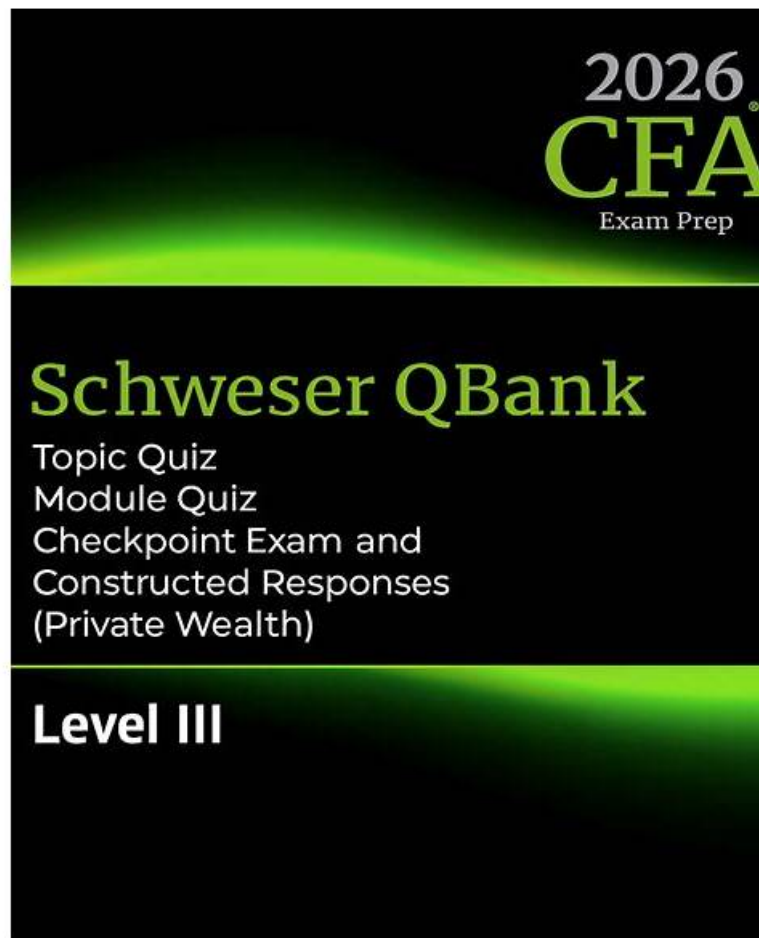


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## IBFCSM Certified Emergency and Disaster Professional Sample Questions

## (Q112-Q117):

### NEW QUESTION # 112

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

**Answer: B**

Explanation:

In the classification of chemical warfare agents (CWA) and toxic industrial chemicals (TICs) used in terrorism and disaster planning, the term Liver agents is 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), and Choking 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 the CDC, OSHA, or the Organization for the Prohibition of Chemical Weapons (OPCW) to describe acute terrorist weaponry.

For the Certified 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 # 113

What concept refers to the meshing of planning actions within various governmental levels?

- A. Horizontal integration
- B. Modular planning
- C. Vertical integration

**Answer: C**

Explanation:

The concept of Vertical Integration refers to the "meshing" or synchronization of emergency plans and actions across the different levels of government—from the local level up to the state, and finally to the federal level.

According to FEMA's CPG 101, vertical integration is based on the principle of Tiered Response, which recognizes that all disasters start locally and only scale up when local resources are exceeded. For this system to work, the local Emergency Operations Plan (EOP) must be compatible with the State EOP, which must in turn be compatible with the National Response Framework (NRF). Vertical integration ensures that there is a "Common Operational Focus" regardless of which level of government is providing the resources. For example, if a local plan uses the Incident Command System (ICS) and specific Resource Typing, the state and federal levels must use those same standards to ensure that their support "meshes" with the local activities. This prevents jurisdictional conflict and ensures that state and federal assets can be "plugged in" to the local incident structure seamlessly.

In contrast, Horizontal Integration (Option A) refers to the coordination between different agencies or departments at the same level of government (e.g., the local fire department planning with the local police department). Modular planning (Option B) refers to the technical ability of a plan to expand or contract based on incident size, but it does not describe the inter-governmental relationship. For a CEDP professional, achieving vertical integration is one of the most difficult but essential tasks of the Preparedness Phase. It requires constant communication and "co-planning" with higher-level jurisdictions to ensure that when the "big one" hits, the community is not isolated, but is instead the foundation of a vertically integrated national response system that can rapidly surge resources to the point of need.

### NEW QUESTION # 114

What describes the philosophy of a proactive emergency management function?

- A. Realize effective planning improves response
- B. Set realistic goals and work to exceed them
- C. Monitor, report, and measure everything

**Answer: A**

Explanation:

The core philosophy of a proactive emergency management function is the realization that effective planning improves response. Proactivity in this field is the opposite of a "wait-and-see" or reactive posture. It is based on the principle that while disasters are unpredictable, the process of managing them is not. By investing in the planning phase, an organization "pre-buys" the coordination, resource identification, and decision-making frameworks it will need when every second counts.

Proactive planning involves:

- \* Anticipation: Using Hazard Identification (HIRA) to predict what could happen.
- \* Capability Building: Ensuring the "Staff, Stuff, and Space" are ready before the alarm sounds.
- \* Relationship Management: Building the partnerships and mutual aid agreements that will be activated during the response.

While monitoring and measuring (Option A) are part of the process, and goal-setting (Option B) is a general management skill, the fundamental "proactive" belief is that the Response phase is a direct reflection of the Preparedness (Planning) phase. According to the CEDP standards, a proactive manager spends 90% of their time on planning and mitigation so that the 10% of their time spent on response is smooth and effective.

Effective planning reduces the "complexity" of the disaster by providing standardized "playbooks" (Standard Operating Procedures) that allow responders to focus on the unique aspects of the incident rather than arguing over basic organizational structure or resource needs.

#### NEW QUESTION # 115

What describes an illness resulting from long-term exposure to hazardous substances?

- A. Acute effects
- B. Chronic effects
- C. Toxic effects

**Answer: B**

Explanation:

In toxicology and occupational health, a chronic effect is defined as an adverse health condition that results from long-term or repeated exposure to a hazardous substance. Unlike acute effects, which appear almost immediately after a single high-dose exposure, chronic effects develop gradually over months or years. These illnesses often have a long latency period, meaning the symptoms may not manifest until long after the initial exposure began. Common examples of chronic effects include cancers, respiratory diseases like asbestosis or silicosis, and organ damage to the liver or kidneys caused by prolonged chemical contact. According to OSHA 29 CFR 1910.1200 (Hazard Communication Standard), understanding the distinction between acute and chronic toxicity is essential for proper risk assessment. Chronic exposure often occurs at lower concentrations that do not cause immediate distress, leading workers to underestimate the danger. For instance, a worker exposed to low levels of lead over several years may eventually suffer from chronic neurological damage or reproductive issues, even if they never experienced an "acute" poisoning episode.

This is why Permissible Exposure Limits (PELs) and Threshold Limit Values (TLVs) are calculated as Time-Weighted Averages (TWA) to prevent the accumulation of toxins in the body over a 40-hour work week and a 30-year career.

For a Certified Emergency and Disaster Professional (CEDP), the management of chronic risks is a key part of the Recovery phase and long-term worker health monitoring. During disaster cleanup—such as the aftermath of the 9/11 attacks or Hurricane Katrina—responders are often exposed to a "cocktail" of dust, mold, and chemicals. Effective safety management requires the use of appropriate Personal Protective Equipment (PPE) to block these pathways of exposure (inhalation, absorption, ingestion) every day, as the "cumulative dose" determines the likelihood of developing a chronic, often permanent, illness.

#### NEW QUESTION # 116

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

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

**Answer: C**

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 # 117

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