



## **Why is the SAFESCAN better/different than a metal detector?**

A metal detector will detect all metal including non-ferrous. So when it alarms you have no idea if it is an issue or non-threatening MRI safe material. This can lead to false alarms and could develop staff tendencies to ignore the alarms altogether, making the detector ineffective. In the industry it is also important to realize less is more with the Safescan system there are no confusing alarms or lights that also result in desensitization.

## **Why do I need a dual pillar if there is a single pillar available?**

The SAFESCAN Dual Pillar scans the complete area because they are on both sides of a doorway/hallway vs the SAFESCAN Single Pillar, the sensitivity is limited to the range or proximity and as you move away from the Single Pillar it is possible for it not to detect a threat. The Dual Pillar therefore provides increased safety due to increased sensitivity between two pillars versus a single pillar system. A Single Pillar system should only be used when the passage way is very narrow or there are other physical constraints preventing use of a Dual Pillar.

## **I see you have the SAFESCAN Screener and the SAFESCAN Single Pillar products. What is the difference, and why would I need one over the other? Aren't they just the same?!**

They are physically not the same. The SAFESCAN Single Pillar is designed to monitor staff and patients passing through the beam to capture moderate sized objects over a broader space, such as ferrous mop buckets, carts, etc. The SAFESCAN Screener is designed to review a patient for very small ferrous objects, such as hair pins, paper clips, etc. in a concentrated area that is much closer to the device itself. The 'scan on demand' functionality of the SAFESCAN Screener also prevents staff from walking by and becoming desensitized to the warnings from the device.

## **Why do I need a SAFESCAN Screener if I can just buy the SAFESCAN Target Screener, which is less expensive?**

The target screener is designed for ambulatory patients or situations where the patients are not able to mobilize. The target has close proximity sensors and is able to review the patient even when they are in close to items such as gurneys or wheelchairs. This scanner is hand-held which lends to more time to scan effectively and efficiently. The benefit of the wall mounted unit is that it is not reliant upon the technique of the staff to completely scan the patient. The wall unit also allows for a faster screening process and thus better patient through-put.



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