

Neyaashiing Mshkikiwan Land-Based Wellness Program

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Eligibility, Admission, and Discharge

Eligibility Criteria and Admission Requirements

Policy No.	1	Approved	April 7 th , 2026
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Purpose

This policy identifies and prioritizes eligibility requirements to apply and to participate in the Neyaashiing Mshkikiwan Land-Based Wellness Program.

Scope

This policy applies to all individuals seeking to participate in the Neyaashiing Mshkikiwan Land-Based Wellness Program.

Policy

Nipissing First Nation (NFN) has defined and prioritized criteria to determine which individuals are eligible to participant through the application processes of the Neyaashiing Mshkikiwan Land-Based Wellness Program.

Information on eligibility criteria will be made available to all eligible applicants in formats that are accessible and understood. Any changes or updates to the eligibility criteria and processes will be shared through the Social Services Department.

To be considered for the Neyaashiing Mshkikiwan Land-Based Wellness Program the applicant must:

- 1. Be at least 16 years of age at the time of application
- 2. Complete and submit the Consent for Referral forms (if a referral is processed).
- 3. Complete and submit a basic intake form.
- 4. Participate in an initial and confidential assessment with the Wellness Team.

An additional step in the screening process for prioritization will be reviewed at the time of the application:

- 1. Be a registered member of Nipissing First Nation.

2. Be a spouse or a child of a registered member of Nipissing First Nation or a registered member of another First Nation.
3. Open to all other applicants (status and non-status)

Once the pre-screening elements have been completed and considered, applicants must have a medical assessment completed and signed by a doctor or nurse practitioner.

Inventory Search

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Purpose

This policy outlines the protocol for inventory search of personal possessions prior to participation of the Neyaashiing Mshkikiwan Land-Based Wellness Program. The purpose of an inventory search is to document and photograph all valuables to prevent loss, damage, or theft, while also ensuring the safety, health, and well-being of all participants and staff within the camp. The policy applies to all applicants upon their admission to the program.

Scope

This policy applies to all individuals seeking participation in the Neyaashiing Mshkikiwan Land-Based Wellness Program upon admission, as well as staff who participate in the inventory process.

Definitions

“**applicant**” means an individual seeking participation at the Neyaashiing Mshkikiwan Land-Based Wellness Program.

“**Inventory Search**” means, a process in which personal property is examined, listed, and documented (for example, by photographs) to account for items and ensure they are safeguarded.

“**Operator**” means, in relation to the Neyaashiing Mshkikiwan Land-Based Wellness Program, a person who owns or controls the business of operating the camp.

Responsibilities

The operator is responsible for ensuring consistent staff compliance with this policy. An inventory search shall be conducted for all admissions, and designated staff shall ensure its completion.

Processes/Information

1) Notification and Consent:

- a) Applicants will be informed of this policy during the application process.
- b) It will be clearly explained that the inventory is necessary to ensure items of value are appropriately catalogued, that staff are aware of their existence, and that staff can assist in safeguarding the items if necessary.
- c) If the applicant refuses consent, the designated staff will document the refusal and will inform the applicant that the admission process has been halted. Admission will not be granted until the search has been consented to and conducted.
- d) Staff will immediately notify the Director of Social Services, who will draft a hold/refusal of admission letter with justification and inform the Chief Executive Officer (CEO) of the decision.

2) Conducting the Search:

- a) Searches will be conducted in a respectful and dignified manner, ensuring the privacy of the applicant.
- b) Whenever possible, the search should be conducted by the applicant and will include a minimum of two staff, of which one will be a senior ranking member with one of the following positions: Supervisor, Manager, or Director of Social Services, to ensure transparency and accountability.
- c) Inventory Searches will be conducted into all baggage entering the campground.
- d) Staff will wear appropriate PPE during the search and will exercise appropriate caution as per sharps and drug handling training. Concerns for personal safety are to be reported immediately to the senior ranking staff member for further instruction.
- e) Any items of value will be catalogued with a brief description of the item, estimated value, and the applicant intends to store the item. Large amounts of cash will be reported to the senior ranking member. A senior ranking member is one of the following positions: supervisor, manager, or Director of Social Services.
- f) Any item deemed unsafe such as items considered illegal to possess (e.g. switch blades, brass knuckles), drug paraphernalia, edged weapons (i.e. knives, swords, straight blade razors), barreled weapons, flammable products (lighter fluid) must be surrendered by the applicant. If the applicant refuses, staff will immediately notify the Director of Social Services, and the Director of Social Services shall draft a hold or refusal-of-admission letter with justification and inform the CEO of the decision.

- g) If prohibited items, including illicit drugs or firearms, are discovered, the inventory process shall immediately cease, and law enforcement and the Director of Social Services shall be notified. The Director of Social Services will review the circumstances surrounding the discovery and may draft a hold or refusal-of-admission letter with justification and inform the CEO of the decision.
- h) Body searches are not included in an inventory search. If staff believe an applicant might be hiding dangerous or illegal items, they must immediately report their concerns to a senior staff member, such as a Supervisor, Manager, or Director of Social Services.

3) Confidentiality:

- a) All information gathered through the inventory search will be handled with confidentiality and respect for the individual's privacy.

4) Items Stored once inventory search is completed:

- a) After the inventory search is finalized, all personal property will be cataloged and secured in a locked storage area maintained by the facility. Stored belongings will be returned to the participant at the time of discharge, subject to verification and facility policy.

5) Consequences of Violations:

- a) If prohibited substances are found, the Neyaashiing Mshkikiwan Land-Based Wellness Program reserves the right to take appropriate action, which may include denial of participation or referral to appropriate services.

6) Acknowledgment:

- a) All prospective applicants are required to acknowledge understanding of this policy as part of the admission process.

Program Completion, Voluntary and Administrative Discharge

Policy No.	3	Approved	April 7 th , 2026
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Purpose

This policy provides a clear, respectful, and culturally appropriate process for discharging participants from the program, whether upon completion, voluntary withdrawal, or administrative discharge due to non-compliance.

Scope

This policy applies to all participants enrolled in the Neyaashiing Mshkikiwan Land-Based Wellness Program and program staff.

Types of Discharge

“Program Completion” - Successful fulfillment of the program’s minimum participation requirements.

“Voluntary Withdrawal” – A participant’s decision to leave the program of their own choice prior to completion.

“Administrative Discharge” – Removal of a participant from the program by senior staff due to safety concerns, policy violations, or inability to participate safely.

Program Completion Discharge

A participant will be considered to have successfully completed the program when:

- The minimum program duration has been met
- The program completion plan has been developed.

Prior to program completion, the program staff and the participant will begin planning for scheduled completion at least 2 weeks prior to the end of the program.

A Program Completion plan will be developed that reviews participant goals and progress, has a thorough transition plan, identification of referrals if required, and identification of mental health services if required.

The Program Completion plan will be stored within the Social Service Department for a duration of 10 years plus current year.

Voluntary Discharge

Participants have the right to withdraw from the program at any time, subject to safety considerations.

It is recommended that participants provide a 72-hour written notice if they would like to leave the program, providing staff enough time to prepare for the participant's safe departure from the camp.

When a participant expresses the desire to leave the program before completion of the program the following should take place:

1. Program staff will privately meet with the participants to understand the reasons for withdrawal.
2. Efforts will be made to address concerns through mediation, cultural support, or safety planning where appropriate.
3. Staff will conduct a safety check and provide crisis resources if needed.
4. Staff will document all the necessary information related to the voluntary withdrawal and the supports offered.
5. Staff or the Elders or Knowledge Keepers will offer a culturally appropriate closing activity (e.g., smudge, prayer, or sharing circle).

Administrative Discharge

Administrative discharge will be used as a last resort after reasonable restorative and supportive interventions have been attempted, except in cases involving immediate safety threats. Administrative discharge will follow the progressive steps outlined below.

Immediate discharge may occur without progressive steps in cases involving physical violence, sexual misconduct, credible threats of harm, weapons possession, illicit drugs or alcohol possession, or severe safety breaches, unauthorized absence from the premises or accessing restricted areas within and around the camp.

Administrative discharge may occur when a participant:

- Poses a serious risk to themselves, others, or the land.
- Engages in violence, threats, harassment, or possession of weapons
- Engages in substance use that compromises camp safety
- Repeatedly violates camp rules, guidelines, or policies despite intervention
- Engages in criminal activity
- Is unable to participate safely due to medical or mental health concerns beyond the program's scope.
- Leaves the premises without prior authorization
- Accesses restricted areas within and around the camp

Progressive Intervention

Unless an immediate discharge is required for safety, the following steps may be taken:

1. Verbal warning and restorative discussion between the participant and program staff. Knowledge Keeper or Elder may be requested to participate in the discussion.
2. Written warning
3. Case review with senior program staff and the Director of Social Services.
4. Final decision by Director of Social Services, based on the documented information, resulting in an administrative discharge.

Each step will be documented with applicable information regarding the violations, restorative steps taken, and support offered. The documentation will be completed by the program staff, signed off by a senior staff, and filed within the participant's file.

Emergency Discharge

If discharge is due to immediate safety or mental health crisis:

1. Program staff should contact emergency services or crisis support as needed.
2. Program staff should notify the participant's emergency contact (with consent when possible).
3. Program staff should document all actions taken.

Cultural and Trauma-Informed Practices

All employees will ensure that the language utilized is respectful and non-judgmental. In addition, staff will offer closure rituals when appropriate and ensure participants feel heard and supported during transition.

Aftercare & Follow-Up

Program staff will ensure that participants are:

- Provided with resource lists (mental health services, cultural support, crisis lines).
- Offered optional follow-up/check-ins (1-month and 3-month follow-up).
- Encouraged with continued engagement with land-based practices.

Wellness Camp's Code of Ethics

Policy No.	4	Approved	April 7 th , 2026
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Purpose

The purpose of this Code of Ethics is to:

- Establish ethical standards for all wellness staff, contractors, interns, and volunteers.
- Protect the dignity, rights, and welfare of clients.
- Promote integrity, accountability, and professionalism.
- Ensure compliance with applicable laws, licensing, and accreditation standards.

All personnel must adhere to the ethical principles outlined in this policy and that of NFN's governing Code of Ethics.

Scope

This policy applies to:

- Clinical staff (counselors, therapists, medical providers).
- Peer Support staff
- Administrative and support staff.
- Contractors and consultants.
- Volunteers and interns.

1) Core Ethical Principles

a) Respect for Dignity and Worth

i) Staff shall:

- (1) Treat all clients with dignity, respect, and compassion.
- (2) Provide services without discrimination based on race, ethnicity, religion, gender, sexual orientation, age, disability, or socioeconomic status.
- (3) Recognize the inherent worth of every individual.

b) Client Welfare and Non-Maleficence

(1) Staff shall:

- (a) Prioritize client safety and well-being.
- (b) Avoid actions that cause harm or exploitation.
- (c) Provide services within the scope of their training and licensure.
- (d) Refer clients to appropriate levels of care when necessary.

c) Professional Boundaries

i) Staff shall:

- (1) Maintain clear professional boundaries at all times.
- (2) Avoid dual relationships that may impair professional judgment.
- (3) Refrain from romantic, sexual, financial, or exploitative relationships with clients.
- (4) Avoid accepting significant gifts or engaging in personal business transactions with clients.
- (5) Conversations about participants must occur in private, not in sleeping areas

d) Staff Boundaries

- i) No romantic or personal relationships with participants during or after program participation.
- ii) All interactions should be program-related and respectful
- iii) Avoid sharing personal contact information
- iv) Any boundary concern or breach must be documented and reported immediately to the Program Team Lead/ Supervisor.
- v) Incident reports must be completed within 24 hours
- vi) Boundary violations are grounds for disciplinary action up to termination.

e) Confidentiality and Privacy

i) Staff shall:

- (1) Protect client confidentiality in accordance with applicable privacy laws.
- (2) Safeguard records and protected health information.
- (3) Disclose information only with proper authorization or when legally required.
- (4) Discuss client information only in appropriate professional settings.

f) Integrity and Honesty

i) Staff shall:

- (1) Provide accurate and truthful information in documentation and communication.

- (2) Personnel shall not engage in the intentional falsification of records.
 - (3) Accurately represent credentials, licensure, and qualifications.
 - (4) Personnel shall not participate in, facilitate, or knowingly permit fraudulent, deceptive, or dishonest practices in the course of their duties.
- g) Competence and Professional Development
- i) Staff shall:
 - (1) Maintain appropriate licensure and certifications, where applicable.
 - (2) Engage in ongoing professional education, as provided through department training and Social Services professional development.
 - (3) Seek supervision or consultation when needed.
 - (4) Practice within established scope of competence as a Peer Support staff.
- h) Informed Consent
- (1) Clients have the right to:
 - (a) Be informed about the nature of any services.
 - (b) Understand risks, benefits, and alternatives.
 - (c) Participate in wellness planning.
 - (d) Refuse services where legally permitted.
 - (2) Staff must obtain informed consent prior to initiating any services.
- i) Cultural Sensitivity and Inclusivity
- i) Staff shall:
 - (1) Provide culturally responsive care.
 - (2) Recognize the impact of trauma, systemic barriers, and social determinants of health.
 - (3) Promote inclusive and affirming practices.
- j) Conflict of Interest
- i) Staff shall:
 - (1) Avoid situations where personal interests' conflict with professional duties.
 - (2) Disclose potential conflicts to leadership.
 - (3) Refrain from using position for personal gain.

2) Reporting Ethical Concerns

- a) All personnel have a duty to:

- i) Report suspected ethical violations.
- ii) Cooperate with internal investigations.
- iii) Report abuse, neglect, or exploitation as required by law.
- b) Retaliation against individuals who report concerns in good faith is strictly prohibited under Part II Section 125 of the Labour Code of Canada.

3) Compliance with Laws and Regulations

- a) The program and its personnel shall comply with:
 - i) Professional ethical standards for their respective disciplines.
 - ii) NFN's Code of Ethics

4) Consequences of Ethical Violations

- a) Please see corrective action as outlined in the Nipissing First Nation's Code of Ethics.

Boundaries and Therapeutic Relationships

Policy No.	5	Approved	April 7 th , 2026
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Purpose

This policy supports safe, respectful relationships between staff, volunteers, Elders, and participants by setting clear boundaries rooted in the 7 Grandfather Teachings—Love, Respect, Bravery, Truth, Honesty, Humility, and Wisdom. Our approach centers peer support, trauma informed practice, and cultural safety on Nipissing First Nation lands. Boundaries protect everyone’s dignity, reduce harm, and keep power dynamics transparent, ensuring that wellness is community-led and grounded in trust.

Scope

This policy applies to all program contacts—on-site activities, cultural ceremonies, circles, one on one support, phone/text communication, and follow up interactions. They cover consent, communication, confidentiality, dual relationships, physical contact, gifts, social media, transportation, crisis support, and documentation. Where Elder protocols or community direction differ, Elder guidance will lead and be documented respectfully.

Definitions

“therapeutic relationship”: means a structured, supportive relationship grounded in empathy and cultural teachings—without diagnosis or treatment authority.

“boundaries”: means, agreed limits that keep relationships safe and clear.

“dual relationships”: means staff or volunteers who have multiple roles with a participant (e.g., friend, relative, or vendor).

“consent”: means informed, voluntary agreement to engage, with options to pause or stop at any time.

1) Guiding Principles

- a) Relationships in the program are supportive, not clinical. The program prioritizes choice, consent, and collaboration. The program shares power by being transparent about roles and limits, and prevents dependency by encouraging participants’ strengths, cultural connections, and broader supports. The program does not harm: care is substance free, nonexploitative, and culturally safe. The program shall keep confidentiality, within safety limits, and welcome feedback and accountability.

2) Roles and Responsibilities

- a) The Wellness Camp Supervisor ensures boundaries are communicated, modeled, and upheld; facilitates training and supervision; and addresses concerns promptly.
- b) Elders and Knowledge Keepers lead cultural practices, set protocols, and advise on relationship ethics in ceremony.
- c) Peer Support staff and volunteers provide relational care, maintain boundaries, obtain consent, and document respectfully.
- d) Participants share preferences, ask questions, and set their own personal boundaries.
- e) All parties must protect confidentiality and avoid harm.

3) Building Trust (Without Creating Dependency)

- a) Staff build trust through consistency, presence, and respect—showing up on time, keeping promises, and speaking plainly. The program shall name our role and limits at the outset, encourage participants’ self-determination, and connect people to cultural, family, and community supports to avoid overreliance on any one staff member. The program celebrates strengths and progress, and we co-create safety plans rather than taking over decision-making.

4) Consent and Choice

- a) Participation is always voluntary. Before any one-on-one support, sensitive conversation, or culturally specific practice (e.g., smudging, songs, medicines), staff explain what will happen, how long it may take, any risks or discomfort, and offer options to opt out, observe, or take a break. Consent may be verbal and documented in notes; for higher risk activities, written consent is used. Consent is ongoing – participants may change their minds at any time without penalty.

5) Confidentiality and Safety Limits

- a) Stories shared in circles or one-on-one must be kept confidential. Staff must not repeat personal information outside the team unless the participant requests it or safety requires it.
- b) When an individual is at risk of causing harm to themselves or others, staff shall take appropriate action to protect life and ensure safety. Interventions will follow established safety procedures and employ the least intrusive measures necessary under the circumstances. Staff will, to the extent possible, explain the nature of the intervention and the reasons for it in a clear and respectful manner.
- c) Documentation shall be limited to objective, factual, and observation-based information and recorded in a respectful and professional manner.

- d) Senior staff shall be notified immediately of any ongoing or escalating concerns. Where warranted, Emergency Services shall be contacted without delay to facilitate assessment at the nearest appropriate medical facility.

Please reference NFN's Confidentiality Policy

6) Communication Standards

- a) Communication is plain, kind, and culturally respectful. Staff should avoid jargon and speak in ways that are nonjudgmental, trauma informed, and honoring of identity and culture. Tone is steady and supportive. Staff must avoid making promises they cannot keep, offering medical advice, or giving directives outside their role. If there is a conflict or misunderstanding, staff listen, clarify, and seek restorative resolution, involving the Supervisor or Elder as needed.

7) Physical Contact and Space

- a) Physical contact is only with explicit consent and for supportive purposes (e.g., offering a hand while walking on uneven ground, a brief supportive gesture). Staff ask first, respect “no,” and remain mindful of cultural protocols and personal comfort. Staff do not use physical restraint except to prevent immediate serious harm and only as allowed by safety procedures; this is rare and documented fully. We prioritize deescalation, grounding, and accompaniment over touch.

8) Gifts, Money, and Material Support

- a) This policy supersedes Part 1 Section 4 of the NFN Conflict of Interest Policy.
- b) Participants may express gratitude with small cultural gifts (e.g., tobacco ties) consistent with Elder guidance; staff receive respectfully and disclose to the Supervisor for transparency. Staff do not accept money, expensive gifts, or personal favors that create obligation or influence. Staff do not lend or borrow money, do not purchase personal items for participants, and do not sell goods or services to participants. If material support is needed, staff connect participants to community resources.

9) Food, Medicines, and Substances

- a) Food shared in program contexts follows community practice and safety standards. Sacred medicines (tobacco, sage, cedar, sweetgrass) are handled under Elder guidance and not removed from site without permission. The program is substance free; staff or participants do not attend under the influence. For prescribed medication, please refer to the Wellness Camp's Medication Policy.

10) Participant Personal Relationship Disclosure.

- a) Staff must disclose potential dual relationships (intimate, family ties, friendships, business ties) to the Supervisor. When dual roles exist, we prioritize the participant's safety and privacy, adjust roles to reduce influence, and, where appropriate, reassign support. Staff avoid any relationship that could be exploitative, coercive, or confusing, including romantic or sexual relationships—these are strictly prohibited with current participants and for a preapproved period after program involvement ends

11) Social Media, Photos, and Recording

- a) Staff do not friend/follow participants on personal accounts or direct message outside approved channels. Program communications are through official accounts or phone lines. Photos and recordings during ceremonies or circles are not permitted unless an Elder authorizes and all attendee's consent; even then, some parts remain private. Staff may document attendance and program reflections without identifying personal stories or sacred teachings.

12) Boundaries in Crisis Support

- a) In moments of distress, staff offer grounding, accompaniment, and culturally safe practices (e.g., smudging with consent, walking on the land, tea, breathing). Staff remain steady, avoid making clinical judgments, and focus on safety and connection. If risk escalates (intent or plan to harm), staff must follow the safety protocol, communicate clearly, and involve appropriate supports (Supervisor, Elder, crisis line, or emergency services) while preserving dignity and privacy.

13) Transportation and Off-Site Contact

- a) Transportation by staff is limited to preapproved program activities. Staff do not provide personal rides, visit private homes, or meet off-site unless authorized by the Supervisor and aligned with safety procedures. If off-site meetings are required (e.g., cultural events), staff ensure transparency, public locations when appropriate, and documentation of time and purpose.

14) Documentation and Record Keeping

- a) Notes are brief, factual, and respectful, focusing on observations and agreed plans rather than labels or diagnoses. The program documents consent, boundaries explained, any concerns, and follow-up actions. Personal stories from circles are not recorded unless a participant asks for a specific note to support their care and consents to it. Records are stored securely with limited access to those who form part of the circle of care for the individual participant and shall be kept for 10 years plus current year.

- b) Once the records retention period has ended, the disposition of the records shall be in accordance with NFN's Records Management Policy.

15) Supervision, Debriefing, and Support for Staff

- a) Staff shall receive regular supervision to discuss boundaries, power dynamics, and ethical questions, and they can request debriefs after challenging interactions. We practice reflective learning—what worked, what we'd change—and we welcome Elder guidance. Staff wellbeing matters: breaks, peer check-ins, and access to support are encouraged to prevent burnout and boundary erosion.

16) Training and Orientation

- a) All staff and volunteers' complete orientation on boundaries, trauma-informed practice, cultural protocols, confidentiality, and safety procedures. Refreshers occur at least annually or when policies change. Elders and Knowledge Keepers may provide teachings on relationship ethics in ceremony. New staff shadow experienced team members to observe how boundaries are maintained in practice.

17) Concerns, Complaints, and Restorative Resolution

- a) Participants and community members can raise concerns about boundaries with the Supervisor or through a simple, accessible process. We take concerns seriously and respond quickly, using a restorative approach—listening, acknowledging harm, making changes, and repairing trust where possible. Formal complaints are documented and handled according to program policy, with privacy and nonretaliation assured.

18) Exceptions and Elder Guidance

- a) Elder guidance may shape boundaries in ceremony (e.g., specific roles, seating, offerings). When Elder protocols adjust typical practices, staff communicate clearly, seek consent, and document the rationale. Safety is always maintained. Where there is uncertainty, staff pause, consult the Supervisor or Elder, and proceed with respect.

19) Review and Continuous Learning

- a) *This policy is reviewed at least annually with input from Elders, staff, and participants. We learn from feedback, incidents, and changing community needs. Updates are communicated promptly, training is provided, and we remain committed to culturally safe, peer-based relationships.*

Participant Living Arrangements

Policy No.	6	Approved	April 7 th , 2026
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Purpose

This policy aims to ensure safety, respect, professional boundaries, and cultural appropriateness for all participants and staff while maintaining professional boundaries.

Scope

This policy applies to all staff, volunteers, and participants involved in the Land-Based wellness camp program, with overnight accommodation provided. It covers the allocation of sleeping spaces, privacy protocols, and cultural considerations for shared and individual sleeping arrangements.

Definitions

“*Participants*” means individuals receiving services through the Land-Based wellness program

“*Privacy*”: means the right of individuals to maintain personal space and confidentiality.

“*Shared Spaces*”: means common areas for group activities or temporary shelter.

“*Sleeping Arrangements*”: Designated areas for rest and sleep for participants.

“*Staff*”: means individuals employed or contracted to deliver or support program activities

1) Sleeping Arrangements

- a) Cabins are limited to two participants per cabin. Exceptions will be made only when an approved accommodation is required.
- b) participants must have distinct and separate sleeping spaces. Sleeping arrangements will be assigned before the program starts.
- c) Accommodations, selection and placement will be based on the initial assessment and intake process.
- d) Sleeping arrangements will be set out with adequate spacing to ensure comfort and safety.
- e) Sleeping arrangements must respect cultural norms and gender privacy

- f) Staff must not enter participants' sleeping areas unless for safety or emergency.
- g) The use of partitions or screens should be implemented to maintain dignity

2) Overnight Supervision

- a) Maintain two staff members on duty overnight for safety and accountability.
- b) Staff on duty overnight are to remain awake and walk around the grounds at inconsistent times throughout the night, at a predetermined minimum, random walkabouts for security and support as needed.
- c) Staff shall document walk arounds that shall include, date, time and any comments

3) Privacy Protocol

- a) No photography or recording in sleeping spaces

4) Roles & Responsibilities

- a) Program Supervisor & Team Lead shall ensure compliance with the sleeping, privacy and staff boundaries policy
- b) Staff and Peer Helpers will respect participant privacy and maintain professional boundaries.
- c) Participants are responsible for the maintenance, cleaning and heating of their yurts. Training will be made available for participants on safety, maintenance and rules regarding shared spaces, and privacy. Respect cultural norms for dress and modesty.

Please also refer to Boundaries and Therapeutic Relationship policy.

Waste Disposal & Environmental Stewardship

Policy No.	7	Approved	April 7 th , 2026
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Purpose

To ensure all land-based programs and activities minimize environmental impact through responsible waste management and stewardship practices.

Scope

Applies to all staff, volunteers, and participants during outdoor programs, workshops, and events.

Policy Statement

Our organization is committed to:

- Protecting ecosystems and wildlife by reducing waste and pollution
- Following Leave No Trace principles
- Complying with local, provincial, and federal environmental regulations

Responsibilities

- Program Supervisor, Team Lead: Ensure waste disposal systems are in place and staff are trained
- Grounds Keeper, Staff: Monitor compliance and educate participants
- Facilitators, Participants: Follow all waste disposal and stewardship guidelines

1) Waste Disposal

- a) Pack In, Pack Out: All trash, recyclables, and food waste must be removed from the site.
- b) Segregation: Separate waste into:
 - i) Recyclables (paper, plastics, metals)
 - ii) Organic Waste (food scraps for composting where permitted)
 - iii) Non-recyclables (general trash)
 - iv) Hazardous Waste: Batteries, chemicals, and sharps must be stored in designated containers and disposed of according to local regulations
 - v) Grey Water: Dispose of dish water at least 60 meters from water sources; strain food particles and pack them out

2) Environmental Stewardship

- a) Leave No Trace Principles
- b) Plan and prepare
- c) Dispose of waste properly
- d) Respect for wildlife
- e) Minimize campfire impact (disposing clean materials into fire pit, when not a sacred fire)
- f) Being considerate of Mother Nature

3) Eco-Friendly Practices

- a) Use biodegradable soaps
- b) Avoid single-use plastics
- c) Encourage reusable containers and utensils

4) Cultural Respect

- a) Honor Indigenous land stewardship practices and teachings

5) Emergency Response for Environmental Hazards

- a) Report spills or contamination immediately.
- b) Follow local environmental authority protocols.
- c) Document and submit incident reports within 24 hours.
- d) Staff, participants, and volunteers must consult with the Health and Safety Practices as described in the Program's and NFN's Health and Safety Policy.

6) Training Requirements

- a) Annual environmental stewardship training for Grounds Keeper
- b) Staff and Participant briefing before activities

Cultural Activities and Ceremonies

Policy No.	8	Approved	April 7 th , 2026
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Purpose

The purpose of this policy is to support safe, respectful, and culturally grounded participation in ceremonies held within the Neyaashiing Mshkikiwan Land-Based Wellness Program. We seek to uphold the 7 Grandfather Teachings—Love, Respect, Bravery, Truth, Honesty, Humility, and Wisdom—by centering Indigenous protocols, Elders’ guidance, and community safety. This policy will provide clarity on consent, ceremony expectations, roles, and responsibilities so that participants can take part with dignity, agency, and cultural safety.

Scope

This policy applies to all cultural and ceremonial activities hosted or facilitated on-site, including but not limited to smudging, talking circles, pipe ceremonies, seasonal feasts, sunrise ceremonies, sweat lodges, teaching lodges, land acknowledgments, song and drum teachings, traditional medicine walks, and grief or healing ceremonies. The policy covers preparation, participation, documentation, and follow-up while respecting the distinct protocols of Nipissing First Nation and the specific directions of Elders and Knowledge Keepers.

Guiding Principles

Ceremony participation is voluntary, consent-based, and grounded in community protocols. We honor Elders’ leadership, protect confidentiality, and approach all activities through a trauma-informed, peer-supported lens. We respect diversity in identity, experience, and belief, and we prioritize safety and accessibility. The land is a teacher, and ceremonies are conducted with humility, respect, and gratitude to the land and the community.

Definitions

“*ceremony*” means culturally rooted practices led by an Elder or Knowledge Keeper, often involving teachings, prayer, medicines, songs, and community connection.

“*Elder*” means a respected community member recognized for their wisdom, cultural knowledge, and ceremonial leadership.

“*Shkaabewis*” means a person who provides support and assistance during ceremony.

“*medicines*” means sacred plants including but not limited to tobacco, sage, cedar, and sweetgrass.

“*participant*” means any individual attending or engaging in a ceremony.

“*Peer support*” means staff or volunteers offering relational support grounded in empathy and shared humanity rather than clinical diagnostics.

1) **Roles and Responsibilities**

- a) Elders and Knowledge Keepers lead ceremonies, set protocols, and approve ceremonial materials and offerings.
- b) The Wellness Camp Supervisor oversees logistics, safety coordination, and staff preparedness, and ensures protocols are communicated and followed.
- c) Peer Support staff hold supportive space, facilitate consent processes, and help with grounding and accessibility. Participants engage respectfully, follow protocols, and communicate comfort levels and needs.
- d) All staff and volunteers are responsible for maintaining confidentiality and upholding substance-free and safety standards on site.

2) **Consent and Participation**

- a) Participation in any ceremony is voluntary. Before a ceremony begins, participants are informed—in plain language—about the nature of the ceremony, the expected duration, any use of medicines or smoke, heat, or physical movement, and are offered opportunities to pass, observe, support as a helper, or step out. Consent may be verbal and documented by staff in attendance logs; for higher-risk ceremonies (e.g., sweat lodge), written consent and pre-screening are required. Participants may withdraw at any time without penalty. Staff will ensure non-participating individuals have a quiet, respectful alternative space.
- b) If a participant has a disclosed medical condition that may impair or limit participation in a specific ceremony, and they choose to participate, they must provide written informed consent acknowledging the potential risks before engaging in the activity.

3) **Eligibility and Pre-screening**

- a) All adults are welcome to participate unless an Elder specifies eligibility criteria for a ceremony. For sweat lodge or other physically demanding ceremonies, staff will conduct a brief wellness pre-screening that covers hydration, health conditions, medications, pregnancy status, and heat tolerance. Individuals with respiratory conditions or sensitivity to smoke may request alternatives, such as a smoke-free smudge or observational participation. Youth participation requires guardian consent and alignment with Elders’ guidance.

4) Preparation and Orientation

- a) Prior to ceremonies, staff provide an orientation that covers the purpose of the ceremony, any personal offerings (such as tobacco ties or food for a feast), attire considerations, respectful language and behavior, and expectations around punctuality and silence. Participants are encouraged to dress modestly and comfortably, remove scented products if possible, and bring water where appropriate. Staff ensure the space is prepared with attention to safety (clear pathways, secured tools, accessible seating) and cultural integrity (clean space, proper handling of medicines, and respect for sacred items).

5) Medicines and Offerings

- a) Medicines are handled with care and respect in accordance with Elder guidance. Tobacco may be offered to the Elder when requesting teachings or ceremony leadership. Staff can assist participants in preparing tobacco ties when appropriate. Sage, cedar, and sweetgrass may be used for smudging, with attention to ventilation, allergies, and comfort. Offerings for feasts or seasonal ceremonies should be prepared with gratitude and shared according to protocol. No medicines are to be removed from the site without permission from the Elder, and all handling of sacred items follows direct instruction.

6) Photography, Recording, and Devices

- a) Photography, video, and audio recording are not permitted during ceremonies unless explicitly authorized by the Elder and all participants have given consent. Even with consent, some parts of ceremony may remain private and unrecorded. Staff phones should be silenced and stored away. Staff may document attendance and general reflections without recording personal details or sacred teachings verbatim.

7) Confidentiality and Respect

- a) Story-sharing within ceremony is confidential and must not be repeated outside the circle without explicit permission from the person sharing. Staff and participants must not name others or disclosing sensitive personal information in any public or organizational communications. Teachings are carried respectfully; written summaries, if any, are reviewed by the Elder to ensure accuracy and appropriateness.

8) Safety and Risk Management

- a) Ceremony spaces are set up to minimize hazards and support accessibility. Fire safety is observed at all times when smudging or using ceremonial fires; water, sand, or extinguishers are positioned nearby as appropriate. Participants are invited to

communicate discomfort early; staff offer grounding, breaks, and observation-only options. For intense emotional experiences, peer support is available, and post-ceremony check-ins are offered. If an individual expresses intent to harm themselves or others, staff follow the program's safety procedures while maintaining respect and de-escalation.

9) **Substance-Free Environment**

- a) Ceremonies are substance-free. Alcohol, cannabis, and non-prescribed substances are not permitted on site. Participants taking prescribed medications should continue as directed by their healthcare provider.

10) **Accessibility and Inclusion**

- a) We strive to make ceremonies accessible. Seating options, accompaniment on walks, and sensory-friendly participation are provided wherever possible. Individuals with smoke sensitivities are supported with alternatives such as smoke-free blessings or observation. Communication is plain-language, and visual supports or interpreters may be arranged when feasible. Elders' guidance about ceremonial roles is honored while ensuring everyone is treated with dignity.

11) **Environmental Stewardship**

- a) Ceremonies conducted at the wellness camp follow land stewardship practices. Staff and participants pack out what they bring in, respect wildlife and plants, and avoid disturbing sacred or sensitive areas. Fires are used only in designated spaces and extinguished safely. Medicines are harvested sustainably and only with proper permission and Elder guidance.

12) **Honorariums, Gifts, and Protocol**

- a) Elders and Knowledge Keepers are thanked with honorariums and/or gifts appropriate to the ceremony and community expectations. Tobacco offerings are made respectfully when requesting teachings or ceremony leadership. Staff coordinate honorariums in advance, ensure privacy, and follow the community's preferred methods of acknowledgment.
- b) ***NFN's Honourarium Policy must be followed.***

13) **Youth Participation**

- a) Youth may participate with guardian consent and in alignment with Elder guidance. Staff ensure age-appropriate explanations, provide supportive monitoring, and offer a non-ceremonial alternative space if a youth opts not to participate. Sensitive

ceremonies (e.g., sweat lodge) require guardian consent and additional screening for safety.

14) **Conflict Resolution and Concerns**

- a) Concerns about ceremony, protocols, or interactions may be brought to the Wellness Camp Supervisor or directly to the Elder if appropriate. We use a restorative approach: listening, clarifying, and addressing issues with humility and respect. Formal complaints are documented and handled according to program policy, prioritizing safety and learning.

15) **Documentation**

- a) Attendance and consent are documented in a minimal, respectful manner. Sensitive details about teachings or personal stories are not recorded without explicit permission. Post-ceremony reflections may be noted to improve accessibility and safety, and any incidents are documented using the program's peer-based report format.

16) **Emergencies**

- a) In medical or safety emergencies, staff activate the emergency response plan, contact appropriate services if needed, and protect the dignity and privacy of all involved. If a participant's distress escalates, staff use grounding, accompaniment, and peer support while following safety procedures.

17) **Review and Continuous Learning**

- a) ***This policy will be reviewed annually, or sooner Staff receive ongoing learning on protocols, trauma-informed practice, and accessibility. Feedback from participants and Elders guides improvements, ensuring the program remains culturally safe and community led.***

Elders and Knowledge Keepers

Policy No.	9	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

This policy outlines the roles, responsibilities, and protocols for involving Elders and Knowledge keepers in camp activities, ensuring their cultural authority is honored and their wellbeing is prioritized.

Scope

This policy applies to all staff, volunteers, participants, and visitors involved in the wellness camp.

Definitions

“**ceremonial leadership**” means the facilitation of traditional spiritual practices such as sweat lodges and seasonal ceremonies.

“**Elder**” means a respected community member recognized for their wisdom, cultural knowledge, and ceremonial leadership.

“**Shkaabewis**” means a person who provides support and assistance during ceremony.

“**honorarium**”: means a monetary or material gift given in recognition of an Elder's time and contributions.

“**Knowledge Keepers**” means someone who has been taught by an Elder or a senior Knowledge Keeper within their community.

Responsibilities:

Camp Supervisor: Coordinates Elder invitations, ensures protocols are followed, and provides logistical support.

Staff and Volunteers: Support Elders during camp activities, uphold respectful practices, and assist with elder care.

Participants: Engage respectfully with Elders, follow cultural protocols, and seek guidance appropriately.

1) **Selection and Invitation**

- a) Identify Elders through community consultation and/or consultation with the Cultural Department and Social Services Department.
- b) Extend invitations using traditional protocols (e.g., tobacco offering, verbal request).
- c) Confirm availability and discuss honorarium, travel, and accommodation needs.

2) **Roles and Responsibilities of Elders**

- a) Lead ceremonies and cultural teachings.
- b) Provide mentorship and guidance to participants and staff.
- c) Advise on cultural appropriateness of camp activities.

3) **Support and Care**

- a) Ensure Elders have access to comfortable seating, mobility aids, and culturally appropriate meals.
- b) Assign helpers (Shkaabewis) to assist with daily needs and ceremonial preparation.
- c) Provide access to health and safety resources.
- d) When a participant requests to meet with an Elder, a staff member will be present. If a private meeting is requested, a staff member will remain nearby in the meeting space. Exceptions may be made for private meetings conducted at the sacred fire or in other approved outdoor settings. There will be no private meetings held indoors, including yurts.

4) **Cultural Protocols**

- a) Encourage respectful behaviors (e.g., standing when Elders enter, offering gifts).
- b) Obtain consent before recording or sharing teachings.
- c) Handle ceremonial items only under Elder supervision.

5) **Documentation and Knowledge Sharing**

- a) Record teachings only with Elder consent.
- b) Attribute teachings appropriately and respect confidentiality.

6) **Conflict Resolution**

- a) Address concerns involving Elders through respectful dialogue and community mediation.
- b) Recognize Elders' cultural authority in decision-making.

7) **Implementation**

- a) Orientation sessions for staff and volunteers on Elder engagement protocols.
- b) Annual review of Elder involvement and feedback from community members.
- c) Continuous relationship building with local Indigenous communities to ensure cultural alignment.

Substance Use

Tobacco and Vaping Products

Policy No.	10	Approved	April 7 th , 2026
Pages	2	Revised	

Purpose

This policy aims to:

- Provide a safe and healthy environment for all employees, students, visitors, and contractors.
- Comply with applicable local and national smoke-free legislation.
- Reduce exposure to second-hand smoke and vapor

Scope

This policy applies to:

- All employees, students, contractors, participants and visitors.
- All company/organization property, including buildings, vehicles, parking areas, and outdoor spaces.
- Off-site events sponsored by the organization, unless otherwise stated.

Definitions

“**Smoking**” includes the use of:

- Cigarettes
- Cigars
- Pipes
- Any other lit tobacco product

“**Vaping**” includes the use of:

- E-cigarettes
- Vape pens
- Electronic nicotine delivery systems (ENDS)
- Any device that produces vapor for inhalation

Policy Statement

- Smoking and vaping are only permitted in designated outdoor areas, where provided, and only during designated times.
- Disposal of cigarette butts and vaping materials must be in approved receptacles.

1.Compliance

1.1 All individuals are expected to comply with this policy.

Failure to comply may result in:

- a) Disciplinary action (for employees, volunteers, students and contractor workers)
- b) Removal from premises (for visitors)
- c) Further action in accordance with NFN By-Laws

2. Responsibilities

2.1 Management is responsible for:

- a) Communicating and enforcing this policy, and any other NFN Policies or By-Laws applicable to smoking.
- b) Ensuring signage is posted where required.

2.2 Employees/Students/Contractors/Participant/Visitors are responsible for:

- a) Adhering to this and any other NFN Policy or By-Laws applicable to smoking.
- b) Respecting the health and comfort of others.

3. Policy Review

This policy will be reviewed annually or as required to ensure compliance with legislation and best practices.

Recreational and Medical Cannabis Use Policy

Policy No.	11	Approved	April 7 th , 2026
Pages	2	Revised	

Purpose

This policy aims to:

- Promote a safe, healthy, and productive environment.
- Ensure compliance with applicable federal, provincial, and NFN laws and policies.
- Clarify expectations regarding recreational and medicinal cannabis use.
- Address safety-sensitive responsibilities and impairment risks.

Scope

This policy applies to:

- All employees, participants, contractors, service providers, volunteers, and visitors.
- All Nipissing First Nation-owned or used property, vehicles, and equipment.
- Off-site activities, events, and travel conducted.

Definitions

“**cannabis**” means marijuana, THC products, CBD products containing THC, edibles, oils, concentrates, and any cannabis-derived product regulated under applicable law.

“**recreational use**” means, cannabis use for non-medical purposes where legally permitted.

“**medicinal use**” means cannabis prescribed or authorized by a licensed healthcare provider in accordance with applicable laws.

1) Policy Statement

- a) General Prohibition
 - i) The possession, use, consumption, sale, distribution, or impairment from cannabis is strictly prohibited.

- ii) Medicinal cannabis shall only be permitted in non-smoking forms.
Administration and dispensing shall be conducted in accordance with the program's Medication Policy.

2) Searches

- a) To protect the recovery environment, the program may conduct room or property inspections.
- b) All inspections will be conducted respectfully and consistently.

3) Consequences

- a) Any participant found in violation of this policy shall face disciplinary actions that include immediate confiscation of the substance, incident report on file, review of your program participation and discharged from the program.
- b) Any staff member, contractor or volunteer who violates this policy will be subject to disciplinary action in accordance with NFN's Code of Ethics.
- c) Any visitor or service providers found in contravention of this policy will be asked to leave the camp immediately.

4) Policy review

- a) *This policy will be reviewed periodically to ensure compliance with evolving cannabis legislation and workplace safety standards.*

Alcohol Policy

Policy No.	12	Approved	April 7 th , 2026
Pages	2	Revised	

Purpose

The purpose of this policy is to:

- Maintain a safe, alcohol free, and supportive recovery environment.
- Protect participants from exposure to alcohol and related triggers.
- Promote accountability and relapse prevention.
- Support long-term recovery and wellness.

Scope

This policy applies to:

- All residents/participants/clients.
- Staff members and volunteers.
- Visitors and guests.
- All program facilities, vehicles, and off-site program activities.

1) Policy Statement

- a) Alcohol is strictly prohibited in all forms within the program environment.
 - i) This includes:
 - (1) Possession of alcoholic beverages.
 - (2) Consumption of alcoholic beverages.
 - (3) Storage of alcohol on program property.
 - (4) Distribution or sale of alcohol.
 - (5) Attending the program or returning to the residence under the influence of alcohol.
 - (6) Possession or use of products containing alcohol intended for ingestion (e.g., cooking wines, extracts used improperly).

2) Impairment

- a) Participants and staff must not be under the influence of alcohol while:
 - i) On program property.
 - ii) During on-site and off-site activities.
 - iii) Representing the program in the community

- b) If a participant appears impaired:
 - i) A supervisory assessment will be conducted.
 - ii) Safety measures will be implemented immediately

3) Searches

- a) To protect the recovery environment, the program may conduct room or property inspections.
- b) All inspections will be conducted respectfully and consistently.

4) Visitors

- a) Visitors may not:
 - i) Bring alcohol onto program property.
 - ii) arrive under the influence of alcohol.
 - iii) Store alcohol in vehicles parked on program property
 - iv) Visitors violating this policy will be asked to leave immediately.

5) Staff Conduct

- a) Staff must:
 - i) Model sober behavior while on duty.
 - ii) Never bring alcohol onto program premises.
 - iii) Not report to work under the influence
- b) Staff violations may result in disciplinary action up to termination.

6) Medications and Products Containing Alcohol

- a) Participants must disclose:
 - i) Prescription medications.
 - ii) Over-the-counter products containing alcohol.
- b) *Please see Program's Medication Policy*
- c) Non-alcohol alternatives including but not limited to products like as mouthwash, hand sanitizer, hairspray, and aftershave shall be used whenever possible and approved by program staff or medical personnel.

7) Confidentiality and Dignity

- a) All incidents related to alcohol use will be handled with:
 - i) Respect
 - ii) Confidentiality
 - iii) Clinical appropriateness (if applicable)
 - iv) A recovery-focused approach

Illicit Drugs

Policy No.	13	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

The purpose of this policy is to:

- Maintain a safe, drug-free recovery environment.
- Protect participants from relapse triggers and exposure.
- Promote accountability and personal responsibility.
- Support sustained recovery and wellness.

This is a zero-tolerance policy regarding illicit drug possession, use, or distribution within the program.

Scope

This policy applies to:

- All residents/participants/clients.
- Staff members and volunteers.
- Visitors and guests.
- All program facilities, vehicles, and off-site program activities.

Definition of Illicit Drugs

For purposes of this policy, illicit drugs include but not limited to:

- Substances that are illegal under federal, state/provincial, or local law.
- Controlled substances used without a valid prescription.
- Prescription medications used in a manner not prescribed.
- Synthetic or designer drugs.
- Drug paraphernalia associated with illegal substance use.
- Cocaine
- Methamphetamine
- Heroin
- Fentanyl (non-prescribed/illicit)
- MDMA/ecstasy
- Non-prescribed opioids or benzodiazepines
- Hallucinogens (e.g., LSD, psilocybin where illegal)

1) Policy Statement

- a) Zero tolerance applies to all participants, staff and visitors.
- b) The program recognizes addiction as a medical condition. Each participant's right to health includes access to essential, evidence-based treatments, including harm reduction services such as methadone. However, this right does not extend to the use or provision of illegal, unregulated substances while actively participating in this program.
- c) The following are strictly prohibited:
 - i) Possession of illicit drugs.
 - ii) Use or consumption of illicit drugs.
 - iii) Distribution, sale, or intent to distribute.
 - iv) Storage of illicit substances on program property.
 - v) Returning to the program under the influence of illicit drugs.
 - vi) Possession of drug paraphernalia.

2) Prescription Medications

- a) Participants must:
 - i) Disclose all prescribed medications at intake.
 - ii) All medications will be stored as per the **Medication Policy**
 - iii) Use medications only as prescribed.
 - iv) Misuse, diversion, or concealment of medications may be treated as a policy violation.

3) Searches

- a) To protect the recovery environment, the program may:
 - i) Conduct room and property inspections.
 - ii) All inspections will be conducted respectfully and consistently.

4) Response to Policy Violations

- a) If illicit drug use or possession is suspected or confirmed:
 - i) Immediate safety assessment.
 - ii) Clinical evaluation (if applicable).

- iii) Documentation of the incident.
- b) Determination of appropriate action, which may include:
 - i) Increased monitoring.
 - ii) Revised recovery plan.
 - iii) Discharge from the program.
- c) While relapse may be addressed clinically, possession, distribution, or endangerment of others may result in immediate discharge.

5) Visitors

- a) Visitors may not:
 - i) Bring illicit substances onto program property.
 - ii) Arrive under the influence.
 - iii) Provide substances to participants.
- b) Visitors violating this policy will be removed immediately and may be permanently restricted.

6) Staff Responsibilities

- a) Staff must:
 - i) Model drug-free behavior.
 - ii) Never possess or use illicit substances while on duty.
 - iii) Follow reporting and documentation procedures if violations occur.
- b) Staff violations may result in disciplinary action up to termination and possible legal reporting.

7) Confidentiality and Dignity

- a) All incidents involving suspected or confirmed drug use will be handled with:
 - i) Respect
 - ii) Confidentiality (within legal limits)
 - iii) A recovery-oriented approach
 - iv) Consideration of participant safety

8) Legal Compliance

- a) The program will comply with all applicable local, provincial, and federal laws regarding controlled substances and mandatory reporting.

Safety and Security

Health and Safety

Policy No.	14	Approved	April 7 th , 2026
Pages	4	Revised	

Please refer to the Nipissing First Nation’s Occupational Health and Safety Policy

Purpose

To ensure the physical, emotional, and cultural safety of all residents, staff, and visitors while respecting Indigenous traditions and land-based practices.

Guiding Principles

- **Cultural Safety & Humility:** Services are free from discrimination and incorporate Indigenous knowledge, ceremonies, and medicines.
- **Community Collaboration:** Developed with input from Elders and Knowledge Keepers.
- **Compliance:** Meets Ontario Occupational Health and Safety Act (OHSA) and Health Standards Organization (HSO) guidelines for mental health and addictions care.

1) **Physical Safety**

- a) Regular hazard inspections of yurts, trails, fire pits, and water access points.
- b) Emergency preparedness plans (fire safety, evacuation routes, muster points).
- c) First aid kits and AED are available on-site.
- d) Safe use of training for traditional tools and modern equipment.
- e) Wildlife safety protocols for bears, wolves, and other animals.

2) **Health Standards**

- a) The Neyaashiing Mshkikiwan Land-Based Wellness Program is committed to preventing and controlling the spread of infection in accordance with applicable Ontario legislation, public health guidance, and best practices. Appropriate infection

prevention and control measures will be implemented, including hand hygiene, routine cleaning and disinfection, use of personal protective equipment where required, and prompt response to infectious disease risks.

- b) Pre-admission medical screening and ongoing health monitoring.
- c) Secure medication storage and integration of traditional medicines.

3) **Mental and Emotional Safety**

- a) Trauma-informed care and cultural safety training for staff.
- b) Suicide prevention protocols aligned with HSO (Health Standards Organization) standards.
- c) Conflict resolution using culturally grounded approaches.

4) **Cultural Safety**

- a) Land acknowledgment and cultural protocols are observed at all gatherings.
- b) Access to ceremonies and medicines for participants.
- c) Elders are involved in guiding cultural and safety considerations.

5) **Staff Training**

- a) Mandatory certifications: First Aid/CPR, WHMIS
- b) Wilderness First Aid
- c) Cultural safety and humility training
- d) Crisis response and de-escalation skills
- e) Bear Wise training
- f) Water safety and proper use of personal floatation devices
- g) Use of assigned Personal Protective Equipment (PPE)

6) **Reporting & Documentation**

- a) Incident reporting system for injuries, fatalities, near misses, and cultural safety breaches.
- b) Confidentiality is maintained as per provincial privacy laws.

7) **Continuous Improvement**

- a) Annual review with community input.
- b) Feedback from residents and staff incorporated.
- c) Alignment with evolving provincial and national standards.

8) **Risk Assessment Framework**

- a) Regular risk assessments will identify hazards such as violence, injury, fatalities, near misses, terrain, weather, wildlife, and cultural considerations. Mitigation strategies include safety briefings, PPE checks, and emergency drills.

9) **Emergency Preparedness**

- a) Fire safety plan and evacuation routes.
- b) First aid and CPR certification for all staff.
- c) Satellite communication devices for remote areas.
- d) Mental health crisis stabilization plan.

10) **Visitor and Participant Safety**

- a) Mandatory safety briefings for all guests.
- b) Clear rules for land-based activities (hunting, fishing, ATV use).
- c) Gear checks and PPE requirements.

Workplace Safety Commitment:

Nipissing First Nation is vitally interested in the health and safety of our workers, participants and visitors. We all share responsibility, and will work together, to reduce the risk of injury and occupational disease.

Nipissing First Nation will make every effort to provide a safe, healthy work environment. All employers, supervisors, and workers must be dedicated to reducing the risk of injury. As employer, Nipissing First Nation is ultimately responsible for worker health and Safety.

Nipissing First Nation is committed that it will comply with its duties under the Act, such as taking every reasonable precaution for the protection of workers in the workplace.

Supervisors will be held accountable for the health and safety of workers under their supervision. Supervisors are subject to various duties in the workplace, including the duty to ensure that machinery and equipment are safe and that workers work in compliance with established safe work practices and procedures.

Every worker must protect his or her own health and safety by working in compliance with the law and with safe work practices and procedures established by the employer. Workers will receive information, training and competent supervision in their specific work tasks to protect their health and safety.

It is in the best interest of all parties to consider health and safety in every activity. Commitment to health and safety must form an integral part of this organization, from the owner to the workers.

The right to refuse work

The [*Occupational Health and Safety Act*](#) (OHSA) gives a worker the right to refuse work that he or she believes is unsafe to himself/ herself or another worker. A worker who believes that he or she is endangered by workplace violence may also refuse work.

The Act sets out a specific procedure that must be followed in any work refusal. It is important that workers, employers, supervisors, members of joint health and safety committees (JHSCs) and health and safety representatives understand the procedure for a lawful work refusal.

Under the [*Canada Labour Code Part II*](#), federal employees have the right to refuse work they reasonably believe presents a danger to themselves or others. Workers must report the refusal immediately to their supervisor, who must investigate promptly.

Medication Policy

Policy No.	15	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

The purpose of this policy is to ensure medications are administered safely and correctly to participants in accordance with prescriber orders, regulatory requirements, and best practices, while supporting resident dignity, rights, and well-being.

This policy applies to:

- a) All prescription and non-prescription medications brought by participants or provided by healthcare professionals.
- b) All staff responsible for medication administration, storage, and documentation.
- c) Camp Supervisor Oversees compliance, maintains medication logs, and ensures staff training.
- d) All camp locations and activities where medication may be required.

1) Medication Intake

- a) During intake, staff are required to:
 - i) Collect all medications at check-in.
 - ii) Verify that each medication is in its original, properly labeled container, including the participant's name, dosage, and administration instructions.
 - iii) Ensure all medications are accurately recorded in the medication log.
 - iv) Obtain a signed medication consent form from the participant or their guardian
- b) Staff must also collect and document any additional relevant or noteworthy information related to the medication, such as special storage requirements (e.g., refrigeration), timing considerations, or specific administration instructions.

2) Storage and Security

- a) All prescribed medication must be stored in locked cabinet or secured container in the designated health station area of the on-site office.
- b) Refrigerated medications must be kept in a **locked fridge**.
- c) No medications are to be kept in participant cabins unless approved for emergency use (e.g., inhalers, EpiPens).
- d) Separate medications by participant in labeled containers.

- e) Access to storage is limited to authorized personal only.
- f) A daily logbook will track medication access, dosage, and administration times.
- g) Only designated trained staff are permitted to support and supervise medication management in accordance with this policy.

3) Participant Medication Disclosure

- a) Participants are required to disclose any prescribed medication and surrender at check-in for proper administration.
- b) Medications (over the counter and prescribed) are not to be kept in yurts or in personal belongings.
- c) A medication schedule will be created for each participant and reviewed on a regular basis.
- d) Any changes in dosage or any new prescriptions must be documented and approved by health professionals.

4) Traditional Medicines

- a) Traditional medicines such as cedar, sweet grass, bear root etc., will be respected and may be used in ceremony and/or healing.
- b) Storage will follow community protocols and will be guided by Elders or knowledge keepers.
- c) Traditional medicines are not subject to the same lock and key policy as pharmaceuticals unless requested by community, Elders or knowledge keepers.

5) Administration

- a) Only designated staff trained in medication management may provide supervised access to participant medications.
- b) Follow the prescription label exactly.
- c) Document each dose in the **Medication Log**
- d) Date, time, medication name, dosage, initials of staff and participant.

6) Self-Administration

- a) Allowed only for emergency medications (e.g., inhalers, EpiPens) with prior approval.
- b) Must be documented in the Medication Log.

7) Emergency Medications

- a) Emergency medications such as EpiPens and asthma inhalers will be kept accessible, but in an approved location.
- b) Staff must be trained in emergency response protocols.

8) Emergency Protocol

- a) In case of allergic reaction or overdose:
 - i) Call **911 immediately**.
 - ii) Assist the participant with the emergency medication (e.g., EpiPen) if needed
 - iii) Notify camp supervisor and guardian.
 - iv) Complete an **Incident Report** within 24 hours.

9) Documentation and Confidentiality

- a) Confidential health records will be maintained for each participant.
- b) Records must be kept secure via locked access or password protected digital systems.
- c) Only authorized staff may access health information.
- d) Please note that the authority to collection and retain Personal Health Information is done under the authority of the Personal Health Information and Protection of Privacy Act (PHIPPA).

10) Disposal

- a) Expired or unused medications must be returned to the participant, guardian or disposed of according to pharmacy guidelines.

11) Training and oversight

- a) All staff involved in the supervision of participant medication consumption must be appropriately trained, including in cultural safety and trauma-informed care, and must hold current emergency response certification (e.g., First Aid and CPR).

Suicide & Mental Health Crisis Prevention

Policy No.	16	Approved	April 7 th , 2026
Pages	2	Revised	

Purpose

To establish clear policy requirements for identifying and responding to mental health crises, including suicidal thoughts or behaviours, in a culturally appropriate, trauma informed, and non-clinical manner.

Scope

This policy applies to:

- All camp staff and volunteers
- All participants during camp activities and while on campgrounds

Roles and Responsibilities

Camp Supervisor: responsible for oversight, escalation, and ensuring compliance

Staff: responsible for immediate response and reporting

Elders and Cultural Helpers: provide cultural support where appropriate

1) Prevention and Awareness

- a) Staff must receive training in:
 - i) Suicide risk factors and warning signs
 - ii) Crisis response and de-escalation techniques
 - iii) Cultural approaches to wellness and healing
 - iv) Staff must promote a safe and supportive environment that encourages participants to seek help.

2) Identification of Risk

- a) Staff are required to remain alert to indicators of mental health distress or potential risk of self-harm.

3) Response Requirements

- a) Staff must respond immediately to any indication of suicidal ideation or crisis. Participants identified as being at risk must not be left alone. Staff must act within their training and role and maintain a calm and supportive approach.

4) Escalation and External Supports

- a) Emergency services must be contacted where there is an immediate risk to safety. Appropriate crisis supports must be engaged where required. Emergency contacts or guardians must be notified where appropriate and where there is risk of harm.

5) Cultural and Community Supports

- a) Cultural supports, including Elders or knowledge keepers, may be engaged where appropriate and with participant consent.

6) Documentation

- a) All mental health incidents must be documented in accordance with organizational reporting requirements.

7) Follow Up and Support

- a) Participants must be supported through appropriate follow up measures and referrals where required.

Missing Participant

Policy No.	17	Approved	April 7 th , 2026
Pages	2	Revised	

Purpose

To establish policy requirements to ensure the safety and timely response to any participant reported missing, including situations involving water related risk.

Scope

Applies to all staff and participants aged 16 and over participating in camp activities.

1) Duty to Respond

- a) All reports of a missing participant must be treated as a priority safety concern. Staff must take immediate action to account for the participant.

2) Escalation Requirements

- a) Emergency services must be contacted where a participant cannot be located within a reasonable timeframe or where risk is identified. Appropriate emergency response agencies must be engaged based on the nature of the situation.

3) Aquatic Safety

- a) Water based activities must be supervised by trained staff.
- b) Appropriate safety measures must be in place for all water related activities.

4) Communication

- a) All internal communication must be coordinated through designated leadership. External communication must be managed by an authorized spokesperson. Information must not be shared publicly unless authorized.

5) Documentation

- a) All incidents involving a missing participant must be documented in accordance with organizational requirements.

6) Post Incident Review

- a) All incidents must be reviewed to identify opportunities for improvement. Additional supports may be provided where required.

7) Prevention Requirements

- a) Safety protocols must be established and communicated prior to activities.
- b) Staff must be appropriately trained in emergency response.

Transportation and Vehicle Safety

Policy No.	18	Approved	April 7 th , 2026
Pages	2	Revised	

Please also refer to Nipissing First Nation's Vehicle Use Policy

Purpose

To ensure the safe and efficient transportation of participants, staff, and supplies during wellness camp operational times, while respecting cultural protocols and minimizing risks.

Scope

This policy applies to all camp staff, volunteers, and contracted drivers responsible for transporting participants or operating camp vehicles.

Responsibilities

Camp Supervisor: Oversees compliance, maintains vehicle logs, and schedules inspections.

Drivers: Follow all safety protocols and report any issues immediately.

Participants: Follow instructions and safety rules during transport.

Policy Guidelines

1) Driver Requirements

- a) All drivers must:
 - i) Hold a valid driver's license appropriate for the class of vehicle being operated.
 - ii) Complete training on the safe operation of the vehicle being operated

2) Passenger Safety

- a) Seat belts must be worn at all times.
- b) If required, personal protective equipment shall be worn.
- c) No standing or moving while the vehicle is in motion.

3) Vehicle Standards

- a) Vehicle must:
 - i) Be inspected before each trip (tires, brakes, lights, fluids)

ii) Have valid registration and insurance

4) **Activity Planning**

a) All activities must be planned in a manner that minimises or eliminates all risks of harm for all participants and staff.

5) **Prohibited Actions**

a) Operators and passengers shall adhere to all applicable laws, by-laws and policies relating to the safe operation of NFN vehicles.

Potable Water Management

Policy No.	19	Approved	April 7th, 2026
Pages	2	Revised	

Purpose

To ensure the safety of participants and guarantee access to safe potable water in all outdoor programs.

Scope

This policy applies to staff, volunteers, and participants during land-based activities, workshops, organized by the Wellness Camp.

Policy Statement

Our organization is committed to:

- Providing safe drinking water that meets health standards
- Complying with local, provincial, and federal regulations for water safety and potable water

1) **Responsibilities**

- a) With the support of NFN's public works department, all designated personnel will ensure that:
 - i) Potable water systems are in-place
 - ii) Water quality is monitored
 - iii) All safety instructions and hydration guidelines are followed.

2) **Potable Water Management Procedures**

- a) Water Source Selection:
 - i) Prefer treated municipal water or approved wells
 - ii) If using surface water, collect from flowing sections away from shorelines and avoid stagnant areas.

3) **Storage**

- a) Water will be stored in approved containers
- b) Keep containers sealed and away from contaminants

4) **Environmental considerations**

- a) All activities shall be conducted in a manner that prevents contamination of natural resources.

5) **Training Requirements**

- a) Annual potable water handling course

Weapons

Policy No.	20	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

The purpose of this policy is to:

- Ensure a safe, secure, and therapeutic environment.
- Protect clients, residents, staff, volunteers, and visitors from harm.
- Reduce risk of violence, intimidation, or accidental injury.
- Support a trauma-informed and recovery-focused setting.

The facility maintains a zero-tolerance policy regarding weapons.

Scope

This policy applies to:

- All clients/residents/participants.
- Employees, contractors, interns, and volunteers.
- Visitors and guests.
- All facility buildings, grounds, parking areas, and vehicles.
- Off-site activities sponsored by the facility.

Definition of Weapons

For purposes of this policy, a ***weapon*** includes any item designed to cause harm or that could reasonably be used to threaten or injure another person.

This includes, but is not limited to:

- Firearms (handguns, rifles, shotguns)
- Ammunition
- Explosives or incendiary devices
- Knives (other than small personal grooming tools where permitted)
- Switchblades or concealed blades
- Tasers or stun guns
- Brass knuckles
- Batons or clubs

- Martial arts weapons
- Replica or imitation firearms

Policy Statement

The possession, use, storage, or concealment of weapons is strictly prohibited on facility property.

This includes:

- On a person.
- In personal belongings.
- In vehicles parked on facility property.
- In client rooms or common areas.

No exceptions are permitted unless explicitly authorized by law and facility administration (e.g., authorized law enforcement officers acting in official capacity).

1) Searches

- a) To ensure safety, the facility reserves the right to:
- b) Conduct bag or property inspections upon entry or when reasonable suspicion exists. ***Please also see inventory search policy.***
- c) Perform room inspections in accordance with program agreements.
- d) Request removal of prohibited items immediately.
- e) All inspections will be conducted respectfully and consistently.

2) Response to Violations

- a) Where a prohibited item is identified, immediate steps will be taken to ensure safety.
- b) Appropriate actions will be taken based on risk, which may include removal from the premises and notification of appropriate authorities where required by law.

3) Visitors

- a) Visitors may not:
 - i) Bring weapons onto facility property.
 - ii) Leave weapons secured in vehicles parked on property (if prohibited by facility rules and local law).
 - iii) Transfer weapons to clients or other individuals.

- b) Visitors who violate this policy will be asked to leave immediately and may be permanently restricted.

4) Staff Responsibilities

- a) Staff must:
 - i) Comply fully with this policy.
 - ii) Report any suspected or observed weapons immediately.
 - iii) Follow established emergency and incident reporting procedures.
- b) Unauthorized staff possession of weapons while on duty may result in disciplinary action up to termination.

5) Trauma-Informed Considerations

- a) The facility recognizes that many clients have histories of trauma. A strict no-weapons environment supports:
 - i) Emotional safety
 - ii) Reduced anxiety
 - iii) Trust-building
 - iv) Therapeutic stability

6) Legal Compliance

- a) This policy is enforced in accordance with applicable local, provincial, and federal laws regarding weapons and firearms. Any weapons seized will be held and local police will be notified.

Visitor & Contact Policy

(Video Conferencing & End-of-Treatment Visits Only)

Policy No.	21	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

The purpose of this policy is to:

- Protect the therapeutic integrity of the environment.
- Minimize external distractions and relapse triggers.
- Promote focus on stabilization and recovery.
- Support structured reintegration at discharge.
- To maintain clinical effectiveness and safety, visitation is limited as outlined below.

Scope

This policy applies to:

- All clients/residents/participants.
- All family members, friends, and approved support persons.
- All facility premises and communication systems.

1) Administrative Discretion

- a) The administrative team may:
 - i) Delay video conferencing during detox or stabilization (first 2 weeks of camp).
 - ii) Modify communication privileges based on treatment progress.
 - iii) Restrict contact if it interferes with recovery goals.
- b) All decisions regarding visitation are made in the best interest of client safety and therapeutic progress.

2) General Visitation Structure

- a) During the 90-day program:
 - i) No in-person visits are permitted**
 - ii) Communication with approved individuals will occur via scheduled video conferencing only (i.e. FaceTime)

- b) End-of-Program
 - i) In-person visits are permitted **only at the completion of the program**, as part of discharge planning, graduation or transition activities.
 - ii) End-of-treatment visits must be pre-approved and scheduled by administrative staff.

3) Communication Requirements

- a) All communication must be approved and scheduled
- b) Communication may be monitored where appropriate
- c) NFN may limit or restrict communication based on safety or program requirements

4) Approved Contacts

- a) Participants may be required to:
 - i) Identify approved contacts
 - ii) Contact may be restricted where there is safety, legal or program concerns.

5) Prohibited Items (End-of-Program Visits)

- a) Visitors may not bring or possess any prohibited items including but not limited to:
 - i) Alcohol
 - ii) Illicit drugs or paraphernalia
 - iii) Weapons
 - iv) Tobacco/vaping products (if facility is tobacco-free)
 - v) Unauthorized medications
 - vi) Unapproved gifts or packages
- b) All items may be subject to inspection.

6) Conduct Expectations

- a) All visitors shall conduct themselves in a respectful manner and always demonstrate appropriate behavior. Conduct that disrupts, undermines, or interferes with the integrity, safety, or effectiveness of any program or activity will not be permitted.
- b) Video calls may be terminated immediately if guidelines are violated.

7) Confidentiality

- a) To protect privacy:
 - i) Recording, screenshots, or social media sharing of video sessions is prohibited.
 - ii) Staff will not disclose treatment information to visitors without proper consent.
- b) All communications must comply with applicable privacy laws.

8) Suspension of Privileges

- a) Visitation privileges (virtual or end-of-treatment) may be suspended or revoked if:
 - i) Policy violations occur.
 - ii) Attempts are made to introduce prohibited items.
 - iii) Communication disrupts treatment.
 - iv) Safety concerns arise.

Workplace Violence

Policy No.	22	Approved	April 7 th , 2026
Pages	1	Revised	

Purpose:

The purpose of this Workplace Violence Policy and Procedures is to establish clear expectations, responsibilities, and processes to prevent workplace violence and protect the health and safety of all workers.

Please refer to Nipissing First Nation's Workplace Violence and Harassment Policy.

Camp Set Up, Fire Safety, Tools and General Maintenance

Policy No.	23	Approved	April 7 th , 2026
Pages	3	Revised	

Purpose

To establish requirements for safe, efficient, and culturally respectful camp operations, including infrastructure, fire safety, tool use, environmental stewardship, and general maintenance, while ensuring the well-being of participants and staff.

This policy is to be read in conjunction with the Occupational Health and Safety Act and all applicable legislation.

Scope

This policy applies to all staff, volunteers, and participants involved in camp operations and activities within the Wellness Camp.

1) Yurt Site and Structural Safety

- a) All structures must be maintained in a safe condition
- b) Fire safety equipment must be in place and maintained
- c) Access routes must remain clear for emergency response

2) Fire and Heating

- a) Only approved heating sources may be used
- b) Fire risks must be controlled at all times
- c) Open flames must be managed in accordance with safety requirements
- d) Fire safety practices must comply with applicable fire codes and regulations

3) Health and Hygiene

- a) Hygiene standards must be maintained to support participant health
- b) Waste must be managed in a manner that prevents contamination

4) Cultural and Land Based Protocols

- a) Cultural practices must be respected and supported
- b) Sacred items must be handled and stored in accordance with cultural protocols

5) Roles and Responsibilities

- a) Responsibilities must be clearly assigned to ensure safety, maintenance, and program delivery
- b) Designated personnel are responsible for oversight and compliance

6) Emergency Preparedness

- a) Emergency response measures must be in place
- b) Staff must comply with established emergency response requirements
- c) Emergency procedures must align with organizational health and safety requirements

7) Tool and Equipment Safety

- a) Tools and equipment must be used safely and only by trained individuals
- b) Supervision must be provided where appropriate
- c) All equipment used must comply with occupational health and safety requirements

8) Inspection and Maintenance

- a) Tools and equipment must be maintained in safe working conditions
- b) Defective equipment must be removed from service

9) Safe Handling

- a) All tools and equipment use must comply with established safety requirements

10) Storage Requirements

- a) Tools and materials must be stored securely to prevent injury or damage
- b) Hazardous materials must be stored safely

11) Cultural Considerations

- a) Cultural tools and items must be handled in accordance with cultural protocols

12) Incident Response

- a) All incidents must be reported and managed in accordance with organizational requirements

13) Prohibited Conduct

- a) Unsafe use of tools or equipment is not permitted
- b) Use of tools while impaired is prohibited

14) Responsibilities

- a) Leadership is responsible for oversight and compliance
- b) Staff are responsible for safe operation and reporting concerns
- c) Participants must follow safety requirements

15) Environmental Stewardship

- a) Environmental practices must comply with applicable environmental protection standards
- b) Activities must be conducted in a manner that protects the land and surrounding environment