There are times, however, when we cannot maintain confidentiality. If we become aware of a situation in which a child/youth needs protection, we will report it to the appropriate authorities.

Those situations include:
- If any child or youth under the age of 16 is being hurt or abused, or at risk of being hurt or abused.
- If anyone is in imminent danger of hurting themselves or someone else.
- If a regulated health professional is or has been sexually inappropriate with someone.
- If the courts ask for our records.

Will my child/youth be involved in research?

Research is an important part of the work we do. Through research we learn how to best help children and youth with mental health needs.

While on 3G, we may ask you and your child/youth if you would like to be involved in current or future research. Whether or not you wish to take part in research is up to you. Your decision will not affect your child’s/youth’s care in any way.

How can I contact the 3G team?

RBC Child and Youth Mental Health Unit (3G)
1200 Main Street West, PO Box 2000
Hamilton, ON
L8N 3Z5

3G Unit: (905) 521-2100, ext. 72800
3G Unit Managers: (905) 521-2100, ext. 77326 or 77298
Working with 3G

Your child/youth will stay in the RBC Child & Youth Mental Health Inpatient Unit (3G) for mental health care in the hospital.

Inpatient care may be recommended for your child/youth to help:
- Ensure their immediate safety
- Assess their mental health and determine their needs
- Provide intensive mental health care and services
- Review their drug and medication use
- Plan the treatment and services they can receive in your community

The care we provide is guided by this philosophy:

We believe that children, youth and families are doing the best they can with the skills they have ... and we will work together to make things better.

How long will my child/youth be on 3G?

How long children/youth stay on 3G depends on their needs. Each child’s/youth’s needs are different, but most stay only a few days.

When your child/youth is admitted, the health care team will work closely with you and your child/youth to determine your child’s/youth’s needs and plan their care. This includes making plans for when your child/youth can leave 3G. This is called discharge planning.

Can my child/youth make treatment decisions?

The hospital operates under the Health Care Consent Act. This Act states that a capable patient of any age can consent (agree) to a treatment. The consent of their parent or caregiver is not necessary.

The health care team decides whether a patient is capable. Your child/youth is capable of making a treatment decision if they can:
- Understand the information relevant to the treatment decision
- Understand the possible consequences of making the decision or not
- Tell us their decision

If the team finds your child/youth incapable of making a specific treatment decision, then someone else (usually a parent or guardian) will be assigned to make the decision. This person is called a “substitute decision maker”.

How is the privacy of personal information protected?

We want you to feel comfortable sharing your concerns with us. We will keep these concerns within your child’s/youth’s care team, unless we have consent to share it.

We also must protect the privacy of your child’s/youth’s personal information. We will ask for your child’s/youth’s consent before sharing their information with others or getting information from others.
- If your child/youth is capable, they have the right to keep their information private from anyone they choose, including their parents.
- If your child/youth is not capable to provide this consent, then we will look to a “substitute decision maker” for consent.
How do we ensure safety on the unit?

Everyone’s safety is important to us, including all children, youth, staff and visitors.

We need to provide a safe environment, free from:

- Violence, aggression, self-harm, lying, racism, sexism and/or negative comments about sexual identity. We do not allow clothing or any items that support any of these ideas.
- Bullying, threatening and/or verbal abuse.
- Substances including cigarettes, alcohol and drugs (and the supplies related to drug use).

Tell your child/youth to talk to staff right away if they feel unsafe or think they may do something dangerous. Staff will coach your child/youth to identify and practice skills that will help.

Any time that a patient’s behaviour causes safety concerns, staff will work with the patient to become calm. If this does not work, and the safety of the patient or others remains a concern, we would need to consider methods of restraint as the last option.

Assessing the risk of violence

If we receive information that a child/youth is at serious risk of harming others, we may participate in a “Violence Threat Risk Assessment”. This assessment determines how best to support the child/youth so their behaviour does not become dangerous.

To do the assessment, we contact the child’s/youth’s school and other community agencies. We also tell the police that a Violence Threat Risk Assessment is occurring.

As this assessment is a standard response for community agencies in Hamilton, we may be contacted by a school or community agency if they are conducting a Violence Threat Risk Assessment.

If your child/youth is at risk of harming others, we will meet with you or your child/youth to discuss our concerns. We will ask you or your child/youth for permission (consent) to share information with the community. Please note that in some situations we are required to disclose information, without consent.

Who will be involved in my child’s/youth’s care?

Health care providers will work closely with you and your family.

Your health care team may include:

- Child and Youth Workers
- Nurses
- Occupational Therapists
- Social Workers
- Psychiatrists
- Psychologists
- Pharmacists
- Teachers

As we are a teaching hospital, medical residents and students in health professions may also be involved in your child’s/youth’s care.

The way we work together matters

Our goal is for the hospital to be a place where everyone is treated with respect.

Please read the Mutual Respect booklet included in your information package.

This is your guide to working with the health care team.

What will my child/youth do on 3G?

When you come to 3G, team members will talk with you and your child/youth to better understand what led to this hospital stay and how we can help.

Your child/youth will complete a “behavioural analysis” (BA). By working through the BA, your child/youth shares important information with the team. This will help us:

- Understand why your child/youth was admitted
- Identify the skills your child/youth can learn to prevent coming back to hospital

After completing the BA, your child/youth can attend groups with other children/youth and meet with different team members.

Our staff will be your child’s/youth’s coach. We will help your child/youth learn and practice new skills in new situations.

At times, staff take groups of children/youth off the unit for an activity or a walk. If you have concerns about these off-unit activities, please let us know.
What do I need to do while my child/youth is on 3G?

We ask parents/caregivers to attend our “Caregiver Connections” group and other meetings so we can share information about our program and what your child/youth is learning. These meetings are scheduled during normal business hours.

When can I visit my child/youth?

We suggest that you visit after 4 pm, when programs on the unit are finished. If this does not work for you, please discuss with staff.

If you visit often, you can buy a long term pass at a discounted rate from the Parking Office.

For more information read Parking at McMaster Children’s Hospital available at www.hhsc.ca/ped.

We ask all parents, caregivers and visitors to leave their belongings (such as their purse, phone or bag) in their car or put them in a locker on 3G.

Can my child/youth leave the unit?

The option of leaving the unit with staff or visitors is based on information from you, your child/youth and the health care team. Safety is most important in making this decision.

To help you and your child/youth prepare for discharge, the team may plan day or overnight passes. When possible, your child/youth will have passes over a weekend.

What about my child’s/youth’s school work?

Please bring in your child’s/youth’s school work. Our team includes teachers who can help your child continue their homework.

We may ask for your permission to:

- Send a letter to your school principal explaining your child’s/youth’s absence from school.
- Speak with the school to learn more about your child’s/youth’s school experience and plan their return to school.

What can my child/youth bring to the unit?

Your child/youth can bring:

- Toothbrush and toothpaste
- Hairbrush and comb
- Soap, shampoo, conditioner, deodorant and feminine sanitary products
- Clothes that are similar to a school dress code (bring only enough clothes for 3 days)
- Pajamas, slippers, socks, underwear, shoes (without laces, or laces will be removed)
- School work, books, journals for writing (without wire bindings)
- MP3 players, i-pods (without built-in cameras, wi-fi capability or glass screens)

Please note that we are not responsible if items are lost or stolen.

What things are not allowed on the unit?

The following items are not allowed on the unit:

- Communication devices such as cell phones and computers
- Handheld gaming devices
- Recording devices such as cameras and digital recorders
- Sharp objects such as glass, mirrors, tweezers, scissors, cans and hangers
- Plastic bags
- Belts, cords and strings (including shoelaces, ties in hoodies and pants)
- Pillows, blankets (for infection control)
- Nail polish, nail polish remover
- Cigarettes, lighters
- Alcohol, drugs
- Weapons

For everyone’s safety, we search all children’s/youth’s personal belongings when they arrive, after off-ward visits, and as needed.

Any unsafe items are sent home or disposed of safely.
What do I need to do while my child/youth is on 3G?

We ask parents/caregivers to attend our “Caregiver Connections” group and other meetings so we can share information about our program and what your child/youth is learning. These meetings are scheduled during normal business hours.

When can I visit my child/youth?

We suggest that you visit after 4 pm, when programs on the unit are finished. If this does not work for you, please discuss with staff.

- If you visit often, you can buy a long term pass at a discounted rate from the Parking Office.
- For more information read Parking at McMaster Children’s Hospital available at www.hhsc.ca/ped!

We ask all parents, caregivers and visitors to leave their belongings (such as their purse, phone or bag) in their car or put them in a locker on 3G.

Can my child/youth leave the unit?

The option of leaving the unit with staff or visitors is based on information from you, your child/youth and the health care team. Safety is most important in making this decision.

To help you and your child/youth prepare for discharge, the team may plan day or overnight passes. When possible, your child/youth will have passes over a weekend.

What about my child’s/youth’s school work?

Please bring in your child’s/youth’s school work. Our team includes teachers who can help your child continue their homework.

We may ask for your permission to:
- Send a letter to your school principal explaining your child’s/youth’s absence from school.
- Speak with the school to learn more about your child’s/youth’s school experience and plan their return to school.

What can my child/youth bring to the unit?

Your child/youth can bring:
- Toothbrush and toothpaste
- Hairbrush and comb
- Soap, shampoo, conditioner, deodorant and feminine sanitary products
- Clothes that are similar to a school dress code (bring only enough clothes for 3 days)
- Pajamas, slippers, socks, underwear, shoes (without laces, or laces will be removed)
- School work, books, journals for writing (without wire bindings)
- MP3 players, i-pods (without built-in cameras, wi-fi capability or glass screens)

We ask all parents, caregivers and visitors to leave their belongings (such as their purse, phone or bag) in their car or put them in a locker on 3G.

What things are not allowed on the unit?

The following items are not allowed on the unit:
- Communication devices such as cell phones and computers
- Handheld gaming devices
- Recording devices such as cameras and digital recorders
- Sharp objects such as glass, mirrors, tweezers, scissors, cans and hangers
- Plastic bags
- Belts, cords and strings (including shoelaces, ties in hoodies and pants)
- Pillows, blankets (for infection control)
- Nail polish, nail polish remover
- Cigarettes, lighters
- Alcohol, drugs
- Weapons

Patients are welcome to use our washers and dryers.

For everyone’s safety, we search all children’s/youth’s personal belongings when they arrive, after off-ward visits, and as needed.

Any unsafe items are sent home or disposed of safely.
How do we ensure safety on the unit?

Everyone’s safety is important to us, including all children, youth, staff and visitors.

We need to provide a safe environment, free from:

- Violence, aggression, self-harm, lying, racism, sexism and/or negative comments about sexual identity. We do not allow clothing or any items that support any of these ideas.
- Bullying, threatening and/or verbal abuse.
- Substances including cigarettes, alcohol and drugs (and the supplies related to drug use).

Tell your child/youth to talk to staff right away if they feel unsafe or think they may do something dangerous. Staff will coach your child/youth to identify and practice skills that will help.

Any time that a patient’s behaviour causes safety concerns, staff will work with the patient to become calm. If this does not work, and the safety of the patient or others remains a concern, we would need to consider methods of restraint as the last option.

Assessing the risk of violence

If we receive information that a child/youth is at serious risk of harming others, we may participate in a “Violence Threat Risk Assessment”. This assessment determines how best to support the child/youth so their behaviour does not become dangerous.

To do the assessment, we contact the child’s/youth’s school and other community agencies. We also tell the police that a Violence Threat Risk Assessment is occurring.

As this assessment is a standard response for community agencies in Hamilton, we may be contacted by a school or community agency if they are conducting a Violence Threat Risk Assessment.

If your child/youth is at risk of harming others, we will meet with you or your child/youth to discuss our concerns. We will ask you or your child/youth for permission (consent) to share information with the community. Please note that in some situations we are required to disclose information, without consent.

Who will be involved in my child’s/youth’s care?

Health care providers will work closely with you and your family.

Your health care team may include:

- Child and Youth Workers
- Nurses
- Occupational Therapists
- Social Workers
- Psychiatrists
- Psychologists
- Pharmacists
- Teachers
- Teachers

As we are a teaching hospital, medical residents and students in health professions may also be involved in your child’s/youth’s care.

The way we work together matters

Our goal is for the hospital to be a place where everyone is treated with respect.

Please read the Mutual Respect booklet included in your information package.

This is your guide to working with the health care team.

What will my child/youth do on 3G?

When you come to 3G, team members will talk with you and your child/youth to better understand what led to this hospital stay and how we can help.

Your child/youth will complete a “behavioural analysis” (BA). By working through the BA, your child/youth shares important information with the team. This will help us:

- Understand why your child/youth was admitted
- Identify the skills your child/youth can learn to prevent coming back to hospital

After completing the BA, your child/youth can attend groups with other children/youth and meet with different team members.

Our staff will be your child’s/youth’s coach. We will help your child/youth learn and practice new skills in new situations.

At times, staff take groups of children/youth off the unit for an activity or a walk. If you have concerns about these off-unit activities, please let us know.
Working with 3G

Your child/youth will stay in the RBC Child & Youth Mental Health Inpatient Unit (3G) for mental health care in the hospital.

Inpatient care may be recommended for your child/youth to help:
- Ensure their immediate safety
- Assess their mental health and determine their needs
- Provide intensive mental health care and services
- Review their drug and medication use
- Plan the treatment and services they can receive in your community

The care we provide is guided by this philosophy:

We believe that children, youth and families are doing the best they can with the skills they have … and we will work together to make things better.

How long will my child/youth be on 3G?

How long children/youth stay on 3G depends on their needs. Each child’s/youth’s needs are different, but most stay only a few days.

When your child/youth is admitted, the health care team will work closely with you and your child/youth to determine your child’s/youth’s needs and plan their care. This includes making plans for when your child/youth can leave 3G. This is called discharge planning.

Can my child/youth make treatment decisions?

The hospital operates under the Health Care Consent Act. This Act states that a capable patient of any age can consent (agree) to a treatment. The consent of their parent or caregiver is not necessary.

The health care team decides whether a patient is capable. Your child/youth is capable of making a treatment decision if they can:
- Understand the information relevant to the treatment decision
- Understand the possible consequences of making the decision or not
- Tell us their decision

If the team finds your child/youth incapable of making a specific treatment decision, then someone else (usually a parent or guardian) will be assigned to make the decision. This person is called a “substitute decision maker”.

How is the privacy of personal information protected?

We want you to feel comfortable sharing your concerns with us. We will keep these concerns within your child’s/youth’s care team, unless we have consent to share it.

We also must protect the privacy of your child’s/youth’s personal information. We will ask for your child’s/youth’s consent before sharing their information with others or getting information from others.
- If your child/youth is capable, they have the right to keep their information private from anyone they choose, including their parents.
- If your child/youth is not capable to provide this consent, then we will look to a “substitute decision maker” for consent.
There are times, however, when we cannot maintain confidentiality. If we become aware of a situation in which a child/youth needs protection, we will report it to the appropriate authorities.

Those situations include:
- If any child or youth under the age of 16 is being hurt or abused, or at risk of being hurt or abused.
- If anyone is in imminent danger of hurting themselves or someone else.
- If a regulated health professional is or has been sexually inappropriate with someone.
- If the courts ask for our records.

**Will my child/youth be involved in research?**

Research is an important part of the work we do. Through research we learn how to best help children and youth with mental health needs.

While on 3G, we may ask you and your child/youth if you would like to be involved in current or future research. Whether or not you wish to take part in research is up to you. Your decision will not affect your child’s/youth’s care in any way.

**How can I contact the 3G team?**

<table>
<thead>
<tr>
<th><strong>RBC Child and Youth Mental Health Unit (3G)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 Main Street West, PO Box 2000</td>
</tr>
<tr>
<td>Hamilton, ON</td>
</tr>
<tr>
<td>L8N 3Z5</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

| **3G Unit:** (905) 521-2100, ext. 72800         |
| **3G Unit Managers:** (905) 521-2100, ext. 77326 or 77298 |