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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q79-Q84):

NEW QUESTION # 79
What term describes government efforts to maintain national chemical security and resilience?

- A. Collaboration
- B. Regulation
- C. Coordination

Answer: B

Explanation:
In the context of theChemical Facility Anti-Terrorism Standards (CFATS)and theEPA's Risk Management Program (RMP), the primary mechanism the government uses to ensure national chemical security isRegulation. While coordination (Option B) and collaboration (Option C) are essential for a smooth response, the security of high-risk chemical facilities is enforced through a strictly regulated legal framework that mandates specific security performance standards.

The Department of Homeland Security (DHS) utilizes the CFATS program to identify and regulate high-risk chemical facilities.9Facilities that possess "Chemicals of Interest" (COI) at or above specific quantities must complete a Top-Screen assessment. Based on the risk level, they are assigned a "Tier" (1 through 4) and are required to develop aSite Security Plan (SSP)or an Alternative Security Program (ASP) that meets 18Risk- Based Performance Standards (RBPS). These standards include physical security, background checks, and cyber-security.
According to theCEDPcurriculum, regulation is what provides the "teeth" for national security in the private sector. Unlike voluntary programs, regulatory compliance is mandatory and subject to government inspections and fines. This ensures a consistent "baseline" of security across the country, preventing "weak links" in the chemical supply chain that could be exploited by terrorists. By usingRegulation(such as 6 CFR Part 27), the government compels facility owners to invest in the necessary physical and procedural barriers that protect the community from a catastrophic chemical release, thereby maintaining both security and national resilience.

NEW QUESTION # 80
What should occur first when conducting a Hazard Vulnerability Analysis?

- A. Decide on what assessment methodology to use
- B. Evaluate known hazards and risks posing threats
- C. Consult with experts to assess scope of vulnerability

Answer: B

Explanation:
The foundational first step in conducting aHazard Vulnerability Analysis (HVA), as outlined inFEMA's Comprehensive Preparedness Guide (CPG) 101and theTHIRAprocess, isHazard Identification, which involvesevaluating known hazards and risks posing threatsto the community or facility.4Before a planner can decide on a methodology (Option A) or consult specific experts (Option B), they must first understand the
"Universe of Hazards" that could potentially impact their jurisdiction.
This initial step involves researching historical data, geographic surveys, and industrial records to create a
"Master Hazard List." Hazards are typically categorized into three groups:
* Natural Hazards:Floods, hurricanes, earthquakes, and wildfires.
* Technological/Human-Caused Hazards:Chemical spills, power grid failures, and dam breaches.
* Adversarial/Threat-Based Hazards:Terrorist attacks, civil unrest, and cyber-attacks.
For theCEDPprofessional, this first step is critical because it dictates the entire scope of the emergency management program. If a hazard-such as a localized earthquake fault-is not "identified" and "evaluated" in the beginning, the resulting Emergency Operations Plan (EOP) will have a fundamental gap. Once the hazards are evaluated, the HVA process then moves to "Profiling" (determining frequency and magnitude) and "Vulnerability Assessment" (determining who and what is at risk). By starting with a comprehensive evaluation of known hazards, the organization ensures that its preparedness efforts are grounded in reality and that its limited mitigation resources are directed toward the threats that pose the greatest risk to life and property.

NEW QUESTION # 81
What phrase describes the key characteristic of a Hazard Vulnerability Analysis?

- A. Comprehensive in nature
- B. All hazards in content
- C. Realistic in scope

Answer: A

Explanation:
AHazard Vulnerability Analysis (HVA)is fundamentally defined by beingComprehensive in nature. While
"realistic" (Option B) and "all-hazards" (Option C) are important qualities of the planning process, an HVA serves as the exhaustive diagnostic tool for an organization or community. To be effective, it must systematically evaluate every possible threat-natural, technological, and human-caused-and assess the potential impact on life, property, and business continuity.
The comprehensive nature of an HVA requires a multi-disciplinary approach. It doesn't just look at the likelihood of a flood; it looks at the vulnerability of specific patient populations in a hospital, the fragility of the power grid, and the potential for a cyber-attack to happen simultaneously. According toThe Joint Commissionstandards and theIBFCSM CEDPcurriculum, an HVA must be reviewed annually to incorporate new data, ensuring it remains "comprehensive" as the threat landscape changes (e.g., adding pandemic risk or civil unrest).
Being comprehensive allows the HVA to act as the primary driver for prioritizing mitigation and preparedness investments. It uses a scoring system-often measuringProbability,Human Impact,Property Impact,Business Impact, andPreparedness-to create a "Risk

Priority Number." If the analysis is not comprehensive, the organization may find itself prepared for a hurricane but completely vulnerable to a localized hazardous material spill or a critical IT failure. Therefore, the "Comprehensive" characteristic ensures that no significant gap in the community's defense remains hidden during the planning phase.

NEW QUESTION # 82
What chemical exposure limit does OSHA consider an excursion limit?

- A. TLV
- B. PEL
- C. STEL

Answer: C

Explanation:
In the regulatory framework of theOccupational Safety and Health Administration (OSHA), specifically under standards such as29 CFR 1910.1001(Asbestos), anexcursion limitis a specific type ofShort-Term Exposure Limit (STEL). While the primary Permissible Exposure Limit (PEL) is typically calculated as an 8-hour Time- Weighted Average (TWA), the excursion limit is designed to protect workers from high-intensity, short- duration spikes in exposure that could be harmful even if the 8-hour average remains below the PEL.
Technically, OSHA defines an excursion limit as a maximum concentration to which a worker can be exposed over a specific short period-usually30 minutes.1For example, in the asbestos standard, the excursion limit is
1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of 30 minutes. This is functionally a STEL, though "STEL" is more commonly associated with 15-minute intervals in other chemical standards. TheTLV(Option C) is a term used by the American Conference of Governmental Industrial Hygienists (ACGIH) and is not an enforceable OSHA legal limit, although OSHA often uses TLV data when establishing its PELs.2 For aCertified Emergency and Disaster Professional (CEDP), monitoring for excursion limits is vital during disaster cleanup and industrial response. During activities like debris removal or structural demolition, particulate levels can fluctuate wildly. A TWA might suggest an environment is safe, but "excursions" during peak activity can cause acute respiratory distress or long-term damage. Therefore, safety plans must include real-time air monitoring and the use of theAssigned Protection Factor (APF)of respirators to ensure that even during these peak "excursion" periods, the worker's intake remains within safe biological limits.

NEW QUESTION # 83
What key issue do healthcare coalitions face?

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

Answer: B

Explanation:
According to theASPR Health Care Preparedness and Response Capabilities, one of the most significant hurdles forHealthcare Coalitions (HCCs)isInformation 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 ofSituational 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 toHIPAAand 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 theCEDPbody of knowledge, overcoming this issue is the primary goal ofCapability 2 (Health Care Coalition Response Coordination). Coalitions must establish pre-incident protocols and utilize standardized platforms-such asHAvBEDfor bed tracking orJuvare/WebEOCfor 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 ofCrisis Standards of Careacross the region.

NEW QUESTION # 84
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