



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	Ms_IJTDH_27310
Title of the Manuscript:	Emergency Injury Care (EIC) through community volunteers in rural Bangladesh
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	It is necessary to review the introduction, updating theoretical reference, since there are some references from more than 10 years ago (2002 and 2005). The presentation of the results must follow a pattern, all data must have the total number and its corresponding percentage, e.g., 10 (2%) cases. The numbers below 10 must be corrected - in written form. Before each table there must be a short introduction on it, and they must be inserted in the context of the theme. Table 2 is misconfigured; it is impossible to see the two last columns and the extremely small font has made the reading of the first line impossible, the one with the variables identification. It is necessary to briefly describe the profile of the individuals assisted, with information such as medical age (minimum and maximum ages) of the children assisted by the volunteers. The abbreviation RTI has not been explained at any time before its appearance in the text. The fracture cases appear in the discussion but are	There are very few references on emergency injury care, so in some cases I used backdated references. I added ref. 8,16,17 with most updated information. Changed according to feedback in the result section. Edited Edited Age of the casualty was not covered in this study Edited Mentioned in the table1 The study was a part of PRECISE program, The application of the EIC was free for the



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	not described in the results. Ethical Issues: Yes, the project was submitted to the ethical committee of Centre for Injury Prevention and Research, Bangladesh (CIPRB). However, it doesn't mention the application of the free and informed consent term (FICT).	community people and the community people knew about the existing EIC services.
<u>Minor</u> REVISION comments	Review the text and tables configuration.	Reviewed
<u>Optional/General</u> comments	The collection of data is from 2008. Although this may be an extremely relevant theme for the field, I believe its impact has been compromised for this reason. In eight years many things have changed in the field of urgency and emergency, like two updates from the American Heart Association (AHA). I suggest the removal of the mouth to mouth ventilation procedure, which must not be performed since there is risk that the emergency doctor is contaminated with hepatitis and HIV. The authors must include these relevant issues as study limitations.	I added this issue in the study limitation In managing drowning cases (unconscious with no life sign) it is very urgent to provide CPR in site. So the volunteer were trained to use cloth in mouth and provide mouth to mouth ventilation.