OBA-DEM-2026 | Practice tool

Which-provision citation card

Which instrument, which provision, which compilation

DOCUMENT CONTROL

- Programme: Dementia Care and Behaviour Support: Effect, Purpose, and the Plan About Alternatives (OBA-DEM-2026)
- Audience: Anybody who states a restrictive practice obligation to somebody else
- Version 1.0 | Issued 24/09/2026 | Review due 01/12/2026
- Provider: OBA Nursing Academy

THE HABIT THIS PROGRAMME INSTALLS IS WHICH INSTRUMENT, WHICH PROVISION, WHICH COMPILATION. 'Aged Care Rules 2025, s162-15(2), Compilation No. 10, checked 24/09/2026' beats 'the rules say the requirements do not apply in an emergency'. In this subject the Act and the Rules define the same term differently on purpose, and almost every argument about what counts turns out to be two people quoting different instruments at each other.

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.

The six questions, in order

Ask	Because
Which instrument is this in?	The Act, or the Rules. The definition of a restrictive practice is in the Act at s17. The five categories, the eleven requirements, the behaviour support plan, the Quality Standards and the Code of Conduct are all in the Rules.
Does the Act catch it even if the five do not?	Ask the s17(1) question first: does this have the EFFECT of restricting the person's rights or freedom of movement? Then ask the s17-5 question: is the PRIMARY PURPOSE influencing their behaviour? They are different questions and they have different answers.
Who does this provision put the obligation on?	Part 9 says 'the registered provider must ensure'. The assessments belong to named practitioners.

	The Code of Conduct says 'I must' and means you.
Is there an exclusion, and does anyone here know which one they are relying on?	Three of the five practices carry an exclusion, and every one of them turns on a purpose or judgement. 'It is excluded' is a claim with a document behind it, or it is not a claim.
Is there a number in it, or has somebody added one?	No review interval, no emergency time limit, no frequency for 'regularly monitored'. Where the instrument is silent, the provider decides and justifies.
Which compilation am I reading, and when did I check?	The Rules change often - the version in force on 24/09/2026 was four days old and six more were already registered. Write down the compilation number and the date you looked.

Where the law is

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	The law of your jurisdiction	NOT READ IN THIS BUILD. The

authorisation law		programme names the layer and states none of its content.

The identifiers

Instrument	Register ID	Version at the date of issue
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, 01/08/2026 to 20/09/2026, authorised version F2026C00802. The version IN FORCE at issue started 20/09/2026 and has no compilation number yet.

A REGISTER ID PLUS A VERSION

- A register ID identifies the instrument and never changes. A compilation number identifies the version of the text. A citation with both survives the next amendment; a citation with neither cannot be checked by the person you gave it to.
- TWO TRAPS FOUND ON THIS BUILD. First, the register's version list returns FUTURE compilations first - always take the version whose start date is on or before today and whose end date is after it. Second, the Aged Care Rules are published in TWO VOLUMES, and the single-file PDF path does not resolve for them; the EPUB path returns the whole instrument.

If somebody says this, look at that

If somebody says	Look at	Because
'A restrictive practice is one of the five'	Act s17(1), s17(2)	The Act's definition is any practice or intervention with the EFFECT of restricting rights or freedom of movement, and s17(2) says the Rules operate WITHOUT LIMITING it. The five are additional provision, not the boundary of the field.
'It is not a restrictive practice, it is for their safety'	Rules s17-5	Purpose is the right question, but it has to be answered against the words - 'the primary purpose of influencing the individual's behaviour' - and recorded. Saying it is for safety is the beginning of the analysis, not the end of it.
'The bed rails are fine, they are a therapeutic device'	Rules s17-5(4)	Mechanical restraint excludes a device used for therapeutic or non-behavioural purposes.

		Which purpose applies here, who decided, and where is it written?
'In an emergency the restrictive practice rules do not apply'	Rules s162-15(2), (3)	SIX of the eleven are suspended. Necessary and proportionate, least restrictive form and shortest time, the Quality Standards and Code of Conduct, the Statement of Rights and State or Territory law all still apply - and only while the emergency exists.
'We can give it now and get it prescribed afterwards'	Rules s162-25(1)(a)(iii), s162-25(2)	The emergency provision suspends the consent to prescribing and the nine recorded matters. It does not suspend the requirement that the medication be prescribed for the purpose.
'Behaviour support plans are only needed where a restrictive practice is used'	Rules s162-45	The trigger is that BEHAVIOUR SUPPORT IS NEEDED for the individual. Restrictive practices bring in additional content under ss162-55, 162-60 and 162-65.
'The plan has to be reviewed every twelve months'	Rules s162-70	Review on a REGULAR BASIS and after any change in circumstances. No interval is stated. Your provider may set one and should be able to justify it - but it is a policy, not the Rules.
'The family said it was fine'	Rules s6-20, s162-15(1)(f)	Consent has to come from the restrictive practices substitute decision-maker - an ordered table that applies only where State or Territory law has not already provided one - and it has to cover the duration, frequency and intended outcome.
'Once it is authorised we are covered'	Act s163, and its note	The immunity is conditioned on the practice being used IN ACCORDANCE WITH the requirements prescribed by the rules, and on consent given before 1 December 2026. The Act's own note spells the first half out.
'Using a restrictive practice is a reportable incident'	Act s16(1)(g)	The reportable incident is the use OTHER THAN in accordance with the requirements prescribed by the

		rules - plus, in home and community settings, the s16-15 carve-out.
'It is just boredom, it is not clinical'	Rules s162-50(d)(iv)	Boredom and loneliness are named in the instrument as unmet needs that are causes of behaviours of concern, and the plan must record them.

Write your own, and date it

Fill this in for an obligation your organisation relies on. Then check it again before 1 December 2026.

The obligation, in your own words

Which instrument - Aged Care Act 2024, or Aged Care Rules 2025

Provision - section, subsection and paragraph

Is there a purpose element in it, or does it turn on effect

Register ID and compilation number

Date I checked the register

Where our policy says it, and whether the policy agrees