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The Bag Technique in Community Health Nursing: Concept, Principles, Structure, and Clinical Application

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ABSTRACT

The bag technique is a foundational skill in community health nursing (CHN) that enables nurses to deliver safe, organized, and infection-controlled care during home and field visits. Despite the expansion of community nursing into digitally supported and facility-linked models of care, the public health/nursing bag remains an indispensable extension of the clinic into the home. This article reviews the definition, historical origins, guiding principles, structural organization, standard contents, permissible procedures, step-by-step performance, and after-care requirements of the bag technique. It situates the practice within the broader history of district and public health nursing and considers its continued relevance for infection prevention and patient safety in contemporary community health practice.

Keywords: bag technique, community health nursing, public health bag, home visiting, infection control, district nursing

INTRODUCTION

Community health nursing extends professional nursing care beyond the walls of the hospital and into homes, schools, workplaces, and other community settings. Because the home environment cannot guarantee the same standards of asepsis, lighting, water supply, or equipment access as a clinical facility, community health nurses require a systematic method for carrying, organizing, and using equipment safely wherever the client happens to be. This method is known as the bag technique, performed with the aid of the public health bag (also called the community health bag, nursing bag, or home-visit bag).

The bag technique is taught in nearly every community health nursing curriculum because it operationalizes two of the specialty's core values simultaneously: (1) accessibility and continuity of care outside institutional walls, and (2) strict infection prevention despite that lack of institutional infrastructure.

DEFINITION OF BAG TECHNIQUE

The bag technique has been defined as a tool by which the community health nurse, during a home visit, is able to perform nursing procedures with ease and efficiency, saving time and effort, with the ultimate goal of rendering effective nursing care to clients and their families (RNpedia, n.d.; Nurseslabs, 2024). The Trained Nurses' Association of India similarly describes the community health bag as being designed to carry the equipment and materials needed during a visit to a home, school, or workplace in order to perform assessments and demonstrate patient care, such as wound dressing, eye irrigation, or the application of medications etc.

Two related terms are used almost interchangeably in the literature:

- **Public health bag / nursing bag** — the physical container and its contents.
- **Bag technique** — the systematic procedure of using that bag (setting up a work area, retrieving items, performing care, cleaning up, and restocking) in a manner that prevents cross-infection.

HISTORICAL BACKGROUND

The nursing bag has been part of the professional identity of the community or "district" nurse since the late nineteenth century. In 1893, Lillian Wald and Mary Brewster founded the Nurses' Settlement on Henry Street in New York City, which grew into the Henry Street Settlement and Visiting Nurse Service — a model of home-based nursing care for the urban poor that spread internationally and gave rise to the term "public health nurse" (Jewish Women's Archive, n.d.; Wikipedia, n.d.). Wald's visiting nurses became so closely associated with the bag they carried that contemporaries described the bag itself as a symbol of the profession — nurses "in blue carrying the bag which to many of us was the symbol of bringing scientific care combined with love and tenderness to the humblest in the city" (Social Welfare History Project, n.d.). By the mid-1920s, Henry Street nurses were making several hundred thousand home visits per year for conditions ranging from tuberculosis to influenza, cementing the home visit — and the bag that made it possible — as a permanent feature of public health nursing practice (Shaw, 2025).

As nursing training schools formalized public health nursing as a specialty, the nursing bag and uniform became part of professional graduation rites in some institutions, reinforcing the bag's symbolic and functional status within the profession (Nurseslabs, 2024). Over the twentieth century, the bag technique was standardized in nursing textbooks and continues to be taught with only minor modification today, most notably the incorporation of modern personal protective equipment (PPE) and alcohol-based hand sanitizers into bag contents.

PURPOSES AND OBJECTIVES OF THE BAG TECHNIQUE

The overall objective of using the community health bag in a systematic method is to allow the nurse to carry out nursing procedures for the family, using the equipment in the bag together with articles improvised from materials available in the home, while maintaining scientific and nursing principles that the family can continue to practice even in the nurse's absence. More specifically, the bag technique aims to:

- Render effective nursing care to clients and family members during a home visit.
- Prevent the transfer of infectious agents from the nurse to the client, from the client to the nurse, and from one household or community to another.
- Save time and effort in the performance of nursing procedures in a setting that lacks hospital-level infrastructure.
- Demonstrate the principles of cleanliness and organized technique to the client and family, so that they may model similar practices at home.
- Provide a vehicle for continued assessment, treatment, health teaching, and follow-up of individuals and families in the community.

GUIDING PRINCIPLES OF THE BAG TECHNIQUE

Across nursing curricula, the following principles are consistently taught (Nurseslabs, 2024; RNpedia, n.d.):

- **Infection control is the overriding priority.** Every step of the technique exists to minimize the risk of cross-contamination between the nurse, the client, and the community.
- **The visit should be need-based.** The nurse uses professional judgment to determine which procedures and articles are required for that particular visit rather than exposing the full bag unnecessarily.
- **Preparation precedes the visit.** Relevant family and health information should be reviewed beforehand so that the nurse can act efficiently and appropriately once in the home.
- **Health teaching accompanies technical care.** The nurse uses the visit to build the family's scientific understanding of health and hygiene.
- **Courtesy and respect are maintained throughout.** The nurse should be kind, unhurried in manner, and respectful of the home as the client's private space.
- **Time and effort are conserved.** The systematic arrangement of the bag and its contents allows procedures to be performed quickly and without wasted motion.
- **The bag technique must never overshadow the nurse–client relationship.** The technical performance of the procedure is secondary to the quality and effectiveness of total care given to the individual or family.
- **Flexibility is permitted, but never at the expense of infection control.** The technique may be adapted to agency policy or the realities of the home (e.g., limited space, absence of a table), provided that the core principle of preventing transfer of infection is upheld.
- **The bag and its contents are handled as though contaminated until proven otherwise**, and are cleaned, disinfected, and restocked after every use.

STRUCTURE OF THE BAG

The public health bag is typically constructed of a firm, washable, water-repellent material (leather or heavy-duty vinyl/plastic) that can withstand daily cleaning and disinfection. It is designed with clearly demarcated compartments so that clean and used, or sterile and non-sterile, items are never allowed to mix. A commonly taught compartmental arrangement divides the bag into four sections:

Compartment	Typical Contents
Outer compartment / side pockets	Paper lining or "the plastic/paper lining," soap in a soap dish, hand towel, alcohol or hand sanitizer — items used first, before touching anything else in the bag
Front compartment	Clean supplies frequently used: cotton balls, gauze, dressings, applicators, tape, thermometer
Main/inner compartment	Sterile instruments and items requiring the highest asepsis: forceps, scissors, sterile dressing sets, syringes and needles (where locally permitted), sterile gloves
Lower/bottom compartment	Linen, plastic sheet or apron, extra paper lining, waste/soiled-item bag
Back pocket	Dairy, pens, scale, pencil, eraser, stethoscope, disposable items etc.

Regardless of the exact compartment scheme used by a given agency, the underlying logic is the same: items are arranged from "least contaminated to use first" to "most invasive/sterile," and a distinct receptacle is reserved for soiled materials so that they never re-enter contact with clean supplies.

STANDARD ARTICLES/CONTENTS OF THE BAG

While exact inventories vary by agency, country, and scope of practice, the classic public health bag contains the following categories of articles:

A. Protective and hand-hygiene items: Plastic or paper lining (to place on the work surface), Soap in a soap dish or antiseptic hand rub, Hand towel, Disposable gloves and, where applicable, a plastic apron or gown

B. Instruments: Thermometer (oral/axillary), Stethoscope and sphygmomanometer (blood pressure apparatus), Forceps (curved and straight, in a jar with cotton balls), Bandage scissors, Tape measure, Percussion/reflex hammer (in some kits)

C. Dressing and wound-care supplies: Sterile gauze pads and cotton balls, Adhesive plaster/tape, Bandages (roller and triangular), Sterile dressing sets

D. Solutions and basic medications: 70% isopropyl alcohol, Povidone-iodine or other antiseptic solution, Normal saline, A limited set of basic medications sanctioned by agency protocol (e.g., paracetamol, oral rehydration salts), used according to local scope-of-practice regulations

E. Miscellaneous and documentation items: Weighing scale (for infants, in maternal–child health visits), Urine/glucose testing strips, Family folder, health record forms, referral slips, and a pen, Plastic bags for waste and soiled linen, Matches or a lighter, where flaming of instruments is still part of local protocol (largely replaced today by pre-sterilized, single-use supplies), Haemoglobin meter, fetoscope, BP apparatus, Stethoscope, sterile lancets

NURSING PROCEDURES THAT CAN BE PERFORMED USING THE BAG TECHNIQUE

The public health bag equips the nurse to carry out a wide range of activities during a single home visit, including:

1. Physical assessment across the life span — newborn, infant, toddler, preschool, school-age, adolescent, adult, and older-adult clients.
2. Vital signs monitoring (temperature, pulse, respiration, blood pressure).
3. Wound care and dressing changes.
4. Eye care and Cord care for the newborn.
5. Hair care (Pediculosis treatment)
6. Simple laboratory procedures, such as urine testing or capillary blood glucose testing.
7. Collection and transport of specimens for laboratory analysis such as blood for malarial parasites
8. Administration of prescribed medications and basic treatment of minor ailments.
9. Family planning counseling and related services.
10. Antenatal and postnatal assessment.
11. Nutritional assessment and detection of nutritional deficiencies.
12. Health education and demonstration-return demonstration teaching (e.g., cooking demonstrations, hygiene practices).
13. Immunization support activities, where within agency protocol.
14. Follow-up care and reinforcement of previously taught self-care skills etc

STEPS IN PERFORMING THE BAG TECHNIQUE

Although institutional protocols vary in detail, the following sequence represents the widely taught, generic procedure (RNpedia, n.d.; Nurseslabs, 2024):

Before entering the home

1. Review the client/family record and plan which articles and procedures will likely be needed for the visit.
2. Ensure the bag is clean, fully stocked, and free of contamination from any previous visit.

On arrival, before opening the bag

3. Greet the family courteously and explain the purpose of the visit.
4. Ask permission to select a clean, flat working surface — a table or other elevated surface — away from children, pets, food preparation areas, and any obviously contaminated surfaces.
5. Place the bag on the chosen surface and open it.

Setting up

6. Remove the paper or plastic lining and spread it over the working surface; this becomes the designated "clean field."
7. Take out the soap dish, hand towel, and alcohol/hand sanitizer and place them on top of the lining.
8. Close the bag to protect its remaining contents while the immediate work area is prepared.

Hand hygiene

9. Perform proper handwashing (or hand sanitizing where water is unavailable) before touching any client or supply.

Retrieval and use of supplies

10. Open the bag again only to remove the specific items needed for the planned procedure; avoid unnecessary exposure of the bag's interior.
11. Perform the indicated nursing procedure(s) — assessment, treatment, specimen collection, or health teaching — using standard aseptic technique appropriate to the task.
12. Keep used or soiled items strictly separated from clean/unused supplies at all times, typically by placing soiled items directly into a designated waste bag rather than back into the main compartment.

Closing the visit

13. Perform hand hygiene again after completing the procedure and before repacking the bag.
14. Fold the paper/plastic lining inward (contaminated side in) and discard or set it aside for cleaning, depending on whether it is disposable or reusable.
15. Return all remaining clean articles to their designated compartments.
16. Record findings, care given, and any referrals in the family folder or health record before leaving.
17. Thank the family, provide any final health teaching or instructions, and confirm the schedule for the next visit if applicable.

AFTER-CARE OF THE BAG AND ITS CONTENTS

After-care — sometimes called "bag maintenance" — is treated with the same seriousness as the visit itself, because a poorly maintained bag becomes a vector of infection for the *next* family visited. Standard after-care steps include:

1. **Segregate and dispose of waste** (used cotton, dressings, gloves) according to biomedical waste protocols immediately upon returning to the health center or vehicle, not at the next home.
2. **Disinfect reusable instruments.** Non-disposable forceps, scissors, and other instruments are washed, disinfected or sterilized (boiling, chemical disinfection, or autoclaving as available), dried, and returned to their proper place.
3. **Wipe down the bag's interior and exterior** with an appropriate disinfectant solution; special attention is given to the lining and any surface that contacted the client or soiled items.
4. **Launder reusable linens** such as cloth linings, towels, or aprons separately from household or personal laundry.
5. **Replenish consumable supplies** — cotton, gauze, alcohol, soap, medications — so the bag is fully stocked and ready for the next visit.
6. **Inspect equipment function**, such as the accuracy of a thermometer or the calibration of a blood pressure apparatus.
7. **Store the bag in a clean, dry, elevated location**, away from potential contamination by insects, dust, or animals, until the next scheduled use.
8. **Document restocking and maintenance**, particularly for controlled medications, to preserve accountability.

CONTEMPORARY RELEVANCE AND ADAPTATIONS

The essential logic of the bag technique — a clean field, strict separation of clean and soiled items, and hand hygiene bracketing every procedure — anticipated much of what is now formalized as standard precautions in infection prevention and control. Modern adaptations of the technique commonly include:

- Incorporation of alcohol-based hand rubs where handwashing facilities are unavailable in the home.
- Routine use of disposable gloves, and, since the COVID-19 pandemic, situational use of masks and other PPE during home visits, particularly for respiratory illness or when visiting medically vulnerable clients.
- Digital or tablet-based documentation replacing or supplementing the paper family folder, while the principle of recording findings on-site remains unchanged.
- Single-use, pre-packaged sterile supplies replacing older practices such as flaming instruments over an open flame.

These adaptations do not replace the bag technique but extend its founding principle — bringing safe, organized, infection-conscious nursing care into whatever environment the client calls home.

CONCLUSION

More than a century after Lillian Wald's visiting nurses first carried their bags through the tenements of New York's Lower East Side, the bag technique remains a core competency of community health nursing. It is simultaneously a practical system for equipment management, a rigorous method of infection prevention, and a teaching tool that models scientific hygiene practices for the families nurses serve. As community health nursing continues to evolve — incorporating telehealth, community health workers, and new models of home-based care — the disciplined logic of the bag technique continues to underpin safe and effective nursing practice wherever care is delivered outside the walls of a formal health facility.

REFERENCES

International sources

1. Jewish Women's Archive. (n.d.). *Lillian Wald*. https://jwa.org/womenofvalor/wald
2. Maglaya, A. S. (Ed.). (2009). *Nursing practice in the community* (5th ed.). Argonauta Corporation.

3. McGoldrick, M. (2017). Best practices for home care "bag technique" and the use of surface barriers. *Home Healthcare Now*, *35*(9), 478–484. https://doi.org/10.1097/NHH.0000000000000611
4. Nurseslabs. (2024, May 15). *Bag technique in nursing*. https://nurseslabs.com/home-visits-bag-technique/
5. RNpedia. (n.d.). *Bag technique*. https://www.rnpedia.com/nursing-notes/community-health-nursing-notes/bag-technique/
6. Shaw, B. (2025, February 13). *Lillian Wald (1867–1940): Pioneer patient advocate and public health nurse*. Hektoen International. https://hekint.org/2025/02/13/lillian-wald-1867-1940-pioneer-patient-advocate-and-public-health-nurse/
7. Social Welfare History Project. (n.d.). *Wald, Lillian*. Virginia Commonwealth University Libraries. https://socialwelfare.library.vcu.edu/people/wald-lillian/
8. Stanhope, M., & Lancaster, J. (2007). *Public health nursing: Population-centered health care in the community* (7th ed.). Mosby Elsevier.
9. Wikipedia contributors. (n.d.). *Lillian Wald*. In *Wikipedia*. https://en.wikipedia.org/wiki/Lillian_Wald
10. World Health Organization. (1978). *Declaration of Alma-Ata: International Conference on Primary Health Care*, Alma-Ata, USSR, 6–12 September 1978. WHO.
11. World Health Organization. (2020). *Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic*. WHO. https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm_health_care-2020.1

Indian textbooks, manuals, and journal literature

1. Basavanthappa, B. T. (2025). *Community health nursing* (3rd ed.). Jaypee Brothers Medical Publishers. https://doi.org/10.5005/jp/books/18681
2. Gulani, K. K. (2011). *Community health nursing*. Kumar Publishing House.
3. Japannavar, S. (2023). Community bag — A update. *OmniScience: A Multi-disciplinary Journal, 13*(3), 11–17. https://doi.org/10.37591/omniscience.v13i3.3765
4. Kamalam, S. (Ed.). (2025). *Essentials in community health nursing practice* (4th ed. reprint). Jaypee Brothers Medical Publishers. (See Ch. 15, "The Home Visit and Bag Technique.") https://doi.org/10.5005/jp/books/18772_15
5. Kishore, J. (2014). *National health programme of India* (11th ed.). Century Publication.
6. Park, K. (2021). *Park's textbook of preventive and social medicine* (26th ed.). BanarsidasBhanot Publishers.
7. Shambhuvi, &Chanu, A. S. (2025). Improving bag technique practices in community health nursing to prevent infection and enhance care quality. *International Journal of Immunological Nursing, 11*(2), 14–18. https://journalspub.com/publication/ijin/article=22918
8. Trained Nurses' Association of India. (n.d.). *A community health nursing manual* (4th rev. ed.). TNAI. https://www.tnaionline.org