

Hydration- know your rights and responsibilities in the workplace

Guidance for Health & Safety work-place representative and members.

Introduction:

Difficulties in getting access to fluids whilst working on maternity units continues to be a topic of discussion. We have heard from members describing having to work a whole shift without being able to drink or take a break. Some trusts and boards are allowing staff to carry fluids onto and around with them on units, and some are not. We hear that some policies in relation to drinking while on duty and providing care have become more restrictive due to COVID-19.

Some units and shift managers argue that carrying a fluid bottle (even if individually labelled) on a unit is a cross-infection risk. There is no evidence to support this and there is strong evidence about the dangers of dehydration and its impact on people's ability to think and make good decisions.

Since 2016 the RCM has been raising these issues as part of our Caring for You Campaign (C4Y). This summer we are again reminding employers of their duty of care to staff around hydration to ensure that all staff have quick and easy access to fluid when working. Remind your employers of the Caring for You charter – revisit and encourage signing up to this agreement to work in Partnership. There are five key pledges in the C4Y charter, the issue of ready access to hydration is particularly related to the first of these.

Over 140 NHS organisations have signed the C4Y charter

1. Work in partnership with RCM H&S rep to develop and implement an action plan about health, safety and wellbeing issues that are important to the maternity workforce and maternity service users.
2. Ensure that midwives and MSWs have access to a variety of shift patterns and flexible working and promote a positive workplace culture around working time, including taking breaks
3. Foster a positive working environment for all by signing up to the RCM/RCOG statement of commitment calling for zero tolerance policy on undermining and bullying behaviours
4. Enable midwives and MSWs to access OH and other organisational policies for their mental and physical health, safety and wellbeing
5. Nurture a compassionate and supportive workplace that cares for midwives and MSWs so they can care for women and their families.

RCM member surveys for the last 5 years show some encouraging improvements in relation to access to hydration, use of toilets and access to meal breaks.:

RCM Member Survey year	Feel dehydrated most or all of time	Delay using the toilet due to lack of time	Skip meals at work most or all of time
2016	62%	62%	44%
2017	56.6%	54.2%	37.7%
2020	51.96%	45.9%	27.8%

However this continues to show that over half of members feel dehydrated at work – this needs to improve quickly for the safety of members plus the women and babies in their care.

Midwives should be able to have access to water in a room while they are caring for a woman who is known to be covid negative, with sensible ordinary precautions, such as moving more than 2m away to remove a mask to have a drink or using a straw to drink while continuing to wear a mask.

If the woman is known to be COVID positive or has symptoms of COVID-19, the donning and doffing of PPE is likely to need to be more closely managed – but midwives must therefore be released to doff their PPE in order to be able to have a drink and pass urine at least every 4 hours.

Midwifery managers should not stop midwives, student midwives or maternity support workers taking their own water bottles into clinical areas – it presents no more risk than the woman drinking her own water.

The risks of not drinking on a lengthy shift to maternity staff’s physical and cognitive health outweigh a consideration of a ward being ‘untidy’ or a theoretical infection control risk

21st July 2021 Ruth May @CNOEngland tweeted @Well in my opinion nurses should be able to drink fluids at nurses’ stations #teamCNO #hydrationmatters

Guidance for Health & Safety Reps

What can you do as an RCM workplace Health and safety Rep

As RCM workplace reps you are there to support and represent Royal College of Midwives (RCM) members and the information below gives you the law and evidence to support conversations with senior managers and the safety team within the trust or board.

If you recognise there is a problem in your unit regarding access to hydration and/or break times, escalate this to the managers both verbally and in an email. Always follow up

conversations and meetings with management in writing to confirm your understanding of the discussion and actions decided.

- Convene a branch meeting to gather evidence from the members and present this to managers. Invite them to attend branch meeting to discuss the issues with members. Alternatively, gather evidence from members via emails to members.
- Encourage members to read this document and information, blogs, webinars available on the RCM website. Use this to remind members of the legal responsibilities of the employer.
- Any concerns that are raised you should email to the appropriate manager, ask for acknowledgement, request copies of risk assessments that the employer should have undertaken to prevent these issues arising. Give a reasonable expected response by date, in order to prevent delays.
- Use the above RCM survey figures and C4U charter to inform your agenda when discussing these issues with management – and evidence of the effects of dehydration on staffing levels – provided within this document.
- Any issues around cross infection and access to fluids in clinical areas, meet with members of the Infection control team and request any evidence supporting this.
- Areas can be risk assessed and action plans made to allow staff access to fluids and breaks whilst working in the clinical area, this is the employer's responsibility.
- If this is not resolved you can escalate to the Trust/Board Safety Group/Team; put it on the agenda at JNCC meetings, work collectively with other Trade Union representatives, this could be Trust or Board wide issue.
- Notify the managers responsible for the area you will be doing a health and safety inspection of. Information regarding inspections can be found on the RCM Website in 'Activists' and also at <https://www.hse.gov.uk/involvement/inspections.htm>
- Work collectively as a branch with union learning reps (ULR's) and speak to the regional officers and organisers if any issues are not resolved.

Legislation

What employers must do:

Under the Workplace (Health, Safety and Welfare) Regulations 1992: Regulation 22 Drinking water

(1) An adequate supply of wholesome drinking water shall be provided for all persons at work in the workplace.

(2) Every supply of drinking water required by paragraph (1) shall – (a) be readily accessible at suitable places; and (b) be conspicuously marked by an appropriate sign where necessary for reasons of health and safety.

(3) Where a supply of drinking water is required by paragraph (1), there shall also be provided a sufficient number of suitable cups or other drinking vessels unless the supply of drinking water is in a jet from which persons can drink easily.

Regulation 25 Facilities for rest and to eat meals.

- (1) Suitable and sufficient rest facilities shall be provided at readily accessible places.
- 2) Rest facilities provided (b) include suitable facilities to eat meals where food eaten in the workplace would otherwise be likely to become contaminated.
- (3) Rest rooms and rest areas include (i) an adequate number of tables and adequate seating with backs for the number of persons at work likely to use them at any one-time (iii) seating which is adequate for the number of disabled persons at work and suitable for them.
- (4) Suitable facilities provided for staff who are pregnant or a nursing mother to rest.
- (5) Suitable and sufficient facilities shall be provided for persons at work to eat meals where meals are regularly eaten in the workplace.

Under the **Working Time Regulations 1998**, UK workers are entitled to a minimum 20-minute break when working for six hours or more and should be:

- Uninterrupted.
- Away from your working area.
- Taken during your working time and not at the start or end of your shift/working day.

Employers must also consider staff with underlying health conditions who may require more breaks e.g. Pregnancy/Lactating. Menopause. Diabetes, or respiratory disease.

Under the **Workplace (Health, Safety and Welfare) Regulations 1992**, Employers also have a legal obligation to provide a 'reasonable' temperature in the workplace.

There are six basic factors which affect our thermal comfort at work through our environment and personal factors.

Environmental: [Air temperature](#) [Radiant temperature](#) [Air velocity](#) [Humidity](#)

Personal: [Clothing](#) [Insulation](#) [Metabolic heat](#)

The more work we do the more heat we generate and all of the above must be taken into consideration to ensure personal temperatures remain within a normal range. Everybody's needs will be different, personal preferences, health, BMI and age do affect personal comfort. In health and safety law this is referred to as personal thermal comfort <https://www.hse.gov.uk/temperature/thermal/measuring.htm>

Employers have a responsibility to ensure that areas and clinical situations that may present a Robust risk assessment plans should be made for frequent breaks to allow staff access to fluids and break times away from the area. Pandemics and use of PPE must be risk assessed and workforce planning to ensure staff available to relieve for breaks.

Further information about controlling risk in the workplace and risk assessments can be found here: <https://www.hse.gov.uk/pubns/indg163.pdf> Equalities Act 2010– unlawful discrimination Working Time Directives 1998

Evidence

Understand the effects of dehydration:

All midwives, student midwives, maternity support workers and midwifery managers should be aware of the evidence relating to the serious impact of dehydration on health, mood and cognitive ability.

- **Damaging Physical impact**

Prolonged work in hot environments leads to progressive water and electrolyte loss from the body. The rate of sweating varies among individuals and depends on the environmental conditions, but in protective clothing and very hot environments rates can reach 2.25 L/hour. Because hypohydration will impair work performance and increases the risk of heat injury, consumption of fluids is necessary to prevent dehydration and enhance performance (Clap et al, 2002).

- **The proven links between hydration and brain function**

Although it is well known that water is essential for human homeostasis and survival, we have only recently begun to understand its role in the maintenance of brain function. Current research findings show that particular cognitive abilities and mood states are positively influenced by water consumption (Masento et al 2014) among adults as well as children. A study with healthy young women found that mild dehydration caused deficits in visual and working memory and executive function. These deficits were reversed by drinking water to the European Food Safety Authority and Institute of Medicine recommendation of 2.5l per day for adult women (Stachenfeld et al, 2018).

- **Dehydration: A Clinical Safety issue**

Midwives and other maternity staff need to think clearly and be able to make decisions. Studies with adults have found that 'water supplementation was found to improve performance on tasks measuring cognitive reflection in judgement and decision-making' (Adan A, 2012; Patsalos and Thoma, 2020; Zhang et al, 2019). A meta-analysis looking at 33 studies found that dehydration led to reduction in executive function, attention and motor coordination. Impairment was greater in studies reporting >2% body mass loss (Wittbrodt and Millar-Stafford, 2018).

- **Not just 'Hangry' think 'Thangry'**

Studies have found links between dehydration and poor mood and anger: 'A small amount of water (200ml) was sufficient to attenuate thirst, anger, fatigue and total mood disturbance. The amount of 500ml was the optimum volume to improve the cognitive performance and mood among young adults' (Zhang et al, 2020).

HSE state:

Dehydration effects can be minimised by encouraging employees to frequently drink cool water (rather than tea, coffee or carbonated drinks) in small volumes to compensate for water and metabolite losses due to sweating.

Thirst is not a good indicator of dehydration – rather it should be considered an early indicator that you are starting to suffer from the effects of dehydration.

<https://www.hse.gov.uk/temperature/dehydration.htm>

Fatigue and dehydration impact on cognitive function which has the potential for more errors and incidents at work. Increases risks when driving during work or on way home if not fed or hydrated.

Sickness and absence increases due to health issues such as urinary tract infections, stress, low morale and fatigue.

Professional responsibilities and self-care:

NMC Code 20.9 states you must maintain the level of health you need to carry out your professional role.

So report poor cultures, work with your colleagues and RCM representatives, document report the number of missed breaks, gather evidence to inform your managers- ensure you are well healthy and safe to practise.

A healthy environment and hydration is key to your health and wellbeing.

So what can you do to ensure you are well, healthy fit to work?

Recognising your hydration state:

The British Dietetic Association makes the following recommendations:

Daily fluid allowance for adults.

Typically, the average adult needs around 6-8 mugs of fluid a day.

Adults – Men 2000mls per day Women 1600mls per day

Pregnant women – As adults + 300mls per day

Lactating women – As Adults + 600-700mls a day

Everyone will need different amounts of fluid and checking your urine is a good way of monitoring your hydration so you can adjust your fluid intake to suit your personal requirements.

Lots of things affect how much fluid we need, including the weather, temperature, how much exercise you do and how much you naturally sweat. The hotter the temperature, the more exercise you do and the more you sweat. the more you need to drink this clearly applies in the workplace too, especially in clinical settings.

It is so important to maintain your fluid intake, listen to your body.

- If you feel thirsty have a drink, your body is telling you that you need fluid.

- The colour of your urine is a good way to check how hydrated you are.
- Our urine should be pale straw colour or clear.
- If urine is dark yellow or orange, we need to drink more.
- If urine is dark orange or brown, we are severely dehydrated and drinking plenty of fluid is essential to restore our hydration.

Research evidence suggests dehydration can affect our moods and morale which added to a busy stressful shift and above symptoms is damaging for our wellbeing.

We all know how we feel during long periods of working, however we can develop symptoms of dehydration without realising it, we simply get used to not having a drink or passing urine. This becomes the norm - 'not even having time to go to the toilet' is not acceptable and can affect our health and safety, we may develop UTI's and related periods of absence due to sickness, impacting upon patient safety and staffing levels.

Ensuring you are hydrated prior to commencing a shift and immediately after can help prevent dehydration.

Set the culture, be a role model, ensure you get your drinks and are hydrated and ensure your own and staff safety, set the example for your peers and students – the future Midwives.

Remember:

Women care about their Midwife, student and support worker; they want you to be well and healthy whilst supporting their birthing experience towards a positive and healthy outcome.

Be fit and take care of you - be fit to take care of others