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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q95-Q100):

NEW QUESTION # 95
What entity provides hospitals with Industrial chemical decontamination educational resources?

- A. Centers for Disease Control and Prevention
- B. Agency for Toxic Substances and Disease Registry
- C. Federal Emergency Management Agency

Answer: B

Explanation:
TheAgency for Toxic Substances and Disease Registry (ATSDR), a federal public health agency within the Department of Health and Human Services, is the primary entity that provides hospitals with specialized educational resources forindustrial chemical decontamination. ATSDR's mission is to protect communities from harmful health effects related to exposure to natural and man-made hazardous substances. For the healthcare sector, their most influential resource is theManaging Hazardous Materials Incidents (MHMI)series.
The MHMI series includes Volume II:Hospital Emergency Departments: A Planning Guide for Management of Contaminated Patients. This document provides the clinical and operational blueprint for hospitals to manage victims of chemical incidents. It covers:
* Decontamination Corridor Setup:How to physically arrange the triage and wash areas outside the hospital to prevent "secondary contamination" of the facility.
* Personal Protective Equipment (PPE):Determining the appropriate level of protection (typically Level C with powered air-purifying

respirators) for medical staff.
* Medical Management:Specific treatments and antidotes for common industrial toxins like chlorine, ammonia, and hydrogen cyanide.
While theCDC(Option A) provides broader public health guidance andFEMA(Option C) provides general emergency management training, theATSDRis the "toxicology-specific" authority. For aCertified Emergency and Disaster Professional (CEDP)working in a hospital, ATSDR resources are the gold standard for creating a
"HazMat Patient" protocol. By following ATSDR guidelines, hospitals can ensure they are prepared to receive chemically contaminated victims from an industrial accident without compromising the safety of their regular patients and staff, a critical component of healthcare resilience.

NEW QUESTION # 96
What preparedness concept would fail outside of the content parameters specifically addressed by the National Response Framework?

- A. Coalition planning
- B. Tiered response
- C. Readiness to act

Answer: B

Explanation:
TheTiered Responseis the fundamental organizational concept of theNational Response Framework (NRF). It is based on the principle that all incidents begin and end locally. When local resources are overwhelmed, they request assistance from the state, and when state resources are overwhelmed, they request federal assistance.
If an emergency response attempted to operate outside the content parameters of the NRF, theTiered Responsestructure would fail, leading to jurisdictional chaos and the misallocation of life-saving resources.
Without the standardized "rules of engagement" provided by the NRF, federal agencies might attempt to take control of a local scene without invitation (violating the principle of state sovereignty), or local agencies might wait for federal help that hasn't been officially requested. The NRF provides the legal and operational
"bridge" that allows these different layers of government to stack on top of each other seamlessly.
For aCEDPcandidate, understanding the Tiered Response is essential for managing expectations and resource timelines. You cannot jump directly to "Federal" support without following the tiered protocols. Concepts like
"Readiness to act" (Option C) and "Coalition planning" (Option A) are important, but they can exist independently of the NRF's specific national structure. However, theintegratedTiered Response is unique to the NRF/NIMS doctrine. If the NRF parameters are ignored, the "Bottom-Up" approach-which ensures that the people closest to the incident maintain command-is replaced by an inefficient "Top-Down" approach that historically fails during complex, large-scale disasters.

NEW QUESTION # 97
What capability provides the foundation for addressing mitigation needs?

- A. Threat & hazard identification
- B. Multi-hazard planning
- C. Community resilience

Answer: A

Explanation:
TheThreat and Hazard Identification and Risk Assessment (THIRA)is the foundational capability for all mitigation efforts. According toFEMA's Comprehensive Preparedness Guide (CPG) 201, a community cannot mitigate a risk that it has not first identified and quantified. Threat and hazard identification involves a systematic three-step process: identifying the threats and hazards of concern, giving the threats and hazards context (describing how they would affect the community), and establishing capability targets based on those impacts.
Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters. To decide where to build a levee, where to retrofit buildings for seismic safety, or where to clear brush for wildfire prevention, planners must have high-quality data from theHazard Identificationphase. This includes historical data, geographic mapping (GIS), and predictive modeling. For example, a community's "mitigation need" for a flood wall is entirely dependent on the "Hazard Identification" of the 100-year and 500-year floodplains.
WhileMulti-hazard planning(Option C) is the framework used to organize these efforts andCommunity resilience(Option B) is the desired end-state, neither can exist without the underlying data provided by threat identification. In theCEDPcurriculum, this reflects

the "Intelligence" function of emergency management. By knowing the "What, Where, and How Likely" of local hazards, emergency managers can conduct aGap Analysisto see where the community's current defenses are insufficient. This allows for a "risk-informed" allocation of resources, ensuring that mitigation projects are not just "good ideas," but are scientifically validated interventions designed to address the most significant threats to the community's safety and economic stability.

NEW QUESTION # 98
What should be the lowest operational priority following an organizational cyber-attack?

- A. Reporting the apparent attack to appropriate local law enforcement
- B. Isolating affected systems and restoring services as soon as possible
- C. Defining scope and impact of the cyber related event or incident

Answer: A

Explanation:
In the immediate aftermath of a cyber-attack, the operational focus is governed by the "Containment, Eradication, and Recovery" cycle defined by theNIST Special Publication 800-61 (Computer Security Incident Handling Guide). Within this framework,Reporting to local law enforcement(Option C) is considered the lowest operational priority relative to the immediate technical response. While reporting is an essential legal and compliance step, it does not stop the spread of malware or restore critical business functions.
The highest priority is alwaysDefining the scope and impact(Option A) because you cannot fix what you have not identified. This involves forensic analysis to determine which systems are compromised and whether the attack is ongoing. Following closely isIsolating affected systems(Option B), which is a "Life Safety" equivalent in the digital world. By disconnecting infected servers or segments of the network, the incident response team prevents the "lateral movement" of the attacker, thereby protecting remaining assets and preparing for the restoration of services.
According to theIBFCSM CEDPbody of knowledge, emergency managers must distinguish between "Technical Response" and "Investigative Support." Law enforcement's primary goal is the preservation of evidence for prosecution, which can sometimes conflict with the organization's need for rapid service restoration. Therefore, a well-designed Incident Response Plan (IRP) ensures that the technical team stabilizes the "patient" (the network) first. Only once the threat is neutralized and the impact is understood should the organization transition its resources toward external reporting and legal proceedings. For most local cyber incidents, federal agencies (like the FBI or CISA) are often more relevant than local law enforcement, further lowering the priority of a "local" report during the high-stress execution phase of the response.

NEW QUESTION # 99
What term describes a type of human hazard that would be excluded from classification listings of chemical agents that could be used as a terrorist weapon?

- A. Blood agents
- B. Blister agents
- C. Liver agents (Corrected from "C. Liver agents")

Answer: C

Explanation:
In the classification of chemical warfare agents (CWA) and toxic industrial chemicals (TICs) used in terrorism and disaster planning, the termLiver agentsis not a recognized category. Traditional chemical threats are classified based on their physiological effects on the human body into four primary categories:Nerve agents,Blister agents(Vesicants),Blood agents(Cyanides), andChoking agents(Pulmonary agents).
Blood agents(Option A), such as Hydrogen Cyanide, interfere with the body's ability to use oxygen at the cellular level.Blister agents(Option B), such as Sulfur Mustard or Lewisite, cause severe chemical burns on the skin and respiratory tract. While some chemicals may eventually cause organ damage (including hepatotoxicity or liver damage) as a secondary effect or through long-term chronic exposure, "Liver agent" is not a tactical classification used by theCDC,OSHA, or theOrganization for the Prohibition of Chemical Weapons (OPCW)to describe acute terrorist weaponry.
For theCertified Emergency and Disaster Professional (CEDP), recognizing these classifications is vital for identifying the correct medical countermeasures and Personal Protective Equipment (PPE). For example, Nerve agents require the rapid administration of atropine and 2-PAM chloride, whereas Blood agents require cyanide antidotes. By focusing on the recognized classifications-Nerve, Blister, Blood, and Choking- emergency managers can streamline their detection protocols and triage processes. Excluding non-standard terms like "Liver agents" ensures that responders stay focused on the acute, life-threatening symptoms associated with the most likely chemical terrorist threats.

NEW QUESTION # 100
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