

Clinical Policy 9.2 MRI Safety

During the second year of clinical practice, students may choose specialty areas for additional clinical rotations and must complete the “Day in a Life” assignments in advanced modalities and other disciplines.

It is the responsibility of the program’s clinical instructor to provide appropriate occupational and patient safety training for any student who may enter Zone III of a MRI department.

Because of the possibilities for any student to render aid in and around an MRI department, all students will be required to complete the MRI Screening Protocol Checklist and MRI safety class prior to entering the clinical phase of the program. The checklist will be completed annually and reviewed by a Level II MRI technologist. The student is responsible for informing the program coordinator if there is any change to this document during the school year. Completion and approval of this checklist will ensure that no contraindications exist which would put the student at risk while in the magnetic environment. Affiliated clinical sites may require the student to complete their sites’ safety screening and/or checklist.

Revised 5/15, 5/20, 6/22, 06/23, 06/24

Radiologic Technology Program
MRI Screening Checklist for Students
Guidelines from ACR's Safety Screening Form for MR Procedures

Please check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> Aneurysm clip(s) | <input type="checkbox"/> Tissue expander (e.g., breast) |
| <input type="checkbox"/> Cardiac pacemaker, defibrillator, or other cardiac implant (in place or removed) | <input type="checkbox"/> Surgical staples, clips |
| <input type="checkbox"/> Any type of electronic, mechanical, or magnetic implant | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Magnetically-activated implant or device | <input type="checkbox"/> Any implanted items (e.g., pins, screws, nails, wires, or plates) |
| <input type="checkbox"/> Neurostimulator, diaphragmatic stimulator, deep brain stimulator, vagus nerve stimulator, bone growth stimulator, spinal cord stimulator or any biostimulator (in place or removed) | <input type="checkbox"/> IUD, diaphragm, or pessary |
| <input type="checkbox"/> Internal electrodes or wires | <input type="checkbox"/> Partial plates, dentures or false teeth |
| <input type="checkbox"/> Cochlear or other ear implant | <input type="checkbox"/> Body piercings |
| <input type="checkbox"/> Drug pump (e.g. insulin, baclofen, chemotherapy, pain medicine) | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> Tattoos or tattooed liner |
| <input type="checkbox"/> Artificial heart valve | <input type="checkbox"/> Foreign body (e.g. metallic slivers, BB, bullet, shrapnel, shavings, etc.) |
| <input type="checkbox"/> Eyelid spring or eyelid weight | <input type="checkbox"/> Wig, Hair implants or Hair accessories (e.g., bobby pins, barrettes, clips, extensions, weaves) |
| <input type="checkbox"/> Artificial or prosthetic limb | <input type="checkbox"/> Magnetic cosmetics (e.g. magnetic eyelashes, magnetic nail polish) |
| <input type="checkbox"/> Any stent, filter, or coil | <input type="checkbox"/> IV access port (e.g. Broviac, Port-a-Cath, Hickman, PICC line) |
| <input type="checkbox"/> Shunt | <input type="checkbox"/> Electronic monitoring or tagging equipment (e.g., ankle monitor) |
| <input type="checkbox"/> Ingestible "pill cam" | <input type="checkbox"/> Fitness Tracker/biomonitor (e.g., Fitbit) |
| <input type="checkbox"/> Spinal fixation device | <input type="checkbox"/> Metal-containing clothing material, underwear, and/or jewelry |
| <input type="checkbox"/> Radiation seeds | <input type="checkbox"/> Any other type of surgically implanted medical devices, removable medical devices or personal items not covered? |
| <input type="checkbox"/> Medication patch (Nicotine, Nitroglycerine) | |
| <input type="checkbox"/> Surgical mesh | |

Check here if no boxes above apply to you:

Students will complete this form annually, but, according to Policy, the student must inform program faculty if any change to this document occurs while they are enrolled in the program.

Completion of this checklist will ensure that no contraindications exist which would put the student at risk while in the magnetic environment, specifically Zone III and Zone IV. If a student has any contraindications listed above they are not allowed in the MRI department at clinicals. Declared pregnant students who continue to work in and around the MR environment should not remain within the MR scanner room/Zone IV during actual acquisition or scanning. By signing below, the student agrees that a Level II MR technologist will review this form.

Student signature _____

Date _____

Clinical Coordinator signature _____

Date _____

Level II MR Tech _____

Date _____