



Minister for Health and
Minister for Ambulance Services
Member for Woodridge

6 SEP 2017

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Mr Neil Laurie
Clerk of the Parliament
Queensland Parliamentary Service
George Street
BRISBANE QLD 4000

Dear Mr ~~Laurie~~ Neil,

I write in response to your letter regarding petition number 2744-17, tabled in Parliament on 8 August 2017, in relation to meeting the needs of children with autism spectrum disorder in Queensland hospitals (Harry's rule).

Children and young people with special needs including autism spectrum disorder benefit from individual management plans developed in partnership between families and their clinicians. These need to be communicated and used recognising that a formal pathway or rule creates risk that medical issues may be overlooked, and passage through Emergency Departments should be determined by individual presentation. In relation to each of the points detailed in the petition, the following advice has been provided by paediatricians and child and youth mental health specialists in Children's Health Queensland Hospital and Health Service (CHQ):

1. Expedition through Emergency Department's should be considered based on a child's clinical presentation and clinical need rather than diagnostic history;
2. Improved training for health professionals is supported and a training module is currently in development by CHQ. Requiring autism trained health professionals to be always available is not feasible however, and specifying one disorder at the expense of others is potentially problematic. There are operational and logistical issues having clinicians on 24/7 with highly specific skills;
3. It is desirable for Emergency Departments to have side rooms, however physical infrastructure limitations mean that many facilities would not be able to meet this;
4. With respect to coloured identity bracelets focus groups have been conducted with families by CHQ and many were in two minds about this noting that some children will struggle to wear it and were wary about making it compulsory;
5. Involvement of parents in treatment planning is essential and forms part of necessary good clinical practice for children with autism spectrum disorders among others;
6. Awareness that pain indicators may not be present requiring tests to ensure a diagnosis is also a part of necessary good clinical practice;
7. A parent carried record that covers triggers, preferences, sensory needs and communication is sensible; and
8. Ward allocation is based on clinical need with prioritisation for a single room appropriate although this will be facility dependent and consideration also would have to be given for children with other acute problems.

I trust this information is of assistance to the petitioners.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Cameron Dick', with a long horizontal line extending to the right.

CAMERON DICK MP

Minister for Health

Minister for Ambulance Services