



**VERA Z. DWYER COLLEGE
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

TITLE: MRI Safety Policy

POLICY NO: R-8

EFFECTIVE DATE: 9-1-2021

TARGET GROUP: CHS Students

**SECTION: Radiography Student
Policy**

REVISION DATE: 8-16-2021

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 thereafter. Additional information can be found at www.mrisafety.com.

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.

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: _____



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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:

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: _____