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CEDP - Certified Emergency Disaster Professional Practice Exam With Correct Solutions.

What agency would help disaster victims replace their U.S. Savings Bonds lost in a Disaster? - Answer Bureau of Public Debt

What aspects of emergency management would reduce hazard risk the most? - Answer Mitigation

Disaster mass evacuation is identified/addressed in which of the following documents? - Answer NRF

International financial institutions are reluctant to fund what emergency management phase? - Answer Response

What statement describes the philosophy shift that contributed to U.S. transition from a National Response Plan to a National Response Framework? - Answer Need for a more unified national response effort from all government levels

During a disaster, which response indicates a topic not falling under the objectives of Protection of Natural and Cultural Resources and Historic Properties? - Answer Assessment of privately constructed dams

What is not a level of emergency planning as defined by FEMA? - Answer Contingency

What statement best describes "Situational Awareness" - Answer Integrating information from several sources for making decisions

What statement about carbon monoxide is accurate? - Answer Exposure can inhibit the blood from carrying oxygen to the brain

What publication provides guidelines for developing an EOP? - Answer CPG 101

What entity provides current hazardous material information to emergency personnel responding to a highway transportation accident with a chemical release? - Answer Chemical Transportation Emergency Center

What does the DHS Secretary use for guide development of standards, guidelines, and compliance protocols for determining state or local government compliance with NIMS? - Answer National Response Framework

What agency provides communication support to the healthcare sector during a major disaster? - Answer Federal Communications Commission

What action would be a key to success for conducting a planning session? - Answer Ensuring the group process functions efficiently and effectively

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

Answer: B

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 # 109

What formally documents NIMS objectives?

- **A. Incident action plans**
- B. Emergency operations plan
- C. All hazards assessment document

Answer: A

Explanation:

Under the National Incident Management System (NIMS) and the Incident Command System (ICS), the Incident Action Plan (IAP) is the document that formally records the incident-specific objectives for a given operational period. NIMS defines an objective as a statement of what is to be accomplished during an incident. These objectives must be SMART: Specific, Measurable, Actionable, Realistic, and Time-bound.

The IAP ensures that all responding personnel, regardless of their parent agency, are working toward a unified set of goals.² The IAP is typically developed during the "Planning P" cycle. The Incident Commander (or Unified Command) sets the overall Strategic Objectives, which are then translated into Tactical Objectives and Work Assignments within the IAP. While an Emergency Operations Plan (EOP) (Option A) provides the general framework and policies for a community's response, it is a static document. The IAP is a dynamic document that is updated for every operational period (e.g., every 12 or 24 hours), reflecting the changing "ground truth" of the disaster.

In the CEDP curriculum, the IAP is seen as the primary tool for Management by Objectives. The IAP includes not just the objectives, but also the organization chart (ICS 203), the medical plan (ICS 206), and the safety message (ICS 208). By formally documenting these objectives in the IAP, the command structure ensures Accountability and Unity of Effort. Every responder who checks into an incident receives an IAP (or a briefing based on it), ensuring they understand exactly what is expected of them and how their tasks contribute to the overall stabilization of the incident and the safety of the public.

NEW QUESTION # 110

What term reflects human biological tissue damage caused by exposures to various sources of radiation?

- A. Rem
- B. Half-Life
- C. Rad

Answer: A

Explanation:

In radiation protection and health physics, the term that specifically reflects human biological tissue damage is the Rem (Roentgen Equivalent Man).¹¹ While "Rad" (Radiation Absorbed Dose) measures the physical amount of energy deposited in a material, the Rem factors in the "biological effectiveness" of that specific type of radiation.¹² Different types of radiation—such as alpha particles, beta particles, and gamma rays—cause different levels of damage to human cells even if the "Absorbed Dose" (Rad) is the same.¹³ To calculate the Rem, the Rad is multiplied by a "Quality Factor" (Q).¹⁴ For gamma rays and beta particles, the Q is 1 (meaning 1 Rad = 1 Rem).¹⁵ However, for alpha particles, the Q can be as high as 20, meaning that a small physical dose (Rad) causes significantly more biological damage (Rem). Half-Life (Option C) refers to the time it takes for half of a radioactive substance to decay and does not measure tissue damage.

According to the CEDP curriculum and NRC guidelines, the Rem (or the SI equivalent, the Sievert) is the unit used to set safety standards and dose limits for emergency workers. Understanding the Rem is critical during a radiological disaster for Triage and Dosimetry. If a responder's dosimeter shows a high Rem reading, it indicates a significant risk for acute radiation syndrome (ARS) or long-term stochastic effects like cancer.

¹⁶ For the disaster professional, the "Rem" is the most important unit because it directly correlates to the clinical health risk faced by the individual, allowing for informed decisions regarding "Stay Time" and medical intervention in a contaminated environment.

NEW QUESTION # 111

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.⁷ 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.⁸ 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 # 112

What statement describes FEMA's primary planning objective?

- A. Prepare for nuclear-related attacks with good response planning
- B. Place a priority on infrastructure and natural disaster management
- C. Prepare for any contingency by promoting an "all-hazards" approach

Answer: C

Explanation:

FEMA's primary planning objective, as codified in Presidential Policy Directive 8 (PPD-8) and FEMA's Comprehensive

Preparedness Guide (CPG) 101, is to prepare for any contingency by promoting and implementing an "all-hazards" approach. This objective reflects a fundamental shift in emergency management from "scenario-based planning" (preparing for a specific event like a nuclear war or a specific hurricane) to "capability-based planning" (building the common building blocks of response that apply to any disaster).

An all-hazards approach is based on the reality that while the triggers for disasters are diverse (natural, technological, or man-made), the response requirements are often identical. For instance, the function of

"Public Information and Warning" is nearly the same whether the threat is a tornado or a chemical leak. By focusing on these commonalities, FEMA ensures that:

- * Efficiency: Planning resources are used effectively by creating "Functional Annexes" rather than hundreds of separate hazard plans.
- * Agility: Communities are prepared for "The Unknown" (Black Swan events) because they have the core systems of command, communication, and logistics already in place.
- * Standardization: Using NIMS and the ICS ensures that all responders speak the same language, regardless of the hazard.

For the CEDP professional, the all-hazards objective is the foundation of modern resilience. Option A is a legacy of the Cold War "Civil Defense" era, and Option C is too narrow. The "all-hazards" objective empowers local jurisdictions to build a single, robust Emergency Operations Plan (EOP) that can be scaled and adapted to any crisis. This ensures that the nation's preparedness is not just deep in a few areas, but broad enough to cover the entire spectrum of risk facing the "Whole Community."

NEW QUESTION # 113

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