OBA-FPM-2026

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

Programme syllabus

DOCUMENT CONTROL

- Programme: Falls Prevention and Management: Everyone Is High Risk, and the Number Is a Headcount (OBA-FPM-2026)
- Audience: Programme documentation - facilitators, quality leads and education managers
- Version 1.0 | Issued 24/09/2026 | Review due 24/03/2027
- 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, 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.

WHY THE VERSION MATTERS HERE

- 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 Falls Guidelines for RACS were published in 2025 and replaced guidance from 2009 that is still cited in service policies around the country. If your falls policy names a 2009 document, nobody has checked it against the current evidence base.

- Before relying on any section number or recommendation in this programme, open the source and check it.

What this programme is

Almost every residential aged care service in Australia scores its residents for falls risk, and almost every one reports a falls quality indicator every quarter. Neither of those is the thing the sources actually ask for. The national guideline - the ACSQHC Falls Guidelines for Australian Residential Aged Care Services, published in 2025 - says in terms that FALL RISK SCREENING IS NOT APPLICABLE IN RESIDENTIAL AGED CARE, because every person living in a service should be considered at high risk. The question is not how likely this person is to fall; it is which of their risk factors can be changed. And the mandatory quality indicator at section 166-135 of the Aged Care Rules 2025 is not a falls rate: it counts INDIVIDUALS who had one or more falls, only falls that happened AT THE HOME, and its 'major injury' is an exhaustive list of four diagnoses - bone fracture, joint dislocation, closed head injury with altered consciousness, and closed head injury with subdural haematoma. This programme sets both out in the words of the sources, works through all seven graded recommendations - three of which are about bones rather than balance - and ends where the guideline ends, on dignity of risk and on the sentence that restraint is not a substitute for staffing.

THREE SOURCES, DOING THREE DIFFERENT JOBS

- AGED CARE ACT 2024 - says NOTHING about falls. The word does not appear in it. What it provides is the general power at s166(1)(d) to require reports to the System Governor.
- AGED CARE RULES 2025 - two definitions in the Dictionary ('fall', and 'fall resulting in major injury'), the quarterly counting obligation at s166-135, and a funding classification variable. There is NO Aged Care Quality Standard about falls.
- ACSQHC FALLS GUIDELINES FOR AUSTRALIAN RESIDENTIAL AGED CARE SERVICES (2025) - seven graded recommendations and fifteen chapters of good practice points. Guidance rather than law, and where every practical answer is.

Programme parameters

Item	Detail
Code	OBA-FPM-2026
Title	Falls Prevention and Management: Everyone Is High Risk, and the Number Is a Headcount
Version / issued / review due	1.0 | 24/09/2026 | 24/03/2027
Modules	11
CPD hours	7.0
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)	230
Programme-level reading	92
Summative assessment and case studies	86
Total	408
Stated CPD hours	7.0

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

- The measured total is 408 minutes, which is 6.80 hours. The nearest half hour is 7.0.
- 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: Everyone Is High Risk, and the Number Is a Headcount	22 min	6
Module 01	Where the Law Is, and Where It Is Not: The Act Never Says 'Fall'	20 min	6
Module 02	What Counts as a Fall, and What Counts as Major Injury	20 min	6
Module 03	The Quality Indicator: What the Number Actually Is	21 min	6
Module 04	Assessment, Not Screening: Which Risk Factors, Not How High the Risk	19 min	6
Module 05	The Seven Recommendations, and What Each One Is Graded	21 min	6
Module 06	Bones: Dairy, Vitamin D and Osteoporosis - Three of the Seven	21 min	6
Module 07	Movement Is the Treatment, and the More Mobile Resident Falls More	20 min	6
Module 08	Medicines, Continence, Vision and Feet: The Factors You Can Change	20 min	6
Module 09	After a Fall: The Immediate Response, the Three Triggers, the Analysis	20 min	6
Module 10	Restraint Is Not a Falls Intervention - and Dignity of Risk	26 min	6

Learning outcomes, by module

Module 00 - Orientation: Everyone Is High Risk, and the Number Is a Headcount

- Quote what the guideline says about fall risk screening in residential aged care
- Explain the difference between screening and assessment, and which one is required
- State what the four numbers in the quality indicator actually count
- State the three limits built into the indicator
- Explain why neither artefact tells you whether people are being helped to move safely
- State what this programme will not decide

Module 01 - Where the Law Is, and Where It Is Not: The Act Never Says 'Fall'

- State how many times the word 'fall' appears in the Aged Care Act 2024
- Locate the two definitions, the counting obligation and the funding variable
- State which Quality Standards come nearest to falls, and what they actually say
- Explain the difference between the legal obligation and the guideline
- State which editions of the Falls Guidelines exist, and which one this programme reads
- Name the layers this programme does not state

Module 02 - What Counts as a Fall, and What Counts as Major Injury

- Quote the definition of a fall, and identify the four things it does not require
- Explain what 'or other lower level' takes in
- List the four diagnoses in the definition of major injury
- Identify serious harm that is not major injury for the indicator
- Explain why the definition is tight, and what the reading error is
- State what the guideline's definition is, and how it compares

Module 03 - The Quality Indicator: What the Number Actually Is

- State the four numbers the report must contain, and what each counts
- Explain why the indicator can fall while the number of falls rises
- State who must report, to whom, how often and by when
- Explain what the collection date is and when it must be
- Compare the falls indicator with the pressure injury indicator, and say why they differ
- Explain why it is a reporting obligation rather than a care standard

Module 04 - Assessment, Not Screening: Which Risk Factors, Not How High the Risk

- State what the guideline requires instead of screening, and when
- Distinguish intrinsic from extrinsic risk factors
- State the purpose of the assessment in the guideline's own words
- Explain what must follow an identified risk
- State the good practice point about people under 65
- Explain why a total risk score does not serve the purpose the guideline sets

Module 05 - The Seven Recommendations, and What Each One Is Graded

- List the seven recommendations and state the grade of each
- Explain what the numbers 1 and 2 mean, and what A, B and C mean
- Explain what a good practice point is and how it differs from a recommendation
- Identify which recommendations are about exercise, and which about bones
- State the recommendation that contains a warning about a common practice
- Explain why quoting a grade changes how a claim can be used

Module 06 - Bones: Dairy, Vitamin D and Osteoporosis - Three of the Seven

- State which three of the seven recommendations are about bones, and their grades
- State the dairy recommendation and the number in it
- State the vitamin D recommendation and the warning attached to it
- State who is most affected by low vitamin D, and why
- State the calcium supplementation ceiling and the caution attached
- State what the guideline says about undertreatment of osteoporosis

Module 07 - Movement Is the Treatment, and the More Mobile Resident Falls More

- Quote what the guideline says about mobility and falls risk in residential aged care
- Explain why the indicator cannot distinguish reduced falls from reduced movement
- State the two exercise recommendations and their grades
- State what the guideline requires of an exercise program's design and delivery
- State what validated tools are asked for, and what they measure
- Explain what the guideline asks you to balance

Module 08 - Medicines, Continence, Vision and Feet: The Factors You Can Change

- Name the medicine classes the guideline identifies as increasing falls risk
- List the six triggers for a medication review
- Explain what the guideline says about continence and falls
- State what the guideline says about delirium, and what to consider as a cause
- Name the other risk factor chapters and what each is for
- State what this programme will not say about medicines

Module 09 - After a Fall: The Immediate Response, the Three Triggers, the Analysis

- State what the guideline says about falls that cause minor or no injury
- List the immediate post-fall actions in order
- State the three triggers for neurological observations, and why the third matters
- Name the three factors to consider as contributors to deterioration
- State what is required for EVERY person who falls, not just injured ones
- State what the workforce must know, and what the analysis is for

Module 10 - Restraint Is Not a Falls Intervention - and Dignity of Risk

- Quote what the guideline says about restraint and staffing
- State what the guideline says about restraint as a last option
- Explain why this programme gives no verdict on whether a device is a restrictive practice
- State what the guideline requires about monitoring and observation

- State what dignity of risk means in the guideline's own words
- Name what this programme did not read, and what to check where you work

Where falls actually sit

This table is the programme's spine, and the first row of it is the one that surprises people. The Act is silent; the Rules count; the guideline does the work.

What	Where	Note
A definition of 'fall'	Rules, Dictionary	'an event that results in an individual coming to rest inadvertently on the ground, floor or other lower level.'
A definition of 'fall resulting in major injury'	Rules, Dictionary	Four diagnoses: bone fracture; joint dislocation; closed head injury with altered consciousness; closed head injury with subdural haematoma.
A quarterly counting obligation	Rules s166-135	Four numbers, all headcounts of individuals. Made under the general reporting power at Act s166(1)(d).
Who must report, and when	Rules s166-105, s166-110, s166-115	Residential care providers; to the System Governor; each quarter; within 21 days of the end of the period.
A funding classification variable	Rules, AN-ACC classes 3 and 5	'whether the individual has fallen in the last 12 months' is one of the variables used to classify residents for funding.
No Quality Standard about falls	Rules Part 6	NONE. The nearest are Outcome 4.1b (environment that optimises function), the Equipment outcome, and Outcome 3.3(7) on escalating deterioration.
The clinical guidance	ACSQHC Falls Guidelines for RACS 2025	Seven graded recommendations and good practice points across fifteen chapters. Guidance, not law - and it is where almost everything useful is.
State and Territory law	Varies by jurisdiction	NOT READ IN THIS BUILD. Work health and safety duties and coronial requirements in particular. The programme names the layer and states none of its content.

The Quality Standards that come nearest

Outcome	Provision	What it actually says
Outcome 4.1b - Environment	Rules s15-25(2)	Individuals can access services

		in a 'clean, safe and comfortable environment that optimises their sense of belonging, interaction and FUNCTION'. Function, in an environment outcome.
Outcomes 4.1a and 4.1b - Equipment	Rules s15-25(3)	Equipment used or provided 'must be safe and must meet the needs of the individuals'. This is the nearest thing to a standard about beds, chairs, rails and mobility aids.
Outcome 3.3 - Communication	Rules s15-20(7)	Risks, and 'changes and deterioration in the condition of individuals', are escalated and communicated as appropriate.
Outcome 5.6 - Cognitive impairment	Rules s15-30(13), (14)	Cognitive impairment 'whether acute, chronic or transitory', and the obligation to identify situations and events that may lead to changes in behaviours.

The seven recommendations

	Recommendation	What it says	Level
1	Multifactorial interventions	Provide multifactorial fall prevention interventions as part of routine care for ALL older people: regularly assessing both individual AND SERVICE-LEVEL fall risk factors, including assessment for environmental interventions and medication review; developing a tailored plan based on the assessment; and providing education and engaging the workforce.	1A
2	Tailored exercise	Provide tailored SUPERVISED exercise to all older people who choose to participate. Ensure health professionals - for example physiotherapists or exercise physiologists - or appropriately trained instructors DESIGN AND DELIVER the programs.	1B
3	Continued exercise	Provide CONTINUED exercise for fall prevention, as the effect of structured exercise programs DIMINISHES OVER TIME AFTER THE PROGRAM HAS ENDED.	1A
4	Hip protectors	Consider the use of hip protectors for older people to reduce the risk of fall-related hip fractures.	2A
5	Dairy food provision	Ensure menus have AT LEAST 3.5 SERVINGS OF DAIRY FOODS (milk, yoghurt, cheese)	1B

		DAILY to meet the protein and calcium requirements of older people. Engage dietitians to assist with menu design.	
6	Vitamin D and supplements	Administer recommended doses of DAILY OR WEEKLY vitamin D supplements to all older people unless contraindicated (1A). AVOID MONTHLY DOSES OR YEARLY MEGA DOSES, AS THEY CAN INCREASE THE RISK OF FALLS in older people (2A).	1A / 2A
7	Osteoporosis medicines	Administer prescribed osteoporosis medicines for older people with diagnosed osteoporosis or a history of minimal trauma fractures, unless contraindicated.	1A

AND THE DISTRIBUTION

- COUNT WHAT THEY ARE ABOUT. Two are about exercise. One is about a garment. And THREE - dairy, vitamin D and osteoporosis medicines - are about BONES rather than about balance. A falls guideline whose largest single group of recommendations is nutritional and pharmacological bone protection is telling you something about what the goal is.
- The logic is in the guideline: 'While a small proportion of falls result in fractures, MOST FRACTURES OCCUR AS A RESULT OF A FALL.' You cannot prevent every fall in a population where everybody is high risk. You can make the person who falls less likely to break - and three of the four injuries in the indicator's definition are bone or head.

The quality indicator

	The number of individuals accessing funded aged care services...
(a)	Individuals whose records were assessed for falls and falls resulting in major injury
(b)	Individuals excluded because of an absence from accessing funded aged care services at the home throughout the reporting period
(c)	Individuals who experienced ONE OR MORE FALLS at the approved residential care home during the reporting period

(d)	Individuals who experienced one or more falls at the home RESULTING IN MAJOR INJURY during the reporting period

	Provision	What it says
Who must report	Rules s166-105	A registered provider registered in the RESIDENTIAL CARE provider registration category. Not where the services are delivered under a specialist aged care program.
What must be given	Rules s166-110	A quality indicators report, to the SYSTEM GOVERNOR, each reporting period. Exclusions must still be reported - s166-110(2) says so to avoid doubt.
How often	Rules s166-115(a)	The reporting period is A QUARTER, being a period of 3 months, beginning at the start of a financial year.
By when	Rules s166-115(b)	Within 21 DAYS after the end of the reporting period.
The collection date	Rules s166-135(2)	The provider must identify and record a collection date, and it must be in the 21 days after the end of the reporting period.
The power it is made under	Act s166(1)(d)	The general power to require reports to the System Governor. It is a reporting obligation, not a care standard.

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	6
Module 03	6
Module 04	6
Module 05	6
Module 06	5
Module 07	5
Module 08	5
Module 09	6
Module 10	5
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 makes no prescribing or deprescribing decision, and states no drug and no dose beyond the guideline's own two attributed numbers - 3.5 servings of dairy, and a 500 to 600 mg elemental calcium ceiling.
- It does not decide whether a bed rail, belt, sensor mat or low-low bed is a restrictive practice. That is decided under Rules s17-5 on primary purpose and the exclusions.
- It does not decide whether a particular fall is a reportable incident.
- It does not decide whether any provider, worker or indicator result complies with anything.
- It states no State or Territory work health and safety or coronial requirement - those were not read in this build.
- It states nothing from the hospital or community care editions of the Falls Guidelines, which exist and were not read.
- And it states no interval, ratio, supervision level or target the guideline does not state.

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.