SUPPORTING & ENABLING INDIGENOUS CEREMONIAL PRACTICES WITHIN HEALTHCARE INSTITUTIONS

A WISE PRACTICES GUIDELINE

TORONTO REGIONAL INDIGENOUS CANCER PROGRAM

Toronto Central Regional Cancer Program
in partnership with Cancer Care Ontario

Indigenous Cancer Program

CONTENTS

OVERVIEW

Executive Summary

Indigenous people in Canada, and worldwide, experience significant health disparities, with the underlying factor responsible for these health inequities being the shared experiences of colonization. Colonization is not a historical artefact but rather an ongoing, systematic process which continues to negatively affect the lives and health of Indigenous people today. Many institutions in Canada (e.g. legal system, child welfare system, healthcare system) continue to systematically perpetuate racist practices which harm and exclude Indigenous people. While cultural safety is espoused as a goal of an inclusive, equitable healthcare system, Indigenous people continue to routinely experience systemic racism and culturally unsafe care within healthcare settings. Enabling the practice of Indigenous ceremonies within healthcare settings can potentially reduce barriers to care, promote cultural safety, and contribute to healing. Despite legislation explicitly protecting and permitting the practice of Indigenous ceremonies in Ontario, in particular in healthcare settings, accessing ceremonial practices routinely remains challenging.

The overarching purpose of the Supporting and Enabling Indigenous Ceremonial Practices within Healthcare Institutions – Wise Practices Guideline ("CWP Guideline") is to offer information and guidance in order to support wholistic healing for Indigenous patients, families, communities, and staff. Wholistic healing includes barrier-free access to legally enshrined ceremonial practices. This can be operationalized through policy, implementation, and practice in order to reduce barriers Indigenous people experience within the healthcare system and create a more equitable, culturally safe environment. In addition to improving access and quality of care, this also offers a path for institutions to come into compliance with their legal obligations.

The CWP Guideline provides institutions with background information on the Indigenous peoples of Turtle Island (North America) including historical context to better understand the current state of relationships between Indigenous peoples and healthcare institutions. The current state of accessing ceremonial practices within healthcare institutions in the Toronto Central (TC) region, along with some of the legal and policy statements pertaining to Indigenous ceremonial practices are reviewed.

A regional working group, the Ceremonial Wise Practices Alliance ("CWP Alliance"), explored current institutional practices, optimal practices, and implementation strategies in order to provide meaningful guidance to institutional partners to facilitate timely access to Indigenous ceremonial practices.

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The CWP Guideline was co-authored by the Toronto Regional Indigenous Cancer Lead and Program Coordinator, with support and contributions from regional partners (see acknowledgements).

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This initiative was a collaborative effort between community and institutional partners committed to improving the health of Indigenous people through reconciliation efforts grounded in truth, respect, and humility. The Ceremonial Wise Practice Alliance members shared their experience, wisdom, and teachings. Their feedback, time, and dedication was key to developing this guideline (alphabetically ordered):

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CEREMONIAL WISE PRACTICES ALLIANCE PROCESS

The Ceremonial Wise Practice Alliance (CWP Alliance) incorporated diverse representation including Indigenous Elders, bioethics, fire and safety, spiritual care, clinical, and administrative perspectives. At various junctures throughout this process engagement with Indigenous (including community partners) and non-Indigenous stakeholders occurred. An initial environmental scan of partner healthcare institutions provided insight into the current state of policies and practices around Indigenous ceremonial practices. A review of practices and policies from other jurisdictions (both healthcare and non-healthcare) was carried out. Interestingly, some sectors identified that refraining from developing institutional policies and simply adhering to the Ontario Human Rights Code was effective at enabling ceremonial practices in institutional settings.

In the course of the exploratory work of the alliance, multiple opportunities arose for educational sessions with institutions and opportunities to demonstrate effective operationalization of ceremonial practices. This often proved highly effective at mitigating false narratives which had previously existed.

A draft version of the Ceremonial Wise Practice Guideline was reviewed by Elders, community partners, and all members of the alliance prior to finalization and publication.

Background

Indigenous Peoples and Indigenous Ceremonial Practices

(a) Who are Indigenous Peoples?

Indigenous peoples are the descendants of those who inhabited a country or a geographical region at the time when people of different cultures or ethnic groups arrived (United Nations).

In Canada, the term Indigenous peoples is a collective name used for the original inhabitants (and their descendants) of North America, which includes three distinct groups: the First Nations, the Inuit, and the Métis (Government of Canada). Some Indigenous people refer to North America as Turtle Island.

In 2016, the Canadian Census estimated the Indigenous population in Toronto as 23,065. However, a more comprehensive study completed that same year by Well Living House estimated that the Indigenous population in Toronto is approximately 2 to 4 times larger than identified by Statistics Canada (upwards of 65,832 - Our Health Counts Toronto).

(b) What are Indigenous Ceremonial Practices?

Indigenous peoples are very diverse and each carry their own unique histories, languages, cultural practices and spiritual beliefs. The Ontario Human Rights Code (OHRC) does not specifically define Indigenous Spirituality, as it recognizes the diversity, and Indigenous peoples' right to define and determine this for themselves. Though spiritual beliefs and practices can vary significantly, there are commonalities, such as an overarching view that it is a way of life and way of knowing, worldview, that is centered on a relationship with the Creator (Great Spirit), the land and all our relations (including all beings and forms of life, both animate and inanimate, that are seen to have a spirit or soul) (Ontario Human Rights Code).

Indigenous Ceremonial Practices are a human right and refer to the spiritual beliefs and practices that the Indigenous peoples identify as being traditional or customary. Some examples in our region may include (but are not limited to):

- Smudging
- Pipe Ceremony
- Water Ceremony
- Drumming and Singing
- Qulliq
- Sharing/Healing circles

Within healthcare institutions, Indigenous patients have a right to practice ceremony and may conduct the ceremony on their own, or with the assistance of family, community, Elder, Knowledge Keeper, or Traditional Healer.

Historical Contributions to the Current State of Healthcare for Indigenous People

Indigenous people in Canada, and worldwide, experience significant health disparities, and shorter life expectancies compared to non-Indigenous people. The underlying distal factor responsible for these health inequities is the shared experiences of colonization. Colonization is not a historical artefact but rather an ongoing process which continues to negatively affect the lives of Indigenous people today. Despite increasing awareness of the devastating effects of the Indian Act, Indian Residential School program, and the Sixties Scoop, colonization continues to be manifest today through the legal system, child welfare system, education system and healthcare systems. The high rates of missing and murdered Indigenous women and girls (https://www.mmiwg-ffada.ca/final-report), youth suicide crisis, ongoing violations of Treaty rights, and profound underfunding of children's health and social services underscore the ongoing inequities perpetuated by colonial institutions and practices. Healthcare institutions have been complicit in practices which harm Indigenous people. Examples of this include the ongoing practice of forced sterilization of Indigenous women and the well documented unethical nutritional experiments performed between 1942- 1949 upon Indigenous children by The Hospital for Sick Children.

Colonization adversely impacts Indigenous peoples physical, mental, emotional, and spiritual health and well-being. Despite Treaties (legal agreements) which outlined peaceful, respectful, and reciprocal relationships between the Indigenous and non-Indigenous people living on Turtle Island (North America), colonial socio-political legislation and policies sought to exterminate and assimilate Indigenous peoples. The Truth and Reconciliation Commission of Canada recognized these policies as acts of cultural genocide which have contributed to the trauma and intergenerational trauma experienced by Indigenous people. Indigenous cultural practices, including ceremonies, were outlawed within the Indian Act, many aspects of which persisted into the 1960's. Despite this, there are increasing signs of Indigenous cultural revitalization and amassing evidence that restoring Indigenous cultural factors is correlated with improved community health and well-being.

Given the ubiquitous effects of colonization on the health and well-being of Indigenous people, decolonizing approaches which incorporate Indigenous knowledges, values, and practices must be at the core of efforts to improve health outcomes. Indigenous notions of health and wellbeing are more complex than simply the absence of illness. Wellbeing incorporates a broader sense of living well and in balance with all our relations – human, community, mother earth, spirit world. Thus, Indigenous approaches to healing differ from the non-Indigenous and are a necessary component of achieving improved health and wellbeing. Ceremonial practices are integral to Indigenous approaches to healing. This holds true even for Indigenous people who have lost their culture as ceremony may be reclaimed at times of existential threat or health crisis.

Current State

Despite the recent attention to Indigenous issues within healthcare settings, there remain sizable barriers to accessing safe, high quality healthcare. Numerous contemporary examples document the substandard, racist healthcare experiences of Indigenous people (e.g. Brian Sinclair, Sadie North, Joyce Echaquan). While one might speculate that remote geographical locations contributes to these barriers, the majority of Indigenous people in Ontario live in urban areas. Despite living in geographical proximity to healthcare resources, they remain largely inaccessible due to systemic issues. Institutional systemic racism is so prevalent that Indigenous people routinely avoid seeking care until a crisis necessitates contact. Furthermore, recent studies indicate the majority of Indigenous people proactively strategize how to manage the racism they anticipate encountering within the

healthcare system. While cultural safety is espoused as a goal of an equitable healthcare system, Indigenous people continue to routinely experience culturally unsafe care within Ontario healthcare spaces.

Efforts to alter these experiences are rudimentary. Cultural competency training for healthcare workers is useful but not mandatory – hence there has been inadequate uptake. While cultural competency training doesn't ensure culturally safe care, it does serve to increase awareness of the complex history of traumas experienced by Indigenous people. A trauma informed care approach can be effective but is not universally employed. Trauma informed care is based upon an understanding of the negative impacts of historical trauma, including intergenerational trauma, and the potential to re-traumatize in the provision of healthcare services. This approach is strengths based, involves creating cultural safety, aims to promote empowerment, and actively strives to avoid re-traumatizing. Enabling the practice of Indigenous ceremonies within healthcare settings can potentially reduce re-traumatization and contribute to healing.

Indigenous Ceremonial Practices – Current State

The Indian Act (1876) prohibited and criminalized the practice of Indigenous ceremonies (Potlach ban) in an effort to eradicate Indigenous people's culture, until repealed in 1951. The negative effects of this ban persist to this day. Despite legislation explicitly protecting and permitting the practice of Indigenous ceremonies in Ontario, in particular in healthcare institutional settings, accessing ceremonial practices remains challenging.

An environmental scan of Toronto hospitals identified highly variable ability to access Indigenous ceremonial practices and multiple barriers. Findings included challenges which extended across the policy, implementation, practice, and education continuum. There was a universal absence of an evaluation framework to assess the effectiveness of policy and practice, where such policy and procedures exist. Numerous institutional policies are in explicit violation of provincial legislation. Even where policies exist, significant, and at times absolute, barriers remain to the actual practice of ceremonies. Within institutions which had policies/procedures enabling ceremonial practices, there remained large gaps including availability only for inpatients (i.e. no staff, family, outpatient), delays from request to provision of 48 hours, efforts to discourage practice (i.e. must go outside building), requirement for spiritual care involvement, and failure to provide safe space for ceremonial practices. A recurrent theme was concerns regarding fire safety and false fire alarms. However, several institutions were able to effectively manage ceremonial practices involving flame or smoke without encountering issues. The false narrative of triggering smoke detectors was repeatedly cited as a barrier despite experience to the contrary.

In summary, there remain significant barriers to provision of legally protected healing ceremonial practices for Indigenous people. The barriers most frequently cited are false narratives and are demonstrably false as evidenced by the ability of some institutions to enable these practices without incident. These barriers exist at the policy, implementation, and practice level. Until this basic human right is respected, cultural safety cannot begin to exist.

Legalities, Declarations and Supporting Framework

"Indigenous peoples have the right to promote, develop and maintain their institutional structures and their distinctive customs, spirituality, traditions, procedures, practices and, in the cases where they exist, juridical systems or customs, in accordance with international human rights standards." – United Nations Declaration on the Rights of Indigenous Peoples

There are a number of legal frameworks and declarations that uphold the fundamental right of Indigenous peoples to freely practice their spiritual traditions, and to be treated equally and with dignity. Employers and service providers have a legal duty to uphold Indigenous peoples' right to be free from discrimination based on creed, and have a duty to accommodate Indigenous peoples' beliefs and practices, including ceremonies and sacred customs.

(c) Legal Frameworks:

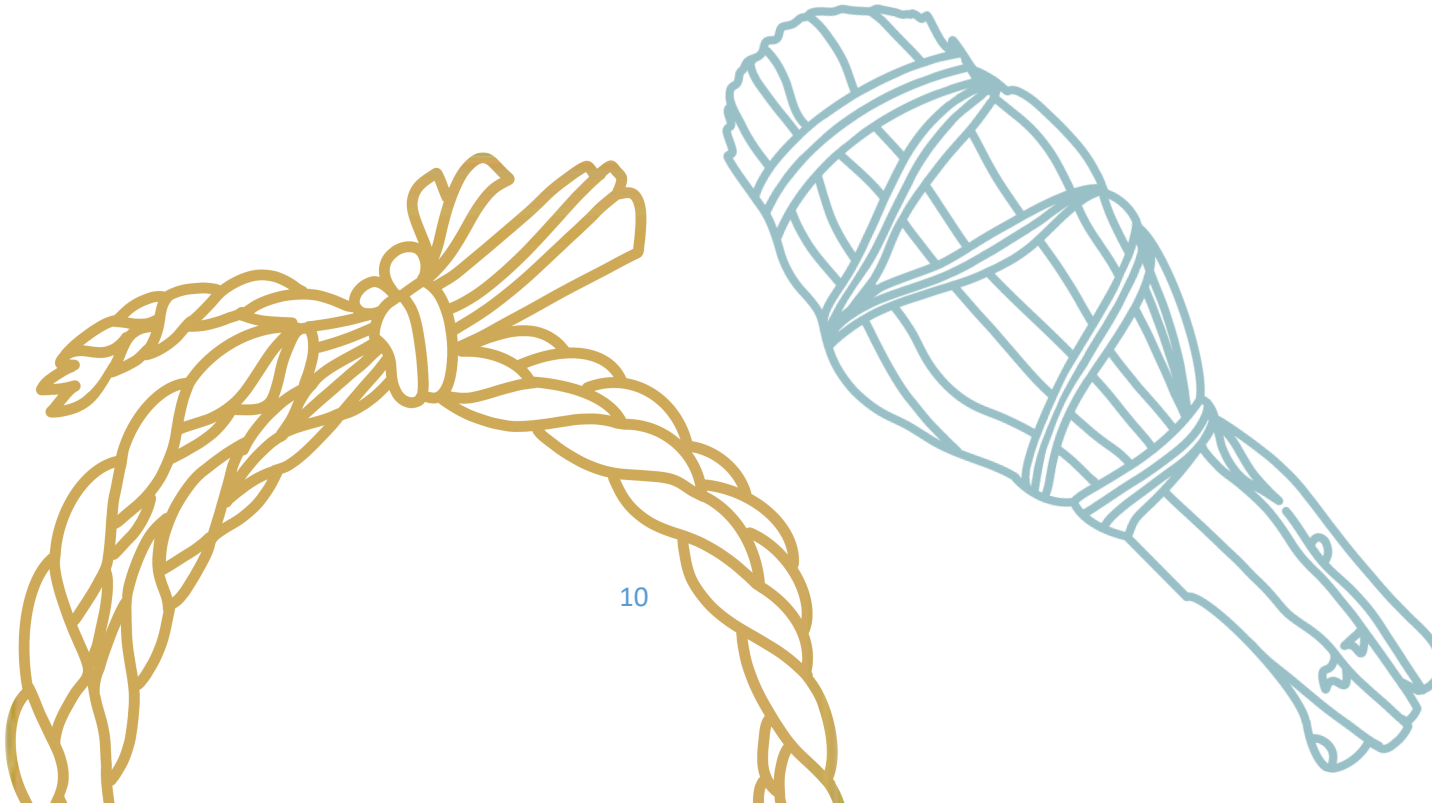
- The Ontario Human Rights Code
- Canadian Human Rights Act
- Canadian Constitution
- Charter of Rights and Freedoms
- The Smoke-Free Ontario Act

(d) Declarations and Supporting Framework:

- United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP)
- Truth and Reconciliation Commission of Canada: Calls to Action

These acts specifically provide for the practice of Indigenous ceremonies within healthcare institutions and require institutions to make reasonable accommodations. Refusal of allowing for these practices can potentially result in legal action (e.g. The Ontario Human Rights Code provides for penalties of up to $14,000 for each infraction of this provision).

Regardless of whether institutions choose to develop and implement ceremonial practice policies and procedures, these practices remain legally enshrined rights for Indigenous peoples.



Purpose

The overarching purpose of this CWP guideline is to offer information and guidance to institutions in order to support holistic healing for Indigenous patients, families, communities, and staff.

Enabling and supporting Indigenous ceremonial practices is a critical aspect of healing and can contribute to reducing barriers Indigenous people experience within the healthcare system. This also makes an overt statement that Indigenous people are welcome within institutional space, which for many, have been a source of trauma. Witnessing and participating in (if welcomed) Indigenous ceremonial practices raises awareness for healthcare staff and can facilitate cultural competency, contributing to creating a culturally safe environment.

Lastly, healthcare institutions that fail to facilitate requests for these practices are in direct contravention of provincial legislation and are subject to sizable penalties for each infraction. This guideline offers an avenue to achieve compliance with provincial legislation.

Principles and Scope

(e) Process

While this guideline makes no claim that a universal process should be adopted, as there are undoubtedly aspects that need to be tailored to specific institutional contexts, there are critical process aspects that must be considered. An example of a process map (to be used as a quick reference tool for institutions) is included in the appendices and can be tailored to meet each institution's processes (see appendix 3).

(f) Who does this apply to?

The ability to access ceremonial practices should be available to all patients (inpatient or outpatient), family, community, and staff. This may involve the support of Elders, Traditional Healers, or Traditional Knowledge Keepers, as requested.

(g) Timely requests for ceremony

Ceremonies must to be accessible 24 hours a day, 7 days a week.

Institutions need to be able to accommodate ceremonies within 2 hours of a request. The requirement of 24-48 hour's notice, as is currently commonplace, is unacceptable. Ceremonies are imperative when individuals are critically ill, in particular near the end-of-life, and must be accommodated in a timely fashion. Given the need to have 24-hour access, it is suggested that security services may be an optimal initial contact point for initiating requests.

(h) Clinical and non-clinical spaces

It may be advisable to have a policy/procedure approach that differentiates between ceremonial practices in clinical areas and in a non-clinical, easily accessible space.

For non-clinical areas, it may be most effective to have a large space to accommodate multiple people (Indigenous communities and extended families can be large and those relationships must be respected in ceremony), in a space where ceremonies can occur without disruption. If a patient is able to transfer, this space may be used to conduct ceremony.

In clinical areas, fire safety, use of oxygen, and respecting other patients need to be considered. For individuals where transportation from a clinical space is not ideal or impossible, a variety of accommodations may enable

ceremony. This may involve transient discontinuation of oxygen use, moving to a private room, and may take longer to accommodate.

Common space

It is recommended that institutions designate one or more non-clinical spaces for ceremonial practices that are accessible to patients, family, and staff 24-hours a day. These spaces should be able to accommodate multiple people given possibility of large extended families. Hospital chapels are not recommended as a common space for Indigenous ceremonial practices. For survivors of the Indian Residential School system and their families, religious symbols may act as a triggers for past traumas.

Safe and respectful housing of sacred medicines

Patients and families may carry their own traditional medicine bundle and choose to use those medicines. However, institutions should have sacred medicines available in the event that patients do not have access to their own. It is critical that the medicines are cared for in a good way with good intent and be accessible 24-hours a day. It is imperative that the holders of the medicine bundle have cultural competency training (e.g. Indigenous Relationship and Cultural Competency course, San'yas Indigenous Cultural Safety Training – see resource section) and receive teachings about caring for the medicines. Medicines can be sourced through local Indigenous organizations (e.g. Anishnawbe Health Toronto, Native Canadian Centre of Toronto) or obtained through partnerships with local medicine growers (e.g. University of Toronto Medicine Garden). These can serve as opportunities to improve relationships between institutions and Indigenous communities.

Fire safety

All institutions have different fire/smoke detection systems however, all institutions also have the ability to enact 'hot work' permits to temporarily disable these systems. These hot work permits can be applied to ceremonies which involve smoke or flame. When a fire/smoke detection system is disabled, it must be ensured that it is re-activated after the ceremony is completed.

To deter calls of false fire alarms due to detection of smoke, signage should be erected noting the deactivation of the system, and the expected smell of smoke due to a ceremony (see checklist and sign example in appendix 1).

The institutional fire marshal should be consulted in the development of policies and procedures and may benefit from collaborating with fire marshals from institutions with experience accommodating ceremonial practices.

Accountability

The Truth and Reconciliation Commission of Canada Call to Action 22 states, "We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients."

Given the challenges regarding Indigenous–institutional relationships, and the current barriers to achieving effective implementation and practice of ceremonial practices, accountability must reside with institutional senior leadership. This is to ensure that accountability lies with those who "can effect change within the Canadian health care system." Thus, we recommend that the policy holder be an institutional Vice President (e.g. Vice President of Patient Experience, Health Equity, or Clinical Services). In an environmental scan of the Toronto Central Region, it was found that policies were frequently located within departments that did not view this as a priority, lacked accountability, and frequently acted as barriers to accessing ceremonies. Furthermore, it is critical that the policy

holder have a deep understanding of the history of institutional harms experienced by Indigenous people and the necessity of ceremonial practices for healing.

Implementation

The following is a high-level overview of considerations for implementing an Indigenous ceremonial practices policy and procedure within healthcare institutions. This is by no means intended to be prescriptive and recognizes that local contexts are highly variable. Whether the institutional approach is based in policy development or simply a procedural guideline, successful implementation will enable barrier-free practice of Indigenous ceremonies. The attached appendices offer samples and tools to support implementation.

Establish a committee

Implementing the wise practices guideline is optimally approached through the formation of a local committee representing diverse stakeholders. While there will undoubtedly be local variation, Indigenous representation on this committee is essential. Additional representation should include the institutional fire marshal, senior leadership, local champions, and whatever department will store and care for the medicine bundle. It may be advisable to include security services, spiritual care, bioethics, and if available, an Indigenous Patient and Family Advisory member, or community member, would be ideal. Optimally, local implementation should be a collaborative effort. Funding should be secured to support Indigenous community participation (eg. Elder, Indigenous chairs).

Carry out an environmental scan

An institutional environmental scan is useful in determining local context and identifying barriers and enablers. This information can aid the committee in implementing this guideline within the local context. Local champions should be identified to aid in implementation and support knowledge exchange.

Develop a communication strategy

For Indigenous ceremonial practices to be accessible there must be a communication strategy to ensure staff awareness. Furthermore, it is essential that there are visible cues indicating to Indigenous patients, families, and staff that ceremonial practices are supported and available within the institution.

Identify physical areas and space allocation

Within the institution, a space which can be accessed 24 hours a day and in which fire/smoke detection equipment can be disabled, needs to be allocated for use in ceremonial practices. This should NOT be the institution's chapel, but may be a non-denominational, spiritual practices space.

Ensure safe and respectful care for the Sacred Medicines

Whatever group/service/department is responsible for holding the institutional medicine bundle MUST complete Indigenous cultural competency and safety training. Additionally, this group would ideally receive teachings about proper care for the medicines and bundle.

Provide staff education

All staff – particularly those involved in direct patient and family engagement – need education regarding new policies and procedures prior to their implementation. Staff should be trained how to respond to ceremony requests, access medicines, follow established fire and safety protocols, and return or replentish medicines as

needed. Staff should also understand how respond to families or patients requests for privacy or offers for staff participation in ceremonies.

Develop an evaluation plan

An evaluation plan should be devised to ensure there is a feedback loop to facilitate quality improvement. The timeframe for this is variable but in the initial stages of implementation should occur more frequently (e.g. every 6 months) and with established practice yearly may be adequate. All instances of denial of ceremonial practices should trigger an incident report and require review by the policy holder. Accountability is improved by ensuring any policy related to Indigenous ceremonial practices is held by a member of the senior leadership team.

Resources

Ontario Human Rights Commission: Indigenous Peoples in Ontario and the Ontario Human Rights Code
http://www.ohrc.on.ca/en/creed-and-human-rights-indigenous-peoples
http://www.ohrc.on.ca/en/indigenous-peoples-ontario-and-ontario-human-rights-code-brochure

Canadian Human Rights Act
https://www.canada.ca/en/canadian-heritage/services/rights-indigenous-peoples.html

Canadian Constitution
https://www.justice.gc.ca/eng/csj-sjc/principles-principes.html

Canadian Charter of Rights and Freedoms
https://www.canada.ca/en/canadian-heritage/services/how-rights-protected/guide-canadian-charter-rights-freedoms.html

Smoke-Free Ontario Act, 2017, S.O. 2017, c.26, Sched. 3, Section 19 & 21
https://www.ontario.ca/laws/statute/17s26
https://www.toronto.ca/wp-content/uploads/2020/01/9559-Indigenous-persons-2020-01-21-ENGLISH.pdf

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Truth & Reconciliation Commission of Canada: Calls to Action
http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

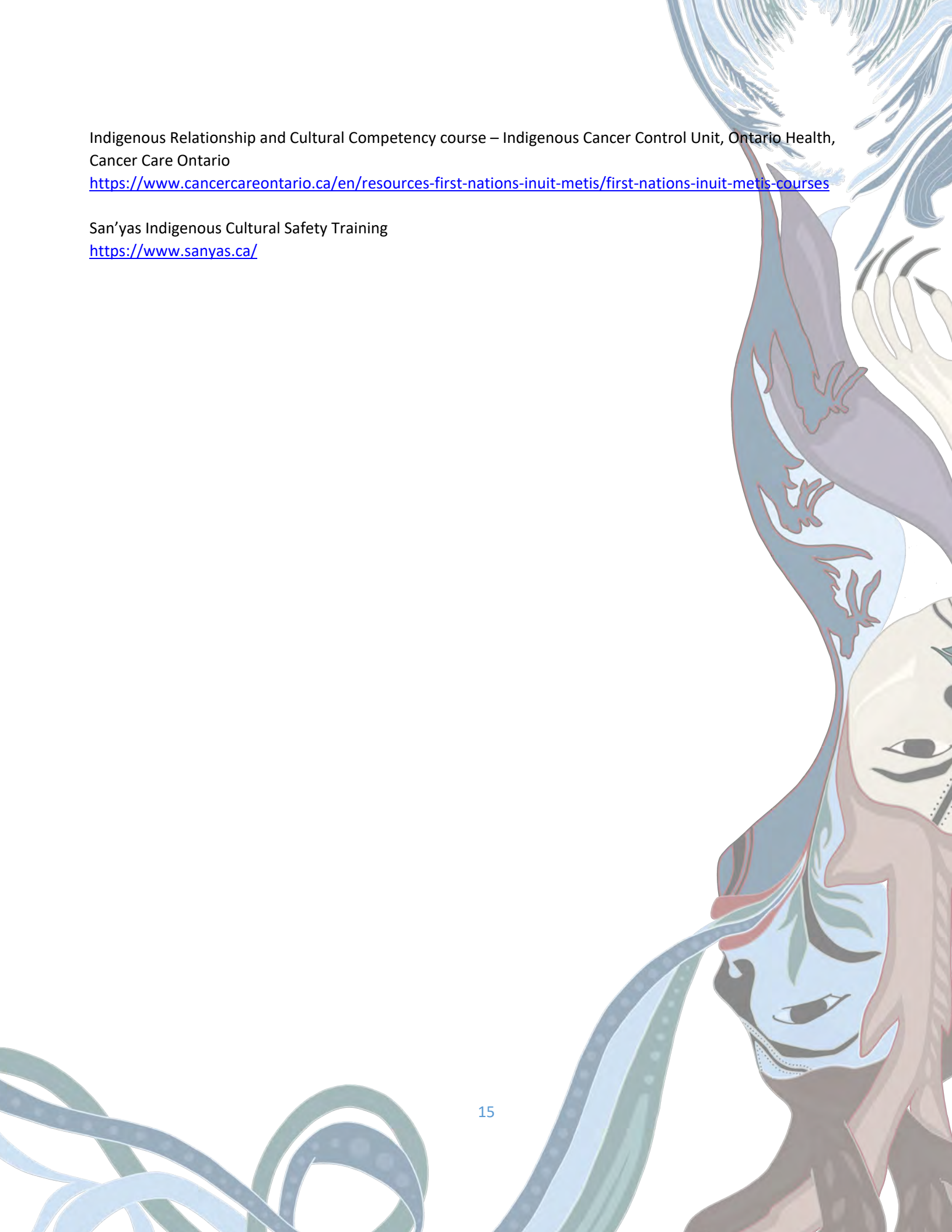
Indigenous Health Primer – Royal College of Physicians and Surgeons of Canada
https://www.royalcollege.ca/rcsite/health-policy/initiatives/indigenous-health-e

Well Living House – Our Health Counts Toronto: Developing a Population Based Urban Aboriginal Cohort to Assess and Enhance Individual, Family, and Community Health and Wellbeing
http://www.welllivinghouse.com/what-we-do/projects/our-health-counts-toronto/

Toronto Central Regional Cancer Program
https://www.trcp.ca/en/indigenous-cancer-program/
https://www.trcp.ca/en/Documents/Indigenous_Patient_Navigator_Referral_Form.pdf

Indigenous Relationship and Cultural Competency course – Indigenous Cancer Control Unit, Ontario Health, Cancer Care Ontario
https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis/first-nations-inuit-metis-courses

San'yas Indigenous Cultural Safety Training
https://www.sanyas.ca/



Appendices

Appendix 1 – Templates

The following templates may be helpful tools to customize for your institution and add to your policy/procedure document(s):

Checklist

This Checklist provides a high level overview of some of the common processes involved when following through with a request for Indigenous Ceremonial Practices within hospital:

	Task	Complete	Notes
1	Securing space for ceremony		
2	Building operations notified of location: hot work permit acquired		
3	Smoke/fire detection system disabled in zone		
4	Medicine bundle provided (if requested)		
5	Signs posted indicating presence of smoke in area of ceremony		
6	Return of medicine bundle (if needed)		
7	Notify building operations of completion of ceremony and reinitiate fire detection system		

Designated Spaces

A quick reference of all designated spaces as approved by the hospital may be listed here. This will help facilitate requests if they need to occur outside of the patient's clinical room. If none of these spaces are available, facilities and the institutional fire marshal may assist with finding alternative spaces.

Location	Department	Contact Information	Room details	Additional Notes
Building X, Floor X, Room X	Psychosocial Department	Telephone # Email Name (if regular contact)	Size Maximum occupancy Telephone/teleconference capabilities	Located near to the library. Bathrooms available 2 doors east of room

Contact List

A list of contacts that may be helpful to arrange for a ceremony. This can include any number of people, including security, fire marshal, social work department, local Indigenous organizations, patient relations, etc.

Department	Name	Contact Information	Speciality	Additional Notes
Fire Safety	Contact name	Telephone # Email	Fire alarm de-/re-activation	
Patient Relations	Contact name	Telephone # Email	Address concerns, complaints, compliments, aid with communication with health team	If a request is denied, contact patient relations.
Indigenous Organization	Contact name	Telephone # Email	Cultural Supports (Medicine, Healer, etc.)	Contact if patient needs assistance with a ceremony.

Sample Signage

Section 1.02 Smudging Ceremony in Progress

You may smell smoke

Fire detection system de-activated

Do not pull fire alarm

Call Security at _____ if concerned

Appendix 2 – Frequently Asked Questions

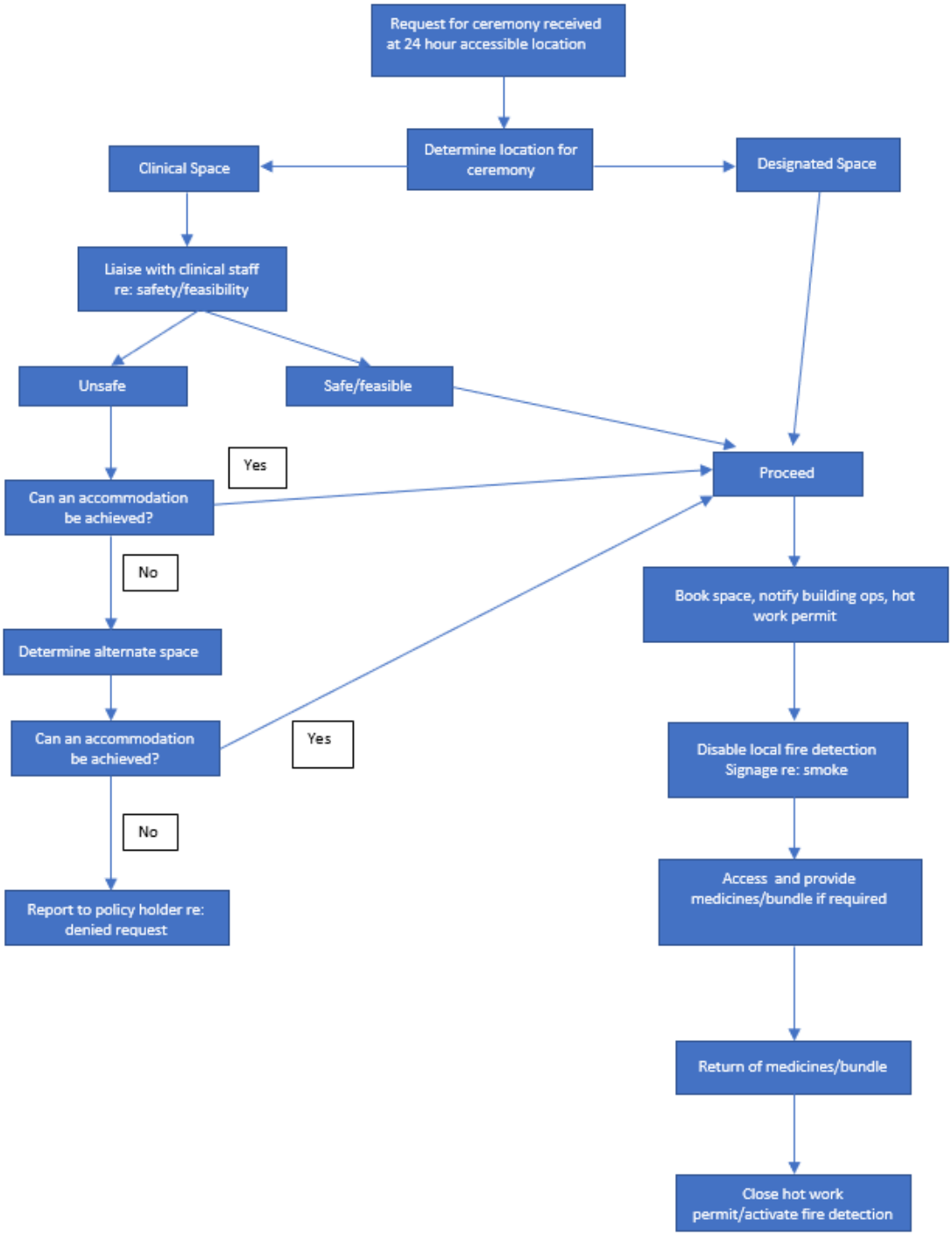
There are often common, frequently asked questions from patients and/or staff regarding conducting/enabling an Indigenous ceremony within an institution. Here are some examples of FAQ's that may be useful to include in your policy/procedure (note: adapt this list such that it reflects the most commonly asked questions for your institution).

1. Does it take 24 hours for my request to be granted?
    a. Emergency requests are to be processed within 2 hours of request. All other requests can be pre-arranged with date, time, and booking of location (if required).
2. Will a smudge set off the fire alarm?
    a. The smoke created from a smudge should not set off a fire alarm. The amount of smoke created from a smudging ceremony is minimal and typically will not set off a fire alarm. Regardless, the institutional fire marshal must always be informed such that the fire alarm can be disarmed, and signage must be put up to inform others of the ceremony to help prevent from false fire alarms.
3. Can I have ceremony done here in my room?
    a. Some ceremonies (e.g. smudge) may not be possible in certain clinical spaces (e.g. negative pressure room). Consult with the most responsible physician and fire marshal to confirm if your clinical space is safe to proceed, and if not, the hospital staff will find an alternative space that you may use to proceed with your request.
4. Do I have to go outside to perform my ceremony?
    a. You are welcome to go outside if that is your preference, but you are not required to exit the building in order to conduct your ceremony. The hospital staff will help you find a suitable indoor location (your clinical room or an alternative space).
5. If I have a roommate and they do not agree, what happens?
    a. To give respect to all of our patients, if your roommate does not approve of the ceremony, the hospital staff will help you find an alternative space, or will negotiate with your roommate to allow for some private time.
6. Who will conduct the ceremony?
    a. The patient will let the hospital staff know what is required for their ceremony (i.e. whether they will conduct the ceremony themselves, or if they will have their family/Elder/community member conduct the ceremony on their behalf). If the patient needs help, but does not have anyone with them to assist, a local Indigenous organization that provides cultural support services may be contacted with the patient's permission.
7. Can we sing and drum?
    a. Yes. If the singing and drumming is disruptive to those nearby, the hospital staff will help to find a location such that the ceremony may proceed.
8. This policy states that a smudge may only occur for inpatients, but I am an outpatient. Can I still smudge?
    a. Yes. Regardless of what the policy states, provincial legislature (the Ontario Human Rights Code) prohibits discrimination and harassment and states that service providers, including healthcare institutions, have a "duty to accommodate" Indigenous spiritual beliefs and practices.
9. Must hospital staff be present while I conduct my ceremony?
    a. No. You may request privacy when conducting your ceremony. Only those you invite to partake in your ceremony will be present (unless medical reasons require a healthcare worker be present).

10. I do not have any traditional medicines to help me perform my ceremony, where can I get some?
    a. Our hospital site respectfully holds sacred medicines for use by our patients and staff. You may contact: [Insert Department Name, telephone #/Email] to assist you; OR
    b. You may contact someone you know to bring you traditional medicines. If there is no one available to bring you medicines, the hospitals staff may assist you with reaching out to a local Indigenous organization to help support (see contact list).
11. I have a patient that would like to smudge however, this patient is in the Intensive Care Unit and is unable to smudge in that clinical area. I am not able to be move this patient to an alternate space due to medical reasons. Are there any alternatives that I can offer my patient?
    a. Yes. You may suggest a ceremony that may not require the burning of sacred medicines, such as a water ceremony, cedar tea, drumming, singing, a medicine pouch to keep with him/her, etc. Ask the patient if there is anything else at all that you can do to support them spiritually. With the patient's permission, you may also seek further guidance from a local Indigenous organization that may be able to suggest/offer alternatives.

Appendix 3 – Process Map

Usage of a process map such as the one below may be a helpful visual tool that outlines the general sequence of events throughout the process:



Appendix 4 – Indigenous Ceremonial Practices Sample Policy

The following sample policy was created based on an evaluation of various smudging policies and procedures in place throughout Toronto Central Region hospitals. This sample policy is the result of working group discussions and consolidating the various processes that were either effective or required improvement. This sample policy is not a prescribed policy, but is a suggested outline to support and enable Indigenous Ceremonial Practices within a hospital institution, though, it may also be adapted to suit any structured institutional space.

TC Regional

Policy & Procedure Manual

Corporate – Indigenous Ceremonial Practices

Policy

In alignment with our Mission and Values, this policy serves to provide culturally safe and appropriate care in an inclusive environment for patients, their families, and staff, by harmonizing Indigenous ways of being with the care and support provided at TC Regional.

TC Regional staff will make every effort to support and accommodate Indigenous ceremonial requests in a respectful manner.

This policy sets out guidelines to assist all staff with the necessary procedures to safely respond to ceremonial requests, taking into consideration the safety of all patients, families, and staff, including the consideration of the patients medical condition, prevention of fire hazards, and protecting patients, their families and staff with scent sensitivities, all while respecting the request by Indigenous patients.

This policy supports requests from patients, their family, community, and Toronto Regional staff.

This policy recognizes that Indigenous world views are vast and diverse, and may vary substantially from one request to the next. As such, an Indigenous Ceremonial request may include any practice that an Indigenous person deems to have great spiritual, cultural and/or traditional significance to them. Some possible examples of requests may include, but are not limited to: Smudge, pipe ceremony, water ceremony or drumming and singing.

This policy ensures that Toronto Regional is an inclusive and safe place to receive healthcare and to work. It enables Indigenous patients, their families and staff an opportunity for holistic care practices that uphold Indigenous peoples inherent right to practice their spiritual and cultural traditions. This policy also ensures that Toronto Regional is in compliance with legislation as it applies to cultural, traditional and spiritual practices of Indigenous peoples (Ontario Human Rights Code, Smoke-Free Ontario Act).

Patients, their families and staff can participate in traditional Indigenous ceremony in clinical, or non-clinical spaces.

For practice in clinical spaces, the most responsible physician (MRP) must have a respectful conversation with the patient/patient's family to discuss any possible health concerns. The MRP is to advise whether or not the clinical

space is appropriate for the ceremony (i.e. consideration of negative pressure rooms, other patients, oxygen usage, etc.) or whether an alternative space must be used. A list of approved, designated spaces can be found in Appendix A. If the ceremony will include smoke from the burning of sacred medicines, the fire marshal must be consulted.

For practice in non-clinical spaces, refer to the Designated Spaces list in Appendix A. If an alternative space is required, consult with hospital staff (facilities/Fire Marshal/Spiritual Care/Security/MRP) to assist with finding another location.

Toronto Regional will accommodate timely access to the request of an Indigenous Ceremony (within two hours).

For quick reference guides, see the appendices.

Definitions (examples only)

Cultural competency: refers to the ability of systems and individuals to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Cultural safety: is defined by the patient or family and refers to a state where power imbalances are attended to and patients can receive care that is culturally, spiritually, emotionally, and physically safe.

Ceremonial/Medicine bundle: is a wrapped collection of spiritually meaningful objects used within some Indigenous communities for ceremonial purposes

Healers/Medicine People: refer to people who practice traditional Indigenous healing methods

Helper/Oshkaabewis: a ceremonial helper or attendant

Hot Work Permit: a permit notifying institutions of any operation involving open flame or producing heat.

Indigenous Peoples: many definitions but often refers to culturally distinct groups of people who are universally affected by colonization and are descendents of people who inhabited a place before arrival of others with different cultures

Indigenous ceremony: These are traditional practices (which are very diverse and unique to different communities) which generally offer respect and gratitude for the spiritual and physical world and aim to promote balance within creation.

Knowledge Keeper/Elder: Elders are respected individuals within their community who are keepers of traditional teachings, cultural knowledge, and wisdom which connects generations. This is not a designation that one self-appoints but rather elder status is conferred by the community.

Medicine Wheel: this circular visual representation is used for health and healing in some Indigenous communities. It symbolizes four aspects of self (spiritual, physical, emotional, mental), four directions, four seasons, four life stages, etc.

Moontime: refers to the stage of a woman's menstrual cycle where menstruation is occurring. Some communities have teachings related to ceremonies and moontime

Pipe Ceremony: is a sacred ceremony connecting the physical and spiritual worlds. A sacred pipe is filled with ceremonial tobacco and lit.

Smudge: is a ceremonial practice where sacred or medicinal plants are burned and the smoke produced is used to purify ones spirit

Sage: a sacred medicine for many First Nations people, commonly used in smudging ceremonies

Spirit Name: spirit names are the names our spirit carried in the spirit world and are carried with us into this world

Sweetgrass: a sacred medicine for many First Nations people, commonly used in smudging ceremonies

Tobacco: the first sacred medicine for many First Nations people

Cedar: a sacred medicine for many First Nations people

Qulliq: is an Inuit oil lamp which provides light and heat to the Earth.

Procedure

Responding to the request:

1. Staff receiving the request will have a respectful conversation with patient/family to understand their cultural or spiritual requests, and determine what supports, if any, are required:

    - Patient may conduct the ceremony on their own, or they may invite someone to do so on their behalf (family member, Elder/healer/traditional knowledge keeper/CHR/Navigator/etc.). An offering of tobacco may accompany this request.

    - If patient or family is unable to conduct the ceremony on their own, or if patient/family asks for assistance to conduct the ceremony, consult the Contact List in Appendix B for further supports.

2. The healthcare team should assess the medical stability of the patient to proceed with ceremony. The healthcare team must inform of risks in situations of medical instability and to proceed at their own accord. Every effort must be made to facilitate the ceremonial request.

Note: Due to safety risks, patients or others on oxygen support may not be able to participate in a ceremony with burning medicines. If a patient is on oxygen or deemed too unstable to participate, efforts must be made to find alternative options for patient, such as having cedar water/tea, medicinal spray, medicine pouch, etc.

Note: Special considerations to proceed must be made, regardless of condition, if patient is actively dying (e.g. proceed with oxygen turned off, or if ceremony is a rite of passage for patient and very near to end of life).

Before the ceremony:

1. Determine the location (patients room or a designated space) that ceremony will take place (see Appendix A for a list of designated spaces).

2. Consult with patient/person performing the ceremony to determine:

A) The date and time for ceremony (e.g. Tuesday, April 28th at 11:00 AM), and;

B) The approximate duration for ceremony (e.g. 2 hours).

*Both pieces of information will be required when completing the hot work permit.

Note: The timing is approximate. Ceremony may take longer or shorter than requested. It is imperative to allow the patient the time they require to complete the ceremony in its entirety. It is viewed as disrespectful and may be harmful to the process of ceremony if disrupted.

If the ceremony is not completed by the expected time:

- DO NOT: Interrupt the ceremony
- DO: Contact the Fire Marshal to inform that an extension is required for the Hot Work Permit

3. Obtain a Hot Work Permit and submit to the Fire Safety Office:
   - Complete Hot Work Permit [Insert link to Hot Work Permit]
   - Contact the institutional Fire Marshal once the Hot Work Permit is complete

4. Determine if patient has medicines for the ceremony
   - If yes: Patient/person conducting ceremony will use their own medicines
   - If no: Obtain the ceremonial bundle from [insert location and contact information for traditional medicines] (see Appendix B for Contact List):
     - The Toronto Regional Ceremonial Medicine Bundle contains the following:
       - Smudge Bowl
       - Feather
       - Matches
       - Sacred Medicines (Tobacco, Sage, Sweetgrass, Cedar)
       - Cloth

Note: Proper protocols must be followed by every person handling the Ceremonial Bundle. Consult with [insert department contact for traditional medicines] for proper care of the bundle (see Contact List in Appendix B)

Additional information can also be found in the Indigenous Ceremonial Wise Practices Guideline (see References)

5. Place 'Smudge in progress' signage on door (See Appendix C).

<u>During the ceremony</u>

Respect the patients/family's requests for ceremony:

- Staff may participate if patient/family invites the staff member to do so.
- If no invitation for staff to participate is received, but staff would like to participate, humbly make your request to the patient/family. Respect the patient's/family's final decision on who can partake.
- If patient/family prefers to conduct the ceremony on their own without staff present, clearly identify with patient/family how to access healthcare staff during and after the ceremony.

- If it is medically relevant that a staff member must be present (e.g. unstable patient), respectfully inform the patient/family and thoroughly explain why staff presence is required.

Caution: Very rarely, ashes or embers from burning the sacred medicines may escape when fanned or waved during ceremony. A participant of the ceremony must be identified to monitor for fire risks.

Note: This rarely occurs and fire risk is extremely low.

<u>After the ceremony</u>

1. The ashes are allowed to cool in the smudge bowl/pan/shell. The ashes should be removed by the patient/family for return to the earth. If patient is unable or does not have family present, the person assisting with conducting the ceremony should remove the ashes and return to the earth

2. Close Hot Work Permit: The staff member who initiated the request must inform the fire marshal and security that the ceremony is complete and fire alarms can be re-initiated

3. Remove 'Smudge in Progress' signage from door

4. If using hospital medicines, return the bundle to the designated area after cooling

Resources:

1. Ontario Human Rights Code
2. Smoke-Free Ontario Act
3. Supporting and Enabling Indigenous Ceremonial Practices within Hospital Institutions – A Wise Practices Guideline (Toronto Regional Indigenous Cancer Program)

Appendix

Appendix A: List of Designated Spaces

Appendix B: Contact List

Appendix C: Smudge in Progress Signage

Appendix D: Checklist

Appendix E: Process Map

Appendix F: FAQ's