OBA-FPM-2026 | Practice tool

Which-source citation card

Which source, which provision or chapter, and what grade

DOCUMENT CONTROL

- Programme: Falls Prevention and Management: Everyone Is High Risk, and the Number Is a Headcount (OBA-FPM-2026)
- Audience: Anybody who states a falls obligation to somebody else
- Version 1.0 | Issued 24/09/2026 | Review due 24/03/2027
- Provider: OBA Nursing Academy

THE HABIT THIS PROGRAMME INSTALLS IS WHICH SOURCE, WHICH PROVISION OR CHAPTER, AND WHAT GRADE. 'Falls Guidelines for RACS 2025, recommendation 3, Level 1A' beats 'the guidelines say keep them exercising'. 'Aged Care Rules 2025 s166-135(1)(c), Compilation 10' beats 'we have to report our falls'. In this subject the law and the guidance do different jobs, and almost every argument about what is required turns out to be somebody quoting one as though it were the other.

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.

The six questions, in order

Ask	Because
Which source is this in?	The Aged Care Act 2024 says nothing about falls. The Rules carry two definitions, a quarterly counting obligation and a funding variable. Everything else - all seven recommendations and every good practice point - is the ACSQHC guideline.
Is it law or is it guidance?	The indicator is a condition-backed reporting obligation. The guideline is best practice, graded, and not directly enforceable as such - though a service that ignores it will struggle to show it is meeting the Quality Standards on clinical care and environment.
Is this a screening question or an assessment	'How likely is she to fall' is screening, and the

question?	guideline says it is not applicable here. 'Which of her risk factors can we change' is assessment, and it is required.
What is the grade, and is it a recommendation or a good practice point?	1 is strong and 2 is conditional; A, B and C are high, intermediate and low quality evidence. A good practice point is expert opinion where no quality studies exist - still worth doing, and worth labelling accurately.
Is there a number in it, or has somebody added one?	The guideline gives 3.5 dairy servings and a 500 to 600 mg elemental calcium ceiling. It gives no reassessment interval, no supervision ratio, and no target falls number.
Which version am I reading, and when did I check?	The Falls Guidelines were published in 2025 and replaced guidance from 2009 that is still quoted in service policies. The Rules changed four days before this programme was written.

Where falls actually sit

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.

What the grades mean

	Meaning
1	STRONG recommendation - benefits clearly outweigh undesirable effects
2	WEAK or CONDITIONAL - either lower quality evidence, or desirable and undesirable effects are

	more closely balanced
A	HIGH quality evidence - further research is unlikely to change confidence in the estimate of effect
B	INTERMEDIATE quality - further research is likely to have an important impact and may change the estimate
C	LOW quality - further research is very likely to have an important impact and is likely to change the estimate
GPP	GOOD PRACTICE POINT - where no quality studies are available for an intervention likely to have benefits, formulated on expert opinion

THE COMMONEST MISREADING

- 2A is NOT weak evidence. It is HIGH-QUALITY evidence supporting a CONDITIONAL recommendation - the research is good, and the benefits and harms are closely balanced. Hip protectors are 2A.
- 1B is the reverse: a strong recommendation on intermediate evidence. Tailored exercise is 1B, and CONTINUED exercise is 1A.

The identifiers

Source	Identifier	Version at the date of issue
Aged Care Act 2024	C2024A00104	Compilation No. 2, in force from 01/07/2026.
Aged Care Rules 2025	F2025L01173	Compilation No. 10, 01/08/2026 to 20/09/2026. The version IN FORCE at issue started 20/09/2026 and had no compilation number yet.
ACSQHC Falls Guidelines for Australian Residential Aged Care Services	ISBN 978-1-923353-11-4	2025. 29 pages. Replaced guidance published in 2009.

If somebody says this, look at that

If somebody says	Look at	Because
'She's a high falls risk'	Falls Guidelines for RACS	Everybody in residential aged care is. The guideline says fall risk SCREENING IS NOT APPLICABLE because all older people are at high risk. The useful sentence names a factor and what is being done about it.
'Our falls rate went down this quarter'	Rules s166-135(1)(c)	The indicator is not a rate. It is the number of INDIVIDUALS who had ONE OR MORE falls at the home. It can fall while the number of falls rises, and it cannot exceed the number of residents.
'We had no major injuries'	Rules, Dictionary	'Major injury' is four diagnoses: bone fracture, joint dislocation, closed head injury with altered consciousness, closed head injury with subdural haematoma. A deep laceration, a facial injury, an open head injury and a hospital admission are none of them.
'The Act requires us to prevent falls'	Aged Care Act 2024	The word 'fall' does not appear in the Act. The obligation is a quarterly report under the Rules, and the practice expectations are in a guideline.
'There's a Quality Standard on falls'	Rules Part 6	There is not. The nearest are the environment and equipment outcomes in Standard 4, and the escalation outcome at 3.3(7).
'He's safer in the chair'	Falls Guidelines for RACS	'In RACSs, older people who are MORE MOBILE are at greater risk of falling than those who are immobile.' Reducing movement reduces the number and increases the harm - and the guideline asks you to balance those risks explicitly.
'The exercise program finished in June'	Recommendation 3, Level 1A	'Provide CONTINUED exercise for fall prevention as the effect of structured exercise programs diminishes over time after the program has ended.'
'We give everyone their vitamin D in one big annual dose'	Recommendation 6, Level 2A	'Avoid monthly doses or yearly mega doses of vitamin D AS THEY CAN INCREASE THE

		RISK OF FALLS in older people.'
'She didn't hit her head, so no neuro obs'	Post-fall Management	Three triggers, not one: hit their head, OR new onset confusion, OR THE FALL WAS UNWITNESSED. If nobody saw it, nobody can say the head was not struck.
'The bed rail is a falls intervention, not a restraint'	Rules s17-5; Falls Guidelines for RACS	That is a question decided under the restrictive practices rules on primary purpose and the exclusions - not a label anybody applies at the bedside. And the guideline says restrictive practices are not a substitute for supervision, staffing or equipment.
'We can't let him walk to the dining room, he'll fall'	Falls Guidelines for RACS	Dignity of risk is in the guideline by name: people have the right to make decisions that affect their lives, EVEN IF THERE IS SOME RISK TO THEMSELVES. The response is shared decision-making and support, not prevention of the activity.

Write your own, and date it

Fill this in for something your service relies on. Then check it again in six months.

The statement, in your own words

Which source - the Act, the Rules, or the ACSQHC guideline

Provision or chapter

If it is the guideline: graded recommendation (and what grade), or good practice point

Version or compilation, and the date I checked

Where our policy says it, and whether the policy agrees