Policies and Procedures Regarding the Use of the UPMC MR Research Facility and Equipment

To ensure the safe and efficient use of the Magnetic Resonance Research Center facilities and equipment, the following policies and procedures have been established. All users are expected to comply. Failure to do so may result in suspension of privileges.

General Policies
1. All users will abide by the UPMC Presbyterian, Department of Radiology, Policy and Procedures as they relate to magnetic resonance safety, scanning and certification requirements.
2. All users will abide by the guidelines implemented by the UPMC Health System and the University of Pittsburgh, which are based on those recommended by the American College of Radiology White Paper on MR Safety
3. All users will comply with University of Pittsburgh Institutional Review Board requirements.
4. All users will comply with University of Pittsburgh Animal Care and Use policies.

Scheduling
1. All requests for scanner, simulator, and laboratory time must be made in advance by using the MR Scheduling system. Cancellations and special requests can be arranged by contacting the MR scheduling administrator and will be granted on a “first come, first served” basis.
2. Scheduling requests related to extramurally funded grants will be given priority.
3. All human subject information must be submitted to the MRRC nurse via the MR scheduling system or Level Two MR Personnel (MPLII) prior to scanning.
4. The Pilot Imaging Program committee must approve any pilot time.

Safety
1. All users must view the MR Safety video and/or attend a formal MR safety in-service on an annual basis.
2. All users must be screened for MR safety before access to Zones III and IV is permitted.
3. All users must be approved as Level II MR Personnel and/or be Registered Radiological Technologists with advanced certification in MR imaging.
4. All portable metallic devices, equipment, implements, etc. must be tested for safety and compatibility and certified as safe, in writing, and labeled as such before being allowed into Zone IV.
5. Human subjects will be observed at all times while in the magnet bore.
6. Level II MR Personnel can only administer injection of MR contrast agents and only when a licensed physician is immediately available.
7. Failure to comply with MR safety regulations may result in loss of user privileges.
8. All MRRC staff, students and faculty must attend annual training for Fire/Safety, Blood Borne Pathogens and CPR.

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Use of Equipment
1. No non-commercial equipment should be taken into the magnet room or used in conjunction with the scanners or related equipment without prior approval from the Director and/or approved designee.
2. Changes to present equipment configuration must be discussed with the Director or approved designee prior to implementation. If consent for such changes is granted, equipment should be configured back to its expected status before leaving the department.
3. Only designated, properly trained staff may operate the scanners.
4. All equipment must be returned to its proper place and state.
5. All equipment should be shutdown/turned off by the last user of the day. This includes, but is not limited to, the scanner, monitors, stimulus presentation equipment, pulse oximeter, processor, laser camera and monitoring equipment.
6. All needles, syringes and bio-hazardous material must be properly stored and/or disposed of.
7. The last user should lock all doors at the end of the day.
8. An approved quality assurance (QA) scan should be run after testing of non-product pulse sequences.
9. All equipment malfunctions should be immediately reported to the Director or designee. If no one is readily available, then the information should be communicated via email and documented in the service logbook and scanner logbook.
10. If the O2 alarm goes off during normal working hours, Central Command will call the scanner control room to verify its status. During off hours, the Director or designee should be notified at once.
11. All phantoms must be labeled.

Scanning Related Issues
1. All human subjects must be screened for MR safety by the MRRC nurse or certified technologist prior to each and every time they are scanned and this information documented on the MRRC safety assessment form.
2. All subjects must also be screened for MR safety immediately prior to their scan (even if they were pre-screened by the nurse or a certified technologist).
3. All requests for human scanning to be performed by approved non-technologist must be supervised by either an MR Research Center technologist or an MRRC faculty member.
4. Any unusual occurrences of a medical nature must be brought to the attention of the MRRC nurse and/or Medical Director and documented on the assessment form.
5. Users are responsible for providing their own supplies unless an agreement has been made with the MRRC.
6. All human subjects must sign a current IRB-approved consent form prior to their scan. If the study involves a drug, device or surgical procedure, then a physician co-investigator must be involved in the informed consent process.
7. All drug/contrast studies must be performed under the supervision of the MR Medical Director or approved designee.
8. All users must document the following in the scanner logbook: time in, time out, exam number, initials, and project code. Funded studies should also include the subject ID and protocol number.
9. All adverse drug reactions must be reported to the MRRC nurse and/or Medical Director and documented on the appropriate forms.

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Housekeeping
1. Before leaving, the user should make sure the room is left tidy. All coils, phantoms, supplies, etc should be put away. Clean linen should be on the table.
2. After non-human scanning, the table, table pad, coil(s) and adjacent areas should be cleaned with 10% Clorox/water solution and dried.
3. After animal scanning, the animal use logbook should be filled in with the appropriate information.

Data Management and Storage
1. All image data, P files, etc will be left on the scanner for a maximum of two working days after which time the technologist will delete it. The MRRC will not be responsible for managing and archiving data unless it has been negotiated through the MR Resource Agreement.
2. If you have problems with backing up your data, arrangements must be made with the technologist to store it beyond the routine two-day time period.

Miscellaneous
1. Please respect patient’s privacy when a study is in progress. Please leave the control room if you are not required to be there.
2. Please keep noise to a minimum.
3. When possible, only the nurse, Level II MR Personnel and one other person should be in the magnet room at a time.
4. All work related injuries or illness (e.g., needle stick, falls, etc) must be documented on the appropriate Incident Form and reported to the MRRC nurse and/or Medical Director.

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Signature – Director, MR Research Center       Date

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Signature – Associate Director, MR Research Center       Date

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Signature – Vice Chair of Research       Date

Dd 1/13/2003