OBA-DEM-2026

Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives

Programme syllabus

DOCUMENT CONTROL

- Programme: Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives (OBA-DEM-2026)
- Audience: Programme documentation - facilitators, quality leads and education managers
- Version 1.0 | Issued 24/09/2026 | Review due 01/12/2026
- Provider: OBA Nursing Academy

SCOPE, CURRENCY AND THE LIMIT OF THIS PROGRAMME

- This programme is professional development. It states what the Aged Care Act 2024 and the Aged Care Rules 2025 say, quotes them where the words matter, and cites the provision every time. It is not legal advice, not clinical advice, and not a compliance sign-off. It does not decide whether any particular practice is a restrictive practice, whether any particular person has capacity, whether any particular incident is reportable, or whether any provider or worker complies. Restrictive practices are also governed by the law of each State and Territory - Rules 162-15(1)(k) says so expressly - and this programme states none of that law. Decisions about an individual's care are for that individual, their substitute decision-maker where one applies, the treating practitioners and the provider, working within their own policies and their own jurisdiction's law.
- WHAT WAS READ, AND WHEN. Aged Care Act 2024 (C2024A00104), COMPILATION NO. 2, in force from 01/07/2026, no unincorporated amendments. Aged Care Rules 2025 (F2025L01173), COMPILATION NO. 10, covering 01/08/2026 to 20/09/2026, authorised version F2026C00802. Both read directly from the Federal Register of Legislation on 24/09/2026. THE RULES NEED PARTICULAR CARE: the version in force on the day this programme was written started on 20/09/2026, carries no compilation number yet and has unincorporated amendments, and six further versions are already registered ahead of it. Compilation 10 is the most recent COMPILED text and is what is quoted here. Before relying on any section number in this programme, open the current compilation and check it. Write down the compilation number and the date you looked.

WHY THIS DOCUMENT IS REVIEWED BEFORE 1 DECEMBER 2026

- The Aged Care Rules 2025 compilation read for this programme is No. 10, covering 01/08/2026 to 20/09/2026. THE VERSION IN FORCE ON THE DAY OF ISSUE STARTED ON 20/09/2026, carried no compilation number and had unincorporated amendments - and six further versions were already registered ahead of it.
- The review date is not the usual six months. Act s163 conditions the restrictive practices immunity on consent given BEFORE 1 DECEMBER 2026, which is the earliest hard trigger this programme has.
- Before you rely on any section number in this document, open the instrument on the Federal

Register of Legislation and check the version on its cover page against the one printed here.

What this programme is

Almost everyone working in aged care can name the five restrictive practices. Very few have read the definition in the Act, and it does not contain them. Section 17(1) of the Aged Care Act 2024 says a restrictive practice is ANY practice or intervention that has the EFFECT of restricting the rights or freedom of movement of an individual - no list, no purpose element, nothing about behaviour. The five familiar categories live in section 17-5 of the Aged Care Rules 2025, and every one of them turns on 'the primary purpose of influencing the individual's behaviour'. Section 17(2) then says, in terms, that the Rules operate WITHOUT LIMITING subsection (1). So the same bed rail, the same locked door, the same medication and the same hand on an arm can sit inside or outside the five depending on why it is being done, while the Act's definition catches it either way. This programme sets out both definitions in the words of the instruments, works through the eleven requirements at Rules 162-15 and which six of them an emergency suspends, and then spends its longest module on the document the Rules actually care most about - the behaviour support plan, which is required wherever behaviour support is needed and which is overwhelmingly about alternatives, triggers and quality of life rather than about restraint.

TWO DEFINITIONS, TWO INSTRUMENTS

- AGED CARE ACT 2024, s17(1) - a restrictive practice is ANY practice or intervention that has the EFFECT of restricting the rights or freedom of movement of the individual. No list, no purpose element, nothing about behaviour.
- AGED CARE RULES 2025, s17-5 - five categories: chemical (2), environmental (3), mechanical (4), physical (5) and seclusion (6). Every one of them turns on 'the PRIMARY PURPOSE of influencing the individual's behaviour'.
- AND THE PROVISION THAT SETTLES THE RELATIONSHIP - Act s17(2): 'WITHOUT LIMITING SUBSECTION (1), the rules may provide that a practice or intervention is a restrictive practice.' The five are additional provision, not the boundary of the definition.

Programme parameters

Item	Detail
Code	OBA-DEM-2026
Title	Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives
Version / issued / review due	1.0 | 24/09/2026 | 01/12/2026
Modules	11
CPD hours	6.5
Summative assessment	60 items, 80% pass mark, 2 attempts
Case study assessment	5 unfolding case studies, 25 decision steps
Delivery	Self-paced online, with an optional facilitated workshop
Audience	Personal care workers, enrolled and registered nurses, clinical and care managers, educators, and

	quality staff in residential aged care

How the CPD hours were measured

The hours are measured, not asserted. Each module's figure is the sum of its measured segment times; the programme figure adds the programme-level reading and the assessment, and is then rounded to the nearest half hour.

Component	Minutes
Module content (11 modules)	221
Programme-level reading	92
Summative assessment and case studies	86
Total	399
Stated CPD hours	6.5

THE FIGURE IS TAKEN FROM THE CONTENT, NOT THE OTHER WAY ROUND

- The measured total is 399 minutes, which is 6.65 hours. The nearest half hour is 6.5.
- The rounding goes to the NEAREST half hour, INCLUDING DOWNWARDS. The remedy for a CPD figure you would like to be higher is to ADD CONTENT, never to change the number.

Modules

#	Title	Time	Outcomes
Module 00	Orientation: Effect, Not Purpose - and an Immunity With a Date on It	21 min	6
Module 01	Where the Law Is: Act, Rules, Quality Standards, Code of Conduct	20 min	6
Module 02	The Five Restrictive Practices, and What Each One Excludes	20 min	6
Module 03	The Eleven Requirements That Apply to Every Restrictive Practice	20 min	6
Module 04	Chemical Restraint: Who Assesses, Who Prescribes, and the Nine Recorded Matters	18 min	6
Module 05	Emergencies: Six Requirements Suspended, Five That Never Are	18 min	6
Module 06	The Behaviour Support Plan Is a Document About Alternatives	21 min	6
Module 07	Behaviours of Concern: The Causes the Instrument Names	18 min	6
Module 08	Informed Consent and the Restrictive Practices Substitute Decision-Maker	20 min	6
Module 09	Monitoring, Review, and When It Becomes a Reportable Incident	20 min	6
Module 10	Scope, the Code of Conduct, and What to Do on Monday	25 min	6

Learning outcomes, by module

Module 00 - Orientation: Effect, Not Purpose - and an Immunity With a Date on It

- State the Act's definition of a restrictive practice, and cite the provision
- State what the five categories in the Rules turn on, and cite the provision
- Explain the effect of section 17(2) on the relationship between the two
- Explain why the difference changes what a worker notices on a shift
- State who the section 163 immunity protects, and the date written into it
- State what this programme will not decide

Module 01 - Where the Law Is: Act, Rules, Quality Standards, Code of Conduct

- Locate the definition, the five categories and the requirements, and cite each
- State who Part 9 of the Rules applies to, and in what setting
- Explain how the Quality Standards and the Code of Conduct enter the requirements
- Identify which layer a given statement belongs to
- State which compilation of each instrument this programme read, and why that matters
- Name the layer this programme does not state

Module 02 - The Five Restrictive Practices, and What Each One Excludes

- State each of the five definitions, and cite the subsection
- State the exclusion attached to each of the three that has one
- Explain what 'reflexive' does in the physical restraint exclusion
- Explain how far environmental restraint and seclusion reach
- Explain why an exclusion is a claim with a document behind it
- State what this programme will not decide about the chemical restraint exclusion

Module 03 - The Eleven Requirements That Apply to Every Restrictive Practice

- State all eleven requirements, and cite the paragraph for each
- Explain what informed consent under paragraph (f) must cover
- Explain the relationship between paragraphs (f) and (g)
- Explain what paragraphs (i), (j) and (k) bring into the requirements
- Explain why 'last resort' and 'least restrictive' are two different requirements
- State where the requirements sit in relation to the section 163 immunity

Module 04 - Chemical Restraint: Who Assesses, Who Prescribes, and the Nine Recorded Matters

- State who may assess and prescribe for chemical restraint, and cite the provision
- State who may assess for every other restrictive practice, and how that test differs
- List the four steps required of the practitioner under s162-25(1)(a)
- State how many matters must be documented, and identify the ones about the prescription
- Explain what the consent at (a)(iv) is consent to, and what it does not replace
- State what the three documented matters under s162-20 are

Module 05 - Emergencies: Six Requirements Suspended, Five That Never Are

- Identify the six requirements suspended in an emergency, and cite the provision
- Identify the five that continue to apply
- State the limit in section 162-15(3)
- State what section 162-25(2) does and does not suspend for chemical restraint
- List the obligations that arise after emergency use, and when they arise
- Explain why the programme states no time limit on an emergency

Module 06 - The Behaviour Support Plan Is a Document About Alternatives

- State when a behaviour support plan is required, and cite the provision
- List the eight paragraphs of content required of every plan
- Identify which sections add content because of a restrictive practice
- State what section 162-70 requires about review, and what it does not state
- List who must be consulted under section 162-75, and which limb is unconditional
- Explain what section 162-75(3) requires about the format of consultation

Module 07 - Behaviours of Concern: The Causes the Instrument Names

- Quote the causes named in section 162-50(d)(iv)
- State what else must be recorded for each occurrence of a behaviour of concern
- State what Outcome 5.6(13) covers, and note the breadth of 'whether acute, chronic or transitory'
- State what Outcome 5.6(14) requires
- Explain why the reframe is a legal requirement and not only good practice
- State what the specified care and service 'dementia and cognition management' covers

Module 08 - Informed Consent and the Restrictive Practices Substitute Decision-Maker

- State when the section 6-20 table applies, and when it does not
- List the five items of the table in order
- State the tie-break rule, and the definition of 'unpaid'
- State what informed consent must cover under section 162-15(1)(f)
- State what the provider must do about coercion and duress
- State what section 163 requires, who it protects, and its date

Module 09 - Monitoring, Review, and When It Becomes a Reportable Incident

- List the six matters monitored under section 162-30(a)
- State the four further obligations in section 162-30
- Explain what paragraph (d) requires about the environment
- State what Act section 16(1)(g) makes reportable, and what it does not
- State the conditions of the home and community carve-out at section 16-15
- State whose decision classification is, and what a worker's part is

Module 10 - Scope, the Code of Conduct, and What to Do on Monday

- State who the Aged Care Code of Conduct binds, and cite the provision
- List the eight obligations, and read (g) and (h) in full
- Explain how the Code enters the restrictive practice requirements

- Identify which actions in this subject are yours, and which are not
- State the three layers this programme did not read
- Name what you will check where you work

Where the law is

This table is the programme's spine. Each row is something somebody has to do, and the instrument and provision that carries it. The Act and the Rules are kept apart throughout, because the subject of the course is that they answer the same question differently.

What you need	Instrument and provision	Note
What a restrictive practice is	Aged Care Act 2024, s17	Effect on rights or freedom of movement. s17(2): the rules do not limit it.
The five categories and their exclusions	Aged Care Rules 2025, s17-5	Chemical (2), environmental (3), mechanical (4), physical (5), seclusion (6).
What the rules must require	Aged Care Act 2024, s18	The matters the rules must address for the use of restrictive practices.
Who Part 9 applies to	Rules s162-5, s162-10	Providers registered in the residential care category, in an approved residential care home.
The eleven requirements	Rules s162-15(1)	Paragraphs (a) to (k). Subsections (2) and (3) are the emergency provision.
Non-chemical additional requirements	Rules s162-20	Approved health practitioner with day-to-day knowledge; three documented matters.
Chemical restraint additional requirements	Rules s162-25	Medical practitioner or nurse practitioner; four steps; nine documented matters.
While a practice is being used	Rules s162-30	Six monitoring items, plus necessity, effectiveness, environment and prescriber feedback.
After emergency use	Rules s162-35	Inform the substitute decision-maker; document five matters, as soon as practicable.
Behaviour support plans	Rules s162-45 to s162-75	When required, content, additional content, review and consultation.
The substitute decision-maker	Rules s6-15, s6-20; s162-40	Nomination, the five-item table, and the provider's obligations about coercion and records.
Immunity	Aged Care Act 2024, s163; Rules s163-5	Conditioned on consent before 1 December 2026 and on compliance with the rules.
Reportable incidents	Aged Care Act 2024, s16(1)(g); Rules s16-15	Use other than in accordance with the requirements; and the home and community carve-out.
Cognitive impairment in the Quality Standards	Rules s15-30, Outcome 5.6	Subsections (13) and (14) of Standard 5 - Clinical care.

The Aged Care Code of Conduct	Rules Part 5, s14-5, s14-10; Act s173, s498(2)(d)(i)	Eight obligations in the first person; civil penalty 250 penalty units; banning orders.
State and Territory authorisation law	The law of your jurisdiction	NOT READ IN THIS BUILD. The programme names the layer and states none of its content.

The five restrictive practices, and what each one excludes

Practice	Provision	Definition	Excludes
Chemical restraint	Rules s17-5(2)	Use of medication or a chemical substance for the primary purpose of influencing the individual's behaviour.	Does NOT include medication prescribed for (i) the treatment of, or to enable treatment of, the individual for a diagnosed mental disorder, a physical illness or a physical condition; or (ii) end of life care for the individual.
Environmental restraint	Rules s17-5(3)	Restricting, or enabling the restriction of, an individual's free access to all parts of their environment (INCLUDING ITEMS AND ACTIVITIES) for the primary purpose of influencing the individual's behaviour.	No exclusion is written into the definition. Note how far 'including items and activities' reaches - this is not only about doors.
Mechanical restraint	Rules s17-5(4)	Use of a device to prevent, restrict or subdue an individual's movement for the primary purpose of influencing the individual's behaviour.	Does NOT include the use of a device for therapeutic or non-behavioural purposes.
Physical restraint	Rules s17-5(5)	Use or action of physical force to prevent, restrict or subdue movement of an individual's body, or part of their body, for the primary purpose of influencing the individual's behaviour.	Does NOT include the use of a hands-on technique in a REFLEXIVE WAY to guide or redirect the individual away from potential harm or injury, IF it is consistent with what could reasonably be considered to be the

			exercise of care towards the individual.
Seclusion	Rules s17-5(6)	Sole confinement of an individual in a room or a physical space at any hour of the day or night where voluntary exit is prevented or not facilitated, OR IT IS IMPLIED THAT VOLUNTARY EXIT IS NOT PERMITTED, for the primary purpose of influencing the individual's behaviour.	No exclusion is written into the definition. Note that an IMPLICATION is enough - the door does not have to be locked.

AND THE PROVISION THAT SETTLES THE RELATIONSHIP

Aged Care Act 2024, section 17, in full: '(1) A restrictive practice in relation to an individual is any practice or intervention that has the EFFECT of restricting the rights or freedom of movement of that individual. (2) WITHOUT LIMITING SUBSECTION (1), the rules may provide that a practice or intervention is a restrictive practice in relation to an individual.' There is no list in the Act, no purpose element, and nothing about behaviour.

The eleven requirements

	Short name	What the paragraph requires	In an emergency
(a)	Last resort, and impact considered	Used ONLY as a last resort to prevent harm to the individual or other persons, AND after consideration of the likely impact of the use on the individual.	Suspended in an emergency
(b)	Alternatives used first	To the extent possible, best practice alternative strategies are used BEFORE the restrictive practice is used.	Suspended in an emergency
(c)	Alternatives documented	The alternative strategies that have been considered or used have been documented in the behaviour support plan for the individual.	Suspended in an emergency
(d)	Necessary and proportionate	Used only to the extent that it is NECESSARY and IN PROPORTION to the risk of harm to the individual or other persons.	APPLIES ALWAYS
(e)	Least restrictive form, shortest time	Used in the LEAST RESTRICTIVE FORM, and for the SHORTEST TIME, necessary to prevent harm to the individual or other persons.	APPLIES ALWAYS
(f)	Informed consent	Informed consent to the use, AND HOW IT IS TO BE USED (including its duration, frequency and intended outcome), has been given by the individual, or by the restrictive practices substitute decision-maker if the individual lacks capacity.	Suspended in an emergency
(g)	Used in accordance with that consent	The use of the restrictive practice is in accordance with the informed consent	Suspended in an emergency

		mentioned in paragraph (f).	
(h)	Complies with the behaviour support plan	The use complies with any provisions of the behaviour support plan for the individual that relate to the use of the restrictive practice.	Suspended in an emergency
(i)	Quality Standards and Code of Conduct	The use complies with the Aged Care Quality Standards and the Aged Care Code of Conduct.	APPLIES ALWAYS
(j)	Statement of Rights	The use is not inconsistent with the Statement of Rights.	APPLIES ALWAYS
(k)	State or Territory law	The use meets the requirements (if any) of the law of the State or Territory in which the restrictive practice is used.	APPLIES ALWAYS

SIX SUSPENDED, FIVE THAT NEVER ARE

- Rules s162-15(2) suspends paragraphs (a), (b), (c), (f), (g) and (h) where the use of the restrictive practice is necessary in an emergency. SIX OF ELEVEN. And s162-15(3): 'Subsection (2) applies ONLY WHILE THE EMERGENCY EXISTS.' The moment it does not, all eleven are back.
- CHEMICAL RESTRAINT IN AN EMERGENCY SUSPENDS LESS THAN PEOPLE EXPECT. Rules s162-25(2) suspends only subparagraph (1)(a)(iv) - informed consent to the prescribing - and paragraph (1)(b), the nine recorded matters. The rest of s162-25(1)(a) still applies: a medical practitioner or nurse practitioner must still have assessed the risk of harm, still have assessed that the chemical restraint is necessary, and STILL HAVE PRESCRIBED THE MEDICATION. An emergency does not create a power to give a medication that was never prescribed.

Assessment

Two instruments. The summative paper is 60 multiple-choice items blueprinted across the eleven modules; the case study assessment is 5 unfolding case studies with 25 decision steps, each option carrying feedback. The pass mark is 80% and there are 2 attempts.

Module	Items
Module 00	5
Module 01	5
Module 02	7
Module 03	6
Module 04	6
Module 05	5
Module 06	7
Module 07	5
Module 08	5
Module 09	5
Module 10	4
Total	60

Twenty of the keyed rationales are marked MANDATORY-CORRECT. Those are the statements the programme will not have a learner leave holding wrongly, and each of the eleven modules contributes at least one.

What this programme does not do

- It is not legal advice, it is not clinical advice, and it is not a compliance sign-off.
- It does not decide whether a particular practice is a restrictive practice. The exclusions in s17-5 turn on a purpose or a clinical judgement somebody has to make and record.
- It does not say whether dementia is a 'diagnosed mental disorder' for the chemical restraint exclusion. The exclusion does not name it, and the question belongs to the prescriber and the provider.
- It does not decide whether any particular person has capacity to consent.
- It does not decide whether a use is a reportable incident, or whether anybody complies.
- It states no State or Territory consent, guardianship or authorisation rule - those laws were not read in this build, and Rules s6-20 and s162-15(1)(k) both point at them.
- It states no drug, no dose, no class and no protocol. No clinical guidance on dementia was read in this build.
- It says nothing about the NDIS restrictive practices regime, which is a different scheme under different instruments with a different regulator.
- And it does not advise on the position after 1 December 2026, when the condition on the s163 immunity falls away.

SUPPORT AND WHERE TO RAISE SOMETHING

• Aged Care Quality and Safety Commission - 1800 951 822. To raise a concern or make a complaint about aged care services.

• Older Persons Advocacy Network (OPAN) - 1800 700 600. Free, independent advocacy for older

people receiving aged care and their families.

- Lifeline - 13 11 14. 24 hours, seven days. National crisis support.
- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.