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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q20-Q25):

NEW QUESTION # 20

Disaster responder safety and health capabilities fall under what oversight entity?

- A. DHS
- B. ASPR
- C. FEMA

Answer: C

Explanation:

In the national preparedness architecture, Responder Safety and Health is officially designated as one of the 32 Core Capabilities within the FEMA National Preparedness Goal. While the Department of Homeland Security (DHS) (Option B) provides the overarching policy umbrella, the actual management, training, and operational oversight of these capabilities for the disaster workforce fall under FEMA. This includes the development of safety protocols for the 15 Emergency Support Functions (ESFs) and the specialized training provided at the Center for Domestic Preparedness (CDP) and the Emergency Management Institute (EMI).

The "Responder Safety and Health" capability focuses on protecting emergency responders from the myriad of physical, chemical, and psychological hazards present in a disaster zone. FEMA coordinates with agencies like NIOSH and OSHA to ensure that responders are equipped with the correct Personal Protective Equipment (PPE), have access to health monitoring (such as the Medical Monitoring and Surveillance or MMS programs), and receive the necessary immunizations and post-incident mental health support.

For the CDP professional, this FEMA-led capability is the "Shield" for the responders. It ensures that the mission does not create more victims from within the response ranks. In a catastrophic event, such as a major structural collapse or a CBRN release, FEMA's Safety Officers are responsible for establishing the safety zones and enforcing the "Stay Time" limits. By placing this capability under the same entity that manages the Incident Command System (ICS), the federal government ensures that safety is integrated into every level of command. This oversight ensures that the response force remains viable and healthy throughout the duration of a prolonged disaster, fulfilling the core principle of "Responder Safety First" that is a prerequisite for any successful mission.

NEW QUESTION # 21

What term describes the gathering and analyzing of emergency-related data?

- A. Information management
- B. Knowledge assessment management
- C. Communication management

Answer: A

Explanation:

In the context of the National Incident Management System (NIMS), the term Information Management specifically describes the systematic process of gathering, analyzing, and disseminating emergency-related data. Information management is the backbone of the Common Operating Picture (COP); without it, decision-makers are operating "in the dark" without a clear understanding of the incident's scope, resource status, or hazard progression.

Information management is distinct from Communication management (Option A), which focuses more on the hardware and infrastructure used to transmit data (e.g., radio frequencies and network interoperability).

Knowledge assessment (Option B) is not a standard NIMS term. Information management involves several key steps:

* Collection: Gathering raw data from the field (911 calls, responder reports, sensors).

* Analysis: Turning that raw data into "intelligence" by identifying trends and impacts.

* Dissemination: Getting the analyzed information to the right people (the Incident Commander, public officials, or the general public) at the right time.

For a CDP professional, effective information management is what prevents "information overload." During a disaster, thousands of pieces of data flow into the Emergency Operations Center. The Information Management function (typically led by the Planning Section) filters this data to ensure that the Incident Commander receives only the critical "actionable" information needed to make life-safety decisions. This process ensures that the "right information" gets to the "right person" at the "right time" in the "right format," which is the fundamental goal of any disaster information system.

NEW QUESTION # 22

What issue poses the greatest challenge to planners developing an emergency operations plan that specifies use of an Incident command system?

- A. Determining necessary functions
- B. Coordinating with agencies
- C. Identifying major hazards

Answer: A

Explanation:

The greatest challenge when developing an Emergency Operations Plan (EOP) that utilizes the Incident Command System (ICS) is determining the necessary functions. ICS is a "Functional Management System," meaning it organizes the response based on what needs to be done (functions) rather than who is doing it (agencies). Traditionally, emergency plans were built around agency-

specific tasks (e.g., "The Police Department will do X"). Transitioning to an ICS-based plan requires planners to break down the response into the five core functional areas: Command, Operations, Planning, Logistics, and Finance/Administration.

Determining functions is difficult because it requires a "modular" mindset. Planners must identify which specific functional units (e.g., a "Decontamination Unit" or a "Volunteer Coordination Group") are required for different types of incidents. If a plan fails to identify a necessary function, that task often goes unassigned, leading to a gap in the response. Option A (Identifying hazards) is a standard part of the THIRA process and is relatively straightforward with modern mapping tools. Option B (Coordinating with agencies) is an ongoing administrative task, but it is the functional alignment that ensures those agencies can actually work together under a unified structure.

According to NIMS doctrine, "Management by Objectives" is achieved only when the functional structure matches the incident's needs. For the CEDP professional, this means the EOP must be flexible enough to allow the Incident Commander to activate only the "modules" needed. Planners often struggle to define the

"triggers" for activating specific functions. For example, when does "Logistics" need a separate "Food Unit" versus a "Medical Unit"? Solving the "functional puzzle" during the planning phase is what ensures that the organizational chart can expand and contract seamlessly during the chaos of a real disaster, providing the scalability that is the hallmark of the ICS system.

NEW QUESTION # 23

What entity coordinates Public Health Preparedness capabilities?

- A. DHS
- B. ASPR
- C. CDC

Answer: C

Explanation:

While public health and medical preparedness are shared responsibilities, the specific Public Health Emergency Preparedness (PHEP) Capabilities are developed and coordinated by the Centers for Disease Control and Prevention (CDC). The CDC established the "15 Public Health Preparedness Capabilities" as the national standard for state, local, tribal, and territorial (SLTT) health departments to use in their planning and to justify federal grant funding.

The 15 PHEP capabilities include:

- * Community Preparedness
- * Community Recovery
- * Emergency Operations Coordination
- * Emergency Public Information and Warning
- * Fatality Management
- * Information Sharing
- * Mass Care
- * Medical Countermeasure Dispensing and Administration
- * Medical Materiel Management and Distribution
- * Medical Surge
- * Non-Pharmaceutical Interventions
- * Public Health Surveillance and Epidemiological Investigation
- * Public Health Laboratory Testing
- * Responder Safety and Health
- * Volunteer Management

In contrast, ASPR (Option A) coordinates the "Healthcare Preparedness Capabilities," which focus on hospitals and healthcare coalitions. The CDC's focus is broader, addressing the underlying public health infrastructure, such as laboratory testing (Capability 13) and epidemiological investigation (Capability 12). For a CEDP professional, the CDC's standards are the "baseline" for community health resilience. When a health department is awarded PHEP funding, they are held accountable for demonstrating their ability to perform these specific functions. This ensures that the nation's public health system is not just reactive to diseases, but is a robust, capability-based shield capable of managing the health impacts of any hazard, from a natural disaster to a biological attack.

NEW QUESTION # 24

What type of hazardous chemical exposures occur most frequently on the job?

- A. Ingestion
- B. Inhalation
- C. Absorption

Answer: B

Explanation:

In the workplace and during disaster response, Inhalation is the most frequent and common route of exposure to hazardous chemicals. This is due to several physiological and environmental factors. First, the human respiratory system has a massive surface area (approximately 75 square meters in the alveoli of the lungs), which provides an extremely efficient pathway for toxins to enter the bloodstream. Second, humans must breathe continuously, often taking in over 10,000 liters of air during a standard work day, making the "intake" of airborne hazards constant and involuntary.

Hazardous chemicals in the workplace frequently enter the air as Vapors (from evaporating liquids like solvents), Gases (like carbon monoxide), Mists (from spraying operations), and Particulates (like dust or fumes).

Unlike Absorption (Option A), which requires physical contact with the skin, or Ingestion (Option C), which usually requires poor hygiene like eating with contaminated hands, Inhalation can occur even if a worker is being careful with their hands and clothing if the area is not properly ventilated.

According to OSHA and NIOSH data, inhalation is the primary driver for setting Permissible Exposure Limits (PELs) and Threshold Limit Values (TLVs). For a CEDP professional, this means that Respiratory Protection and Engineering Controls (like exhaust fans or scrubbers) are the most critical components of a worker safety program. In a disaster scenario—such as a building collapse or a chemical warehouse fire—the air is immediately filled with a complex cocktail of toxins. Because inhalation is the most frequent exposure route, the default posture for responders in "unknown" atmospheres is always the use of an SCBA until the air can be monitored and verified. Understanding that "the air we breathe" is the most likely way to be poisoned ensures that safety priorities are correctly aligned to protect the responders' most vulnerable and high-capacity exposure point.

NEW QUESTION # 25

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