



AUTHOR GUIDELINES

1. Aim & Scope

The South African Journal of Pre-hospital Emergency Care (SAJPEC) is the official journal of the Emergency Care Society of South Africa. It is an open access, peer-reviewed journal that aims to support and inform advances in the science and practice of pre-hospital emergency care with a focus on South Africa. SAJPEC publishes short reports, original research, reviews, case reports, concepts and correspondence relevant to South African pre-hospital emergency care (including inter-hospital transfer care).

2. Publication Frequency

The journal is published online biannually. Articles may be published online before being released as part of an issue.

3. Ethical Authorship

Contributions of individuals to a research project, and whether this amounts to authorship, should be carefully considered. Please consult the recommendations of the International Committee of Medical Journal Editors (ICMJE) in this respect:

(<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

Contributors who do not meet the recommended criteria for authorship should be acknowledged (see *Acknowledgements* on p4). Please note that manuscripts may be submitted to an online service for plagiarism checking.

4. Types of Articles

4.1. Short Reports

Abbreviated manuscripts reporting original research which is of limited scope, or interim reports of larger studies. Must comply with all of the headings and structural requirements below (9.1-9.3). Maximum word count 2000 words, with no more than two tables and/or figures and 15 references.

4.2. Original Research

Full-length manuscripts of original research either qualitative, quantitative or mixed methods. Must comply with all of the headings and structural requirements below (9.1-9.3). Maximum word count 5000 words, with no more than five tables, four figures and 30 references.

4.3. Reviews

Systematic reviews (with or without meta-analysis) or narrative reviews are accepted. Must comply with the same headings and structural requirements below (9.1-9.3). For systematic reviews and/or meta-analyses please use the PRISMA guidelines and checklist:

<http://prisma-statement.org/documents/PRISMA%202009%20checklist.pdf> .

4.4. Case Reports

Reports of interesting or unusual clinical cases in pre-hospital emergency care. Significance of the case, and a motivation for why it should be published, must be included in the cover letter. Give a detailed description of the case, followed by a discussion incorporating relevant comparative or other literature. Maximum word limit 2000 words, with 15 references. Please ensure compliance with ethical considerations (see below) related to patient and organizational anonymity and consent.

4.5. Concepts

Reports of novel concepts with operational, systems or strategic relevance in pre-hospital emergency care. Concepts must be reported by those responsible for them, either wholly or in part, or those owning the related intellectual property. Concepts must have at least a preliminary degree of real-world implementation, or demonstrable commitment to implementation. Maximum word limit 5000 words and 15 references.

5. Peer-review Process

All manuscripts are screened by an editor for completeness and compliance with scope of the journal. Non-compliance at this stage may result in return to the corresponding author for additional material or inclusion of required material etc., or outright rejection if the manuscript is not within the journal's scope. Manuscripts accepted at this point will be allocated to at least two peer-reviewers. The peer review process is blinded meaning that authors will not know the identities of peer reviewers and vice versa.

6. Open Access

This journal is an Open Access publication meaning that all of its content is made free to users without a subscription or any other charges. There are no page fee charges for authors. Users are allowed to read, download, copy, distribute, print, search, or link to the full text of these articles, or use them for any other lawful, non-commercial purpose, without asking permission from the publisher or the author(s).

7. Journal Rights

Authors grant the Emergency Care Society of South Africa the exclusive right to publish, display, reproduce and/or distribute the work in print and electronic format and in any medium known or hereafter developed, including for commercial use. Authors also agree that the Emergency Care Society of South Africa may retain in print or electronic format more than one copy of the work for the purpose of preservation, security and back-up.

8. Language and Writing Style

Please write in UK or South African English (word processor dictionary settings), including the spelling of medical terms. Use the most simple, direct and active writing style possible and avoid long or complex sentences. Pay attention to paragraph and section structure, this has a significant effect on clarity and coherence. Only use abbreviations if the terms they represent are used

extensively and repeatedly throughout the manuscript. Define abbreviations the first time they are used.

9. Manuscript Preparation

9.1. Cover Page

The cover page must contain:

- A title, not longer than 30 words, which accurately reflects the aim and focus of the research.
- Details (title, first name, last name, highest qualification, affiliation and email address) of all authors.
- Clear indication of the corresponding author, who must also supply a postal address and telephone number.
- Word, table and figure counts.
- Between three and six key words (which should be MeSH terms as defined by the US National Library of Medicine).
- A declaration of conflicts of interest. Please consult the ICMJE recommendations on authors conflicts of interest (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html>) and structure statements in this section accordingly. If there are no conflicts of interest please state this explicitly.
- Please upload the cover page as a separate file during the submission process in order to ensure blinded peer-review.

9.2. Abstract

A structured abstract, not longer than 350 words, must be provided with the following headings: *background, aim, methods, results, conclusion*. For case reports no headings are necessary. For concepts, the following headings should be used: *context and setting, concept, implementation, impact*.

9.3. Manuscript

Manuscripts must be submitted in Microsoft Word format and must be typed in Arial font with 1.5 line spacing and the following sections:

Background

The background should introduce the context and rationale of the study, with supporting references where necessary. The last paragraph of the background must contain a clear statement of the aim of the study, together with objectives and hypotheses if applicable.

Research Design and Methods

Describe both the research design and methods chosen in this section. Provide a detailed description of all relevant methodological steps including sampling, data collection and data analysis (see Statistical Reporting below for more details on data analysis). Give the make, model/version, manufacturer and place of manufacture of all devices, instruments or software used. Use *Système international d'unités* (SI) units for all measurement data. Use only generic drug names. Explain steps taken to minimise bias and confounding, where applicable. Describe how validity and reliability of instruments used to collect data (including questionnaires) was determined. See 9.7 below for details of reporting on research ethics.

Results

Communicate the results of data analysis in this section by referring to summarised descriptive data and/or results of hypothesis tests. Use tables and figures (see below) appropriately as necessary to enhance the display of complex data. Provide interpretation of results relating to hypothesis tests, but do not discuss these in this section.

Discussion

Describe the most important results of the study and their real-world implications. Highlight any results that may be considered unexpected or unusual and possible explanations. Compare results with previously published research only where relevant and meaningful, and insofar as this enhances understanding of the results. Briefly describe limitations of the study and any areas of priority future research arising from the current study.

Conclusion

Briefly give the conclusions of the study. This section may have its own subheading or may be incorporated into the discussion as the last paragraph.

Acknowledgements

If applicable, acknowledgement should be given to any persons or organisation that assisted in any part of the research process.

Conflicts of Interest

Please clearly indicate any conflicts of interest that may apply to any of the authors. Please use author abbreviations (e.g. 'John Smith' = 'JS') to refer to authors.

Author Contributions

Please clearly indicate contributions of all authors including conceptualisation of the research, data collection, data analysis, drafting and revision of the manuscript and final approval of the manuscript. Please use author abbreviations (e.g. 'John Smith' = 'JS') to refer to authors.

9.4. Tables

Use tables to summarise and present data not presented elsewhere in the text. Every table must be numbered sequentially in order of appearance (Table 1, Table 2, etc.), must have a caption summarising its content and must be clearly referenced in the text where appropriate. Use single spacing for table rows. Ensure that all abbreviations used anywhere in the table are defined below the table as footnotes. Use superscripted lower case alphabetical characters to reference table footnotes. Tables may be placed where they are first referred to in the text or sequentially at the end of the text, but not both.

9.5. Figures

Use figures only where necessary, and to enhance information in the text. Figures may be included in the text where referenced, but only in the form of images – not embedded objects. Only TIFF, JPG or PNG image formats are allowed, at a minimum 300 dpi resolution. All figures must be numbered consecutively (Figure 1, Figure 2, etc) and must have a descriptive caption, Figure numbers and captions must be entered in the text below the embedded image. Take into consideration when planning figure composition that colour images will be published electronically, however the author will be required to cover the costs of colour art reproduction in any hard copy issue of the journal.

9.6. *Statistical Reporting*

Provide a justification for sample size where appropriate. Use distribution-appropriate measures of central tendency and dispersion when describing continuous data. Use interval estimates rather than point estimates as far as possible. Ensure that the precision (use of decimal places) is appropriate to the data and context and is consistent throughout the manuscript. Clearly state any statistical hypotheses that are tested. It is not necessary to provide references for statistical tests in widespread use, however novel or rarely used tests must be referenced. Report p-values to three decimal places and values smaller than 0.001 as $p < 0.001$. Give all p-values - do not use terms such as “not significant” without giving the value. In general, use hypothesis tests appropriately and judiciously. Do not calculate and report p-values where assumptions of the associated statistical tests do not hold, or where generalisation to a population is not an aim of the study. Where appropriate report measure of occurrence and effect with 95% confidence intervals.

9.7. *Ethical Considerations*

All manuscripts must clearly indicate that approval was obtained from a research ethics committee (provide the name of the committee), or that a research ethics committee determined that ethical approval was not necessary. Describe how informed consent was obtained (and how participants could withdraw consent) and any applicable risks and benefits along with any other pertinent ethical considerations. Highlight any vulnerable populations and how voluntariness and informed consent were approached in these cases.

Case reports may not identify any patient(s), clinician(s) or health care facilities. Consent must be obtained from patients, or proxies where applicable, to access clinical data for case reports. If images are included in the case report these must not identify patients and must be obtained only with the consent of patients or proxies where applicable. Use the attached form (Annexure A) to record consent related to case reports [NB: Please access the online author guidelines for a link to download Annexure A].

9.8. *References*

References must be cited in text using sequential numbers in parentheses which correspond to the numbered reference list at the end of the manuscript. Ensure that all references cited in text appear in the reference list and *vice versa*. Please consult the National Library of Medicine’s samples for detailed formatting of listed references (https://www.nlm.nih.gov/bsd/uniform_requirements.html) in Vancouver style. Correctness of references is the author’s responsibility.