OBA-FPM-2026

Falls Prevention and Management: Everyone Is High Risk, and the Number Is a Headcount

Programme descriptor

DOCUMENT CONTROL

- Programme: Falls Prevention and Management: Everyone Is High Risk, and the Number Is a Headcount (OBA-FPM-2026)
- Audience: Prospective participants, employers and funding bodies
- Version 1.0 | Issued 24/09/2026 | Review due 24/03/2027
- Provider: OBA Nursing Academy

The finding this programme is built on

THE GUIDELINE SAYS FALL RISK SCREENING IS NOT APPLICABLE IN RESIDENTIAL AGED CARE. AND THE MANDATORY INDICATOR IS A HEADCOUNT OF RESIDENTS, NOT A FALLS RATE. NEITHER ASKS FOR A SCORE.

Falls Guidelines for RACS 2025, under 'Fall Risk Assessment for Tailoring Interventions': 'FALL RISK SCREENING IS NOT APPLICABLE IN RACS, AS ALL OLDER PEOPLE ARE AT HIGH RISK OF FALLS.' And in the Key messages: 'Every person living in RACS should be considered at high risk of falling and be individually assessed for WHICH FALL PREVENTION INTERVENTIONS ARE NECESSARY.'

Aged Care Rules 2025, section 166-135, requires a quality indicators report to include the number of INDIVIDUALS accessing funded aged care services who experienced ONE OR MORE FALLS AT THE APPROVED RESIDENTIAL CARE HOME during the reporting period, and the number who experienced one or more such falls RESULTING IN MAJOR INJURY.

It matters because both artefacts get used as answers to questions they were never asked. A falls risk score gets treated as a finding - 'she's a high risk' - when the guideline has already said that of everybody, and what was needed was the list of things to change. And the quarterly indicator gets treated as a measure of care - 'our falls are low this quarter' - when what moved may be the number of residents who fell at least once, inside the building, with one of four named diagnoses. Neither number is wrong. They are just not answers to 'are the people here being helped to move safely'.

What a participant can do afterwards

- Quote what the guideline says about fall risk screening in residential aged care, and explain what replaces it.
- State what the four numbers in the quality indicator count, and the three limits built into them.

- Quote the definition of a fall, and identify the four things it does not require.
- List the four diagnoses in the definition of major injury, and name serious harm that is not among them.
- List the seven recommendations with their grades, and tell a recommendation from a good practice point.
- Explain why three of the seven are about bones, and state the warning attached to the vitamin D recommendation.
- Explain why a falls number can improve while care deteriorates.
- State the six triggers for a medication review and the three triggers for neurological observations after a fall.
- And name the layers this programme deliberately does not state, and where to get each.

Structure

Module	Title	Time
00	Orientation: Everyone Is High Risk, and the Number Is a Headcount	22 min
01	Where the Law Is, and Where It Is Not: The Act Never Says 'Fall'	20 min
02	What Counts as a Fall, and What Counts as Major Injury	20 min
03	The Quality Indicator: What the Number Actually Is	21 min
04	Assessment, Not Screening: Which Risk Factors, Not How High the Risk	19 min
05	The Seven Recommendations, and What Each One Is Graded	21 min
06	Bones: Dairy, Vitamin D and Osteoporosis - Three of the Seven	21 min
07	Movement Is the Treatment, and the More Mobile Resident Falls More	20 min
08	Medicines, Continence, Vision and Feet: The Factors You Can Change	20 min
09	After a Fall: The Immediate Response, the Three Triggers, the Analysis	20 min
10	Restraint Is Not a Falls Intervention - and Dignity of Risk	26 min

Total 7.0 CPD hours, measured. Assessment: 60 items at 80%, plus 5 case studies.

Who it is for

Role	Why
Personal care workers	Because almost everything in the guideline that works depends on somebody noticing something - what a resident ate, whether the frame was in reach, whether the fall was witnessed - and telling somebody who can act.
Enrolled and registered nurses	The post-fall chapter is theirs: the baseline, the three neurological observation triggers, the anticoagulant question, and the medication review that a fall itself triggers.
Clinical and care managers	The assessment, the seven recommendations, the exercise program that must not stop, and the quarterly number that does not mean what it is usually reported to mean.
Educators and trainers	Because the sentences this programme corrects - 'she's a high falls risk', 'our falls rate is down', 'no major injuries' - are in circulation because they are taught.
Quality and compliance staff	s166-135 in full, its machinery, and an honest account of what the four figures can and cannot support.
Catering and lifestyle staff	Recommendation 5 is about the menu, and three of the seven recommendations are about bones. The falls program is not confined to clinical staff.

SCOPE, CURRENCY AND THE LIMIT OF THIS PROGRAMME

- This programme is professional development. It states what the Aged Care Act 2024, the Aged Care Rules 2025 and the ACSQHC Falls Guidelines for Australian Residential Aged Care Services (2025) say, quotes them where the words matter, and cites the source every time. It is not legal advice, not clinical advice, and not a compliance sign-off. It does not make a prescribing or deprescribing decision, does not decide whether any particular practice is a restrictive practice, does not decide whether any particular fall is a reportable incident, and does not decide whether any provider, worker or indicator result complies with anything. Clinical decisions about an individual are for that individual, their substitute decision-maker where one applies, and the treating practitioners, working within their own scope, their employer's policies and the law of their State or Territory.
- WHAT WAS READ, AND WHEN. Aged Care Act 2024 (C2024A00104), COMPILATION NO. 2, in force from 01/07/2026. Aged Care Rules 2025 (F2025L01173), COMPILATION NO. 10, covering 01/08/2026 to 20/09/2026. Both read directly from the Federal Register of Legislation on 24/09/2026. The ACSQHC Falls Guidelines for Australian Residential Aged Care Services (2025, ISBN 978-1-923353-11-4) were read in full on the same day. 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 were already registered ahead of it. Before relying on any section number in this programme, open the current compilation and check it.

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.