

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

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.

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

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
Revised: 9/21/2021, 4/6/2023, 3/21/2024

MRI Screening for Individuals

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, all 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

* 1. Name and Department

Last Name

First Name

Department Name

* 2. Reason for entering the scan room (i.e. accompanying MRI patient, work related, etc)

NEW QUESTION

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MRI Screening for Individuals

P2: Prior surgery

Page Logic

More Actions

Prior surgery

* 3. Have you had a prior surgery or an operation (e.g. arthroscopy, endoscopy, etc.) of any kind?

YES

No

4. If yes, please indicate date and type of surgery

Date

Type of Surgery

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Prev

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MRI Screening for Individuals

P3: Injury to ey...

Page Logic

More Actions

Injury to eye involving metallic object

* 5. Have you ever had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?

YES

No

6. If yes, please describe the eye injury

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Prev

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P4: Injury by m...

Page Logic

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Injury by metallic object or foreign body

* 7. Have you ever been injured by a metallic object or foreign body (e.g. BB, Bullet, shrapnel, etc)?

YES

No

8. If yes, please describe the injury

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Prev

Next

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LOGO

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MINI Screening for Individuals

P5

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PAGE TITLE

9. Are you pregnant or suspect that you are pregnant?

YES

No

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Prev

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MRI Screening for Individuals

P6

Page Logic

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PAGE TITLE



WARNING

Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object.

* 10. Please indicate if you have any of the following

	YES	No
Aneurysm clip	<input type="radio"/>	<input type="radio"/>
Cardiac Pacemaker	<input type="radio"/>	<input type="radio"/>
Implanted cardioverter defibrillator	<input type="radio"/>	<input type="radio"/>
Electronic implant or device	<input type="radio"/>	<input type="radio"/>
Magnetically-activated implant or device	<input type="radio"/>	<input type="radio"/>
Neurostimulation system	<input type="radio"/>	<input type="radio"/>

YES

No

Spinal cord stimulator

Cochlear implant or
implanted hearing aid

Insulin or infusion pump

Implanted drug infusion
device

Any type of prosthesis
or implant

Artificial or prosthetic
limb

Any metallic fragment
or foreign body

Any external or internal
metallic object

Hearing aid (Remove
before entering the MR
system room)

Other (please specify)

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Prev

Next

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MRI Screening for Individuals

PAGE TITLE



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove~ 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 have 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 procedures that I am about to undergo.

* 11. **Signature of person completing form**

I understand that typing my name in the box below constitutes an Electronic Signature, that electronic signatures are the legal equivalent of my manual/handwritten signature.

NEW QUESTION

or Copy and paste questions

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Done

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