**RIGHT Checklist – Field Triage Guideline manuscript**

| **Section/topic** | **No.** | **Item** |
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| Basic information | | |
| Title/subtitle | 1a | Identify the report as a guideline, that is, with “guideline(s)” or “recommendation(s)” in the title.  [Title, page 2, page 5.] |
| 1b | Describe the year of publication of the guideline.  [The title includes the year the guidelines were developed (2021). While the year is different than the year of publication (2022), this dating scheme is consistent with previous versions of the guideline.] |
| 1c | Describe the focus of the guideline, such as screening, diagnosis, treatment, management, prevention, or others.  [Page 2.] |
| Executive summary | 2 | Provide a summary of the recommendations contained in the guideline.  [The recommendations are summarized in Figure 1, with changes detailed in Table 2.] |
| Abbreviations and acronyms | 3 | Define new or key terms, and provide a list of abbreviations and acronyms if applicable.  [All acronyms are defined at first use. We tried to minimize the number of acronyms used in the paper.] |
| Corresponding developer | 4 | Identify at least 1 corresponding developer or author who can be contacted about the guideline.  [Newgard – title page.] |
| Background | | |
| Brief description of the health problem(s) | 5 | Describe the basic epidemiology of the problem, such as the prevalence/incidence, morbidity, mortality, and burden (including financial) resulting from the problem.  [Detailed in the Background, pages 1-2] |
| Aim(s) of the guideline and specific objectives | 6 | Describe the aim(s) of the guideline and specific objectives, such as improvements in health indicators (e.g., mortality and disease prevalence), quality of life, or cost savings.  [Specific purpose listed on Page 2, related background listed on pages 1-2. Over-arching goal is to improve survival after injury.] |
| Target populations | 7a | Describe the primary population(s) that is affected by the recommendation(s) in the guideline.  [Page 2.] |
| 7b | Describe any subgroups that are given special consideration in the guideline.  [Page 3 – definition for a “seriously injured” patient.] |
| End users and settings | 8a | Describe the intended primary users of the guideline (such as primary care providers, clinical specialists, public health practitioners, program managers, and policymakers) and other potential users of the guideline.  [Page 2.] |
| 8b | Describe the setting(s) for which the guideline is intended, such as primary care, low- and middle-income countries, or inpatient facilities.  [Page 2.] |
| Guideline development groups | 9a | Describe how all contributors to the guideline development were selected and their roles and responsibilities (e.g., steering group, guideline panel, external reviewer, systematic review team, and methodologists).  [Pages 2-3, page 4.] |
| 9b | List all individuals involved in developing the guideline, including their title, role(s) and institutional affiliation(s).  [Title page.] |
| Evidence | | |
| Health care questions | 10a | State the key questions that were the basis for the recommendations in PICO (population, intervention, comparator, and outcome) or other format as appropriate.  [Specific question – page 2; closely related background for these guidelines over the past 40+ years detailed on pages 1-2.] |
| 10b | Indicate how the outcomes were selected and sorted.  [Page 3, defining a “seriously injured” patient.] |
| Systematic reviews | 11a | Indicate whether the guideline is based on new systematic reviews done specifically for this guideline or whether existing systematic reviews were used.  [Page 3. There were 5 systematic reviews done specifically for this guideline.] |
| 11b | If the guideline developers used existing systematic reviews, reference these and describe how those reviews were identified and assessed (provide the search strategies and the selection criteria, and describe how the risk of bias was evaluated) and whether they were updated.  [See above answer.] |
| Assessment of the certainty of the body of evidence | 12 | Describe the approach used to assess the certainty of the body of evidence.  [Page 3 – we mention assessment of the quality of evidence and risk of bias. The details regarding these assessments are included in each of the 5 systematic reviews – there was insufficient word space to include this level of detail in the manuscript.] |
| Recommendations | | |
| Recommendations | 13a | Provide clear, precise, and actionable recommendations.  [Figure 1 summarizes the guidelines, including specific recommendations for hospital selection. The transport recommendations are explained in detail on pages 16-17.] |
| 13b | Present separate recommendations for important subgroups if the evidence suggests that there are important differences in factors influencing recommendations, particularly the balance of benefits and harms across subgroups.  [The triage guideline applies to all injured patients. However, there are age-specific criteria for children and older adults that are included in the guidelines (Figure 1) and explained in detail in the manuscript.] |
| 13c | Indicate the strength of recommendations and the certainty of the supporting evidence.  [We include a brief review of the supporting evidence for each triage criterion (pages 6-15) and use of strength of evidence and risk of bias assessments in the systematic reviews (page 3). |
| Rationale/explanation for recommendations | 14a | Describe whether values and preferences of the target population(s) were considered in the formulation of each recommendation. If yes, describe the approaches and methods used to elicit or identify these values and preferences. If values and preferences were not considered, provide an explanation.  [The values and preferences of end users (EMS clinicians) are considered in the section on ‘Transport Recommendations’ (pages 16-17), including integration of flexibility in this aspect of the guideline. While we did not include values and preferences of injured patients, local flexibility with recommendations for selecting receiving hospitals reflects the unique needs and resources of individual communities.] |
| 14b | Describe whether cost and resource implications were considered in the formulation of recommendations. If yes, describe the specific approaches and methods used (such as cost-effectiveness analysis) and summarize the results. If resource issues were not considered, provide an explanation.  [We did not consider cost in the revision of the triage guideline. However, consideration of community resources were an integral part of guideline development, including under- and over-triage (pages 1-2) and transport recommendations (pages 16-17).] |
| 14c | Describe other factors taken into consideration when formulating the recommendations, such as equity, feasibility and acceptability.  [Feasibility of field use was an integral aspect of guideline development (pages 4-15). Acceptability to EMS clinicians was also important, which was integrated through an end-user feedback tool (≈4,000 responses) and input from many stakeholders (page 4).] |
| Evidence to decision processes | 15 | Describe the processes and approaches used by the guideline development group to make decisions, particularly the formulation of recommendations (such as how consensus was defined and achieved and whether voting was used).  [We assembled an inter-disciplinary Expert Panel (pages 2-3), which met in total for 3 days to discuss potential changes, the evidence, and reach consensus. Voting was not necessary to reach consensus. This process subsequently included feedback from multiple national stakeholder organizations, which were addressed by the Steering Committee with subsequent modifications to the guideline and detailed explanation of changes.] |
| Review and quality assurance | | |
| External review | 16 | Indicate whether the draft guideline underwent independent review and, if so, how this was executed and the comments considered and addressed.  [The draft guideline was reviewed individually by > 30 members of the Expert Panel and 11 national organizations, with comments/feedback addressed as detailed above and described on page 4.] |
| Quality assurance | 17 | Indicate whether the guideline was subjected to a quality assurance process. If yes, describe the process.  [The Steering Committee created a quality assurance process, including soliciting 5 systematic reviews for objective assessment of the evidence (page 3), rigorous statistical metrics for adding/removing triage criteria (pages 3-4, Table 1), an inter-disciplinary Expert Panel (pages 2-3), and the external review detailed above.] |
| Funding, declaration and management of interests | | |
| Funding source(s) and role(s) of the funder | 18a | Describe the specific sources of funding for all stages of guideline development.  [The ACS, NHTSA, and HRSA provided funding for this project, as detailed on the title page.] |
| 18b | Describe the role of funder(s) in the different stages of guideline development and in the dissemination and implementation of the recommendations.  [Representatives from ACS, NHTSA, and HRSA were included in the Expert Panel. These organizations will assist with broad dissemination and implementation of the guideline.] |
| Declaration and management of interest | 19a | Describe what types of conflicts (financial and nonfinancial) were relevant to guideline development.  [No authors had conflicts of interest related to guideline development. The Expert Panel was created to ensure a broad group of diverse experts and stakeholders in the guideline development process.] |
| 19b | Describe how conflicts of interest were evaluated and managed and how users of the guideline can access the declarations.  [There is a statement about conflicts of interest and funding on the title page, as well as a list of all members of the Panel (including their role in the process and organizations they represented.)] |
| Other information | | |
| Access | 20 | Describe where the guideline, its appendices, and other related documents can be accessed.  [We have requested Open Access for this article in JTACS to ensure wide access to the article, the guideline figure, and all tables.] |
| Suggestions for further research | 21 | Describe the gaps in the evidence and/or provide suggestions for future research.  [There is a section dedicated to these topics (pages 17-18).] |
| Limitations of the guideline | 22 | Describe any limitations in the guideline development process (such as the development groups were not multidisciplinary or patients’ values and preferences were not sought), and indicate how these limitations might have affected the validity of the recommendations.  [We took multiple steps to ensure that the 2021 triage guideline used a rigorous process of development. Improvements from previous revisions to the guideline include use of targeted systematic reviews, rigorous statistical criteria, and ensuring that all aspects of the guideline are evidence-based. We did not evaluate cost (although other literature has focused on the cost effectiveness of field triage). The values and preferences are primarily focused on those of EMS clinicians, EMS agencies, and different trauma systems, rather than those of injured patients.] |