

## Training Course Validation

### ARMADA Ltd. Training Overview:

ARMADA Ltd. provides local, state, and federal governments as well as K-12 school districts, higher education, and private companies with a variety of training solutions. Training topics range from Threat Assessment Behavioral Intervention Team (TABIT) training, Street Smart Survival, Firearms, Surveillance Detection, Improvised Explosive Device Familiarization, Hard Surface Driving, Off-Road Driving, Chemical, Biological, Radiological, Nuclear, (High Yield) Explosives (CBRNE) Awareness, Tactical Operations, Active Threat Response, Rescue Task Force (RTF), Medical / Tactical Combat Casualty Care (TCCC), Tactical Evacuation, and Mass Casualty Response. ARMADA also offers three certification courses: School Resource Officer (SRO) Physical Security Specialist (SRO-PSS), Corporate Security Specialist (CSS), and All Hazard Planning Coordinator (AHPC). All courses are designed by subject matter experts with real world experience utilizing the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) and Instructional Systems Design (ISD) models. One of the greatest testaments to an organization's training and its instructor's professionalism is when students are able to loop back to the organization and provide a summary of how the students were able to apply the techniques learned during a training course and save lives.

### Student Training Validation (Sanitized)

We recently encountered a mass casualty event during a non-government related deployment to Africa and wanted to say thank you to ARMADA and its instructors for preparing us for the situation. We heard the instructors say "this might come in handy, even if not in a combat zone deployment" about a dozen times, and they were right.

We were driving in rural West Africa when we came across an accident. A bus/van with ~30 -35 people had rolled down a ravine. The buses/vans in West Africa are typically way over crowded and don't have any type of safety features, usually replacing cushioned seats with sharp metal benches. The scene was very similar to the staged mass casualty scenario training offered by the ARMADA instructors during the training. We only had one IFAK with us, plus, some 550 cord and duct tape.

We used nearly every technique drilled into us during training. We treated compound fractures, multiple fractures on one limb, severe eye trauma (mashed to jelly), filleted calf muscle, arterial bleeds, head wounds that looked bad but weren't, puncture wounds, and the list continues.

We improvised with 3' wooden spoon splints, bush-stick and duct tape splints, clothing as tourniquets and gauze, and other clean-ish materials we found onsite to pack wounds after the IFAK ran out. Knowing how to triage patients in light of limited supplies was a huge help.

After the chaos was over, we identified a few major takeaways:

1. We don't travel with enough aid supplies.
2. Rule 1, do something, be a "crisis leader" saved lives. Until we started working on people, no one was doing anything to control the scene, stabilize people or control bleeding. They were just standing around staring at the victims.
3. ARMADA's realistic practical exercises sank in and were a huge help.



**West Africa: Picture depicts the scene after the initial response**