



## 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) & Advanced (3 day)

#### Aim

To provide first responders with an understanding of pre-hospital disaster management. MIMMS Advanced also provides specific training related to the Agency Commander and other senior coordination 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

#### Target Audience

*Team:* Medical, nursing, paramedic staff that may provide care at a major incident site.

*Advanced:* Senior staff who may take on Command or coordination roles at a major incident site

## 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:

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 Advanced (2 day)

#### Aim

This 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 within the hospital setting.

*Advanced:* As above with more focus on senior leadership and overall command and control.

**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



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# Disaster Management Training & Development

## 2026 Major Incident Medical Management Support (MIMMS)

### Metropolitan Course Application Form

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

#### Application Process:

- Step 1 Participant to complete sections 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 Team Member	19 <sup>th</sup> Feb 2026	9 <sup>th</sup> Jan 2026	Perth	\$300	\$400
HMIMMS Advanced	26 <sup>th</sup> - 27 <sup>th</sup> Feb 2026	9 <sup>th</sup> Jan 2026	Perth	\$600	\$800
MIMMS Advanced	25 <sup>th</sup> - 27 <sup>th</sup> Mar 2026	6 <sup>th</sup> Feb 2026	Perth	\$900	\$1200

**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 Name	Employee #
	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

The DPMD Training Team

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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 is 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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