

Disaster Medicine and Public Health Preparedness

Instructions for Authors Updated February 2015

All manuscripts must be submitted online electronically at <http://mc.manuscriptcentral.com/dmp>.

Scope

Disaster Medicine and Public Health Preparedness (DMPHP) seeks articles relevant to disaster medicine and public health preparedness from experts worldwide and from all specialties of clinical medicine, epidemiology, and public health to provide a global representation of the body of knowledge emerging to define this international field.

Types of Articles

- **Original Research:** Original studies of basic, clinical, quantitative (including epidemiologic and population based), or qualitative investigations in areas relevant to emergency medicine. References and a structured abstract (see Preparation of Manuscript) are required. Maximum length: 4000 words, 7 tables and/or figures, plus the abstract and references. A statement of IRB approval or exemption from full review is required. Additionally, a list defining each author's contribution to the manuscript is required (see Manuscript Submission).
- **Brief Report:** Original reports of pilot study data, analysis of drills and exercises, or data and information from studies with small numbers that demonstrate the need for further investigation. References and a structured abstract should be included. Maximum length: 2000 words, 10 references, 2 tables and/or figures. A statement of IRB approval or exemption from full review is required.
- **Concepts:** Descriptions of clinical and nonclinical problems and solutions; descriptions of novel approaches to planning, management, or provision of emergency services; and practical "how-to" articles describing aspects of emergency medicine management. Include a narrative abstract. Maximum length: 4000 words.
- **Systematic Reviews:** Extensive reviews of the literature on a narrow topic. References must include, but need not be limited to, the past 3 years of the literature. Articles should comply with PRISMA checklist.
- **Reports from the Field:** Brief descriptions of actual disaster events. Drills and exercises will not be accepted for in this category. Entities that have been reported in the past in the Disaster Medicine literature will not be considered, and those reported in other specialty literature or in the foreign literature must be extremely important or pertinent to be considered. Reports should contain an abstract, introduction, narrative, and a discussion focusing on the implications of the event reported. Sufficient data and description should be provided to support the analysis and implications presented. They should not contain a full review of the literature and the introduction should be brief with the narrative and discussion occupying the majority of the manuscript. Maximum length: 1500 words, no more than 15 references, and 1 table or figure.
- **Policy Analysis:** Scholarly comments or opinions on major current problems of Disaster Medicine and Public Health Preparedness to include controversial matters with significant implications for Disaster Medicine or Public Health Preparedness. Maximum length: 1500 words plus references and 1 table or figure.
- **Letter to Editors:** Discussion, observations, opinions, corrections, and comments on topics appearing in Disaster Medicine and Public Health Preparedness. Maximum length: 500 words, plus no more than 5 references. If responding to a specific article, manuscripts should be received within 6 weeks of the article's publication.
- **Responder Tools:** Practical learning tools, factsheets, guidelines, or case study recommendations intended for first responders, first receivers, and other personnel involved in disasters and public health emergencies. A "tear out" sheet that may be used for just-in-time learning or as an educational supplement. In a cover letter, identify the target learning audience and

disclose any efforts to evaluate or validate the tool. Maximum length: 2 pages with tables and figures. Proprietary or copyrighted items which cannot be used freely by readers and their agencies/organizations will not be accepted in this section.

Ethical/Legal Considerations

A submitted manuscript must be an original contribution not previously published (except as an abstract or a preliminary report), must not be under consideration for publication elsewhere, and, if accepted, must not be published elsewhere in similar form, in any language, without the consent of the Society for Disaster Medicine and Public Health. Each person listed as an author is expected to have participated in the study to a significant extent. Authorship, and order of authors, should be agreed upon prior to initial submission. Additions or deletions to lists of authors during the peer review process or after acceptance will need to be approved by the Journal Editorial office, and a Change of Authorship Form completed by ALL authors. Only an author can request to have his or her name removed from a manuscript once submitted. Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with the journal, its editors, or the publisher. **All manuscripts must be submitted online through the journal's website at <http://mc.manuscriptcentral.com/dmp>.**

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It is the author's responsibility to ensure that a patient's anonymity be carefully protected and to verify that any experimental investigation with human subjects reported in the manuscript was performed with informed consent and following all of the ethical guidelines for experimental investigation with human subjects required by the institution(s) with which all of the authors are affiliated. Authors should mask patients' eyes and remove patients' names from figures unless they obtain written consent from the patients and submit written consent with the manuscript.

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When reporting experiments on human subjects, authors must confirm that the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration, as revised in 2004: <http://www.wma.net/e/policy/b3.htm>. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors must confirm that institutional and national guides for the care and use of laboratory animals were followed.

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The time needed to review each submission is generally 30 days. Each manuscript should designate 1 corresponding author. Decisions on acceptance or rejection of a manuscript will be communicated to the corresponding author and coauthors via e-mail. Authors must disclose any potential financial or ethical conflict of interest regarding the contents of the submission. You will be able to track the progress of your manuscript through the system.

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Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

The Journal recommends that authors have their manuscripts checked by an English language native speaker before submission. Cambridge University Press lists language services on its website at <http://journals.cambridge.org/action/stream?pageId=8728&level=2&menu=Authors&pageId=3608>.

Title Page—Include all identifying author information on a Title Page

Include on the title page (a) complete manuscript title; (b) authors' full names, highest academic degrees, and affiliations; (c) name and address for correspondence, including fax number, telephone number, and e-mail address; (d) any footnotes to these items; (e) a short running title not exceeding 45 letters and spaces; and (f) sources of support that require acknowledgment.

New

The Title Page should be the first page of the manuscript and should not be separate from the main body of the manuscript.

Structured Abstract for Original Research Articles and Brief Reports—Include in Manuscript Text File

Organize the abstract in a structured format with the headings: Objective, Methods, Results, and Conclusions. Abstracts should not be structured for other types of articles; see below.

Unstructured Abstract—Include in Manuscript Text File

Limit the abstract to 200 words. It must be factual and comprehensive. Limit the use of abbreviations and acronyms, and avoid general statements (eg, the significance of the results is discussed).

Keywords—Include in Manuscript Text File

List 3-5 keywords or phrases for indexing.

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Organize the manuscript into 5 main headings: Introduction, Methods, Results, Discussion, and Conclusions. Define abbreviations at first mention in text and in each table and figure. If a brand name is cited, supply the manufacturer's name and address (city and state/country). Acknowledge all forms of support, including pharmaceutical and industry support, in an Acknowledgment paragraph.

Abbreviations

For a list of standard abbreviations, consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, Drohan Management Group, 12100 Sunset Hills Road, Suite 130, Reston, VA 20190) or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure; include the abbreviation or acronym in parentheses after the first mention (eg, National Instant Check System [NCIS]).

References

The authors are responsible for the accuracy of the references. Key the references (double-spaced) at the end of the manuscript. Cite the references in the text in the order of appearance. Use superscript numerals for text citations—eg, Jenkins surveyed first responders in Philadelphia for their awareness of health literacy issues.⁶

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Sample references are given below:

World Wide Web

1. Gostin LO. Drug use and HIV/AIDS. JAMA HIV/AIDS website. <http://www.ama-assn.org/special/hiv/ethics>. Published June 1, 1996. Accessed June 26, 1997.
2. Emergency medicine participation in the Geriatrics for Specialists Initiative. Geriatrics for specialists page. American Geriatrics Society website. http://www.americangeriatrics.org/specialists/emergency_medicine/sh.html. Accessed October 15, 2007.

Journal article

3. Ricci ZJ, Haramati LB, Rosenbaum AT, et al. Role of computed tomography in guiding the management of peripheral bronchopleural fistula. *J Thorac Imaging*. 2002;17:214-218.

Online journal article with DOI (digital object identifier)

4. Valent F, Messi G, Deroma L, et al. A descriptive study of injuries in a paediatric populations of north-eastern Italy. *Eur J Pediatr* [published online November 29, 2006]. doi: 10.1007/s00431-005-0366-y

Note: To locate an article online by DOI, access the DOI website at <http://dx.doi.org> and enter the 10 digit number in the search box. Selected journal websites also allow you to access articles by DOI.

Book chapter

5. Steiner RM. Radiology of the heart and great vessels. In: Braunwald E, Zipes D, Libby P, eds. *Heart Disease*. Philadelphia: WB Saunders; 2001:15-18.

Entire book

6. Kellman RM, Marentette LJ. *Atlas of Craniomaxillofacial Fixation*. Philadelphia: Lippincott Williams & Wilkins; 1999.

Software

7. *Epi Info* [computer program]. Version 6. Atlanta: Centers for Disease Control and Prevention, 1994.

Database

8. CANCERNET-PDQ [database online]. Bethesda, MD: National Cancer Institute; 1996. Updated March 29, 1996.

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- Photos must be previously unpublished. Preference will be given to photos taken on-site by a health services provider responding to an event. Other images relating to disaster medicine will be considered, however.
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