# Standards of Practice for HCAs on Cultural Safety

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CLHA
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*Please note that this document may be difficult to read for individuals and families who have experienced trauma in the healthcare system.*

# Introduction

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the authority under the *Health Professions Act* (HPA) to carry out its activities and govern Health Care Aides (HCAs)* in a manner that protects and serves the public interest.

Part of carrying out this mandate is to create minimum expectations so that an HCA provides care that is free from **discrimination** and racism.[1] This includes creating an environment that is culturally safe for persons from all ethnic backgrounds, including Indigenous Peoples (First Nations, Métis, and Inuit) and other ethnic groups.

These standards of practice apply to an HCA providing care to persons from all ethnicities and cultural backgrounds. This Standard of Practice document covers the topics of **cultural safety**, **person-centred care**, and **trauma-informed care**.

Terms found in the definition section are **bolded** where they appear for the first time in this document.

## Standards of Practice and the HPA

Under the HPA, an HCA must follow their profession's standards of practice. Standards of practice provide the minimum level of behaviour that an HCA is expected to meet in their professional practice. Standards of practice can be **enforce**d under the HPA. Any action or behaviour that does not follow these standards of practice could be considered **unprofessional conduct** and may result in disciplinary action by the CLHA.

## Cultural Safety

A culturally safe environment can only be defined by the person receiving care and refers to care that does not **profile** or discriminate against the person. In this context, care is experienced as respectful and compassionate and allows good communication and delivery of health services. It is a physically, socially, emotionally, and spiritually safe environment, without challenge, ignorance, or denial of an individual's identity.

A culturally safe environment allows support without judgement, reduces **stigma**, and minimizes **power imbalance**s between the **client** and HCA. Some examples of tools and approaches that could be used to promote a culturally safe environment for clients include

* In this document, "HCA(s)has the same meaning as "regulated member(s)" in the *Health Professions Act*.

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language interpreters, policies and protocols that address cultural safety issues, and providing personalized care that includes the client's viewpoint.

An HCA has a responsibility to uphold these standards of practice and work towards providing culturally safe care for all clients.

## Reflective Practice for Cultural Safety

Providing culturally safe care requires ongoing self-reflection. An HCA examines how their assumptions, beliefs, and privileges shape their understanding and practice. They also consider how these factors might impact the HCA-client relationship and the client's goals for care. This reflection helps an HCA keep the client's voice at the center of care and build a relationship based on respect, open dialogue, and shared decision-making.

## Expected Outcomes

HCAs must uphold these standards of practice and provide culturally safe care for all clients, including Indigenous People and other marginalized groups. When cultural safety and reflective practice are embedded into the provision of care, the following outcomes are expected:

- the HCA and the client continuously build upon positive experiences,
- increased access to **holistic** healthcare services, and
- increased education and awareness of best practices involving trauma-informed care.

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# STANDARD 1: Self-Reflection

1.0 An HCA self-reflects on and acknowledges how their **bias**es can impact clients from other cultures.

Through self-reflection and awareness, an HCA is better able to provide culturally safe care for clients.

## Performance Expectations

An HCA must:

1.1 Identify and reflect on how personal biases, values, and beliefs can impact practice, and work to minimize that impact.

1.2 Reflect on their interactions with clients from other cultures and determine how they can be improved.

1.3 Reflect on feedback received from clients from other cultures, work through personal biases, and apply new learnings to their practice.

1.4 Provide quality care regardless of the client's cultural or ethnic background.

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# STANDARD 2: Person-Centered Care

2.0 An HCA provides person-centered care that includes respect, compassion, safety, consent, autonomy, and humility.

There are many individuals and distinct groups within Canada, and each have a unique history and experience within the Canadian healthcare system. These experiences cannot be generalized. Each client should be cared for in a way that is comfortable and acceptable to them.

## Performance Expectations

An HCA must:

2.1 Gain knowledge to understand the unique history and experience of the clients they serve and apply their learnings to their practice.

2.2 Provide culturally safe care that responds to clients' needs, values, beliefs, and preferences, while respecting their autonomy and ability to consent.

2.3 Work with the client or legally authorized representative to understand and meet the client's holistic and cultural needs.

2.4 Advocate for and support the inclusion of family, culture, traditional healing, and other important factors to the client.

2.5 Establish a successful HCA-client relationship based on respect and trust.

2.6 Use available resources such as language interpreters and other employer resources to provide **equitable**, quality, and safe healthcare services for the client.

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# STANDARD 3: Culturally Safe Practice Environment

3.0 An HCA maintains a culturally safe practice environment that is free of racism, discrimination, and **prejudice**.

## Performance Expectations

An HCA must:

3.1 Create a safe place where the client can express themselves, their practices, and their beliefs openly without judgement.

3.2 Support the client's choices in their decision-making.

3.3 Recognize the importance of family in different cultures.

3.4 Avoid discussing or forcing personal beliefs and traditions (for example, prayer or specific morals) onto their client.

3.5 Challenge and report instances of racism, sexism, and harmful biases to a supervisor anytime they are found in the workplace.

3.6 Support clients and colleagues when they experience discriminatory behaviour.

3.7 Recognize end-of-life traditions and adjust care accordingly, where possible.

3.8 Understand that racism and discrimination are considered unprofessional conduct and must not be directed towards any client, people closely connected to the client, or their legally authorized representatives.

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# STANDARD 4: Trauma Informed Care

4.0 An HCA provides trauma-informed care.

Trauma-informed care requires the HCA to recognize trauma their clients may have suffered and respect how this trauma may impact their trust in the healthcare system.

## Performance Expectations

An HCA must:

4.1 Provide culturally safe care to the client and their family.

4.2 Be aware of the power imbalance between clients and an HCA and how this may affect the client's thoughts, feelings, and interactions.

4.3 Provide a safe space for the client to share their trauma if they choose to.

4.4 **Collaborate** with the healthcare team, clients, and their families to determine the best treatment options for the client's situation.

4.5 Collaborate with the client and their healthcare team to minimize the negative effects of **social determinants of health** on healthcare outcomes for clients.

4.6 Recognize the need to build trust with clients through the application of knowledge and understanding of the effects of **oppression**, discrimination, and racism.

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## DEFINITIONS

**Bias**: the action of supporting or opposing a particular person or thing unfairly because of allowing your personal opinions to influence your judgment. Biases can influence how individuals, groups, or ideas are perceived or interacted with. Simply holding an opinion, on its own, is not bias.

**Client**: an individual who receives a professional service from an HCA. The term client is interchangeable with patient and resident, depending on the work setting.

**Collaborate**: to work together with clients, their families, and other members of the health care team to determine and achieve a shared goal in the client's interest.

**Cultural safety**: is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare. Cultural safety allows someone to authentically be who they are.

**Discrimination:** an action or decision that has a negative effect on an individual or group based on personal characteristics, including a person's race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation.

**Enforce**: making sure people follow a law, rule, or obligation.

**Equitable**: fair and just, especially in a way that takes account of and seeks to address existing inequalities.

**Holistic**: care that addresses the physiological, psychological, sociological, emotional, relational, and spiritual needs of the client.

**Oppression**: a situation in which people are governed in an unfair and cruel way and prevented from having opportunities and freedom.

**Person-centered care**: providing healthcare in a way that focuses on advocating for clients and respecting their choices, opinions, values, independence, and involvement in decisions. It also includes supporting their physical, mental, social, emotional, thinking, cultural, and spiritual needs.

**Power imbalance**: means the power an HCA has over a client due to the HCA's professional position, including their ability to withhold or alter the professional services that the client requires, and the HCA's awareness of and ability to access private information and health information of the client.

**Prejudice**: an unfair and unreasonable opinion or feeling, especially when formed without enough thought or knowledge.

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**Profile**: assuming certain things about an individual based on their identifiable traits (race, gender, religion, etc.).

**Social determinants of health**: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The main determinants of health include income and social status, employment and working conditions, education and the ability to read and write, childhood experiences, physical environments, social supports and coping skills, and healthy behaviours. Other equally important determinants are access to health services, gender, culture, and race/racism.

**Stigma**: a strong feeling of disapproval that most people in a society have about something, especially when this is unfair.

**Trauma-informed care**: an approach to care that builds on the understanding that an individual's past and current experiences of trauma can affect their experiences within the medical system.

**Unprofessional conduct**: according to the HPA, unprofessional conduct includes displaying a lack of knowledge, skill or judgment in the provision of professional services, contravening the HPA, code of ethics, or standards of practice, engaging in conduct that harms the integrity of the profession, or any other behaviour that is defined as unprofessional conduct under section 1(1)(pp) of the HPA.

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# REFERENCES

*This document was created with guidance from Indigenous community representatives, knowledge keepers, and other integral stakeholders.*


"Bias." *National Museum of African American History and Culture*, 20 Nov. 2021, https://nmaahc.si.edu/learn/talking-about-race/topics/bias.

"Oppression." *Cambridge Dictionary*, 2025, https://dictionary.cambridge.org/dictionary/engliebertlish/oppression.

"Client and Family Information Sheet - British Columbia Cultural Safety and Humility Standard." *Health Standards Organization*, https://healthstandards.org/files/HSO_Gov_ClientandFamilyInformationSheet_EN.pdf. Accessed 8 Aug. 2023.

"Cultural Appropriateness." *Encyclopedia.com*, 8 Aug. 2023, https://www.encyclopedia.com/education/encyclopedias-almanacs-transcripts-and-maps/cultural-appropriateness.

Gunn, Brenda. "Ignored to Death: Systemic Racism in the Canadian Healthcare System." *Office of the High Commissioner for Human Rights*, https://www.ohchr.org/sites/default/files/Documents/Issues/IPeoples/EMRIP/Health/UniversityManitoba.pdf. Accessed 8 Aug. 2023.

"Implicit Bias." *American Psychological Association*, https://www.apa.org/topics/implicit-bias.

"In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care." *Government of British Columbia*, https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.pdf1_.pdf. Accessed 8 Aug. 2023.

"Power Imbalance." *Law Insider*, 2025, https://www.lawinsider.com/dictionary/power-imbalance.

"Orange Shirt Day – Learning about Trauma-Informed Care." *Indigenous Health*, https://www.indigenoushealthnh.ca/news/orange-shirt-day-learning-about-trauma-informed-care. Accessed 8 Aug. 2023.

"Equitable." *Oxford English Dictionary*, 2025, https://www.oed.com/dictionary/equitable.

"Person-Centered Care." *Alzheimer Society of Canada*, https://alzheimer.ca/en/help-support/brain-health/person-centred-care. Accessed 12 Aug. 2024.

"Patient-Centered Care." *Centre for Addiction and Mental Health*, https://www.camh.ca/en/professionals/treating-conditions-and-disorders/approaches-to-care/patient-centred-care. Accessed 8 Aug. 2023.


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"Social Determinants of Health." *Healthy People 2030*, Office of Disease Prevention and Health Promotion, https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health. Accessed 8 Nov. 2023.

[1] This obligation arises from obligations established in the *Alberta Human Rights Act*, R.S.A. 2000, c. A-25.5

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