Policy: Indigenous Hair Cutting Policy

Number: SHA-04-005
Date Effective: August 1, 2025
Scope: Saskatchewan Health Authority
Date Revised:

This policy applies to the following team members:

- Staff
- Practitioner Staff
- Contracted Individuals
- Patient Family Partners
- Knowledge Keepers
- Volunteers
- Learners
- Contractors

(See Appendix A for Definitions)

1. Purpose:

Historically, Indigenous peoples have been subjected by colonial biases that deliberately targeted cultural practices, including the significance of braids and hair. These actions aimed to sever spiritual connections, cultural identity, and personal power. Hair is a symbol of Indigenous personhood and guides the quality of relationships and connection to self and community developed throughout an individual's life. The *Truth and Reconciliation Commission (TRC) of Canada: Calls to Action* gives the Saskatchewan Health Authority (SHA) the mandate to move towards reconciliation.

This policy:

- Guides the SHA to correct past and present behaviours regarding hair cutting;
- Recognizes the spiritual and cultural significance of hair to many Indigenous peoples;
- Outlines the required steps to obtain consent before cutting head hair as part of the patient care plan; and
- Defines what actions are allowed in emergency situations involving hair cutting and the follow-up required in these situations.

2. Principles

2.1. Indigenous patients and families have spiritual and cultural practices that are integral to mental, emotional, spiritual and physical health. Knowing and respecting these practices is key to providing culturally responsive health care.

2.2. The SHA:

- Respects all decisions made by the patient, client, resident, and/or family regarding traditional beliefs and practices, as per the importance of hair;
- Creates a culturally safe environment for the patient, client, resident, and/or family to share the necessary aspects of their traditional healing practices;

- Recognizes and acknowledges the impacts of intergenerational trauma on patients, clients, residents, and families, and is committed to addressing these impacts through the implementation of trauma informed, culturally safe care practices;
- Confronts and dismantles systemic and anti-Indigenous racism within the health care system to foster equity and trust; and
- Ensures Indigenous patients, clients, residents, and families are recognized and respected as equal partners in their health and wellness journey, in alignment with *Our Commitment to Each Other - SHA Patient Rights and Responsibilities*.

3. Policy

3.1. Team members engage in culturally responsive and trauma-informed practices that align with the *Workplace Expectations Policy* (SHA-06-007), *Culture of Safety Policy* (SHA-02-001), and *Indigenous Cultural Responsiveness Policy* (SHA-04-004) fostering respectful, inclusive, and safe environments for all. Receiving consent for hair cutting follows the *Informed Consent to Care Policy* (SHA-05-002).

3.2. Team members integrate trauma informed practice principles in their health care interactions with Indigenous patients, clients, residents, and families.

3.3. Team members discuss with the patient, client, resident, substitute decision maker (SDM), and/or their family to consider any spiritual and/or cultural significance regarding hair cutting including the retention and/or return of the cut hair.

3.4. Hair cutting is not required for treatment of lice. Cutting a patient's hair is only required for medically necessary or life-saving procedures such as brain/head surgeries, or head traumas.

3.5. Team members must respect the patient, client, resident, SDM, and/or their family's decision to:
- Leave the hair uncut for spiritual and/or cultural reasons; or
- Cut their hair with consent.

3.6. Team members must document all discussions and decisions, inclusive of spiritual and cultural considerations, within appropriate clinical notes and note any special requests regarding the retention, return, or disposal of hair.

3.7. Team members consult with a FNMH Cultural Support Worker during regular business hours if there are any questions regarding hair cutting.

Non-Emergency Situations

3.8. In non-emergency situations, it is **extremely rare** to require hair cutting. Team members must receive consent from the patient, client, resident, SDM, and/or their family before any hair is cut. Team members must allow time for the patient, client, resident, and/or their family to make a decision.

3.9. Team members escalate the consultation in the order outlined below to receive consent:
- First, team members must consult with the patient, client, resident, SDM, and/or their family; and

- Second, if the patient, client, resident, SDM, and/or their family is not able or available to consent, team members consult with First Nation Métis Health (FNMH) Cultural Support Workers for guidance during regular business hours.

3.10. In the **rare** occasion hair cutting is required, hair should never be thrown in the garbage. Team members:

- Respectfully package the cut hair in paper (e.g., paper bag, paper envelope, paper napkin);
- Label the paper package with the patients name and 'hair';
- Return the cut hair to the patient to decide what they want to do with their cut hair; and
- Document the hair cutting, packaging, and possession/location of the cut hair.

Team members consult with a FNMH Cultural Support Worker during regular business hours if there are any questions regarding hair cutting.

Emergency/Trauma Situations

3.11. In a medical emergency, team members should not delay life-saving measures/procedures/care. Team members escalate the consultation in the order outlined below to receive consent, where possible:

- First, team members must consult with the patient, client, resident, SDM, and/or their family;
- Second, if the patient, client, resident, SDM, and/or their family is not able or available to consent at the time of the emergency, team members consult with FNMH Cultural Support Workers for guidance; and
- Third, if the previous two options are not available at the time of the emergency, the most responsible physician at the time can make decisions for hair cutting.

3.12. If hair cutting is required, team members:

- Respectfully package the cut hair in paper (e.g., paper bag, paper envelope, paper napkin). If hair is soiled, the paper wrapped hair can be placed in a plastic bag;
- Label the package with the patient's name and 'hair';
- Place the hair package with the patient and/or their belongings until a decision is made by the patient, client, resident, SDM, and/or family what they want to do with the hair; and
- Document the hair cutting, packaging, and possession/location of the cut hair.

Team members consult with a FNMH Cultural Support Worker during regular business hours if there are any questions regarding hair cutting.

4. Roles and responsibilities

4.1. **Team members**

- Deliver spiritually and culturally responsive care by respecting Indigenous cultural traditions.
- Participate in available training and learning opportunities that advance understanding of the traditional importance of hair for Indigenous peoples.
- Utilize culturally appropriate resources to support respectful, inclusive, and patient-centered care.

- Seek guidance from their manager, appropriate leaders, First Nations and Métis Health, ethics, and/or the patients' medical team on situations that call for hair cutting when unsure how to meet the needs of the patient, resident, or client.
- Report breaches of this policy to their supervisor or Human Resources contact.

4.2. **Managers/Supervisors/Physician Leaders**

- Create a culturally responsive environment in their program areas and facilities.
- Support team members in continuously developing their knowledge and skills in cultural responsiveness, trauma-informed practice, and the *TRC of Canada: Calls to Action* related to health.
- Provide guidance to team members to obtain consent before cutting hair.
- Provide guidance to team members in situations requiring hair cutting.
- Seek guidance from Cultural Support Workers in situations requiring hair cutting.

4.3. **Vice Presidents, Executive Directors and Directors**

- Build culturally responsive environments by increasing their own knowledge in the importance of hair, cultural responsiveness, trauma informed practice, and the *TRC of Canada: Calls to Action* on health.
- Support teams in building culturally responsive environments.
- Actively reinforce the *SHA's Commitment to Truth and Reconciliation* and *Our Commitment to Each Other - SHA Patient Rights and Responsibilities* which upholds the rights of Indigenous patients, clients, residents, families, and communities as full and valued partners in their health and wellness journey.
- Actively participate in initiatives that strengthen culturally responsive leadership practices and foster respectful, collaborative partnerships with Indigenous patients, clients, and residents that are centered on achieving equitable and meaningful health outcomes.

5. Failure to follow this policy

Failure to follow this policy will be handled according to:

- collective bargaining agreements;
- out-of-scope employment contracts and/or Out-of-Scope Terms and Conditions;
- applicable legislation, regulations, policies, procedures and processes; and/or
- SHA Practitioner Staff Bylaws.

Breach of this policy may result in discipline up to and including termination/revocation of:

- employment;
- contractual relationship;
- practitioner staff appointment; and/or
- privileges.

6. Documents that relate to this content

Policy
Appendix A: Definitions
Appendix B: Replaced Documents

Other
SHA-02-001 Culture of Safety Policy
SHA-04-004 *Indigenous Cultural Responsiveness Policy*
SHA-05-002 *Informed Consent to Care Policy*
SHA-06-007 *Workplace Expectations Policy*
First Nations and Métis Health Intranet Page (in development)
Hair Cutting Video (in development)
Our Commitment to Each Other: Patient Rights and Responsibilities
Truth and Reconciliation Commission (TRC) of Canada: Calls to Action

7. Roles that manage and approve this policy

Policy Sponsor: Chief Operating Officer

- Approve the policy and related content.
- Share responsibility for revisions and renewal with the owner.

Policy Owner: Vice President, First Nations and Métis Health

- Manage this policy including policy communication, education, implementation, evaluation and audit.
- Share responsibility for revisions and renewal with the sponsor.

8. References

1. Government of Canada. Indigenous Peoples and Communities [Internet]. www.rcaanc-cirnac.gc.ca. 2024. Available from: https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303

2. Joseph, B. (2019, December 7). *Indigenous elder definition*. Indigenous Corporate Training Inc. https://www.ictinc.ca/blog/indigenous-elder-definition

3. *Traditional wellness and healing*. First Nations Health Authority: Health Through Wellness. (n.d.). https://www.fnha.ca/what-we-do/health-system/traditional-wellness-and-healing

4. Poole, N., et al., Trauma Informed Practice Guide 2013, Vancouver and Victoria, BC: CEWH; BC Ministry of Health and Substance Use Branch

5. Saskatchewan Health Authority. Saskatchewan Health Authority Commitment to Truth and Reconciliation
[Internet]. Saskatoon: (2021). Available from: https://www.saskhealthauthority.ca/trc

6. *The Health Care Directives and Substitute Health Care Decision Makers Act*, 2015, SS 2015, s 2(1)

7. *The Adult Guardianship and Co-decision-making Regulations*, RRS c A-5.3 Reg 1, s 5

8. Alberta Health Services. Consent to treatment/procedure(s). [Internet]. Alberta: Alberta Health Services;

2020. 15 p. Document #PRR-01. Available from:
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-consent-to-treatment-prr-01-policy.pdf

Appendix A: Definitions

Consent: In the context of this policy, consent is based on the dialogue between the service provider and the patient, client, resident, and/or their family where the power is given to the patient, client, resident, SDM, and/or their family to make a decision that gives equal weight to spiritual well-being and clinical necessity.

Contracted Individuals: Individual providing services:

- in their personal capacity; or
- through a sole proprietorship;

pursuant to a contract with the SHA.

Contractor: A business (incorporated entity or partnership) providing services pursuant to a contract with the SHA.

Cultural Responsiveness: Culturally responsive care comes from a place of humility, compassion, respect and self-awareness. It practices collaboration, sharing space and power in order that relationships and health outcomes are improved. To offer culturally responsive and culturally safe healthcare, an individual, organization or system must understand the dynamics of racism, colonization, discrimination, bias and the impact of our history on health and act out of that understanding.

First Nations and Métis Health (FNMH): A province-wide portfolio that works within the health system to improve health outcomes for Indigenous people. The system-facing branch is focused on transformative systemic change through education, advocacy, cultural responsiveness and recruitment and retention. The FNMHS (health services) branch provides a range of supports, including advocacy services for First Nations, Métis and Inuit patients mainly in the tertiary health care sites. FNMH engages closely with the network of community health services to extend the continuum of care.

Hair: In many Indigenous cultures, hair holds deep spiritual, cultural, and personal significance. For the purpose of this policy, hair refers to head hair.

Indigenous[1]: A collective name for the original peoples of North America and their descendants. The Canadian Constitution recognized three groups of Indigenous peoples: First Nations, Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.

Knowledge Keepers (First Nation, Métis and Inuit Elders)[2]: Knowledge Keepers are recognized because they have earned the respect of their community through wisdom, harmony and balance of their actions in their teachings. They are committed to sharing their knowledge, providing guidance, teaching others to respect the natural world, to learn to listen and feel the rhythms of the elements and the seasons.

Learners: Clinical and Non-clinical student placements.

Patient Family Partners (PFPs): Patient Family Partners (PFPs) have healthcare experience(s) as a patient/resident/client, or a family member/support person. PFPs partner with the SHA to:

- develop policies, programs, and practices affecting patients;
- improve the quality and safety of the patient experience; and
- embed people/patient & family centered care across the SHA.

Practitioner Staff: Qualified members of a health profession who are legally entitled to practice in Saskatchewan and who have been granted privileges by the SHA.
Staff: SHA employees include in-scope, out-of-scope, full-time, part-time and casual staff in all facilities owned, operated and leased by the SHA as well as SHA staff working in the community or remote.

Substitute Health Care Decision Maker(s): An appropriate substitute decision maker determined in accordance with *The Health Care Directives and Substitute Health Care Decision Makers Act, 2015, (Saskatchewan)*.[5] SDM(s) include:

- Proxy;
- Personal Guardian or Personal Co-Decision Maker[6,7] or Temporary Personal Guardian[7,8];
- Nearest relative; or
- An ecclesiastical authority designated by a prescribed religious order.

Team/Team Member: In the context of SHA policy, 'the team' represents all individuals working, volunteering, or learning within the SHA. This could include staff, practitioner staff, contracted individuals, Patient Family Partners, Knowledge Keepers, volunteers, learners and contractors. The specific team member groups required to follow a policy or procedure are listed in the header/title page of the document.

Traditional Healing[3]: Traditional healing refers to the health practices, approaches, knowledge and beliefs that incorporate First Nations healing and wellness. These practices include using ceremonies, plant, animal or mineral-based medicines, energetic therapies and physical or hands-on techniques.

Trauma informed practice[4]: Trauma Informed Practice means integrating an understanding of past trauma and current experiences of violence and trauma into all aspects of service delivery. The goal of Trauma Informed Practice is to avoid retraumatizing individuals and support safety, choice, and control to promote healing.

Volunteer: A person that provides services with no financial gain to the benefit of individuals or groups within the SHA.

Appendix B: Replaced Documents

This appendix lists policies, procedures, forms or other related documents replaced or partially replaced on **August 1, 2025**. Repeals prior to **August 1, 2025,** are not reflected here and can be requested from the Policy Office at Policy@saskhealthauthority.ca.

Teams may need to update local related documents ensuring alignment with SHA policy and/or procedure(s) before continuing to use them.

Indigenous Hair Cutting Policy Repeals
N/A