



SAN DIEGO STATE
UNIVERSITY

MRI Safety Manual: COVID-19

SDSU Imaging Center
San Diego State University

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CONTACT INFORMATION

SDSU Imaging Center

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Addresses

Campus:

San Diego State University (SDSU)

5500 Campanile Dr,

San Diego, CA, 92182

SDSU Imaging Center:

Engineering & Interdisciplinary Sciences (EIS)

Aztec Circle Dr.

Lower Level (LL), Suite 16

Emergency

9-1-1

Non-Emergency

SDSU Campus Police – 619.594.1991

NB: Cell service at the center is very weak due to our location in the basement and the shielding in place to attenuate the magnetic field. Please be aware that you may not receive calls and calls may fail. When making emergency calls use the landlines located at the front desk and next to the MRI console.

SDSU Imaging Center Safety Manual – COVID-19 was written by Martin Sereno & Sean Molnar, 2020

COVID-19

Pre-Scan Phone Screening

To reduce the risk of scheduling participants who may have COVID-19, research teams should take care to screen individuals when booking an appointment and before each of their visits to the Imaging Center. To aid in this additional screening process we have included a script developed by UCSD for clinical staff, researchers, and the Center for Functional MRI (CFMRI). The full-page version is available in the Appendix. This assessment should be performed and logged for each participant entering the Imaging Center. Center staff may ask for verification that the assessment has been completed at any time.

Research Clinic COVID-19 Phone Screen to Determine Whether to Delay Appointment (Conforms with Health System COVID-19 Policy)

Script for CCR/CTO/Research Staff:

“For health safety reasons, and to help prevent the spread of the Coronavirus, we are asking a few questions regarding how you are feeling and any cold or flu-like symptoms you may have, before you come into the clinic [or, we visit you at home].”

1. “Have you had a fever, cough, shortness of breath, or other respiratory symptom within the past 21 days?”
_____NO _____YES

2. “Have you, or anyone close to you, had close contact with, or traveled in **China** (does not include Hong Kong, Macau, or the island of Taiwan), **Iran, Italy, Japan, South Korea** within the last 21 days?”
_____NO _____YES

If NO to BOTH 1 and 2: “Great, please plan on the study visit [tomorrow or DATE]. Do you need any directions to the clinic, [or can I answer any questions you may have?]” Thank the volunteer and say goodbye.

If YES to either question: “Out of an abundance of caution, we must reschedule your in-person appointment. You will be contacted by a member of the study team in one to two weeks. [If you have fever:] We recommend you self-quarantine (stay at home) and contact your healthcare provider. Thank you for your understanding.”

Booking Procedure

When booking on Calpendo, research coordinators must leave a 30 min space between bookings for proper equipment cleaning and to allow both researchers and their participants to leave before the next group arrives.

Temporary Cancellation Policy

There will be a temporary suspension of the cancellation policy outlined in the current SDSU Imaging Center MRI Safety Manual (v2.1c). Effective immediately, the current policy is as follows...

1. A booking may be cancelled at any point before the scheduled start time and the project account will not be charged.
2. It is no longer necessary for a booking to be replaced if cancelled less than 48hrs from the scheduled start time.

3. Moving a booking to a different date will not be considered a new booking and it is no longer necessary for the original time slot to be filled.
4. Maintain a friendly and professional community. Stay in touch with other labs that utilize the MRI so you can reach out and see if they could use a timeslot that you no longer need.
5. Be conscientious of other researchers and do not make a booking with the intent of having it serve as a place holder. Only reserve the time once you have confirmed the participant can meet their responsibilities to the study.

It is still important to cancel the scan on Calpendo before the end of the scheduled appointment. After the booking passes it can no longer be edited or removed. When invoices are generated each month, all scans on Calpendo classified with the scan type, *Subject*, will be considered billable. If you feel there has been an error on an invoice, please contact the Imaging Center at smolnar@sdsu.edu. We hope this change can help reduce some anxiety related to budgeting and allow both participants and researchers more flexibility when scheduling a scan.

MRI and Console Room Occupancy

As detailed on the SDSU Imaging Center Operator Certification, there should be no more than 3 persons present in the MRI Control room during scanning unless approved by the Center Director. With the social distancing measures in effect, the 3 person mandate will be strictly enforced. There is enough room to accommodate essential team members only. We encourage PI's and project leads to optimize their teams so scanning can be completed efficiently with a concise number of researchers. Please contact the Imaging Center if your project consists of children or adolescents who require a parent to be present during the scan.

Cleaning Procedure and Checklist

The janitorial staff for the Engineering and Interdisciplinary Sciences (EIS) building cleans and disinfects the Imaging Center every day. This includes sanitizing the bathroom and floors as well as disinfecting the door handles throughout the Center. Imaging Center staff ensure that the commonly used equipment and tabletops in the Waiting Area, MRI Room, and Console Room are clean and ready for use at the start of the day. As currently detailed in the SDSU Imaging Center - MRI Safety Manual (v2.1c) research teams are expected to properly disinfect and clean the MRI equipment after each use. To ensure individual teams are adhering to this practice we are introducing a short checklist to be completed at the end of each scan. The new form is detailed in full in the Appendix titled – “3.0T MRI Cleaning Procedure Checklist”. This form is considered mandatory. It will be available in the Console Room and must be filed with the patient screening form at the end of each scanning session. With the combined effort of the research teams, janitorial staff, and Imaging Center staff we can ensure that everyone is working in a safe and clean environment.

Items Available for Disinfecting and Cleaning

- Isopropyl Alcohol
 - o For use on MRI equipment, comfort pads, door handles, keyboards & mice
- Spray Bleach
 - o Floors, tabletops, and door handles
 - o **Do Not** use on MRI equipment
- Gloves
- Paper Towels

APPENDIX

**Research Clinic COVID-19 Phone Screen to determine whether to delay appointment
(Conforms with Health System COVID-19 Policy)**

IRB#: _____ PI Last Name: _____
Interviewer/Screeener/Operator Name _____
Date, Time of Phone Screen _____
Subject ID#: _____

Script for CCR/CTO/Research Staff:

“For health safety reasons, and to help prevent the spread of the Coronavirus, we are asking a few questions regarding how you are feeling and any cold or flu-like symptoms you may have, before you come into the clinic [or, we visit you at home].”

1. “Have you had a fever₁, cough, shortness of breath, or other respiratory symptom within the past 21 days?” _____ NO _____ YES

2. “Have you, or anyone close to you, had close contact₂ with, or traveled in **China** (does not include Hong Kong, Macau, or the island of Taiwan), **Iran, Italy, Japan, South Korea** within the last 21 days?”
_____ NO _____ YES

If NO to BOTH 1 and 2: “Great, please plan on the study visit [tomorrow or *DATE*]. Do you need any directions to the clinic, [or can I answer any questions you may have?]” Thank the volunteer and say goodbye.

If YES to either question: “Out of an abundance of caution, we must reschedule your in-person appointment. You will be contacted by a member of the study team in one to two weeks. [If you have fever:] We recommend you self-quarantine (stay at home) and contact your healthcare provider. Thank you for your understanding.”

• *Clinic staff should update research record and electronic medical record to indicate positive COVID-19 Phone screen, and that research participant was advised to self-quarantine and contact healthcare provider*

• *Clinic staff should contact study team contact about cancelation and the study team should reach out to research participant to reschedule visit*

Name of study team contact: _____
Date & Time contacted (Indicate phone or email) _____

***NOTES**

Definitions of Fever and Close Contact:

₁Fever is considered $\geq 100^{\circ}\text{F}$. may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

₂Close contact with a person who is under investigation for 2019-nCoV. Close contact is defined as:

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel Coronavirus case for a prolonged period of time while not wearing recommended PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection)
- b) close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel Coronavirus case
- c) having direct contact with infectious secretions of a novel Coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

| | |
|---|--|
| <h3>3.0 T MRI Cleaning Procedure Checklist</h3> | <p>SDSU Imaging Center 5500 Campanile Drive, SD, CA, 92182 Engineering & Interdisciplinary Sciences Complex Lower Level, Suite 16 Tel: (619).594.2949</p> |
| <p>Please file this form with the MRI screening documents at the end of your scan session</p> <p>Scan ID: _____</p> <p>Operator Name: _____</p> <p>PI Name: _____</p> | |

- **Please use available disinfectants and supplies to clean the listed surfaces & equipment.**



- **Spray disinfectants onto a paper towel then apply to the items and locations detailed**
- **No not spray disinfectant directly onto items in the MRI room or electronics**
- **If the research team or participant did not use an item listed (e.g., Response Box, OptoAcoustic Headphones, ...) please write "N/A" in lieu of Operator initials.**

| Initials | Magnet Room |
|-----------|---|
| 1. _____ | All Patient Padding Used During Scanning Session (e.g., No-Mo-Co Pads, sandbags, bed cushions, ...) |
| 2. _____ | Inner/Outer Surface of the Receive Coil (e.g., 32ch head coil) |
| 3. _____ | Patient Alarm Device ("squeeze ball") |
| 4. _____ | Inner Surface of the Scanner Bore |
| 5. _____ | Response Boxes |
| 6. _____ | Plastic Protector of OptoAcoustic Headphones |
| 7. _____ | Physiological Signal Recording (e.g., heart rate monitor, ...) |
| Initials | Scanner Console Room |
| 8. _____ | Door Handles (Magnet Room and MRI Control Room) |
| 9. _____ | Handles to Cabinet Doors |
| 10. _____ | Keyboards and Mice to Console and Server |
| Initials | Mock Scanner / Testing Room |
| 11. _____ | Testing Room Table and Participant Chair Arm Rests |
| 12. _____ | Door Handle |
| 13. _____ | Mock Scanner Bed Padding, Head Coil, & Inside of Bore |

Cleaning Supplies Location:

- **Scanner Console Room**
 - o **On the metal shelf below the projector**
- **Mock Scanner / Testing Room**
 - o **Bottom drawer of the filing cabinet**

Please alert us immediately if you notice supplies are low. If you have questions or wish to report any area of concern, contact the SDSU Imaging Center at smolnar@sdsu.edu