WHO Emergency Care Toolkit

WHO/ICRC Basic Emergency Care (BEC) – Frequently Asked Questions

1. **Why is this course named 'basic'?**
   The simple answer is that basic emergency care saves lives. The scope and content of the course was designed with extensive consultation with experts from over 50 countries and all the regional and global professional societies. Until the WHO/ICRC BEC course, there was no open access courses to teach the standardized approach to the emergency patient and the core skills needed that would translate to multiple different settings.

2. **Why does the BEC not teach CPR?**
   In the expert consultative process, there was an active decision not to include cardiopulmonary resuscitation. There are multiple courses currently available in many countries that teach CPR. In addition, observational studies in the highest income countries only report a survival to discharge for in less than 25% for in-hospital cardiac arrest and around 10% for out of hospital cardiac arrest.[1] BEC emphasizes the recognition of critical illness or injury and trains participants to deliver the lifesaving interventions.

3. **Doctors already know this material. Why should they take this course?**
   In many places in the world, health workers are not taught the systematic approach to the acutely ill or injured, nor the key skills associated with improved patient survival. Physicians and nurses who take this course will ensure their knowledge is up to date and can promote emergency care training throughout their health facilities and act as champions of change.

4. **Who should take BEC? Who should not take BEC?**
   BEC is appropriate for any professional health workers providing care for acutely ill or injured patients. This includes emergency unit technicians, prehospital providers, nurses and midwives, mid-level providers such as clinical officers or physician assistants and physicians. The BEC is NOT appropriate training for those who are not health professionals; This includes drivers, security personnel, laboratory technicians and public health workers. The WHO has a separate course for these lay providers called Community First Aid Response (CFAR).

5. **The BEC course covers skills like needle decompression which I would not normally be allowed to do. Does this mean I am now allowed to do this?**
   No. BEC providers should always act within their designated scope of practice which exists within their legal and regulatory frameworks.

6. **What about higher-level skills for emergency and critical care like reading ECGs or intubation?**
   Higher-levels skills should not be taught during the BEC. These skills are best taught via specific courses appropriate for a specialized audience.

7. **Five days is too long for my setting! Is there any other way to teach the BEC?**

[1] Andersen LW, Holmberg MJ, Berg KM, Donnino MW, Granfeldt A. In-Hospital Cardiac Arrest: A Review. JAMA. 2019;321(12):1200-1210. doi:10.1001/jama.2019.1696

There are many ways that the BEC has been taught in different settings. In some locations, staff with previous exposure to emergency care training can completed the BEC course in 4 days. Other locations have split the content into daily teaching blocks over multiple weeks to be taught at shift change. Remote teaching of BEC via zoom has been found to be equally effective in transmitting clinical content (not skills) to participants.

The BEC is now available in hybrid format via the WHO Academy Online Learning Program where students can take the didactic portions of the course and learn the theory behind the skills prior to presenting for a 2-day Practical Skills Training. Completion of both steps are required to be a BEC trained provider.
Refresher training material is available via BEC on the OpenWHO platform: https://openwho.org/courses/bec.

8. **What equipment is needed to run a BEC?**
   Equipment needs are clearly spelled out in the *BEC Coordinator Pack*. Equipment includes medical supplies usually found in any emergency care unit. Adult and paediatric mannequins are helpful, but many successful courses have been run without using them.

9. **Has the WHO developed any other modules that are appropriate to fragile, conflict-affected and vulnerable countries (FCV)?**
   Yes, the WHO has developed BEC extended module for conflict-related injury seen in FCV countries with ongoing conflict. The modules review the approach to the acutely injured patient and then have separate module for penetrating injury, blast injury and burns.

10. **Who certifies the BEC?**
    The WHO does not currently accredit or certify courses. However, there are multiple other pathways by which certification may occur. For example, a Ministry of Health (MOH) may offer its own courses and provide certification through national or regional professional societies. When such mechanisms are not available, however, alternate means of certification and quality control are required. The International Federation for Emergency Medicine (IFEM) provides a mechanism for this standardization of training and facilitator quality control. The International Committee of the Red Cross (ICRC) has a separate certification process for their courses.

11. **What is the process to become a BEC trainer?**
    All facilitators must successfully complete a full certified BEC course and complete the Training of Trainers (TOT) course taught by BEC Master Trainers. After successful completion of a TOT course, candidates are known as provisional facilitators. In order to become registered facilitator**s**, the provisional facilitator must then teach a full course under the supervision of a Master Trainer.* Each sponsoring organization will keep a registry of approved Master Trainers and Registered Facilitators that they submit to the BEC national or regional coordinating body.

*ICRC has its own certification process for trainers that differs slightly. Provisional facilitators can progress to Master Trainer status after providing two BEC courses and a BEC ToT under the supervision of a Master Trainer.

12. **How do we get providers to change their clinical practice?**

Getting clinicians to change their clinical practice after receiving the BEC can be challenging. Best practice with other courses has included mini refresher trainings built into daily clinical practice, certification processes endorsed by the ministry of health, quality standards that require BEC certification of health workers to be employed at a facility and integration of BEC into standardized pre-service curriculum across all health cadres.