Lytbot Pulsed UV-C Disinfection System

An Innovative and Effective Weapon Against Pathogens Eliminates Pathogens in Seconds with Proven Pulsed Broad-Wavelength UV-C



- No mercury or harmful microwaves
- Hands free, chemical free
- Easy maneuverability
- Increased efficacy = lower HAI rates
- Cost efficient subscription platform

Lytbot Technology

- **3**, **5**, **10 Minute Cycles** Simple cycles are 25-40% faster than competitors
- Maxpulse Technology High flash rate = increased efficacy against a variety of pathogens
- Targeted Disinfection Engineered reflector amplifies energy to high touch surfaces where 80-90% of pathogens live

Lytbot works differently than Mercury UV Systems

✓ UV-C damages DNA, creating thymine dimers and eliminating pathogens ability to perform cellular functions

 Pulsed UV-C disintegrator is a full-spectrum pulsed UV-C light that sheds billions of high energy photons, causing harmful cells to overheat and rupture



System	Pathogen	Distance	Cycle Time	% Reduction
Mercury UV-C	C. Diff	4 feet	5 minutes	40.0% +/- 5%
Lytbot	C. Diff	5 feet	5 minutes	98.4% +/- 6%
Lytbot	MRSA	6 feet	2.6 minutes	100.0% +/- 6%



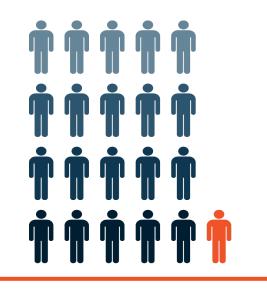
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Manual Disinfection isn't Cutting it

- **1 in 25** hospital patients will acquire an HAI during their stay
- Of those who acquire an HAI, **1 in 9** patients will unforunately die



"UV devices can add an extra layer of assurance when it comes to terminal cleaning; reaching areas of any environment that may otherwise be missed or insufficiently addressed due to human error."*

UV-C Devices Complement Manual Disinfection

✓ Up to 78% of surfaces still harbor pathogens even after manual disinfection*

✓ In the case of C. difficile, a patient is 2.5x more likely to acquire an infection if the room's prior occupant was infected*

Current UV Devices aren't Viable Options

Many surface disinfection solutions are made with harmful mercury bulbs to generate UV-C light

 Mercury UV-C systems require over 45 minutes to eliminate C. difficile

 Capital costs for UV disinfection devices can be over \$100,000, not including service and support fees



*1: Eckstein, BC et al. Reduction of Clostridium Difficile and vancomycin-resistant Enterococcus contamination of environmental surfaces after an intervention to improve cleaning methods, 21 June 2007; BMC Infectious Diseases 2007, 7:61

*2: Shaughnessy, MK et al. Evaluation of hospital room assignment and acquisition of Clostridium difficile infection. Infection Control & Hospital Epidemiology, 32 (2011), 201–206.

*3: Infection Control & Clinical Quality "Bridging the gap: Establishing UV claims for emerging pathogens" S. Snow. February 2015.



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