

Radiologic Technology MRI Safety & Screening Checklist

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 reviewed and completed annually, but the student is responsible for informing the program coordinator if there is any change to this document. Completion of 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

Radiologic Technology MRI Safety and Screening Checklist

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"/> Medication patch (Nicotine, Nitroglycerine) |
| <input type="checkbox"/> Cardiac pacemaker, defibrillator, or other cardiac implant | <input type="checkbox"/> Surgical mesh |
| <input type="checkbox"/> Any type of electronic, mechanical, or magnetic implant | <input type="checkbox"/> Tissue expander (e.g., breast) |
| <input type="checkbox"/> Magnetically-activated implant or device | <input type="checkbox"/> Surgical staples, clips |
| <input type="checkbox"/> Neurostimulator, diaphragmatic stimulator, deep brain stimulator, vagus nerve stimulator, bone growth stimulator, spinal cord stimulator or any biostimulator | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Internal electrodes or wires | <input type="checkbox"/> Any implanted items (e.g., pins, screws, nails, wires, or plates) |
| <input type="checkbox"/> Cochlear or other ear implant | <input type="checkbox"/> IUD, diaphragm, or pessary |
| <input type="checkbox"/> Drug pump (e.g. insulin, baclofen, chemotherapy, pain medicine) | <input type="checkbox"/> Partial plates, dentures or false teeth |
| <input type="checkbox"/> Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> Body piercings |
| <input type="checkbox"/> Artificial heart valve | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Eyelid spring or eyelid weight | <input type="checkbox"/> Tattoos or tattooed liner |
| <input type="checkbox"/> Artificial or prosthetic limb | <input type="checkbox"/> Foreign body (e.g. metallic slivers, BB, bullet, shrapnel, shavings, etc.) |
| <input type="checkbox"/> Any stent, filter, or coil | <input type="checkbox"/> Hair accessories (e.g., bobby pins, barrettes, clips, extensions, weaves) |
| <input type="checkbox"/> Shunt | <input type="checkbox"/> Magnetic cosmetics (e.g. magnetic eyelashes, magnetic nail polish) |
| <input type="checkbox"/> Ingestible "pill cam" | <input type="checkbox"/> IV access port (e.g. Broviac, Port-a-Cath, Hickman, PICC line) |
| <input type="checkbox"/> Spinal fixation device | <input type="checkbox"/> Electronic monitoring or tagging equipment (e.g., ankle monitor) |
| <input type="checkbox"/> Radiation seeds | |

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. If a student has any contraindications listed above they are not allowed in the MRI department at clinicals.

Student signature _____

Date _____

Clinical Coordinator signature _____

Date _____