

Policy:	Indigenous Healing and Cultural Practices		
Owner:	VP People and Employee Experience (CHRE), IPAC and Health Disciplines		
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PURPOSE

The purpose of this policy is to affirm that London Health Sciences Centre (LHSC) respects the human rights of Indigenous people in their right to access Indigenous healing and cultural practices as per the [Canadian Charter of Rights and Freedoms](#), [Truth and Reconciliation Call to Action #22](#), and the [United Nations Declaration on the Rights of Indigenous Peoples](#).

In alignment with LHSC's Mission and Values, this policy serves to provide culturally responsive and appropriate care in an inclusive environment for patients, their families, [care partners](#), and staff by harmonizing Indigenous ways of being with the care and support provided at LHSC.

LHSC is committed to truth, reconciliation, and the co-creation of health solutions that support Indigenous ways of knowing and healing.

The Indigenous Healing Space is a direct response to the Truth and Reconciliation Calls to Action #22 "We call upon those who can effect change within the Canada 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."

Every effort will be made to ensure patient healing and safety. This policy will guide the most common situations for performing a ceremony and while it is recognized that it will not address every clinical situation, patient safety and respect will remain the primary focus of all care and interventions for healing.

For more information, contact indigenoushealth@lhsc.on.ca.

AUDIENCE

This policy applies to all LHSC leaders and staff, including individuals working at LHSC funded through an external source, Credentialed Professional Staff, clinical fellows, residents, students, volunteers, and contract workers. It applies to work conducted on all LHSC owned and rented properties and to those performing remote work on behalf of LHSC.

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POLICY

LHSC respects the rights of [First Nations](#), [Inuit](#) and [Métis](#) (FNIM) clients/patients and their families to exercise their cultural and spiritual preferences related to the conduct of rituals and ceremonies within the hospital and the requirement to ensure the safety of all LHSC personnel, visitors, and clients/patients involved.

LHSC will support [Traditional Ceremonies](#) in the hospital environment, providing culturally and spiritually appropriate care for Indigenous clients/patients and their families. Such ceremonies are recognized as part of LHSC's [Strategic Plan](#) to advance excellence in care by designing services that better patient outcomes.

LHSC is committed to creating an inclusive and safe environment and advancing [truth and reconciliation](#).

LHSC recognizes and supports the rights of Indigenous peoples to access Indigenous healing and cultural practices, which includes the right to practice their culture and ceremonies as part of their healing journey. All efforts will be made by LHSC staff to accommodate the patient's healing.

First Nations, Inuit, and Métis 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](#), [Traditional Healer](#), [Indigenous Navigators](#), and with the support of staff (e.g. nurse or PSW).

Open flame smudging can be facilitated at the bedside, in a clinical room (except in sterile rooms, operating rooms, or where oxygen is present and cannot be turned off, and/or there are severe smoke/scent allergies and individuals cannot leave the room) on hospital grounds or in designated areas (refer to [Appendix D – Dedicated & Designated Spaces for Traditional Ceremony](#) and sanctuary spaces (refer to [Spiritual Care](#)).

All individuals working at LHSC will be respectful and recognize the spiritual and cultural importance of the use of Indigenous healing and cultural practices. LHSC will make all efforts to accommodate requests for access to Indigenous healing [medicines](#) and performance of healing practices in a timely manner.

Violations of this Policy

LHSC is subject to fines and penalties for non-compliance with Indigenous patient/care partner requests for access to Indigenous healing and/or cultural practices, as per [Smoke-Free Ontario Act, S. 13, Traditional Use of Tobacco by Aboriginals Persons](#).

Clinical Scenarios

For patients who are on oxygen, [liquid smudge](#) will be offered as a safe alternative. In circumstances where [smudging](#) cannot be performed spiritual advice will be sought from an Elder regarding the potential or appropriateness for another ceremony (i.e., liquid smudge, sweetgrass, or other blessing).

Patients who are subject to contact precautions, or other LHSC policies and procedures, options will be discussed with the patient and Most Responsible Care Provider (MRP).

For patients unable to be transferred out of the patient room, the patient, family, care partner, and MRP will discuss options such as performing the ceremony at the bedside.

For unconscious patients (intubated and/or end of life), [Substitute Decision Maker \(SDM\)](#), and the MRP will discuss options for performing the ceremony at the bedside.

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For patients in a wardroom who cannot be transferred to another designated space, the family/ care partner will discuss with the MRP options for ceremony and cultural practices. If smudging with smoke is requested, other patients will be notified and made aware. Discuss with the other patients in the room a smudging ceremony will occur and if they do not want to be in the room while the smudging with smoke is occurring, they may be moved out of the room to allow the ceremony to take place.

For children who request ceremony, and who do not have a parent or guardian with them, the Indigenous Youth Wellness Consultant will be contacted to request support for the ceremony (available Monday – Friday from 8 am to 4 pm). For requests after hours contact [Spiritual Care](#).

Smudging Ceremonies

All Indigenous patients and families/care partners can perform smudging outdoors or indoors, at the bedside in most areas, or in dedicated and designated spaces throughout LHSC (refer to [Appendix D – Dedicated & Designated Spaces for Traditional Ceremony](#)). For inpatient requests to participate in a Smudging Ceremony please refer to [Appendix A – Ceremony Process](#).

Individuals performing ceremonies will provide all materials and safely dispose of burnt smudge after the ceremony.

Lighting the Qulliq

Families typically have their own [Qulliq](#), but one may also be requested. Patients requiring oxygen, and who cannot safely take part in a lighting ceremony due to these oxygen requirements, are encouraged to participate in an alternative ceremony.

ROLES AND RESPONSIBILITIES

1. Leaders / Delegates will:

- 1.1. Support patient and family/caregiver requests for Indigenous healing and cultural practices (refer to [Appendix A – Ceremony Process](#), [Appendix B – Frequently Asked Questions for Staff](#), and [Appendix C – Frequently Asked Questions for Patients](#) for requirements).
 - 1.1.1. Notify staff, physicians and volunteers in the area of the date and time a ceremony involving smudging is planned and ensure anyone with respiratory concerns is able to leave the space during the ceremony.
- 1.2. Communicate all policies and procedures to staff that impact their work.
- 1.3. Ensure that all staff and [affiliates](#) are educated and compliant with this policy.
- 1.4. Communicate changes to the policy to area staff as needed.
- 1.5. Collaborate with the Indigenous Health team to develop a standard practice in clinical areas to ensure that patient safety and healing expectations are met.
- 1.6. Ensure that [signage](#) is affixed, as required.
- 1.7. Ensure all items that are considered contraband for that unit (e.g., lighters) are removed from the unit or returned to the care station, as appropriate.
- 1.8. Contact the Indigenous Health team for requests not captured in this policy (ext. 52049).
- 1.9. Contact Patient Relations to support any concerns raised by the patient and/or care partner.

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2. **Staff will:**
 - 2.1. Support patient and family/caregiver requests for Indigenous healing and cultural practices (refer to [Appendix A – Ceremony Process](#), [Appendix B – Frequently Asked Questions for Staff](#), and [Appendix C – Frequently Asked Questions for Patients](#) for requirements).
 - 2.2. Notify the Area Leader of patient and/or care partner requests for access to Indigenous healing and/or cultural practices.
 - 2.3. Notify Facilities Management, identify the room, and time duration of the smudging practice.
 - 2.3.1. During business hours of 7 am – 4 pm provide one (1) hour advance notice by calling (36111).
 - 2.3.2. After 4 pm provide 1.5-hour advance notification to the Building Engineer by paging University Hospital Pager 14276 and Victoria Hospital Pager 17071.
 - 2.4. Close the door and affix the [Ceremony in Progress](#) sign to the door.
 - 2.5. Conduct inspections of designated areas to ensure required precautions are maintained, including:
 - 2.5.1. Remove combustible materials from the designated area, as needed.
 - 2.5.2. Restrict the use of ignition-sensitive materials, such as ignitable liquid, flammable gas/vapor, or light-weight fibrous materials in designated Smudging areas. When ignition-sensitive materials are needed to support the operation of the organization, store ignitable liquids in approved storage cabinets for flammable and combustible liquids.
 - 2.6. Perform hand hygiene before and after attending to the patient (refer to the corporate [Hand Hygiene](#) procedure).
 - 2.7. Don and Doff PPE before entering/leaving the patient room, as required (refer to [Routine Practices and Additional Precautions](#)).
 - 2.8. Ensure items brought in for ceremonies are not touched or moved without permission.
 - 2.9. Ensure any reusable materials used on the patient as part of the healing services are cleaned and disinfected prior to use on a different patient.
3. **Facilities Management will:**
 - 3.1. Upon notification from the clinical team, Perform system bypass in accordance with [Fire Alarm System Bypass](#).
 - 3.1.1. Ensure a bypass is performed for the area, not just the room in which the ceremony is taking place.
 - 3.1.2. Initiate full-fresh air and increase the exhaust, where possible.
 - 3.1.3. Restore all systems to normal operation 60 minutes after notification from the clinical team that the ceremony has finished.
4. **Security will:**
 - 4.1. Provide access to designated space to allow for use as needed/appropriate.
5. **Staff Safety will:**
 - 5.1. Support staff with a reaction to smoke or scent sensitives.
 - 5.2. Collaborate with leaders to support staff with smoke or scent sensitives to provide accommodated work away from the ceremony.

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6. The Indigenous Health team will:

- 6.1. Collaborate with Learning and Development to implement education at LHSC related to Indigenous cultural practices and ceremonies.
- 6.2. Collaborate with departments to assess best practices and standards as needed.

DEFINITIONS

Affiliates – Individuals who are not employed by the organization but perform specific tasks at or for the organization, including:

- Credentialed Professional Staff with a hospital appointment (e.g., Physicians, Dentists, Midwives and Registered Nurses in the Extended Class who are appointed by the Board and who are granted specific privileges to practice medicine, dentistry, midwifery, or nursing, respectively.),
- Students,
- Volunteers,
- Contractors or contract workers who may be members of a third-party contract or under direct contract with the organization, and
- Individuals working at the organization but funded through an external source.

Care Partner – Any person who provides physical, emotional, or other support to patients. A care partner is different from a social visitor or paid support worker. Most often, they are family or close friends of the patient who typically know the patient's health history, lifestyle, and personal values. This includes leaders from faith-based institutions.

Drum – A sacred instrument used to connect the Earth and Spirit world. There are various types such as hand drums, water drums, big drums & Inuit drums.

First Nations – The Constitution is the supreme law of Canada. Canada's Constitution includes the Constitution Act, 1867, and the Constitution Act, 1982. It sets out the basic principles of democratic government in Canada and includes Canada's Charter of Rights and Freedoms. Section 35 of the Constitution Act, 1982 explicitly recognizes and affirms the existing Aboriginal and treaty rights of the Aboriginal peoples of Canada. Section 35 also indicates that the term "Aboriginal peoples of Canada" includes the First Nation, Inuit, and Métis peoples of Canada. Further, section 25 of the Constitution Act 1982 protects the Aboriginal and treaty rights that are recognized in section 35 and ensures that no other provision of the Charter can take away or supersede those rights.

First Nations are distinct from Métis and Inuit.

Indigenous Navigator – A position created to compliment the inter and multidisciplinary health care team who provides culturally safe responsive care for First Nations, Inuit, Métis, and urban Indigenous patients.

Inuit – Are the Indigenous peoples of the Arctic. The word means "the people" in the Inuit language of Inuktitut. Inuvialuit - NWT & Yukon: Nunavik - Northern Quebec: Nunatsiavut – Labrador and Nunavut.

Knowledge Keeper – A respected Spiritual Leader, Ceremonial Leader, Traditional Healer, Community Historian or Oral Tradition Expert, Elder, Medicine Keeper (plants, animals, fire, water, air), acknowledged by a First Nation.

Liquid Smudge – A liquid mixture of sacred medicines to be administered when the patient is not able to leave a designated area.

Medicines – Refers to the four main sacred medicines: tobacco, sweetgrass, sage and cedar.

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Métis – Are a distinct Aboriginal group comprised of descendants of people born of relations between Indigenous women and European men.

Qulliq – A type of low-intensity oil lamp made from soapstone and an arctic cotton and moss wick fueled by animal oil. It was traditionally used by the Inuit primarily as a survival tool for staying warm in the home, drying clothes, and cooking. It is now sometimes used as a ritual teaching tool and as part of opening and closing ceremonies at gatherings. Once lit, the cotton slowly burns and is tended to with a hook shaped tool called a taquti. The lamp is traditionally used by women to take care of their families. This ceremony may result in the production of fine smoke.

Rattle – A sacred handheld instrument used to connect the Earth and Spirit world.

Sacred Apparel – Could be a piece of clothing that has been through a sacred ceremony.

Sacred Cloth – A cloth that may be used in a ceremony to provide comfort to a patient (for instance when they may not be able to participate in a smudging ceremony).

Smudging – A ceremony commonly used by Indigenous Nations in Ontario to prepare for prayer and is the first step in preparing oneself for all ceremonies. The smudge can be burned as sage, cedar, sweetgrass, sweet flag, red willow and sacred tobacco or commercial tobacco or as a combination of any of these medicines. The smudge (smoke) is used ceremonially to cleanse oneself in preparation for prayer. The cleansing removes negative feelings and prepares one for personal prayer or group prayers. The fire from the smudge connects the participant(s) to the Fire of the Creator, the Fire of Mother Earth, the Fire of the Ancestors, the Fire of the Grandmother Moon, the Fire of the Grandfather Sun, the Fire in the smudge bowl and connects all Fires to the Fire in one's spirit. Personal purification with the smudge is an initial step preceding prayer. Typically, smudge can be used for individual prayers, group prayers or to open and close a meeting, conference or gathering and to hold the Spirit of the meeting for clarity of mind and unified purpose.

Substitute Decision Maker (SDM) – Treatment Decisions – If a patient does not have the capacity to understand or consent to a treatment, the [Health Care Consent Act](#) lists, in order of rank of priority, the following decision makers

- The person's guardian, if the guardian has authority to give or refuse consent to the treatment,
- The person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment,
- The person's representative is appointed by the Board under section 33, if the representative has authority to give or refuse consent to the treatment,
- The person's spouse or partner,
- A child or parent of the person, or a children's aid society designate, or other person who is lawfully entitled to give or refuse consent to the treatment in place of the parent. This does not include a parent who has only a right of access. If a children's aid society designate or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent,
- A parent of the incapable person who has only a right of access,
- A sibling of the person,
- Any other relative of the person, or
- Public Guardian and Trustee (PGT), if two or more equally ranked substitute deciders disagree regarding whether to give or refuse consent.

Traditional Ceremony – A ceremony recognized by a First Nations, Inuit, or Métis as part of their cultural and spiritual tradition.

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Traditional Healer – A recognized person who provides traditional teachings, spiritual counselling and healing ceremonies for clients/patients, families, and staff.

Traditional Medicine – The “sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of physical and mental illness.”

Truth and Reconciliation Commission – To redress the legacy of residential schools and advance reconciliation, the final report of the Truth and Reconciliation Commission of Canada called on governments, education and religious institutions, civil society groups and all Canadians to take action with respect to 94 Calls to Action (recommendations). Calls to 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 were requested by Aboriginal patients”.

REFERENCES

Legislation

[Ontario Human Rights Code](#)

[Smoke-Free Ontario Act](#)

[Smoke-Free Ontario Act, S. 13, Traditional Use of Tobacco by Aboriginals Persons](#)

[Canadian Human Rights Act](#)

[Canadian Constitution](#)

[Charter of Rights and Freedoms](#)

[Truth and Reconciliation Call to Action #22](#)

[United Nations Declaration on the Rights of Indigenous Peoples](#)

Corporate

[Smoke-Free Environment](#)

[Fragrance Free Environment](#)

[Incident Reporting and Management](#)

[Staff Safety Events and Hazard Reporting](#)

[Hot Work](#)

[Managing Patient and Care Partner Feedback](#)

[Indigenous Health](#)

[Hand Hygiene](#)

[Routine Practices and Additional Precautions](#)

Other Resources

[Smoke-Free Ontario Act, 2017, How the Act Affects: Traditional Use of Tobacco by Indigenous Persons](#)

[Métis Nation of Ontario](#)

[Crown-Indigenous Relations and Northern Affairs Canada](#)

Forms

[Ceremony In Progress Door Signage](#)

APPENDICES

Appendix A – [Ceremony Process](#)

Appendix B – [Frequently Asked Questions for Staff](#)

Appendix C – [Frequently Asked Questions for Patients](#)

Appendix D – [Dedicated & Designated Spaces for Traditional Ceremony](#)

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