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Is Your School Ready for Bee Stings?

New report shows D.C. schools didn't always have trained employees to administer emergency meds during last school year

August 21, 2026 (WASHINGTON) As of April 22, 2026, fewer than half of the District's public schools were fully prepared to provide students with medical treatments for emergencies such as anaphylaxis, asthma attack, and low blood sugar, according to a management alert issued today by the Office of the D.C. Auditor (ODCA).

The Emergency Medications Amendment Act of 2023 requires all District of Columbia public schools to store emergency medications and ensure that on-site school employees are trained and certified by the D.C. Department of Health (DC Health) to administer the medications. But according to information from the Office of the State Superintendent of Education (OSSE), ODCA reports, only 113 of 246 schools had their emergency plans fully approved by late April 2026.

ODCA reported that another 120 emergency plans were in an OSSE-assigned status of "approved pending AOM [administration of medication]" training and certification and the remaining 12 plans were not approved yet because they were with their respective Local Education Agency or school after having been reviewed by OSSE and returned for revision. One school did not submit a plan.

"District parents might want to check with their child's school on whether they are in compliance with legal requirements and whether their child could be treated if they experience some of the most common childhood emergencies," D.C. Auditor Kathy Patterson said. "We encourage OSSE to ensure that plans are submitted and approved in all respects as quickly as possible in the new school year."

In responding to the management alert, State Superintendent of Education Antoinette S. Mitchell agreed with the urgency of complying with the 2023 law and with "the importance of supporting schools in responding to students experiencing a health emergency." But she disagreed with ODCA's conclusion that OSSE is responsible for compliance and cited the additional roles outlined for DC Health (developing the medications plan and staff training and certification) and individual schools (identifying staff to provide medications).

Said Patterson: "We believe the law is sufficiently clear that it is OSSE's responsibility to secure compliance, period. The legislation's sponsors were also clear and if need be the D.C. Council can provide additional direction to the state education agency." The OSSE statement is included in the published report.

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