



TITLE

PATIENT ACCESS TO INDIGENOUS SPIRITUAL CEREMONY

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction and support to honour **Indigenous Spiritual Ceremony** (“Ceremony”) requests in a respectful and prompt manner, this Policy:
 - commits Alberta Health Services (AHS) to enhance awareness and uphold the rights of **Indigenous patients’** cultural and healing practices at the individual, site, Zone, and provincial level (refer to AHS *Indigenous Health Commitments: Roadmap to Wellness*);
 - provides direction to **AHS people** on how to respectfully honour Indigenous patient and/or designated family support requests for a Ceremony and acts on what matters to all **patients** and their **designated family/support persons** as per the AHS *Patient First Strategy*;
 - supports patients and their designated family/support persons to access **Elders, Traditional Knowledge Keepers, and Cultural Support Workers**;
 - respects and acknowledges the role that Ceremony, Elders, Traditional Knowledge Keepers, and Cultural Support Workers have in contributing to holistic healing;
 - provides clarity on tobacco as a **traditional and sacred medicine** and how it differs from commercial tobacco; and
 - aligns with the exception in the *Tobacco, Smoking and Vaping Reduction Act (Alberta)* and exemption in the *Tobacco, Smoking and Vaping Reduction Regulation (Alberta)*.

PRINCIPLES

AHS recognizes Indigenous traditional ways of life and welcomes Ceremonies in clinical and non-clinical spaces.

As part of AHS' commitment to be inclusive and **culturally safe**, this Policy enables AHS people to integrate First Nations, Métis, and Inuit Peoples' rights to practice Ceremonies in health care.

This Policy supports AHS as an inclusive and safe place to receive health care and to work. It enables Indigenous patients, their designated family/support persons, and AHS people an opportunity for holistic care practices that uphold **Indigenous peoples'** inherent right to practice their spiritual and cultural traditions.

This Policy ensures that AHS aligns with the Truth and Reconciliation Commission of Canada, United Nations Declaration on the Rights of Indigenous Peoples, and provincial legislation as it applies to cultural, traditional, and spiritual practices of Indigenous peoples by:

- demonstrating AHS' commitment to the *Truth and Reconciliation Commission of Canada: Calls to Action* (2015):
 - Action 22 "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 when requested by Aboriginal patients";
- recognizing the *United Nations Declaration on the Rights of Indigenous Peoples* (September 2007):
 - Article 11: "Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to keep, protect and develop the past, present, and future manifestations of their cultures such as ceremonies".
 - Article 24.1: "Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals".
- aligning with the *Tobacco, Smoking and Vaping Reduction Act* (Alberta):
 - "Nothing in this Act affects the rights of Indigenous peoples (referred to in the Act as "Aboriginal peoples") respecting traditional Indigenous spiritual or cultural practices or ceremonies".
- aligning with the *Tobacco, Smoking and Vaping Reduction Regulation* (Alberta):
 - "Does not prohibit an Indigenous or non-Indigenous (referred to in the Regulation as Aboriginal or non-Aboriginal person) person under the age of 18 years from possessing, smoking, or otherwise consuming a tobacco product or holding a lighted tobacco product if the activity is carried out for traditional Indigenous cultural and spiritual purposes".

Indigenous world views are vast and diverse and may vary substantially. As such, Ceremony requests may include any practice that an Indigenous person believes to have spiritual, cultural and/or traditional significance to them. Some examples of requests may include, but are not limited to: **Smudge, Pipe Ceremony, Qulliq**, Drumming and/or Singing.

Relationships, interaction, and connection with Elders and Traditional Knowledge Keepers is a foundational support to many Indigenous communities. AHS acknowledges the significance and importance of Elders and Traditional Knowledge Keepers within Indigenous culture, community, and wellness. Elders and Traditional Knowledge Keepers are essential for the provision of compassionate **patient- and family-centred care**. AHS respects and honours the knowledge, expertise, and meaning found in the uniqueness of these roles.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Exemptions

- 1.1 This Policy does not apply to the burning of traditional and sacred medicines in service areas with oxygen-enriched atmospheres (e.g., operating rooms, surgical theatres, hyperbaric chambers) within an **AHS facility**.

2. Supporting Ceremonies (Including Those Involving the Burning of Traditional and Sacred Medicines) in All AHS Facilities

- 2.1 Within AHS facilities, Indigenous patients have a right to practice Ceremonies and may conduct the Ceremony on their own, or with the help of their designated family/support person(s), Elder, Traditional Knowledge Keeper and/or the First Nation, Métis, or Inuit community.
 - a) Where a member of the health care team is informed by an Indigenous patient or the designated family/support person(s) on behalf of the Indigenous patient of their intent to hold a Ceremony, every reasonable effort should be made to honour the request within one (1) hour.
 - (i) Recognizing that both, access within one (1) hour may not always be possible, and that timely access to Ceremony is important, any delays must be communicated to the patient and/or their designated family/support person(s).
 - (ii) Indigenous patients may take part in a Ceremony multiple times per day.
 - (iii) Health care teams must consider strategies (e.g., private rooms, relocation of the patient or roommate) when supporting a Ceremony request that may negatively impact the clinical well-

being (e.g., chronic obstructive pulmonary disease [COPD], Asthma) of patients in shared rooms.

- 2.2 Requests from an Indigenous patient or the designated family/support person(s) on behalf of the Indigenous patient for a Tipi Raising, Sweat Lodge, and/or Feast Ceremony require diligent engagement and recognition of traditional cultural protocol. The requests shall be considered on a case-by-case basis in collaboration with the Indigenous Wellness Core and/or the North Zone Indigenous Health Program, and applicable AHS teams.
- 2.3 The patient and/or their designated family/support person(s) will supply their own traditional and sacred medicines for the Ceremony and other supplies for requests referenced in Section 2.2 above. In some circumstances, an AHS Indigenous health worker may support the patient's and/or their designated family/support person(s)' access to traditional and sacred medicines.

3. Supporting Indigenous Spiritual Ceremonies Involving the Burning of Traditional and Sacred Medicines

- 3.1 AHS recognizes that the burning of traditional and sacred medicines, including but not limited to, Tobacco, Sage, Cedar, Sweetgrass, and Diamond Willow Fungus in a prayer offering, Smudge or Pipe Ceremony are common practices that are integral to Indigenous patients' spiritual and cultural way of life.
- 3.2 AHS supports Ceremony requests from Indigenous patients and the designated family/support person(s) on behalf of the patient, Elders, and Traditional Knowledge Keepers.
- 3.3 A Ceremony may take place at the patient's bedside or at a designated Ceremonial Space inside or on the grounds of AHS facilities (see Section 4 below) when safe to do so with the following considerations:
 - a) Where alcohol-based hand rub (ABHR) is used prior to commencing a Ceremony involving the burning of traditional and sacred medicines:
 - (i) ensure sufficient drying time (2–3 minutes) after use and before commencing the Ceremony; and
 - (ii) ensure the ABHR bottle is a minimum of 1.5 metres from the location of the burning of traditional and sacred medicines.
 - (iii) Other options for hand hygiene may include soap and water, and hand cleaning wipes/towelettes.
- 3.4 In situations of medical instability, the health care team must discuss risks and mitigation with the Indigenous patient and their designated family/support person(s) prior to the Ceremony.
- 3.5 In cases where the patient is on supplemental oxygen, the health care team must take a patient- and family-centred care approach in collaborating with the

Indigenous patient and/or their designated family/support person(s). Fire/combustion risk mitigation strategies must be considered in consultation with the Indigenous patient and/or their designated family/support person(s), and the health care team including the Respiratory Therapist and/or **most responsible health practitioner (MRHP)**. Mitigating risk may include but is not limited to, transient discontinuation of oxygen. For more information, refer to the Fire Life Safety Considerations resource.

- a) Prior to and after the Ceremony, a fire safety risk and clinical risk must be assessed.
- b) Health care teams shall refer to applicable facility processes and guidance documents relevant to this Policy.
- c) For AHS facilities requiring support or guidance, AHS shall work with the **Authority Having Jurisdiction** under the Alberta Safety Codes Act.

4. Ceremonial Spaces in AHS Facilities

- 4.1 All AHS facilities shall establish one (1) or more identified Ceremonial spaces in addition to the bedside, as designated by AHS. Exceptions may include but are not limited to, facilities that offer services with no overnight care.
- 4.2 New builds, and renovations shall include:
 - a) planning for designated Ceremonial spaces in alignment with current design practices; and
 - b) engagement of local Indigenous partners.

5. Patient Access to Elders or Traditional Knowledge Keepers

- 5.1 Indigenous patients or the designated family/support person(s) on behalf of the Indigenous patient have the right to request a visit from an Elder or Traditional Knowledge Keeper of their choosing.
- 5.2 Health care providers shall inform Elders and Traditional Knowledge Keepers of any safety precautions including, but not limited to, applicable Infection Prevention and Control (IPC) practices (e.g., personal protective equipment) and public health guidance specific to the patient, site, and service area that the Elder or Traditional Knowledge Keeper may be accessing.
- 5.3 Access to Elders and Traditional Knowledge Keepers shall be considered vital and essential at the request of the Indigenous patient or the designated family/support person(s) on behalf of the Indigenous patient during an outbreak, emergency, disaster, or pandemic.
 - a) Access when patients are on additional precautions/isolation during an outbreak that is under investigation or confirmed, emergency, disaster, or pandemic shall be determined on a case-by-case basis in consultation

with the Indigenous patient or the designated family/support person(s) on behalf of the patient, health care team including the MRHP, and as necessary IPC.

DEFINITIONS

Alberta Health Services (AHS) facility means any facility, property, or ground owned, operated, leased, or funded by AHS.

Alberta Health Services (AHS) people means Alberta Health Services employees, members of the medical and midwifery staffs, students, residents, volunteers, and other persons acting on behalf of AHS (including contracted service providers as necessary).

Authority having jurisdiction means a safety codes officer exercising authority pursuant to designation of powers and terms of employment in accordance with the Safety Codes Act.

Culturally safe means an outcome of culturally competent practices, defined and experienced by those who receive the service - they feel safe. Cultural safety is based on understanding the power differentials and potential discriminations inherent in health service delivery, and the need to address these inequities through education and system change.

Cultural Support Workers means AHS staff who provide advocacy, counselling, support, education, and facilitation of traditional Indigenous healing services to patients, families, and health professionals. The Cultural Support Worker facilitates and provides education about respectful relationships and health care for Indigenous people while building increased understanding and trust between Indigenous people and health care providers under the guidance and direction of the Indigenous Wellness Core Zone Manager or North Zone Indigenous Health Program Manager.

Designated family/support person(s) means one or more individuals identified by the patient as an essential support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family, relatives, friends, and informal or hired caregivers.

Elder means a highly respected member of a First Nations, Métis, or Inuit community. They are recognized and identified by members of the community as carrying important wisdom, oral traditions, and knowledge of their culture. An Elder does not have to be a senior citizen; the carrying of knowledge and the recognition by the community are the key factors in deciding who is an Elder.

Indigenous patient means any patient who identifies as First Nations, Métis, or Inuit.

Indigenous people's means a term used globally to refer to the original inhabitants of any region. Includes the three groups of Indigenous Peoples in Canada: First Nations, Métis, and Inuit. Aboriginal people means a collective name for the original peoples of North America and their descendants. The Canadian Constitution and Alberta Government recognize three groups of Aboriginal peoples: First Nations, Métis, and Inuit in current legislation. This is no longer the accepted terminology. Within AHS, proper terminology and use in Policy is Indigenous Peoples.

Indigenous Spiritual Ceremony(-ies) are truly diverse, and each carry their own unique histories, languages, cultural practices, and spiritual beliefs and refer to the spiritual beliefs and practices that the Indigenous peoples identify as being traditional or customary. Some examples may include (but are not limited to): Smudging, Pipe Ceremony, Drumming and Singing, Qulliq, Sharing/Healing Circles, Sweat Lodges, Tipi Raising, and Feasts.

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Patient means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Patient- and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

Pipe Ceremony is used to open negotiations between different nations as a way for good talk to take place. Today this Ceremony is also regarded as the way by which participants would be truthful, respectful and abide by the decisions and agreements that were made during the meeting time. Tobacco that has been blessed through prayer is normally used for the Ceremony.

Qulliq (kullik) means a soapstone lamp holding seal, whale, bear, or caribou oil that burns very slowly, has little smoke and no to moderate smell. The qulliq (kullik) burning is a ceremonial practice of the culture of Inuit people.

Smudging by many Indigenous cultures as a way of cleansing the body, mind, and spirit of negativity and has close ties to the healing journey of a patient receiving medical care. There are many different protocols associated with smudging ceremonies based on different Indigenous cultures. Smudging typically involves burning medicines (Tobacco, Cedar, Sage, Sweetgrass and/or Diamond Willow Fungus) with minimal flame and smoke.

Traditional and sacred medicines means plants that are provided by the Creator. Tobacco is the first plant and the main activator of all the plant spirits. The other three plants, Sage, Cedar and Sweetgrass follow Tobacco and are together referred to as sacred medicines. There are other plants like Diamond Willow Fungus that are also common and considered traditional medicines.

Traditional Knowledge Keeper means a member of a First Nations, Métis or Inuit community recognized and identified by elders of the community as being knowledgeable about cultural practices, products, or world views.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Family Presence: Designated Family / Support Person and Visitor Access Policy (#HCS-199)*
 - *Tobacco and Smoke-Free Environments Policy (#1134)*
- Alberta Health Services Resources:
 - *Ceremony in Progress Sign*
 - *Ceremony Poster*
 - *FAQ: Supporting Patient Access to Indigenous Spiritual Ceremony at AHS*
 - *Fire & Life Safety Fire Marshal Manual*
 - *Fire Life Safety Considerations*
 - *Indigenous Health Commitments: Roadmap to Wellness*
 - *Patient Access to Indigenous Spiritual Ceremony Process Map*
 - *Patient First Strategy*
 - *People First Strategy*
- Non-Alberta Health Services Documents:
 - *Alberta Human Rights Act*
 - *National Fire Code (Alberta Edition 2019)*
 - *Tobacco, Smoking and Vaping Reduction Act (Alberta)*
 - *Tobacco, Smoking and Vaping Reduction Regulation (Alberta)*
 - *Truth and Reconciliation Commission of Canada: Calls to Action*
 - *United Nations Declaration on the Rights of Indigenous Peoples*

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