

## AD0200 – ABORIGINAL CULTURAL SAFETY & HUMILITY

### PREAMBLE

Interior Health developed this Aboriginal Cultural Safety and Humility policy specifically in recognition of the legacies of colonization and history of policies on these lands directed at oppressing Aboriginal populations. This policy aligns with the following federal, provincial, and regional commitments: In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care, Truth and Reconciliation Commission of Canada Calls to Action 23 and 24, Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice 7 and 15, adoption of the United Nations Declaration on the Rights of Indigenous Peoples and the B.C. Declaration on the Rights of Indigenous Peoples Act, Métis Nation Relationship Accord II, Declaration of Commitment to Cultural Safety and Humility, and the Interior Partnership Accord. This policy also aligns with the Interior Health Anti-Racism policy.

### 1.0 PURPOSE

This policy sets out Interior Health’s (IH) direction on: (a) providing Culturally Safe service delivery; (b) supporting a Culturally Safe work experience for Staff; (c) guiding Staff to deliver Culturally Competent care for Clients and families; and (d) supporting Client and Staff access to traditional medicines and Aboriginal ways of healing.

Aboriginal Cultural Safety is a health care approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. In a culturally safe organization, Staff are self-reflective and self-aware and understand their role in creating Culturally Safe spaces for colleagues and Clients.

### 2.0 DEFINITIONS

TERM	DEFINITION
Aboriginal	All Indigenous people of Canada. The Canadian <i>Constitution Act, 1982</i> Section 35 (2) recognizes three groups of Aboriginal people: First Nations/Indians (status and non-status), Métis, and Inuit. These three separate groups have their own unique heritages, languages, cultural practices, and spiritual beliefs.  It is at the discretion of Interior region First Nation and Métis partners that IH has committed to using the term ‘Aboriginal,’ rather than ‘Indigenous.’
Act	The <a href="#">Declaration on the Rights of Indigenous Peoples BC</a> that incorporates the <a href="#">United Nations Declaration on the Rights of Indigenous Peoples’ 46 Articles</a> covering all facets of the human rights of Aboriginal peoples such as culture, identity, religion, language, health, education and community.
Ally	Any person that disrupts oppressive spaces by educating others on the realities and histories of marginalized people. An Ally speaks up in the face of Racism and discrimination.
Anti-Aboriginal Racism	The systems of power that advantage and privilege some people and

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	disadvantage Aboriginal people. A core element of anti-Aboriginal Racism is beliefs about the superiority of non-Aboriginal people over Aboriginal people including intelligence, abilities, appearance, culture, and other attributes that justify higher status. This presumed hierarchy serves to limit opportunities and to magnify differences between Aboriginal and non-Aboriginal people.
Anti-Racism	The practice of actively identifying, challenging, preventing, eliminating and changing the values, structures, policies, programs, practices and behaviours that perpetuate racism. It is more than just being “not racist” but involves taking action to create conditions of greater inclusion, equality and justice.
Client	Anyone receiving care or services from IH and includes patients and those who reside in the Interior region.
Cultural Awareness	An attitude that includes an understanding about differences between cultures.
Cultural Competency	The knowledge, skills, and ability to understand cross-cultural interactions, and an awareness and acceptance of the dynamic variety of people and populations.
Cultural Humility	Begins with an in-depth examination of a provider’s assumptions, beliefs and privilege embedded in their own understanding and practice, as well as the goals of the Client-provider relationship. Undertaking cultural humility allows for Indigenous voices to be front and center and promotes Client-provider relationships based on respect, open and effective dialogue and mutual decision-making. This practice ensures Indigenous peoples are partners in the choices that impact them, and ensures they are party and present in their course of care.
Cultural Practices	For the purpose of this policy, refers to common Aboriginal practices that promote health and healing such as, but not limited to: Traditional Foods, Smudging Ceremony; Sacred Pipe Ceremony; Ceremonial Cedar Brushing; Water Ceremony; Drumming, Fiddling, and Healing and Talking Circles.
Cultural Safety	The desired outcome and can only be defined by the Indigenous person receiving care in a manner that is safe and does not profile or discriminate against the person but is experienced as respectful, safe and allows meaningful communication and service. It is a physically, socially, emotionally and spiritually safe environment, without challenge, ignorance or denial of an individual’s identity. To be culturally safe requires positive anti-racism stances, tools and approaches and the continuous practice of cultural humility.
Racism	The belief that a group of people are inferior based on the colour of their skin or due to the inferiority of their culture or spirituality. It leads to discriminatory behaviours and policies that oppress, ignore or treat

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	racialized groups as 'less than' non-racialized groups.
Safety	The absence of harm and/or threat to Staff or Client mental, spiritual, physical, or emotional well-being. Safety includes the experiences of psychological and Cultural Safety.
Staff	Staff, physicians, medical staff, volunteers, students, contractors and other persons working or acting on behalf of IH.

### 3.0 POLICY

#### 3.1 ORGANIZATION ABORIGINAL CULTURAL SAFETY

- 3.1.1 IH is committed to Culturally Safe care, as defined by Interior region Aboriginal peoples. Health services are expected to be accessible, of high quality, relevant, culturally safe, and provided in a culturally competent manner.
- 3.1.2 IH is committed to addressing Anti-Aboriginal Racism and breaches of Cultural Safety, and actively engaging in Anti-Racism, in alignment with the IH Anti-Racism policy.
- 3.1.3 As per Article 18 of the Act, IH is committed to embedding this policy throughout the organization to address and decrease health inequities through meaningful engagement with Aboriginal partners in providing culturally safe and responsive services.

#### 3.2 STAFF CULTURAL SAFETY

- 3.2.1 Staff, including self-identified and non-self-identified Aboriginal Staff, can expect to experience and contribute to a Culturally Safe work environment. Staff have mechanisms to report Racism, discrimination, or breaches in Cultural Safety in the workplace.

#### 3.3 PROVIDING CULTURALLY COMPETENT HEALTH AND WELLNESS SERVICES

- 3.3.1 Aboriginal Clients and families receiving services from IH can expect Staff to act in a respectful and Culturally Competent manner.
- 3.3.2 IH is committed to delivering health services in Culturally Safe and inclusive environments.

#### 3.4 RIGHT TO TRADITIONAL MEDICINES

- 3.4.1 As guaranteed by Articles 11, 12, 13, 15, and 24 of the Act, when delivering health services for Aboriginal peoples, Staff shall include, where possible, access to Cultural Practices and traditional medicines as part of Client care, in consultation with and at the request of the Client.
- 3.4.2 IH will support Aboriginal Staff to access Cultural Practices and traditional medicines, where possible and appropriate, in their work environment.

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- 4.1.1 IH will take steps to support health services to be Culturally Safe and provided in a Culturally Competent manner including:
- Supporting Staff to participate in professional development opportunities that promote Aboriginal Cultural Safety, including education, resources, and/or community engagement, based on availability and applicability.
  - Consistently applying this policy across the organization, including utilizing this policy as an Aboriginal Cultural Safety lens to develop new IH Policies and review and revise existing IH Policies.
  - Reviewing all complaints about Staff compliance with this policy as per its normal investigation process which may include other IH policies (including but not limited to AU1000), medical staff bylaws and rules, or applicable legislation.
- 4.1.2 IH will investigate and address anti-Aboriginal Racism and actively engage in Anti-Racism practices and principles. IH will undertake Anti-Racism activities in order to effectively address Anti-Aboriginal Racism. IH requires and will support Clients, Staff, and other Allies to recognize, report, and respond effectively to Culturally Unsafe, racist, and discriminatory behaviors and will view any retaliation of a report or complaint as a violation of this Policy and any other applicable IH policy.
- 4.1.3 IH will consult and coordinate with internal and external Aboriginal peoples, organizations, and communities to: (i) deliver accessible, quality, relevant, and Culturally Safe care and (ii) plan and evaluate health service delivery (both (i) and (ii) guaranteed as per section 3 and Article 18 of the Act).

**4.2 STAFF CULTURAL SAFETY**

- 4.2.1 All Staff, including self-identified and non-self-identified Aboriginal individuals, can expect to experience a Culturally Safe work environment. Staff will take steps to contribute to a Culturally Safe work environment for others. Staff have mechanisms to report Racism, discrimination, or breaches of Cultural Safety in the workplace (including but not limited to [AU1000](#)) and can expect protection at all levels from retaliatory outcomes of the submission of a complaint.

IH will take steps to support Staff experiences of a Culturally Safe work environment including:

- Supporting Culturally Safe workplace environments that are free of discrimination and Culturally Unsafe behaviours as per [AU1000 Workplace Environment](#) and [AU0100 Standards of Conduct for IH Employees](#).
- Developing a workforce that values diversity and enhances organizational efficiency and effectiveness through the inclusion of diverse perspectives and points of view as per [AU2100 Diversity](#).

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- Promoting Staff psychological well-being, including cultural well-being, and actively working to prevent harm to Staff psychological health in negligent, reckless, or intentional ways as per [AV3000 Psychological Health and Safety in the Workplace](#).

Staff are responsible for:

- Taking relevant mandatory and recommended education to enhance their Cultural Awareness and understanding of the unique history of the Interior region and the diverse Aboriginal population that has lived, lives, and will continue to thrive on this land.
- Practicing and seeking out opportunities to engage in Cultural Humility, including identifying appropriate occasions to offer an acknowledgement of the First Nations Traditional Territory as per [AD0100 Welcome and Acknowledgement of First Nations Traditional Territory](#).
- Communicating opportunities to enhance Aboriginal Cultural Safety within their team(s) to managers, supervisors, or designated Human Resources Advisor.
- Participating as Allies in initiatives and activities that address Anti-Aboriginal Racism and support Aboriginal Cultural Safety.
- Protecting their own and other people's Cultural Safety in the workplace.
- Modelling the behaviours and actions that are consistent with a Culturally Safe workplace, including but not limited to, respect, inclusiveness, self-reflection and self-awareness, and non-judgmental behaviour.
- Reporting all work-related breaches of Cultural Safety as per [AU1000 Workplace Environment](#).

### 4.3 PROVIDING CULTURALLY COMPETENT HEALTH AND WELLNESS SERVICES

- 4.3.1 Clients and families receiving services from IH can expect Staff to act in a Culturally Competent manner and have mechanisms to report Racism, discrimination, or breaches of Cultural Safety as per [AK0100 Client Complaint Management](#).

Staff are responsible for:

- Knowing what the Cultural Competency expectations are, including the mandatory educational requirements.
- Conducting themselves in a Culturally Competent manner with Clients and families.
- Implementing and/or following policies and procedures related to Cultural Safety.
- Addressing personal knowledge and Cultural Competency gaps by attending ongoing education and learning opportunities that facilitate an applied knowledge of Cultural Safety in their work.
- Behaving or interacting with Clients in Culturally Safe and respectful ways, and where safe to do so, challenging harmful practices and interactions of others, including such things as stereotyping, discrimination, and racist, sexist, or other demeaning and harmful commentary.

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IH Managers and those with direct reports are responsible for:

- Supporting direct reports to participate in professional development opportunities that promote Aboriginal Cultural Safety.
- Providing clear guidelines to direct reports and access to resources that support learning and application of Aboriginal Cultural Competency.
- Supporting a safe environment free of retaliation for Staff to report breaches in Cultural Safety and being responsive to these reports as per [AU1000 Workplace Environment](#).

4.3.2 IH will support its physical environments, including but not limited to acute sites, community health centres, long-term care sites, and office spaces, to be accessible and meet the spiritual, cultural, and emotional needs of Clients, families, and Staff by:

- Supporting all IH owned and leased facilities and spaces to be Culturally Safe including reviewing the accessibility and availability of ceremony or cultural practices.
- Providing access to tools, resources, and processes to support Staff to implement continuous quality improvement for Culturally Safe and inclusive physical environments.

### 4.4 RIGHT TO TRADITIONAL MEDICINES

4.4.1 Staff will, upon request and where possible, facilitate the inclusion and access to traditional medicines in health care planning.

IH recognizes Aboriginal Clients may request and may have access to the ceremonial use of traditional medicines such as tobacco, sage, cedar, or sweet grass. Staff will make reasonable efforts to consult, cooperate, and collaborate in arranging ceremony in a timely and respectful manner. A smudging ceremony requires a ventilated environment. All other use of tobacco products will comply with the [AV2000 Smoke Free Environment](#) policy.

Staff will:

- Collaborate with the Client and/or family in arranging ceremony, as requested, in a timely and respectful manner.
- Consult with the Client, family, or Traditional Practitioner (Elder, Knowledge Keeper, Healer) to determine the best location for various ceremonies.
- Help make space in a Client's room if the Client is unable to be transferred to a sacred space or other ventilated area.
- Consult, if needed, with Aboriginal Patient Navigators (APN) or other members of the care team for sites that do not have an APN available.
- Follow the ceremonial protocols, as per the Client, family, or Traditional Practitioner, if invited and able to attend the ceremony.
- Monitor for fire and room safety and notifying facilities personnel when the ceremony is complete to ensure smoke detectors are turned back on, as required.

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- Document that a ceremony has taken place, the type of ceremony, and the name of the person who provided the ceremony.
  - Work with facility managers and leadership to develop procedures relevant to each facility, including safety considerations.
- 4.4.2 Aboriginal Staff shall be supported to access Cultural Practices and traditional medicines, where possible, in their work environment.
- Staff may access and use traditional medicines, as appropriate, such as tobacco, sage, cedar, or sweet grass to support psychological health and wellness and Cultural Safety in the workplace.

### 5.0 REFERENCES

Adapted from First Nations Health Authority (2017) FNHA's Policy Statement on Cultural Safety and Humility, 'It Starts with Me.'

Adapted from Vancouver Coastal Health (2018) Indigenous Cultural Safety Policy

First Nations Health Authority (2015) Declaration of Commitment to Cultural Safety and Humility

First Nations Health Council (2019) Interior Partnership Accord: Interior Region Nation Executive and Interior Health Authority

In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in BC Health Care, Truth and Reconciliation Commission of Canada Calls to Action

Government of British Columbia (2019) Declaration on the Rights of Indigenous Peoples Act

Government of British Columbia (2016) Métis Nation Relationship Accord II

Truth and Reconciliation Commission of Canada (2015) Final Report: Calls to Action

UN General Assembly (2007) United Nations Declaration on the Rights of Indigenous Peoples

### RELATED POLICIES

IH Policy [AD0100 Welcome and Acknowledgement of First Nations Traditional Territory](#)

IH Policy [AK0100 Client Complaint Management](#)

IH Policy [AU0100 Standards of Conduct](#)

IH Policy [AU1000 Workplace Environment](#)

IH Policy [AU2100 Diversity](#)

IH Policy [AU2200 Anti-Racism](#)

IH Policy [AV1100 Employee Incident Reporting and Investigation](#)

IH Policy [AV2000 Smoke Free Environment](#)

IH Policy [AV3000 Psychological Health and Safety in the Workplace](#)

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