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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q136-Q141):

NEW QUESTION # 136

Disaster professionals would consider what location as unconventional housing for disaster victims?

- A. Tents and prefabricated buildings
- **B. Available ships and trains**
- C. School and public facilities

Answer: B

Explanation:

In the context of Mass Care and Sheltering (Emergency Support Function #6), housing is categorized based on its intended use and the speed of deployment. Ships and trains are considered unconventional housing because they were never designed for long-term residency and require extreme logistical coordination to serve as safe shelters. While they offer high capacity, they present significant challenges in terms of hygiene, medical access, and the psychological "enclosure" of the victims.

In contrast, Schools and Public Facilities (Option A) are considered "Traditional" or "Congregate" shelters and are the primary focus of most local Emergency Operations Plans (EOPs). Tents and prefabricated buildings (Option B) are considered "Transitional" or "Temporary" housing. Using ships (such as cruise ships) has been done in rare circumstances, such as during the response to Hurricane Katrina or for housing workers during large-scale recovery efforts, but it is never the "preferred" or conventional route. According to the IBFCSM CEDP guidelines, unconventional housing options are only explored when the "Traditional" and "Transitional" options are completely exhausted or the environment is too toxic for land-based sheltering. Using ships or trains requires specialized safety inspections (Coast Guard or FRA regulations), dedicated waste management systems, and a plan for "Total Evacuation" of the mobile housing unit itself if a secondary disaster occurs. Disaster professionals must weigh the high cost and logistical complexity of these unconventional solutions against the urgent need for climate-controlled, safe environments for displaced populations.

NEW QUESTION # 137

Coordination of medical surge operations relates to what disaster management process?

- A. Information sharing
- B. Collaboration planning
- **C. Healthcare resiliency**

Answer: C

Explanation:

The coordination of Medical Surge Operations is a critical component of Healthcare resiliency. Medical surge refers to the ability of a healthcare system to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure. Resilience, in this context, is defined as the system's ability to "absorb" the shock of a mass casualty event or pandemic, adapt its operations (e.g., by using Crisis Standards of Care), and rapidly recover to its baseline state.

In the MSCC (Medical Surge Capacity and Capability) Handbook, surge operations are coordinated through a tiered framework. This framework ensures that individual hospitals (Tier 1) can integrate into a local healthcare coalition (Tier 2), which is then supported by jurisdictional incident management (Tier 3). This multi-layered coordination is what creates "systemic resiliency." If one facility fails but the regional system successfully redistributes the patient load and maintains life-saving care, the overall healthcare system has demonstrated resiliency.

For a Certified Emergency and Disaster Professional (CEDP), medical surge is the ultimate test of the healthcare system's design. While Information sharing (Option C) and Collaboration (Option A) are the "tools" used to manage surge, Healthcare resiliency is the broader "process" or "state" being addressed. A resilient healthcare system is one that has pre-planned surge capacity-including extra beds, trained "reserve" staff, and stockpiled supplies-allowing it to function even when stressed to its breaking point. This ensures that during a disaster, the medical system does not become a victim itself but remains a stable community lifeline that prevents unnecessary mortality and morbidity through disciplined, coordinated surge management.

NEW QUESTION # 138

What does the FEMA/ASPR TRACIE website provide healthcare coalitions?

- A. Emergency related preparedness tools
- B. Training and education resources
- **C. Information and technical assistance**

Answer: C

Explanation:

The acronym TRACIE stands for Technical Resources, Assistance Center, and Information Exchange.

Therefore, its primary mission is to provide information and technical assistance specifically tailored to the needs of healthcare coalitions, public health professionals, and emergency managers. Managed by the ASPR (Administration for Strategic Preparedness and Response), TRACIE serves as a "one-stop shop" for vetted healthcare preparedness materials, filling the gap for high-quality, peer-reviewed resources in the medical disaster field. TRACIE is organized into three main domains:

* Technical Resources (TR): A self-service library of "Topic Collections" covering everything from

"Active Shooter" to "Pharmacy Preparedness," providing curated links to plans, tools, and templates.

* Assistance Center (AC): A personalized service where experts provide direct, one-on-one technical assistance to answer specific questions or help resolve local preparedness challenges.

* Information Exchange (IE): A secure, password-protected platform for peer-to-peer discussion, allowing professionals to share "real-time" insights and lessons learned during active incidents. For a CEDP professional, TRACIE is an indispensable tool for staying current with federal standards and best practices. While it does contain tools (Option A) and educational links (Option C), its core value is the combination of information and technical assistance that helps coalitions meet their grant requirements and improve their operational readiness. Whether a coalition is looking for a "Pediatric Surge Annex" template or needs advice on "Cybersecurity for Hospitals," TRACIE provides the evidence-based guidance necessary to build a robust, science-informed healthcare preparedness program across the nation.

NEW QUESTION # 139

What key issue do healthcare coalitions face?

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

Answer: A

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 the CEDP body of knowledge, overcoming this issue is the primary goal of Capability 2 (Health Care Coalition Response Coordination). Coalitions must establish pre-incident protocols and utilize standardized platforms—such as HAVBED for bed tracking or Juvare/WebEOC for 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 of Crisis Standards of Care across the region.

NEW QUESTION # 140

During a disaster, what provides the best catalyst to ensure effective physical security?

- A. Patrols
- **B. Barriers**

- C. Surveillance

Answer: B

Explanation:

In the field of physical security during disaster operations, Barriers serve as the primary and most effective catalyst for ensuring security. Barriers—including fences, bollards, jersey barriers, and locked doors—provide "Passive Security" that works 24/7 without the need for human intervention or power. According to the FEMA 430: Risk Management Series, barriers are the foundational layer of the "Defense-in-Depth" strategy. They physically delay or prevent unauthorized access, which is critical during a disaster when manpower is stretched thin and electronic systems (like surveillance cameras) may be offline due to power outages.

While Patrols (Option A) and Surveillance (Option B) are vital components of a security plan, they are "Active" measures that depend on personnel and technology. During a major disaster, police and security personnel are often redirected to life-saving missions, and surveillance systems can be blinded by smoke, debris, or technical failure. A physical barrier, such as a concrete wall around a water treatment plant or a temporary fence around a collapsed building site, remains effective regardless of the environment. Barriers serve three main functions: Deterrence (visible discouragement), Delay (slowing down an intruder to allow for a response), and Denial (preventing access entirely).

For a CEDP professional, the selection of barriers is a key mitigation and response task. For example, during a mass casualty event at a hospital, physical barriers are used to create "Cordoned Areas" to manage the flow of victims and keep the media or curious bystanders away from the treatment zones. By establishing a "Hard Perimeter" with barriers, the Incident Command can control the scene with fewer personnel. This structural approach to security ensures that "Infrastructure Security" is maintained even in the most austere conditions, providing the stable environment necessary for responders to focus on their primary missions without the constant threat of intrusion or theft of critical supplies.

NEW QUESTION # 141

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