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# OHIO NURSING LAW AND STANDARDS OF PRACTICE 2014

Course # 2222

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## Purpose and Goals

The goal of this course is to provide information regarding current laws and rules related to the practice of nursing in Ohio. The purpose is to educate nurses regarding the complex issues involved in basic legal situations in Ohio.

## Instructional Objectives

Upon completion of this material, the dedicated learner will:

1. Identify the source of basic law that impacts the rules and regulations of the Ohio Nursing Law.
2. Define how the Ohio Nurse Practice Act (ORC 4723) and Ohio Administrative Code (OAC 4723) utilized basic law to define violations of nursing standards.

3. Describe the powers and duties of the Ohio Board of Nursing.
4. Outline the standards for competent nursing practice of RNs and LPNs in Ohio.
5. Review standards for the promotion of patient safety in nursing practice.
6. Identify responsibilities of licensed nurses within the scope of the nursing process.

## Background

As in many other industries, laws and regulations significantly impact the functioning of the healthcare industry. All licensed medical professionals work under established standards, comprising local, state, and federal laws as well as specific guidelines. Professional nurses fall under these guidelines and each state defines the scope and standards of nursing. Each state has Nurse Practice Acts (NPA). Some laws, such as those relating to malpractice affect the manner in which the industry operates. Others affect the organization and the environment itself. Therefore, it is increasingly important that nurses understand this complex and dynamic legal minefield.

Healthcare professionals are required to make decisions or complete tasks that can result in legal action initiated by co-workers or patients. Most nurses have the dedication, motivation, education and training to accomplish their jobs and responsibilities accurately and professionally. However, there are instances when regardless of the application of strict standards and practices and attention to detail, incidents can occur which result in litigation. To help avoid these instances, you must be educated and informed of current laws, statutes, standards that directly apply to daily practice and options available to you if your professional conduct is questioned in a court of law.

## Introduction to Law

Legal systems, and the conditions under which nurses work, vary worldwide. This course focuses on the U.S. legal system. In your previous studies in school, you may have learned about the three sources of law in the United States: statutory law, administrative law, and common law. You may also have heard about liability, negligence, and the Good Samaritan Act. These concepts and a few more are described in this section.

## Sources of Law

There are basically three sources of law in the U.S.: statutory, administrative, and common law.

Statutory Law includes those principles and rules enacted by legislative bodies. These “statutes” become laws after they are first approved by the Senate and House of Representatives and then signed by the governor or the President. These enacted laws rest in a specific hierarchical order so that the Constitution, federal law, and federal treaties take precedence over the constitutions and laws of states and local jurisdictions. Often cases involving statutory laws are heard in courts where judgments are made as an interpretation of a statute as it relates to a specific case pending. In Ohio the law that regulates the practice of nursing is **Ohio Revised Code 4723 (ORC 4723)**. It is referred to as the Nurse Practice Act.

**Administrative Law** takes the form of rules and regulations enacted by agencies created by legislatures. Examples include: the Federal Trade Commission (FTC), and the Food and Drug Administration (FDA). In Ohio, the rules and regulations for the Nurse Practice Act is called the Ohio Administrative Code (OAC 4723).

**Common Law** is law originating from individual case decisions in the various federal, state, and local courts. When a common law principle has been declared in a state court decision, the principle must be followed for similar cases in the future by other courts within the state where the decision was rendered.

A decision that yields a new legal principle establishes a precedent. However, a precedent set in one state does NOT set a precedent for another state. Also, prior decisions can be overruled if there is a change in social attitudes, public needs or contemporary political thinking. Most laws involving malpractice cases come from common law, therefore malpractice suits that have already been decided serve as a guide for future decisions.

## Tort Law

A tort is a civil wrong committed against a person or property (real or personal) and is punishable by damages (monetary compensation) rather than imprisonment. There are three basic categories of torts: Intentional, Negligent, and Strict Liability torts where liability is assessed irrespective of fault.

Intentional Torts occur when the plaintiff must prove that the willful act committed by the tort-feasor (see Terms) was “intentional”, meaning it was known with a high degree of certainty that harm to another would result. Potential tortuous conduct includes: assault, battery, false imprisonment, invasion of privacy, disclosure of information, defamation of character and infliction of mental distress. A few of these will be discussed in detail.

**Assault:** The causing of an apprehension of an immediate harmful, offensive, or unauthorized contact to a person.

**Battery:** The harmful, offensive, or unauthorized touching of another person. A patient may be the receiver of the battery and not be aware that it has occurred. This is seen in the case of the unconscious person who undergoes surgery without consent, either implied or expressed. Nurses should keep in mind, that patients ‘get touched’ by many people during their hospital stay. Every patient is not seeking an opportunity to sue, however, realize that procedures from bed baths to medication administration to actual surgery all involve TOUCHING.

Note: In the eyes of the law, the fact that the patient benefited from your unconsented touching is not as important as whether or not you had permission to touch them in the first place.

Note: An adult patient who is alert and oriented has the right to refuse any aspect of treatment.

### **Disclosure of Information:**

This is similar to invasion of privacy. It occurs when a patient’s problems, condition or diagnosis is inappropriately discussed with any third party (including family members). Information given to nurses by patients is often personal and detailed. The Patient’s Bill of Rights states that the patient has the right to expect confidentiality in the healthcare relationship. Be careful of what you say and whom you say it to.

Note: You are still responsible for reporting certain information as imposed by state law. However, if you report “legally reportable” information and later learn that your finding was erroneous, you may be held liable for the disclosure, BUT you can be protected if your error was in good faith.

**Negligent Torts:** Although the terms “negligence” and “malpractice” are often used interchangeably, you should be aware of the difference.

**Negligence:** Carelessness or a failure to act that is owed to another person that a “reasonable and prudent” person, facing the same circumstances, would not commit or omit.

**Malpractice:** This is similar to negligence but is more specific in that the act is committed or omitted by a professional person who has deviated from a standard of care. There are four elements of malpractice that must be proven in order for a plaintiff to recover damages.

**Duty of Due Care:** This is the easiest to prove especially if you practice in a hospital setting. The only proof needed is that a relationship existed between the nurse and patient at the time of the alleged injury. This relationship exists merely by having the patient ON YOUR FLOOR, event if the patient is not assigned to your care. For example, if you walk past a room of a patient NOT assigned to you and the patient requests assistance.

**Breach of Duty:** This is defined as the failure to adhere to the standard of care set by the nursing profession thus departing from the specific duty owed to the patient. Evidence of breach of duty presented to a jury includes: testimony (i.e. expert witnesses), circumstantial evidence, or res ipsa loquitor (see **Appendix A: Legal Terms**). Reasonably Prudent Person Doctrine: This “test” relies on the doctrine that asks, “Did the defendant (nurse) act reasonably under the circumstances?” Should a nurse be accused of breach of duty in Ohio the Standard of Care written in the Ohio Administrative Code (OAC) would be used to determine whether the standard of care would be breached. (OAC 4723-4-03).

**Injury (Damages):** This element not only includes physical harm but also mental anguish and other invasions of plaintiff’s (patient) rights. The nurse may be negligent but not liable if no injury results to the patient. Damages: A plaintiff must show some measurable harm occurred to win the case.

**Proximate Cause (Causation):** This involves the concept of “foresee ability”. A logical link must exist between the nurse’s act and the injury suffered. It also relies on the “but for” test: “But for the ‘act’ the injury would not have occurred. It must be clearly understood that the mere

departure from a standard procedure alone is not enough evidence to allow a patient to recover damages. Therefore, if there exists a logical link, but NO proximate cause, there is NO liability.

Note: After hearing the facts and testimony of a case, the jury will be asked to examine two questions:

Did the nurse fail to adhere to the standard of care practiced by the nursing profession in this situation, if so, was it foreseeable that harm would result?

Was the negligence the immediate cause of the injury?

Also, the sole fact that injury is suffered without proof that the nurse deviated from the practice of competent members of the profession, is NOT sufficient for imposing liability upon the nurse.

## **Duties and Powers of Ohio Board of Nursing**

With the legal foundation laid and the framework of laws, standards, and practice issues in place, let’s delve into some specifics of how Ohio Laws and Rules apply to everyday practice in protecting ourselves and our patients.

The Nurse Practice Act of Ohio (Ohio Revised Code 4723.02 (03/2013) gives the authority to the Ohio Board of Nursing to administer and enforce the provisions of law. The mission of the Ohio Board of Nursing (OBN) is to actively safeguard the health of the public through the effective regulation of nursing care. The ONB has authority over both Registered Nurses and Licensed Practical Nurses.

The OBN is empowered to determine that applicants are eligible to sit for the examination to practice; issue and renew licenses; determine disciplinary action for nurses; define minimum curricula and standards for educational programs of schools of nursing; grant approval for prelicensure nursing programs; approve continuing nursing education programs; establish a program for monitoring chemical dependency; and issue and certify authority to practice nursing for selected advanced practice nurses.

Section 4723 of the Ohio Administrative Code (OAC) implements the Ohio Nurse Practice Act (NPA). The OAC contains rules and regulations for all aspects of nursing practice in the state of Ohio. It also includes the organization and record keeping of the Board of Nursing.

The OBN differs from the Ohio Nurses Association (ONA) in that the OBN derives its authority from state law and is part of the state government, while the association is a professional, voluntary membership organization for professional nurses living and working in the state. The ONA has no legal authority, but provides legislative, educational, practice consultation, and collective-bargaining services for its members. Its mission is to “To advance registered nurses, promote professional nursing practice, & advocate for quality health care.” (ONA, 2011).

## Ohio Administrative Code 4723 (OAC)

The rules of the Board of Nursing regulate nursing practice in Ohio and are contained in Section 4723 of the Ohio Administrative Code (OAC). Chapter 4 outlines the minimal acceptable standards of safe and effective nursing practice for a registered nurse (RN) and a licensed practical nurse (LPN) in any setting. Other chapters of the code deal with aspects of nursing practice, such as licensure, delegation, continuing education, chemical dependency abuse, and other standards related to nursing practice.

### Competency Standards for RNs OAC 4723-4-03 (2014)

Registered nurses provide nursing care within the scope of practice as defined by Ohio Revised Code 4723.01. The Ohio Administrative Code (OAC) interprets the statute so that nurses will know standards of care that is expected of them. These regulations guide the nurse to maintain knowledge of the duties, responsibilities, and accountabilities for safe nursing practice.

Registered nurses must be competent and accountable in all areas of practice, including consistent performance of all aspects of nursing care and appropriate recognition, referral or consultation, and intervention when complications arise.

RNs may provide nursing care beyond basic nursing preparation for an RN provided they obtain additional education, demonstrate appropriate knowledge, skills, and abilities, and document their action. Such nursing care cannot involve a function or procedure that is prohibited by any law or rules

An RN must clarify and implement any prescribed regimen, direction, or treatment for a patient in a timely manner unless the RN believes the prescribed treatment is inaccurate, not properly authorized, not current or valid, harmful, or potentially harmful to a patient or contraindicated by other documented information.

When an RN decides not to follow a direction or administer a prescribed medication, she or he must notify the prescribing practitioner, document that fact, and state the reason for not following the direction. No matter what the circumstances, however, the RN takes action to ensure the safety of the patient.

Registered nurses maintain the confidentiality of patient data, only communicating appropriate patient information to other members of the healthcare team for healthcare purposes. The RN shall access patient information only for purposes of patient care, or for otherwise fulfilling the nurse’s assigned job responsibilities and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the nurses’ assigned job responsibilities through social media, texting, emailing, or any other form of communication. The RN does not disclose identifiable patient healthcare information unless the patient gives consent through a properly executed document. Only in limited circumstances, in accordance with authorized law, rule, or legal authority, may an RN give out identifiable patient information. This was clarified by a federal act in 1996 by the Health Insurance Portability and Accountability Act (HIPAA).

An RN uses acceptable standards of safe nursing care as a basis for any observation, advice, instruction, teaching, or evaluation and communicates information that is consistent with acceptable standards of safe nursing care

When an RN gives direction to a LPN, the RN first assesses the condition of the patient who needs nursing care, including the type, complexity, and frequency of care. The RN also assesses the skill and ability of the LPN who is to perform the care and the availability and accessibility of resources needed to perform the procedure.

This section is adapted from OAC 4723-4-03 (accessed from website codes.ohio.gov/oac/4723-4-03, April 15, 2014).

## Competency Standards For LPNs OAC 4723-4-04 (2014)

A licensed practical nurse (LPN) functions within the scope of practice of a LPN as set forth in the Ohio Revised Code and the rules of the Ohio Board of Nursing. An LPN maintains current knowledge of the duties, responsibilities, and accountabilities for safe nursing practice. An LPN demonstrates competence and accountability in all areas of practice, including consistent performance of all aspects of nursing care and appropriate recognition, referral or consultation, and intervention when complications arise.

An LPN may provide nursing care beyond basic preparation for an LPN provided the LPN obtains appropriate education and demonstrates knowledge, skills, and abilities and maintains satisfactory documentation of meeting these requirements. When an LPN is directed to do a specific function or procedure by an authorized professional practitioner and the action is not illegal, harmful, inaccurate, or contradicted by other documentation, the nurse clarifies and implements the order. If an LPN decides not to follow the direction, the nurse documents the decision and notifies the practitioner of his or her reason and takes action to ensure the safety of the patient.

An LPN reports to and consults with other nurses or other members of the healthcare team and make referrals as appropriate. An LPN maintains the confidentiality of patient information obtained in the course of nursing practice. The LPN communicates appropriate patient information with other members of the healthcare team for healthcare purposes only. An LPN does not disclose identifiable patient healthcare information unless the patient gives written consent by a properly executed release of information. The LPN must follow the same standards as the RN regarding confidentiality. (See section on RN competency standards)

(This section is adapted from OAC4723-4-04 (accessed from website codes.ohio.gov/oac/4723-4-04, April 15, 2014).

## Delegation of Nursing Tasks to Unlicensed Persons

One of the legal issues that may need clarification to licensed nurses (both RN's and LPN's) is in the area of delegation to unlicensed persons to perform selected nursing tasks. This has been increasingly important in the care of patients outside hospitals and nursing homes. The Ohio Board of Nursing has authorized criteria and standards for the licensed nurse to follow. Delegation of Nursing Tasks is promulgated in rules of the Ohio Administrative Code 4723-13. The definition of delegation in this chapter is defined as: "Delegation means the transfer of responsibility for the performance of a selected nursing task from a licensed nurse authorized to perform the task to an individual who does not otherwise have the authority to perform the task" (OAC 4723-13-01).

Criteria and standards of the licensed nurse delegating to unlicensed persons are listed in OAC 4723-13-05. The licensed nurse may delegate if all the conditions for delegation set forth in this chapter are met. Prior to delegating a nursing task to an unlicensed person, the nurse must determine if the task is within the scope of practice of the delegating nurse and that the nursing task is within the knowledge, skill, and ability of the nurse delegating. In addition the delegating nurse must identify if the nursing task is within the training, ability, and skill of the unlicensed person. Supervision by the licensed nurse must be adequate and available. (See OAC 4723-13-07 for all the conditions).

Some of the tasks that may be delegated are over-the-counter topical medications, over-the-counter eye drops, ear drops, and suppository medications, foot soak treatment, and enemas. Conditions for delegation include that the nursing task:

- (1) Requires no judgment based on nursing knowledge and expertise on the part of the unlicensed person performing the task
- (2) Is reasonably predictable
- (3) Does not require complex observations or critical decisions to be made
- (4) Does not require repeated performance of nursing assessments
- (5) Performing a task improperly has

consequences that are minimal and not life-threatening. (Adapted from OAC 4723-13-05).

The licensed nurse will be responsible for teaching the nursing task. The teaching content must include presentation of information on infection control and universal precautions; information and directions on the concepts of performing the task, and demonstration by the licensed nurse by performing the task correctly. The delegating nurse must then observe and document a satisfactory return demonstration by the unlicensed person. (Adapted from OAC 4723-13-07)

## Patient Safety Standards

Promoting patient safety is a top priority in professional nursing practice. The purpose of this section, established by the board of nursing is to enforce: (1) Minimally acceptable standards of safe and effective nursing practice for a registered nurse and a licensed practical nurse in any setting; (2) Minimal acceptable standards of safe and effective practice for advanced practice nurses.

A registered nurse shall maintain current knowledge of the duties, responsibilities, and accountabilities for safe nursing practice. At all times when a licensed nurse is providing direct nursing care to a patient the licensed nurse shall display the applicable title or initials to identify the nurse's relevant licensure as a registered nurse or as a licensed practical nurse.

A registered nurse shall demonstrate competence and accountability in all areas of practice in which the nurse is engaged that includes, but is not limited to, the following:

- (1) Consistent performance of all aspects of nursing care
- (2) Appropriate recognition, referral or consultation, and intervention, when a complication arises.

The nurse obtains appropriate education that emanates from a recognized body of knowledge relative to the nursing care to be provided. Licensed nurses must implement measures to promote a safe environment for patients and maintain a professional boundary between themselves and patients. They must provide privacy during examination and care and treat patients with individual dignity, courtesy, and respect. Licensed nurses shall not engage in behavior that causes or may cause physical, verbal, mental, or

emotional abuse to a patient or engage in behavior that a reasonable person would interpret as abuse.

A licensed nurse may not engage in behavior that constitutes an inappropriate personal relationship or engage in sexual conduct with a patient, or engage in conduct that may be interpreted as sexual, seductive, or demeaning to a patient.

When licensed nurses function in administrative roles, they must make sure that there are procedures in place and implemented to verify that every nurse working under their direction has a current valid license to practice nursing in the role to which the nurse is assigned. Only RNs may supervise or evaluate the nursing practice of RNs and LPNs; however, non-nursing supervisors may evaluate nurse employees in matters other than the practice of nursing.

Supervision by the registered nurse requires that the nurse be continuously available through some form of telecommunication with the nurse being supervised and at times make on-site visits to insure that the one being supervised is practicing within the current standards of nursing practice. In order to make periodic evaluations the supervising nurse must make periodic on-site visits in order to prepare an evaluation of the nurse's performance. (Adapted from OAC 4723-4-06, Standards of Nursing Practice Promoting Patient Safety, 2014).

## Standards For the Nursing Process (RNs)

This section is adapted from OAC 4723-4-07 (2014), Standards for Applying the Nursing Process as a Registered Nurse.

Registered nurses and advance practice nurses give care to patient using the steps of the nursing process that are cyclical in nature so that the nurse's actions are directed by the patient's changing status throughout the process. The nurse collaborates, as appropriate, with the patient, family, significant others, and other members of the health care team in applying the steps of the nursing process. The following standards shall be used by a registered nurse, using critical thinking and clinical judgment, in applying the nursing process for each patient under the registered nurse's care:

The steps of the nursing process are cyclic in nature, so that the patient's changing status affects the action of nurses as they assess, analyze and report, plan, implement, and evaluate the patient's status. RN's apply the nursing process in various practice settings and collaborate with patients, family, significant others, and members of the healthcare team according to the following standards.

### **Assessment**

Assessment involves the accurate and timely collection of both subjective and objective information about a patient's condition from the patient, family members, significant others, and members of the healthcare team. The RN may delegate the gathering of data, but must document and report it, as appropriate, to other members of the healthcare team.

### **Analysis and Reporting**

In an accurate and timely way, RNs analyze data, identifying, organizing, and interpreting it. They then establish, accept, or modify the nursing diagnosis that is used as a basis for nursing interventions.

### **Planning**

Registered nurses establish, maintain, or improve the nursing care plan, including desired patient outcomes and interventions. They communicate the plan to appropriate members of the healthcare team.

### **Implementation**

Registered nurses implement the current nursing care plan. They execute current valid orders or directions by a licensed practitioner, and give direct nursing care commensurate with their education, knowledge, skills, and abilities. They assist with care of the patient as necessary; collaborate with other healthcare team members, and delegate nursing tasks appropriately.

### **Evaluation**

In an accurate and timely way, RNs evaluate, document, and report patient responses to nursing interventions to appropriate members of the healthcare team. They assess the patient's response to nursing interventions; and progress towards expected outcomes of the plan of care. Evaluation includes the always important step of documentation and communication of the patient's response to nursing interventions.

For purposes of this rule, standards for implementing the nursing process also apply to advanced practice nurses as well.

## **Standards For the Nursing Process (LPNs)**

This section is adapted from OAC 4723-4-08 (2014), Standards for Applying the Nursing Process as a Licensed Practical Nurse.

Licensed practical nurses participate in the nursing process set in place in the Ohio Administrative Code as rules of the ONB. They collaborate, as appropriate, with the patient, family, significant others, and members of the healthcare team. The standards for applying the nursing process follow.

### **Assessment**

The LPN contributes to the nursing assessment of a patient. In an accurate and timely manner, nurses collect and document objective and subjective data related to the patient's health status and report the data to appropriate members of the team.

### **Planning**

In an accurate and timely manner, LPNs contribute to the development, maintenance, or modification of the nursing component of the care plan and report the nursing component and all modifications of the plan to RN, other health care provider, and other members of the health care team.

### **Implementation**

LPNs implement the nursing care plan in an accurate and timely manner by: administering medications and treatments prescribed by an authorized person; giving direct basic nursing care; and assist in the care of the patient at the direction of an RN, physician, advanced nurse practitioner, and other legally licensed personnel. They work together with other nurses and members of the healthcare team, delegating appropriate nursing tasks such as administering selected topical medications. (See Criteria and Standards for licensed nurse delegating to unlicensed personnel OAC 4723-13-05) (2014).

### **Evaluation**

LPNs contribute to the evaluation through documentation and reporting information to appropriate members of the healthcare team, and contribute to the

revision of the nursing components of the plan of care on the basis of the evaluation.

## **Essential Features of Professional Nursing**

Provision of a caring relationship that facilitates health and healing. Attention to the range of human experiences and responses to health and illness within the physical and social environments.

Attention to the range of human experiences and responses to health and illness within the physical and social environments

Integration of objective data with knowledge gained from an appreciation of the patient's or group's subjective experience.

Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking.

Advancement of professional nursing knowledge through scholarly inquiry.

Influence on social and public policy to promote social justice.

## **Conclusion**

"Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations," is a quote from ANA Nursing Policy Statement.

Specific sections of information contained in this course are derived from the Ohio Administrative Code, Section 4723/Chapter 4. It is recommended that all nurses review the Ohio Administrative Code to keep abreast of the law.

To access the entire section of the Ohio Administrative Code and Nursing Standards of Practice issues, go to [http://www.nursing.ohio.gov/Law\\_and\\_Rule.htm](http://www.nursing.ohio.gov/Law_and_Rule.htm)

To access the Nurse Practice Act go to <http://codes.ohio.gov/orc/4723>

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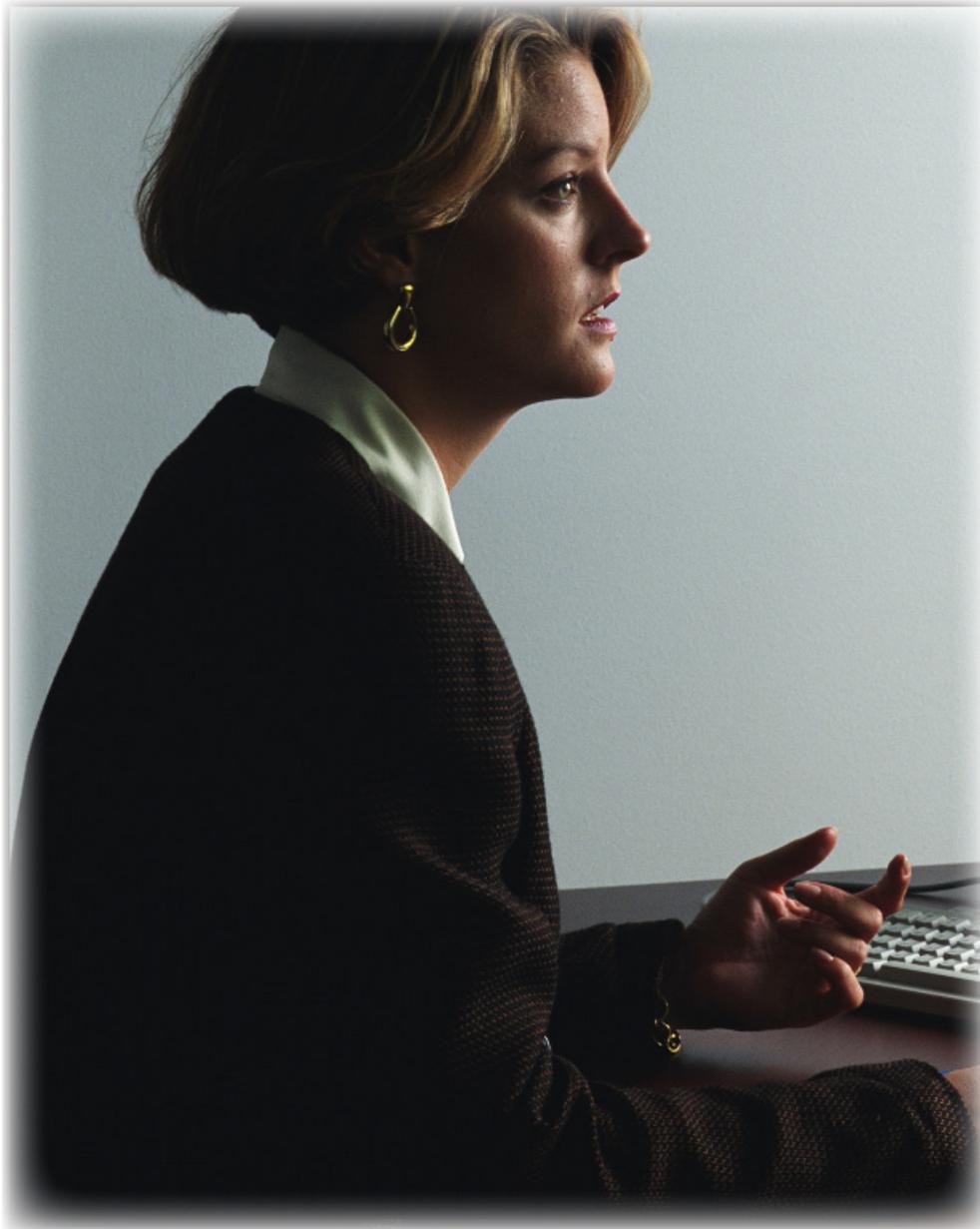
## Appendix A: Legal Terms

Listed below are select terms defined in the Standards of Practice Relative to Registered Nurse or License Practical Nurse (OAC 4723-4-01) as well as legal terms discussed in the first part of the course.

- **Consent:** A voluntary act by which one person agrees to allow someone else to do something. For medical liability, consents must be in writing with an explanation of procedures to be performed.
- **Delegation:** Transfer of responsibility to perform a nursing task from a licensed nurse authorized to perform a task to a person who is not authorized to perform the task.
- **Direction:** Communicating a plan of care to a (LPN). Direction by An RN is not meant to imply the RN is supervising the LPN in the employment context.
- **Liability:** An obligation one has incurred or might incur through an act or failure to act.
- **Licensed nurse:** Either a registered nurse (RN) or a licensed practical nurse (LPN) who holds a current valid license to practice nursing in Ohio.
- **Malpractice:** Professional misconduct, improper discharge of professional duties, or failure to meet the standard of care, which results in harm to another.
- **Nursing diagnosis:** An identified patient need or problem that is amenable to nursing intervention.
- **Nursing process:** The cyclic four or five step process used by professional nurses to provide care to patients: assessment, planning, implementation, and evaluation.
- **Nursing task:** Activities that constitute nursing practice, performed to maintain or improve the well being of patients who are unable to perform such actions for themselves.
- **Patient:** The recipient of nursing care, including an individual, group, or community.
- **Res Ipsa Loquitur:** Latin for "the thing speaks for itself". A doctrine of law applicable to cases where the defendant had exclusive control of the thing that caused the harm and where harm would NOT have ordinarily occurred without negligent conduct.
- **Scope of practice:** The range of knowledge, skills, and responsibilities of LPNs, RNs, and certified nursing specialties as identified and authorized by the Ohio Board of Nursing.
- **Standards of care:** Guidelines for nursing practice as defined by state and federal laws, professional organizations, and employing institutions.
- **Tort:** A civil wrong—intentional or unintentional.
- **Tort-feasor:** One who commits a tort.

# **OHIO NURSING LAW**

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**and STANDARDS OF  
PRACTICE 2014**