

## 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:* Aimed at both clinical and non-clinical personnel who would be responsible for planning, training and managing a major incident.

*Advanced:* As above but in a senior roles.



**HMIMMS 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

## 2025 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](mailto:DPMDTraining@health.wa.gov.au)

### SECTION 1: Course Details

Course		Closing Date	Location	Govt. Rate	All Others
HMIMMS Team Member	8 <sup>th</sup> August 2025	1 <sup>st</sup> July 2025	Perth	\$300	\$400
HMIMMS Team Member	6 <sup>th</sup> November 2025	1 <sup>st</sup> October 2025	Perth	\$300	\$400
HMIMMS Advanced	3 <sup>rd</sup> - 4 <sup>th</sup> December 2025	29 <sup>th</sup> October 2025	Perth	\$600	\$800

**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 six weeks prior to the course via the email address provided.  
2.If you require notification of successful application more than six weeks prior to the course, please contact the DPMD Training team.

Please complete all required fields in red to ensure your application is processed

### 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

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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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