

Hospital Major Incident Medical Management and Support (HMIMMS)

Hospital MIMMS (HMIMMS) is the leading course for hospital staff responsible for planning, training and managing aspects of a major incident from a hospital perspective, with course objectives including:

- The type and incidence of major incidents and therefore the need for proper response and management planning.
- Understand and able to implement and follow the seven principles encapsulated in the CSCATTT approach to successfully managing a major incident.
- Understand the need for major incident training—focusing on those aspects of the plan which do not occur in day-to-day practice, i.e., command, control, communication and triage.
- Able to deliver the medical support needed for major incidents in the hospital setting using the concept of collapsible hierarchies'

While traditional MIMMS teaches a structured approach to responding at the scene of mass casualty incidents, Hospital MIMMS (HMIMMS) focusses on the delivery of care in the hospital environment. See below HMIMMS courses DPMD are offering:

HMIMMS Team Member (1 day) HMIMMS Advanced (2 days)

Aim

These course explores the priorities and responsibilities of clinical and administrative responders facing a mass casualty incident in their hospital. An all-hazards approach is adopted while special incidents such as burns and chemical hazards are also covered. The concept of the collapsible hierarchy is introduced as a fundamental concept in the hospital based response.

Course Content

- lectures
- small group workshops
- novel interactive sessions which simulate the challenges facing responders during phases of patient reception, definitive care and recovery

Target Audience

Team: This course is aimed at both clinical and nonclinical personnel who would be involved in managing a mass causality in the hospital. *Advanced:* As above but in a senior role.





HMIMMS certification is valid for four years.

Disaster Management Training & Development 2024-25 Hospital Major Incident Medical Management Support

(HMIMMS) Metropolitan Course Application Form

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

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

SECTION 1: Course Details

Cou	rse	Closing Date	Location	Govt. Rate	All Others
HMIMMS Advanced	27 th - 28 th February 2025	24 th January 2025	Perth	\$600	\$800
HMIMMS Team Member	09 th May 2025	07 th April 2025	Perth	\$300	\$400
HMIMMS Team Member	19 th June 2025	15 th 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

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 DPMD Training team.

Please have all required fields completed

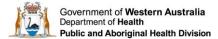
SECTION 2: Applicant Information

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

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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