

LEARN MORE
Directs visitors to click on a link to learn more about the drying study published in AJIC.



Pop-up

Pop-up

OFFER FOR A 12-PAGE WHITE PAPER
that includes a summary of the new study on drying published in AJIC, current drying guidelines and best practices from industry experts.

To get access to the gated asset, individual's must add their name, e-mail, healthcare facility and zip code.

There's also a box visitors can check to receive more information about ENDODRY™ Cabinet.

The landing page is connected to Google Analytics.

RELY On DRY

Thank you for your interest in the science of drying. As promised, you'll find a download of the white paper below, which includes a summary of the recent study published in the *American Journal of Infection Control* (AJIC) and drying best practices from industry experts.

[Download the White Paper](#)

Want more info about endoscope reprocessing? Become a member of [EndoInfectionPrevention.com](#) and gain access to up-to-date clinical practice guidelines, plus free in-person or online continuing education classes with CANTEL University.

Questions or you'd like to learn more about the automated drying cabinet used in the AJIC study? Just reply back to this email and a team member will connect with you within two business days.

CANTEL
9800 50th Avenue North Plymouth Minnesota 55442 USA
[Unsubscribe](#) | [Change Subscriber Options](#)

E-mail

Once a visitor clicks on the "Get the White Paper" button, they automatically receive an e-mail with a download button for the white paper, a link to sign up for [EndoInfectionPrevention.com \(EIP\)](#) and the ability to reply back if interested in the ENDODRY™ Cabinet (which we will funnel to sales).

They're also added to a list in our email marketing tool and will receive a monthly email with a link to the latest blog on [RelyOnDry.com](#).

Our email marketing tool also includes analytics on opens, clicks, downloads, etc.

Rely on Dry Landing Page

WHITE PAPER

A 12-page white paper that's a summary of the drying study published in AJIC, up-to-date societal drying guidelines and best practices from industry experts.

RELY On DRY

Thank you for your interest in the science of drying. As promised, you'll find a download of the white paper below, which includes a summary of the study published in the *American Journal of Infection Control* (AJIC) and best practices from industry experts.

[Download the White Paper](#)

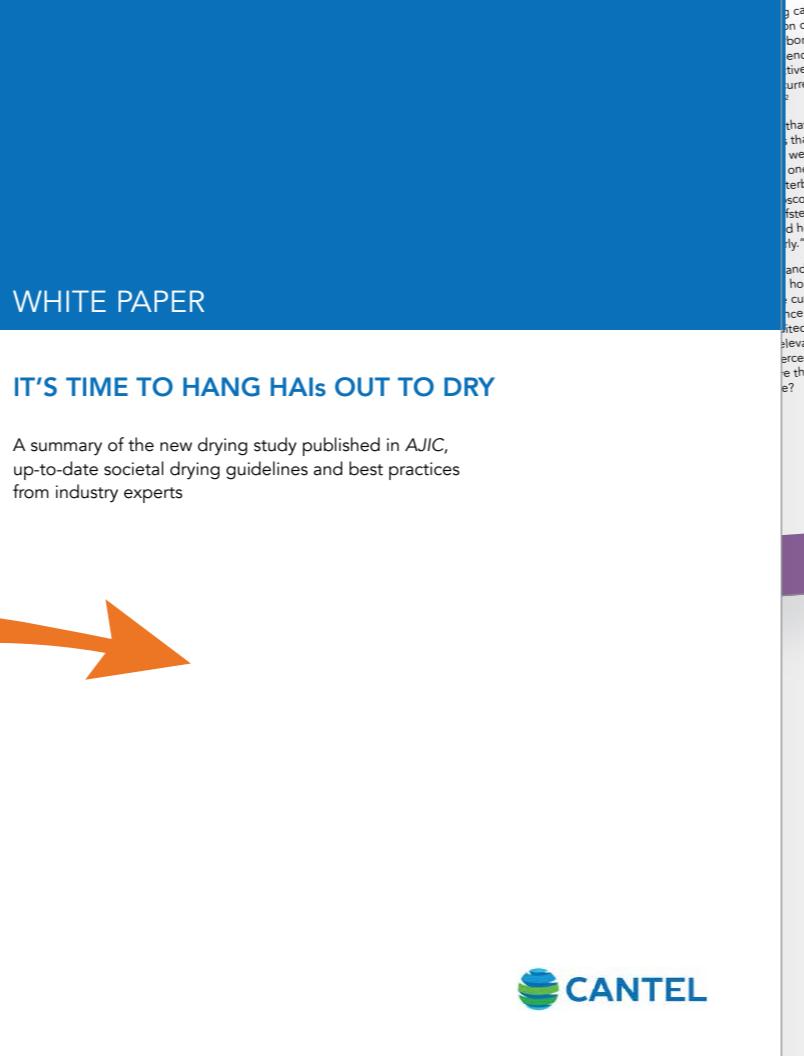
Want more info about endoscope reprocessing? Become a member of [EndoInfectionPrevention.com](#) and gain access to up-to-date clinical practice guidelines, plus free in-person or online continuing education classes with Cantel University.

Questions or you'd like to learn more about the automated drying cabinet used in the AJIC study? Just reply back to this email and a team member will connect with you within two business days.

CANTEL

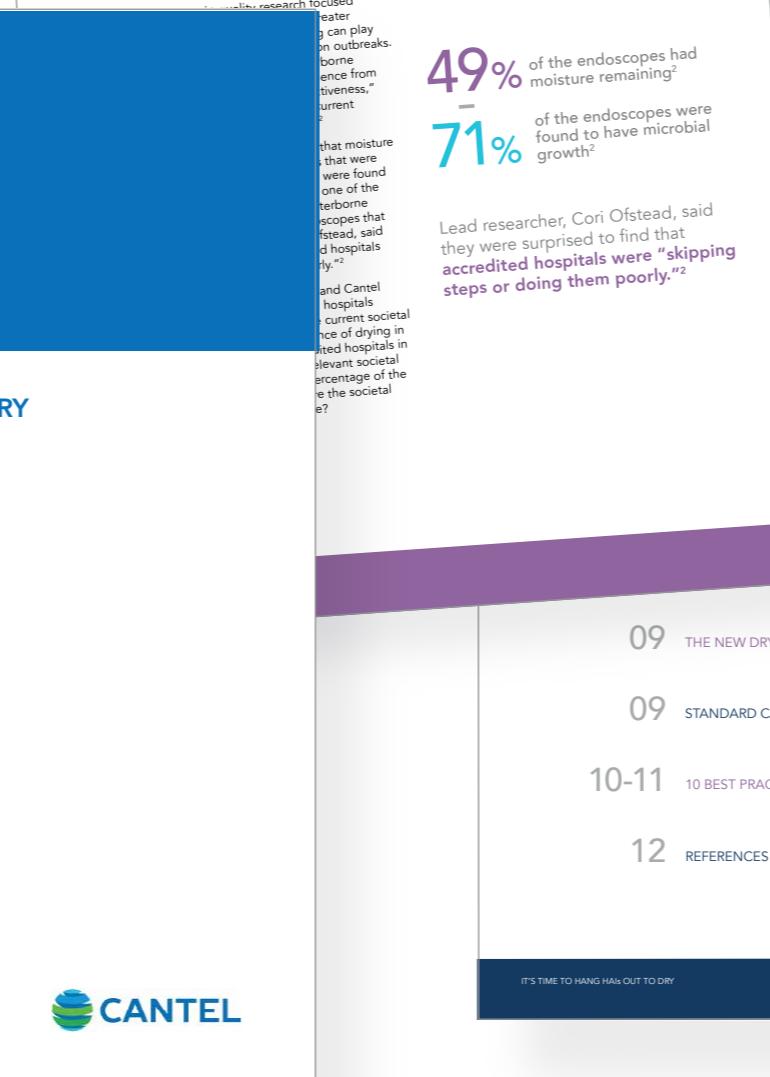
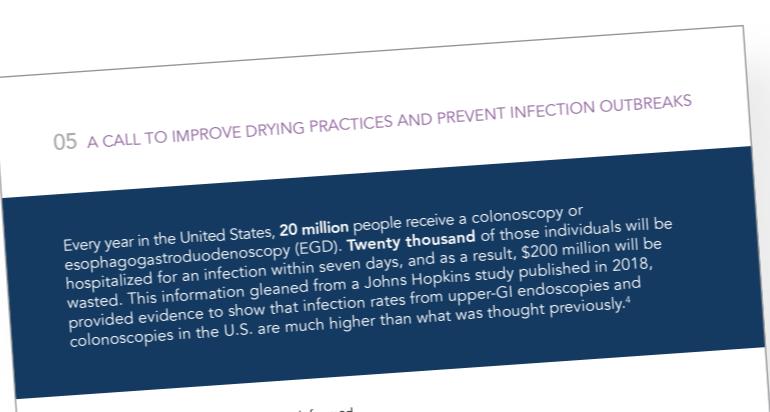
9800 59th Avenue North Plymouth Minnesota 55442 USA
[Unsubscribe](#) | [Change Subscriber Options](#)

12 pg White Paper



CANTEL

E-mail



04 AJIC STUDY SUMMARY

The researchers, led by professors Ryan Perumpail, MD; Neel Mehta, MD; Barry McGlynn, MS, USA, BSHSA, RN, CCRN, CER; and V. Raman Muthusamy, MD, MAS, FACC, AGAF, FASGE, know drying is an important step in endoscope reprocessing. Their study, "Endoscope reprocessing: Comparison of drying effectiveness and microbial levels with an automated drying and storage cabinet with forced filtered air and a standard storage cabinet," published in AJIC's September 2019 issue, evaluated the efficiency of an automated drying and storage cabinet compared to a standard storage cabinet. The researchers wanted to understand how well each cabinet can produce a dry endoscope and reduce the risk of microbial growth.

They performed their evaluation by assessing dryness using cobalt chloride paper at various times — 30 minutes, one hour, two hours, three hours and 24 hours — after HLD was completed.

The faster dry time can be attributed to a few factors:

- Air is filtered to instrument-grade levels (meaning no particles, moisture or oils) and is continuously circulating over the exterior of the scope
- A connector block with separate ports is hooked up to the endoscope for a constant flow of compressed air through internal channels
- The endoscopes are placed horizontally in a cassette system

The study also evaluated which type of cabinet could store endoscopes longest with no measurable moisture. Current market belief is that in the standard drying cabinet, endoscopes could only be stored up to seven days before needing to be reprocessed again. The automated drying cabinet used in the study can store endoscopes up to 31 days, over four times longer than the standard cabinet.

If you're interested in learning more about the study, you can read the full version in AJIC's September 2019 issue. For now, read on to discover how you can apply the studies' findings to your practice.

DRYING CABINET COMPARISON

Standard drying cabinet	Automated drying cabinet (CANTEL Drying and Storage Cabinet)
Cabinet commonly used in the U.S.	Cabinet used in the AJIC study
No compressed air	Constant flow of instrument-grade air for direct connection channel drying
No direct airflow through internal channels or over external surfaces	Endoscopes dry horizontally
Endoscopes hang in vertical position and rely on gravity	Cabinet circulates air within to dry external surfaces
Still has fluid internally at 24 hours	Verified to dry internal lumens within 1 hour and external endoscope within 3 hours
Takes 24 hours to dry externally (not verified)	Takes 24 hours to dry externally (not verified)
Can be stored for up to 7 days before needing to be reprocessed again	Study has shown endoscopes can be stored up to 31 days before needing to be reprocessed again

IT'S TIME TO HANG HAIs OUT TO DRY

AL GUIDELINES

G GUIDELINES

09 THE NEW DRYING STANDARDS

09 STANDARD CABINET OR AUTOMATED

10-11 10 BEST PRACTICES TO PREVENT REINFECTION

12 REFERENCES

TO MAKE SURE WE'RE ALL ON THE SAME PAGE, LET'S QUICKLY REVIEW EACH DRYING-RELATED GUIDELINE. AS YOU READ THROUGH, CONSIDER THE FOLLOWING QUESTIONS:

- How do these organizations define "dry"?
- How long is an appropriate dry-time according to each set of guidelines?
- Are the guidelines intuitive and actionable? Do they help me repeatedly produce a dry endoscope?
- What types of tools do the societal guidelines recommend I use?

AAMI⁶

Drying scopes and accessories are necessary before moving to storage.

Facilitate drying by flushing channels with 70%–90% ethyl or isopropyl alcohol, followed by forced-air purge using medical-grade air.

Scope channels should be dried by flowing air through them for a pre-determined time. Do not use syringes to dry the channels.

Do not attach accessories to their named scope when placed in storage. Keep accessories with their named scope as a unique set.

If a scope is HLD manually, the scope should be rinsed with water and then stored for future use. The scope's external surfaces should be dried with a clean, lint-free cloth. The scope's internal lumens should be dried with instrument air.

Scope surfaces should be dried by hand with a lint-free, soft cloth.

All removable scope components should be dried.

If a scope is HLD manually, the scope should be rinsed with water and then stored for future use. The scope's external surfaces should be dried with a clean, lint-free cloth. The scope's internal lumens should be dried with instrument air.

After HLD, rinse scopes and flush channels with water, followed by 70%–90% ethyl or isopropyl alcohol.

Follow alcohol rinse with forced air purge to remove the residual alcohol for prevention of water-borne pathogens & to facilitate drying.

The scope should be handled carefully to avoid contact with the HLD soaking and rinsing containers, or with surfaces such as counters; contact could cause recontamination.

AORN⁷

Drying is as important as cleaning and high-level disinfecting in the prevention of pathogen transmission.

Scope channels should be purged with instrument air or dried in a mechanical drying system.

Scope surfaces should be dried by hand with a lint-free, soft cloth.

All removable scope components should be dried.

If a scope is HLD manually, the scope should be rinsed with water and then stored for future use. The scope's external surfaces should be dried with a clean, lint-free cloth. The scope's internal lumens should be dried with instrument air.

Scope channels should be dried by flowing air through them for a pre-determined time. Do not use syringes to dry the channels.

Do not attach accessories to their named scope when placed in storage. Keep accessories with their named scope as a unique set.

Scope surfaces should be dried by hand with a lint-free, soft cloth.

All removable scope components should be dried.

If a scope is HLD manually, the scope should be rinsed with water and then stored for future use. The scope's external surfaces should be dried with a clean, lint-free cloth. The scope's internal lumens should be dried with instrument air.

After HLD, rinse scopes and flush channels with water, followed by 70%–90% ethyl or isopropyl alcohol.

Follow alcohol rinse with forced air purge to remove the residual alcohol for prevention of water-borne pathogens & to facilitate drying.

The scope should be handled carefully to avoid contact with the HLD soaking and rinsing containers, or with surfaces such as counters; contact could cause recontamination.

CDC-HICPAC^{8,9}

After reprocessing is complete, store endoscopes and accessories in a manner that prevents recontamination, protects the equipment from damage and promotes drying. Store processed flexible endoscopes in a cabinet that is either:

• Of sufficient height, width, and depth to allow flexible endoscopes to hang vertically without coiling and without touching the bottom of the cabinet.

• Designed and intended by the manufacturer for horizontal storage of flexible endoscopes.

After HLD, rinse scopes and flush channels with water, followed by 70%–90% ethyl or isopropyl alcohol.

Follow alcohol rinse with forced air purge to remove the residual alcohol for prevention of water-borne pathogens & to facilitate drying.

The scope should be handled carefully to avoid contact with the HLD soaking and rinsing containers, or with surfaces such as counters; contact could cause recontamination.

IT'S TIME TO HANG HAIs OUT TO DRY

HOME BLOG

Are your endoscopes reliably dry?

Inadequate drying can increase infection risk.

Drying is a requirement. Not an option.
There isn't industry consensus on how to dry efficiently, leaving room for interpretation. A new study published in AJIC sets the record straight.

Not every "dry" is the same.

Standard drying cabinet: Cabinet commonly used in the U.S.
No compressed air.
No direct airflow through internal channels or over external surfaces.
Endoscopes hang in vertical position and rely on gravity.
Still has fluid internally at 24 hours.
Takes 24 hours to dry externally (not verified).
Can be stored for up to 7 days before needing to be reprocessed again.

Automated drying cabinet: Cabinet used in the AJIC study. [Learn More >](#)
Constant flow of instrument-grade air for direct connection channel.
Endoscopes dry horizontally.
Cabinet circulates air within to dry external surfaces.
Verified to dry internal lumens within 1 hour and external endoscope within 2 hours.
Study has shown endoscopes can be stored up to 21 days before needing to be reprocessed again.

LEARN MORE ABOUT THE SCIENCE OF DRYING.
And why it matters to your practice.

READ MORE >

Three Myths About Endoscope Drying
Drying is an essential step when reprocessing endoscopes. It helps preserve the pristine condition of the endoscope following the automated endoscope reprocessor's cycle. Drying is recognized as a critical step of the process; however, there's little clarity on how to repeatedly produce a dry, safe endoscope.^{1,2} The cost of drying is a process. The goal is to enhance patient safety by removing all measurable moisture from the endoscope, reducing the possibility of microbial cross-contamination.

However, it can get tricky because multiple factors can affect the amount of time it takes to dry an endoscope. The combination of air (air volume, air pressure, air quality, and the endoscope's material) and individual endoscope specifications (lumen length and diameter, and number of lumens) all must be considered when instituting an endoscope drying protocol. Drying an endoscope minimum time to dry without control of all these factors will not consistently dry an endoscope. A proposed "dry time" of 10 minutes only starts the drying process but hasn't been shown to complete it universally.³

Incomplete drying detracts from the efficacy of reprocessing, rather than strengthen its benefits. It's time we look in the mirror as an industry and be honest about the potential danger in established perceptions.

Drying's role in infection prevention.
Endoscopes become highly contaminated during procedures. Because they're the perfect environment for bacteria to thrive and proliferate—dark and wet with plenty of food—effective disinfection, in general, is incredibly important to prevent spreading infection.

Drying's role, specifically, is critical. When done effectively, meaning there's no measurable moisture when the endoscope heads into surgery or storage, it limits the risk of bacteria from growing and helps keep the endoscope in a good disinfected condition. When drying isn't complete, it no longer matters how you follow other reprocessing steps. Any measurable moisture enables bacterial growth, particularly when the endoscope is not be used immediately, increasing the risk of infection.⁴

Three myths about endoscope drying:

1. Industry guidelines are the gold standard.
Industry guidelines don't include specific, constructive advice on how to produce a dry endoscope, leaving too much room for interpretation and error. For instance, AJIC states that flowing air through channels for a specified period will achieve drying, but the guideline doesn't specify the period or what type of air would be most beneficial.⁵
2. Drying means dry.
The words "drying" and "dry" are often synonymous used, but there's a distinct difference between the two. "Drying" is a process whereas "dry" is a state of being. And while the two are interconnected, "drying" doesn't guarantee "dry".
3. All drying cabinets produce the same dry quality.
Just as not every clothes dryer is of the same quality, not all drying cabinets are the same. Standard cabinets lack some of the critical functions automated cabinets offer, such as a constant flow of compressed, instrument-grade filtered air through internal channels and over external surfaces. It's often known as an end-to-end system. With an active dry system, the environment within the cabinet is warm and humid, allowing bacteria to reproduce rapidly and biofilm to form. The reprocessing process needs to incorporate an automated cabinet to get a dry endoscope efficiently. The risk of infection transmission is real. Reprocessing professionals and clinicians deserve to feel confident that every endoscope is safe for use on patients. And that means knowing your drying process leads to a dry endoscope. Get the facts from a recent study on drying, published in AJIC, and learn more about how you can elevate your drying practices to protect patients.

Disclaimer: Caren Dahl is the Clinical Education Director at Medivation, the medical division of Cintel.

¹ Khorana, B., Chauhan, J., Caren, J., et al. Multisite guidance on reprocessing flexible GI endoscopes. 2011. Infect Control Hosp Epidemiol 2011;32:312-317.

² American Society of Gastrointestinal Endoscopy. Endoscopy reprocessing: a consensus statement. J Clin Gastroenterol 2009; 43: 71-84.

³ AJIC, M., and D. Sitter. "In-Hospital Evaluation of Contamination of Endoscopes: A Quantitative Assessment of the Effect of Drying." Journal of Hospital Infection, vol. 19, no. 2, 1991, pp. 89-98.

⁴ Khorana, B., Chauhan, J., Caren, J., et al. Multisite guidance on reprocessing flexible GI endoscopes: a consensus statement. J Clin Gastroenterol 2009; 43: 71-84.

⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

²⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

³⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁴⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁵⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁶⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁷⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁸⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

⁹⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁸ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹⁰⁹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹⁰ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹¹ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹² Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹³ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹⁴ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹⁵ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹⁶ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

¹¹⁷ Cintel. American Journal of Infection Control, vol. 42, no. 5, 2013, pp. 1083-1089.

DIGITAL ADS AND SOCIAL MEDIA (PAID AND ORGANIC):
LinkedIn, Twitter, AJIC, IAHCHMM, Medivators website.

Starting in March we'll launch paid and organic social campaigns to promote **RelyOnDry.com** and ENDODRY™ Cabinet on LinkedIn and Twitter.

INTERNAL PROMOTION:
Magnet and study mailer with communication to the field and social media posts to share.

LinkedIn Ads

Widely accepted industry practices breed false confidence.
The new fundamentals for clean, patient-ready endoscopes are here.

[LEARN MORE AT RelyOnDry.com](#)

The industry-accepted endoscope drying time is not reliably safe.

20 million The number of gastrointestinal procedures with an endoscope annually.	11 The number of times endoscope reprocessing has appeared on ECR's Top Hazards list.	20 The number of minutes it takes for bugs to reproduce in a wet endoscope. ²
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Your drying process could leave your endoscopes contaminated.

[LEARN MORE AT RelyOnDry.com](#)

RelyOnDry.com

There isn't industry consensus on how to dry endoscopes efficiently, leaving room for interpretation. A new study published in AJIC sets the record straight.

[Learn more at RelyOnDry.com](#)

Drying is a requirement. Not an option.

Magnet



Are your endoscopes reliably dry?

There isn't industry consensus on how to dry efficiently, leaving room for interpretation. A new study published in AJIC sets the record straight.

[LEARN MORE AT RelyOnDry.com](#)

Medivators Carousel Banner

Are your endoscopes reliably dry?

LEARN MORE AT RelyOnDry.com

A new study reveals the actual drying times needed for an endoscope to be measurably dry.

CANTEL

SGNA Digital Ad

Are your endoscopes reliably dry?

A new study reveals the actual drying times needed for an endoscope to be measurably dry.

[LEARN MORE AT RelyOnDry.com](#)

CANTEL

IAHCSMM Digital Ad

Are your endoscopes reliably dry?

LEARN MORE AT RelyOnDry.com

A new study reveals the actual drying times needed for an endoscope to be measurably dry.

CANTEL

AJIC Digital Ad