

SCOPE OF THE PROBLEM:



ENDOSCOPE REPROCESSING MANUALS ARE COMPLEX AND CAN AVERAGE

100+ pages & **150+** steps

ONE STUDY SHOWS THAT:



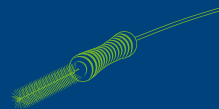
45% of the time

key steps in the process are skipped¹

AND TWO OF THE MOST CRITICAL STEPS:

1

Channel brushing



2

Forced air drying



ARE PERFORMED ACCORDING TO INSTRUCTIONS

<50% of the time¹

STANDARDIZE
ENDOSCOPE
CARE

ADHERE
TO
GUIDELINES

REDUCE
USER
VARIABILITY

Improper cleaning of endoscopes may lead to failure of high-level disinfection and sterilization procedures and may increase the potential risk for infection transmission to patients¹.

Cleaning, HLD, Sterilization — Know the Difference

The effectiveness of the high-level disinfection and sterilization processes are DEPENDENT ON THOROUGH CLEANING.

CLEANING

Removes organic soil and microbes, but does not kill microbes, and the device can still harbor live bacteria



HIGH-LEVEL DISINFECTION

Kills microbes but not spores



STERILIZATION

Kills all living organisms



Strengthening Infection Prevention Measures

USE KITS TO HELP STREAMLINE COMPLIANCE:

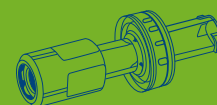


Compliance EndoKits™ are designed to provide components needed for bedside and manual cleaning to reduce variability in the cycle and improve efficiency.

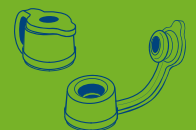
OPT FOR SINGLE-USE PRODUCTS:



Orca™ Sterile Single Use Air/Water and Suction Valves



Hydra™ Auxiliary Disposable Water Jet Connector (Single-Use)



Seal™ Biopsy Valve

References:

1. Ofstead et al. Endoscope Reprocessing Methods: A Prospective Study on the Impact of Human Factors and Automation. Gastroenterology Nursing. 2010; Vol 33, No. 4, pp. 304-311
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