

## 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



### MIMMS Team Member (1 day)

#### Aim

To provide first responders with an understanding of pre-hospital 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 pre-hospital 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: [DPMDTraining@health.wa.gov.au](mailto:DPMDTraining@health.wa.gov.au)

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](mailto:DPMDTraining@health.wa.gov.au)

#### SECTION 1: Course Details

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

**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  
Preferred Employee #  
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 provided above.

#### Employment Details – Additional Information

Department  
HSP/WACHS Region/Depot  
Facility/Hospital/Employer

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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.*

**The DPMD Training Team**

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E: [DPMUTraining@health.wa.gov.au](mailto:DPMUTraining@health.wa.gov.au)

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### 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](mailto:DPMDTraining@health.wa.gov.au)**

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