

Major Incident Medical Management and Support (MIMMS)

MIMMS courses teach a systematic and practical approach to field medical management at disasters, which can be applied to any major incident. The emphasis is on scene management and pre-hospital care, learned through:

- structured lectures
- table-top exercises
- practical exercises in radio communication
- casualty triage exercises
- workshops
- field exercises



Aim

To provide first responders with an understanding of prehospital disaster management.

Course Content

- pre-hospital application of triage Sieve and Sort
- application of radio skills
- awareness of principles for command and control
- treatment and transport
- establishment of CCP

Target Audience

Medical and nursing staff, paramedics and those who would have a role at an incident site.

MIMMS Advanced (3 days)

Aim

To provide first responders with an understanding of prehospital disaster management, with a particular focus on Health Commander and Coordinator roles.

Course Content

- pre-hospital application of triage Sieve and Sort
- application of radio skills
- awareness of principles for command and control
- treatment and transport
- establishment of CCP
- one-day practical exercise

Target Audience

Senior medical and nursing staff, paramedics and those who would have a Health Commander or Coordinator role at an incident site

MIMMS certification is valid for four years.



The DPMD Training Team T: +61 9222 4090 E: <u>DPMDTraining@health.wa.gov.au</u> Disaster Preparedness & Management Directorate | Public and Aboriginal Health Division

Disaster Management Training & Development

2024-25 Major Incident Medical Management Support (MIMMS) Metropolitan Course Application Form

All application forms require a signature from your authorising officer/manager

New Application Process:

Step 1 Participant completes section 1 and 2 of this form

Step 2 Participant clicks 'Email Manager' button to email form to authorising officer for completion of section 3 - including signature

Step 3 Manager to email completed application form by clicking 'Email DPMD' button and sending to DPMDTraining@health.wa.gov.au

| Course | | Closing Date | Location | Govt. Rate | All Others |
|-------------------|---|-------------------------------|----------|------------|------------|
| MIMMS Advanced | 17 th - 19 th July 2024 | 14 th June 2024 | Perth | \$900 | \$1200 |
| MIMMS Team Member | 8 th August 2024 | 5 th July 2024 | Perth | \$300 | \$400 |
| MIMMS Team Member | 12 th September 2024 | 26 th July 2024 | Perth | \$300 | \$400 |
| MIMMS Advanced | 9 th - 11 th October 2024 | 23 rd August 2024 | Perth | \$900 | \$1200 |
| MIMMS Team Member | 12 th December 2024 | 25 th October 2024 | Perth | \$300 | \$400 |
| MIMMS Team Member | 20 th February 2025 | 3 rd January 2025 | Perth | \$300 | \$400 |
| MIMMS Advanced | 19 th - 21 st March 2025 | 31 st January 2025 | Perth | \$900 | \$1200 |
| MIMMS Team Member | 8 th May 2025 | 21 st March 2025 | Perth | \$300 | \$400 |
| MIMMS Team Member | 18 th June 2025 | 2 nd May 2025 | Perth | \$300 | \$400 |

SECTION 1: Course Details

Govt. rate (WA-wide): Applies to applications funded by the WA Department of Health, associated publicly funded government emergency response partners (i.e., DFES, WAPOL, ABF and Defence), and self-funded WA Department of Health employees. *All others rate:* Applies to anyone not in the above categories.

For reference, government rate applies to all agencies located here: https://www.wa.gov.au/agency

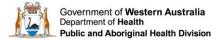
SECTION 2: Applicant Information

| Title | Phone |
|--|-----------------------|
| Surname | Mobile |
| First Name | HE # or Employee # |
| Preferred Name | Occupation |
| Postal Address* | |
| * Course manuals will be posted to the address provided above. | |
| Email | |
| Address* | |
| *All course communications will be provided to the email address provi | ided above. |

Employment Details – Additional Information

Department HSP/WACHS Region/Depot

Facility/Hospital/Employer



Do you have any special learning requirements? (E.g. large print, wheelchair access etc.)

No Yes (please provide details)

Diet

We endeavour to cater for specific allergies, intolerances and cultural dietary requirements. Unfortunately personal preferences cannot be catered for, as this often incurs additional costs.

| Vegan | Vegetarian | No Pork | No Red Meat |
|----------|------------|---------|-------------|
| Diabetic | Coeliac | Other | |

Allergies

Notes:

- 1. Submission of application form does not guarantee attendance. Successful applicants will be notified approximately 4 weeks prior to the course via the email address provided.
- 2. If you require notification of successful application more than 4 weeks prior to the course, please contact the DPMU Training team.

SECTION 3: Management/Authorising Officer Approval

| Title | HE #(Health Staff) |
|--------------|--------------------|
| Full Name | Department |
| Position | Email |
| Organisation | Contact Number |

Payment Information

The cost of the course will be covered by:

WA Health (please complete section 3a) All other organisations & the individual applicant (please complete section 3b)

Be advised all courses now require pre payment before enrolment

3a – Department of Health Cost Centre

| Entity # | | Cost Centre # |
|----------------------------------|-------|----------------|
| Account # | | Amount |
| Authorising Officer | | Contact Number |
| Approved by Incurring Officer | Date: | Email Address |

OR

3b – Payment via Credit Card (Contact person required)

| Payer Name | Purchase Order # | |
|----------------|------------------|----------|
| Position/Title | Email Address | |
| Address | Contact Number | |
| Suburb | State | Postcode |

I confirm that:

The above information in this form is accurate.

I have read section 1 of the form and I am aware of the course dates and costs.

The payer or authorising officer named in section 3 are aware of and approve the course fees.

I support this application and will release the applicant from duty as stipulated.

Failure to provide 5 working days' notice of a non-attendance will result in full costs being incurred under the below authority.

Signature: _____ Date: _____

Please click below button to email completed application form to DPMDTraining@health.wa.gov.au