

800,000 X-Rays, One Burst Pipe, Twelve Hours

A water line bursts over a hospital's film library, and the asset at risk isn't the building — it's roughly 800,000 x-ray images that cannot be re-taken. You can't re-image a decade of patients. Some of those patients aren't available to image at any price. That's the conversation hiding inside every hospital in your market, and it belongs to the contents specialist who knows what wet film does in the first twelve hours.

X-ray film doesn't get wet the way paper gets wet. Film is a gel emulsion on a plastic base, and Polygon's recovery guidance is blunt about what water does to it: once water contacts the emulsion, the gel begins to dissolve, the image softens, and past a point the film turns soupy and the record is gone. Wet films also weld themselves to their jackets and to each other. This is why film has its own handling rules, different from paper, and why the first crew on scene can save or destroy the archive with the same pair of hands.

The rules are short enough to teach in one toolbox talk. Turn the room temperature down as low as it will go — cold slows the emulsion's deterioration. Separate the dry films from the wet ones. Do not pull wet x-rays out of their jackets. Do not try to peel stuck film apart. Get the wet film into a freezer as soon as possible. Every one of those lines is Polygon's published first-response guidance for damaged x-rays, and every one of them is a thing an untrained responder will instinctively do wrong: they'll spread film out to "dry," strip jackets to "check" images, and stack wet film in a warm room while somebody finds a phone number.

The proof case is on the record, and the numbers are not small. In Polygon's published case study of Carilion Franklin Memorial Hospital, a burst line flooded the file room and put approximately 800,000 x-ray images at risk. Polygon personnel arrived 12 hours after the event with two refrigerated freezer tractor-trailers, a large desiccant dehumidifier, and air movers. The film was boxed, loaded into the refrigerated trucks, and shipped frozen to the company's document drying center — named in the case study as its largest, in Glendale Heights, Illinois — where a 15-person team processed it. Urgent films were processed immediately and shipped back for next-day arrival. Over a 12-week project, Polygon reports 99% of the damaged x-rays were salvaged. Then the ending every contents specialist should underline: the hospital wrote Polygon into the disaster plan for all of its hospitals and outlying facilities. One well-run first day became a standing position in the customer's plan.

Notice who made the call. In that same case study, the hospital called its insurance company, and the insurer recommended Polygon. That tells you where this door actually is. Imaging directors don't shop for film-recovery vendors on a calm Tuesday. When the room floods, they call facilities, facilities calls the carrier, and the carrier names whoever it already trusts. Your job as a local contents specialist is to be standing in the room — literally, as the first-response hands — and to have the specialist's number already in your phone before the carrier ever gets asked.

Why a hospital can't just absorb this loss. Those films are retained medical records. They're the comparison images a radiologist needs next to a new scan, the legal record behind past treatment decisions, and in many cases the only copy that exists. A hospital that loses its film library doesn't lose a storage problem; it loses clinical and legal continuity going back years. That's why an imaging director will take your call about a room they've never had a problem with. You're not selling drying. You're selling the survival of a record they're personally accountable for.

Your shop's role is the cold chain and the inventory, not the chemistry. The specialist end of this work — cleaning film by hand, drying it under controlled conditions, inspecting and re-boxing it — happens at a document center. What happens at the hospital, in the first hours, is yours: cold room, dry/wet separation, films kept in jackets, boxed in sequence, frozen fast, and an inventory tight enough that when a clinician needs one patient's films *now*, somebody can say which box they're in. Polygon's documented process runs on exactly that discipline: quality control check, pack-out and inventory, then transport frozen. A contents crew that already thinks in barcodes and chain of custody is most of the way there. A crew that thinks in dumpsters is a liability in a film library.

The pre-loss door is free, and it's built for exactly this buyer. Polygon's Code Blue program costs the client nothing to join: registration, a questionnaire about the facility and what it holds, and Polygon builds a Document Disaster Recovery Plan with priority response in a disaster and discounts on services like freezer storage and scanning. Polygon's own x-ray guidance points hospitals at it. For an imaging director, the pitch writes itself: *the plan is free, the film can't be replaced, and the first twelve hours decide everything*. You're not asking them to buy anything. You're asking them to write two names into a plan — the specialist's, and yours, as the local crew that keeps film in its jackets and gets it frozen.

One honesty note, because this is where shops overpromise. There is no published contractor program behind any of this — no partner tier, no referral fee schedule, no credential list Polygon publishes for document work. The arrangement gets made the way the Carilion one did: a real event, a phone call, and people who showed up prepared. What you can legitimately sell before a loss is readiness — the plan, the protocol, the first-hour hands. That's enough. Readiness is the product hospitals actually buy.

The first conversation to have this week: ask for fifteen minutes with the imaging director or records officer at the hospital or imaging center nearest your shop. Bring one question: *"If the line over your film library burst tonight, whose freezer trucks are in your disaster plan — and who does the first hour in the room?"* If the plan names a national specialist but no local hands, that gap has your company's name on it.