

What you need to know—and do—about hospital infections.

Ticking off the checklist with help from Maureen Spencer, infection control manager at New England Baptist Hospital:

- Bacteria that cause infections, including the dread methicillin-resistant *Staphylococcus aureus* (MRSA), are often carried on the skin. It's not until they enter the body through a cut that things start getting dangerous.
- Some hospitals, including New England Baptist, have invested in prescreening for surgical patients. If people carrying MRSA aren't identified ahead of time, Spencer warns, they'll get the wrong antibiotics for surgery—so you'll want to ask your physician to test you if the hospital doesn't offer it.
- Hands are a hot spot for germs, so don't be shy about asking doctors and nurses if they've cleaned theirs. And asking again. And again. The same goes for visitors.
- Another way germs get around is on equipment. Blood pressure cuffs, stethoscopes, and the like should always be cleaned before using. Also, keep an eye on the C.O.W.s (computer on wheels), Spencer says. "Their keyboards can be the worst."
- Beware the natty M.D.: Long-sleeve shirts and dangling ties can be germ collectors (which is why Britain this year mandated its doctors wear only scrubs).
- Anything that enters the body, such as a urinary catheter, is a potential conduit for infection. It's also easy for busy staffers to overlook. "A catheter's usually left in for a day to monitor outflow; then you want it out as soon as possible," Spencer says. "The number-one infection-control measure is to constantly ask, 'Do we need to keep this in?'"

For more information, check out Strike Out Infection (strikeoutinfection.com), a local awareness campaign launched this year with help from a high-profile infection survivor: Red Sox skipper Terry Francona.