BRIDGER-TETON NATIONAL FOREST

EMERGENCY MEDICAL RESPONSE PLAN

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Introduction

What is our authority to implement this plan?

Refer to Intermountain Region, FSM 6700 Safety and Health Program, Chapter 6720 Occupational Health Program, 6725 Emergency Medical Response.

What is this Plan?

The purpose of this plan is to provide a standard template to all Forests for preplanning and response to medical emergencies.

Each Forest should annually review and update the plan with local information. Protocols specific to the local unit (for example ordering procedures, checklists, and protocols for special use patient transport or extraction) and locally developed job aides can be added to the plan as appendices.

Each Forest employee must have an established, reliable point of contact who will know the general location of the employee when working in the field. This point of contact shall have authority, training, and capability to implement this emergency medical response plan if needed. This point of contact may be a dispatch office or the employee's supervisor, District Ranger, etc. The point of contact must be continuously available and aware of the status of the employee when in work status.

Emergency Medical Response Plans should be kept at dispatch, in trauma kits, first aid kits, front offices, vehicles, and with each group or individual that goes into the field.

Supervisors need to provide training and conduct training scenarios or exercises that will educate employees on the use and value of the plan. Annual readiness reviews for fire resources and other seasonal orientations are excellent times to review and practice plan implementation and inventory medical supplies.

How does this plan fit with the Forest's Emergency Medical Services program?

The Bridger-Teton National Forest's (BTNF) EMS program provides medical oversight for Emergency Medical Technicians and First Responders. The physician oversight assists with

training, support, quality control and requires documentation.

This EMR plan provides guidelines for responding to an actual emergency and provides tools for creating project-specific medical plans.

Roles and Responsibilities

Dale Deiter (Jackson District Ranger):
Provide Line Officer oversight for the EMR program and support program as necessary to ensure we maintain a strong EMR program.

Travis Wetzler (Forest Safety Officer), Co-EMR program coordinator:
Coordinate with the RO (Randy Draeger, Regional Safety Officer) on monthly safety calls on issues the EMR program. Provide oversight and support to the program to ensure we are meeting policy mandates and local needs. Facilitate activities as necessary to keep the program moving forward.

Mike Johnston (Forest AFMO), Co- EMR program coordinator:
Provide oversight and support to the program to ensure we are meeting policy mandates and local needs. Facilitate activities as necessary to keep the program moving forward.

Rebecca Swenson (Interagency Fire Planner):
Provide budget support and maintain Medical director contract

David Gomez (Interagency Aviation Officer), Contract COR:
Support Rebecca as necessary to help maintain medical director contract. Serve as COR for contract.

Chris Edwards (Helitack Senior FF), EMR program lead:
Coordinate Forest-wide program to ensure consistency. Identify supply and training needs as appropriate.

1 Forest Wide Preplanning for Medical Emergency Response

Section 4 will be completed prior to project work starting. A blank copy of this plan to Teton Interagency Dispatch Center (TIDC). Prior to departing for work you will be responsible to complete the backcountry tracking SOP's. Completing a daily evaluation on Section 4 ensures the sections are still valid for the project work being completed that day.

2 Guidance for Calling Emergency Services

If an emergency were to occur, First Responder will call TIDC or 911 to begin/enact the Emergency Response Plan. TIDC and the First Responder will use Section 8 & 18 to gather information regarding the incident. Sections 5, 6 & 7 are available to First Responders and TIDC to facilitate the Emergency.

3 Call Protocols by Zone/District

If an emergency were to occur, once dispatch has been contacted and emergency services are en route, TIDC will initiate the BTNF Notification Requirement for Accidents/Incidents, and this notification protocol will be utilized to inform the proper individuals of the current situation. A list of emergency services including ambulance and hospital information, hospital locations, and Sheriff Department locations and phone numbers can be found in Sections 6, 7, and 8, respectively.

#4 Project Specific Pre-planning for Medical Emergencies

Type 4/5 Medical Plan

Medical Resources:

Incident Medical Personnel:

Name:_____Level:_____

Name:_____Level:_____

Name:_____Level:_____

Gear Available:

_____1st Aid Kit _____10 person

_____BLS Kit _____ALS Kit

_____O_2 _____Splints

_____Backboard _____TRS/Litter

_____Other _____AED

_____Short Haul

Additional medical gear/personnel needs:

Contingency Communications:

Fire Dispatch 307-739-3630

Primary Radio Repeater:

Secondary Radio Repeater:

Incident Sat Phone #:

Cell Signal: ☐ None ☐ Poor ☐ Good

Considerations:

☐ I can get my people out in a timely manner if I need to.

☐ My people can get me out in a timely manner if needed.

☐ Evacuation concerns or deficiencies discussed w/ Zone Duty Officer

Emergency procedures reviewed and updated:

Date/Time:_____

Date/Time:_____

Date/Time:_____

Personnel briefed on medical plan:

Date/Time:_____

Date/Time:_____

Date/Time:_____

Evacuation:

Air:

Landing Zones/Helispots:

Primary (Lat/Long - DDD, MM.M):

Lat: _____-_____

Long: _____-_____

LZ Hazards:

Secondary (Lat/Long - DD, MM.M):

Lat: _____-_____

Long: _____-_____

LZ Hazards:

Ground:

Ground access/trailhead:

Distance to access/trailhead:

Terrain/access problems:

Potential ground transportation method:

_____Wheeled Litter _____Crew Carry _____UTV

_____Horse

Other:

BTA medical response:

Air:_____ Ground:_____

BTB to get injured to:

LZ: _____ Ground access:_____

Emergency Procedures:

☐ **Provide initial lifesaving care (XABC).**

☐ **Notify Teton Dispatch of medical emergency – request priority radio traffic.**

☐ **Complete medical size up.**

☐ **Provide Dispatch with medical size up.**

☐ **STAY CALM, THINK CLEARLY, ACT DECISIVELY**

Identify the medical equipment, supplies, and patient care providers available at the project location before you begin work. Note: Consider the low probability high consequence events related to the work being performed and level of care and supplies needed to address the situation.

5 Ambulance and Hospital Information

Ambulance Services - Ambulance services for the local area.

Helicopter/Fixed Wing Air Ambulance Services:

*** All EMS resources should be requested through TIDC***

Agency	Phone	Locations	Frequency
Air Idaho Rescue	800-247-4324	Driggs, ID West Yellowstone, ID (seasonal)	
Portneuf Regional Medical Center	888-470-0911	Pocatello	
Wyoming Lifeflight	800-806-9158	Casper	
Classic Lifeguard	800-444-9223	Riverton	
Air Med/University Air Center *	801-321-1911	Ogden/Rock Springs	
Reach Air Ambulance	800-525-5220	Cody/Helena	

* Identified as Burn Center primary carrier

Local Burn Center

Name of facility: University of Utah Burn Center

Address 50 North Medical Drive, Salt Lake UT

Phone Number 801-581-2700

Most burn injuries will be taken to a local hospital to be assessed before being sent to the Utah Burn Center.

6 Hospital Location Information

MEDICAL FACILITIES AND MEDIVAC INFORMATION

Please contact TIDC for all medical incidents, an appropriate response will be dispatched.

HOSPITAL	CITY	PHONE	HELICOPTER LX	FACILITIES
St. John's Hospital	Jackson, WY	307-733-3636 ER: 739-7250	Helipad on top of hospital, 12,000 lbs capacity	24 hours Emergency Service
RADIO: 155.34 OHMC TX tone 82.5 LAT/LONG: 43 28.80 X 110 44'.98 ELEV: 6244'				
South Lincoln Medical Center	Kemmerer, WY	307-877-4401	Helipad SW of hospital. Lighted with a windsock.	24 hour Basic Service
LAT/LONG: 41 47.36 X 110 32.50 ELEV: 6959'				
Big Piney Medical Clinic	Big Piney, WY	307-276-3306 or 307-276-3308	Helispot set up in road near rear of clinic when needed. Airport is 2 miles north of clinic	24 hour Basic Service
RADIO: 154.94 OMHZ LAT/LONG: 42 33.37 X 110 06.67				
Star Valley Hospital	Afton, WY	307-885-5800	LZ south of building. Windsock	24 hour Emergency Service + Cardiac Unit
RADIO: 155.99 SMHZ LAT/LONG: 42 43.06 X 110 55.84 ELEV: 6230				

Pinedale Medical Clinic	Pinedale, WY	307-367-4133	LZ south of building. Windsock	24 hour Basic Service
RADIO: 154.94 OMHZ LAT/LONG: 42 52.22 X 109 51.14				
EIRMC (Eastern Idaho Regional Medical Center)	Idaho Falls, ID	208-529-6111	Near Emergency Room	24 hour Emergency Service. Level II Trauma Center
Located 2 miles east of city. RADIO: monitors 155.340 AIRPORT: located 2 miles NW of city. LAT/LONG: 43 28.28 X 111 59.49				
Portneuf Regional Medical Center	Pocatello, ID	208-239-1000 ER: 239-1801 Lifeflight: 888-470-0911	In parking lot near Emergency entrance. A/C maintained by hospital.	24 hour Emergency Service. Trauma pref.
Located in the SE part of town on hill overlooking I-15 777 Hospital Way				
University Of Utah	Salt Lake, UT	801-581-2121 (burn) 801-581-2700	Advance notice req. LZ west of hospital. Windsock. Lighted. Surrounded by small buildings and close to the road	24 hour Emergency Service. **NEAREST BURN CENTER.** Cardiac Unit.
2 mi. SE of Capital Building. LZ west of hospital. RADIO: 155.340 LAT/LONG: 40 46.27 X 111 50.35				
McKay Dee	Ogden, UT	801-387-2800 ER/Life flight 801-387-7001	LZ on West side of hospital on South end	24 hour Emergency Service. Cardiac Unit.

South of Ogden proper, just E of South Ogden. 3-4 miles E of Odgen Hinkley Airport RADIO: 154.88 LAT/LONG: 41 11.97 X 111 57.00 RADIO: 154.88				
Ogden Regional Medical Center	Ogden, UT	801-479-2111	LZ right on campus of the hospital	24 hour Emergency Service. Cardiac Unit.
LOCATION: Off of I-15 in S Ogden near mile marker 339 LAT/LONG: 41 09.80 X 111 58.20				
Intermountain Medical Center	Salt Lake, UT	801-507-7000 ER 801-507-6600 Life flight 801-321-1234	76'x76' on E side of Building	24 hour Emergency Service. Cardiac Unit. **Level I Trauma Center**
7-8 Mi s of SLC, E of I-15 RADIO: 460.500 & 186.2 Security LAT/LONG: 40 39.617 x 111 53.373				

7 Sherriff Departments

Department	Location	Phone Number
Freemont County	460 Railroad Ave. Lander, WY 82520	307-332-5611
Jackson Police Department	150 E Pearl Ave Jackson, WY 83001	307-733-1430
Lincoln County Afton	421 Jefferson Street Suite #301 Afton, Wyoming 83110	307-885-5231
Lincoln County Kemmerer	1032 Beech Ave. Kemmerer, Wyoming 83101	307-877-3971
Teton County	180 South King Street, PO Box 1885, Jackson WY, 83001	307-733-2331
Sublette County	P.O. Box 701 35 1/2 S. Tyler Ave. Pinedale, WY 82941	307-367-4378
Wyoming Highway Patrol	5300 Bishop Blvd. Cheyenne, Wyoming 82009	800-442-9090 307-777-4301

8 Emergency Medical Aid Response and Reporting Procedures

Roles and Responsibilities

Do not say patient names over the radio.

8A Project Leader/Incident Commander

- Contact TIDC with patient injury/illness information without releasing patient name. Specify the agency the patient works for, if applicable.
- Request medical assistance, medical supplies and evacuation/transport equipment.
- Responders may request assistance from the BTNF medical directors through TIDC. The physicians are available to support the responders in the field.
- Provide pick-up location or landing zone information for patient evacuation.
- Provide any known life hazards (downed power lines, Hazmat, traffic concerns etc.) to TIDC so they can warn responders.
- Indicate if there are special equipment needs for incoming responders. For example, let TIDC know if life flight needs to be able to land on snow.
- When appropriate, transition command of the incident to the agency with primary responsibility.
- In the event of fatalities, if possible, leave the bodies in place until law enforcement/investigators arrive.
- Secure the scene and instruct all persons at the incident that their photos and notes (weather observations, times, and so forth) may be needed.

9 Patient Care Provider

- The highest level medical care provider on site should be in charge of patient care.
- Provide immediate care to patient within your scope of training and experience.
- Transition patient care to the higher level care provider when they arrive on scene and provide assistance as requested.
- Keep the Project Leader/Incident Commander updated.

- Document your actions in writing.

If the injured party refuses care, have them sign the "Refusal of Medical Assistance" form, section 16. Send this form to the BTNF EMS coordinator.

10 TIDC 307-739-3301 fax 307-739-3618

- Dispatch appropriate resources to medical incident if necessary and share life hazard information.
- Make all necessary notifications to appropriate County Sheriff's Office for patient evacuation/transport and provide required information.
- Assign frequency as needed.
- Consider dispatching a landing zone coordinator for air ambulance requests.
- Consider clearing radio channel for emergency traffic only.
- Notify Forest Duty Officer and District Duty Officer of incident.
- Notify GACC if appropriate, and any other agencies that are involved.
- Obtain patient delivery location/hospital information.
- Dispatch will update sections 6-8 (pages 7-9) annually prior to the field season.

11 Forest Supervisor/Agency Administrator

- Assign a person to act as liaison with the hospital. This person should perform this important function full-time through the first critical days. Avoid assigning someone with collateral duties that would interfere with the duties of hospital liaison. Assign a person to handle comp/claims paperwork with ASC.
- Assign a local agency person to act as liaison to the investigation team.
- Notify the patient's next of kin. Protect the patient's privacy.
- They have just suffered mental and/or physical trauma, and they and their families should not be subjected to intense outside scrutiny. Assign a PIO if desired.

12 Other Considerations

- Consult with the Forest Safety Specialist (307-699-4564) or

Regional Safety Manager (801-625-5296) on accident investigation responsibilities and
options.

- Prepare a list of names, organizations, and telephone numbers of all persons involved in the incident, and those who may offer witness statements (such as pilots, dispatchers, line officers, and civilian observers).

- Assemble relevant paperwork, such as weather observations, forecasts, fire training and qualification records, mobilization plans, time records of those involved, and so forth.

- The BTNF EMS coordinator will need documentation on all patient care provided. They are available to assist with the documentation.

 # 13 Information needed by County Sheriff's Dispatch (911) for EMS Incident In the event that you cannot reach your Agency Dispatch, the County Sheriff or 911 dispatcher will require the following information:

Incident Location

a. Cross street, if available

b. Lat/long, if location is in a wilderness area

Any significant landmarks

Patient Information

c. Chief complaint

d. Mechanism of injury

e. Approximate age and gender if available

Incident Needs and Response

- Who is responding from your agency
- Capabilities, Advanced Life Support (ALS) vs. Basic Life Support (BLS)
- How can the responders be contacted for updates
- Specialized responders if needed
- Air ambulance
- Extrication
- Search and Rescue

14 Recommended Forest Service Trauma Kits Medical Supplies

EQUIPMENT	AIRWAY MANAGEMENT	PPE
1-Adult Blood Pressure Cuff 1- Pediatric Blood Pressure Cuff 1- Stethoscope 1- Oral Glucose 1- Spring Loaded Punch 1- Splinter Forceps 1- Scissors 1- Combat Tourniquet 6- 4” Kling 20- 4” x 4” Non-Sterile Gauze 50- 4” x 4” Gauze 3- Multi-Trauma Dressing 5- Triangular Bandages 2- 8” x 10” Surgical Pads 1- Emergency Blanket 2- Blankets 2- “D” Ring Straps, 12” 2- Cold Packs Assorted- Rigid Cervical Collars 1- Backboard with at least 3 straps (Spider straps, OK) and head blocks. 10- Triage Tags 1-16oz eye irrigation 4- Cardboard Splints, Assorted Sizes 16- 1” x 3” Adhesi Bandage 6- Sterile Eye Pads 4- Protective Eye Cup 4- Petroleum Gauze 12- Safety Pins 2- 1” Adhesive Tape 2- 1” Adhesive Tape 2- 1 Gallon (or larger) Zip Lock Bags 1- OB Kit 1- Pen Light	1- Oxygen Kit (“D” or “E” O_2 Tank, Regulator with Liter Flow Valve) 4- Nasal Canula, Adult 2- O_2 Masks, Adult 2- O_2 Masks, Pediatric 1- Bag Valve Mask Resuscitator, Adult 1- Bag Valve Mask Resuscitator, Pediatric 2- Oxygen Tubing 1- Oral Pharyngeal Airway Kit (sizes 0-7) 1- 2 oz. Bulb Syringe 1- Rigid Suction Catheter 1- #14 French Tip Suction Catheter 1- Suction Device (Manual, Mechanical or Pneumatic)	1- Box of Disposable Blood Barrier Gowns Assorted- Disposable Gloves 1- Box of Surgical Masks 1- N-95 or Better Respirator per Crew Member 4- Goggles or Face Shields

15 Trauma Triage Criteria to Consider a Request for an Air Ambulance

If any one of the following criteria is met in sections 1, 2, or 3 listed below, order an air ambulance. If any one of the criteria is met in section 4, it is the judgment of the first responder on scene to order an air ambulance. Note: When in doubt or not sure, order an air ambulance to transport the patient.

1) Physiological Criteria

- Glasgow Coma Scale < 14 or
- Systolic Blood Pressure < 90 mmHg or
- Respirations <10 or >29 min (<20 if <1 y/o)

2) Anatomical Criteria

- Penetrating trauma to head, neck, torso and extremities proximal to elbow and knee
- Flail chest (blunt chest trauma)
- 2 or more proximal long bone fractures
- Crushed, degloved (skin is missing) or mangled extremity
- Amputation proximal to the wrist or ankle
- Pelvic fracture
- Open/depressed skull fracture
- Paralysis

3) Mechanics of Injury Criteria

- Falls: Adults > 20 ft.: Children > 10 ft or 2-3 times height of the child
- High Risk MVA: Intrusion >12 in. Passenger space or >18 in. other site; Death in same vehicle; Ejection (partial or complete)
- Auto vs. Ped/Bike: Thrown/run over or impact of > 20 MPH
- Motorcycle crash: > 20 MPH

4) Special Considerations

- >55 years old
- Anticoagulation or bleeding disorder
- Burns
- Dialysis patient

# 16 UNIT LOG	Incident Name	Date Prepared	Time Prepared
Unit Name/Designators	Unit Leader (Name and Position)		Time

Personnel Roster Assigned		
Name	ICS Position	Home Base
Activity Log		

Time	Major Event

#17 BTNF Patient Care Report

Bridger-Teton National Forest

Emergency Medical Services Program

1

Case Number:	Date:		TIME:
Patient Name:	DOB:		Dispatch:
Mailing Address:			En-Route:
			On Scene:
Telephone	Email:		Beg. Transport:
Male [ ] Female [ ]	Height	Weight	Arrive:
			Clear:

2

WAIVER OF TREATMENT: I acknowledge that I have been informed that my medical condition requires immediate treatment and/or transport to a physician and that with refusing further emergency medical treatment there is a risk of serious injury, illness or death. Understanding these associated risks, I hereby release the attending medical personnel and their advising physician from all responsibility and any ill effects which may result from this action.

Signature:	Physician Contacted:
Printed Name:	Time:
Date:	Witness:

3

CERTIFICATION: I certify that this information is accurate to the best of my knowledge.

Primary Provider:	Date:
Primary Provider Signature:	
Additional care providers:	
Signature of person entering information into EMSCharts:	Date:

4

BRIDGER-TETON NATIONAL FOREST EMS - SOAP Note

SUBJECTIVE:

Chief Complaint:	Onset:
Scene Information:	Loss of Consciousness: [ ] Yes [ ] No

NEUROLOGICAL ASSESSMENT:

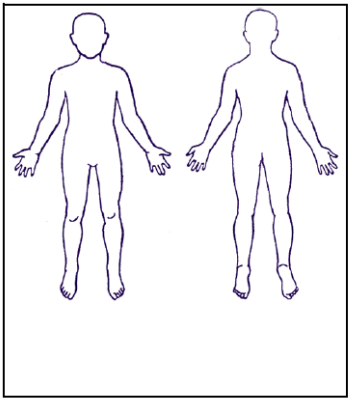
Level of Consciousness: [ ] Alert [ ] Verbal [ ] Pain [ ] Unresponsive	Sensory / Motor: [ ] Intact [ ] Weak [ ] Absent	
Glasgow Coma Score: EYE 4 3 2 1 VERBAL 5 4 3 2 1 MOTOR 6 5 4 3 2 1	Total (E+V+M):	[ ] Red [ ] Yellow [ ] Green

PATIENT INTERVIEW:

Signs & Symptoms:
Allergies: [ ] NKDA [ ] UNKNOWN
Medications:
Past Medical History:
Last Oral Intake or Output:
Events Leading:

PHYSICAL EXAM:

Head / Neck:	Eyes:
Chest:	Back
Abdomen:	Pelvis:
Extremities:	CSM:
Skin:	Lung Sounds:



OPQRST

Onset:
Provocation:
Quality:
Radiation:
Severity:
Time:

SSI

Potential for spinal injury?
Unstable patient?
AMS or Distracting Injury?
Neurologic Deficit?
Pain to neck and / or spine?
If you answered NO to all of these questions- Spinal Immob. Not Required.
[ ] Immob. [ ] Not Immob.

IV

Location	Gauge	Rate	Time

VITAL SIGNS & INTERVENTIONS:

Time	HR	BP	RR	SPO2	ETCO2	BG	Temp	GCS	Pain	Interventions

Time	Other Interventions

#18 Back Cover – Medical Incident Report

Medical Incident Report

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH
Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure

Nature of Injury/Illness		*Describe the injury (Ex: Broken leg with bleeding)*
Incident Name:		*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
Incident Commander:		*Name of IC*
Patient Care:		*Name of Care Provider (Ex: EMT Smith)*

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report. See page 100 for detailed Patient Assessment.*

Number of Patients:	Male/Female	Age:	Weight:
Conscious?	☐ YES ☐ ☐ **NO = *MEDEVAC*!**		
Breathing?	☐ YES ☐ ☐ **NO = *MEDEVAC*!**		
Mechanism of Injury: *What caused the injury?*			
Lat./Long. (Datum WGS84) Ex: N 40° 42.45'x W 123° 03.24'			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
☐ **URGENT-RED** **Life threatening injury or illness.** Ex: Unconscious, difficulty breathing, bleeding severely, 2°-3° burns more than 4 palm sizes, heat stroke, disoriented.	Ambulance or MEDEVAC helicopter. Evacuation need is **IMMEDIATE**.
☐ **PRIORITY-YELLOW** **Serious injury or illness.** Ex: Significant trauma, not able to walk, 2°-3° burns not more than 1-2 palm sizes	Ambulance or consider air transport if at remote location. Evacuation may be **DELAYED**.
☐ **ROUTINE-GREEN** Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness	Non-Emergency. Evacuation considered **Routine of Convenience**.

Medical Incident Report Continued:

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)
☐ Helispot ☐ Short-haul/Hoist ☐ Life Flight ☐ Other

Ground Transport:
☐ Self-Extract ☐ Carry-Out ☐ Ambulance ☐ Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

☐ Paramedic/EMT(s) ☐ Crew(s) ☐ SKED/Backboard/C-Collar
☐ Burn Sheet(s) ☐ Oxygen ☐ Trauma Bag
☐ Medication(s) ☐ IV/Fluid(s) ☐ Cardiac Monitor/AED
☐ **Other (e.g., splints, rope rescue, wheeled litter)**

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/ NAC*	Transmit (Tx)	Tone/ NAC*
Ex: Command	*Forest Rpt, Ch. 2*	*168.3250*	*110.9*	*171.4325*	*110.9*
COMMAND					
AIR-TO-GRND					
TACTICAL					

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) *EX: N 40° 42.45' x W 123° 03.24'*	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards	

9. CONTINGENCY:

Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead…