FOURTH EDITION



MAJOR INCIDENT MEDICAL MANAGEMENT AND SUPPORT

THE PRACTICAL APPROACH AT THE SCENE

ILDING SOG

IMMS

WILEY Blackwell

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Major Incident Medical Management and Support

The Practical Approach at the Scene

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EDITED BY

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Foreword to fourth edition

When the MIMMS course was developed in the early 1990s, the aim was to produce a course for healthcare professionals which used a simple structured system to respond to major incidents, to improve the quality of the health response at incidents and to integrate with the responses provided by other emergency services such as the fire and rescue service and the police. Indeed, concepts which were introduced in those early days have been adapted and used by the other services, METHANE as an acronym for declaring a major incident being a good example. Other countries were quick to recognise the importance of a structured health response at the scene and adapted the MIMMS generic concepts for use in their jurisdictions. Australia, Japan, Lithuania, the Republic of Ireland, Sweden and Switzerland have all adapted the principles and integrated them into their major incident responses. The MIMMs principles are in use in 15 countries and have been taught to over 22 150 candidates.

That structured system has remained an important part of major incident planning and response over the last 25 years, being used in many different responses including the 7/7 London Bombings (2005), the London Bridge Attack (2017) and the Manchester Arena Bombing (2017) to name but a few. Indeed, as I write we are still responding to the Covid-19 pandemic which, as a protracted major incident, uses many of the skills taught to candidates.

The principles have also been further developed and expanded by various organisations such as the Joint Emergency Services Interoperability Programme to produce the JESIP principles, joint decision model, logging, IIMARCH template and shared situational awareness