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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q108-Q113):

NEW QUESTION # 108
What key issue do healthcare coalitions face?

- A. Strategic planning
- B. Resource management
- C. Information sharing

Answer: C

Explanation:
According to the ASPR Health Care Preparedness and Response Capabilities, one of the most significant hurdles for Healthcare Coalitions (HCCs) is Information sharing. While coalitions are designed to integrate disparate entities-such as hospitals, EMS, public health, and emergency management-the technical, legal, and cultural barriers to sharing real-time data remain a persistent challenge. Information sharing is the bedrock of Situational Awareness; without a fluid exchange of data regarding bed availability, pharmaceutical caches, and patient tracking, the coalition cannot effectively coordinate a regional surge response.
The challenge of information sharing manifests in several ways. First, there are technological barriers, as many private healthcare systems use proprietary Electronic Health Records (EHR) and inventory systems that are not interoperable with public sector platforms. Second, there are legal concerns related to HIPAA and proprietary business data, where private entities may be hesitant to

share specific operational details with competitors. Third, there is the issue of "Information Overload," where the sheer volume of data during a disaster makes it difficult for a coalition to distill actionable intelligence for its members.

In theCEDPbody of knowledge, overcoming this issue is the primary goal ofCapability 2 (Health Care Coalition Response Coordination). Coalitions must establish pre-incident protocols and utilize standardized platforms-such asHAvBEDfor bed tracking orJuvare/WebEOCfor incident logging-to streamline the flow of information. By addressing the "Information Sharing" issue, the coalition moves from being a collection of individual silos to a unified, resilient system. This ensures that the "Right Information" gets to the "Right Person" at the "Right Time," which is the critical prerequisite for effective resource allocation and the implementation ofCrisis Standards of Careacross the region.

NEW QUESTION # 109

What organization or agency developed the Hospital Evacuation Decision Guide?

- A. Agency for Healthcare Risk and Quality
- B. The Joint Commission
- C. Centers for Medicare and Medicaid Services

Answer: A

Explanation:

TheHospital Evacuation Decision Guidewas developed by theAgency for Healthcare Research and Quality (AHRQ), a lead Federal agency within the Department of Health and Human Services.1This guide was created to address the significant challenges hospital leadership teams face when deciding whether to evacuate patients or "shelter-in-place" during an approaching threat, such as a hurricane, or an immediate incident, such as a major utility failure. The AHRQ developed this tool because historical events, particularly Hurricane Katrina, highlighted that many hospitals lacked a systematic, evidence-based process for making this critical, high-stakes decision.

The guide provides a structured framework that helps "Decision Teams" evaluate the risk-benefit ratio of moving fragile patients. It emphasizes that evacuation is often more dangerous than sheltering in place due to the "transfer trauma" and the risks associated with moving patients on life-support without the full resources of a medical facility. The AHRQ guide introduces the concept of theDecision Point, the "last safe moment" an evacuation can be ordered to ensure it is completed before environmental conditions (like high winds or flooding) make transport impossible.

WhileThe Joint Commission(Option A) andCMS(Option C) mandate that hospitals have evacuation plans for accreditation and reimbursement purposes, they do not provide the granular, analytical guidance found in the AHRQ document. The AHRQ guide is an "all-hazards" tool that integrates with theHospital Incident Command System(HICS). It includes specific tools like the "Evacuation Planning Checklist" and the "Shelter- in-Place Analysis." For aCertified Emergency and Disaster Professional (CEDP), the AHRQ guide is the definitive resource for healthcare continuity planning. It shifts the focus from an emotional, reactive decision to a data-driven process that considers facility integrity, resource availability, and the specific medical needs of the patient population, ultimately ensuring that the choice made is the one that maximizes the survival chances of every soul in the facility.

NEW QUESTION # 110

What Act created the DHHS position of Assistant Secretary for Preparedness and Response?

- A. Nunn-Gonzalez Act
- B. Health and Human Services Restructuring Act
- C. Pandemic and All Hazards Preparedness Act

Answer: C

Explanation:

The position ofAssistant Secretary for Preparedness and Response (ASPR)within the Department of Health and Human Services (DHHS) was formally established by thePandemic and All-Hazards Preparedness Act (PAHPA)of 2006. This landmark legislation was enacted in response to the lessons learned from the 2004 flu vaccine shortage and the catastrophic response to Hurricane Katrina. The goal was to centralize the leadership for public health and medical preparedness and response within a single federal office.

The ASPR (now known as theAdministration for Strategic Preparedness and Response) serves as the Secretary's principal advisor on all matters related to Federal public health and medical preparedness and response for "all-hazard" events. This includes managing theNational Disaster Medical System (NDMS)and overseeing theStrategic National Stockpile (SNS)of medicines and medical supplies. Before PAHPA, these responsibilities were fragmented across various agencies, leading to coordination gaps during national crises.

For aCertified Emergency and Disaster Professional (CEDP), PAHPA is a foundational legal document because it also created

theBiomedical Advanced Research and Development Authority (BARDA), which funds the development of medical countermeasures against CBRN (Chemical, Biological, Radiological, and Nuclear) threats. PAHPA mandates that the ASPR coordinate with state and local health departments through theHospital Preparedness Program (HPP), providing the funding and standards that hospitals must meet to manage a surge of patients during a pandemic or mass casualty event. This legislative shift ensured that public health was integrated into the broader national security framework, treating a virus or a dirty bomb as a threat equal to conventional warfare.

NEW QUESTION # 111

What is the purpose of validating capabilities using drills and exercises?

- A. Preventing unwanted outcomes
- B. Collecting threat and risk data
- C. Identifying planning gaps

Answer: C

Explanation:
The primary purpose of validating capabilities throughdrills and exercises, as defined by theHomeland Security Exercise and Evaluation Program (HSEEP), isidentifying planning gapsand areas for improvement.
Exercises provide a "no-fault" environment to test whether the policies, procedures, and resources described in an Emergency Operations Plan (EOP) actually work in a simulated real-world scenario. Without validation, a plan is merely a set of untested assumptions.
Validation through exercises serves several critical functions:
* Clarifying Roles:Ensuring every agency knows its specific responsibilities under theIncident Command System (ICS).
* Resource Verification:Confirming that the equipment and personnel "typed" in the plan are actually available and functional.
* Revealing Gaps:Identifying if communications are not interoperable, if triage protocols are too slow, or if the "span of control" is too wide.
While Option B (Preventing unwanted outcomes) is a long-term goal of theentirepreparedness program, an exercise itself cannot "prevent" a real-world disaster; it can only prepare you for it. Option C (Collecting threat data) is part of theTHIRA/HVAprocess that happensbeforethe exercise is designed. According to theCEDPcurriculum, the "output" of an exercise is theAfter-Action Report (AAR)and theImprovement Plan (IP). These documents formally list the identified gaps and assign tasks to fix them. By systematically identifying and closing these planning gaps, an organization builds a higher level of "Realized Capability," ensuring that when a real disaster occurs, the response is characterized by competence and coordination rather than confusion and failure.

NEW QUESTION # 112

What natural disaster would be unlikely to occur in areas near the central US Pacific Coast?

- A. Wildfire
- B. Hurricane
- C. Tsunami

Answer: B

Explanation:
For the centralUS Pacific Coast(California, Oregon, and Washington), aHurricaneis considered extremely unlikely. Unlike the Atlantic or Gulf Coasts, the Pacific Coast is protected by two primary physical factors:
Cold Ocean TemperaturesandPrevailing Wind Patterns. Hurricanes require warm ocean water (typically above 80°F) to maintain their strength. The California Current brings cold water from the North Pacific down the coast, which acts as a "chilled barrier" that causes tropical cyclones to dissipate rapidly if they move northward from the Mexican coast.
In contrast,Tsunamis(Option A) are a significant threat due to the region's proximity to theCascadia Subduction Zoneand the "Ring of Fire." A seismic event in the Pacific can send devastating waves to the central coast within hours (distant) or minutes (local).Wildfires(Option C) are an annual reality in this region, driven by seasonal droughts, high temperatures, and "Santa Ana" or "Diablo" wind conditions.
For aCertified Emergency and Disaster Professional (CEDP), recognizing these regional hazard profiles is essential for theHazard Identification and Risk Assessment (HIRA)process. Planning for a hurricane in San Francisco would be an inefficient use of resources, whereas planning for "Post-Tropical Depressions" (which bring heavy rain) or "Atmospheric Rivers" is critical. While the West Coast can experience "Hurricane-force winds" during severe winter storms, these are technicallyExtratropical Cyclones, not hurricanes.
Understanding the meteorology behind these distinctions ensures that the Emergency Operations Plan (EOP) and the public warning

systems are calibrated to the actual threats faced by the community, rather than generic disaster scenarios.

NEW QUESTION # 113

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