

WEST LIMERICK INDEPENDENT LIVING CLG

Medication Policy for Personal Assistants

Policy Reference	WLILP48
Category	Clinical & Care Practice — Medication Management
Version	3.0 (strengthened & legislatively checked)
Status	APPROVED — by the Board of Directors on 9 October 2026
Policy Owner	Board of Directors, West Limerick Independent Living CLG
Applies To	All Personal Assistants (PAs) employed by WLIL
Related Policies	WLILP4 - Garda Vetting Policy; WLILP38 - Infection Prevention and Control Policy; WLILP7 - Data Protection Policy; WLIL Induction Policy
Review Cycle	Annually, or sooner if required by legislation or best practice updates

1. Purpose

This policy outlines the responsibilities of Personal Assistants (PAs) at West Limerick Independent Living CLG ("WLIL") regarding medication, including prompting and providing physical assistance to clients who have the capacity to direct their own medication use, and the specific protocols that apply where a client cannot direct their own care.

2. Policy Statement

WLIL operates an independent living, client-directed model of personal assistance: wherever a client has the capacity to direct their own care, they remain in control of their medication, and PAs support them to exercise that control rather than taking it over. PAs may prompt or physically assist clients with medication according to the client's capacity to direct that care. For clients unable to direct their own care, specific protocols involving healthcare professionals, decision-making supporters, or legal guardians apply. This policy exists to protect client safety and autonomy together, uphold professional boundaries, and ensure compliance with relevant regulation.

3. Legal and Regulatory Framework

This policy is informed by the following legislation and guidance:

- Health Act 2007 — establishes the Health Information and Quality Authority (HIQA) and its role in regulating and setting standards for health and social care services
- Assisted Decision-Making (Capacity) Act 2015 — provides the statutory framework for supported decision-making, and establishes that capacity is decision- and time-specific, and always presumed unless shown otherwise
- National Framework for Medicines Management in Disability Services (HSE, 2019) — HSE guidance on medicines management for staff in disability services, which explicitly extends to people living in their own homes and services such as WLIL's; this policy is WLIL's local implementation of that framework, as the national guidance itself requires each service provider to develop

- HIQA Medicines Management Guidance (2015) — sets out expectations including the "ten rights" of medicine administration and safe handling of high-alert medicines
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016 — relevant to the safeguarding context in which PAs work
- Health (Amendment) (Home Support Providers) Act 2026 — enacted 1 July 2026 but not yet commenced. Once in force, HIQA's Chief Inspector of Social Services will regulate home support providers directly, and this policy will need review against whatever medication-specific requirements are set in the accompanying regulations and national standards

Note: an earlier draft referred to "HIQA National Standards for Health and Social Care Services," which is not an exact title. The correct, current references are the HIQA Medicines Management Guidance (2015) and, once commenced, the standards that will apply under the 2026 Act above.

4. Scope

This policy applies to all Personal Assistants employed by WLIL, in all settings where they provide support, most commonly a client's own home.

5. Key Definitions

The HSE's National Framework for Medicines Management distinguishes three levels of support, which this policy adopts:

Prompting: reminding or encouraging a client to take their medication — for example a verbal reminder, help setting an alarm, or pointing out the medication schedule — without any physical assistance or decision-making regarding the medication itself

Assisting: helping with the mechanical, non-clinical tasks around medication where the client retains control — for example collecting a repeat prescription, picking it up from the pharmacy, or bringing medication to the client at their request

Physical assistance / administering: directly supporting a client to take their medication — retrieving, opening or positioning it, handing over a glass of water, or, under the client's explicit direction, placing medication in their hand or mouth

Client with capacity: an individual capable of understanding, deciding, and giving clear instructions about their own medication needs

Client without capacity: an individual unable, at that time and for that decision, to provide clear instructions about their medication needs. Capacity is always presumed and is decision-specific and time-specific — a client may have capacity for some medication decisions and not others, and this can change over time

6. Client Capacity, Consent and Refusal

Clients who can direct their care must understand their medication schedule and provide clear instructions; assistance must always align with the agreed care plan and prescribed instructions. For clients unable to direct their care, PAs must work closely with healthcare professionals, decision-making assistants or co-decision-makers appointed under the Assisted Decision-Making (Capacity) Act 2015, family members, or legal guardians, as applicable.

A client has the right to refuse medication. If a client refuses:

- The PA must not attempt to physically or verbally coerce the client into taking it
- The refusal, and the reason given if any, must be documented and reported to a supervisor or coordinator promptly
- Where a pattern of refusal emerges, or the refusal raises a safety concern, this must be escalated so that a healthcare professional can review it with the client

Covert administration of medication — giving medication without a client's knowledge, for example hidden in food or drink — must never be carried out by a PA under any circumstances. Nationally, this is treated as an exceptional last-resort measure that can only be considered for a client formally assessed as lacking capacity to understand the consequences of refusal, and only following a documented multidisciplinary team assessment referred to WLIL's rights or safeguarding oversight process. A PA who is ever asked to do this, or who suspects it is happening, must report it immediately to their supervisor.

7. Levels of Support PAs May Provide

7.1 Prompting

- PAs may remind clients to take their medication at prescribed times
- Prompts can include verbal reminders, helping set alarms, or pointing out the medication schedule

7.2 Assisting with Mechanical Tasks

- Ordering repeat prescriptions or picking them up from the client's GP surgery
- Collecting dispensed medication from the pharmacy
- Bringing medication to the client at their request so they can take it themselves

7.3 Physical Assistance — Clients With Capacity

- PAs may physically retrieve, open, or position medication, such as handing over a glass of water
- Under the client's explicit direction, PAs may place medication into the client's hand or mouth

7.4 Clients Unable to Direct Their Care

- Physical assistance is provided only under specific guidance from a healthcare professional, decision-making assistant/co-decisionmaker, or legal guardian, recorded in the client's care plan

8. Prohibited Actions

PAs are not clinically trained to administer medication independently. Under the HSE's National Framework, only staff who hold a QQI Level 5 medicines management component module may administer medication in the full clinical sense; PAs providing prompting or mechanical assistance do not require this qualification, which is exactly why the boundary below exists and must be respected:

- PAs must not independently administer, dispense, or make decisions regarding dosages or medication timing
- PAs must not physically assist a client who cannot give clear, coherent instructions, without guidance from a healthcare professional, decision-making supporter, or legal guardian

- PAs must not handle or store medication except while directly assisting a capable client, or under specific documented guidance
- PAs must never engage in covert administration (see Section 6)

9. The Ten Rights of Medicine Administration

These rights, drawn from national guidance (NMBI, 2020), are a useful safety checklist whenever a PA provides physical assistance with medication:

Right patient	Confirm you have the correct client before assisting
Right reason	Understand what the medication is for
Right medication	Confirm the name matches what is prescribed, in date, and check for known allergies
Right route	Assist only via the route the medication is meant to be taken
Right time	Assist at the prescribed time
Right dose	Confirm the dose matches what is prescribed — never adjust it
Right form	Confirm the form (tablet, liquid, etc.) matches what was dispensed
Right action	The client understands why they are taking it, where able
Right documentation	Record the assistance given, signed and dated
Right response	Watch for any adverse reaction and report it

10. Documentation and Reporting

- All medication prompting or practical/physical assistance provided by a PA must be recorded in the approved client care record, whether electronic or paper, including the CarePlanner visit or client notes where applicable.
- Any medication issue — a missed dose, a client refusal, a suspected adverse reaction, or a discrepancy between what was expected and what was found — must be documented and reported to a supervisor or coordinator immediately
- Any deviation from the care plan must be promptly reported

11. High-Alert Medicines

Some medications carry a heightened risk of serious harm if an error occurs, even though errors are not necessarily more common with them. Examples include anticoagulants (such as warfarin), insulin, opioids (such as morphine, oxycodone or tramadol), and anti-epileptic medicines such as valproate, which carries specific additional precautions for anyone who could become pregnant. PAs assisting a client with any of these should take particular care to follow the Ten Rights in Section 9, and should raise any uncertainty with a supervisor before proceeding rather than after.

12. Emergency Procedures

In an emergency — such as a suspected adverse reaction, an overdose, or a client collapsing — PAs must follow WLIL's established emergency protocols, including contacting emergency services (999/112) without delay and notifying their supervisor immediately afterwards.

13. Training and Competency

- PAs will receive training on medication prompting, physical assistance, recognising medication-related issues, and emergency protocols, appropriate to the level of support they provide
- A PA whose role is ever extended to include full medication administration (rather than prompting or assistance) must first complete the QQI Level 5 medicines management component module, in line with the HSE's National Framework
- PAs must adhere strictly to this policy and to any client-specific guidance in the care plan

14. Policy Review

This policy will be reviewed annually, or sooner if required to remain aligned with best practice, HSE guidance, or legislative change — in particular, once the Health (Amendment) (Home Support Providers) Act 2026 is commenced.

This policy reflects the HSE's National Framework for Medicines Management in Disability Services (2019) and related guidance, checked as accurate as of drafting. It is not a substitute for clinical or legal advice; client-specific medication arrangements should always be confirmed with the client's healthcare professionals and reflected in their individual care plan.

Approval

Approved by the Board of West Limerick Independent Living CLG on 9 October 2026.
Signed on behalf of the Board, on its instruction, by the General Manager:

Margaret O'Connor

Margaret O'Brien O'Connor, General Manager

Date signed: *09-10-2026*