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.

Disaster Management Training & Development
2019-20 Major Incident Medical Management Support (MIMMS)
Metropolitan Course Application Form

All application forms require a signature from your authorising officer/manager
Electronic signatures will not be accepted

Step 1 Complete section 1 and 2 of this form.
Step 2 Print form and provide to authorising officer for completion of sections 3 and 4 - including signature.
Step 3 Scan signed application form and email to DPMUTraining@health.wa.gov.au

SECTION 1: Course

<table>
<thead>
<tr>
<th>Course</th>
<th>Closing Date</th>
<th>Location</th>
<th>Govt. Rate</th>
<th>All Others</th>
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<tbody>
<tr>
<td>MIMMS Team Member</td>
<td>25 July 2019</td>
<td>7 Jun</td>
<td>☐ $150</td>
<td>☐ $195</td>
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<td>2 Aug</td>
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<td>MIMMS Advanced</td>
<td>29 - 31 October 2019</td>
<td>13 Sep</td>
<td>☐ $695</td>
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<td>10 Jan</td>
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<td>☐ $995</td>
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<td>24 Jan</td>
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<td>7 May 2020</td>
<td>20 Mar</td>
<td>☐ $150</td>
<td>☐ $195</td>
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Govt. Rate: Applies to applications funded by the WA Department of Health, associated emergency response partners (i.e. SJA, DFES, WAPOL, and Defence), publicly contracted hospitals (Peel, JHC, SJOG, MPPH) and self-funded WA Department of Health employees.
All others: Applies to anyone not in the above categories.

SECTION 2: Applicant Information

Title ____________________________ Work phone ____________________________
Surname __________________________ Occupation ____________________________
First Name ________________________ Organisation ________________________
Preferred Name ____________________ Department __________________________
Mobile __________________________ Work Region ________________________
Home phone ________________________
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.

Department of Health Staff – additional information

WACHS Region/HSP ____________________________

Health Facility Name ____________________________

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.

If you would prefer to provide your own meals, there is a fridge and microwave available on site that you are welcome to use.

Vegan ☐ Vegetarian ☐ No Pork ☐ No Red Meat ☐

Diabetic ☐ Coeliac ☐

Allergies: ____________________________

Other: ____________________________

SECTION 3: Management/Authorising Officer Approval

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Full Name</td>
<td>Department</td>
</tr>
<tr>
<td>Position</td>
<td>Email</td>
</tr>
<tr>
<td>Organisation</td>
<td>Contact Number</td>
</tr>
</tbody>
</table>

I confirm that:
☐ 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.

The cost of the course will be covered by:
☐ WA Health (please complete section 4a) ☐ All other organisations & the individual applicant (please complete section 4b)

Signature: __________________________________________ Date: _____________

SECTION 4: Payment Details

4a – ☐ Department of Health Cost Centre

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<thead>
<tr>
<th>Entity #</th>
<th>Cost Centre #</th>
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<tbody>
<tr>
<td>Account #</td>
<td>Approved by Incurring Officer</td>
<td>Date:</td>
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<tr>
<td>Incurring Officer</td>
<td>Approved by Certifying Officer</td>
<td>Date:</td>
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<tr>
<td>Certifying Officer</td>
<td>Email Address</td>
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<tr>
<td>Contact Number</td>
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Continued on page 3…
4b – ☐ Payment by Invoice (Contact person required)

<table>
<thead>
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<tbody>
<tr>
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<td>Position/Title</td>
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<tr>
<td>Address</td>
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<tr>
<td>Suburb</td>
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<tr>
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<td>Email Address</td>
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<td>Contact Number</td>
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</tbody>
</table>

Notes:
1. 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 5: Confirmation

☐ I confirm that all information in this form is accurate.
☐ I confirm that my manager has read section 3 of the form as is aware of the course dates and costs.
☐ I confirm that the payer or incurring officer and certifying officer named in section 4 are aware of and approve of the course fees.

Please scan completed application form and email to DPMUTraining@health.wa.gov.au