



INSTRUCTIONS TO AUTHORS AND PUBLICATION POLICIES

(Spanish version available from http://emergencias.portalsemes.org/images/normas_autores_es.pdf)

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EMERGENCIAS, which publishes 6 regular issues per year (available from <http://emergencias.portalsemes.org/english>), is the official journal of the Spanish Society of Emergency Medicine (SEMES). EMERGENCIAS will consider articles written in Spanish or English on subjects related to any aspect of emergency medicine, such as urgent and emergent care, health catastrophes, emergency rescue and transfer procedures, and coordination and management of health care in these settings. The journal is open to the work of physicians, nurses, paramedics, or any other professionals who do research in the context of emergency health care.

Before acceptance, all manuscripts will be evaluated by the journal's Editorial Board and undergo review by blinded referees assigned by the Editors.

EMERGENCIAS subscribes to the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" (formerly known as the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals") produced by the International Committee of Medical Journal Editors (ICMJE) (available from http://www.icmje.org/urm_main.html).

Authors are particularly asked to respect the ICMJE'S ethical guidelines on authorship, duplicate publication, conflicts of interest, clinical trials, and animal experimentation. The Editorial Board also pledges to be alert to any conflicts of interest peer reviewers or other editorial consultants might have.

Accepted articles will be published in Spanish in the print journal and in both Spanish and English online regardless of the language in which they were submitted. Such articles will become the property of EMERGENCIAS and permission must be obtained for their reproduction in whole or in part. All authors of original articles must send a statement transferring copyright to the journal once their manuscript has been accepted.

MANUSCRIPT SUBMISSION

Manuscripts should be submitted electronically by means of the journal's digital manuscript management system (available at <http://emergencias.ojs.portalsemes.org/>). Authors should create an account at that website and follow the instructions for submitting their manuscript. The tools provided also allow authors to track their manuscript's progress through the editorial process. If problems arise, authors can contact the publisher (carmen.ibanez@semes.org).

A cover letter, whose content is explained below, should accompany the manuscript. Each author's filled-in form stating acceptance of responsibility for the work and agreeing to copyright transfer should also be sent at this time. (The form can be downloaded from <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>) The manuscript must comply with all instructions to authors given in the section MANUSCRIPT PREPARATION: FORMAL REQUIREMENTS below. It should also conform to the instructions for the appropriate article type and section.

Cover letter

Address the letter to the Editor in Chief and include each author's signature and a means of identification (for example, national identity number, passport number, or similar). The letter should ask that the manuscript be considered for publication in EMERGENCIAS and include the following information:

- 1) The section where the authors would like to see the manuscript published.
- 2) A brief description of what is important about the article, including its contribution to emergency medicine and the goals of EMERGENCIAS.
- 3) An explicit declaration that the manuscript has not been previously published and that it is not under consideration by any other journal.
- 4) If any part of the manuscript has been published elsewhere (indicative of redundant, or duplicate, publication), the letter should give details. Also required is a declaration that the authors are in possession of permissions from the author and the publisher of any previously published material. See the section on ASSURANCES AND TRANSFER OF COPYRIGHT AND INTELLECTUAL PROPERTY in these instructions to authors.
- 5) State that these instructions to authors, including those referring to ethical responsibilities have been taken into consideration. In particular, state that all the signing authors meet the requirements for authorship and that they have no conflicts of interest or have disclosed them, as required. (Such assurances will be published on the title page of the authors' article and they are included in the section on funding and conflicts of interest in the aforementioned document on assurances and transfer of copyright which each author must complete, sign, and send along with the submitted manuscript.)
- 6) State that all copyrights will be transferred to EMERGENCIAS in case the article is accepted for

publication. (This declaration also appears in the copyright transfer section of the aforementioned document of assurances each author must complete, sign, and send with the manuscript.)

7) State that all work complied with the principles of good clinical practice.

In addition, the authors may conclude their letter by proposing individuals they consider qualified to critically review their manuscript. The proposed reviewers should not have coauthored papers or otherwise collaborated with the submitting authors in the previous 3 years. Nor should the proposed reviewers have contributed a substantive review of the manuscript prior to its submission. The Editorial Board will decide whether or not the suggested reviewers should be approached to evaluate the manuscript.

INSTRUCTIONS FOR SPECIFIC SECTIONS

Regular article categories

Editorials. Articles about scientific issues or expressing opinions. Editorials may offer commentaries on original articles published in the same issue of the journal or discuss controversial subjects or areas witnessing important developments. These articles, which are commissioned by the Editorial Board, have a maximum of 1200 words (including 1 table or figure), 15 references, and 2 authors.

Original articles. Reports of original basic, epidemiologic, clinical, or technical research that may be analytical or longitudinal. An original article should include the following sections: structured abstract (not exceeding 250 words), introduction, methods, results, discussion, and references. It should have a maximum of 3000 words (excluding the abstract and references), no more than 6 tables and/or figures and 30 references, and a maximum of 6 authors. (Cooperative multicenter studies are exceptions to this last rule.)

The reporting of longitudinal observational studies (cohort or case-control designs) and cross-sectional studies should follow the STROBE guidelines (for STrengthening the Reporting of OBServational studies in Epidemiology), available from <http://www.strobe-statement.org>.

Research on risk prediction models should adhere to the TRIPOD statement (Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis) available from <https://www.ncbi.nlm.nih.gov/pubmed/25560730>.

For studies involving diagnostic procedures, follow the STARD guidelines (STAndards for the Reporting of Diagnostic accuracy studies), available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5128957/pdf/bmjopen-2016-012799.pdf>.

Clinical trial reports should comply with the recommendations in the CONSORT statement (CONSolidated Standards Of Reporting Trials), available from <http://www.consort-statement.org>. Furthermore, clinical trials must be registered in one of the international databases created for the purpose; the registry and assigned trial number must be reported in the manuscript.

Consult the EQUATOR website (<http://www.equator-network.org>) for guidelines for reporting other research designs.

Systematic reviews and meta-analyses. These articles are generally commissioned by the Editorial Board, although unsolicited manuscripts will also be considered. Reviews should have a maximum of 5000 words, 10 tables and/or figures, 50 references, and 2 authors. They are accompanied by an unstructured abstract unless they are systematic reviews or meta-analyses, which must have a specifically structured abstract and follow the PRISMA guidelines (for Preferred Reporting Items for Systematic Reviews and Meta-Analyses), available from <http://www.prisma-statement.org>. Limit manuscripts to 4000 words, a maximum of 10 tables or figures and 50 references.

Special articles. This section contains articles that explain noteworthy experiences in emergency medicine that might be of interest to others in this specialty. Professionals' reflections on their own experiences or narrative reviews of reports found in the literature will also occasionally be considered for publication. Special articles should have a maximum of 5000 words, 10 tables or figures, 50 references, and 3 authors. They are accompanied by an unstructured abstract of 150 words or fewer.

Consensus statements. Experts or scientific associations that follow a method to arrive at consensus on a clinical question can produce statements for publication. If the statement is submitted on behalf of associations, the authors should provide a clear account of funding or other support received. Before submitting a consensus statement for review and possible acceptance, the authors should contact the Editorial Board of EMERGENCIAS to inquire about the appropriateness of a topic for the journal and to

clarify the journal's requirements. EMERGENCIAS recommends that authors use the AGREE framework for drafting clinical practice guidelines available from https://www.agreetrust.org/wp-content/uploads/2013/06/AGREE_II_Spanish.pdf.

Viewpoints. Articles that express the views of up to 3 authors on some aspect of emergency medicine will be considered. These articles are similar to editorials and are usually commissioned by the Editorial Board. No abstract is required. Manuscripts should not exceed 1200 words and may contain a maximum of 1 table or figure and 15 references.

Scientific letters. This section prioritizes letters that report original research involving a small number of cases that lead to a specific conclusion. Examples would be a series of patients with the same diagnosis or a single noteworthy case. The letter should have the following structure: introduction, presentation of the case or cases, and discussion. Scientific letters should be no more than 800 words long and contain a maximum of 2 tables or figures and 10 references. They may have up to 6 authors. When reporting cases, the authors are advised to follow the CARE case report guidelines available from <http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf>.

Letters to the Editor. Letters commenting on articles that appeared recently in EMERGENCIAS will have preference. Such letters should offer arguments that support and clarify aspects of the published article or call them into question. Letters may also express authors' opinions, describe unusual experiences, or discuss exceptional clinical observations. Manuscripts should be no more than 500 words long and may contain a maximum of 1 table or figure and 5 references. A maximum of 3 authors may sign the letter. If the letter refers to an article that was recently published in the journal, it will be sent to the corresponding author of that paper so that the authors can exercise their right to reply.

New article categories

Shift changes. Health care professionals' experiences on the job, especially those that highlight values intrinsic to emergency medicine or shed light on emotional or other dimensions of working together. These brief contributions may be prose or poetry. They must be no longer than 1000 words and may include 1 table or figure and up to 5 references (if necessary). No more than 2 authors may sign the manuscript. No particular structure need be followed. Nor is an abstract required.

Wide angle. This section contains striking personal narratives about the practice of emergency medicine. These contributions differ from those of the preceding section because they attempt to provide the patient's point of view as well as the professional's. Or they might present the professional as patient or reflect on the views of others on staff in emergency care settings. This type of article can be organized in sections and conclusions might be drawn. Manuscripts of varying length can be considered, but submissions should have no more than 2500 words, 4 tables or figures, and 10 references (if necessary). Up to 4 authors may be named. No particular structure need be followed. Nor is an abstract required.

Historical notes. Submissions of interest will treat the history of emergency medicine, equipment or other material used in providing emergency care, or the organization of emergency health services over time – in fact the history of any aspect of emergency care is a candidate topic. The larger historical context might be alluded to if it aids comprehension. Likewise, the historical context of the health care system or any other information that complements the main topic might be relevant if it will be helpful to the reader. Length should not exceed 2500 words. A maximum of 4 tables or figures, and 10 references (if necessary) will be allowed. Up to 4 authors may sign the manuscript. No particular structure need be followed and the author is free to divide the article into helpful subsections. No abstract is required.

MANUSCRIPT PREPARATION: FORMAL REQUIREMENTS

Manuscripts should be formatted for DIN A4 paper, be double spaced in 12-point type, have wide margins, and comply with the maximum number of words allowed for the article type. Pages should be numbered in the upper right corner. We recommend using the past tense to report findings, avoiding the passive voice when possible (for example, using first-person plural instead), and writing in a generally formal style.

The following recommendations are made in the interest of maintaining uniformity of style in the journal. Adherence to these recommendations will make it easier for us to review and process a manuscript and favor its acceptance.

Abbreviations. Only abbreviations that are common in emergency medicine should be used. Abbreviations should be avoided in titles and abstracts. Expand the abbreviation the first time it appears in the text (in both the abstract and the body of the manuscript). Exceptions are units of measure expressed in the International System.

Manuscript structure. Each of the following manuscript sections should begin on a new page and be arranged in the order listed: title page, abstract and keywords in English, abstract and keywords in Spanish, body of the text according to type of article, acknowledgments and possible statements regarding funding or overlapping, or duplicate, publication, appendices or lists of contributors in the case of collective authorship, references, and tables and figures.

- Title page.

This manuscript section contains the following items:

- Title, in English and in Spanish, giving an appropriate account of the article's content. It should be brief, clear, and informative.
- Name and surname(s) of authors in the order in which they will be published. (Composite surnames may be connected with hyphens or not, but authors should be aware that international databases record only a single name in the surname field and that 2 surnames will therefore be recorded as such only if connected by a hyphen.) The academic or professional degree may be included if the author wishes.
- Affiliations (name of department and institution, or the hospital where the research was done). If authors are affiliated with several institutions or different ones, list the institutions and indicate who comes from which one.
- Total number of words in the body of the manuscript (excluding the title, abstract, keywords, and references).
- Corresponding author: Name and surname(s), postal address and email address, telephone and fax number. (Email is the Editorial Board's preferred method of communication.)
- Disclosures of conflicts of interest if any (with a brief description, which will also be listed in the section on funding and conflicts of interest included in the document on assurances all the authors must fill in and sign when they submit a manuscript).
- Declarations of public or private research funding sources or foundations.
- Authors may also indicate whether a study has been previously presented at a scientific conference or similar meeting and whether it has obtained any award or special mention.

- Abstract and keywords.

The abstract and keywords should be started on a new page in the manuscript. Structured abstracts for original articles and brief reports (maximum 250 words and 150 words, respectively) will have the following sections: Objective(s), Methods, Results, and Conclusions. Abstracts for other articles (clinical notes or reviews) should be unstructured and not exceed 150 words.

For all articles of any type, authors should provide 3 to 8 keywords consistent with the Medical Subject Headings (MeSH) of Index Medicus/MEDLINE, available from <http://www.nlm.nih.gov/mesh/meshhome.html>.

To facilitate blind peer review of all manuscripts, the Editorial Board recommends that the names of authors or their affiliations not be mentioned in the text from the abstract section forward.

- Spanish abstract and keywords.

Provide a correct Spanish translation of the title, abstract, and 3 to 8 keywords. For keywords, use translations of the MeSH terms available from <http://www.nlm.nih.gov/mesh/meshhome.html>. These translated texts should start on a new page in the manuscript.

- Introduction.

The introduction (started on a new page) should be brief and aim to provide the reader with up-to-date background information on the topic of the research. A historical review is not necessary; only strictly necessary references should be cited. If a systematic search of the literature was conducted, the strategy used (search terms, period of time covered, and search date) should be described. The introduction should conclude with the hypothesis, or the reason why the research was carried out, and the aim.

- Material and methods.

When preparing this section, authors should take into consideration the following recommendations from the Editorial Board regarding items that should be present:

- Include the study design, setting where the work was done, time frame, subjects and/or material used (characteristics, selection criteria), techniques used, the epidemiological or analytical approach used, and interventions.
- Include a flow chart (recommended) showing the phases of the study and clarifying the inclusion and exclusion criteria, how selection was carried out, when interventions and measurements were recorded (if appropriate), and how many patients completed the study.
- Explain the statistical analyses applied to the data (specifying confidence intervals). Authors are advised to refer to the SAMPL guidelines (Statistical Analyses and Methods in the Published Literature) regarding basic statistical reporting applicable to articles published in biomedical journals, available from: <http://www.equator-network.org/wp-content/uploads/2013/03/SAMPL-Guidelines-3-13-13.pdf>.
- A general principal is that this section should provide all the information other researchers would need if they were to replicate the study.
- Names or initials of patients should not appear.
- Use the generic names (rather than commercial names) of any drugs used and specify the dosages and routes of administration.
- Approval from a clinical or animal research ethics committee must be obtained and mentioned. In addition, the researchers should briefly explain the ethics guidelines they followed even though they will also give assurances on ethical responsibilities, manuscript approval and copyright transfer on the form that all authors must sign and submit along with their manuscript. (See section on ASSURANCES AND TRANSFER OF COPYRIGHT AND INTELLECTUAL PROPERTY in this document and in the form to be signed and submitted.)

- Results.

Describe the results clearly and concisely without offering interpretations. Include the minimum number of tables or figures necessary and avoid repeating data in text, tables, and figures. Include the appropriate estimates of error, uncertainty, probability, or similar, as appropriate (confidence intervals and/or *P* values for example).

The results of randomized clinical trials should be reported following the CONSORT guidelines (<http://www.consort-statement.org>), which specify a flow chart illustrating the assignment of patients and their progress through the study. Meta-analyses should include the flow chart described in the PRISMA guidelines (<http://www.prisma-statement.org>). C:\Users\Mary\Documents\Translation.SANED\EMERGENCIAS\2015 Feb\en_us\Meta-analyses Reports of studies validating diagnostic procedures or tests should include the flow chart described in the STARD guidelines (<http://www.consort-statement.org/stardstatement.htm>).

- Discussion

The authors should explain their interpretation of their results, avoiding the repetition of information already provided in the Introduction or the details of data in the Results section.

The following aspects should be addressed:

- The most important findings.
- The practical implications of the results and their significance.
- Similarities and differences between the authors' findings and those reported in other similar publications.
- Limitations of the study or any design problems that might be relevant.
- Suggestions for further study or new hypotheses if appropriate; authors should clearly label these remarks as such.
- Finally, conclusions that can be drawn directly from the study.

The discussion section for brief research reports and clinical notes should be short and restricted to noteworthy aspects of the research or cases rather than a review of the literature.

- Acknowledgments.

Only acknowledge persons or institutions that clearly contributed to making the study possible but whose contributions do not justify authorship. Acknowledge technical assistance in a separate paragraph from other acknowledgments. All persons mentioned by name should know of and have approved their inclusion in this section.

-Conflicts of interest.

Potential conflicts of interest must be disclosed.

- References.

List only references that are cited in the manuscript. Authors should have read all the references and they should cite only those they consider important. References must be numbered consecutively as they appear in the text, where they will be indicated by superscript arabic numerals.

Authors should make every effort to cite references that have been published recently and are considered important in the subject area.

Unverifiable information from unpublished observations, personal communication, conference presentations, or similar sources should not appear in the reference list, although such sources may be mentioned between parentheses in the text if necessary.

Manuscripts that have been accepted by a journal but have not yet been published may be cited as being in press.

References cited only in tables or figure legends should also be numbered consecutively, consistent with the first mention of the table or figure in the text.

A reference callout (the superscripted cite number) that falls next to a punctuation mark should appear before the mark (eg, "...unlike previous studies⁷, our results show that...").

When indicating the first and last page of a reference in the list, the final page should be indicated by only the last digit or digits necessary to differentiate it from the first page; for example, 23–7 (not 23–27) and 135–42 (not 135–142).

The abbreviated journal titles specified by the US National Library of Medicine should be used in the reference list. These abbreviations are available from <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>. If copying a reference from another article, first confirm that it is correct by checking the original article or the entry for the article in a database. A reference that is copied must be reformatted to conform to the style used by EMERGENCIAS, which uses the one recommended by the ICMJE (available from http://www.nlm.nih.gov/bsd/uniform_requirements.html). The following examples show the style for the most commonly cited types of documents.

Articles in journals: List the first 6 authors, followed by et al. if there are more. Do not provide the issue number or complete publication date. Example: Julián-Jiménez A, Parejo R, Cuenca-Boy R, Palomo MJ, Lain-Terés N, Lozano-Ancín A, et al. Interventions to improve emergency-department management of community-acquired pneumonia. *Emergencias*. 2013;25:379–92.

Article with a Digital Object Identifier (DOI): List only the first author, followed by et al. Instead of giving the volume and page numbers after the abbreviated title of the journal, give the 2-part DOI. (One part identifies the registering entity and the other identifies the article.) Example: Alquézar-Arbé A, et al. Utilidad de la determinación de ácido láctico en el líquido cefalorraquídeo. *Enferm Infect Microbiol Clin*. 2014. <http://dx.doi.org/10.1016/j.eimc.2014.05.003>.

Articles with an organization (collective) as author: Example: Grupo de Trabajo ICA-SEMES. Estudio multicéntrico sobre el uso de diuréticos en perfusión en la insuficiencia cardiaca aguda en urgencias. *Emergencias*. 1999;98:26-30.

Article in a volume with a supplement: Example: Casas F, Sabatel M, Rodríguez A. Eficacia del antimicrobiano en función del factor tiempo. *Emergencias*. 2012;24 (Suppl 2):S1-21.

Article in an issue with a supplement: Example: Casas F, Sabatel M, Rodríguez A. Eficacia del antimicrobiano en función del factor tiempo. *Emergencias*. 2012;24 (4 Suppl): S31-75.

Book chapter: Give the author(s), chapter title, editor(s), book title, city, publishing house, and page numbers. Example: Nogue S, Munne P. Etilenglicol y otros glicoles. In: Dueñas Laita A, editor. *Intoxicaciones agudas en medicina de urgencia y cuidados críticos*. Barcelona: Masson SA; 1999. p. 252-4.

Article in an electronic journal published online: Example: Klein E, Smith DL, Laxminarayan R. Hospitalizations and deaths caused by methicillin-resistant *Staphylococcus aureus*, United States, 1999–2005. *Emerg Infect Dis* [Internet] 2007; 13 (cited 2002 Dec 21). Available from: <http://dx.doi.org/E.D/co/j.eim13/12/1840.ht>.

– Tables and Figures.

Tables and figures should be numbered independently using arabic numerals. All tables can be included at the end of the manuscript, each starting on a separate page and in the order in which they appear in the text. Alternatively, the authors can submit tables and figures individually as additional files associated with the manuscript in the online article management system. This option can be considered if the characteristics or format used for these files make individual submission easier.

Tables and figures should complement the text, not repeat information in the body of the manuscript. Tables should have a title that explains the content. Figures should have a caption to appear underneath; these can be placed on a separate page after the references or on a page with the corresponding figure. So that tables and figures may be read and understood separately from the rest of the text, abbreviations should be explained in a footnote (tables) or the caption (figures), even if they have also been explained elsewhere.

Tables: Explanatory footnotes should be marked by superscript lower case letters (a, b, c, etc.). Statistical measures of variability or central tendency, such as the SD or SEM should be identified.

Figures: Figures should be 2-dimensional images, with a white background and gray tones or patterns to distinguish information about different groups. Only exceptionally will color figures be published. Patients should not be recognizable in photographs unless they have given written consent. The minimum acceptable resolution is 300 dpi. Authors should bear in mind that figures that combine several images may have to be reduced in size for publication. Figures should be sent in a format that can be edited by the journal.

For any figure or table taken from another publication, the source should be cited and the written permission of the copyright holder and author should be obtained in writing. Graphs, preferably 2-dimensional, may be presented in a standard format for subsequent redesign by EMERGENCIAS.

AUTHOR RESPONSIBILITIES

Ethical obligations

All signing authors must accept the authorship responsibilities as defined by the ICMJE (available from www.icmje.org) and by EMERGENCIAS below and in the document on responsibilities, copyright transfer and other assurances signed by each author on submission of a manuscript (available from <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>).

PROTECTION OF PERSONS AND ANIMALS. When experiments have involved human subjects, it should be indicated that the researchers have followed the code of ethics of the hospital or other institution where the work was performed, that the work has met the approval of the corresponding review board for clinical research (institutional or regional), and that the work was done in accordance with the ethics codes of the World Medical Association and the Declaration of Helsinki (available from <http://www.wma.net/en/30publications/10policies/b3/>).

When experiments with animals are described, it should be indicated that they have been cared for and treated in accordance with the guidelines of the institution, an international research council, or national regulations governing the use of laboratory animals. The constant form patient is available in <http://emergencias.portalsemes.org/images/responsabilidades-autor.pdf>

Data confidentiality and informed consent. The authors are responsible for following the protocols established in their respective hospitals or other health services with respect to access to patient records for research purposes and for publishing of such information to the community. Therefore, they must disclose any breach of those protocols. The authors are also obligated to ensure that all patients included in the study have been properly informed and that patients' written informed consent to voluntary participation is in the possession of the researchers. The authors should mention in the methods section that informed consent was obtained prior to any procedures used in patients and controls.

Privacy. The authors are responsible for protecting the patient's right to privacy by not disclosing any identifying information in the reporting of the research or in illustrations. Names, initials, hospital record numbers or any other data that might serve to identify the patient should not be included in the text or illustrations unless the information is essential for scientific purposes, in which case it may be included provided the patient, the parent, or the legal guardian has given written informed consent for publication. The authors are responsible for obtaining written informed consent and authorizing publication, reproduction, and distribution of any information in print or accessible to the public on the Internet.

Funding. The authors must disclose all funding sources. In particular, they must declare whether they received funds for the work from any of the following institutions or are employed by them: US National Institutes of Health, the Howard Hughes Medical Institute, the Wellcome Trust, or the UK Research Councils.

Authorship. The list of authors should only include those persons who have made an intellectual contribution to the development of the work. Assistance in data collection or a study procedure is not in its own right sufficient grounds for authorship. Authorship is based on meeting all the following criteria:

1. Active participation in the conception or design of the work, or the acquisition, analysis, or interpretation of data that led to the article being submitted; and
2. Participation in drafting the work or in the various revisions of its content; and
3. Final reading and approval of the version to be published; and
4. Agreement to be accountable for all aspects of the work to ensure that any questions related to the accuracy or integrity of any part of it are appropriately investigated and resolved.

When members of a collective are to be included as authors, the names of up to 6 persons who wrote and take responsibility for the manuscript should appear first, followed by "and [name of the group]." If the authors wish to include the name of the group, but its members are not to be considered coauthors, up to 6 authors who wrote and take responsibility for the manuscript should appear first, followed by "on behalf of [name of the group]" or "for [name of the group]." Example: Martínez Ortiz de Zárate M, González del Castillo J, Julián-Jiménez A, Piñera Salmerón P, Llopis Roca F, Guardiola Tey JM, et al., on behalf of the INFURG-SEMES working group. *Epidemiology of infections treated in hospital emergency departments and changes since 12 years earlier: the INFURG study of the Spanish Society of Emergency Medicine (SEMES)*. *Emergencias*. 2013;25:368–78.

In either case, the names and affiliations of members of the group should be given in an appendix at the end of the manuscript.

Authors will be named on the first page of the article and in the document stating their willingness to take responsibility for the manuscript and transfer of copyright that each author must read and sign when the manuscript is submitted.

EMERGENCIAS cannot be held responsible for any possible authorship conflicts that might arise as a result of the publication of the article in the journal.

Conflicts of interest. There is a conflict of interest when the author had/had economic or personal agreements that might have biased or inappropriately influenced his or her acts. Potential conflicts of interest may be present regardless of whether the interested parties consider that their relations may or may not influence their scientific judgment. The author will describe (both in the cover letter and in the section on funding and conflicts of interest in the aforementioned signed document expressing willingness to accept authorship responsibilities) any financial or personal relationship he or she might have had or might now have with persons or institutions that might have created a conflict of interest during the writing of the article or during its submission to the journal. The author's disclosure will figure in the printed journal.

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The authors must declare that the article is otherwise original, was not previously published, and has not been submitted to any other publisher for consideration in part or in full. The authors should be aware that failing to disclose that material submitted for publication has been partially or fully published previously is a serious breach of publication ethics.

Redundant, or duplicate, publication. The journal does not accept previously published material; nor do we review material that is under consideration by other journals. This is to say, the journal does not accept redundant, or duplicate, publications or manuscripts that contain a substantial amount of material that overlaps with previously published work, whether in print or digital media. The authors should state in the cover letter whether there have been any prior publications that overlap with the submitted manuscript in part or in full and that could lead to the submission being considered a duplicate, or redundant, publication. Any prior overlapping publications must be cited in the submitted manuscript. Excluded from these restrictions are conference abstracts, or material included in national or international conference talks.

EDITORIAL PROCESS

The editorial process begins when a manuscript is received by the publisher.

-First, the manuscript is assigned a reference number that will be used throughout processing. From this point forward, the corresponding author can use the number to track the progress of the submission.

-The publisher will send the manuscript to the journal's Editor in Chief and other associate or section editors who will share responsibility for processing the manuscript.

Depending on a submission's nature or complexity, it may be accepted or rejected quickly, or revisions may be requested.

-**Peer review.** All manuscripts submitted to EMERGENCIAS will be reviewed by independent referees who will give their expert opinion. To ensure anonymous review, the name of the authors, their affiliation, or centers where the investigation was undertaken should be included only on the title page.

-**Editorial decision (acceptance, request for revision, or rejection).** After considering the reports of reviewers, the editors will inform the authors of their decision to accept or reject the manuscript. If the work is rejected, the authors will receive the reviewers' reports. Alternatively, if the editors think there are aspects of the manuscript that are confusing but could be improved, they will offer the authors the opportunity to do so. The revision and review process may sometimes be prolonged if the reviewers propose the reassessment of statistics or the inclusion of new elements, patients, or experiments.

Whenever the editors propose revisions, the authors should submit a new version of the manuscript through the online management system within 30 calendar days. The new submission should be accompanied by a letter detailing the changes made and replying (point by point) to the suggestions or questions of the editors themselves or the individual reviewers. If a revised manuscript is not received within 30 days, the corresponding author will be notified that the work has been withdrawn from the process.

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