Initial stabilization and expedient transfer of acutely ill-patients is a critical first step in delivering emergency care, which is often an issue in lower-middle income class countries. The WHO’s Community First Aid Response (CFAR) program is a recently developed 3-day course designed to equip community members, who are often first to witness a medical emergency, with the skills and knowledge to mitigate commonly encountered emergent situations. This course was piloted in the rural Southwestern region of Guatemala, where a qualitative assessment was performed to evaluate for necessary context-appropriate changes, course content material, overall generalizability across language and cultural barriers, and major barriers to implementation. The most important finding revealed by surveys, post-implementation interviews, and focus groups emphasize the inherent complexity of augmenting pre-hospital systems in austere environments. To be considered as a widely-distributable and open access community-based education program, CFAR must address and continually suggest best-practice guidelines in its implementation, including but not limited to: a thorough assessment of local technologies and resources, pre-existing capabilities of the community, burden and location of disease, and the perspective, willingness, and capacity of the individuals involved in the course.