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IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q95-Q100):

NEW QUESTION # 95

What entity coordinates Public Health Preparedness capabilities?

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

Answer: A

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 # 96

What tool could hinder identification of potential mitigation hazards?

- A. Hazard checklists
- B. Hazard maps
- C. Hazard GIS analyses

Answer: A

Explanation:

In the field of disaster preparedness and risk assessment, Hazard Checklists (Option C) can inadvertently hinder the identification of potential mitigation hazards because they often promote a "tunnel vision" or "check-the-box" mentality.³ While checklists are excellent for ensuring that standard tasks are completed, they are inherently limited by what the creator of the checklist thought to include. If a hazard is emerging, site-specific, or non-traditional, it may not be on the list, leading the evaluator to ignore it entirely.

Advanced tools like GIS (Geographic Information Systems) analyses (Option A) and Hazard Maps (Option B) are dynamic.⁴ They allow emergency managers to visualize the spatial relationship between different threats and critical infrastructure.⁵ For example, a GIS layer can show exactly where a flood zone overlaps with an aging power substation. These tools encourage the explorer to see the "big picture" and identify cascading failures that a simple list would never capture.

According to FEMA's CPG 201 (Threat and Hazard Identification and Risk Assessment), the process of hazard identification should

be an "all-hazards" inquiry. Checklists tend to be static and historical, focusing on what happened in the past rather than what could happen in the future due to changing climates, urban sprawl, or technological evolution. For a CEDP professional, over-reliance on a checklist can lead to a false sense of security. If a hazard (like a new chemical plant built upstream) isn't on the pre-printed checklist, it might be overlooked during the mitigation planning phase. Therefore, while checklists have their place in maintenance and routine safety inspections, they are considered a restrictive "closed system" compared to the "open system" of professional hazard mapping and spatial analysis.

NEW QUESTION # 97

What key recommendation described in the federal Incident Action Planning Guide would help make emergency planning sessions more successful?

- A. Establishing a seniority chain of command among participants
- B. **Appointing a facilitator that communicates clear objectives**
- C. Ensuring the efficient and effective conduct of all processes

Answer: B

Explanation:

The Federal Incident Action Planning (IAP) Guide and FEMA's NIMS doctrine emphasize that the structure of the planning meeting itself is a critical factor in the quality of the resulting plan. The key recommendation for a successful session is Appointing a facilitator that communicates clear objectives. In the high-pressure environment of an Emergency Operations Center (EOC), planning meetings often involve diverse stakeholders (Fire, Police, Public Health, Public Works) who may have competing priorities. A facilitator ensures that the meeting remains focused on the Incident Objectives rather than individual agency agendas.

While "Seniority" (Option A) is important for the command structure, it can actually hinder a planning session if lower-ranking subject matter experts feel intimidated or unable to contribute technical insights. The IAP process is designed to be collaborative and functional. Option C (Ensuring efficiency) is a general desired outcome, but it is not a specific "recommendation" for the conduct of the session; rather, efficiency is a byproduct of having a strong facilitator.

In the CEDP curriculum, the facilitator (often the Planning Section Chief) is responsible for moving the team through the "Planning P" cycle. This involves transitioning from situational awareness to objective setting and then to resource assignment. Without a facilitator to enforce the agenda and clear objectives, meetings tend to devolve into "war stories" or operational "silos," where the coordination necessary for a true Incident Action Plan is lost. A successful facilitator ensures that by the end of the session, every participant knows the "What, Who, and When" for the next operational period, which is the hallmark of a professional emergency management organization.

NEW QUESTION # 98

What describes a mitigation priority for hospitals located near the southeast U.S. coast?

- A. Obtaining and rotating adequate supply of food, sanitation resources, and potable water
- B. **Relocating emergency generators to areas that would protect them from high water levels**
- C. Taking actions to ensure resource availability for sustaining operations for at least 96 hours

Answer: B

Explanation:

For hospitals located near the southeast U.S. coast—an area highly prone to hurricanes and storm surges—the mitigation priority is Relocating emergency generators to protected, higher elevations. Mitigation is defined as the long-term, structural effort to reduce the loss of life and property by lessening the impact of disasters.

Lessons learned from Hurricane Katrina (New Orleans) and Hurricane Sandy (New York) proved that placing critical infrastructure, like generators and transfer switches, in basements or ground floors is a catastrophic vulnerability. When these areas flood, the hospital loses all power, including life-support systems, forcing a dangerous mass evacuation.

It is crucial to distinguish mitigation from preparedness. Option B (Rotating supplies) and Option C (96-hour sustainability) are both preparedness and response activities. While The Joint Commission standard EM.02.01.01 requires hospitals to be able to sustain themselves for 96 hours, this is a "capability" goal. Relocating the generators is a "mitigation" project—a physical, often expensive, construction change that permanently reduces the risk of power failure during a flood.

According to the FEMA Hazard Mitigation Assistance guidelines and the CEDP curriculum, "Hardening" critical facilities is the most cost-effective way to ensure continuity of operations. For coastal hospitals, this includes installing hurricane-rated glass, reinforced roofing, and most importantly—elevating the "heart" of the hospital (the power system) above the projected 500-year flood level. By making these structural changes, a hospital ensures that even if it is surrounded by water, it can fulfill its mission as a "Community Lifeline," remaining operational and safe for patients when the community needs it most. Mitigation is about "breaking the cycle" of

disaster damage through intelligent engineering and site design.

NEW QUESTION # 99

Which statement about an emergency operations plan is the most accurate?

- A. Emergency operations planning should be organized around functions and not hazards
- B. Response is primarily limited to events identified in the hazard vulnerability analysis
- C. Develop the emergency operations plan to address recovery actions in detail

Answer: A

Explanation:

The most accurate statement regarding modern emergency operations planning is that it should be organized around functions and not hazards. This is the core principle of the All-Hazards Approach advocated by FEMA in CPG 101 (Comprehensive Preparedness Guide). A functional EOP focuses on the capabilities that a community needs to respond to any incident (e.g., Communications, Evacuation, Mass Care, Public Information) rather than creating separate, redundant plans for every possible hazard (e.g., a "Flood Plan," a

"Fire Plan," a "Tornado Plan").

A functional organization is more efficient for several reasons:

- * Simplicity: It avoids duplicating common activities that are required in almost every disaster (e.g., searching for victims).
- * Flexibility: A functional plan can be adapted to novel or unexpected threats (like a pandemic or a new type of cyber-attack) because the "building blocks" of the response are already in place.
- * Training: Responders only need to learn one set of procedures for their function (e.g., "Transportation") regardless of the cause of the disaster.

While the EOP is informed by the Hazard Vulnerability Analysis (HVA), the response is not "limited" to those events (Option A); a good plan must be adaptable to the unknown. Similarly, while an EOP includes recovery elements, its primary focus is the response phase; detailed recovery planning is often handled in a separate Long-Term Recovery Plan (Option C). For a CEDP professional, the functional EOP is the "Swiss Army Knife" of emergency management. By perfecting the "Functional Annexes," a jurisdiction ensures it has a robust, scalable capability that can be deployed at a moment's notice to manage any challenge, fulfilling the mission of "All-Hazards" resilience.

NEW QUESTION # 100

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