

## **INQUEST INTO THE DEATH OF** **HAMIDUR RAHMAN**

On 20 March 2002, Hamidur Rahman was on a school excursion with 140 other students at the Yanco Agricultural College, Leeton.

The excursion commenced on Monday 18 March and was to end Friday 22 March. A letter that was sent to the parents from Ms Jackson, the Excursion Organiser, Hurlstone Agricultural High School, promised an extremely worthwhile programme: *“This will be a five day camping trip staying on the grounds of the Yanco Agricultural High School at Leeton. From this base we will tour the Murrumbidgee Irrigation Area each day. Students will take part in a wide variety of educational activities that relate to work covered in class during the year. As well, students will be involved in a variety of recreational activities designed to encourage social interaction. Travel will be by air conditioned coach and accommodation will be in tents. The excursion forms part of the curriculum and as such we anticipate that all students will participate in this activity”.*

After disclosing the cost of the excursion, the letter states *“If your child has special dietary needs or has a special medical condition that we need to know about, could you please contact Miss Jackson, on 98299 223 at your earliest convenience during school hours or alternatively send in a note with your child”.*

Hamidur was thirteen years old and in Year 8. This bright little boy wanted to grow up to be a pilot and own nice cars. He like to play cards at school and was fond of a game of chess with his good friend Benjamin, playing three or four times a week.

He was a member of a loving and supportive family, his father Siddiquir, mother Rokeya and sisters Nusrat and Najifa.

On the night of the 20 March 2002, all the children were in the school gymnasium playing a trivia game. They were divided into groups. The groups were to compete answering questions and after each series of questions one member of each team undertook a ‘challenge’ on behalf of their group. The object of the ‘challenge’ was to be the first to finish undertaking the task ie push ups, blowing up balloons, eating dry wheat bix.

Hamidur found himself at the front of the group undertaking a ‘peanut butter’ challenge. Each competitor had to finish eating a heaped spoonful of peanut butter in the shortest time to win the heat.

Before the ‘challenge’ was announced, neither Hamidur nor his team mate Charlie wanted to go forward. Another boy urged Charlie to go but Hamidur said he’d go instead.

Hamidur was one of 14 children at the front of the groups of students when the ‘challenge’ was announced.

Teachers Michael Wall and Sharon Kenaly were hosting the game. Mr Wall loaded 14 forks with peanut butter and stuck them to two plates. He held them up and Ms Kenaly announced "This is a peanut butter challenge".

As the forks were being handed out, Mr Wall warned the participants not to start.

Emily did not want to participate in eating the peanut butter so she was allowed to be replaced by another team member. Hamidur remained in the game.

Students who witnessed Hamidur put the fork in his mouth describe an immediate reaction to it. Peter who was in Hamidur's group states *"I saw Hamidur put the peanut butter to his mouth. He looked at first before he put it in his mouth. He put the peanut butter in his mouth and started to chew. He didn't chew very fast. I was watching Hamidur because he was from our group. Hamidur started to cough a little and looked like he was choking, by that I mean it looked like Hamidur froze a little bit, he put his hand up to his throat. He had taken the peanut butter out of his mouth. Hamidur ran to a teacher and I saw him speak with the teacher. The teacher was a female but I'm not sure of her name. Hamidur then ran out of the doors to the hall. He didn't run fast, he was slightly jogging"*.

Teacher, Robert Schippers said that Hamidur came to him after the challenge carrying the fork and peanut butter with him and told him he felt sick. Mr Schippers advised the boy to go to the toilet block. Moments later he was told that Hamidur was being sick. He left to investigate.

Ms Katriona Morris was the school assistant and first aid officer for the excursion. She gives a chilling account of their desperate efforts to help Hamidur:

*"In the boys toilets I saw Hamidur standing in the middle of the room. He appeared to be agitated and was scratching at his skin. It was as if he was trying to rip off his skin.....In the toilets Hamidur was breathing but agitated"*. Hamidur was placed in the bus to be taken to hospital, Ms Morris continues *When I got to the bus I looked at Hamidur again....He was still agitated, breathing but he had a distinct wheeze to his breathing. I thought that this may be a full asthma attack...Hamidur was having difficulty sitting on the seat."* It was then that the decision was made to transport Hamidur by ambulance. *"Hamidur was so agitated that he was fighting us. I got the Ventolin puffer and gave that to Bob. I told Bob to try and get 4 puffs into Hamidur.*

*"Hamidur started to swell visibly in front of us. His tongue and mouth swelled and he had excess saliva. He started to get puffy and then said 'I can't breath'. I said 'I know'. They were the first words Hamidur said to me during this incident. Bob had hold of Hamidur and he was sliding off the seat. He stopped fighting us and went limp. We then laid him on the ground to lay him on his side. I don't know how but at that point I remember Mick Wall being there and he was on the phone to the ambulance"*.

*"Hamidur stopped breathing whilst Mick was on the phone. I told Bob he was not breathing. Bob rolled him on his back and started to do mouth to mouth.....Hamidur still had a strong but rapid heart beat at that stage. He was unconscious at that stage"*

*“Bob was still doing mouth to mouth. I told Bob that I was going to get help and asked whether was he alright. Bob nodded” Ms Morris left to ensure the other children remained in the hall. She returned Hamidur with Mr Godby.*

*“When we got there Mick Wall was there with Bob still doing mouth to mouth. He still had a heartbeat then”*

*“Mick and I were on one side, Mr Godby was on the other. Bob was up near Hamidur’s head doing mouth to mouth. Mick asked Bob if he wanted a break and he started to do mouth to mouth. Hamidur was very frothy in the mouth. Mick was using Hamidur’s T shirt to wipe the froth away. I think he was doing it over both his mouth and nose. I couldn’t see his chest rising with the mouth to mouth”*

*“Hamidur started to make a noise. As if he was trying to get air in. He was still salivary in his mouth. I thought that he may have been starting to breath on his own. We rolled him on his side facing Mick. We checked his breathing and he wasn’t, so we rolled him back and Bob continued mouth to mouth. Mr Godby was checking Hamidur’s neck for a pulse whilst I was checking his wrist”*

*“Mr Godby and I looked at each other and said we couldn’t get a pulse. Hamidur had continued to swell. At the point where we couldn’t get a pulse it appeared that Hamidur had relaxed wet his trousers and gone to the toilet in his pants. Mick then started CPR. Between Mick Bob and Ian they took turns at doing the CPR and mouth to mouth. I was counting for them and I kept the time of how long we were doing CPR. We were telling Hamidur to hang on that we were still there for him.”*

*“I do not remember who said what to whom. Jenny Jackson went to the Yanco School to try and get an oxygen bottle and Christy Godby (Ian’s wife) went to the gate in her car to show the ambulance where to come”*

*“The ambulance arrived and the two ambulance officers started to work on Hamidur. The three boys, Bob, Mick and Ian were still doing mouth to mouth and CPR. We told the Ambulance Officers how long we had been doing CPR and that we thought it was a reaction to the peanuts. I helped the lady Ambulance Officer whilst Mick was still doing CPR with the male Ambulance Officer.”*

Shortly after Hamidur was taken by ambulance to Leeton Hospital. He failed to respond to treatment.

### **THE ISSUES FOR INQUEST**

- Mr and Mrs Rhaman expressed concern that the school was not being honest with them regarding the circumstances of their son’s death.
- They believed Hamidur would not knowingly take peanut butter as he was aware he was allergic to peanuts.
- The school had been put on notice by Mrs Rhaman that Hamidur could not eat peanuts on the excursion. Why, then, was peanut butter used into a game?
- Why were teachers and staff unaware of the dangers of allergic reactions and the possibility of anaphylaxis?

- Why was Hamidur and his family unaware that an allergic reaction to food could be ‘life threatening’?

### **UNDERSTANDING THE CIRCUMSTANCES OF HAMIDUR’S DEATH**

Detective Sergeant Paul Campbell has undertaken a thorough investigation into the circumstances of Hamidur’s death. All witnesses have provided statements and co-operated fully with this inquest.

I am satisfied that the staff and teachers of the Hurlstone Agricultural High School have been open and honest with this inquisition.

The Department of Education and Training have co-operated with my Counsel Assisting for many months leading up to the hearing.

All issues requiring scrutiny have been examined and a number of recommendations will follow my finding.

### **HAMIDUR AND THE PEANUT BUTTER ‘CHALLENGE’**

Hamidur was aware that he could not eat peanut butter. He was an astute little boy who understood his limitations with regard to his allergies. He did not however, understand the gravity of eating peanuts and the possibility of an Anaphylactic reaction.

In February or March, the year before his death, Hamidur had an allergic reaction to peanuts in a Lebanese sweet. He knew at that time, as did his family, that peanuts were to be avoided.

Hamidur would have known that the ‘challenge’ involved peanut butter.

I accept the evidence of Mr Wall and the other teachers, that both Ms Kenaly and Mr Wall made a point of instructing the children that it was a ‘peanut butter’ challenge.

It has been submitted that the hall would have been noisy with active and excited children. The evidence is that the children were listening to the game and indeed, when it was announced at the time Hamidur and the others were out the front, that it was ‘peanut butter’ to be eaten, the students collectively made a groaning sound.

It is true that Hamidur did not want to go out the front for the challenge, but at that time he did not know it was peanut butter. It was yet to be announced.

When Ms Kenaly alerted the students to the substance, Emily had asked to sit down as she didn’t want to participate. Witness accounts vary with regards to the words she used. It is recalled by some she said she was ‘allergic’, others recall she simply said she didn’t like peanut butter or ‘it made her sick’. Emily in her statement makes no mention of an allergy, nor does her school record indicate a problem.

Hamidur's reluctance to put the fork in his mouth is a strong indication of his unease at the prospect of eating it. When he removed the fork, it was still covered in the substance and only a small amount was spat out into the sink in the toilets.

His actions are indicative of a young man trying to 'save face' in front of his peers.

Unfortunately he didn't know that a tiny portion could bring about a life threatening reaction.

To suggest this game was not a competition is nonsense. Answer sheets were marked and scored, the peanut butter challenge invited students to try and finish first. At the end of the game, first second and third places were awarded to the teams.

Regardless of how sensible Hamidur was, as a child suffering severe allergies, he was still a little boy wanting to please his peers and join in with his friends. He had already drawn attention to himself by his earlier reluctance to go to the front for the 'challenge'.

He had been further disadvantaged on the excursion as he could not swim in the pool because he was allergic to chlorine. This in itself must have been a disappointment to him and set him apart from the other children.

Psychologically, Hamidur would have felt pressure to 'conform'. Peer pressure is significant factor in any school. I am not suggesting he was bullied or pushed into his fatal action but he was standing out the front of all the groups, of both boys and girls, with his team relying on him to finish first.

### **SCHOOL 'ON NOTICE' OF ALLERGY**

The letter that was sent to all parents advising them of the excursion, invited them to contact Miss Jackson, the organiser, if "*your child has special dietary needs or has a special medical condition that we need to know about*".

Mrs Rahman rang Miss Jackson 5 days before the excursion. Ms Jackson was critical that Mrs Rahman left it to the last minute as she had already planned the menus for the trip.

The Rahman's initially did not want Hamidur to go on the trip, but was advised that the excursion amounted to 15% of his overall mark and the letter firmly stated "*The excursion forms part of the school curriculum and as such **we anticipate that all students will participate in this activity***" (my emphasis). Their hesitance to send him may have accounted for the late phone call.

Miss Jackson had invited phone calls on the dietary and medical issues and suggested, only as an alternative, "*send a note with your child*". In hindsight all notifications should have been asked for in writing as both women have different recollections of the depth of the conversation regarding the issue of peanuts and peanut butter.

Even on Miss Jackson's account of the conversation, it was clear that she was being instructed by Mrs Rahman that Hamidur could not eat peanuts. Miss Jackson recalls the conversation this way *"The conversation was relating to Hamidur's dietary requirements due to his religion. She stated that he could only eat Halal meat. We discussed whether he could eat chicken, and he could, and that he wanted noodles for breakfast. She stated he was a fussy eater and not to worry if he didn't eat breakfast. She stated at the end of the conversation, as if to be some add on comment, that he could not eat peanuts. I was not too concerned as I had already organised the menus for the excursion and I had no meals where peanuts were added to the food. However I did inform her that peanut butter would be put out at breakfast time along with other spreads. Breakfast was to be a help yourself and children would put their own spreads on toast. I asked her if Hamidur knew what he could and could not eat. She stated to me that he did. The conversation was concluded"*.

Miss Jackson spoke to Hamidur the next day about his diet. Miss Jackson did not know about his allergy to chlorine or that he had a skin problem or that he had asthma until the actual excursion. This is despite Mrs Rahman indicating on Hamidur's enrolment form the year before, under 'Medical Details' 'Allergies - Dust Mites, Asthma' and 'Medical Problems - Ventolin'.

The school was firmly on notice that Hamidur could not eat peanuts. Whether Miss Jackson thought it was simply dietary for religious reasons or that he didn't like peanuts, Mrs Rahman's directive was taken into account in setting the menus as it should have been.

The problem came when a food challenge was introduced into a game unbeknown to Miss Jackson.

'No peanuts' should simply have meant 'no peanuts' in any circumstance. It is difficult to understand how a school could be so aware to the need to ask parents to alert them to special dietary requirements for menus, yet fail to take those considerations into account in mounting a food challenge between the students. It was a deadly oversight.

It is clear on the evidence that no-one at the school fully understood the dangers of allergies and the possibility of an Anaphylactic reaction, but if 'diet' prohibited any food for any reason, that should have been taking into account when setting the entire programme for the excursion.

Mr Wall's reasoning for not questioning the use the peanut butter is that, as it was in the food truck for the excursion, it must have been useable for other purposes. He was not aware of any prohibition.

A number of factors were against Hamidur on 20 March 2002:

- He had not been properly diagnosed with peanut allergy and therefore at risk of an Anaphylactic reaction
- As a result he did not have the appropriate medication, that is an EpiPen for use in an emergency
- The school was ignorant of the fact that peanuts could be 'life threatening'

- It was not until Mr Wall identified Hamidur as having an Anaphylactic reaction was the ambulance called. Until then there was a failure to recognise his condition.
- The school was not equipped with an EpiPen for such emergencies.

### **HAMIDUR AND HIS FAMILY'S UNDERSTANDING OF HIS CONDITION**

Hamidur's health had been problematic all his life. He was born prematurely. At seven months old he was allergic to egg. At three years of age his bottom lip became swollen and drooped after eating chips, the doctor believed he may have been allergic to salt. Hamidur was highly allergic to most foods. He never ate fish or vegetables.

He did eat chicken, rice, beef and prawn. His mother would make him curries and he liked noodles.

From the age of one year to ten years, he had trouble sleeping. Mrs Rahman states he was itchy at night-time. His skin was very flaky.

His initial diagnosis in 1993 was 'allergic asthma', 'eczema' and 'conjunctivitis', 'allergic to dust mites'. Hamidur suffered severe asthma attacks and was often treated at hospital. He was never diagnosed with a peanut allergy.

He had been treated by a general practitioner, Dr Bartos, until July 1999 when his parents transferred his care to a homeopath, Mr Nakad. They believed his health was improving under Mr Nakad's care, however the objective evidence does not support that belief.

Dr Bartos had, over the years, referred Hamidur to a number of specialists in an effort to understand and manage his severe medical conditions. The last referral was to a specialist who may have successfully diagnosed the extent of his allergies, however his parents did not follow through with the referral instead seeking the assistance of Mr Nakad.

Mr Nakad trained as a homeopath for three years. It appears Mr and Mrs Rahman had a great deal of confidence in him and his treatments. Mrs Rahman refers to him a Doctor Nakad, but he clearly is not a medical practitioner nor does he hold himself out to be one.

Mr Nakad stressed in his evidence the need for his treatments to be undertaken in conjunction with conventional or traditional medicine. The evidence is very clear that once Mr Nakad was consulted, no other clinicians played a part in Hamidur's treatment. Mr Nakad must have known that as Hamidur's mother consulted him on every aspect of her child's health.

This, sadly, was a critical error.

Dr Robert Loblay is a medical practitioner specialising in immunology analogy. He is the Director of the Allergy Unit at Royal Prince Alfred Hospital and Senior Lecturer of Immunology at the University of Sydney.

In his evidence he commented on Mr Nakad's treatment of Hamidur *"I don't think there's any role for homeopathic practitioners to be involved in either Anaphylaxis education or treatment but I think it would have been much better, obviously, had he suggested to Mr and Mrs Rahman that they take Hamidur for proper allergy assessment at which point his peanut allergy would have almost certainly been picked up and he would've learned how to use the EpiPen and probably had it with him at the time so it was just unfortunate that the suggestion wasn't made to them."*

Mr Nakad's evidence was that he distance himself from 'diagnosing' his clients but Dr Loblay dismissed that out of hand *"I certainly didn't accept his assertion that he doesn't do diagnosis because he certainly prescribes different homeopathic prescriptions for certain kinds of ailments"*.

Another area of concern was Mr Nakad providing 'medical certificates' for Hamidur's absences from school due to ill health.

The many, many days he lost due to sickness should have prompted Mr Nakad to suggest Hamidur be seen by a general practitioner or specialist for an urgent consultation.

At the time of the excursion Dr Loblay opines *"Hamidur's case, he sounds like he had poorly controlled asthma at the time that he actually went to the camp and he certainly didn't have all the asthma medications you would've expected him to have if he'd been seeing a specialist or even his GP and so having active poorly controlled asthma, puts him in that very high risk category of people who are at risk of dying from their Anaphylaxis"*.

When Hamidur had the reaction to the Lebanese sweet, Mrs Rahman contacted Mr Nakad by phone to tell him of the incident. He advised her that Hamidur had to stay away from peanuts.

Mr Nakad is a comprehensive note taker. No mention of peanuts is found in these notes. He stated he didn't record the conversation because it was not a consultation, yet other information is found in his notes. Notes that he made after he was contacted by Mrs Rahman outside the usual 'setting' for a consultation.

If he did believe that peanuts were dangerous for his patient, surely that would have been enough reason for a note to be made as a safeguard for the future.

Expert evidence is that severe asthma, allergies and the risk of Anaphylaxis is closely linked. Mr Nakad should have been aware of that.

Clearly Mr and Mrs Rahman knew of Hamidur's allergies and that he was a very sick little boy. The evidence does not support them knowing the extent of his life threatening condition. They relied in Mr Nakad.



Having said that, I still find Mrs Rahman's directive to Miss Jackson prohibiting peanut butter should have been enough **not** to put his life in jeopardy.

### **THE DEPARTMENT OF EDUCATION AND TRAINING**

In 1996 the New South Wales Department of Education published a training manual "Physical as Anything" dealing with a number of health issues for students. This publication contained information on anaphylaxis and was distributed to schools.

In 1997,1998 Dr Valenta Sutor, of the Allergy Unit of the Royal Prince Alfred Hospital, was fielding calls and request from schools for information on food allergies particularly anaphylaxis and its triggers.

Around that time, the South Australian Education Department had developed training material, a handbook "Anaphylaxis – Planning and Support Guide for Schools".

An information package was available through the Allergy Unit at the Royal Prince Alfred Hospital in the year 2000. It was intended that it be used in schools.

In 2001 the need to understand Anaphylaxis was gaining momentum. The NSW Department of Education was mobilising to understand the issues.

In 2001 Dr Soutter and Dr Loblay were keynote speakers at the NSW Department of Education Student Welfare Consultants statewide seminar on 'Anaphylaxis'.

In devising policy, guidelines and packages the Department took the view that it was preferable to consolidate all health conditions in one document and not deal with Anaphylaxis as a separate issue.

In early 2002 the Anaphylactic Working Party was established by the Department of Health. Within several months of that working party being activated the Australasian Society of Clinical Immunology Analogy (ASCIA) also established a working party.

Dr Loblay describes the earlier awareness around the issue of anaphylaxis this way "*I think the best way to describe it would be patchy. There were some individuals and some organisations who knew a little bit about Anaphylaxis, others who were completely unaware. Certainly there was very little awareness among people at schools and child care centres .....there was a great desire for more information*".

It is of real concern that every teacher and staff member who gave evidence, did not appreciate that an allergic reaction could cause death.

It is somewhat contradictory that a letter to parents invite disclosure of medical conditions and dietary needs, yet all the teachers and staff members that were to deal with the children on the excursion weren't fully briefed in those areas. There was no sharing of information.

The only teacher that showed some understanding of Hamidur's desperate struggle for life was Mr Wall who organised the game.

When Hamidur was struggling after eating the peanut butter, Mr Wall warned the other teachers that it may be an Anaphylactic reaction and that Hamidur needed to be transported by ambulance.

He had been in a similar state after a bee sting incident and was aware of the urgency of the situation. Even though he had been a victim of an allergy himself, he had no idea that peanuts could trigger Anaphylaxis.

It is hard to believe that in 2002 educators could be ignorant of the extent of the problems with allergies, but each and every witness stated they were not aware.

It was not the responsibility of the individual teachers to instruct themselves on relevant medical issues, but it was the responsibility of the Department of Education and Training to ensure Hamidur was in a safe environment.

I was of concern that Ms Morris indicated that even after Hamidur's death, over 2 years later, the school was slow to educate staff or put in place systems to warn them of children with medical conditions and/or allergies. Not all teachers shared that view.

There was, and still is, a real and urgent need for teachers and staff to be trained in the life saving EpiPen so that they can administer it in emergencies.

Most students would administer it themselves, however there will be times where a loss of consciousness or other reason requires administering the EpiPen by another party.

Ms Said, President of Anaphylaxis Australia gave evidence and demonstrated the use of the EpiPen. A simple and effective tool in a crisis.

One significant impediment to have EpiPen used by teachers was the Teachers Federation directive that teachers not use the life saving device. 'Liability' it appeared was a significant issue for the union.

The Department of Education and Training has now instructed their teachers that the EpiPen is to be used in emergencies, as it is a 'duty of care' issue for their students.

When asked about the slow response by the Department to alert its educators of the problems associated with allergies and Anaphylaxis, Dr Loblay stated in evidence that there appeared, in the early stages, to be a 'bureaucratic barrier'. He believes there is a much more proactive interest now, a 'refreshing change' since the new Director of Student Welfare, Mr William McKie was appointed.

Whether it was a 'bureaucratic barrier' or slow policy development for another reason it was unacceptable. Enough was known about allergies and children at risk of Anaphylaxis to put the department on notice long before the 20 March 2002.

### **THE PRESENT POSITION- WHAT WE KNOW AND DON'T KNOW**

The Anaphylaxis Working Party formulated guidelines. They were released to schools in 2003.

A Department of Health programme allows three registered nurse educators to visit schools and train teachers and staff on allergy issues including the use of the EpiPen.

Unfortunately given the limited number of nurses, only a small number of schools have been visited. There are about 3000 schools in New South Wales and in 18 months less than 10% have received this training.

There is a real need for accredited trainers to speak to other educators to ensure consistency of training and instruction.

Dr John Ruhno, a medical practitioner who specialises in allergy and immunology, believes all children at risk of Anaphylaxis should have the same management plans, not different plans for different practitioners. I support that proposal.

Dr Ruhno provided this insight:

- 80% of those who die from 'peanut' have not had a severe reaction in the past.
- Peanuts are over represented in deaths.
- 9yrs to 25yrs is the 'at risk' age group.
- 86% of deaths from food allergy is attributed to 'asthma'.
- Peanut as a problem has been identified since the mid 1990's
- More than 1 in 20 children have food allergies

Ms Maria Said a registered nurse and President of Anaphylaxis Australia, said in evidence, that even after her nurses training she was unaware that food could cause someone to die.

Even though allergies can be life threatening, Anaphylaxis Australia does not advocate total food bans in schools. Ms Said believes schools should minimise the amount of allergens but never suggest that the environment is peanut free, as that may give a false sense of security to the child.

There is a real problem with cross contamination. Whilst products may not contain 'peanut' there may still be a possibility that nut products have contaminated the food, through machinery etc.

Anaphylaxis Australia has developed training packages for students. 'Jeremy the Wallaby' is a character who suffers allergies himself, and children can identify with the character and learn from him.

The 'Be A Mate Programme' encourages students to understand and support their friends who have been diagnosed with allergies.

These valuable programmes will ensure that community awareness is improved at least in the young, however I agree with the expert medical practitioners that state it is the responsibility of the parents to alert the school to any medical conditions or allergies that afflict their child. As a safeguard, however, the school should ensure there are a number of 'prompts' to parents to ensure there is an exchange of information.

All staff and educators should be able to access this information on any pupil at anytime. Records should be centrally located and updated regularly.

Mr Wall and other teachers had no knowledge of Hamidur's dietary restrictions. That information was not shared nor was it sought. The trivia game involving food challenges was ill conceived and naïve in the circumstances.

The connection between allergies and Anaphylaxis was known in 2002. The Department of Education and Training had been approached by experts in these fields with the offer of training and information packages. The problem was real and immediate.

Policy and guidelines do take time to develop, however a medical alert to put teachers and staff 'on notice' could have been an effective tool to guard against the very thing that exposed Hamidur to an Anaphylactic reaction.

There is no doubt that the response by the Department of Education and Training to Hamidur's death has been slow to ignite. I share Dr Loblay's confidence, however, that these problems exposed during the course of this inquest and as a result of the ongoing Anaphylaxis Working Parties, will be addressed quickly and effectively.

There is room for some legislative consideration to protect students at risk of Anaphylaxis and to guard teachers and staff against prosecution where they act in good faith to assist a student in the emergency administration of an EpiPen.

Anaphylaxis Australia has submitted that legislative provisions similar to those proposed for Canada with 'Sabrina's Law' be enacted here to ensure schools, parents and the medical profession join to safeguard children in the school and childcare systems.

This would see the mandatory use of management plans as well as an obligation on parents to tell the schools if their child is at risk of Anaphylaxis, as well as providing a safeguard for teachers.

There is a great deal of merit in that proposal.

Hamidur dreamt of achieving good things in his life. He wasn't healthy, but he had a remarkable spirit that allowed him to enjoy life and all that it had to offer. Everyday things that other kids could take for granted, he couldn't. He adjusted to hardship but was never limited by it.

His loving and devoted parents tried so hard to improve his health and make life easier for their son. The grief that Mr and Mrs Rahman and their family must endure is hard to comprehend.

This terrible event has changed the lives of many people.

The decent and wonderful teachers who tried desperately to help Hamidur cling to life are to be commended for their actions.

The best we can do for Hamidur is to ensure that this does not ever happen again.

Magistrate Jacqueline M. Milledge  
Senior Deputy State Coroner  
9 September 2005