

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>.**

Patient Anonymity and Informed Consent

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.

Protection of Human Subjects and Animals in Research

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.

Compliance with NIH and Other Research Funding Agency Accessibility Requirements

A number of research funding agencies now require or request authors to submit the postprint (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. Cambridge University Press, on behalf of the journal, is in full compliance with all accessibility requirements.

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A manuscript number will be assigned to each manuscript once it has been completely submitted, and that number will be used in all correspondence.

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.

Preparation of Manuscript

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.

Manuscript Text

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 [NICS]).

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

Cite unpublished data—such as papers submitted but not yet accepted for publication and personal communications, including e-mail communications—in parentheses in the text. If there are more than 3 authors, name only the first 3 authors and then use et al. Refer to the *List of Journals Indexed in Index Medicus* for abbreviations of journal names, or access the list at <http://www.nlm.nih.gov/tsd/serials/lji.html>.

For internet sources—whether websites, online journals, other journal articles accessed online, online newsletters, or other web materials—be sure to include the “date accessed” information as shown below under the “World Wide Web” example. Also, the National Library of Medicine recommends that authors retain a hard copy of the information accessed online for their own reference or in case of questions that may arise later.

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.

Figures

Please upload figures as separate documents from the manuscript. Due to space limitations, there is a limit of 4 figures per article. Digital art should be created/scanned and saved and submitted as a TIFF (tagged image file format), an EPS (encapsulated postscript) file, or a PPT (PowerPoint) file. Electronic photographs—radiographs, CT scans, and so on—and scanned images must have a resolution of at least 300 dpi (dots per inch). Line art must have a resolution of at least 1200 dpi. If fonts are used in the artwork, they must be converted to paths or outlines or they must be embedded in the files. Color images must be created/scanned and saved and submitted as CMYK files. If you do not have the capability to create CMYK files, please disregard this step. Indicate in your cover letter that you are unable to produce CMYK files. Cite figures consecutively in the text, and number them in the order in which they are discussed.

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Cover photographs

The journal seeks photographs that capture the essence of what the disaster medicine community does—prepare for and respond to catastrophic events. Selected photos, such as the Astrodome photo featured on the Journal's premiere issue, will appear on the Journal's cover. Before submitting photos, read these guidelines:

- 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.
- Photos should be submitted in an electronic file at 300 dpi resolution; either color or black and white is acceptable.
- All photos submitted require written permission/acknowledgment (model release) from photo subjects to allow use of their images by DMPHP editorial and promotions.
- All submissions will be reviewed by the editors. Photos accepted by the editors will be featured on future covers of DMPHP.

Tables and Online Data Supplements

Tables

Please upload tables as separate documents from the manuscript. Due to space limitations, there is a limit of 4 tables per article, but see also the section below on Online Data Supplements. Create tables using the table creating and editing feature of the word processing software (ie, Microsoft Word). Do not use Excel or comparable spreadsheet programs. Cite tables consecutively in the text, and number them in that order. Key each on a separate sheet, and include the table title, appropriate column heads, and explanatory legends (including definitions of any abbreviations used). Tables should be self-explanatory and should supplement, rather than duplicate, the material in the text. Do not embed tables within the body of the manuscript.

Online Data Supplements

Online Data Supplements are encouraged as an enhancement to the Methods section. This optional section provides an opportunity to present supporting materials to the manuscript. Please note that all data supplements undergo peer review and must be submitted with the original manuscript at initial submission.

Online Data Supplements can consist of the following:

- Expanded methods and results
- Additional figures
- Additional tables
- Video files

If citations are made in an Online Data Supplement, the supplement must contain its own reference section, with references numbered sequentially beginning with the number 1. File size should be 10MB or less.

Style

Pattern manuscript style after the American Medical Association Manual of Style (10th edition). Stedman's Medical Dictionary (28th edition) and Merriam Webster's Collegiate Dictionary (11th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical names, and do not abbreviate them. Use code numbers only when a generic name is not yet available. In that case, supply the chemical name and a figure giving the chemical structure of the drug. Capitalize the trade names of drugs and place them in parentheses after the generic names. To comply with trademark law, include the name and (city and state in USA; city and country outside USA) of the manufacturer of any drug, supply, or equipment mentioned in the manuscript. Use the metric system to express units of measure and degrees Celsius to express temperatures, and use SI units rather than conventional units.

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Every research article is reviewed by a minimum of 2 peer reviewers. If warranted, the submission will also be sent for statistical review. The author may suggest names of three potential reviewers. The identities of peer reviewers are kept confidential, but the author identities are made known to the peer reviewers.

After Acceptance

Page Proofs and Corrections

Articles are edited in acceptance date order, and corresponding authors will receive electronic page proofs of the complete typeset article before publication. Portable document format (PDF) files of the typeset pages and support documents (eg, reprint order form) will be sent to the corresponding author by e-mail. Complete instructions will be provided with the e-mail for answering copy editor queries and returning corrections to the publisher within 24 hours. **It is the author's responsibility to ensure that there are no errors in the proofs.** Changes that have been made to conform to journal style will stand if they do not alter the authors' meaning. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. Figure modification or replacement and major rewrites will be returned to the scientific editor, and possibly sent to peer review again. The publisher reserves the right to deny any changes that do not affect the accuracy of the content. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries.

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The National Healthcare Coalition Resource Center is an evolving resource created by coalitions, for coalitions. A

healthcare coalition is a group of healthcare organizations, public safety and public health partners that join forces for the common cause of making their communities safer, healthier and more resilient. Coalitions are forming all around the United States to support communities before, during and after disasters and other crises. The National Healthcare Coalition Resource Center (NHCRC) provides a forum for sharing ideas, innovations and best practices for building and growing coalitions. healthcarecoalitions.org

Call for Papers

Coalitions and Healthcare Emergency Management

Following several successful examples of organically developed preparedness coalitions between 2001 and 2010, the Assistant Secretary for Preparedness and Response (ASPR) issued a formal call for Healthcare Coalition development in 2012. Coalitions are now in place or in development throughout the United States as well as in several US territories. Despite widespread adoption of the coalition-model, there has been little evidence in the literature about the efficacy or impact of these coalitions on preparedness and response.

The [Disaster Medicine and Public Health Preparedness Journal](#) aims to bring together the most relevant research related to the impact of coalitions on preparedness in a special section to be published in October 2015.

Papers which undertake systematic evaluation of aspects of the coalition model, as well as those that seek to measure the impact of coalition-based programs or services, including contributions from teams of coalition practitioners, are especially encouraged, together with research articles, editorials and commentaries from all variety of disciplines which fit the theme of this special issue.

Contributions are welcomed in the following thematic areas (but not limited to):

- economics and funding of coalitions
- return on investment in services contributing to preparedness and response provided by coalitions
- services developed by coalitions
- role(s) of EMS, nursing, social workers and other non-physicians in leading coalitions
- role(s) of institutional partners (e.g. foundations, Veterans Administration, multi-state healthcare networks) in supporting coalitions

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Deadline for Submission: June 15, 2015
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