

“A licensed registered nurse is responsible for the nature and quality of nursing care that a client receives under the nurse's direction. A licensed nurse may delegate selected nursing tasks to a nursing assistant. A nursing assistant may not substitute for the licensed nurse in the performance of nursing functions. A nursing assistant may not redelegate a delegated task.”

(Excerpt section 20:48:04.01:01 General criteria for delegation.)

Please note: Avera Education & Staffing Solutions compiled this list of South Dakota Administrative Rules applicable to Delegation of Nursing Tasks from tools available at the South Dakota Legislature – Legislative Research Council website. <http://sdlegislature.gov/Rules/RulesList.aspx> (December 2022)

Section 1

In South Dakota a nurse may delegate medication administration in accordance to the following rules:

CHAPTER 20:48:04.01

DELEGATION OF NURSING TASKS

Section

20:48:04.01:01	General criteria for delegation.
20:48:04.01:02	Supervision.
20:48:04.01:03	Repealed.
20:48:04.01:04	Repealed.
20:48:04.01:05	Repealed.
20:48:04.01:06	Repealed.
20:48:04.01:07	Nursing tasks that may not be delegated.
20:48:04.01:08	Repealed.
20:48:04.01:09	Requirements for delegated medication administration to a nursing assistant.
20:48:04.01:09.01	Delegation of medication administration tasks to a nursing assistant.
20:48:04.01:10	Delegation of additional medication administration tasks to a medical assistant.
20:48:04.01:11	Medication administration tasks that require a written protocol.
20:48:04.01:12	Medication administration tasks that may not be delegated.
20:48:04.01:13	Approval of training program required for delegated medication administration.
20:48:04.01:14	Requirements for approval of medication administration training programs.
20:48:04.01:14.01	Standards for medication administration training programs.
20:48:04.01:15	Medication administration curriculum.
20:48:04.01:16	Written protocol required for the delegation of insulin administration by the subcutaneous route to a nursing assistant.
20:48:04.01:17	Qualifications of the registered nurse for delegation of insulin administration by the subcutaneous route to a nursing assistant.
20:48:04.01:18	Delegation of specific medication administration.
20:48:04.01:19	Training required for the delegation of specific medication administration.

20:48:04.01:01. General criteria for delegation. A licensed registered nurse is responsible for the nature and quality of nursing care that a client receives under the nurse's direction. A licensed nurse may delegate selected nursing tasks to a nursing assistant. A nursing assistant may not substitute for the

licensed nurse in the performance of nursing functions. A nursing assistant may not redelegate a delegated task.

A licensed nurse shall assess a situation and determine whether delegating nursing tasks to a nursing assistant is appropriate. The delegation of nursing tasks to a nursing assistant must comply with the following criteria:

- (1) The nursing task is one that a reasonable and prudent licensed nurse would find within the scope of sound nursing judgment to delegate;
- (2) The nursing task is one that, in the opinion of the delegating nurse, can be properly and safely performed by a nursing assistant without jeopardizing the client's welfare;
- (3) The nursing task does not require a nursing assistant to exercise nursing judgment;
- (4) The licensed nurse evaluates the client's nursing care needs before delegating the nursing task;
- (5) The licensed nurse verifies that the nursing assistant is competent to perform the nursing task; and
- (6) The licensed nurse supervises the performance of the delegated nursing task in accordance with the requirements of § [20:48:04.01:02](#).

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

[20:48:04.01:02](#). Supervision. The licensed nurse shall supervise all nursing tasks delegated to a nursing assistant in accordance with the following conditions:

- (1) The licensed nurse determines the degree of supervision required after considering:
 - (a) The stability of the client's condition;
 - (b) The competency of the nursing assistant to whom the nursing task is delegated;
 - (c) The nature of the nursing task being delegated; and
 - (d) The proximity and availability of the licensed nurse to the nursing assistant when the nursing task is performed;
- (2) The delegating nurse or another licensed nurse is readily available either in person or by electronic communication; and
- (3) If the nursing assistant is providing care in the client's home, the time interval between supervisory visits and whether the visit is conducted in person or via electronic communication is determined by the licensed nurse in accordance with § [20:48:04.01:01](#). The visit must occur no less than once every 60 days.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:07. Nursing tasks that may not be delegated. A licensed nurse may not delegate to a nursing assistant:

- (1) Assessments that require professional nursing judgment, intervention, referral, or follow-up;
- (2) Formulation of the plan of nursing care and evaluation of the client's response to the care rendered;
- (3) Tasks involved in the implementation of the plan of care that require nursing judgment or intervention, including:
 - (a) Sterile procedures involving a wound or anatomical site that could become infected, except urinary catheterization;
 - (b) Nasogastric tube feeding;
 - (c) Nasogastric, jejunostomy and gastrostomy tube insertion or removal;
 - (d) Tracheostomy care and suctioning;
- (4) Administration of medications, except as permitted by §§ [20:48:04.01:09](#) to [20:48:04.01:11](#), inclusive, and § [20:48:04.01:18](#);
- (5) Acceptance of medical orders; and
- (6) Health counseling and health teaching.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:09. Requirements for delegated medication administration to a nursing assistant. A licensed nurse may delegate the administration of medications authorized under §§ [20:48:04.01:09.01](#) and [20:48:04.01:11](#), inclusive, to a nursing assistant who:

- (1) Has a minimum of a high school education or the equivalent;
- (2) Completed a board-approved medication administration training program in accordance with § [20:48:04.01:13](#) or completed a program that the board determines is equivalent; and;
- (3) If administering medications in a skilled nursing facility, assisted living center, or a hospital, licensed under SDCL chapter [34-12](#), are registered with the board in accordance with chapter [20:48:16](#).

Source: 21 SDR 13, effective August 7, 1994; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:09.01. Delegation of medication administration tasks to a nursing assistant. A licensed nurse may delegate the following medication administration tasks to a nursing assistant if the

delegation complies with the general criteria for delegation and supervision set forth in §§ [20:48:04.01:01](#) and [20:48:04.01:02](#), respectively:

- (1) Administration of scheduled medications by oral, sublingual, eye, ear, nasal, rectal, topical, transdermal, vaginal, or inhalation route;
- (2) Measurement of a prescribed amount of liquid medication or crushing a tablet for administration if a licensed nurse, physician, or pharmacist has calculated the dose; and
- (3) Administration of schedule II controlled substances listed in SDCL [34-20B-16](#) and [34-20B-17](#) that are prescribed and labeled in a container for a specific client.

If the nursing assistant is administering medications in a hospital setting, a registered nurse must provide direct supervision as defined in § [20:48:01:01](#).

Source: 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

[20:48:04.01:10](#). Delegation of additional medication administration tasks to a medical assistant.

In addition to the tasks listed in § [20:48:04.01:09.01](#), a licensed nurse may delegate the following medication administration tasks to a medical assistant, who holds current certification with a national certification body approved by the board, in a stable nursing situation as defined in § [20:48:01:01](#):

- (1) Administration of scheduled medications by intradermal, subcutaneous, or intramuscular route; and
- (2) Calculation of the dose of a prescribed amount of medication.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

[20:48:04.01:11](#). Medication administration tasks that require a written protocol. A registered nurse must develop, and maintain on file, a written protocol that includes specific medication administration instructions and training requirements, before delegating the following medication administration tasks to a nursing assistant:

- (1) Administration of the initial dose of a medication that has not been previously administered to the client;
- (2) Administration of medications on an as-needed basis, including schedule II controlled substances listed in SDCL [34-20B-16](#) and [34-20B-17](#) that are prescribed and labeled in a container for a specific client; and
- (3) Administration of insulin by the subcutaneous route, when a licensed nurse is not available to administer the insulin, in accordance with §§ [20:48:04.01:16](#) and [20:48:04.01:17](#).

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:12. Medication administration tasks that may not be delegated. A licensed nurse may not delegate the following tasks of medication administration:

- (1) Administration of schedule II controlled substances listed in SDCL [34-20B-16](#) and [34-20B-17](#) from a locked stock supply;
- (2) Administration of medications by subcutaneous, intramuscular, intradermal, or intravenous route except as authorized in § [20:48:04.01:10](#) and [20:48:04.01:16](#) to [20:48:04.01:18](#), inclusive;
- (3) Administration of medications by way of a tube inserted in a cavity of the body, except as authorized in § [20:48:04.01:18](#);
- (4) Administration of medications via inhalation route in a complex nursing situation as defined in § [20:48:01:01](#); and
- (5) Calculation of any medication dose, except as authorized in § [20:48:04.01:10](#).

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 28 SDR 36, effective September 18, 2001; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#)(4).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:13. Approval of training program required for delegated medication administration. Medication administration as outlined in § [20:48:04.01:09.01](#) to [20:48:04.01:11](#), inclusive, may be delegated to individuals who have successfully completed a training program approved by the board pursuant to §§ [20:48:04.01:14](#) to [20:48:04.01:15](#), inclusive. A training program must apply for renewal every two years.

Source: 21 SDR 13, effective August 7, 1994; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:14. Requirements for approval of medication administration training programs. An institution or individual must submit an application for a training program for delegated medication administration for approval to the board. The board shall grant approval to an applicant upon proof that the training program:

- (1) Is based on the training curriculum in § [20:48:04.01:15](#);
- (2) Includes no less than 16 hours of theoretical instruction;
- (3) Is taught by a registered nurse who has a minimum of two years of clinical nursing experience and who holds a registered nurse license from the board or privilege to practice;

(4) Includes no less than four hours of clinical or laboratory instruction that is taught by a registered nurse or licensed practical nurse who has a minimum of two years of clinical nursing experience and who holds a registered nurse or licensed practical nurse license from the board or privilege to practice.

The training program must submit an evaluation to the board every two years to demonstrate compliance with program standards in § [20:48:04.01:14.01](#) to maintain approval.

Source: 21 SDR 13, effective August 7, 1994; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

[20:48:04.01:14.01](#). Standards for medication administration training programs. An individual or institution approved by the board to offer a medication administration training program must ensure the training program meets the following standards:

(1) Maintains a faculty-to-student ratio that does not exceed 1:8 in the clinical setting and a faculty-to-student ratio that does not exceed 1:1 for skills performance evaluation;

(2) Requires the student to complete a skills performance evaluation administered by a registered nurse instructor utilizing a board-approved competency checklist;

(3) Requires the student to pass a written examination on the curriculum content in § [20:48:04.01:15](#). A passing score of 85 percent is required on the examination. If the student fails the examination, the student may retake the test one time. If the student fails the retake, additional instruction is required before further testing is allowed;

(4) Awards a completion certificate to a student who successfully completes the training program. The certificate must include the name and location of the institution, the length of the program, the date of completion, the full name of the student who completed the program, the signature of the faculty member in charge of the course, and the date the certificate was awarded; and

(5) Maintains documentation of:

(a) Each student enrolled in the program, including documentation of successful completion or the date and reason the student withdrew or failed;

(b)) Each faculty member teaching the program, including the qualifications and nursing experience of each faculty; and

(c) All tests administered.

Source: 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

[20:48:04.01:15](#). Medication administration curriculum. The training curriculum for delegated medication administration must include:

(1) General information relevant to the administration of medications, including:

- (a) Governmental regulations related to the practice of nursing, the administration of medication, and the storage, administration, and recording of controlled substances;
 - (b) Ethical issues;
 - (c) Terminology, abbreviations, and symbols;
 - (d) Medication administration systems;
 - (e) Forms of medication;
 - (f) Procedures and routes of medication administration;
 - (g) Medication references available;
 - (h) The role of nursing assistive personnel in administering medications;
 - (i) The rights of medication administration including the right patient, right medication, right dose, right time, right route, and right documentation;
 - (j) Infection control policies and procedures;
 - (k) Documentation;
 - (l) Medication errors;
 - (m) Safe medication storage and disposal; and
 - (n) Circumstances to consult with or report to the delegating nurse, including the administration of an as-needed medication, a deviation from the delegated instruction of the nurse, or a concerning observation;
- (2) An overview of the major categories of medications related to the body systems, including:
- (a) Cardiovascular;
 - (b) Endocrine;
 - (c) Gastrointestinal;
 - (d) Integumentary and mucous membranes;
 - (e) Musculoskeletal;
 - (f) Nervous;
 - (g) Reproductive;
 - (h) Respiratory;
 - (i) Sensory;
 - (j) Urinary and renal; and
 - (k) Immune;
- (3) Instruction on categories of medications relevant to the health care setting where the nursing assistant will be administering medications; and
- (4) Clinical or laboratory instruction demonstrating medication administration and evaluation of individual competence.

Source: 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31, 2014; 49 SDR 51, effective November 27, 2022.

General Authority: SDCL [13-33A-2](#), [36-9-21](#).

Law Implemented: SDCL [13-33A-1](#), [36-9-3](#), [36-9-4](#), [36-9-4.1](#), [36-9-21](#).

20:48:04.01:16 and 20:48:04.01:17 are not included in this listing as insulin administration by the subcutaneous route requires completion of an additional training program for unlicensed assistive personnel.

These rules can be viewed at this link:

<http://sdlegislature.gov/Rules/DisplayRule.aspx?Rule=20:48:04.01>

Codified Laws referenced in the administrative rules.

[SDCL Chapter 36-9](#): Registered and Practical Nurses

[SDCL 34-20B-16](#): Substances specifically included in Schedule II

[SDCL 34-20B-17](#): Opiates specifically included in Schedule II

Section 2

Mandatory Reporting for Abuse and Neglect

This information is found at the South Dakota Department of Human Services website, [Long Term Services and Supports – Adult Protective Services](#).

Definitions:

Physical and Emotional Abuse

Physical abuse is defined as physical harm, bodily injury or attempt to cause physical harm or injury, or the fear of imminent physical harm or bodily injury on an elder or a disabled adult. Emotional abuse is defined as a caretaker's willful, malicious and repeated infliction of sexually obscene acts (nudity or simulations) without consent; unreasonable confinement; harm, damage or destruction of property; or verbal harassment or threats to inflict physical, emotional and psychological abuse. For a full definition of physical and emotional abuse see [SDCL 22-46-1](#).

Neglect

Neglect is defined as harm to the health or welfare of an elder or an adult with a disability, without reasonable medical justification, caused by a caretaker, within the means available for the elder or adult with a disability, including the failure to provide adequate food, clothing, shelter or medical care.

Exploitation

Exploitation is defined as the wrongful taking or exercising of control over property of an elder or adult with a disability with intent to defraud the elder or adult with a disability.

Indicators:

The following indicators may be helpful when deciding whether abuse, neglect or exploitation may be taking place. This list was compiled from South Dakota Specific Legal Requirements – Medication Administration Training Program – South Dakota Board of Nursing. Indicators are also found at Long Term Services and Supports – Adult Protective Services web page.

Physical Indicators

- Injury that has not been cared for properly.
- Injuries that are not compatible with history.
- Frequent use of the emergency room and/or hospital or health provider.
- Evidence of inadequate or inappropriate administration of medication.
- Lack of necessary equipment such as walkers, canes, bedside commode.
- Lack of necessities such as heat, food, water and unsafe conditions in the home.
- Poor hygiene.
- Soiled clothing or bed; untreated bed sores.

- Pain when touched.
- Bruises, welts, black eyes, lacerations, or rope marks.
- Bone fractures, broken bones and skull fractures.
- Cuts, lacerations, punctures, wounds, burns, untreated injuries in various healing stages.
- Dehydration and/or malnourishment without illness-related cause.
- Loss of weight.

Behavioral Indicators

- Agitation, anxiety
- Withdrawal
- Ambivalence
- Fear
- Depression
- Anger
- Isolation
- Resignation
- Hesitation to reply
- Non-responsiveness
- Contradictory statements
- Unusual behavior attributed to dementia

Indicators of Financial Exploitation

- Unusual activity in bank accounts.
- Power of attorney given when the person is unable to comprehend his or her financial situation, and in reality, is unable to give a valid power of attorney.
- Refusal to spend money on the care of the protected person (Numerous unpaid bills and overdue rent are clear signs when someone else is in charge of making payments.)
- Recent change of title of house in favor of a “friend” when the elder is incapable of understanding the nature of the transaction.
- Checks and documents signed when the older person cannot write.
- Signatures on checks or other documents by someone other than the owner of the account or a forged signature.
- Loss of personal belongings such as art, silverware, jewelry, or other valuable property.
- The inclusion of additional names on a bank signature card.

Indicators from Family/Caregivers

- The elder may not be allowed to speak for himself/herself, or to others without the presence of the caregivers.
- Obvious absence of assistance, attitudes of indifference, or anger toward the dependent person.

- Family member or caregiver “blames” the individual (for example, accusation that incontinence is a deliberate act.)
- Failure to provide physical aids such as eyeglasses, hearing aids or dentures.
- Withholding of food and water, or failure to help with personal hygiene.
- Inappropriately leaving an older person alone for long periods of time.
- Aggressive behavior such as threats, insults, or other verbal harassment.
- Previous history of abuse to others.
- Withholding of security and affection.
- Problems with alcohol or drugs.
- Social isolation of the family or isolation or restriction of the older adult’s activity in the family unit.
- Conflicting accounts of incidents by the family, supporters, or victim.
- Unwillingness or reluctance to comply with service providers in planning for care.
- Unauthorized withdrawal of an elder’s funds using the elder’s ATM card.

Indicators of Self-Neglect

- Dehydration, malnutrition, untreated or improperly attended medical conditions and poor personal hygiene.
- Hazardous or unsafe living conditions/arrangements.
- Unsanitary or unclean living quarters.
- Inappropriate and/or inadequate clothing; lack of the necessary medical aids.
- Grossly inadequate housing or homelessness.

Mandatory Reporting (as described at [SD DHS – Long Term Services and Supports – Adult Protective Services](#))

South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse or neglect of elders and adults with disabilities. (SDCL 22-46)

Mandatory Reporters

There are two groups of mandatory reporters and the process for reporting is different for each group.

The **first group** of mandatory reporters of abuse, neglect and exploitation includes:

- Physician, dentist, doctor of osteopathy, chiropractor, optometrist, podiatrist, religious healing practitioner, hospital intern or resident, nurse, paramedic, emergency medical technician, social worker or any health care professional;
- Psychologist, licensed mental health professional or counselor engaged in professional counseling; or
- State, county or municipal criminal justice employee or law enforcement officer.

These individuals must make an oral or written report within twenty-four hours to law enforcement, the state’s attorney or DHS.

The **second group** of mandatory reporters of abuse and neglect includes:

- Any staff member of a nursing facility, assisted living facility, adult day care center or community support provider, or any residential care giver, individual providing homemaker services, victim

advocate or hospital personnel engaged in the admission, examination, care or treatment of elders or adults with disabilities.

- Any individual in this group must report to the person in charge of the institution where the elderly or adult with a disability resides or is present, or the person in charge of providing the services within twenty-four hours.

The person in charge must also make an oral or written report within twenty-four hours to law enforcement, the state's attorney or DHS.

What to Report

To report abuse, neglect, or exploitation of an elder or an adult with disabilities, please contact your local law enforcement agency, local state's attorney's office or contact [Dakota at Home](#) (1-833-663-9673) or Adult Protective Services – Division of Long Term Services and Supports (Pierre – 605-773-3656 or 1-866-854-5465) [Regional Contacts](#). LEAPS-South Dakota – [Report of Suspected Dependent Adult/Elder Abuse online form](#) from SD DHS.

In addition to mandatory reporting, people can make reports on a voluntary basis. Any person who knows or has reason to suspect that an elder or adult who is disabled has been abused, neglected or exploited may report that information. Person who in good faith make a report of abuse, neglect or exploitation of an elderly or adult with a disability are immune from liability.

Facilities or programs that are licensed or regulated by the Department of Health or Department of Human Services will follow department procedures in place for reporting.

A mandatory reporter who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

Include the following if you know or have reason to believe someone needs protection from abuse, neglect or exploitation.

- The name, age, physical address and contact information of the elder or adult with a disability;
- The name, age, physical address and contact information of the person making the report;
- The name, age, physical address and contact information of the caretaker of the elder or adult with a disability;
- The name, age, physical address and contact information of the alleged perpetrator;
- The nature and extent of the elder or adult with a disability's injury, whether physical or financial, if any;
- The nature and extent of the condition that required the report to be made; and
- Any other pertinent information.

Confidentiality

All reports are confidential. Civil and criminal immunity is available for good faith reports by employees, agents or members of medical or dental staff of facilities regulated by the Department of Health.