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# **IBFCSM CEDP**

**Certified Emergency and Disaster Professional**



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## Question: 1

What would help most to measure readiness across the entire homeland security spectrum?

- A. National Coalition Exercise
- B. National Exercise Program
- C. National Capstone Exercise

**Answer: B**

Explanation:

The National Exercise Program (NEP) is the primary mechanism used to measure and improve the nation's readiness across the entire homeland security spectrum. Managed by FEMA, the NEP provides a consistent, multi-year schedule of exercises that test the Core Capabilities described in the National Preparedness Goal. The NEP is designed to be "all-hazards" and includes participation from federal, state, local, tribal, and territorial governments, as well as the private sector and non-profit organizations.

While the National Capstone Exercise (Option C) is a high-profile, biennial event within the NEP that specifically tests the nation's ability to respond to a catastrophic scenario (often involving the President and Cabinet), it is the National Exercise Program (Option B) as a whole that provides the continuous, systematic measurement of readiness. The NEP ensures that exercises are not just "one-off" events but are part of a larger "Progressive Exercise Program" that builds from small seminars to massive full-scale simulations.

According to the HSEEP (Homeland Security Exercise and Evaluation Program) methodology used by the NEP, the "measure" of readiness is found in the After-Action Report (AAR) and the Improvement Plan (IP). By identifying gaps in capabilities during these national-level exercises, the government can adjust its grant funding, training priorities, and policy developments to address the most critical vulnerabilities. For a CEDP professional, the NEP represents the "final exam" for preparedness. It provides the empirical data needed to prove that the nation's "Integrated Response" actually works, moving beyond theoretical plans to demonstrated operational reality across all 32 Core Capabilities.

## Question: 2

What alternative refers to the emergency management concept known as resource typing?

- A. Mutual aid response needs
- B. Procurement source decisions
- C. Selecting proper risk controls

**Answer: A**

Explanation:

Resource Typing is a central pillar of the National Incident Management System (NIMS) that involves categorizing and describing resources—personnel, equipment, teams, and facilities—by

their capability. 1 The primary purpose of resource typing is to facilitate mutual aid response needs (Option A). 2 By using standardized definitions, an emergency manager in one state can request a " Type 1 Incident Management Team " or a " Type 3 Brush Truck " from another state and know exactly what level of capability they will receive.

Resource typing uses three main descriptors:

Category: The broad function (e.g., Firefighting, Law Enforcement, Medical).

Kind: The specific item or team (e.g., Ambulance, Helicopter, Search Dog).

Type: The level of capability (Type 1 being the highest/most capable, Type 4 being the least).

Without resource typing, mutual aid is inefficient. For example, if a jurisdiction requests " pumps " for a flood, they might receive small basement pumps when they actually needed high-volume industrial pumps. By " typing " the resource, the request is precise (e.g., " We need two Type 1 High-Volume Pumps " ). This ensures that the " right tool " is sent to the " right job, " which is critical when resources are scarce and time is of the essence.

For a CDP professional, resource typing is essential for Gap Analysis. During the preparedness phase, a manager " types " their existing inventory. If the analysis shows they only have Type 3 capabilities for a hazard that requires Type 1, they know they have a gap that must be filled through training, procurement, or a mutual aid agreement. This standardized language allows for the " interoperability " of resources across the entire country, ensuring that the Emergency Management Assistance Compact (EMAC) can function seamlessly by matching the requesting state ' s needs with the assisting state ' s typed assets.

### Question: 3

What reflects the ideal span of control ratio for an ICS supervisor?

- A. 4
- B. 5
- C. 6

**Answer: B**

Explanation:

The Span of Control is a fundamental NIMS/ICS principle that refers to the number of individuals or resources that one supervisor can manage effectively during an incident. The recognized standard range is between three and seven subordinates per supervisor. However, the ideal ratio as defined by FEMA and the IBCFSM is 1:5 (five subordinates per supervisor).

Maintaining an effective span of control is critical for several reasons:

**Safety:** A supervisor with too many subordinates (e.g., 1:10) cannot adequately monitor the safety and physical condition of their personnel in a dangerous environment.

**Accountability:** If the span of control is too wide, the supervisor may lose track of the location or task status of their teams.

**Efficiency:** A supervisor with too few subordinates (e.g., 1:2) may be " under-utilized, " leading to an unnecessarily large and expensive organizational structure.

According to the CDP curriculum, the " Ideal " of 1:5 is a flexible target. If a task is simple and the environment is stable, a supervisor might manage seven people. If the task is extremely complex or high-risk (like technical search and rescue in a collapsed building), the ratio should be narrowed, perhaps to 1:3. When a supervisor identifies that their span of control has exceeded the effective limit, they must expand the Modular Organization by delegating responsibilities and creating new divisions, groups,

or units. This ensures that the chain of command remains unbroken and that every responder has the oversight necessary to perform their duties safely and effectively.

### Question: 4

Coordination of medical surge operations relates to what disaster management process?

- A. Collaboration planning
- B. Healthcare resiliency
- C. Information sharing

**Answer: B**

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.<sup>7</sup> 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.<sup>8</sup> 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.

### Question: 5

What entity coordinates Public Health Preparedness capabilities?

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

**Answer: C**

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 aCEDPprofessional, 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.

## Question: 6

What infrastructure protection would EPA assume during a national disaster?

- A. Food safety screening
- B. Water resource management
- C. Land management

**Answer: B**

Explanation:

Under theNational Response Framework (NRF)andHomeland Security Presidential Directive 7 (HSPD-7), the Environmental Protection Agency (EPA) is designated as the Sector-Specific Agency (SSA) for theWater and Wastewater Systemssector. During a national disaster, the EPA ' s primary infrastructure protection responsibility isWater Resource Management, which includes ensuring the safety, security, and resilience of the nation ' s drinking water and wastewater treatment facilities.

While the Department of Agriculture (USDA) and the FDA handle food safety (Option A), and the Department of the Interior typically manages federal lands (Option C), the EPA focuses on the technical and regulatory aspects of water infrastructure. In the event of a disaster—such as a major flood, hurricane, or a contamination event—the EPA works underEmergency Support Function #10 (ESF #10 -

Oil and Hazardous Materials Response) and provides technical assistance to state and local authorities to restore water services. This includes conducting water quality sampling, providing emergency water treatment equipment, and overseeing the repair of critical water infrastructure. According to the CEDP curriculum, the EPA's role is critical because water is a "community lifeline." The failure of water infrastructure can lead to cascading failures in healthcare (hospital operations) and firefighting (hydrant pressure). Therefore, the EPA's infrastructure protection efforts are geared toward both prevention (mitigating cyber or physical threats to water plants) and rapid recovery (restoring potable water to an impacted population). This involves close coordination with the Water Information Sharing and Analysis Center (WaterISAC) to disseminate threat warnings and best practices for hardening water systems against both natural and man-made disasters.

### Question: 7

What is the primary purpose of the National Disaster Medical System (NDMS)?

- A. Functions as a rapid mobile medical system during any large-scale disaster
- B. Supplements medical response efforts and capabilities during emergencies<sup>1</sup>
- C. Serves and assists in moving patients from disaster areas to treatment hospitals<sup>2</sup>

**Answer: B**

Explanation:

The National Disaster Medical System (NDMS) is a federally coordinated system managed by the Assistant Secretary for Preparedness and Response (ASPR) within the Department of Health and Human Services (HHS).<sup>3</sup> Its primary purpose is to supplement state, local, tribal, and territorial medical response efforts when they are overwhelmed by a disaster, pandemic, or act of terrorism.<sup>4</sup> NDMS is not intended to replace local healthcare but to act as a "surge capacity" force that can be surged into an impacted area to provide specialized medical care and equipment.<sup>5</sup>

NDMS consists of three major components:

**Medical Response:** This includes teams of intermittent federal employees, such as Disaster Medical Assistance Teams (DMATs), Disaster Mortuary Operational Response Teams (DMORTs), and National Veterinary Response Teams (NVRTs).<sup>6</sup>

**Patient Movement:** Coordinating the evacuation of patients from a disaster zone to areas where they can receive definitive care, often utilizing Department of Defense (DoD) aircraft.<sup>7</sup>

**Definitive Care:** A network of over 1,800 non-federal partner hospitals across the country that have agreed to accept and treat victims during a national emergency.<sup>8</sup>

For a CEDP professional, the NDMS is the ultimate "safety net" for the healthcare sector. During a mass casualty event, such as a major earthquake or a biological attack, local hospitals quickly reach "saturation." The activation of NDMS brings in federal clinicians who can set up "field hospitals" or provide "hospital decompression" by staffing auxiliary treatment sites.<sup>9</sup> While Option C describes the "Patient Movement" function, it is only one part of the broader mission. The fundamental value of NDMS lies in its ability to provide a scalable "supplementary" force that integrates seamlessly into the local incident command structure to save lives and prevent the total collapse of the local medical infrastructure.

### Question: 8

What approach describes the correct protocol for safely storing hazardous materials?

- A. Store after determining compatibilities by referring to safety data sheets
- B. Store materials by hazard category as defined by NFPA standards
- C. Store according to requirements of local authority having jurisdiction

**Answer: A**

Explanation:

The primary and most critical protocol for the safe storage of hazardous materials is ensuring that chemicals are stored based on their compatibility, which is determined by referring to the Safety Data Sheets (SDS). Storing incompatible chemicals together—such as oxidizers next to flammables, or acids next to cyanides—can result in catastrophic fires, explosions, or the release of toxic gases if a leak or spill occurs. OSHA 29 CFR 1910.1200 (Hazard Communication) mandates that an SDS be available for every chemical, and Section 7 of the SDS specifically details safe storage requirements and incompatible materials.

While hazard categories (Option B) and local codes (Option C) provide helpful high-level frameworks, they are insufficient on their own. For example, two chemicals might both be "corrosive" but could react violently if mixed (e.g., a strong acid and a strong base). A professional Segregation Plan utilizes the specific data from the SDS to create physical distance or secondary containment barriers between reactive groups. The International Fire Code (IFC) and NFPA 400 (Hazardous Materials Code) both support this "compatibility-first" approach as the technical foundation for facility safety.

In the CEDP body of knowledge, safe storage is a major mitigation task. During a disaster, buildings may shift, shelves may collapse, and containers may break. If a facility has ignored compatibility protocols, a simple earthquake or flood can trigger a massive chemical emergency (a "Natech" event). By following the SDS-driven compatibility protocol, emergency managers ensure that even if the primary containers fail, the resulting mixture of materials will not lead to an unmanageable secondary disaster. This systematic approach to "segregation" is the gold standard for reducing risk in industrial, laboratory, and emergency response staging environments.

## Question: 9

How should leaders assign organizational ICS duties?

- A. Assign duties as determined by pre-planning
- B. Base duty assignments on personal job titles
- C. Make duty assignments only to trained individuals

**Answer: C**

Explanation:

One of the most critical rules in the Incident Command System (ICS) is that personnel must be assigned to duties based on their demonstrated competence and training, rather than their day-to-day administrative job titles. Therefore, leaders should make duty assignments only to trained individuals who have met the specific NIMS/ICS qualification requirements for that position.

Basing assignments on personal job titles (Option B) is a common mistake that leads to "Command Failure." For example, a hospital CEO might be an expert at finance and administration, but they may have no training in the "Incident Commander" role. In a disaster, it might be more appropriate for a

trained Security Director or a Lead Physician with ICS 300/400 certification to take the command role. Option A (Pre-planning) is helpful for identifying potential candidates, but in a real-world disaster, the specific people available may change, and the leader must verify that whoever is assigned at that moment is currently qualified and capable.

According to the IBCSM CEDP standards, "Position Qualification" ensures that everyone in the response structure speaks the same language and understands the specific responsibilities of their role. If an untrained person is placed in a "Logistics Section Chief" position, they may not know the proper protocols for resource ordering and tracking, which can bottleneck the entire response. By mandating that assignments are tied to training and capability, the ICS structure remains professional, effective, and safe. This "professionalization" of disaster response is a core tenet of NIMS, ensuring that every person in the "box" on the organizational chart is there because they have the specific skills required to perform that function under pressure.

## Question: 10

What response describes the key purpose of developing mitigation capability actions?

- A. Identify risks and threats to communities
- B. Reduce long-term risks and vulnerabilities
- C. Reduce potential loss of life and property

**Answer: C**

Explanation:

The core mission and key purpose of developing mitigation capability actions is to reduce the potential loss of life and property by lessening the impact of future disasters. Mitigation is the only mission area in the National Preparedness Goal specifically focused on "breaking the cycle" of disaster damage. While Option A (Identifying risks) is a prerequisite for mitigation and Option B (Reducing vulnerabilities) is a method of mitigation, the ultimate "Purpose" is the preservation of life and the protection of the community's physical and economic assets.

According to the National Mitigation Framework, mitigation actions are long-term investments that change the physical environment or the regulatory landscape to make a community more "hardened." Examples include:

**Structural Mitigation:** Elevating buildings in flood zones, seismic retrofitting of bridges, and building "safe rooms" in tornado-prone areas.

**Non-Structural Mitigation:** Adopting and enforcing stringent building codes, creating "defensible space" for wildfires, and implementing land-use planning that prevents development in high-risk areas.

For a Certified Emergency and Disaster Professional (CEDP), mitigation is seen as a "force multiplier." Studies consistently show that for every dollar spent on mitigation, approximately six dollars are saved in future recovery and response costs. By reducing the potential loss of life and property, mitigation allows a community to recover more quickly (increasing resilience) and ensures that emergency responders can focus on the most critical needs rather than being overwhelmed by preventable infrastructure collapses. The purpose of mitigation is to ensure that a hazard (like a heavy rain) does not inevitably result in a disaster (a catastrophic flood).

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