



TRADITIONAL INDIGENOUS HEALING PRACTICES

Interior Health would like to acknowledge that it operates and provides services on the traditional, ancestral, and unceded territories of the Dăkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations. Interior Health recognizes that a diverse workplace includes all people, particularly those belonging to historically, systemically, and/or persistently marginalized groups, as well as individuals with protected characteristics under the B.C. Human Rights Code.

1.0 INTRODUCTION

1.1 Purpose

Interior Health (IH) upholds Indigenous Peoples' inherent rights to culture, spirituality and Traditional Indigenous Healing Practices as integral to holistic health and well-being. This policy provides direction to support Culturally Safe, inclusive and respectful care.

1.2 Applicability

This policy applies to IH Employees, Clients, Essential Care Providers and Visitors in IH-owned or leased facilities, programs and services, including clinical and non-clinical settings.

1.3 Scope

This policy addresses access to Traditional Indigenous Healing Practices of the First Nations, Metis, and Inuit, including smoke-producing Ceremonies and Sacred Medicines, within IH facilities.

2.0 POLICY

- 2.1 IH acknowledges the distinct and diverse cultures, traditions and worldviews of Indigenous Peoples, including Interior region First Nations, Métis, Inuit and Indigenous Peoples from visiting Nations.
2.2 The Client determines the cultural, spiritual, and traditional significance of Traditional Indigenous Healing Practices, which vary across Nations and communities.
2.3 Access to Traditional Indigenous Healing Practices is based on Indigenous Client's self-identification. No proof, verification or validation of Indigenous identity is required.
2.4 Indigenous Client access to Traditional Indigenous Healing Practices within IH facilities is supported, including at the bedside.
2.5 Expressions of intent to hold Ceremony or to utilize Sacred Medicines is supported. Access is not limited based on Employees' personal preference, discomfort or discretionary approval. Temporarily limitations or alternate arrangements are considered where it is necessary to meet fire, life safety,

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infection prevention and control, clinical safety, licensing, WorkSafe BC, or other applicable regulatory requirements.

- Upon notification of an Indigenous Client's intent to hold a Ceremony, every reasonable effort is made to support access to Ceremony within one hour, wherever possible. This timeframe is intended to guide a timely and responsive approach, while recognizing that each request is supported in a way that balances the Client's needs, cultural protocols, safety, and infection and control requirements.
• Recognizing that timely access to Ceremony is important, any unavoidable delays are communicated respectfully to the Client and/or Essential Care Provider. The Employees continue to work collaboratively with the Client and/or Essential Care Provider to support Ceremony at the earliest reasonable opportunity.
• A Ceremony can take place at the Client's bedside or at a designated ceremonial, sacred space or on the grounds of IH facilities.
• The Employees support respectful and constructive dialogue with Indigenous Clients, Essential Care Providers and other Clients who are impacted, with the intent of fostering understanding and supporting access to smoke-and/or-scent producing Ceremonial practices.

- 2.6 Participation in Traditional Indigenous Healing Practices is voluntary, Client-directed and is not a condition of receiving care.
2.7 Indigenous Clients can participate in Traditional Indigenous Healing Practices as often as they choose with no limit per day.

Sacred Medicines

- 2.8 IH permit Ceremonial use, gifting, and/or burning of Sacred Medicines (including Ceremonial tobacco) on IH properties consistent with IH Smoke Free Environment policy (AV2000).
2.9 Sacred Medicines are identified and supplied by Indigenous Clients, Essential Care Providers or Traditional Knowledge Keepers.
2.10 Where Indigenous Clients are unable to obtain Sacred Medicines, the Employees makes reasonable efforts to assist through connection to an Indigenous Patient Navigator (IPN).
2.11 Examples of Sacred Medicines commonly referenced within Interior region First Nations and Métis communities include, but are not limited to, medicines such as tobacco, sage, sweetgrass, cedar and other plant-based medicines.

Ceremonial Practices Involving the Burning of Sacred Medicines

- 2.12 IH permits Ceremony's involving the burning of Sacred Medicines that produce mild smoke and scent within care environments, including at the bedside. Examples include, but are not limited to, smudging and pipe Ceremony.

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- 2.13 IH maintains supporting directional documents to safely accommodate smoke-producing [Ceremony's](#) (see 7.0 Related Documents: Procedure Manual).
- 2.14 Any impairment or temporary adjustment of fire detection, alarm, sprinkler, ventilation or monitoring systems is required to follow formal fire safety protocols, including appropriate authorization, mitigation, documentation and notification.
- 2.15 In situations of medical instability, the [Employees](#) discuss risks and mitigation with the [Client](#) and/or [Essential Care Partner](#) prior to a smoke-producing [Ceremony](#).
- 2.16 In shared accommodation or care environments, the [Employees](#) consider reasonable strategies (i.e. private rooms, relocation of the [Client's](#) roommate or the [Client](#), in this specific order) that may negatively impact the clinical well-being (e.g. chronic obstructive pulmonary disease (COPD), asthma) of other [Clients](#).
- 2.17 The unit/department manager considers reasonable strategies to support psychological health and the well-being of any [Employee](#) with underlying medical conditions, restrictions or sensitivities (e.g. cannot be exposed to smoke, asthma, COPD, allergies, or scent sensitives) that could be impacted by smoke/scent from ceremony. Reasonable strategies could include providing an alternate space to work as needed during ceremonial events, medication accommodation, or assigned temporary alternate duties.
 - **Exemption:** Smoke-producing [Ceremonies](#) are prohibited in oxygen-enriched or procedural spaces, such as operating rooms, surgical theatres and hyperbaric chambers. In these cases, alternate arrangements are made in collaboration with the [Client](#) and/or [Essential Care Providers](#).

3.0 RESPONSIBILITIES

3.1 Manager Level Positions and Higher

- Ensure awareness of and adherence to this policy within their areas of responsibility.
- Support an organizational culture that enables timely and culturally safe access to [Traditional Indigenous Healing Practices](#).
- Develop or update site-specific directional documents to align with this policy.
- Address and escalate systemic barriers to access as required.

3.2 Employees

- Adhere to this policy and related resources.
- Engage respectfully and collaboratively with Indigenous [Clients](#) and [Essential Care Providers](#) to support safe and timely access to [Traditional Indigenous Healing Practices](#).

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- Engage in available learning opportunities that support culturally safe care and Indigenous Client access to [Traditional Indigenous Healing Practices](#).

3.3 Contracted Operators of Licensed Community Care Homes

- Implement this policy in a manner consistent with the [Community Care and Assisted Living Act](#) and the [Residential Care Regulation \(RCR\)](#).
- Ensure expressions of intent to hold [Ceremony](#) are considered through admissions screen and documented in the [Client's](#) care plan (Sections [80](#), [81\(2\)\(b\)](#) and [81\(4\)\(b\)\(ii\)](#) of the RCR).
- Establish or update site-specific procedures to support implementation of this policy, including requirements for documentation, monitoring of the [Client](#), use and disposal of [ceremonial](#) tobacco or [Sacred Medicines](#) ([Section 23](#) of the RCR).
- Site-specific procedures to guide [Employees](#) for the regular monitoring of the physical environment and care and services provided ([Section 61](#) of the RCR).
- Site-specific procedures to address the requirements to document evidence of ongoing monitoring of persons in care who engage in [Traditional Indigenous Healing Practices](#) and/or [Ceremony](#), including the monitoring of [Employees](#) to ensure the policies are implemented and care plans are followed ([Section 50\(1\)](#) and [82](#) of the RCR).

3.4 Indigenous Patient Navigators

- Support Indigenous [Clients](#), [Essential Care Providers](#), and [Employees](#) in navigating access to [Traditional Indigenous Healing Practices](#).
- Facilitate connections to [Traditional Knowledge Keepers](#) when requested by the [Client](#).

3.5 Client and/or Essential Care Providers

- Communicate expressions of intent to conduct [Traditional Indigenous Healing Practices](#) with [Employees](#).
- Identify and communicate preferences and participate in planning and decision-making related to [Traditional Indigenous Healing Practices](#).
- Provide [Sacred Medicines](#) and tools required for [Traditional Indigenous Healing Practices](#).

4.0 COMPLIANCE

Incidents of non-compliance are investigated to identify barriers and to facilitate compliance. Blatant disregard of policy requirements is handled as a disciplinary matter, up to and including termination of employment, services, and/or privileges.

5.0 MONITORING AND EVALUATION

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This policy is reviewed every 5 years and as needed by the Policy Steward.

6.0 INQUIRIES

The regional policy library page linked in the footer lists the policy steward that oversees each policy. If you have questions regarding the policy content, reach out to the appropriate policy steward or email indigenouspartnerships@interiorhealth.ca

All other inquiries can be directed to the policy office: IHPolicy@interiorhealth.ca

7.0 RELATED DOCUMENTS

- [Access to Traditional Indigenous Healing Practices](#)

8.0 REFERENCES

Indigenous Health and Wellness Strategy (2022-2026) [IH Indigenous Health & Wellness Strategy 2022-2026](#)

Indigenous Cultural Safety and Humility policy AD0200. [Indigenous Cultural Safety and Humility](#)

Truth and Reconciliation Commission of Canada: Calls to Action. 2015. https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf

United Nations Declaration on the Rights of Indigenous Peoples. 2008. https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

In Plain Sight Report: Recommendations [In-Plain-Sight-Summary-Report.pdf](#)

B.C. Declaration on The Rights Of Indigenous Peoples Act and B.C. DRIPA Action Plan [declaration_act_action_plan.pdf](#)

Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (Volumes 1a & 1b) [Final Report | MMIWG](#)

Health Standards Organization. BC Cultural Safety and Humility Standard. <https://healthstandards.org/standard/cultural-safety-and-humility-standard/>

Government of Canada. 2017. Indigenous Peoples and Human Rights. <https://www.canada.ca/en/canadian-heritage/services/rights-Indigenous-peoples.html>

Elsagan, N., Ko, Y., Jones, B. (2021). *CSC Smudging toxicity: Testing*. National Research Council Canada. [NR24-91-2021-eng.pdf](#)

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Alberta Health Services (2023). Fire Marshal Manual: A Resource for Alberta Health Services Fire & Life Safety Fire Marshals.

Braude, D., Femling, J. (2020). *Dangerous Misconceptions About Negative-Pressure Rooms*. <https://doi.org/10.1016/j.annemergmed.2020.05.036>

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Alberta Health Services, Policy Services (June 2023). Alberta Health Services: Patient Access to Indigenous Spiritual Ceremony, Document #HCS-304.

Medicinal Smoke Reduces Airborne Bacteria. Medicinal smoke reduces airborne bacteria - PubMed

9.0 DEFINITIONS

Table with 2 columns: TERM and DEFINITION. Rows include Ceremony, Client, Culturally Safe, Employee, Essential Care Provider, Sacred Medicines, Traditional Indigenous Healing Practices, Traditional Knowledge Keepers, and Visitor.