

CERTIFIED HEALTHCARE EMERGENCY PROFESSIONAL (CHEP) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://chep.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. According to Joint Commission expectations, when should hospitals coordinate their needs and vulnerabilities with local response and support agencies?**
 - A. Only after a disaster
 - B. During annual drills only
 - C. Only when requested by authorities
 - D. As part of ongoing emergency planning and coordination
- 2. What actions are important during an incident action planning session?**
 - A. Establish Incident Objectives and Operational Priorities
 - B. Schedule Social Media Posts for Later
 - C. Coordinate Vendor Contracts
 - D. Record Incident Imagery
- 3. What is the recommended approach to hazardous waste disposal after a hospital incident?**
 - A. Dispose of all waste in regular trash.
 - B. Follow regulatory requirements for hazardous and biohazard waste, using proper containment and disposal contractors.
 - C. Ship to nearest landfill without documentation.
 - D. Store indefinitely on-site.
- 4. Which federal framework emphasizes collaboration among federal, state, local, tribal, and territorial partners to prevent, protect, respond, and recover from disasters?**
 - A. National Response Framework
 - B. Federal Emergency Management Act
 - C. Homeland Security Act
 - D. Emergency Planning and Community Right-to-Know
- 5. What is the primary purpose of a Joint Information Center during a regional emergency?**
 - A. Coordinate sheltering
 - B. Centralize media relations and public information
 - C. Manage field operations
 - D. Manage medical surge

- 6. What type of respirator offers protection to individuals exposed to airborne chemicals?**
- A. N95 respirator
 - B. Half-face air-purifying respirator
 - C. Full-face respirator with organic vapor cartridges
 - D. Surgical mask
- 7. In emergency management, which aspect would reduce hazard risk the least?**
- A. Preparedness
 - B. Recovery
 - C. Mitigation
 - D. Response
- 8. Under Joint Commission expectations, how are volunteer licensed independent practitioners granted privileges during an emergency?**
- A. Full credentialing within one year
 - B. Direct supervision
 - C. Not allowed
 - D. They may be granted temporary, emergency privileges after appropriate verification
- 9. What approach is used after a disaster to help individuals manage distress and support adaptive functioning, using modular steps?**
- A. Crisis Counseling
 - B. Debriefing
 - C. Psychological First Aid
 - D. Peer Support
- 10. What is the role of a Liaison Officer in ICS?**
- A. To serve as outward-facing point of contact with agencies and stakeholders not in the immediate incident command.
 - B. To manage all operational tasks in the field.
 - C. To supervise medical operations inside hospitals.
 - D. To coordinate with local police only.

Answers

SAMPLE

1. D
2. A
3. B
4. A
5. B
6. C
7. C
8. D
9. C
10. A

SAMPLE

Explanations

SAMPLE

1. According to Joint Commission expectations, when should hospitals coordinate their needs and vulnerabilities with local response and support agencies?

- A. Only after a disaster
- B. During annual drills only
- C. Only when requested by authorities
- D. As part of ongoing emergency planning and coordination**

Ongoing collaboration with local response and support agencies is expected by Joint Commission as part of routine emergency planning. Hospitals should regularly coordinate with the local emergency management agency, public health, law enforcement, fire services, EMS, and other community partners to integrate plans, establish clear lines of communication, and arrange mutual aid and resource sharing. This continuous engagement is included in the hospital's Emergency Operations Plan and planning cycle, ensuring readiness, coordinated decision-making, and a seamless community response when disasters occur. Thus, coordination isn't something done after a disaster, only during drills, or only when authorities ask; it's integrated into daily planning and maintained through ongoing partnerships and exercises.

2. What actions are important during an incident action planning session?

- A. Establish Incident Objectives and Operational Priorities**
- B. Schedule Social Media Posts for Later
- C. Coordinate Vendor Contracts
- D. Record Incident Imagery

During an incident action planning session, the focus is to establish Incident Objectives and Operational Priorities. This sets the direction for the entire response, translating into specific, coordinated tasks and the allocation of resources for the next operational period. By defining clear objectives—such as life safety, incident stabilization, and property conservation—and ranking priorities, everyone involved has a common understanding of what must be achieved and in what sequence. This alignment drives the actions, timelines, and resource requests that appear in the Incident Action Plan, helping the incident command system coordinate across operations, logistics, planning, and finance/administration. Scheduling social media posts, coordinating vendor contracts, or recording incident imagery may occur in related activities, but they do not define the immediate actions and priorities that guide the response in the action planning process. They are important in their own right, but they do not establish the core direction of the response.

3. What is the recommended approach to hazardous waste disposal after a hospital incident?

- A. Dispose of all waste in regular trash.
- B. Follow regulatory requirements for hazardous and biohazard waste, using proper containment and disposal contractors.**
- C. Ship to nearest landfill without documentation.
- D. Store indefinitely on-site.

Handling hazardous and biohazard waste after a hospital incident requires following regulatory requirements for hazardous and biohazard waste, with proper containment and disposal contractors. This means waste must be segregated at the point of generation, placed in appropriate leak-proof and puncture-resistant containers clearly labeled with the biohazard symbol, and handled by licensed waste haulers who can transport it to permitted treatment or disposal facilities. Documentation is important too—waste manifests and records track where waste has gone and how it has been treated, meeting environmental and public health obligations. This approach protects staff and patients from exposure, prevents environmental contamination, and keeps the hospital compliant with federal, state, and local regulations. Other options fail because regular trash does not safely contain or treat hazardous material; shipping without documentation bypasses required regulatory oversight and can be illegal; storing indefinitely delays necessary treatment and creates ongoing risk.

4. Which federal framework emphasizes collaboration among federal, state, local, tribal, and territorial partners to prevent, protect, respond, and recover from disasters?

- A. National Response Framework**
- B. Federal Emergency Management Act
- C. Homeland Security Act
- D. Emergency Planning and Community Right-to-Know

The main idea here is understanding a nationwide approach that unites multiple levels of government and partners to handle disasters. The National Response Framework is built to align federal, state, local, tribal, and territorial agencies, along with the private sector and non-governmental organizations, in a shared effort to prevent, protect, respond to, and recover from emergencies. It provides a scalable, flexible structure and common principles that enable unity of effort across jurisdictions, often using the Incident Command System to coordinate actions and resources as a single, coordinated response. This framework sits alongside the National Incident Management System to ensure consistent language and processes across all parties involved. The other options don't function as a cross-jurisdiction disaster coordination framework: the Stafford Act (often referred to as the Federal Emergency Management Act) concerns federal disaster assistance authorities rather than a nationwide collaboration framework; the Homeland Security Act reorganized federal agencies under the Department of Homeland Security without providing a disaster-response collaboration framework; and the Emergency Planning and Community Right-to-Know Act focuses on reporting hazardous substances to communities, not on coordinating disaster response across governments.

5. What is the primary purpose of a Joint Information Center during a regional emergency?

- A. Coordinate sheltering
- B. Centralize media relations and public information**
- C. Manage field operations
- D. Manage medical surge

The main role of a Joint Information Center is to centralize media relations and public information during emergencies. By bringing together public information officers from all involved agencies, the JIC provides a single point for coordinating press briefings, releasing official updates, and ensuring messages are consistent, accurate, and timely across all channels. This unified approach helps the public understand the situation, know what actions to take, and reduces confusion or rumors. Other tasks like coordinating sheltering, managing field operations, or handling medical surge fall under different sections or branches (sheltering/Logistics or Operations, and Medical), not the JIC.

6. What type of respirator offers protection to individuals exposed to airborne chemicals?

- A. N95 respirator
- B. Half-face air-purifying respirator
- C. Full-face respirator with organic vapor cartridges**
- D. Surgical mask

Airborne chemicals imply vapors or gases, not just solid particles. Protecting against them requires a respirator that specifically filters organic vapors. An N95 is designed to filter particles, so it won't remove chemical vapors. Surgical masks block droplets and don't form a real seal or protect against gases. A half-face respirator can filter some gases if equipped with the right cartridges, but it only covers the lower face and may not seal as well or protect the eyes. A full-face respirator with organic vapor cartridges provides a tight seal and filters organic vapors, offering protection for the entire face, including the eyes, which is essential when exposure to airborne chemicals is a concern.

7. In emergency management, which aspect would reduce hazard risk the least?

- A. Preparedness
- B. Recovery
- C. Mitigation**
- D. Response

Understanding how risk is reduced across the emergency management cycle helps explain why recovery has the smallest direct impact on hazard risk. Mitigation directly lowers risk before a hazard occurs by reducing the likelihood or severity of the hazard's impact—think building codes, land-use planning, or structural upgrades. Preparedness reduces risk by strengthening readiness and resilience, so communities can act effectively when a hazard happens. Response reduces risk during the event through protective actions and rapid containment. Recovery, while essential for restoring services and rebuilding, focuses on returning to normal after the hazard and incorporating improvements for the future; it does not directly reduce the hazard itself or exposure during the event. That's why recovery has the least direct effect on hazard risk.

8. Under Joint Commission expectations, how are volunteer licensed independent practitioners granted privileges during an emergency?

- A. Full credentialing within one year
- B. Direct supervision
- C. Not allowed

D. They may be granted temporary, emergency privileges after appropriate verification

In emergencies, it's essential to move quickly to get skilled clinicians at the bedside. The Joint Commission supports granting temporary, emergency privileges to volunteer licensed independent practitioners, but only after appropriate verification. This means the practitioner is allowed to provide care for a limited, defined period while the usual credentialing process is bypassed or streamlined, with verification of active licensure, current competence, and necessary malpractice coverage. The scope of practice is aligned with what they are qualified to do and what the hospital needs during the crisis, and the arrangement is time-limited (often lasting for the duration of the emergency or until full privileges can be finalized). This approach balances rapid access to care with patient safety, avoiding the delays of full credentialing while ensuring that verification steps are in place.

9. What approach is used after a disaster to help individuals manage distress and support adaptive functioning, using modular steps?

- A. Crisis Counseling
- B. Debriefing

C. Psychological First Aid

D. Peer Support

Psychological First Aid uses a flexible, stepwise approach to reduce initial distress and support adaptive functioning after a disaster. It guides responders through modular actions that can be tailored to each person: ensure safety and comfort, listen and assess needs, provide practical assistance and accurate information, connect individuals to social supports and needed services, and normalize reactions while offering coping strategies. The modular design lets the response be adapted for different ages and settings and delivered by trained nonprofessionals, focusing on immediate needs without forcing trauma processing. This differs from debriefing, which lacks consistent evidence of benefit and can be harmful, and from broader "crisis counseling" or standalone peer support, which may not provide the structured, stepwise framework that PFA offers.

10. What is the role of a Liaison Officer in ICS?

A. To serve as outward-facing point of contact with agencies and stakeholders not in the immediate incident command.

- B. To manage all operational tasks in the field.
- C. To supervise medical operations inside hospitals.
- D. To coordinate with local police only.

In ICS, the Liaison Officer acts as the outward-facing link to agencies and stakeholders outside the incident command. This person connects with external partners—other government agencies, NGOs, private-sector responders, and similar entities—to share information, relay requests for assistance, and resolve cross-agency issues so the incident can run smoothly. They help ensure external resources and expertise are coordinated with the incident's plans without becoming the ones directing on-scene operations. This role isn't about managing all field tasks—that responsibility lies with the Operations Section. It also isn't about supervising medical operations inside hospitals; that function is handled by medical leadership and hospital liaison activities. And while coordination with local police can be a part of it, the Liaison Officer's scope is broader, covering multiple agencies and partners, not just police.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://chep.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE