

Center for MR Research – 3T

Policy 2: Subject / Visitor / Medical Staff Safety

It is the policy of the Center for MR Research to provide guidelines for patient/subject and members of the healthcare team and visitor safety while in the MR environment.

PROCEDURE

A. All individuals entering the MR suite

1. Screening must be completed on all subjects prior to entering the magnet room. The assessment form must be completed and signed. Orbital CT, x-ray, etc. will be required on all subjects who have a history of metal in the eyes before entering scan room.
***NO INDIVIDUAL MAY ENTER THE MR SUITE WITHOUT THE PRESENCE OF LICENSED MR PERSONNEL.**
2. Subject will always be observed while in the magnet.
3. Subject shall be properly immobilized while on the MR table.
4. Proper assistance must be given when transferring the subject from the stretcher or wheelchair for an MR exam.
5. If there is a reason to believe a subject may be pregnant, she will not be examined. The PI will be notified immediately.
6. Subject should be notified to advise staff of warm or strange sensations while in the magnet by squeezing the squeeze ball alarm.
7. Subjects with aneurysm clips and/or any implanted device will not be placed in the Center for MR Research scanner until we are in possession of documentation stating that the aneurysm clip and/or implanted device has been tested safe for 3T. The document must include the following information:
 - a. Manufacturer of the medical device
 - b. Make and model
 - c. When and where the surgery was done
8. Any subject participating in MRI imaging must have hearing protective devices **IN PLACE** before proceeding with scan.
9. Staff is required to check under EKG patches and gating devices at patient contact locations at regular intervals throughout the exam on patients sedated or unable to communicate a problem
10. Subject's exposed regions should not be allowed to come into contact with the bore of the magnet (housing) itself. Pads will be placed between subject and the bore.
11. All unnecessary/extraneous electrical conductors should be removed from the bore during imaging.
12. Care should be taken to ensure that no unnecessary loops are made by any electrical conductor in the imaging system. These include such entities as EKG, gating wires, surface coil leads, etc.
13. The Subject's skin should not be involved in any electrically conductive loop. EKG lead should be braided around each other to decrease the possibility of forming a large radius loop. However, EKG, surface coil and pulse oximeter cables should not be braided together as this

- may interfere with monitoring capabilities. These wires should also be kept as far as possible from the walls of the magnet bore.
14. EEG fMRI: Subject needs to consult PI of the study.
 15. Thermal insulators (including space/air) should be used between any electrical conductor device and the subject to ensure that the potential for burns from the thermal conductivity from electrical conductors in the imaging system with the subject would be minimized.

B. Subject Medical Emergency

1. All medical emergencies involving patients in the magnet room should observe the following procedures:
 - a. Press Stop Scan button on console immediately.
 - b. Check subject status.
 - c. Open Scan door. If the subject is in cardio insufficiency then, notify emergency personnel (Call 9-911. Say "", 980 Building, 2242 Harrison (AIC)." specify adult or pediatric depending on age of subject. Provide your name, telephone number, and subject name, if known, and specify that we are an MRI facility)
 - d. Evacuate subject by depressing the emergency release located at the foot of table. Push table slightly forward and pull cradle out of magnet until fully retracted. Unlock table by pushing emergency release button.
 - e. If surface or head coil is in use, disconnect prior to removing table from position.
 - f. Transfer subject to the waiting area just outside the 3T MR Suite.

Sponsor: Director
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