

	Middlesex Hospital Alliance Strathroy Site X Four Counties Site X	<table> <tr> <td>Policy</td><td>X</td><td>Standard</td></tr> <tr> <td><input type="checkbox"/> Procedure</td><td>X</td><td></td></tr> </table>	Policy	X	Standard	<input type="checkbox"/> Procedure	X	
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<b>Subject: ANTI-INDIGENOUS RACISM POLICY</b>								
<b>Owner:</b> <i>Director of Human Resources</i>	<b>Reviewer(s):</b> <i>Human Resources</i> <i>Indigenous Consultant</i> <i>Indigenous Working Group</i>	<b>Approver:</b> <i>Senior Leadership Council</i>						
<b>Cross Reference: Discrimination and Harassment, Workplace Violence Prevention Program, Anti-Racism</b>								

## BACKGROUND:

Middlesex Hospital Alliance (MHA) is committed to fostering a safe, inclusive, and equitable environment free from discrimination, harassment, and systemic barriers against Indigenous Peoples. We recognize the historical and ongoing impacts of colonization and are dedicated to actively addressing anti-Indigenous racism in all forms within our organization and community.

## POLICY STATEMENT:

This policy affirms our commitment to eliminating anti-Indigenous racism in healthcare and advancing health equity for Indigenous patients, families and communities.

This policy applies to all MHA employees, physicians, students, volunteers, board members, patients, families, visitors, contractors/vendors, and members of the public. It guides all of our activities, interactions, and communications related to the organization, including in-person, digital, and off-site environments. This policy outlines the process for reporting, managing and resolving conflicts involving anti-Indigenous racism at MHA.

## PROCEDURE:

### 1.0 DEFINITIONS:

- 1.01 **Anti-Indigenous Racism:** Prejudice, discrimination, negative stereotyping, or systemic barriers directed at Indigenous peoples based on their identity.
- 1.02 **Cultural Safety:** An environment free from discrimination where Indigenous peoples feel safe, respected and included.
- 1.03 **Indigenous Peoples:** Refers to First Nations, Inuit, and Métis peoples.
- 1.04 **Macroaggressions:** Refers to a large-scale, systemic form of oppression impacting entire groups of people, essentially a broader, institutionalized form of bias.

- 1.05 **Microaggressions:** Refers to subtle, often unintentional discriminatory verbal remarks or actions. The cumulative effect of these insults can have a significant impact on mental health and well-being.

## **2.00 SHARED RESPONSIBILITIES:**

1. **Recognition of Indigenous Rights and Sovereignty**
  - Acknowledge Indigenous Peoples as the original stewards of the land where we live, work and provide care.
2. **Cultural Safety and Inclusion**
  - Create and maintain spaces (including policies and procedures) where Indigenous Peoples feel respected, valued, safe and free from discrimination.
  - Promote understanding of Indigenous cultures, histories, and knowledge systems through education and training.
3. **Zero Tolerance for Racism**
  - Prohibit all forms of racism, discrimination, and aggressions against Indigenous Peoples.
  - Ensure clear processes for reporting, investigating, and addressing instances of racism.
4. **Equitable Access to Healthcare**
  - Identify and remove systemic barriers that prevent Indigenous Peoples from accessing timely, high-quality, and culturally appropriate healthcare services.
5. **Equity in Employment, Volunteer (including Patient and Family Advisory Council) and Board of Directors Opportunities**
  - Commit to equitable hiring, volunteer and Board of Directors selection practices that prioritize Indigenous representation.
  - Provide professional development and leadership opportunities for Indigenous employees.
6. **Ongoing Education and Awareness**
  - Mandate Anti-Indigenous racism and cultural competency training for all staff, physicians and volunteers.
  - Share resources and facilitate workshops to build understanding and allyship.
7. **Engagement with Indigenous Communities**
  - Foster authentic and meaningful relationships with Indigenous communities and organizations.
  - Incorporate Indigenous perspectives into organizational decision-making processes and policies.

## **3.00 REPORTING ANTI-INDIGENOUS RACISM**

### **3.01 Where to Report anti-Indigenous Racism**

#### **Patients, Families and Members of the Public**

- Should report the incident to the Patient Relations office by calling 519-245-5295 ext. 5132 or by emailing [PatientRelations@mha.tvh.ca](mailto:PatientRelations@mha.tvh.ca).

- If the incident involves a patient, and the family or others are requesting information and/or updates, a “Release of Information” form must be signed by the patient.

### **Employees, Students, Volunteers**

- An incident, accusation or a complaint of racism should be reported to the Manager or Human Resources as soon as possible after experiencing or witnessing an incident. This allows the incident to be investigated in a timely manner.

### **Physicians**

- Physicians who have experienced or witnessed an incident should refer to the “Professional Staff Code of Conduct” policy and contact the Chief of Staff, the Department Head and/or the Chief Executive Officer.

All incidents, accusations or complaints of anti-Indigenous racism shall be kept confidential, except to the extent necessary to protect those involved, to investigate the complaint or incident, to take corrective action or otherwise as required by law.

Due to the seriousness of anti-Indigenous racism, the MHA President and CEO will be made aware of incidents, accusations and complaints of anti-Indigenous racism, and the status of investigations.

## **3.02 How to Report Anti-Indigenous Racism**

- The following details should be provided:
  - Name(s) and contact information of the complainant who has experienced racism;
  - Name(s) of the alleged offender;
  - Name(s) of any witness(es) or other person(s) with relevant information to provide about the alleged incident;
  - Details of the alleged incident including date(s), frequency and location(s). Any supporting documents the complainant may have in their possession that are relevant to the complaint. List any documents a witness, another person or the alleged offender may have in their possession that are relevant to the complaint.

## **4.00 INVESTIGATION**

### **4.01 Commitment to Investigate**

- The MHA will ensure that an investigation appropriate to the circumstance is conducted when they become aware of an incident of anti-Indigenous racism.

### **4.02 Who will Investigate**

- In the event of an incident, accusation, or complaint involving an employee or volunteer, Human Resources will conduct or oversee the investigation. If the

allegations involve Human Resources or Senior Leadership, the employer will refer the investigation to an external investigator to conduct an impartial investigation.

- Clinical care related concerns related to racism, will be investigated by the Department Manager and VP Clinical Services. They will assist with any clinical care/documentation review required.

#### **4.03 Timing of the Investigation**

- The investigation must be completed in a timely manner and generally within 90 days or less unless there are extenuating circumstances (i.e. illness, complex investigation) warranting a longer investigation.

#### **4.04 Investigation Process**

- The person conducting the investigation whether internal or external to the workplace will, at a minimum, complete the following:
  - The investigator must ensure the investigation is kept confidential and identifying information is not disclosed unless necessary to conduct the investigation. The investigator should remind the parties of this confidentiality obligation at the beginning of the investigation;
  - The alleged offender will be given a copy of the complaint and will be asked to respond to the complaint in writing;
  - Both parties will be interviewed. The investigator will interview relevant witnesses and review documentation that is relevant to the incident. The investigator may consult with an Elder for guidance or an Indigenous Navigator/Advisor, if applicable;
  - The investigator must take appropriate notes and statements during interviews with the complainant who allegedly experienced racism, the alleged offender and any witnesses;
  - The investigator must prepare a written report summarizing the steps taken during the investigation, the allegations of the complainant from the complainant, the response from the alleged offender, the evidence of any witnesses, and the evidence gathered. The report must set out findings of fact and come to a conclusion about whether racism was apparent or not.

#### **4.05 Results of the investigation**

- Within 10 days of the investigation being completed, the complainant and the alleged offender will be informed in writing of the results of the investigation and any corrective action taken.

### **5.00 ACCOUNTABILITY/DISCIPLINARY ACTIONS**

#### **5.01 Commitment to Accountability**

- MHA's response to addressing anti-Indigenous racism is based on the principles of accountability, education, restorative justice, and support for healing.

### **5.02 Who will Provide Discipline?**

- Human Resources will deliver disciplinary action requirements to the individual involved based on the findings. If the investigation involves someone from Human Resources or Senior Leadership, the employer will refer the discipline to an external source.

### **5.03 Timing of the Discipline**

- Disciplinary actions are to take place immediately following the investigation.

### **5.04 Disciplinary Process/Actions**

- Depending on the incident, the individual who committed the act of racism will face any or all the following disciplinary actions:
  - Education and awareness training (See calls to action section)
  - Warning or reprimand
  - Suspension or removal from roles and responsibilities
  - Restorative justice through an apology to the affected Indigenous person
  - Termination or dismissal from the organization

### **5.05 Support for Healing**

- Resources will be offered to the complainant to support healing.

If anti-Indigenous racism is experienced or reported, the organization is committed to ensuring the safety, dignity, and healing of the Indigenous staff member(s) affected. This includes:

#### **1. Culturally Safe Support which may include:**

- Access to Indigenous Elders, Knowledge Keepers, or cultural support workers
- Time and space for ceremony, traditional healing, or land-based practice.
- Connection to Indigenous mental health professionals or Employee Assistance Programs with cultural competence, as available.

#### **2. Time for Healing**

- Accommodations may be offered to allow space for recovery and healing from the impacts of racism.

**NOTE:** Legal action may be required and involved, if the act of racism violates laws or human rights.

### **Truth and Reconciliation Commission: Calls to Action**

As a health care organization and our commitment to eliminating anti-Indigenous racism, MHA recognizes that meaningful change requires sustained action, accountability, and relationship-building with Indigenous Peoples. Therefore, we recognize the following 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 as requested by Aboriginal patients.

#24 - We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism

### **References:**

Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action* [PDF]. Province of British Columbia.  
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United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* [PDF]. Office of the United Nations High Commissioner for Human Rights.  
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