

## 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

JRCERT 2021 Radiography Standard(s): 5.3

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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 an MRI quench
5. Protective measures to minimize health risks to patients, staff and students and damage to the MRI unit.

Each student will complete an 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. Students must notify the program if their status regarding this screening changes.

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.

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Signature

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

Program Director

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Signature  
Joshua Lively, MHA, BSRT(R), RT (R)(VI)(ARRT)  
Director of Imaging Services

Reviewed: 2/27/15, 3/4/16, 2/3/17, 2/6/18, 2/7/19, 4/29/20, 4/07/2022, 6/6/2025  
Revised: 9/21/2021, 4/6/2023, 3/21/202

**Regional West Medical Center  
School of Radiologic Technology  
Magnetic Resonance Screening Form for Students**

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves.

This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Circle Yes or No	
1. Have you had prior surgery or an operation of any kind?	Yes	No
If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____		
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?	Yes	No
If yes to question 2, 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 to question 3, please describe: _____		
Please indicate if you have any of the following:		
Aneurysm clip(s)	Yes	No
Cardiac pacemaker	Yes	No
Implanted cardioverter defibrillator (ICD)	Yes	No
Electronic implant or device	Yes	No
Magnetically-activated implant or device	Yes	No
Neurostimulator system	Yes	No
Spinal cord stimulator	Yes	No
Cochlear implant or implanted hearingaid	Yes	No
Insulin or infusion pump	Yes	No
Implanted drug infusion device	Yes	No
Any type of prosthesis or implant	Yes	No
Artificial or prosthetic limb	Yes	No
Any metallic fragment or foreign body	Yes	No
Any external or internal metallic object	Yes	No
Hearingaid	Yes	No
Other device:	Yes	No

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ The student has not identified any contraindications to entering MR Zone III or IV.
- ☐ The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By: \_\_\_\_\_  
Print name                      Signature                      Title

**Remember: The magnet is always on!**

Updated 7/16/2025