



Caddo-Bossier Office of
HOMELAND SECURITY
and
EMERGENCY PREPAREDNESS

**SUBJECT: LOCAL EMERGENCY RESOURCE REQUEST
NORTHWEST LOUISIANA MEDICAL RESERVE CORPS**

One of the lessons learned during Hurricane Katrina is that local governments, both at the city and parish level, need to have available during an emergency a list of local vendors capable of providing materials and services to help our community recover. The Northwest Louisiana Medical Reserve Corps, housed at the Caddo-Bossier Office of Homeland Security and Emergency Preparedness (OHSEP) requests that your company consider being a part of our local *Emergency Resource Directory*. Your organization could then be called upon to provide services in times of disaster here in Northwest Louisiana.

At this time we are not asking your organization to enter into a contract; only to agree to be placed on a call list. This list will be maintained by emergency managers here in Caddo & Bossier Parishes and will be updated annually, as well as exercised by phone in an annual disaster drill. This maintained *Emergency Resource Directory* would be one of the first tools this emergency management office would use to seek logistical assistance in helping out communities recover from a disaster.

Please understand that if your company is called upon and you are able to provide the services needed, it is our intention to properly pay for those services rendered using contracts, purchase orders, invoices or service agreements. We of course will have to follow established governmental regulations concerning contracting of services during an emergency. Knowing ahead of time what companies in the community are available to provide services on a 24/7 basis will save valuable time in the emergency response process. Please review the selection options below and mail back this form to our office in the self-addressed (postage paid) envelope.

Yes, our company is interest in being placed on the OHSEP *Emergency Resource Directory*.

If yes please provide the following:

1. Name of contact person: _____
2. Business hours phone: _____
3. After hours phone: _____

What is your organizational major logistical capability? (Please mark all that is applicable):

Rental:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Medical Oxygen | <input type="checkbox"/> Miscellaneous DME | <input type="checkbox"/> Portable X-ray Services | <input type="checkbox"/> Computer Services |
| <input type="checkbox"/> Oxygen Concentrators | <input type="checkbox"/> Diabetic Testing Supplies | <input type="checkbox"/> Infectious Waste Management | <input type="checkbox"/> Cellular Phone Services |
| <input type="checkbox"/> CPAP Machines | <input type="checkbox"/> Nebulizers | <input type="checkbox"/> Laboratory Services | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Hospital Beds | <input type="checkbox"/> OTC Medications | <input type="checkbox"/> Medical Transportation | <input type="checkbox"/> Handwashing Stations |
| <input type="checkbox"/> Wheelchairs | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Linen Service | |
| <input type="checkbox"/> Other (Please Describe): _____ | | | |

No, we are not interested in this program at this time.

Please feel free to call me at 458-7046 if you require any additional information or assistance on this program.

Terry L. Strain, PA-C, RRT
Coordinator Northwest Louisiana Medical Reserve Corps