

MRI SAFETY

Regional West School of Radiologic Technology will provide instruction to students about maintaining safety while in the MRI environment.

Responsibility: MRI Supervisor, MRI Staff, Program Staff, Students
Standard: Environment

Students beginning the program will receive instruction on safe practices in the MRI environment as part of the orientation for the Program.

At minimum the instruction will include the following:

1. Restriction zones for MRI units
2. Importance to inform the Program Officials of any trauma, procedure, or surgery the student undergoes which involves a ferromagnetic object or device that may have been introduced within or on the student
3. Review of health risks associated with ferromagnetic objects entering the MRI gantry room
4. Review of the possible risks of asphyxiation and frostbite as a result of a MRI quench
5. Protective measures to minimize health risks to patient, staff and student and damage to the MRI unit

Each student will complete a MRI Screening form yearly. The completed form will be reviewed by the MRI technologist. A student identifying the possibility of metal fragments in the eye will receive a radiograph of the orbits to determine if metal is present.

A student with ferromagnetic objects within or on the student that poses a possible health risk while exposed to a magnetic field will be restricted in their access.

Second year students will review safe practices in the MRI environment as part of the MRI Section of the 380 Advanced Procedures course.

Signature


Stephanie Cannon, MSRS, RT(R)(ARRT)
Program Director

Signature

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Director of Imaging Services

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MRI SCREENING FOR INDIVIDUALS


	The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, <u>all</u> individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.
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***NOTE – If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Name _____ Date ____/____/____ Age _____
LAST FIRST

Reason for entering the scan room (accompanying MRI patient, work related, etc.) _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? Yes No
 If yes, please indicate date and type of surgery
 Date ____/____/____ Type of surgery _____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? Yes No
 If yes, please describe _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? Yes No
 If yes, please describe _____
4. Are you pregnant or suspect that you are pregnant? Yes No

	WARNING – Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. <u>Do not enter</u> the MR system room or MR environment if you have any question or concern regarding an implant, device, or object.
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Please indicate if you have any of the following

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aneurysm clip(s) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cardiac pacemaker |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted cardioverter defibrillator (ICD) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Electronic implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Magnetically-activated implant or device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neurostimulation system |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Spinal cord stimulator |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cochlear implant or implanted hearing aid |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insulin or infusion pump |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Implanted drug infusion device |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any type of prosthesis or implant |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Artificial or prosthetic limb |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any metallic fragment or foreign body |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any external or internal metallic object |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hearing aid
<i>(Remove before entering the MR system room)</i> |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other implant _____ |

	IMPORTANT INSTRUCTIONS
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Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, and clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have questions or concerns BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of person completing form _____ Date ____/____/____

Form information reviewed by _____
PRINT NAME SIGNATURE