

**Purpose:** The purpose of this policy is to inform the student on MRI Safety information.

**Policy:**

Magnetic Resonance Imaging (MRI) is a diagnostic tool that utilizes a powerful magnet and radio waves to generate images of the body. All students enrolled in the Radiography Program have the choice to observe in an MRI rotation.

The magnet used in MRI is always turned on and certain implanted devices are considered incompatible with this technology. Implanted devices like pacemakers, neurostimulators and some infusion pumps should not be exposed to the magnetic field. All students considering a career in medical imaging should be aware of the potential hazards of exposure to the MRI scanner and the need for careful metal screening. For safety reasons, all students will receive basic MRI safety training prior to entering clinical practicum and yearly there after. Additional information can be found at [www.mrisafety.com](http://www.mrisafety.com).

If a student declares that he or she has a condition which would be considered a potential contraindication to entering Zone III and Zone IV, the program will need to take follow-up action. The completed screening form will then be reviewed by a Level II MR technologist, MRSO, or MRMD to determine subsequent action. They should then be rescreened by the Level II MR technologist at the clinical setting prior to entering Zone III.

Students **must** notify the program if there are any changes that may not allow a rotation through MRI anytime throughout the program.

**MRI Metal Screening Form**

All students must complete an MRI Screening Form prior to beginning their scheduled MRI clinical rotation. Students that choose to participate in an MRI rotation, may be asked by a clinical facility if they have a history of metal implants. Certain implanted devices are contraindicated and should not be exposed to the magnetic field. Examples of these devices include:

- Pacemakers
- Neuro stimulators/Biostimulators
- Implanted Infusion Pumps/Pain pumps
- Aneurysm Clips
- Certain Stents, Coils and Filters
- Metallic Foreign Bodies
- Intraorbital Metallic Foreign Bodies

## **MRI Screening Policy**

1. All students must fill out an MRI screening form annually. Students **must** disclose any information that has changed since the year prior.
2. Students who answer “yes” to any of the questions on the MRI Screening Form may be required to undergo additional screening to ensure their safety.
3. Additional screening may consist of further questions, documentation of metal implants, or making sure metal in the eyes was removed.
4. Pregnancy notice: the declared pregnant student who continues to work in and around the MR environment should not remain within the MRI scanner room or zone IV during actual data acquisition or scanning.

This policy follows R-13 and R-24, Notification for Improvement and Violation policies.

**Please check the circle next to each statement you agree with:**

- I have read the MRI Safety Policy, understand the policy and have been given the opportunity to ask questions.
- I understand that the MRI rotation is not a required rotation of the program.
- I have been counseled by program faculty about the dangers associated with the magnetic field used in MRI and understand the importance of metal screening.
- I understand that I **must** notify the program if there are any changes that may not allow a rotation through MRI.

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

Faculty Signature: \_\_\_\_\_



# VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

## MRI Student Screening Form

Student's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

MRI utilizes a powerful magnetic that is always turned "on". For safety reasons, anyone who enters the scan room must complete a metal screening history form. All students must complete a screening form prior to a rotation in MRI or clinical practicum. MRI safety screening forms will be kept on file with the program.

### Do you have or have you ever had any of the following?

- Yes  No Cardiac Pacemaker
- Yes  No Heart Surgery/Heart Valve
- Yes  No Implanted Cardiac Defibrillator (ICD)
- Yes  No Brain Aneurysm Clips/ Brain Surgery
- Yes  No Shunts/Stents/Filters/Intravascular Coil
- Yes  No Eye Surgery/Implants/Spring/Wires/Retinal Tack
- Yes  No Injury to the Eye Involving Metal or Metal Shavings
- Yes  No Orthopedic Pins/Screws/Rods/Joints/Prosthesis
- Yes  No Neurostimulator/Bio stimulator
- Yes  No History of Cancer or Tumors
- Yes  No Radiation Therapy/Chemo Therapy
- Yes  No Previous Back Surgery (Lumbar/Thoracic/Cervical)
- Yes  No Ear Surgery/Cochlear Implants/Hearing Aids/Stapes Prosthesis
- Yes  No Vascular Access Port/Catheter
- Yes  No Metal Mesh Implants/Wire Sutures/Wire Staples, Clips/Internal Electrodes
- Yes  No Electrical/Mechanical/Magnetic Implants?
- Yes  No Tattoo's/Permanent Make-up/Body Piercing/Patches
- Yes  No Dentures/Partials/Dental Implants
- Yes  No Gunshot Wounds/Shrapnel/BB
- Yes  No Do you have pins in your Hair/Clothes/Hair Extensions/Hair Pieces/Wig

List Any Previous Surgeries: \_\_\_\_\_

If you answered yes to any of the questions above, please explain:

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

***I attest that the above information is correct to the best of my knowledge. I have had the opportunity to ask questions related to MRI safety and I understand the information presented to me. I understand that I may be asked to complete an additional MRI screening form at my assigned clinical agency.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_