Guidelines, Policies and Statements

B5

Policy on Scanning of Live Models by Technical Exhibitors during ASUM Meetings

February 1991, Reaffirmed May 1996, Reaffirmed September 1999

Revised May 2015

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B4

Policy on Scanning of Live Models by Technical Exhibitors during ASUM Meetings

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ASUM accepts that Technical exhibitors may wish to perform live scanning at exhibitions. Scanning of eyes, pregnant women and children are forbidden. The use of endoscopic, intra-cavity, intravascular, invasive procedures and ultrasonic contrast agents is also forbidden. Individuals, who wish to scan themselves, do so at their own risk.

Models or subjects must give written consent which explains the non-diagnostic nature of the scan. It should also be clearly stated in the consent that they have the ability to withdraw their consent, at any time before or during the session, without prejudice.

A scan of the model should occur in private prior to any public exhibition, to minimise the risk of unexpected findings being detected during a scan. If an unexpected finding is detected during a scan, the scanning session should be terminated immediately. It is expected that each exhibitor have a written policy which details how to deal with such a situation.

Scanning should be performed in a manner where models rights and needs are respected and met. It is advised that a model advocate is in attendance. The model advocate should also have the right to stop or terminate the session if it is felt the model is at risk or uncomfortable.

Scanning should be performed by those with professional registration appropriate for the equipment being used e.g. ASUM registration. They must be knowledgeable about bio effects and safety and should be aware of the importance of the thermal index and mechanical index associated with the scan and actively minimise the model risks during the session. The scan should be performed in accordance with the ‘as low as reasonably achievable’ principle. The lowest acoustic output compatible with adequate imaging should be maintained, and TI should be kept below 1.0, except for peripheral vascular scanning where it may be raised to a maximum of 3.0. The lowest possible acoustic output to allow adequate imaging should be used at all times.

Each model’s session should be no longer than 30 minutes to ensure patient comfort, earlier if the model appears uncomfortable.