordinates national Emergency Support Function (ESF) #8, Health and Medical Services preparedness, response, and recovery actions. HHS may provide medical and public health assistance following a Stafford Act declaration by the President, but also may provide temporary assistance to States to meet health emergencies in the

absence of such a declaration. HHS also conducts day-to-day activities that support an emergency response, such as medical and public health surveillance, control of communicable diseases, development and stockpiling of countermeasures, regulating food and drug safety, providing assistance to children and families, and providing Medicare and Medicaid reimbursement to providers.

### **3. United States Postal Service (USPS)**

The USPS is designated as a support agency to HHS in ESF #8, with responsibility to “assist in the distribution and transportation of medicine and pharmaceuticals to the general public affected by a major disaster or emergency as needed.”

Under Title 39 U.S.C. § 411, the USPS is authorized to furnish property, both real and personal, and personal and non-personal services to Executive agencies, under such terms and conditions, including on a reimbursable basis, as the Postal Service and the head of the agency concerned shall deem appropriate. Frequently the first governmental entity to resume normal operations within a disaster zone, the USPS has undertaken the delivery of Federal Emergency Management Agency (FEMA) informational flyers after destructive natural events, and has agreed to provide situational awareness and transportation capabilities to response authorities under similar circumstances.

### **4. Department of Justice (DOJ)**

DOJ has the lead responsibility for criminal investigation of terrorist acts and terrorist threats. Under HSPD-5, paragraph 8, subject to the National Security Act of 1947 and other applicable law, EO 12333, and Attorney General-approved procedures pursuant to that EO: “The Attorney General has lead responsibility for criminal investigations of terrorist acts or terrorist threats by individuals or groups inside the United States, or directed at United States citizens or institutions abroad, where such acts are within the Federal criminal jurisdiction of the United States, as well as for related intelligence collection activities within the United States. Generally acting through the Federal Bureau of Investigation, the Attorney General, in cooperation with other Federal departments and agencies charged with protecting national security, shall also coordinate the activities of the other members of the law enforcement community to detect, prevent, preempt, and disrupt terrorist attacks against the United States. Following a terrorist threat or an actual incident that falls within the criminal jurisdiction of the United States, the full capabilities of the United States shall be dedicated, consistent with United States law and with activities of other

Federal departments and agencies to protect our national security, to assisting the Attorney General in identifying the perpetrators and bringing them to justice. The Attorney General and the Secretary [of Homeland Security] shall establish appropriate relationships and mechanisms for cooperation and coordination between their two departments.” Following a biological terrorist event, DOJ’s primary response will be directed towards the investigation of the incident and the disruption of future terrorist events.

Under the National Response Framework, DOJ also has the responsibility to assist overwhelmed State and local governments with public safety and security under ESF #13. Generally speaking, ESF #13 provides Federal Public Safety and Security assistance to Federal, State, local, Tribal, and Territorial (FSLTT) law enforcement organizations overwhelmed by the results of an actual or anticipated natural or man-made disaster or an act of terrorism (AOT). DOJ is the ESF #13 Coordinator, and the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) is DOJ’s ESF #13 lead coordinating agency (LCA). ESF #13 member departments and agencies include all Federal departments and agencies with law enforcement resources. Accordingly, ESF #13 has the potential to provide a wide array of Federal law enforcement resources to assist FSLTT departments and agencies overwhelmed by a disaster or AOT.

In addition, the United States Marshals Service has responsibility to coordinate the security of SNS MCM with State and local law enforcement officials during transport from Federal control to State custody in the event of a biological attack.

## **5. Department of Defense (DoD)**

The primary mission of the DoD and its components is national defense. Because of this critical role, resources are committed after approval by the Secretary of Defense or at the direction of the President. Many DoD components and agencies are authorized to respond to save lives, protect property and the environment, and mitigate human suffering under imminently serious conditions, as well as to provide support under their separate established authorities, as appropriate. The provision of defense support is evaluated by its legality, lethality, risk, cost, appropriateness, and impact on readiness. When Federal military and civilian personnel and resources are authorized to support civil authorities, command of those forces will remain with the Secretary of Defense. DoD elements in the incident area of operations and National Guard forces under the command of a Governor will coordinate closely with response organizations at all levels.

## D) CONCEPT OF OPERATIONS

### 1. Scope of the Problem

In the event of a large-scale outdoor release of an antibiotic-susceptible biohazard, such as *B. anthracis*, antibiotic prophylaxis will need to be delivered to the potentially exposed population within a short time frame, ideally within 48 hours of exposure, to avert the onset of disease. Scenarios placing large numbers of people at risk for infection could potentially overwhelm the capacity of SLTT authorities to respond via their traditional response modalities within the necessary time frame. Postal Model operations are based on the underlying CRI scenario – initial prophylaxis to the entire population of a large geographic area within 48 hours of the decision to deploy SNS medications.

### 2. Response Operations

In light of these concerns, the USPS could provide for distribution and delivery of antibiotics to residential addresses in affected metropolitan areas during the initial stages of such an event. The sudden and catastrophic nature of such an event may warrant this departure from normal public health and medical practice. These procedures would be planned for in advance of an event, and would augment, not replace, other local dispensing plans. Local public health Point of Dispensing (POD) locations will also dispense initial starter packs as well as supplemental resupplies of antibiotics in the affected area. Jurisdictions desiring a fully capable Postal Plan response are required to engage in SLTT planning with the cooperating Federal agencies to prepare venue-specific Postal Plans to ensure coordination across emergency response mechanisms.

The task for the USPS is to deploy USPS carrier volunteers to deliver antibiotics to residents at the outset of a catastrophic incident, using the inherent efficiency of the USPS infrastructure. The Postal Model is intended to provide a quick-strike mechanism to supplement existing dispensing plans that may require additional activation and preparation time to deploy. To achieve the EO's objective in this regard, and for a number of ancillary funding, recruitment, and training reasons, anything beyond residential MCM delivery falls outside of the approved scope of the Postal Model, including:

- USPS facilities are not available as POD sites.
- USPS employee volunteers will not distribute information sheets and/or antibiotics directly from Post Offices.

- Info sheets will only be delivered by USPS carrier volunteers in conjunction with the delivery of antibiotics to residences, not as a separate function.
- The USPS does not have nor maintain open warehouse space and thus cannot provide warehouse storage of SNS caches.
- USPS trucks cannot be utilized to transport medications or equipment from the State Receipt, Store and Stage (RSS) site, or any intermediate location, to a POD.
- USPS employee volunteers are to be solicited for roles and responsibilities relevant only to the Federally approved residential delivery model, and are not available for use as translators, non-medical staff, or as *ad hoc* resources at an existing POD.
- Locations such as nursing homes, hotels, universities (e.g., dormitories), or correctional facilities are single-point drop locations, not residential addresses, and therefore would not be a USPS responsibility. In cases where the USPS does not deliver to individual residences on tribal lands, the same exclusion would hold.
- The USPS will not selectively deliver antibiotics and information sheets within a ZIP Code (e.g., only to people with special needs, such as the homebound, or to a subset of routes within a ZIP Code); the decision to activate a Postal Plan will be made at a minimum on a ZIP Code basis. Therefore, deliveries of medication will be made to all residential addresses within a particular five-digit ZIP Code.
- The USPS will not provide route maps and access keys (for mail receptacles and buildings) to allow jurisdictions to execute a plan without USPS assets; nor will USPS carrier volunteers act as route guides for SLTT Public Health volunteers.

By setting these constraints on the Postal Model, the USPS does not intend to be either uncooperative to the authorities responding to such an event or uncaring to the population affected. The rationale is that divergence from the approved scope will debilitate a Postal Plan's efficacy and delay prompt restoration of postal services, an important step in recovery operations.

In broad terms, the response procedures are as follows:

### **Activation**

In the wake of an emergency that requires rapid distribution of MCM to all residences across all or a substantial portion of a community, Postal

Plan activation will take place in two stages: (1) preliminary notifications and subsequent activation of the local Postal Plan command and control structure, followed by (2) a formal activation when the Secretary of HHS decides to deploy the SNS based on a request from SLTT public health officers.

SLTT public health authorities, prompted by observation of an attack, detection by environmental sensors, or disease index cases, will perform whatever analysis is permitted in the severely shortened timeframe for an effective response within a given metropolitan statistical area (MSA). Those Public Health officials responsible for requesting Centers for Disease Control and Prevention (CDC) SNS assets and activation of the Postal Plan will identify the affected area where initial distribution and delivery of antibiotics to the population at risk will need to take place as soon as possible. SLTT Public Health authorities will then work with local Postal District Operations to identify the ZIP Codes corresponding to the affected area. Using this ZIP Code information, the USPS will confirm the number of residential deliveries where antibiotics will be delivered. Due to the likelihood that a distinct boundary cannot be determined, the entire metro area may be impacted.

Upon a State Governor's decision to request that SNS assets be released by the CDC and that the Postal Plan be activated for the affected area, notification by SLTT public health authorities will be made to designated local Postal District Operations and Inspection Service contacts. These notifications are needed so the Postal Plan command structure established pre-event in that District can be activated. Some of the following steps are not necessarily performed sequentially. The decision to release the SNS and formally activate the Postal Plan for a capable city will be made by the Secretary of HHS in collaboration with the CDC, in coordination with the Secretary of Homeland Security, and in consultation with the Postmaster General (PMG) of the United States, as follows:

- Public health officials should request Federal assistance during the early stages of a public health emergency to maximize the amount of time available to provide prophylaxis and treatment to the affected population. Once SLTT health officials recognize that a public health emergency may overwhelm local, regional, and State pharmaceutical and medical materiel response assets, they may recommend that the Governor request Federal assistance through DHS or HHS. The Governor contacts the CDC Emergency Operations Center (EOC) and/or the HHS Secretary's Operations Center (SOC) to request SNS assets, including activation of the Postal Plan. The Governor will submit

a clear, concise description of the situation leading to the public health emergency. Whichever operations center receives the Governor's request will appraise the other operations center immediately.

- The HHS SOC promptly arranges a telephone conference call per established national protocols that will include, but not be limited to, the CDC EOC, FDA EOC, the DHS National Operations Center (NOC), the Federal Bureau of Investigation (FBI) Strategic Intelligence Operations Center (SIOC), the Department of Defense National Military Command Center (NMCC), and appropriate State representative(s). In conjunction with State officials, these Federal agencies will evaluate the Governor's request by assessing the actual or potential threat and the local resources and planning for dealing with the threat. If the Secretary of HHS concurs that local resources will be insufficient, he or she will order the deployment of SNS assets and, in consultation with the Secretary of Homeland Security, approve activation of the Postal Plan. CDC EOC will relay a projected MCM arrival schedule as soon as the information is available (quantities and timing of transport) to the State public health officials.
- The Secretary of HHS deploys assets as appropriate, including the SNS.
  - The Secretary of HHS declares that this emergency justifies the issuance of an Emergency Use Authorization (EUA) (i.e., the emergency use of an unapproved product or an unapproved use of an approved product, based on a determination of a public health emergency by the Secretary of HHS, a determination of a domestic emergency by the Secretary of Homeland Security, or a determination of a military emergency by the Secretary of Defense).
  - CDC, ASPR, or other Federal government agency will request an EUA from the Food and Drug Administration (FDA) Commissioner
- The Secretary of HHS, in consultation with the Secretary of Homeland Security, will formally request that the USPS Postmaster General activate the Postal Plan for the affected city or area. To maintain consistent communication and timely situational awareness, the HHS SOC will notify the United States Postal Inspection Service (USPIS) Watch Desk, or vice

versa, both of which are operational on a 24-7 basis, of any potential Postal Plan activation. The ASPR will request that, if a Postal Plan is activated, USPS HQ supply a USPS liaison to the HHS SOC on a 24-7 basis until the completion of Postal Plan activities or when released. In addition, USPS will join ESF #8 calls to discuss current issues and provide situational updates on the Postal Plan activation

- Additional Federal resources may deploy when the President has received and approved a declaration under the Stafford Act.

The decision to deploy SNS assets and to activate that Postal Plan formally will be communicated back to SLTT Public Health authorities; SLTT Law Enforcement and Emergency Management contacts; and local Postal District Operations and Inspection Service contacts.

All available USPS employee volunteers, previously identified and provisioned with prophylaxis and barrier protection for themselves pre-event (along with the same prophylaxis for their household members), will then be notified, activated, and instructed when to come into their assigned Postal Plan Delivery Units (DU) to pick up medications, unless the State elects to transport the requisite amount of medications via State assets from their Receipt, Staging, and Storage (RSS) sites to USPS facilities, and then make delivery. USPS distribution and delivery functions are expected to be accomplished within 12 hours of receipt of assets from the RSS, as adequate security resources have been made available to meet the timeline (see Security Across Functions below).

The USPS will recruit a greater number of employee volunteers than the number of delivery assignments required during detailed delivery planning to mitigate staffing shortfalls among employee volunteers. Recovery is possible through reassignment of route segments to allow adequate support by available employee volunteers.

### **Incident Management**

Command and control of the greater response will be accomplished through a unified command structure, run through a city or State EOC. MCM distribution and delivery using the USPS should be managed under the Operations Section of that unified command. Command and control procedures for Postal Plan activation and execution, developed and established pre-event, will facilitate effective communication flow between dedicated Postal Plan EOCs and partner agency EOCs.

### **Distribution**

USPS employee volunteers will pick up prepackaged medications along with information sheets at the RSS site, unless the information sheets are prepositioned elsewhere, or the State elects to transport the MCM and informational sheets to USPS facilities directly. Required quantities per ZIP Code, thus per distribution vehicle, will be confirmed and communicated to appropriate SLTT public health officials. This inventory will be taken to the USPS DU servicing the particular five-digit ZIP Codes activated for this mission for breakdown by Postal Plan delivery assignment. A five percent excess will be built into each DU allotment to account for address adjustments.

### **Delivery**

A uniform, predetermined quantity of prepackaged medications will be delivered to each residential mail address along with information sheets provided to postal carriers. Delivery does not include Post Office boxes or general delivery to institutions (for example, nursing homes, prisons, or university mailrooms). The USPS will cancel all mail delivery for that day for the affected ZIP Codes and for any other ZIP Codes served by the activated DU. Additionally, retail and processing operations in any activated Postal facility (for example, any DU from which Postal Plan delivery will be staged, USPS District office housing a Postal Plan EOC, or USPS processing facility involved in the Distribution function) will be suspended.

### **Security Across Functions**

To help ensure safe and orderly distribution and delivery, and to provide a measure of confidence to the general public, security escorts for carriers performing the distribution, delivery function functions, or DU perimeter security will be provided primarily by SLTT law enforcement entities as well as other appropriate personnel as previously arranged (see Security Requirements Overview below). Federal Law Enforcement Officer (FLEO) support may be provided subject to arrangement made during pre-planning (see Annex A below). USPS employee volunteers will provide the services outlined only where it is collectively determined during the pre-event planning process that adequate security measures have been committed. The Postal Plan will not be implemented at the time of response if security is unavailable or inadequate.

### **Public Information**

SLTT health authorities are responsible for providing information and education about their Postal Plans and other methods of distributing

MCM. Local public information officers (PIO) will have the primary responsibility for developing press releases and disseminating recommended public safety and other actions messages. A designated lead PIO at the local level – especially in jurisdictions with multiple municipalities – should be pre-identified during planning and serve as the official release authority for public information. These lead responsibilities should be identified in the jurisdiction’s communication plan and incorporated into the activation of a Joint Information Center (JIC). It is the responsibility of the participating public health authority to provide information related to the Postal Plan to all media sources.

The DHS Office of Public Affairs will coordinate Federal interagency public communications in support of the affected SLTT partners. Specifically, DHS will coordinate the inclusion of White House Communications, HHS, USPS, and other Federal agencies to provide direct support to local PIO requirements in the affected areas through the National Incident Communications Conference Line (NICCL).

SLTT public health authorities are responsible for requesting activation of an appropriate level JIC associated with the city or State EOC. A web-based virtual JIC may be used to facilitate communication to and among PIOs participating in the incident response. Partner agencies will provide PIOs for the response as necessary. General public messages related to a biological attack must be developed pre-incident and modified as information becomes available. Until USPS carrier volunteers have been notified and activated, information provided to the public about the Postal Plan should be limited to a general announcement about the possibility of home delivery as one of several options for distributing medications in some areas. Operational details, such as affected ZIP Codes and time frame for deliveries, will not be included at this point. Announcement of Postal Plan activation following the notification and activation of USPS carrier volunteers can then include detailed information regarding Postal Plan operations, including information about timing and affected ZIP Codes.

### **3. Reimbursement and Indemnification**

The USPS and other responder departments and agencies, acting in their role as supporting agencies to HHS under ESF #8, will seek reimbursement, through Stafford Act mechanisms, for personnel and non-personnel costs incurred in the distribution and delivery of MCM in response to a biological attack.

Postal workers and others engaged in any aspect of planning for or carrying out duly authorized distribution, dispensing, or direct

residential delivery of anthrax countermeasures are immune from liability in accordance with a declaration issued by the Secretary of HHS under the PREP Act (73 Fed. Reg. 58239 (October 6, 2008)).

In addition, in instances where the PREP Act would not provide liability immunity, USPS employees providing volunteer services, pursuant to activation under the Postal Model, may have liability immunity under the Federal Tort Claims Act (FTCA) for negligent acts or omissions occurring within the course and scope of their employment for the USPS. In circumstances where the FTCA is deemed applicable, the Federal Government would stand in place of the USPS employee as the sole defendant in an FTCA action. State immunity laws may also provide some protection to USPS employees engaged in distribution of MCM.

## **E) CREATING THE CAPABILITY**

### **1. 2004 Memorandum of Agreement (MOA)**

On February 18, 2004, the Secretary of HHS, the Secretary of Homeland Security, and the Postmaster General signed an MOA to make resources of the USPS available to help deliver MCM community-wide in response to a biological terrorism incident. This offer of USPS assistance became known as the Postal Plan, also referred to as the Postal Capability, Postal Module, or Postal Option.

Within the scope of the MOA, the USPS was to deliver the same predetermined initial dose of SNS preventive medications and associated local or State public health information sheets to each residential address, by use of USPS carrier volunteers, within ZIP Codes selected by local and/or State Public Health. Additionally, the MOA recognized that both health safety and security provisions must be in place before USPS employee volunteers can perform this task; the security requirements were subsequently expanded upon by the USPIS, and the health safety requirements were more specifically defined in a NIOSH recommendation elicited by HHS and concurred with by Occupational Safety and Health Administration (OSHA). These tenets have not changed significantly since the MOA was signed, so the Concept of Operations and the requirements necessary to plan and execute an effective Postal Plan response remain largely intact and will carry over into the national model.

### **2. The Strategic National Stockpile and Cities Readiness Initiative**

Public health jurisdictions across the country have the responsibility to develop and maintain the capability to carry out mass antibiotic

dispensing and vaccination campaigns, known as mass prophylaxis, tailored to their local populations. To assist in these campaigns, the Federal Government created the SNS, composed of a number of ready-to-deploy “12-hour Push Packages” containing a broad array of items designed to treat a variety of biological agents. The CDC Division of SNS (DSNS) leaders can augment the response with products from SNS Managed Inventory (MI), which can provide larger quantities of medical supplies once specific threats are identified.

At the request of a State governor for SNS assistance, “Push Packages” and/or MI are delivered to State RSS sites for unloading and processing. “Push Package” delivery to RSS sites will occur within 12 hours of the Federal decision to deploy assets. From the RSS site, it is the State/local responsibility to ensure medical supplies are distributed to dispensing centers or treatment facilities.

The CRI is an HHS effort to accelerate the response capacity of those population centers that are considered to be at highest risk for a terrorist attack using a biological weapon (for which MCM are authorized and appropriate).

The CRI program uses the scenario of an outdoor aerosolized release of anthrax as the baseline for planning related to bio-attacks requiring the deployment of post exposure prophylaxis. The goal of these efforts is to provide preventive antibiotics to 100 percent of the potentially exposed population within 48 hours of the decision to deploy. In such an event, HHS, through the CDC DSNS, will promptly provide MCM to help protect the entire affected community.

CRI was initially made available as a grant program to 21 cities in early FY2005. These cities were chosen based on population, threat feasibility, and status as a BioWatch jurisdiction. CDC funding for the pilot group was expanded in FY2006 to include their greater MSA, and 15 other MSAs were also added. In FY2007, 36 more MSAs were added for a total of 72.

### **3. Postal Model Development Before the EO**

In 2004, each of 21 CRI pilot cities received an Executive Briefing and participated in a CDC-sponsored Dispensing Workshop to discuss the concepts and goals of CRI. Postal distribution was one modality discussed.

In 2005, these concepts and goals were reiterated through another CDC-sponsored CRI Workshop; progress to date was reviewed. Executive Briefings for the next 15 CRI areas followed, and in late

2006, CRI was introduced to 36 more locations. Consistent parameters for the Postal modality, based on the original MOA, have been presented during all CRI Executive Briefings and Workshops.

Initial strategic planning discussions have been held among a subset of the CRI public health departments, their law enforcement counterparts, and USPS Headquarters Program Support (HQPS) within the Office of the Deputy Postmaster General (DPMG). Lessons learned from these interactions have been incorporated into the Model.

USPS and HHS conducted proof-of-concept drills in conjunction with State and local officials (without personal protective equipment, or PPE), in Seattle, Washington, on November 11, 2006, in Philadelphia, Pennsylvania, on June 23-24, 2007, and in Boston, Massachusetts, on September 22-23, 2007. The dates were chosen to approximate CRI-type events where only medications and informational sheets are delivered (no mail delivery). The drills tested the postal delivery function as well as the distribution of medications from a local repository to USPS DU. Lessons learned were incorporated into strategic and tactical planning materials as appropriate. Summary After Action Reports (AAR) were made available through the CDC.

In 2008, HHS and USPS paused all CRI-related postal planning beyond strategic security approval (the step prior to actual deployment in a city; see adoption process below), while a pilot could be conducted in Minneapolis / St. Paul Minnesota. The pilot included a subset of the desired Minneapolis and St. Paul footprint (roughly 25%): 205,000 residences, 14 Post Offices, and 468 normal carrier routes.

Health safety support measures for the USPS employee volunteers were supported by Minnesota Department of Health and Federal Occupational Health personnel to provide antibiotic and PPE, respectively. Antibiotic pre-positioning for USPS employee volunteers and their households required an EUA, issued by the Food and Drug Administration (FDA) in October 2008, and amended in February 2009 (73 Fed. Reg. 62507 (October 21, 2008); 74 Fed. Reg. 30577 (June 26, 2009)). This authorization was informed by a HHS Home Med Kits study in St. Louis, Missouri, which determined that pre-event staging of medication in residences did not result in improper storage or misuse. The EUA was issued following a determination of a domestic emergency by the Secretary of Homeland Security, and a declaration by the Secretary of HHS that the emergency justified use of doxycycline hyclate tablets accompanied by emergency use information (73 Fed. Reg. 58242 (October 6, 2008)). The Secretary of HHS renewed the emergency declaration (74 Fed. Reg. 51279 (October 6, 2009)) to allow continuation of the EUA. The Secretary of

HHS has the option to renew the declaration annually, as necessary, to continue the EUA.

USPS employee volunteers were screened for antibiotic use by the Minnesota Department of Health through an arrangement with affiliated local public health Medical Reserve Corps members. They were also screened by Federal Occupational Health for N-95 mask use, and underwent N-95 fit-testing. They subsequently received antibiotics and masks. A comprehensive activation and execution plan has been developed and agreed to by the partner agencies involved. Operational capability has been successfully established in Minnesota. This capability depends on maintenance of USPS employee volunteers, health safety programs, and distribution and delivery schema.

#### **4. Federal Program Structure Supporting the Postal Model**

##### **a. HHS/USPS Joint Program Enterprise (JPE)**

HHS and the USPS will cooperate directly on the development of the Postal Plan in participating cities electing to incorporate the postal plan into their local plans. The primary objective of this joint enterprise is to develop an operational and sustainable capability in these cities. A 2010 Memorandum of Understanding (MOU) between HHS and USPS sets forth their understanding regarding planned areas of cooperation to develop this capability. HHS has committed financial resources through an initial interagency agreement (IA) to the USPS to facilitate development of the program, and has agreed to administer the Federal elements of the health safety support program for USPS employee volunteers. HHS and USPS will enter into specific IAs as needed to carry out activities anticipated under this MOU and to support the JPE. Areas of planned cooperation between USPS HQPS and HHS/ASPR/Office of Preparedness and Emergency Operations (OPEO) staff include:

- Coordinating HHS and USPS policies and planning to support the Postal modality's operational capability and mass prophylaxis activities
- Conducting outreach to and engagement of SLTT authorities
- Tailoring existing models for and with interested municipalities
- Training HHS and USPS personnel to serve as program representatives for each of the participating cities
- Providing guidance to participating SLTT authorities regarding health safety issues

- Evaluating results of exercises and other program deliverables in partnership with SLTT authorities
- Planning and conducting meetings and workshops

HHS/ASPR has been provided appropriated funds in FY 2010 for this specific purpose, which it will use to help develop and begin promulgating the Postal Model through the mechanism of the JPE. Continuation of both JPE activities and operational capabilities in specific municipalities will depend on a combination of future appropriations and a cost-sharing mechanism between the JPE and municipalities, which is being determined in parallel to the submittal of the Postal Model. Long-term sustainability will require the additional examination of alternative funding sources such as existing and newly developed preparedness grants.

#### **b. Cooperation between the JPE and the Model's Other Federal Stakeholders**

The JPE is made up of representatives from HHS and USPS. However, the success of the postal capability will depend on maintaining teamwork between the JPE and other supporting Federal partners. For example, ongoing collaboration on issues such as security requirements is necessary for the postal capability to be a viable option.

The JPE will continue to work in close collaboration with CDC DSNS PPB consultants directly involved in the development and maintenance of venue-specific Postal Plans and the FDA Office of Counterterrorism and Emerging Threats (OCET).

The JPE, in coordination with its Federal partners, will keep the National Security Staff apprised of Postal Model development, deployment of the Postal Model as venue-specific Postal Plans, and improvements made as a result of the on-the-ground planning and exercise experience gained during those deployments.

The DHS Office of Health Affairs (OHA) will represent DHS to the JPE. OHA will serve as the DHS point of contact to provide program continuity to the National Postal Model and its framework. OHA will participate in all activities required to represent DHS interests to resolve issues related to the national Postal Model as it matures. OHA will provide or arrange for subject matter expertise to advise SLTT jurisdictions who consider adopting the National Postal model for dispensing MCM to affected populations. OHA will provide or arrange for subject matter expert support in areas including, but not limited to: planning, requests for assistance,

grant guidance, law enforcement coordination, and technical assistance.

The Special Operations Division within the ATF will represent the DOJ to the JPE, pursuant to the duties outlined in Annex A.

The Office of the Assistant Secretary of Defense for Homeland Defense & Americas' Security Affairs will represent DoD to the JPE, pursuant to the duties outlined in Annex A.

### **c. Geographic Scope**

The Postal Model may be adopted in any United States metropolitan area. The geographical scope of the Postal capability originated with the CRI and the Postal Model still prioritizes CRI cities based on vulnerability and risk. As program funding and resources are finite, the HHS/USPS JPE will prioritize its efforts on CRI metropolitan areas opting to utilize the Postal Model, considering threat, program feasibility, stability, and continuity. However, if a city that is not within the CRI decides to participate, the JPE will support the development of its postal capability to the fullest extent possible.

If only one metropolitan jurisdiction within a greater MSA engages the JPE, a targeted, city-specific plan will be developed. However, as the USPS operational structure (74 Customer Service Districts in total) overlaps jurisdictional boundaries, the JPE will seek to create a broader MSA-wide plan, as opposed to multiple plans with individual jurisdictions. Additionally, there may be cases where the JPE has to put plans in place with individual States when a MSA crosses State boundaries. The JPE will depend heavily on State health or emergency management authorities to coordinate Postal Plan development among a MSA's public health / law enforcement / emergency management entities and to develop a phased-by-priority expansion plan.

## **5. Security Requirements Overview**

Coordinated integration of a Postal Plan into comprehensive bio-terror response planning must ensure that security is in place before residential delivery can begin. Security planning is a vital component of any MCM response plan. Security requirements must be factored into both POD-based and postal delivery-based plans. Use of USPS employee volunteers for residential delivery of MCM and public health informational material hinges on establishing adequate security.

As Federal law enforcement entities likely lack the requisite number of locally or regionally based personnel, and given the inherent time constraint for effective MCM distribution using the Postal Model, each participating metropolitan area is expected to provide the appropriate security personnel needed to meet their Postal Plan needs, up to and including direct delivery to the entire residential community. It is envisioned that law enforcement personnel will be utilized for a single 12-hour shift and then released to perform other duties.

**a. Role of the U.S. Postal Inspection Service (USPIS)**

The USPIS is the Federal law enforcement agency and security arm for the USPS. The USPIS has the lead jurisdictional authority and responsibility for the security of USPS personnel, facilities, and assets.

The USPIS will facilitate Postal Plan security planning and implementation, including support to Federal and SLTT law enforcement to:

- Establish security objectives
- Review the qualifications USPIS considers legitimate and acceptable for potential security personnel
- Identify security resources
- Select city-specific security tactics
- Execute tactical security operations

The primary security objective and minimum security requirements cited below were determined by the USPIS in consultation with Postal Operations.

All locally based USPIS law enforcement personnel will be used to the maximum extent possible during Postal Plan activation; however, SLTT law enforcement or other appropriate personnel will need to provide the bulk of any numerical security requirement.

**b. Primary Security Objective**

The primary objective of Postal Plan security is the preservation of the lives of the USPS employee volunteers so that these volunteers may in turn save lives in the affected population through the delivery of prophylaxis.

**c. Minimum Security Requirements**

If the Postal Model is pursued as a means of antibiotic distribution, security is necessary in three areas, recognizing assignment will be situation dependent upon activation. Minimum assignment of personnel includes:

- At least two law enforcement or other appropriate personnel at each activated USPS DU
- One law enforcement escort vehicle for each Postal vehicle distributing delivery items from an activated State RSS Warehouse (or other central repository) to activated DUs (unless the State or city elects to perform this distribution function)
- One law enforcement or other appropriate personnel escort for each USPS carrier volunteer making residential deliveries

Note: It is envisioned that most, if not all, of the security escorts for vehicle trips between the RSS warehouse (or other central repository) and activated DU could be reused as residential delivery escorts once distribution duties have been completed.

SLTT law enforcement agencies are responsible to develop a plan, in consultation with and facilitated by the USPIS, which meets these minimum security personnel requirements. This security plan must be periodically reviewed and updated based on residential delivery changes. Local USPIS contacts will provide USPIS personnel data to include in the accounting of available security. The use of private contract security personnel, licensed to carry firearms and having appropriate training, will be considered on a case-by-case basis to augment local law enforcement in a site security role only.

The National Guard, under State Governor's control, including established CBRNE-Enhanced Response Force Package (CERFP) assets, could be utilized and could be augmented by neighboring State assistance provided via the Emergency Management Assistance Compact (EMAC).

Locally based Federal law enforcement or military personnel may be considered for use to supplement SLTT resources if a shortfall occurs after activation; for further explanation of their roles and responsibilities in planning and execution of a Postal Plan, please refer to Annex A below.

## **6. Health Safety Requirements Overview**

### **a. Health Safety Support Recommendations**

Recommended and accepted health safety support specifications for USPS employee volunteers, cited in “Recommendation for the Protection of Postal Mail Carrier Workers delivering Antibiotics door-to-door following an Anthrax Attack,” a February 18, 2004, NIOSH recommendation elicited by HHS, include:

- Antibiotic prophylaxis
- NIOSH-approved N-95 disposable particulate respirators (filtering face pieces)
- Protective, impermeable (e.g., nitrile) gloves
- Disposable clothing for use as replacement clothing after the delivery task is completed

### **b. USPS Participant Requirements**

As no other recommendations or requirements have since conflicted with or rescinded the 2004 NIOSH recommendations, to become a participant in the program, USPS employee volunteers must be medically cleared to take antibiotics and wear the N-95 filtering face piece for extended periods of time. Once cleared for participation in the program, USPS employee volunteers will receive pre-event training and appropriate prophylaxis will be pre-staged with them. Accepted volunteers will be fit-tested and trained in the use of N-95 masks, and will be trained in the use of all other applicable PPE. USPS employee volunteer solicitation anywhere is dependent on having these health safety support processes in place for a locality. This will require coordination with the participating public health authority.

### **c. Postal Model Health Safety Support Roles**

Absent an FDA-approved Med Kit for first responder or general use, antibiotic pre-positioning for USPS employee volunteers and their households in specified localities is permitted under the EUA for emergency kits described earlier and acceptance of the roles and responsibilities outlined within it. It is anticipated that an amendment to the existing EUA will extend its scope to include additional localities. As such, it is anticipated that the health safety support measures piloted in Minnesota will continue to be followed, with best practices implemented and recognized areas for improvement addressed, including potential amendments to the current EUA in consideration of these desired improvements.

HHS/ASPR has established an interagency agreement with Federal Occupational Health (FOH) to provide a respiratory protection program for N-95 screening and fit-testing of Postal employees who apply as volunteers. HHS/ASPR will also establish mechanisms for Household Antibiotic Kit (HAK) procurement and rotation for all USPS employee volunteers and their household members, but the exact mechanism is still to be determined.

The participating public health authority is responsible for providing HAK screenings for possible contraindications, including a brief telephonic exchange with potential USPS employee volunteers unless another provider of pharmaceutical services for pre-exposure prophylaxis is permitted under an EUA amendment. Due to employer/employee privacy concerns and the sequence of forms handling and medical information exchange inherent in the health safety support process, this pharmaceutical services provider will also be responsible for HAK records maintenance.

The USPS will act as coordinator for the entire health safety support process for potential USPS employee volunteers, including USPS District dissemination of forms and instructional material, USPS HQPS and District coordination with FOH on mask screening and fit-testing, as well as USPS District coordination of the applicant interviews with the pre-exposure prophylaxis provider.

#### **d. Security Health Safety Support**

The EUA for emergency kits is specific to the USPS. Moreover, the JPE does not have the monetary or staff resources necessary to provide and maintain the same health safety measures for SLTT law enforcement departments pre-event as it does for USPS employee volunteers and Inspectors. The JPE cannot dictate that law enforcement escorts be equipped in the same manner. With approval from the State and/or city taking custody of the SNS stock, the USPS can provide day-of provisioning of prophylaxis to mustered security personnel from the SNS stock received, and could proffer N-95 masks and gloves to mustered security personnel from any USPS excess stock prepositioned at these activated DUs, but would not be able to provide just-in-time fit testing for the masks.

Each supporting law enforcement agency is responsible for ensuring that their personnel have the protections needed to perform their mission. Law enforcement agencies and National Guard personnel depend on upon their SLTT health officials to determine the appropriate health safety measures for this particular

threat - whether law enforcement officers are serving a security function at a POD, are on the street with a USPS carrier volunteer, or are in a potential exposure zone maintaining civil order - and to put such measures in place for, and in collaboration with, their law enforcement and emergency management counterparts. As opposed to a defined set of USPS employee volunteers, resources brought to bear for Postal Plan security, POD security, or any law enforcement duty within the affected zone would need to be pulled from an agency's entire complement. Public health partners examining prophylaxis and personal protection requirements for law enforcement and National Guard personnel should be aware of this consideration when establishing caches of these materials and the distribution mechanisms for them, or if pursuing authorization for pre-placement of medications in the homes of their law enforcement officers.

State and local law enforcement agencies may desire using grants as a possible means of assistance in obtaining and maintaining health safety measures. The Emergency Management Performance Grants (EMPG) may be used for Emergency Management purposes/functions, as can the Homeland Security Grant Program (HSGP), the largest of the grant programs within DHS, which provides for planning, organization, equipment, training, and exercises, and includes the Urban Area Security Initiative (UASI); the State Homeland Security Program (SHSP); the Metropolitan Medical Response Corps; and the Citizen Corps (CCP). Finally, DOJ Grants (Community Block Grants) may also be leveraged to support jurisdictions in this effort.

## **7. Proposed Adoption Process**

With the formalization of the HHS/USPS JPE, the opportunity now exists to enter into agreements with interested municipalities for the establishment of operational Postal Plans. The details for such agreements are being developed in parallel with the submission of this Postal Model; if an HHS contract or grant program is appropriate and authorized, then the specific requirements would appear in award announcements, and be vetted and approved through appropriate procurement or grant programs, with review procedures dictated by procurement or grant regulations and policies. Such agreements would define the individual and shared responsibilities of the interested municipality, HHS/ASPR, and the USPS.

Municipalities would be responsible for coordinating the network of SLTT collaborators necessary for Postal Plan participation, typically city and/or State public health, local volunteer medical entities such as

the Medical Reserve Corps, law enforcement, and emergency management. The USPS, in fulfillment of its interagency agreement with HHS/ASPR, would be responsible for ensuring that a properly trained and equipped USPS employee volunteer pool is available within the community and for leading the joint planning effort and associated exercises. HHS/ASPR would be responsible for coordination across the stakeholders and the administration of a cost sharing mechanism between the JPE and the municipalities as cited above. This coordination would need to ensure that activities are in conformance with the current EUA, any additional EUAs that may be necessary, and/or amendments thereto.

#### **a. Planning Initiation Steps**

1. The first step is a HHS/ASPR solicitation of letters of interest from public health preparedness offices or emergency management agencies with MCM oversight responsibilities. Such submittals would provide the JPE with important insights as to the nature and scope of interest. This will open dialogue with ASPR and USPS, and facilitates a standardized approach to exploring the postal option in any particular city or greater MSA.
2. The JPE will in turn notify DSNS PPB and their other Federal stakeholder contacts.
3. The JPE, with invitation to DSNS PPB, will then conduct a briefing for these SLTT planners, and the executives in their respective organizations if desired, to ensure a complete understanding of the Postal Model's scope and its requirements.

USPS HQPS can provide preliminary calculations at this time to assist planners in solidifying a particular Postal Plan's operational objective, and ensure an understanding of the security requirements. Based on a preliminarily proposed geographic area, corresponding five-digit ZIP Code boundaries will yield delivery route and residence data. This is the principal consideration when determining a Postal Plan's operational objective, as it will drive the total security requirement. Consider:

- 100% coverage by the Postal Plan would involve all five-digit ZIP Codes within the outer boundary of the proposed area, with potential for overlap with adjacent areas depending on a ZIP Code's boundaries
- Select coverage by the Postal Plan could be based on differing criteria specific to intended use. Those

criteria could include population density and demographics, geography, local jurisdictional boundaries, and existing POD network gaps

For each five-digit ZIP Code selected, its associated DU will be identified. That DU serves a number of normal delivery routes that include residential deliveries. The number of residential addresses per each route can then be determined. Many USPS DUs cover multiple ZIP Codes. An activated DU will cease all normal mail operations during a response; as such, planners may want to consider delivery in all ZIP Codes served by this DU.

The number of delivery items (prepackaged medication and associated local public health information sheets) needed per route equates to the number of residential addresses per route; this then can provide an aggregate number of delivery items per DU, and in turn yields the required number of larger DSNS containers (packages of 100 unit-of-use bottles). This in turn will yield the number of USPS vehicles needed to report to the RSS warehouse (or other central repository), depending on a distribution scheme devised for optimal, expeditious movement of material to the DU (total volume carried vs. the length of a distribution route).

At a minimum, the equivalent of two normal daily delivery routes could be managed by one USPS carrier volunteer within an 8-10-hour period, since the same quantity of material will be delivered to each residential delivery point and only residential addresses are included. The number of normal USPS delivery routes, halved, yields a baseline number of USPS carrier volunteers required per DU. Ongoing USPS route adjustments are increasing carrier street time, thus the number of deliveries per normal daily route, so this assumption remains accurate for at least baseline planning purposes; a higher ratio will be a tactical planning goal (a 2.5 route-to-carrier target is achievable as shown in the Minnesota pilot) once far more detailed route assignment creation is undertaken.

4. HHS/ASPR will request formal proposals. As JPE resources are limited, it will tightly manage the deployment process. ASPR will require responsive proposals that:
  - Summarize the status of planning for POD network

- Define the geographic area where the municipality will focus the postal module as a quick strike, front end for its POD network
  - Ensure that affected SLTT law enforcement have been engaged, recognize the security requirements of the Postal Model, and are amenable to proceeding with planning
  - Identify SLTT leadership, with adequate levels of authority to ensure acceptance of the Postal Model and to vouch for the availability of personnel resources, who will organize the SLTT logistical and resource planning for this modality:
    - i. a State public health lead, presumably the Public Health SNS or CRI Coordinator, designated to coordinate Postal Plan development within that State
    - ii. a local public health lead designated to coordinate Postal Plan development within the desired coverage area
    - iii. a security lead designated to coordinate Postal Plan security for any affected law enforcement organizations within the desired coverage area
    - iv. an emergency management lead designated to coordinate Postal Plan integration into greater command / control and operational structures within the desired coverage area
  - Agree to the compilation and submittal of an acceptable Strategic Security Plan (SSP) as the prerequisite to detailed, tactical planning (as outlined below)
  - Recognize the ongoing investment needed to ensure continuity for this capability into the foreseeable future
5. The JPE will adjudicate all proposals, and if a proposal is accepted, national USPS/USPIS and HHS/ASPR/OPEO contacts will then formally convene local USPS/USPIS and HHS/ASPR/OPEO field resources with the SLTT leadership identified in the proposal into a Postal Plan Workgroup, with participation by the appropriate DSNS PPB consultant.

Local USPS District participation will be led by a Postal Plan Coordinator - the Manager, Operations Programs Support or other Operations manager designated by the District Manager - and a local Postal Inspector designated as the USPS Security lead by the divisional Inspector In Charge. The Postal Plan Coordinator will remain the primary USPS District-level lead throughout the planning process. Postal Plan Coordinators and

local Inspectors will receive HQ guidance on reimbursement of program-associated costs incurred in the field.

JPE support staff will then assist the Workgroup in completing a strategic level security plan for review and approval as a gating step to tactical planning. As union participation in the recruitment of USPS carrier volunteers is essential, USPS HQPS and local USPS leadership will also provide status briefings to affected local, regional, and national Union leadership so that initial preparations for volunteer solicitation can be undertaken.

#### **b. Strategic Security Plan Submittal**

Using the SSP Template (see Annex B below), all affiliated parties will work together to complete the plan, which must demonstrate how security will be accomplished and outline accepted roles and responsibilities. Outreach to all law enforcement entities within the participating jurisdictions should be undertaken, even if the largest law enforcement agencies within the region can provide enough staff to meet the numerical requirements and have mutual aid agreements in place to allow for jurisdictional authority throughout the coverage area; this may be accomplished through a standing law enforcement committee available in the local area.

To complete the SSP, the Workgroup must perform the following steps:

1. Conduct a meeting between the local Security lead and USPIS leads (local and HQ), with invitation to other Federal law enforcement entities (per Annex A below), to ensure SLTT law enforcement has a full understanding of the security objectives, strategies, and personnel requirements.
2. The Workgroup will confirm the baseline number of security personnel needed for the Postal Plan.
3. The local Security Lead will enter the number of security personnel from each security resource (e.g., number of police officers, number of county sheriffs, number of State police, etc.), naming jurisdictions and citing if there are any mutual aid agreements in place or planned. USPIS will indicate the complement of locally based Inspectors to include.

4. The Workgroup leads submit the SSP, along with a written acknowledgement indicating who from law enforcement reviewed and approved the SSP, to USPS HQPS.

USPS HQPS will guide the strategic-level security plan through a limited Federal approval process, primarily seeking sign-off from HHS/ASPR/OPEO and national USPIS leadership, with a copy proffered to DSNS PPB for their concurrence, and to the other Federal stakeholders for their awareness. If errors are recognized, USPS HQPS will return the strategic level security plan to the local leads with a gap evaluation. Once addressed, the plan will be resubmitted.

Once the SSP is approved, tactical security planning by the Workgroup begins in concert with tactical distribution/delivery operations planning. Additionally, USPS employee volunteer solicitation, screening, and training may begin.

### **c. Tactical Planning**

All Workgroup parties will participate in the detailed planning phase, with the formal inclusion of local and regional union leadership into the Workgroup membership.

Integration of the Postal Plan into bio-terror response planning must ensure that detailed logistic requirements have been determined and the methods and means for streamlined interagency coordination have been developed. Specific tactical considerations for distribution and delivery operations planning include, but are not limited to:

- Estimating RSS-to-DU distribution and residential delivery schedules
- Integrating Postal Plan EOC into the greater command, control, and coordination structure
- Establishing a formal notification and activation structure, with interagency protocols and contacts identified and maintained
- Establishing communications protocols to notify USPS employee volunteers, including redundant means if elements of the communications infrastructure are compromised
- Establishing distribution and residential delivery assignments for each USPS DU's employee volunteer pool
  - Configured with line-of-travel mapping
  - RSS-to-DU distribution and residential delivery schedules aligned to medication availability at the RSS and the mission window

- Vehicles identified with proper capacity, based on the number of delivery items required by each DU and then further broken down into discrete residential delivery assignments
- Developing contingencies for RSS-to-DU distribution and residential delivery assignment alterations due to real-time USPS carrier volunteer availability
- Developing the protocols and mechanisms for relaying information and instruction between Operations command at the Unified Command Center (UCC), the USPS District's Postal Plan EOC, and USPS DU managers
  - Real-time reconfiguration of RSS-to-DU distribution and DU residential delivery assignments and schedules will need to be communicated.
  - Feedback to the UCC on actual distribution and residential delivery status will need to be communicated.
- Identifying the primary and secondary methods of communication between delivery teams and activated command and control centers
- Setting residential delivery responsibilities and expectations for USPS carrier volunteers and their security escorts in handling conditions that may arise during the mission
- Instituting a process for DU confirmation of correct antibiotics receipt/reorder/excess return

Tactical security planning must be undertaken by the USPS, the USPIS, and the security resources identified, detailing how the security personnel will be notified, activated, and mustered to DUs involved in the response. Specific tactical security considerations include, but are not limited to:

- Integrating the Postal Plan security function into the local Unified Command and Multi-Agency Coordination systems
- Identifying interagency communications mechanisms to enable coordination of security and USPS resources
- Access control and identification of security staff and USPS employee volunteers
- Confirming or establishing adequate health safety measures for security personnel, per the appropriate SLTT Public Health authority
- Developing a process for mustering and deploying security to DU - this will involve mutually acceptable check-in/check-out procedures
- Developing a set of security protocols (ground rules and rules of engagement)

- Establishing reporting requirements for security staff; this is an essential communications element, as USPS delivery vehicles are not radio-equipped
- Determining a protocol for delivery teams that may need to disengage
- Developing contingencies to address security shortages or misalignments

Concurrent with the early stages of tactical planning, USPS HQPS will provide the Workgroup with a Tactical Planning Work Breakdown Structure (WBS) (see Annex C below). This task set provides the basis for a deployment project's controls, which USPS HQPS will maintain. Example material will also be provided along with any subsequent improvements based on those lessons learned during the initial rollout in Minnesota.

USPS HQPS will also provide the USPS District CRI Coordinator with an internally oriented Preparation Guide to follow; the Postal Plan Application, an associated online system, will also enable distribution and delivery planning and some response tasks when production ready. The Preparation Guide will outline the many preparations required, including but not limited to:

- USPS employee volunteer solicitation, antibiotic and PPE screenings, and volunteer training
- USPS employee volunteer notification/activation/mustering
- Locally modified step-by-step plan of execution for distribution and delivery, from RSS pick-up, through delivery at residential addresses, to mission closure

#### **d. Steps to Comprehensive Synthesis**

This mission can never be a mandatory one for USPS employees, as delivery within a potential anthrax exposure zone falls well outside their normal range of daily duties. USPS employee volunteer solicitation, screening, and training will commence concurrent to tactical planning, supported by local Union leadership and USPS District management. A template process has been developed, with macro steps outlined in the Tactical Planning WBS and more detailed steps identified within the District Preparation Guide, which will be tailored by the Workgroup to their particular needs and available resources.

Once USPS employee solicitation and screening have occurred, those complement numbers, by DU, will be communicated to the Workgroup. The Workgroup will then compile a comprehensive

Postal Plan for the agreed upon coverage area, facilitated by JPE support staff and the appropriate DSNS PPB Consultant.

A review of the comprehensive plan will be presented at the national level to USPS/USPIS, HHS, DHS, DOJ, DoD, and appropriate USPS Union leadership. USPS HQPS will guide the comprehensive plan through this Federal evaluation.

Joint training and testing, including an exercise of the Postal Plan at a reasonable scale, should then be conducted. Once a city's Postal Plan is determined complete by the JPE, the JPE will support the development and execution of that full-scale exercise. The efficiency and effectiveness of the plan can then be evaluated and modified as necessary, so that residential delivery capability is maintained and ready for possible activation.

## **F) ATTACHMENTS**

1. Annex A: Federal Law Enforcement Support to the Postal Model
2. Annex B: Postal Plan Strategic Security Plan Checklist and Template
3. Annex C: Postal Plan Tactical Planning Generic Work Breakdown Structure
4. Annex D: Acronym List

## **Annex A: Federal Law Enforcement Support to the Postal Model**

### **I. Purpose**

The purpose of this Annex to the National Postal Model for the Delivery of Medical Countermeasures (Postal Model) is to establish the plan for supplementing SLTT law enforcement (LE) personnel, as necessary and appropriate, with available locally assigned Federal LE officers (FLEOs) and other appropriate Federal personnel to protect U.S. postal workers delivering post-exposure medical countermeasures (MCM) as part of an SLTT Medical Countermeasures Postal Distribution Plan (Postal Plan).

### **II. Scope and Applicability**

The Departments of Homeland Security (DHS), Health and Human Services (HHS), Defense (DoD), and Justice (DOJ), in coordination with the U.S. Postal Service (USPS), have promulgated this Annex to satisfy the requirements of Executive Order 13527, *Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack*, § 2(c) (Dec. 30, 2009). This Annex applies to all Federal agencies and all SLTT agencies seeking Federal assistance in providing security for U.S. Postal workers under their respective Postal Plans. Specifically, this Annex establishes the processes by which:

- SLTT jurisdictions may seek Federal LE assistance in both the planning and implementation phases of their Postal Plans to supplement their security requirements
- DOJ—through Emergency Support Function #13 (ESF-13) and in coordination with other Federal and SLTT organizations—will plan for supplementing SLTT jurisdictions with local FLEOs and other appropriate personnel as part of their Postal Plans
- DOJ—through ESF-13 and in coordination with other Federal and SLTT organizations—will coordinate the fulfillment of SLTT security shortfalls with FLEOs and other appropriate personnel following an anthrax attack and the activation of a Postal Plan

This Annex has been promulgated to ensure a consistent, sustainable, and process-driven approach to meet the specific LE needs of individual SLTT jurisdictions under their respective Postal Plans. Nothing in this Annex shall be construed to impair or otherwise affect the authority granted by law, regulation, executive order, or presidential directive to a department or agency. This Annex does not supersede existing emergency plans or guidance or mutual aid and assistance compacts of any FSLTT or local jurisdiction, government, or agency. Furthermore, this Annex shall be implemented consistent with applicable law and

subject to the availability of appropriations.

### **III. Background**

#### **A. National Postal Model for Delivery of Medical Countermeasures and Local Medical Countermeasures Postal Distribution Plans**

In the event of a biological attack, SLTT jurisdictions across the country have the primary responsibility to develop and maintain the capability to carry out mass antibiotic dispensing campaigns (known as mass prophylaxis) tailored to their local population. Because of the catastrophic effects of a biological attack, however, SLTT jurisdictions may seek Federal assistance to supplement and complement their post-exposure mass prophylaxis campaigns. In order to plan and prepare for the timely provision of MCM delivery assistance to these jurisdictions, HHS and DHS—in coordination with the USPS—developed the National Postal Model for the Delivery of Medical Countermeasures to assist U.S. cities and other local jurisdictions respond to a large-scale biological attack with anthrax as the primary threat consideration. SLTT jurisdictions seeking to use the USPS capacity for rapid residential delivery of MCM may voluntarily adopt the Postal Model and adapt it into Postal Plans.

#### **B. Security Requirements for Postal Plans**

During the activation of a Postal Plan, SLTT jurisdictions are expected to provide security to the USPS workers delivering MCM in their respective jurisdictions. As part of a Postal Plan, a SLTT jurisdiction must develop a Strategic Security Plan that meets the following security requirements:

- Two LE personnel for site security at each activated USPS Delivery Unit;
- One LE escort for each USPS employee distributing MCM from a State Receipt, Store, and Stage (RSS) warehouse (or other repository); and
- One LE escort for each USPS employee making residential deliveries.

In light of competing LE demands arising in the aftermath of a biological attack, SLTT jurisdictions may recognize a shortfall in the required number of LE and State National Guard personnel necessary to provide an adequate level of security for these three areas. To supplement SLTT security needs, all local U.S. Postal Inspection Service (USPIS) LE personnel will be used to the maximum extent possible, and their numbers will be built into the plan. It is anticipated, however, that in certain SLTT jurisdictions additional FLEOs will be necessary to supplement numerical security requirements. The FLEOs providing assistance to SLTT jurisdictions under this Annex will provide “Federal-to-Federal” support to the USPS by performing security and protection missions in the three areas identified above.

#### **C. Emergency Support Function #13**

As described in the *National Response Framework*, Emergency Support Function #13 (ESF-13) provides a mechanism for coordinating and providing Federal LE, public safety, and security capability and resource support to overwhelmed SLTT authorities during incidents requiring a coordinated Federal response. This support function is exercised when Federal public safety and security capabilities and resources are needed to support incident operations. ESF-13 assesses and responds to requests for Federal public safety and security resources in close coordination with field and regional ESF-13 elements. Although typically used only in a threat and/or post-incident environment when SLTT LE, including State-controlled National Guard forces and Emergency Management Assistance Compact (EMAC) resources, are overwhelmed, ESF-13 can be used to support planning efforts during steady-state operations. This pre-need planning is necessary to meet the demands of this particular mission, as it involves a rapid response: a 12-hour window for the Postal carrier and security teams to complete their residential deliveries. As such, ESF-13 will use existing Federal authorities and coordinating bodies to plan for and provide Federal LE support to SLTT jurisdictions implementing Postal Plans.

#### **D. Scope of Various Federal Law Enforcement Authorities and Appropriations**

Many Federal Departments and Agencies have LE capabilities that could be used to provide Federal protection operations as described in this Annex. The LE jurisdiction and powers of each of these Federal Departments and Agencies is set forth in Federal law (including annual appropriations acts), which dictates the nature and scope of that Department's or Agency's authorities and jurisdictional LE activities and allowable Federal LE agency operations. Federal law, however, may not provide a particular Federal LE agency the authority or appropriations to conduct the Federal protection operations described in this Annex. In order to resolve any issues concerning the scope of its authority and appropriations, therefore, the following actions shall be taken:

- Each Federal LEO providing protection operations described in this Annex shall be deputized as a Special Deputy U.S. Marshal.
- Federal LE agencies, including components of DHS, providing protection operations pursuant to this Annex that do not have independent authority and appropriations to perform these activities, shall receive a mission assignment from DHS/Federal Emergency Management Agency (FEMA).

#### **E. Distribution of MCM to LEOs and Households**

FLEOs identified to support the USPS Model must have the protections necessary to perform these functions, as must members of their households. Although the Federal Government is seeking to develop more centralized, uniform programs for the provision of MCM for FLEOs identified to serve in

support of the Postal Model, each supporting Department or Agency is responsible for ensuring that its personnel have the protections needed to perform these tasks, in addition to ensuring that funding is available and authorized.<sup>1</sup>

#### **IV. Assumptions**

This Annex is based on the following assumptions:

- The President will declare an emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Pub. L. No. 93-288, § 501 (1974) (codified as amended at 42 U.S.C. § 5191 *et seq.*)—either following a Governor’s request or unilaterally—following an anthrax attack occurring within a State.
- The Secretary of HHS will declare an emergency justifying an emergency use authorization (EUA) of an unapproved product or an unapproved use of an approved product, based on a determination of a public health emergency by the Secretary of HHS, a determination of a domestic emergency by the Secretary of Homeland Security, or a determination of a military emergency by the Secretary of Defense and pursuant to the Federal Food, Drug, and Cosmetic Act.
- The Commissioner of the Food and Drug Administration will issue an EUA with respect to the product to be delivered by USPS employee volunteers pursuant to the Federal Food, Drug, and Cosmetic Act, § 564, 52 Stat. 1040, § 564 (1938) (codified as amended at 21 U.S.C. § 360bbb-3), following a biological attack and the Secretary of HHS’s declaration of an emergency justifying such an emergency use authorization, and all statutory criteria for issuance are met.

#### **V. Roles and Responsibilities**

##### **A. U.S. Postal Inspection Service**

USPIS is the LE and security arm of the USPS. The USPIS has the lead jurisdictional authority and maintains responsibility for the security of USPS personnel, facilities, and assets. It has the following roles and responsibilities pursuant to this Annex:

- Phase 1 – Pre-Attack/Preparation Phase

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<sup>1</sup> Notwithstanding the distribution of medical countermeasures through a potential-event EUA or other capability enhancements, in extreme situations, mission-assigned FLEOs may be able to receive MCM for themselves and their households from state-controlled stockpile material under the EUA for general distribution referenced in section IV of this annex prior to deploying if the State entity taking custody of SNS assets agrees and the agreement is reflected in the Postal Plan for the pertinent municipality.

- Assist SLTT jurisdictions to develop a Strategic Security Plan that meets the requirements of the footprint selected for potential Postal Plan activation. This includes assisting SLTT jurisdictions to establish security objectives, to review the qualifications USPIS considers legitimate and acceptable for potential security personnel, to identify security resources, to select city-specific security tactics; and ultimately to execute tactical security operations.
- Coordinate with DOJ through ESF-13 to obtain locally assigned Federal LE personnel to participate in SLTT efforts to develop Strategic Security Plans in SLTT jurisdictions committed to use the Postal Model. ESF-13 will only participate in developing plans to supplement SLTT resources after those jurisdictions have entered into the prescribed Postal Model planning process with ESF-13 focused on the processes needed to address possible SLTT LE shortfalls realized after a Postal Plan activation.
- At the conclusion of the SLTT planning process, communicate with ESF-13 for coordination of supplemental FLEO staffing.
- Phase 2 – Post-Attack/Execution Phase
  - Provide USPIS officers to assist SLTT jurisdictions protecting USPS employees.
  - Coordinate with ESF-13 to address SLTT jurisdiction requests for Federal assistance in protecting USPS employees.

## **B. Department of Justice (DOJ)**

DOJ—through the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)—serves as the ESF-13 coordinator and primary agency. Consistent with this role and pursuant to this Annex, DOJ shall have the following roles and responsibilities:

- Phase 1 – Pre-Attack/Preparation Phase
  - Following a USPIS request, coordinate with Federal agencies to provide personnel, as necessary and appropriate, to participate with USPIS in SLTT development of a Strategic Security Plan.
  - Coordinate with appropriate Federal agencies to identify potential Federal resources in the local jurisdiction to supplement SLTT security needs if a SLTT Postal Plan is activated. Following this coordination, maintain a list of the potentially available Federal capabilities in the SLTT jurisdiction.
  - Identify FLEOs available to protect USPS employees involved in MCM delivery.

- Participate in developing a pre-scripted mission assignment for Federal agencies providing personnel to protect U.S. postal workers delivering MCM.
- Develop the process in coordination with appropriate Federal agencies for quickly deputizing Federal LE personnel protecting USPS employees delivering MCM as Special Deputy U.S. Marshals.
- Coordinate Personal Protective Equipment (PPE) acquisition and training by the participating ESF-13 Departments/Agencies for all Federal personnel pre-identified to protect USPS employees in a Postal Plan activation
- Obtain from the USPIS the approved protocols for providing protection operations pursuant to this Annex and coordinate distribution of those protocols to the participating ESF-13 Departments/Agencies.
- Phase 2 – Post Attack/Execution Phase
  - Assess requests from SLTT jurisdictions for Federal assistance in escorting USPS employees in coordination with other Federal Departments and Agencies.
  - Coordinate with appropriate Federal Departments and Agencies to fulfill Federal LE support requirements received from the SLTT jurisdictions to the extent those Federal resources are available and legally permitted to perform the requested support.
  - Provide Federal LE personnel to protect USPS employees involved in the distribution of MCM, as necessary and appropriate.
  - Coordinate with DHS/FEMA to mission assign Federal LE personnel to provide assistance to SLTT jurisdictions in protecting USPS employees.
  - Coordinate the deputation of Federal LE personnel protecting USPS employees as Special Deputy U.S. Marshals.
  - Deploy ESF-13 representative(s) to the National Response Coordination Center (NRCC) and on-call regional representative(s) to the Regional Response Coordination Center (RRCC).

### **C. Department of Defense (DoD)**

DoD may provide military support to civil authorities for domestic incidents as directed by the President or when consistent with military readiness and

appropriate under the circumstances and the law. DoD also is limited by the Posse Comitatus Act, 18 U.S.C. § 1385, and other restrictions as to the nature of LE support it can provide. DoD shall have, pursuant to this Annex, the following roles and responsibilities:

- Phase 1 – Pre-Attack/Preparation Phase
  - Participate in developing a pre-scripted mission assignment for Federal agencies providing personnel to protect USPS employee volunteers delivering MCM.
- Phase 2 – Post-Attack/Execution Phase
  - Authorize, if appropriate, the use of National Guard personnel from unaffected States in a Title 32 status, with the concurrence of the Governors concerned, as an alternate means of providing Federal assistance when there are an inadequate number of SLTT (including National Guard personnel from the affected States) and Federal LE personnel available in the affected jurisdictions.
  - Subject to availability and specific authorization by the Secretary of Defense, provide indirect LE assistance if civilian LE officials in SLTT jurisdictions are unable to provide such assistance.
  - If the President invokes the Insurrection Act, provide Federal military assistance under title 10, U.S.C., chapter 15. The President also may call National Guard personnel into Federal service for this purpose if he deems it necessary.

#### **D. Department of Homeland Security (DHS)**

DHS—through FEMA—is the lead Federal Agency for emergency management. The FEMA Administrator, through delegation, possesses many of the President’s authorities under the Stafford Act (including mission assignments). DHS also possesses a significant number of Federal LEOs in many of its component agencies that could be used to protect USPS employees during a Postal Plan activation. DHS shall have the following roles and responsibilities pursuant to this Annex:

- Phase 1 – Pre-Attack/Preparation Phase
  - Participate, as necessary and appropriate, in SLTT development of Strategic Security Plans.
  - Develop—in coordination with other Federal Departments and Agencies—pre-scripted mission assignments for Federal Departments and Agencies providing personnel to protect USPS workers delivering MCM.
  - Participate in developing the process for quickly deputizing Federal LE personnel protecting USPS employees delivering MCM as Special Deputy U.S. Marshals.

- Identify Federal LEOs available for protecting USPS employees involved in MCM delivery in coordination with ESF-13.
- Phase 2 – Post Attack/Execution Phase
  - Provide, as necessary and appropriate, Federal LE personnel to protect USPS employees involved in MCM distribution.
  - Promulgate mission assignments, as necessary and appropriate, for Federal LE support to protect USPS employees involved in MCM delivery.

### **E. Department of Health and Human Services (HHS)**

HHS leads all Federal public health and medical response to public health emergencies and incidents covered by the *National Response Framework*. ESF #8 – Public Health and Medical Services (ESF-8) provides the mechanism for coordinated Federal assistance to supplement SLTT resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. All headquarters and regional organizations (including those involved in other ESFs) that participate in response operations report public health and medical requirements to the appropriate ESF-8 representatives operating in the NRCC, the RRCC, or the Joint Field Office (JFO), when activated. Additionally, HHS has the primary responsibility for maintaining the Strategic National Stockpile (SNS) “to provide for the emergency health security of the United States” and may deploy the SNS to respond to an actual or potential public health emergency or other situation in which deployment is necessary to protect public health or safety. HHS shall have the following roles and responsibilities pursuant to this Annex:

- Phase 1 – Pre-Attack/Preparation Phase
  - a. Participate, as appropriate, in developing pre-scripted mission assignments for Federal Departments and Agencies providing personnel to protect USPS workers delivering MCM.
  - b. Assist USPIS in conducting planning efforts with SLTT jurisdictions concerning the development of Strategic Security Plans.
  - c. Ensure that both Federal and SLTT LE assets have adequately aligned their mission assignments to best meet the needs of State and local public health authorities.
- Phase 2 – Post-Attack/Execution Phase
  - d. Continue to work with SLTT jurisdictions and ESF-13 partners as needed throughout the response.

## **F. SLTT Governments**

An SLTT jurisdiction seeking to potentially use the USPS capacity for rapid residential delivery of MCM may voluntarily take the following actions.

- Phase 1 – Pre-Attack/Preparation Phase
  - Develop a Strategic Security Plan for its respective Postal Plan, including addressing the anticipated manner in which the Governor of the State concerned would use State National Guard personnel to provide security. The plan must meet all security requirements set forth Section 3(b). FLEOs will only be used in exigent circumstances where local LE resources are insufficient or overwhelmed at the time of the incident.
  - Periodically review and update the Strategic Security Plan based on residential delivery changes and input from the USPS and USPIS.
  - Upon such review, communicate to USPIS any shortfalls in its capacity to protect USPS employees involved in delivering MCM, thus requiring a reexamination of the Postal Plan footprint or reprioritization of zones within those jurisdictions.
- Phase 2 – Post-Attack/Execution Phase
  - Identify and communicate with specificity the shortfalls, both in type and number, of FLEOs needed to protect USPS employees involved in delivering MCM to the FEMA Regional Administrator and USPIS.

## **VI. Concept of Operations**

### **A. Phase 1 – Pre Attack/Preparation Phase**

- ESF-13 and Federal LE agencies will only become engaged in planning efforts once a SLTT jurisdiction submits a viable proposal per the Postal Model adoption process and consequently requests, through USPIS, that additional Federal LE agencies plan for potential participation in a Postal Plan activation.
- SLTT officials will engage in a collaborative planning effort with USPS/USPIS, HHS, and other appropriate Federal Departments and Agencies to prepare a Strategic Security Plan to meet the security requirements of their Postal Plan once the SLTT jurisdiction has elected to participate voluntarily in the Postal Model. As requested by USPIS, this planning process may include, based on funding and/or

personnel availability, representation from Federal LE Departments and Agencies coordinated by DOJ through ESF-13.

- As part of the Strategic Security Plan development, SLTT officials will determine how to meet the number of LEOs needed for a Postal Plan activation, with SLTT LE, State National Guard, and neighboring State assistance available through their EMACs, if such resources can be activated and mustered in the expedited timeframe necessary.
- USPIS will identify available resources for assisting SLTT officials providing protection to USPS employees involved in delivering MCM.
- ESF-13 will determine in advance whether locally-assigned Federal LE agencies have the personnel, equipment, and training to provide support to SLTT jurisdictions protecting USPS employees.
- To the extent locally assigned Federal LE agencies are not available, ESF-13 will work to determine whether Federal LE agencies have non-locally assigned personnel, equipment, and training that could arrive in time to participate in a Postal Plan activation.
- Following this coordination, ESF-13 will record the names and agencies of FLEOs that will potentially be available to support SLTT jurisdictions escorting USPS employees.
- Locally based FLEOs who have the proper PPE will be pre-identified as possible Postal Plan escorts. Note: If a Postal Plan activation occurs and a shortfall of SLTT LEO resources necessitates their activation, each Federal Department or Agency assisting in the ESF-13 coordinated deployment will be responsible for coordinating PPE and prophylaxis distribution to their designated personnel.<sup>2</sup>
- DHS, in coordination with DOJ and other Federal LE Departments and Agencies, will develop pre-scripted mission assignments for those Federal Departments or Agencies pre-identified to potentially provide assistance to SLTT jurisdictions.
- DOJ, in coordination with DHS and other Federal LE Departments and Agencies, will develop a process for obtaining Special Deputy U.S. Marshal deputation for FLEOs pre-identified to provide assistance to SLTT jurisdictions.

#### B. Phase 2 – Post-Attack/Execution Phase

- The SLTT jurisdiction will adjust, as necessary, its Postal Plan based on the attributes of the biological attack. Following this adjustment, the

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<sup>2</sup> While the Federal Government is seeking more centralized, uniform programs for the provision of MCM for FLEOs identified to serve in support of the Postal Model, in extreme situations, mission-assigned locally based FLEOs may be able to receive MCM for themselves and their households from state-controlled stockpile material under the EUA for general distribution referenced in section IV of this annex prior to deploying if the State entity taking custody of SNS assets agrees and the agreement is codified in the Postal Plan for the pertinent municipality.

SLTT jurisdiction will determine the SLTT LE, State National Guard, and available assistance from neighboring States through EMAC.

- The SLTT jurisdiction will notify the USPIS of a Postal Plan activation, and USPIS will in turn notify the ESF-13 leadership identified in Phase 1. ESF-13 leadership will then notify the local Federal LE leadership identified in Phase 1 who may potentially provide support.
- The SLTT jurisdiction will notify the FEMA Regional Administrator through the RRCC that a Postal Plan is activated.
- USPIS will determine the available USPIS officers to support the SLTT jurisdiction and communicate the identified available assistance to the SLTT jurisdiction.
- The SLTT jurisdiction will communicate the required level of Federal LE assistance to USPIS and the FEMA Regional Administrator/Federal Coordinating Officer (FCO).
- The FEMA Regional Administrator will activate ESF-13 at the RRCC and the FEMA Administrator will activate the ESF-13 at the NRCC pursuant to existing standard operating procedures.
- The FEMA Regional Administrator/FCO will communicate the request for Federal LE assistance to the NRCC and ESF-13.
- To the extent these personnel are not available, ESF-13 will work with Federal LE Departments and Agencies to determine other available Federal LE personnel.
- DHS/FEMA will issue mission assignments for the Federal Departments and Agencies providing FLEOs to support SLTT jurisdictions.
- FLEOs receiving a mission assignment will assemble at the RSS or other location.
- DOJ will deputize all FLEOs providing assistance to SLTT jurisdictions as Special Deputy U.S. Marshals.
- FLEOs receiving mission assignments and deputation as Special Deputy U.S. Marshals begin their support missions, such as:
  - Escorting USPS carriers distributing or delivering MCM
  - Providing site security for USPS facilities
  - Other duties as assigned by ESF-13 and as allowed by law.

#### C. Post-Attack/Transition Phase

- Federal Department and Agency LE support to a Postal Plan activation will terminate when the SLTT jurisdiction determines that MCM distribution is complete.

- Federal Departments and Agencies participating in a Postal Plan activation may contribute to after action reports and corrective action recommendations.

## **Annex B: Postal Plan Strategic Security Plan Checklist and Template**

To complete the following Strategic Security Plan (SSP) form, the Postal Plan Workgroup (Workgroup) must perform the following steps, after initiating planning per the process laid out in the Postal Model:

1. A meeting is held between the local Security lead and United States Postal Inspection Service (USPIS) leads (divisional or local office, and HQ), with invitation to other Federal law enforcement (LE) entities, to ensure SLTT LE has a full understanding of security objectives, strategies, and personnel requirements.
2. The Workgroup then confirms the baseline number of security personnel needed for the Postal Plan.
3. The local Security Lead then enters the number of security personnel from each security resource (e.g., number of police officers, number of county sheriffs, etc.), naming jurisdictions and citing if there are any mutual aid agreements in place or planned.
4. The Workgroup leads then submit the SSP, along with a written acknowledgement indicating who from LE reviewed and approved the SSP, to United States Postal Service (USPS) Headquarters Program Support (HQPS).

**[Insert City/Metropolitan Statistical Area (MSA) name here]**  
**Postal Plan**  
**Strategic Security Plan**  
**[Date]**

**1) Postal Plan Operational Objective**

The **[insert City/MSA name]** proposes to deploy the quick strike capability of the Postal Model in the following manner: **[Select and complete the appropriate response and delete the other]**

- 100% coverage for the geographic area demarcated by the corporate or jurisdictional boundaries of **[Insert boundaries (for example, county boundaries or city limits)]**. These boundaries translate to the following five-digit ZIP Codes: **[List the five-digit ZIP Codes identified in consultation with the USPS District Postal Plan Coordinator. If extensive, attach as an appendix.]**

**[Or]**

- Selective coverage using the Postal Plan in limited ZIP Codes based on the following criteria: **[List criteria used as basis for selective coverage; for example, population density, geography, local jurisdictional boundaries, existing Point of Dispensing (POD) network gaps, population type, etc.]** These ZIP Codes are: **[List the five-digit ZIP Codes identified in consultation with the USPS District Postal Plan Coordinator. If extensive, attach as an appendix.]**

**Instructional Note [remove prior to submittal]:** In consultation with USPS HQPS and the USPS District Postal Plan Coordinator, please also identify any five-digit ZIP Codes that cross the geographic boundaries cited. Additionally, as many USPS Delivery Units (DU) cover multiple ZIP Codes, and an affected DU will cease all normal mail operations during a CRI-type event, response planners may want to consider delivery to all ZIP Codes served by that DU.

**2) Postal Plan Security Objective and Numerical Requirements**

The primary objective of Postal Plan security is the preservation of the lives of the USPS employee volunteers, so that these volunteers may in turn save the lives of those potentially exposed through delivery of prophylaxis.

**Instructional Note [remove prior to submittal]:** For each five-digit ZIP Code selected by a city or MSA, the USPS District Postal Plan Coordinator will confirm its associated DU and the number of normal delivery routes in that five-digit ZIP Code that have residential deliveries. Assume each carrier volunteer will cover the equivalent of two normal daily delivery routes; the total numerical security requirement can be calculated and loaded into the table below. If Distribution security escorts are to be used again as Delivery escorts, provide a brief explanation and cite “N/A” for “USPS Distribution” in the table. If the State or city elects to perform the distribution to activated Postal DU without USPS assistance, indicate that only two security areas are necessary, provide a brief explanation, and cite “N/A” for “USPS Distribution” in the table. The total security requirement will serve as the upper limit baseline for planning purposes.

Security for the **[insert City/MSA name]** Postal Plan is necessary in **[indicate “two” or “three”]** areas:

- Two LE or security personnel for each activated USPS Delivery Unit (DU)
- One LE escort vehicle for each Postal vehicle distributing delivery items from an activated State Receipt, Store and Stage (RSS) Warehouse (or other central repository) to activated DU **[if the State or city elects to perform this distribution function, delete this bullet as it is not applicable]**
- One LE escort for each USPS carrier volunteer making residential deliveries

<b>Security Area</b>	<b>USPS Data</b>	<b>Personnel Required</b>
USPS DU	<b>[Enter total number of DU]</b>	<b>[Enter 2x the total number of DU]</b>
USPS Distribution	<b>[Enter total number of DU as a conservative estimate, or N/A]</b>	<b>[Enter total number of DU as a conservative estimate, or N/A]</b>
USPS Delivery	<b>[Enter total number of normal routes]</b>	<b>[Enter 1/2 the total number of normal routes, rounded up]</b>
<b>Total Security Personnel Required (baseline):</b>		<b>[Enter column total]</b>

### 3) Resources by Jurisdiction

**[Complete the table below by:**

- **List each agency that will allocate personnel to Postal Plan security; for example, metropolitan police department, county sheriffs department, state police, etc.**



## **Annex C: Postal Plan Tactical Planning Generic Work Breakdown Structure**

### **Health Safety Support**

**Lead Agencies: Participating Public Health Authority (PPHA) [INSERT applicable PPHA in accordance with the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) unless another provider of pharmaceutical services for pre-exposure prophylaxis is permitted under an EUA amendment, and its lead planner for this summary task] & Department of Health and Human Services/Assistant Secretary for Preparedness and Response (HHS/ASPR) [INSERT lead planner for this summary task]**

- HHS/ASPR, U.S. Postal Service (USPS) HQ/District, PPHA establish a Health Safety Support subcommittee.
- USPS HQ presents the health safety support model - volunteer prophylaxis (pre-event Doxy Med Kit) and Personal Protective Equipment (N-95 masks) screening and provisioning.
- USPS District provides a rough order of magnitude estimate of volunteers to be solicited and potentially screened, based on the rollout footprint determined by PPHA.
- Health Safety Support subcommittee tailors the model, designing a city-specific process for deployment (steps and responsibilities agreed to) and fleshing out process details. Focus for PPHA (or alternate pharmaceutical services provider) is Med Kit pre-event deployment.
- HHS/ASPR arranges for Federal Occupational Health (FOH) to screen, fit-test, and provide volunteers N-95 masks, as well as provide nitrile gloves and disposable replacement clothing. Per the model, FOH screening will not involve medical examinations for questionable applicants.
- HHS/ASPR, HHS/FOH and USPS HQ/District finalize PPE process details.
- PPHA (or alternate pharmaceutical services provider) finalizes Med Kit screening forms, including consent form for household member waiver and Kit Status form.
- USPS HQ/District review the overall city-specific process with affected Union leadership and obtain concurrence.
- Health Safety Support subcommittee begins preparations for volunteer recruitment launch.
- FOH and PPHA (or alternate pharmaceutical services provider) provide USPS HQ/District with sample solicitation materials (health safety support forms, prophylaxis and personal protective equipment examples, etc.).

- FOH, PPHA (or alternate pharmaceutical services provider), and USPS HQ/District execute the health safety support process after volunteer solicitations are completed.

## **USPS Volunteer Solicitation Process**

### **Lead Agency: USPS [INSERT lead planner for this summary task]**

- USPS HQ outlines the volunteer solicitation process; provides templates for solicitation kit materials (volunteer application form, solicitor script, FAQ handout, video presentation, and DU posters); and outlines the post-safety process training approach.
- USPS District and local Union leadership review and refine the proposed process and solicitation kit materials.
- USPS District and local Union leadership schedule the solicitations in coordination with FOH and PPHA (or alternate pharmaceutical services provider) health safety support scheduling.
- USPS District and local Union leadership issue a formal announcement of the upcoming solicitations to the affected USPS complement.
- USPS District arranges for law enforcement (LE) and PH staff to participate in awareness sessions and solicitations (first visits to any particular DU).
- USPS District and local Union leadership implement the volunteer solicitation process.
- USPS District and HQ train enlisted DU managers and supervisors on response.
- USPS District and HQ train enlisted DU management and Union leadership to conduct briefings for the enlisted carrier complement
- USPS DU management and Union leadership brief enlisted carriers on response.

## **Activation Planning**

### **Lead Agencies: PPHA [INSERT lead planner for this summary task], State Public Health (PH) [INSERT applicable State PH organization and its lead planner for this task], and USPS [INSERT lead planner for this summary task]**

- USPS HQ presents the activation process model, from assumed local/State steps triggering activation through Federal steps in response to State request, inclusive of:
  - local “lean-forward” PH notification to USPS District of the ZIP Codes to be activated
  - activation of USPS District-level Postal Plan volunteers

- USPS District confirmation of required medication/flyers
  - Two hours (optimally) of deliberation before HHS Secretary authorization to mobilize Strategic National Stockpile (SNS) (one hour for State PH/Governor's Office deliberations, then request; one hour for State/Federal deliberations)
  - USPS DU management and carrier volunteer notification process; Postal communications during mobilization, incorporating slight differences between on duty and off duty activations
- PPHA and State PH presents established local/State sequence for requesting SNS activation.
  - PPHA establishes a ZIP Code prioritization scheme, in case of insufficient delivery items and/or real-world impacts affecting delivery. Example, prioritization based on an evaluation of population density.
  - PPHA and USPS District establish the smallest subdivision for activation (whether by ZIP Code, activated DU, or groupings of Zip Codes into city Sectors).
  - PPHA and USPS HQ/District merge the activation process model with the local/State sequence.
  - PPHA and USPS HQ/District further refine the activation process with LE leads and incorporate it into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## **Distribution Planning**

### **Lead Agencies: State PH [INSERT lead planner for this summary task] and USPS [INSERT lead planner for this summary task]**

- State PH confirms USPS pick-up at RSS site approach, or determines to transport meds into USPS system (directly to DU or to a centralized location for hand-off); NOTE: following tasks are oriented to USPS pick-up.
- State PH provides USPS District with RSS location and specifications - dock numbers, dock dimensions, loading equipment, etc.
- State PH explains current RSS credentialing procedures / location to USPS District.
- USPS District obtains current delivery statistics for complete Postal Plan footprint by Zip Code.
- USPS District develops a breakdown of the materiel requirements by Postal Delivery Unit (DU).
- The Centers for Disease Control and Prevention (CDC) Division of Strategic National Stockpile (DSNS) reconfirms SNS guarantee of sufficient meds to meet Postal Plan allocation in 12 hours, based on USPS provided delivery stats for complete Postal Plan footprint, and reconfirms meds packaging dimensions (by box, palette, etc.).

- USPS District determines capacity/design constraints of available distribution vehicles.
- State PH provides USPS District with RSS tour (USPS District to bring 2-ton distribution vehicle onsite as reference).
- USPS District determines distribution vehicle type/number/materiel allocation per vehicle/single or multiple DU served/single or multiple runs.
- State PH and USPS establish RSS materiel exchange protocols and procedures specific to Postal Plan, including procedures for USPS access to the RSS and for periodic communication of meds quantities available.
- USPS HQ/District establish procedures for USPS verification of materiel count at RSS and DU.
- USPS District determines how required distribution vehicles will be accessed at USPS sites day-of.
- USPS District completes distribution line of travel maps inclusive of LE security considerations (whether State or Local highway escort).
- USPS District assembles Distribution Team Guides, inclusive of:
  - RSS location/specifications
  - Preferred line of travel maps
  - Access and credentialing instructions
  - Quantities to be loaded
  - Materiel exchange protocols and procedures
  - Distribution Team SOP covering day-of distribution protocols, security, field communications (progress calls, en-route issues), etc.
- USPS HQ/District and State PH incorporate the distribution scheme into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## **Delivery Planning**

### **Lead Agency: USPS [INSERT lead planner for this summary task]**

- USPS District identifies all affected daily routes.
- USPS District identifies any DU consolidations based upon operational (e.g., low residential count) and/or security (e.g., lack of physical security) considerations identified in USPIIS physical security assessments.
- USPS District obtains residential delivery point data for each individual route.
- USPS District determines if any foot-routes will be motorized.
- USPS District determines if there are multiple addressee stops.
- USPS District determines access requirements for each route (required keys for buildings/lobbies, cluster boxes, etc.).
- USPS District creates hazard (dogs, etc.) and comfort stop lists for each route.

- USPS District sets progress tracking points (start, 50%, 100% of delivery points) for each individual route.
- USPS District develops lines-of-travel for each individual route.
- USPS District develops baseline Postal Plan assignments (groupings of routes).
- USPS District compiles Delivery Team Guides based on those Postal Plan assignments, including a Delivery Team Standard Operating Procedures (SOP) covering day-of delivery protocols, security, field communications (progress calls, en-route issues), etc.
- USPS District reviews Delivery Team Guides with DU management & National Association of Letter Carriers (NALC) reps.
- USPS District completes a DU Management SOP covering carrier activation/notification process, vetted day/night activation differences, stand-up talks for volunteers and non-volunteers, etc.
- USPS District compiles DU Management Packets for pre-positioning with DU supplies.
- USPS District assembles and pre-positions DU supplies and day-of Go Kits.
- USPS District and USPIS complete a readiness check at each DU.
- USPS HQ/District incorporate the delivery plan into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## **Security Planning**

### **Lead Agency: USPIS [INSERT lead planner for this summary task]**

- USPIS obtains (from Facilities Database) or conducts a security assessment for each DU serving the Postal Plan footprint.
- USPIS advises USPS District as to security considerations that may affect DU consolidations.
- USPIS compiles a Site Security SOP inclusive of USPS site security ground rules and credentialing/access procedures.
- USPIS establishes an Inspector pool, factoring in only readily available resources.
- USPIS, LE (affected State and local LE agencies), and USPS District establish a Security subcommittee.
- Security subcommittee confirms LE capacity to cover Postal Plan numerical requirements for the complete Postal Plan footprint (based on 2:1 carrier-to-route, 1:1 carrier-to-escort ratios).
- Security subcommittee compiles LE Tactical Security Plan, inclusive of division of responsibility between LE entities; security personnel allocation for each activated DU; mustering procedures; specific escort protocols and procedures (rules of engagement); communications procedures and mechanisms (call sign assignment, primary/secondary equipment);

additional field resources for zoned support if necessary (e.g., roving patrols; mobile command/communications; field command posts); USPIS Site Security SOP.

- USPIS sets individual Inspector assignments - access control, credentialing, Emergency Operations Center (EOC) liaisons, etc.
- USPIS obtains Memorandum of Understanding (MOU) from each LE agency recognizing the numerical commitments made in the tactical plan.
- USPIS trains applicable Division Postal Inspectors on response mechanics during awareness/orientation session.
- USPS HQ/District incorporates LE tactical security planning into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## **Command Planning**

### **Lead Agency: USPS [INSERT lead planner for this summary task]**

- USPS District and USPIS establish the Postal Plan EOC location.
- USPS District and USPIS identify the process for District Emergency Management Team (EMT) notification.
- LE, USPIS, USPS District, and PPHA establish a Postal Plan Command subcommittee.
- Postal Plan Command subcommittee reviews the command structure and functional units to be employed by the city in response to a bio-attack and determines Postal Plan Command position within that structure.
- Postal Plan Command subcommittee agree on inter-agency protocols and workflows:
  - o between the Postal Plan EOC and the RSS (protocol for communicating RSS materiel receipt and transfer issues);
  - o between the Postal Plan EOC and other activated multi-agency EOC
- USPS District compiles a Postal Plan EOC SOP, capturing the protocols and workflows to be followed by the USPS District EMT and partner agency liaisons within the Postal Plan EOC; includes a site configuration plan covering workflow/equipment requirements, communications mechanisms and IT support, liaison assignments for all participating agencies, and instructions for progress tracking.
- USPS District dedicates resources and equipment and pre-stages the Postal Plan EOC to the extent feasible pre-event.
- USPS HQ/District train District EMT members on day-of Postal Plan EOC responsibilities.
- USPS HQ/District incorporates command planning into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## **Household Informational Flyer Production**

### **Lead Agency: PPHA [INSERT lead planner for this summary task]**

- PPHA develops an informational flyer to accompany residential deliveries:
  - Determine flyer dimensions
  - Design the flyer
  - Review FDA approved content (NOTE: CDC DSNS, based on consultation with FDA, to provide guidance/template material to PPHA)
  - Draft flyer language
  - Complete internal vetting of flyer content and design
  - Complete translations
- PPHA and State PH determine where informational flyer will be pre-staged.
- PPHA reproduces informational flyer, based on quantity and packaging specs given by USPS HQ/District.
- PPHA and/or State PH stores informational flyers.

### **Public Communications Planning**

#### **Lead Agency: PPHA [INSERT lead planner for this summary task]**

- PPHA obtains a list of Public Information Officers (PIO), one from each partner agency.
- PPHA PIO takes the lead in forming a Public Information and Communications subcommittee (PICC).
- PICC creates a General Communications Fact Sheet for internal and public information communications releases.
- USPS HQ/District issues Fact Sheets for USPS and Union use in order to facilitate announcement of volunteer recruitment.
- PICC develops a common response for potential media inquiries about upcoming volunteer recruitment.
- PPHA PIO examines relevant PPHA communications plans to determine appropriate Postal Plan communications to the general public during a real event, recognizing interdependence with the activation process.
- PPHA PIO provides an operational summary and flowchart for public communication during an anthrax event, inclusive of the Postal Plan.
- PICC reconciles the operational summary and flowchart to any Public Information references in the activation or command processes determined; confirms day-of Joint Information Center (JIC) location, PIO roster, communications, and workflow procedures and mechanisms.
- USPS HQ/District incorporates public information planning into the city-specific Comprehensive Postal Plan (day-of-execution guide).

## Annex D: Acronym List

<b>AAR</b>	After Action Reports
<b>AOT</b>	Act of Terrorism
<b>ASPR</b>	Assistant Secretary for Preparedness and Response
<b>ATF</b>	Bureau of Alcohol, Tobacco, Firearms, and Explosives
<b>CCP</b>	Citizen Corps
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CRI</b>	Cities Readiness Initiative
<b>DHS</b>	Department of Homeland Security
<b>DoD</b>	Department of Defense
<b>DOJ</b>	Department of Justice
<b>DPMG</b>	Deputy Postmaster General
<b>DSNS</b>	Division of Strategic National Stockpile
<b>DU</b>	Delivery Unit
<b>EMAC</b>	Emergency Management Assistance Compacts
<b>EMPG</b>	Emergency Management Performance Grants
<b>EMT</b>	Emergency Management Team
<b>EO</b>	Executive Order
<b>EOC</b>	Emergency Operations Center
<b>ESF</b>	Emergency Support Function
<b>EUA</b>	Emergency Use Authorization
<b>FBI</b>	Federal Bureau of Investigation
<b>FCO</b>	Federal Coordinating Officer
<b>FDA</b>	Food and Drug Administration
<b>FEMA</b>	Federal Emergency Management Agency
<b>FLEO</b>	Federal Law Enforcement Officer
<b>FOH</b>	Federal Occupational Health
<b>FSLTT</b>	Federal, State, Local, Tribal, and Territorial
<b>FTCA</b>	Federal Tort Claims Act
<b>HAK</b>	Household Antibiotic Kit
<b>HHS</b>	Department of Health and Human Services
<b>HSGP</b>	Homeland Security Grant Program
<b>HSPD</b>	Homeland Security Presidential Directive
<b>HQ</b>	Headquarters
<b>HQPS</b>	Headquarters Program Support
<b>IA</b>	Interagency Agreements
<b>JFO</b>	Joint Field Office
<b>JIC</b>	Joint Information Center
<b>JPE</b>	Joint Program Enterprise
<b>LCA</b>	Lead Coordinating Agency

<b>LE</b>	Law Enforcement
<b>MCM</b>	Medical Countermeasures
<b>MI</b>	Managed Inventory
<b>MOA</b>	Memorandum of Agreement
<b>MOPS</b>	Manager, Operations Programs Support
<b>MOU</b>	Memorandum of Understanding
<b>MSA</b>	Metropolitan Statistical Areas
<b>NALC</b>	National Association of Letter Carriers
<b>NICCL</b>	National Incident Communications Conference Line
<b>NIMS</b>	National Incident Management System
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>NIPP</b>	National Infrastructure Protection Plan
<b>NOC</b>	National Operations Center
<b>NRCC</b>	National Response Coordination Center
<b>NRF</b>	National Response Framework
<b>OCET</b>	Office of Counterterrorism and Emerging Threats
<b>OHA</b>	Office of Health Affairs
<b>OPEO</b>	Office of Preparedness and Emergency Operations
<b>OSHA</b>	Occupational Safety and Health Administration
<b>PH</b>	Public Health
<b>PICC</b>	Public Information and Communications
<b>PIO</b>	Public Information Officer
<b>PKEMRA</b>	Post-Katrina Emergency Management Reform Act
<b>PL</b>	Public Law
<b>PMG</b>	Postmaster General
<b>POD</b>	Point of Dispensing
<b>PPB</b>	Program Preparedness Branch
<b>PPE</b>	Personal Protective Equipment
<b>PPHA</b>	Participating Public Health Authority
<b>PREP Act</b>	Public Readiness and Emergency Preparedness Act
<b>RRCC</b>	Regional Response Coordination Center
<b>RSS</b>	Receipt, Store and Stage
<b>SHSP</b>	State Homeland Security Program
<b>SIOC</b>	Strategic Intelligence Operations Center
<b>SLTT</b>	State, local, Tribal and Territorial
<b>SNS</b>	Strategic National Stockpile
<b>SOC</b>	Secretary's Operations Center
<b>SOP</b>	Standard Operating Procedure
<b>SSP</b>	Strategic Security Plan
<b>Stafford Act</b>	Robert T. Stafford Disaster Relief and Emergency Assistance Act
<b>UASI</b>	Urban Area Security Initiative

<b>UCC</b>	Unified Command Center
<b>USC</b>	United States Code
<b>USPIS</b>	United States Postal Inspection Service
<b>USPS</b>	United States Postal Service
<b>WBS</b>	Work Breakdown Structure