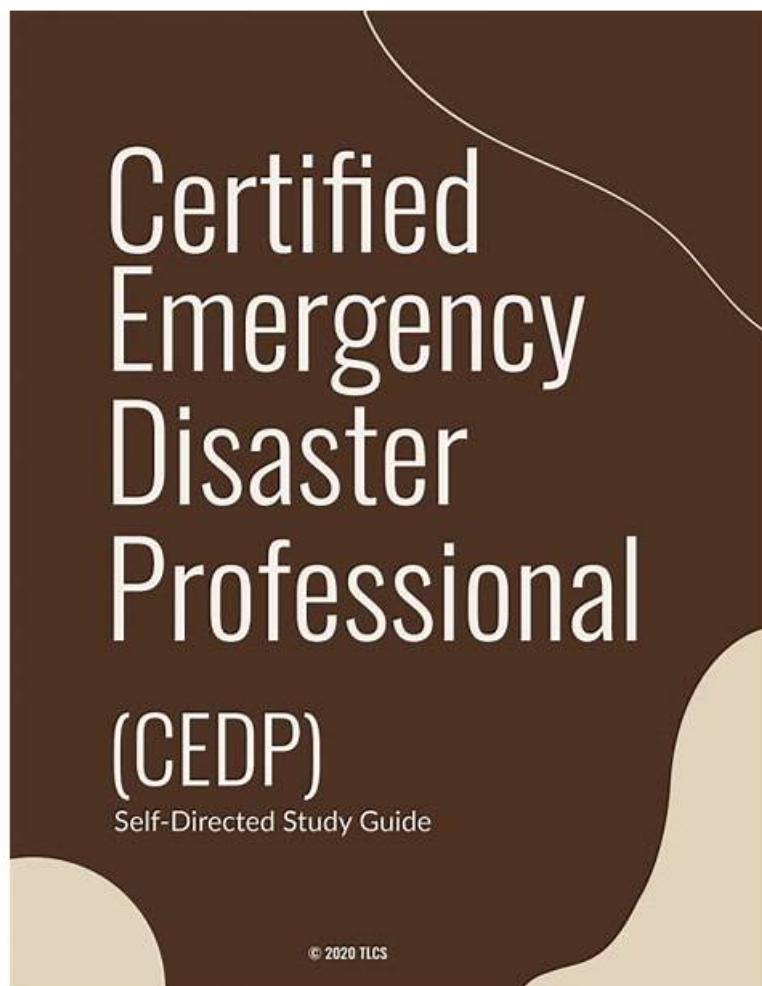


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## IBFCSM Certified Emergency and Disaster Professional Sample Questions (Q96-Q101):

### NEW QUESTION # 96

What entity operates the Mobile Emergency Response Support (MERS) Detachments?

- A. Federal Emergency Management Agency1
- B. Department of Defense
- C. Department of Health and Human Services

**Answer: A**

Explanation:

The Mobile Emergency Response Support (MERS) detachments are specialized, rapid-response teams operated and maintained by the Federal Emergency Management Agency (FEMA).<sup>2</sup> These detachments provide mobile telecommunications, operational support, logistics, and power generation to state, local, and federal responders during disasters or incidents of national significance.<sup>3</sup> MERS is essentially FEMA's "first-in" tactical support capability, ensuring that an Incident Command Post (ICP) or Joint Field Office (JFO) can function even when the local commercial infrastructure has been completely destroyed.

There are currently five MERS detachments strategically located across the United States (Bothell, WA; Denver, CO; Denton, TX; Frederick, MD; and Maynard, MA). Each detachment is equipped with a fleet of vehicles including Multi-Radio Vans, Satellite Power Generation trucks, and Heating/Air Conditioning units.

Their primary mission is to establish a "communications bridge" using satellite, high-frequency radio, and cellular-over-IP technologies. This ensures that the Common Operating Picture (COP) can be transmitted back to the Regional Response Coordination Center (RRCC) and the National Response Coordination Center (NRCC).

For a CEDP professional, knowing the capabilities of MERS is vital for catastrophic planning. If a hurricane or earthquake wipes out all local cell towers and fiber optic lines, the arrival of a MERS detachment provides the "nerve center" required for organized rescue efforts. While the Department of Defense (Option C) has similar capabilities, they are used for military missions or via specific "Defense Support of Civil Authorities" (DSCA) requests. FEMA's MERS is the dedicated civilian asset designed specifically to support the National Response Framework and ensure that the command and control structure remains resilient in the most austere environments.<sup>4</sup>

### NEW QUESTION # 97

What issue poses the greatest challenge to planners developing an emergency operations plan that specifies use of an Incident command system?

- A. Determining necessary functions
- B. Coordinating with agencies
- C. Identifying major hazards

**Answer: A**

Explanation:

The greatest challenge when developing an Emergency Operations Plan (EOP) that utilizes the Incident Command System (ICS) is determining the necessary functions. ICS is a "Functional Management System," meaning it organizes the response based on what needs to be done (functions) rather than who is doing it (agencies). Traditionally, emergency plans were built around agency-specific tasks (e.g., "The Police Department will do X"). Transitioning to an ICS-based plan requires planners to break down the response into the five core functional areas: Command, Operations, Planning, Logistics, and Finance/Administration.

Determining functions is difficult because it requires a "modular" mindset. Planners must identify which specific functional units (e.g., a "Decontamination Unit" or a "Volunteer Coordination Group") are required for different types of incidents. If a plan fails to identify a necessary function, that task often goes unassigned, leading to a gap in the response. Option A (Identifying hazards) is a standard part of the THIRA process and is relatively straightforward with modern mapping tools. Option B (Coordinating with agencies) is an ongoing administrative task, but it is the functional alignment that ensures those agencies can actually work together under a unified structure.

According to NIMS doctrine, "Management by Objectives" is achieved only when the functional structure matches the incident's needs. For a CEDP professional, this means the EOP must be flexible enough to allow the Incident Commander to activate only the "modules" needed. Planners often struggle to define the

"triggers" for activating specific functions. For example, when does "Logistics" need a separate "Food Unit" versus a "Medical Unit"? Solving the "functional puzzle" during the planning phase is what ensures that the organizational chart can expand and contract seamlessly during the chaos of a real disaster, providing the scalability that is the hallmark of the ICS system.

### NEW QUESTION # 98

What legislation mandates development evacuation plans for disabled visitors?

- A. Stafford Relief and Emergency Assistance Act
- **B. Americans with Disabilities Act**
- C. Disaster Mitigation Act

**Answer: B**

Explanation:

The Americans with Disabilities Act (ADA) is the primary legislation that mandates the development of evacuation plans and accessibility considerations for individuals with disabilities, including visitors.

Specifically, under Title II (covering state and local government services) and Title III (covering public accommodations and commercial facilities), entities are legally required to provide "equal access" to their programs and services. In the context of emergency management, this "access" extends to the safety and evacuation of the facility.

Failure to include specific protocols for disabled visitors—such as those with mobility, sensory, or cognitive impairments—constitutes a violation of civil rights. The Department of Justice (DOJ) and the National Council on Disability have emphasized that emergency plans must not only exist but must be effective. This includes ensuring that notification systems (alarms) are both audible and visual, and that "Areas of Refuge" are designated for those who cannot use stairs when elevators are grounded during a fire or disaster. While the Stafford Act (Option A) governs how the federal government provides disaster assistance and the Disaster Mitigation Act (Option B) focuses on pre-disaster hazard reduction, neither specifically mandates the architectural or procedural evacuation requirements for private or local public buildings found in the ADA. For a Certified Emergency and Disaster Professional (CEDP), compliance with the ADA is not just a legal necessity but a moral imperative. Effective planning requires a "functional needs" approach, ensuring that evacuation routes are clear of obstructions, signage is in Braille or high-contrast text, and staff are trained in specific assistance techniques, such as using evacuation chairs. This inclusive planning ensures that during a crisis, no individual is left behind due to a lack of foresight regarding their physical or mental capabilities.

### NEW QUESTION # 99

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. Blood agents
- **C. Liver agents (Corrected from "C. Liver agents")**

**Answer: C**

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 # 100

What action would provide the best protection from the effects of a terrorist chemical attack?

- A. Staying put and sheltering-in-place
- B. Receiving a vaccination after exposure
- C. Being quarantined immediately

**Answer: A**

**Explanation:**

In the immediate aftermath of a terrorist chemical attack, particularly one involving aerosolized agents, the most effective life-saving action for the general public is staying put and sheltering-in-place. Chemical agents typically dissipate or settle over time; attempting to evacuate through a contaminated plume without specialized Personal Protective Equipment (PPE) is often fatal. By sheltering in a small, interior room, turning off HVAC systems, and sealing cracks with tape or plastic (Expedient Sheltering), individuals create a "pressure barrier" that significantly reduces their dose of the toxin.

Option A (Vaccination) is incorrect because vaccines are used for biological agents (like smallpox or anthrax) and are generally preventive, not a post-exposure treatment for rapid-acting chemicals like Sarin or VX.

Option B (Quarantine) is a public health measure used to prevent the spread of communicable diseases; it does not protect an individual from the immediate toxic effects of a chemical gas or liquid.<sup>6</sup> According to OSHA 1910.120 and NIOSH guidelines, the "window of opportunity" to escape a chemical plume is often measured in seconds. Sheltering-in-place is the "Gold Standard" recommendation for those who are not in the immediate "kill zone" but are in the path of the vapor cloud. The CEDP curriculum emphasizes that

"Time, Distance, and Shielding" apply here: Shielding is provided by the building's envelope, and staying put increases the distance from the release point while allowing time for the chemical to dilute in the atmosphere.

Emergency managers must be prepared to issue "Shelter-in-Place" orders via the Integrated Public Alert and Warning System (IPAWS) immediately, as this action saves more lives in a chemical scenario than a mass evacuation, which often leads to traffic gridlock within the danger zone.

**NEW QUESTION # 101**

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