

Duplicate Calls

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The Dispatch Operations Center may receive multiple calls reporting the same incident. It is important to process each of these calls for several reasons:

- To determine whether there are two separate incidents in the same area, or whether the location and / or access information needs to be updated;
 - To determine if the patient status has changed since the original call entry necessitating a change in the level of EMS or ancillary agency response;
 - To determine if the latest caller is willing / able to accept pre-arrival instructions.
1. All requests for emergency medical services received by the Boston EMS Dispatch Operations Center shall be entered into the CAD system.
 2. When prompted by the CAD System that an incident is a possible duplicate, the EMS Telecommunicator should review the original incident in an attempt to determine whether the call being processed is a separate (new) or duplicate incident.
 - 2.1. The calltaker shall confirm (repeat back) the location of the incident, including any special access information to confirm whether the incident is a new incident or duplicate.
 - 2.2. If the EMS Telecommunicator is unable to quickly determine whether the call being processed is a separate (new) incident or duplicate, it shall be entered into the CAD system as a new incident.
 3. If the call being processed is found to be a duplicate of an existing incident, the EMS Telecommunicator shall ensure that the correct incident location and EMS TYPE Code have been assigned to the existing (original) incident.
 - 3.1. If the information in the original incident is accurate, remarks should be added to the existing incident.
 - 3.2. If the incident location or EMS TYPE Code assigned to the existing incident is no longer accurate, the original call shall be updated and combined with the appropriate ancillary agencies based on the latest information available.
 - 3.3. Whenever an incident location, access, scene safety, or TYPE Code information is modified prior to the arrival of the EMS unit, this information shall be broadcast via voice radio to the responding crew(s).

- 3.4. When a caller with the patient calls back to report that “no one has arrived” (but a unit is shown on scene in CAD) and the location has detailed access instructions (for example, large complexes such as shopping malls, convention center, outdoor park, etc.) confirm the access information. When necessary, keep the caller on the line until the location / access information is clarified or the unit arrives with the patient.
4. Every effort shall be made to provide appropriate prearrival instructions to all non-medically trained callers reporting a medical emergency.