



1. Purpose

This Procedure provides assistance to West Coast District Health Board (WCDHB) staff members for the provision of cultural appropriate care to patients/residents/clients of CHC who identify as Maori.

2. Application

This Procedure is to be followed by all WCDHB staff members.

3. Definitions

Term	Description
Mana	Spiritual power and authority to enhance and restore tapu. Health Services must empower tāngata māuiui and their whānau. In doing so the service's own mana is enhanced.
Tapu	<ul style="list-style-type: none">Physical, psychological, emotional, spiritual and cultural well being.Dignity and sacredness.Restrictions and prohibitions that protect tapu (well being, dignity and sacredness) from violation.
Noa	<ul style="list-style-type: none">In the negative sense, it is the state of diminished tapu, of weakness and powerlessness resulting from violation.In the positive sense, it is the state of freedom of mind and spirit that comes about through being acknowledged, enhanced, restored and healed.
Hara	A sin of violation, a transgression.
Hē	An act of wrongdoing.
Muru hara	To restore tapu by addressing and repairing violation.
Muru hē	To restore and heal a wrong.
.Hapū	Sub tribe of a large tribe. Pregnancy.
Hinengaro	Psychological.
Iwi	A nation or people with a shared identity and genealogy/tribe.
Kai	Food.
Kaiawhina	Designated Māori staff who focus on the spiritual and cultural needs of tāngata māuiui and their whānau.
Karakia	Blessings /incantation/ prayer.



Term	Description
Kaupapa	Policy, protocols.
Marae	Place of Māori practice. Often comprising of a carved meeting house, marae ātea (sacred space in front of the meeting house), dining room and ablution facilities.
Pōwhiri	Māori process of welcoming.
Rongoa	Māori methods of healing including mirimiri (massage), te reo (language), karakia and herbal remedies.
Tāngata Māuiui	Consumers/ clients/ patients. Person seeking or requiring assistance from a health professional.
Taonga	Treasure, valuables.
Tikanga	Issues of principle/integrity of intent. Values and respect. Processes.
Tinana	Physical body.
Tūhono Tahi	An area close to critical care for whānau/family to wait.
Tūpāpaku	Deceased person.
Wairua	Spiritual element. Wairua is an integral part of tapu and noa that is inextricably linked to wellbeing.
Whānau:	Family, including extended family group.
Whānau: Kārangarangatanga Tāngata.	Relationships are intrinsically linked and connected through whānau, hapu and iwi. Whānau extends beyond the concept of the “family unit”, “nuclear family” or “biological family”.
Whenua	Placenta. Afterbirth. Land.

4. Responsibilities

For the purposes of this Procedure:

All WCDHB Staff Members are required to:

- Comply with the requirements of this Procedure

5. Resources Required

These Guidelines requires no specific resources.



6. Process

1.00 Objectives

- 1.01 To ensure the wairua (spiritual), hinengaro (psychological) and tinana (physical) wellbeing of tāngata māuiui (Māori consumers/ clients/ patients) and their whānau (family and extended family group).

2.00 Guiding Principles

- 2.01 As soon as *tāngata māuiui* (Māori consumers/ clients/ patients) and their *whānau* are involved with a healthcare service they are deemed to be in a state of *noa* (being beyond one's own physical and/or spiritual power) e.g. disempowered. Acknowledging a person's rites/rights and respecting their beliefs restores the *tapu* (well being/empowerment) of *tāngata māuiui* and their *whānau* (e.g. permission is always asked for and an explanation given prior to any intervention).

If informed consent and compliance with *tikanga* is not carried out in a respectful manner during the care of *tāngata māuiui* then a *mahi hē* (offence) has been committed. This is regardless of how small the *mahi hē* may appear. Another action is then required to correct the *mahi hē* to bring about *murū hē* (restoration and healing).

- 2.02 *Tikanga Recommended Best Practice* is primarily focused on Māori as they reflect Māori values and concepts. However, they can also be made available and delivered to consumers of health services regardless of ethnicity as they include best practice standards of care.

Central to the policy is the expectation that all users of health services are treated with dignity and respect. In turn, users of health services are expected to behave respectfully. In exercising the principles of the policy it is anticipated that the awareness and confidence of the health workforce will be raised and in doing so staff will demonstrate consideration of wider cultural needs and expectations.

- 2.03 *Tikanga Recommended Best Practice* offers choice to the community about how health care is delivered. The document outlines processes for all staff to follow that are integral to best practice and will assist in the delivery of quality health services within the WCDHB.



3.00 Karakia (blessings/incantation/prayer)

- 3.01 Where possible, tängata mäuiui and whänau will be verbally offered (from early in the care process) the choice of having karakia. In particular this needs to be offered before and after surgery.
- 3.02 Staff will make arrangements for the chaplain to attend if required. This will be offered to all tängata mäuiui and whänau.
- 3.03 Staff will support the need for karakia at all times during tängata mäuiui care.
- 3.04 Staff will endeavour to offer and support karakia in a variety of heightened situations e.g. psychotic incidents. This may involve discussion with whänau and/or appropriate Māori staff.
- 3.05 Time will be allowed for karakia.
- 3.06 Karakia will not be interrupted unless the physical care of tängata mäuiui is compromised.
- 3.07 If karakia cannot occur due to extreme circumstances, staff will explain the reasons in a sensitive manner and discuss alternative options.
- 3.08 Access to water in culturally appropriate containers will be made available for the purpose of spiritual cleansing.



4.00 Whānau Support

- 4.01 Tāngata māuiui and whānau will be actively encouraged, included and supported by staff to be involved in all aspects of care and decision making. This includes care plans, discharge planning and multi disciplinary team meetings. A copy of the care plan may be shared with the tangata māuiui and whānau.
- 4.02 Staff will ask whānau and/or tāngata māuiui if they wish to nominate a person to speak on behalf of the whānau.
- 4.03 Staff will acknowledge and actively involve the nominated person.
- 4.04 In agreement with tāngata māuiui and whānau, staff will include the appropriate Māori staff e.g. Kaiawhina in the care and decision making process.
- 4.05 A private room and adequate time will be allocated for whānau consultation and decision making throughout the care of tāngata māuiui.
- 4.06 Staff will consult with whānau regarding suitable meeting times and needs.
- 4.07 Flexibility will be given to visiting times and visitor numbers where possible.
- 4.08 Staff will give serious consideration to a whānau member requesting to stay overnight with the tangata māuiui.
- 4.09 Staff will give serious consideration to whānau who ask to be present during a surgical procedure. Health and Safety and Infection Control considerations will be explained in this situation.
- 4.10 Staff will be especially supportive of whānau visiting when death is expected and/or imminent.
- 4.11 Where appropriate, staff will support and encourage whānau to bring food and share meals with the tangata māuiui. Particular food may be requested by the tangata māuiui. It is important that staff support whānau in this and especially when death is expected and/or imminent.



5.00 Information and Support

- 5.01 During all initial encounters, staff will introduce themselves and explain their role and service to the tangata māuiui and whānau.
- 5.02 When obtaining registration details, staff will accept that the Māori concept of “next of kin” may be broadly interpreted.
- 5.03 Where appropriate, staff will ensure that tāngata māuiui are offered an interpreter.
- 5.04 Staff will ensure that the tangata māuiui and whānau are aware of accommodation options, preferably prior to admission and make referrals when requested.
- 5.05 Staff will notify the appropriate Māori staff of tāngata māuiui in their care as soon as possible e.g. on admission/referral.
- 5.06 Staff will inform the tangata māuiui and whānau of internal and external resources e.g. whānau rooms and dedicated spaces to support whānau wellbeing, external Māori providers, primary providers, support services and relevant agencies outside of the health sector.
- 5.07 The Maori Health Service will maintain a current list of contacts to assist tāngata māuiui and their whānau.
- 5.08 Staff will offer the choice of having the chaplain attend. Staff will make the arrangements if this is requested.
- 5.09 Information will be delivered clearly and in terms the tangata māuiui and whānau understand.
- 5.10 Staff will ensure the tangata māuiui and whānau understand the information given.
- 5.11 Information will be provided in more than one way where possible e.g. spoken and written, Māori and English.
- 5.12 Staff will inform tāngata māuiui and whānau of the advocacy service provided by Advocacy Services
- 5.13 If a health advocate is required, staff will make the arrangements unless stated otherwise by tāngata māuiui and whānau.
- 5.14 Staff will provide verbal and written information and support regarding complaints procedures.



6.00 Specific Needs

- 6.01 Staff will ask tängata mäuiui and whānau if they have any special cultural, spiritual, language or other needs.
- 6.02 These needs will be documented in the relevant notes e.g. treatment plan, needs assessment, clinical file. Staff will actively seek to ensure they are met.
- 6.03 Staff will respect and support the importance and use of rongoa (Māori methods of healing) during tängata mäuiui care.
- 6.04 Staff will be prepared to negotiate, document and work collaboratively with Māori healers, tängata mäuiui and whānau regarding the use of rongoa.
- 6.05 Staff will ensure they attempt to pronounce Māori names correctly and ask when unsure.
- 6.06 Staff will endeavour to use the preferred name of the tangata mäuiui.
- 6.07 A simple request and explanation will be given and consent obtained from tängata mäuiui and/or whānau before touching tängata mäuiui anywhere on the body and especially on the head.



7.00 Food

- 7.01 Food will never be passed over the head.
- 7.02 Fridges/freezers used to store food or medication for human consumption will be clearly identified and not used for any other purpose.
- 7.03 Microwaves used for food will not be used for heating anything that has come into contact with the body.
- 7.04 Tea towels will only be used for the purpose of drying dishes.
- 7.05 Tea towels will be washed separately from all other soiled linen.
- 7.06 Anything that comes into contact with the body or body fluids must be kept separate from food e.g. combs or brushes should not be placed on surfaces where food is placed.
- 7.07 Receptacles used for drinking water will be solely used for this purpose.
- 7.08 Staff will not sit on tables or workbenches and particularly on surfaces used for food or medication.



8.00 Taonga/Valuables

- 8.01 Only remove taonga (valuables/heirlooms) if leaving them on places tängata mäuiui at risk; wherever possible taonga will be taped to their person, and the reason for this explained.
- 8.02 If there is any risk is involved, consent will be obtained from the tangata mäuiui or whänau before removing taonga.
- 8.03 Tängata mäuiui and whänau will be informed of the risk of storing taonga.
- 8.04 Tängata mäuiui and whänau are to be given the option of removing taonga.
- 8.05 Whänau will have the option of caring for taonga.
- 8.06 If whänau are not caring for the taonga, it will be kept in the identified valuables safe, where provided.



9.00 Bedpans/Urinals

- 9.01 Bedpans/urinals and food will never be present at the same time.
- 9.02 Excreta and food will always be kept separate. Excreta will not be placed on surfaces where food is placed e.g. bedpans/urinals will not be placed on surfaces used for food trays.
- 9.03 Bedpans/urinals will not be placed on top of the bedside lockers or nightingales.
- 9.04 Always place bedpans/urinals on the equipment used for this purpose.
- 9.05 Always store bedpans/urinals in the designated area.



10.00 Linen

- 10.01 Different coloured **pillowcases** will be used to differentiate pillows for the head and those used for other parts of the body. (*White for above the waist and blue for below the waist*).
- 10.02 Pillowcases will not be used for any other purpose.
- 10.03 Staff will support whānau if they bring their own pillowcases.
- 10.04 Where possible different coloured **pillows** will be used to differentiate pillows for the head and those used for other parts of the body.
- 10.05 Different flannels will be used for the washing of above the waist and below the waist. Where possible use different coloured flannels to differentiate. Washing will follow a strict order starting from the neck to genital and then anal area.
- 10.06 All below waist pillow cases and wash clothes are to be put into the red linen bag for processing by the laundry.



11.00 Maori Specific Areas

- 11.01 These are areas observing tikanga Māori. This includes both current and future areas permanently governed by Māori protocols e.g. Māori Accommodation Services, Marae.
- 11.02 For these areas staff will ensure that Māori protocols are followed and that Tikanga governs.

12.00 General Areas

- 12.01 These are areas used on occasion for a Māori specific purpose. This includes rooms that are not permanently governed by Māori tikanga and protocols except on specific occasions.
- 12.02 On these occasions staff will ensure that Tikanga governs and Māori protocols are followed e.g. pōwhiri. All areas used in the care of Tūpāpaku e.g. Whānau/Family Rooms, will follow the *Tikanga Recommended Best Practice* outlining the procedures for *Tūpāpaku (Deceased Person)*.





13.00 Whānau/Family Room

- 13.01 Whānau/Family Rooms are designated rooms located on the ward. All Whānau/Family Rooms are governed by tikanga principles and protocols. This room supports the needs of whānau/family of tāngata māuiui on the ward. The Whānau/Family Room is available to all tāngata māuiui, staff, and whānau/families regardless of ethnicity.
- 13.02 Staff will ensure the following principles have priority in the Whānau/Family Rooms:
- Whānau caring for tāngata māuiui throughout the process of dying.
 - When the Whānau/Family Room is occupied by Tūpāpaku, staff will ensure that the *Tikanga Recommended Best Practice* outlining the procedures for *Tūpāpaku* are followed.
- 13.03 Whānau/Family Rooms will be guided by the following:
- Everyday use of the Whānau/Family Rooms will be determined by consultation between ward staff and appropriate Māori staff
 - Staff will negotiate with whānau the use of the space for other meeting purposes.




14.00 Research

- 14.01 The Treaty of Waitangi principles of partnership, participation and protection will be actively addressed and undertaken in good faith. This will occur from the outset of the project i.e. from the negotiating and formulation of the research to the final outcome.
- 14.02 Researchers must address how the research will benefit Māori, including how information will be shared with Māori.
- 14.03 Before research is initiated, consent may be required from iwi groups, particularly if the research may potentially breach tikanga or involve sensitive issues. This is over and above individual consent.
- 14.04 Some issues may also require consent from iwi and/or hapu especially where ownership may belong to collective stakeholders.
- 14.05 Informed consent (written and verbal) must be sought from Māori participants and/or whānau involved in the research. This includes requests for body parts/tissue and/or substances (including genetic material) to be collected for research purposes.
- 14.06 Return, retention or disposal procedures will be discussed and agreed to by participants. This will be documented.
- 14.07 Time will be allowed for consultation and decisions to be reached.
- 14.08 Confidentiality will be maintained, in particular where individuals may be identifiable.



15.00 Removal, Retention, Return or Disposal of Body Parts and/or Tissue and/or Substances

- 15.01 Regardless of how minor the part/tissue or substance is perceived to be by staff, the following process will be followed. All discussions will be non-directive and follow an informed process.
- 15.02 Staff will talk with the tangata māuiui and/or whānau giving a true and clear verbal explanation regarding the full procedure and options as early as possible.
- 15.03 Staff will offer the option of further support from the appropriate Māori staff. Where possible this must happen prior to any intervention.
- 15.04 Staff will offer the option of karakia and make the arrangements if required.
- 15.05 Staff will give a clear verbal and written explanation to the tangata māuiui and/or whānau regarding the interpretation of the terms body parts, human tissue and substances.
- 15.06 The removal, retention, return or disposal of body parts/tissue/substances will follow WCDHB Procedures and written information will be made available to whānau and/or tāngata māuiui where applicable.
- 15.07 Staff will ensure that the tangata māuiui and/or whānau have the correct information to make an informed choice. This is especially critical when staff request body parts/tissue be retained and/or examined.
- 15.08 Staff will consult with the tangata māuiui and/or whānau regarding their intentions for removal, retention, return or disposal.
- 15.09 The process used to discuss  will be done in a sensitive, non-judgmental and consultative way.
- 15.10 Time will be allowed for the tangata māuiui and/or whānau to consult and reach a decision unless immediate physical care is severely compromised e.g. urgent amputation.
- 15.11 Explicit consent must be obtained (in writing) for the removal of body parts and tissue.
- 15.12 Explicit consent must be obtained for the retention of body parts.
- 15.13 Informed acceptance must be obtained for the retention of tissue.
- 15.14 Where retention is consented to, the *purpose* for retention will also be agreed to through an informed consent process i.e. for the purpose of education and teaching. This will be documented.
- 15.15 Future use will *only* be the original purpose as agreed to by tāngata māuiui and/or whānau.
- 15.16 In most cases informed acceptance will be obtained (verbally) for the collection, retention, return and or disposal of substances e.g. blood.



- 15.17 Staff will respect all decisions made by the tangata māuiui and/or whānau.
- 15.18 Staff will document all discussions and decisions in the clinical notes, using the appropriate documentation.
- 15.19 Staff will ensure all body parts/tissue and substances are correctly labelled and documented. This is especially crucial if returns are requested.
- 15.20 All body parts/tissue/substances will be returned when requested if this does not involve a high risk to safety.
- 15.21 Staff will ensure any special requests regarding the retention, return or disposal of body parts/tissue/substances are documented and monitored.
- 15.22 Where body parts/tissue/substances are not immediately returned, they will be retained for a reasonable time to allow for the tangata māuiui and/or whānau to consent to a process for return, retention or disposal. Flexibility will be allowed.
- 15.23 Staff will make every attempt to ensure body parts/tissue and substances are returned quickly.
- 15.24 Staff will inform the tangata māuiui and/or whānau of any necessary safety precautions regarding the handling and disposal of the returned body parts/tissue/substances.
- 15.25 The return of body parts/tissue/substances will be carried out in a way that is consistent with tikanga and in consultation with appropriate Māori staff.
- 15.26 Body parts/tissue/substances will be returned in containers that are durable and reflect tikanga practices. This will be determined in consultation with appropriate Māori staff.
- 15.27 Staff will record and carry out the wishes of the tangata māuiui and/or whānau for the return or disposal of body parts/tissue/substances if the original purpose for retention changes e.g. later found unsuitable for use. Returns will follow tikanga practices and protocols determined in consultation with Māori staff.
- 15.28 Staff will offer the return of all hair, fingernails and toenails. This will be documented in the clinical notes.
- 15.29 These will be saved in a patient labelled snap closure plastic bag and returned to the tangata māuiui and/or whānau.



16.00 Pending Death

- 16.01 Where possible, whānau will have the choice of taking their terminally ill relative home.
- 16.02 Where death is expected imminently, whānau will be notified immediately.
- 16.03 Where death is expected imminently, support staff involved in the care of the tangata māuiui will be notified immediately.
- 16.04 Staff will make every attempt to ensure a single room is available.
- 16.05 Staff will make every attempt to allow whānau to be present at all times.
- 16.06 Staff will facilitate access to appropriate staff e.g. chaplain and facilities (Chapel).
- 16.07 If there is the potential for involvement from the coroner, whānau will be informed at the earliest opportunity.
- 16.08 If there is the potential of a post mortem request, whānau will be consulted immediately.



17.00 Movement Of Tüpäpaku

- 17.01 The wishes of the whānau will always be respected as to how the Tüpäpaku is moved.
- 17.02 Whānau will be able to accompany the Tüpäpaku when moved.
- 17.03 Staff will always handle the Tüpäpaku in a sensitive and respectful manner.
- 17.04 The Tüpäpaku will always be transported feet first.
- 17.05 Transportation of Tüpäpaku will be conducted discreetly.
- 17.06 All services will have a pre determined “pathway” for Tüpäpaku.
- 17.07 Staff will ensure all linen, food cupboards, inpatient and staff pantry and toilet doors are closed during the moving of Tüpäpaku.
- 17.08 The movement of Tüpäpaku through public areas will be avoided wherever possible. If not, staff will use the shortest route, avoiding food and waste areas. This will be carried out in an efficient, respectful and dignified manner.
- 17.09 Staff will ensure that the designated lifts are used.

18.00 Following Removal Of Tüpäpaku

- 18.01 Where possible, karakia will be performed in the room/area as soon as the Tüpäpaku is removed.
- 18.02 Where possible, the room will not be physically cleaned until karakia has occurred.



19.00 Autopsy

- 19.01 When a post mortem is required by the coroner, or requested by staff a true explanation will be given to whānau.
- 19.02 At all times staff will continually update and inform whānau. This will be done as soon as possible so whānau are prepared and informed.
- 19.03 Staff will respect the privacy of whānau during discussions.
- 19.04 A quiet, private area will be allocated to whānau.
- 19.05 Support staff will be notified as soon as possible
- 19.06 The removal or cutting of Tūpāpaku hair is to be avoided unless absolutely necessary to any post mortem. Whānau will be notified of this prior to the procedure and offered the option of retaining the hair.
- 19.07 Staff will make every attempt to ensure a speedy release of the Tūpāpaku.
- 19.08 If a non-coronial post mortem is requested, staff will ensure whānau have the correct information to make an informed choice and if agreed, give informed and written consent.
- 19.09 Time will be allowed for the tangata māuiui and/or whānau to consult and reach a decision.
- 19.10 The retention of body parts/tissue/substances must follow the *Tikanga Recommended Best Practice*.
- 19.11 Discussion with whānau will also include information on the use of photography. Informed consent for this must be obtained.
- 19.12 All procedures will be discussed in a sensitive, non-judgmental non-directive and consultative way.
- 19.13 Staff will document all discussions and decisions in the clinical notes and appropriate documentation.
- 19.14 All body parts and/or tissue will be returned as soon as possible and follow the *Tikanga Recommended Best Practice* outlining their return.
- 19.15 All consents will be clearly documented. A record of parts/tissue retained will be kept.
- 19.16 In coronial cases staff must ensure that whānau have access to information regarding the autopsy procedures, it is for the coroner's office to ensure this information is provided. When body parts and/or tissue are required for further analysis in determining death it is the responsibility of the pathologist to ensure that appropriate liaison and/or consultation with the family/ whānau occurs



Tikanga Best Practice Guidelines

Procedure Number

CHC-PC-0011

Version Nos:

4

- 19.17 Informed consent will be obtained for any procedures other than those needed to establish cause of death.
- 19.18 Body parts, tissue and/or substances will only be taken if needed to determine the cause of death.
- 19.19 Return, retention or disposal will follow the *Tikanga Recommended Best Practice*.
- 19.20 Retention of body parts and/or tissue from post mortems beyond the agreed and/or required examination time will not be retained unless written and verbal informed consent has been obtained.
- 19.21 All consents will be clearly documented. A record of parts/tissue retained will be kept.
- 19.22 All body parts and/or tissue will be returned as soon as possible and will follow the *Tikanga Recommended Best Practice* outlining their return.



7. Precautions And Considerations

- ➔ Patients/residents/clients must be allowed to identify themselves as Maori.
- ➔ When treating Maori it is important for staff members to acknowledge their cultural values and beliefs in relation to the four cornerstones of Maori health care
- ➔ Cultural assessments can be provided as part of the interdisciplinary team approach to care and are to be undertaken by a suitably qualified and experienced staff member

8. References

There are no references associated with this Procedure

9. Related Documents

WCDHB Return Of Body Parts Procedure

WCDHB Informed Consent Procedure

WCDHB Ethics Procedure

WCDHB Compliance with the Code of Health and Disability Services Consumer Rights Procedure

Revision History	Version:	4
	Developed By:	General Manager Maori Health
	Authorised By:	Chief Executive Officer
	Date Authorised:	December 2005
	Date Last Reviewed:	November 2007
	Date Of Next Review:	November 2009