SAFETY KNOWLEDGE AS PREDICTOR OF ACCIDENT PREVENTION AND CRISIS MANAGEMENT AMONG HEALTH AND INDUSTRIAL SOCIAL WORKERS IN SOUTH-WEST NIGERIA

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ABSTRACT

Safety consciousness is an everyday affair that is closely knitted with security. Safety consciousness which is a way of accident prevention couple with crisis management has become a challenge in the workplace. The absence of knowledge of safety on the part of Social workers intervention in accident prevention and crisis management has become challenging in different ways to the extent of affecting individuals, families, organizations and communities. To this end this study looked at safety knowledge as predictor of accident prevention and crisis management among health and industrial social workers in South-West Nigeria. The study adopts the descriptive survey research design with the population consisting of health social workers in public hospitals and industrial social workers in selected manufacturing firms in the South West Nigeria. Random sampling was used to select three states, Oyo, Lagos and Ogun States, out of the six states in the South West. The population was clustered into health and industrial sectors. Purposive sampling technique was used to select forty respondents from each stratum thereby making a total of two hundred and forty respondents. A self-developed questionnaire tagged "Safety Knowledge, Accident prevention and Crisis Management Questionnaire- SKAPCMQ" with a reliability coefficient of 0.84 was used for data collection. The instrument was rated on a four-point scale of Strongly Disagree (SD=1), Disagree (D=2), Agree (A=3), Strongly Agree (SA=4). Frequency counts and percentages were used to analyse the demographic characteristics of the respondents while Pearson Product Moment Correlation was used to test the research hypotheses at 0.05 level of significance. Findings from the study showed that health and industrial social workers' safety knowledge had a significant relationship with accident prevention (r = 0.855, P < 0.05) and that health and industrial social workers' safety knowledge had a significant relationship with crisis management (r = 0.529, P < 0.05). Based on these findings, it was recommended that employers should provide financial support for in-service training of social workers on crisis and disaster management to improve proficiency of the work force.

Key Words: Safety knowledge, Accident prevention, Crisis Management, Health Social Workers, Industrial Social Workers

Introduction

Safety is highly essential to all arms of social work practice. Being safety conscious depicts being mindful of presence of hazards around human existence (Ojedokun, 2011). In the same vein, Maslow's hierarchy of needs has identified safety need as the next to physiological need, the latter being the greatest need ever. In its analysis of safety needs, Maslow stressed the fact that men needs security. It is important to stress that, the need for safety follows closely the needs for physiological satisfaction or drives (Curttin & Mapes, 2001). The basis of safety has established that the talents, resources and cleverness of the organism (man) could be directed towards warding off dangers and physical threats when the above needs are satisfied. Perhaps, it is needful to say that being safety conscious is aimed at securing life and property and consequent personal development (Curtin, Mapes, Pettillo & Oberly, 2002). Belilos (2001) found that safety, like training and development, is often left on the back burner until a crisis occurs. By then, people fall victim to crime, get robbed, get assaulted, become sick or even die. Safety in an establishment focuses on the structure itself,

installations and fixtures, public and work areas. According to James (2014) safety is the key issue in most settings today because it designates the degree to which accidental harm is prevented, detected and related.

Jane (2015) stated that all human service agencies should have safety policies and protocols contained in a written safety plan. This will not only maximize client and worker safety, minimize the agency's liability, but it will also facilitate a quicker recovery for the victim in an agency should an incident occur. Jane (2015) inferred that safety plan should include skill training as part of a social worker's orientation, periodic practice drills using these skills in potential incidents, and personal safety skill training. All these make agencies as safe as possible. Accidents and injuries have been found to be inevitable in an environment in which people are moving at a rapid pace, pushing their physical limits, and competing against themselves and others (Ojedokun, 2011). For example, in the field of play or when children run after each other in the home, accident is an unplanned and unexpected event. However, it is an act that results either to damage to properties or loss of lives. So, accident abounds everywhere and it occurs at home, school, workplace, industries and living environments. Therefore, safe living, safe driving, healthful school living, good work place environment and standard industrial safety which enhance longevity are components for the need of accident prevention.

World Health Organisation, (WHO) (2014) confirmed that accident prevention is not just doing what is right to keep one safe but it helps to keep one aware of the possibility of hazardous situations that could lead to accident and how to avoid them. Ignorance, improper attitudes, habits, insufficient skills, faulty gadgets or machines and unsafe environments are factors responsible for accidents across the globe. Unlike communicable diseases, where curative pills and preventive vaccines could be used, the only alternative to accident is prevention (Ojedokun, 2004). It is doubtful whether any single problem in Nigeria has claimed somebody's life or left so many people maimed as does road accidents. The home, the school the workplace, traveling on air, rail and sea are no longer safe for man. Accidents claim more victims than heart diseases, cancer or cerebro-vascular diseases (CVA). It takes place more commonly than death due to sickness in people below the age of 46 years. Home accidents occur four and a half times more often than industrial and road accidents. Children being less aware of danger are one of the most vulnerable groups. Children are more vulnerable indoor while the old people are at great risk outdoor. The work place environment especially the hospital where various professionals work is not safe either. There are incidences of violence at work and exposure to risks, accidents and toxic substances. Therefore, there is the need for accident prevention education for both the employer and the employee.

Individuals need to develop the knowledge of accident prevention, which should be utilized in all daily endeavours and specifically, at school, at home, in the office or in the industry. Safety knowledge is the process of helping an individual to acquire the required knowledge, attitude and practice of safety related activities at various settings. Safety training or knowledge is one of the ways in human resource practice to improve employee safety, improve workers well-being, reduce man-hour loss and cost of production (Ajala & Osazuwa, 2012). There is the need for a sound knowledge of accident because of its fatality rate. Premised on this, people need to take precautions in all aspects of life to reduce or prevent accident. Accident prevention is referred to as safety. Safety is the condition of being free from danger or harm (Nonye, 2004). It is a relative protection from exposure to hazards. Paul, Coen and Walter 2010) said, it is almost impossible to completely eliminate all hazards. As a legal concept, it implies a state of relative security from accidental injury or death due to measures designed to guard against accidents. Lack of safety consciousness and awareness has today become the bane of the Nigerian society. Nigerian School Health Journal Editorial (2002) reported that safety issues constantly occupy the headlines of the print and electronic media. The resulting mortality and morbidity as well as damage to properties due to unsafe actions can be avoided if people are sufficiently educated on matters of accident prevention and safety education. Health workers are exposed to avoidable risks and the hospital community is also exposed to hazardous sharp wastes. In the same vein,

Brodie (2009) found that health workers, social workers inclusive, are sometimes more likely to experience violence in the workplace than other occupational groups. There is the concern that violence in health care is on the increase, and not only in the traditionally 'high risk' branches of the practice since violence at work settings is not a new thing. Definitive data is difficult to obtain but there are concerns that, violence against healthcare staff is increasing. Henry and Campbel (2007) also found that accident and emergency unit of the hospital, learning disability and psychiatry are traditionally associated with increased risk of violence. Violent incidents have also been reported in almost all other workplaces and it is likely to be the single most common cause of reported injury in the hospital.

Review of Literature

A crisis occurs when individuals are confronted with problems that cannot be solved. These irresolvable issues result in an increase in tension, signs of anxiety, state of emotional unrest, hostility, aggressiveness and an inability to function for extended periods (Ajala & Mojoyinola, 2008). James and Gilliland (2005) define crises as events or situations perceived as intolerably difficult that exceed an individual's available resources and coping mechanisms. Similarly, Roberts (2000) define a crisis as a period of psychological disequilibrium, experienced as a result of a hazardous event or situation that constitutes a significant problem that cannot be remedied by using familiar coping strategies. Crises can occur as a result of an unpredictable event or as an unforeseeable consequence of some event that had been considered a potential risk. In either case, crises almost invariably require that decisions be made quickly to limit damage to the organization. For this reason, one of the first actions in crisis management planning is to identify an individual to serve as crisis manager. James and Gilliland (2005) discovered that other crisis management best practices include: Planning in detail for responses to as many potential crises as possible; establishing monitoring systems and practices to detect early warning signals of any foreseeable crisis; establishing and training a crisis management team or selecting an external crisis management firm with a proven track record in the business area and involving as many stakeholders as possible in all planning and action stages.

Crisis intervention provides opportunities for clients to learn new coping skills while it identifies, mobilises, and enhances those they already possess. Each crisis is different, but all crises require immediate intervention to interrupt and reduce crisis reactions and restore affected individuals to pre-crisis functioning. Rogers (2001) postulated that crisis intervention provides victims with emotional first aid targeted to the particular circumstances of the crisis. Green, Lee, Trask and Rheinscheld (2000) listed the following as general principles of crisis management: making an accurate assessment that will guide the intervention; ability to think quickly and creatively; the responder must be able to stay calm and collected; crisis intervention is always short-term and involves establishing specific goals regarding specific behaviours that can be achieved within a short time frame; crisis intervention is not process-oriented. It is action-oriented and situation focused; helper to focus on restoring power and control in the client's internal and external environment (Yassen & Harvey, 1998); affirm that the goal is not to ask exploratory questions, but rather to focus on the present, here and now (Samadirad, 2008).

Greenstone and Leviton (2002) admitted that social worker (health and industrial) should be careful not to impose their personal values and coping strategies on clients during crisis intervention. Instead, social worker should always maintain openness to the client's coping strategies. If a client's method of coping is strongly faith based, the social worker should be tolerant and take a non-judgmental stance. A crisis is neither the time nor the place to explore different cultural perspectives but time to solve problems causing the ugly situation. There are various types of crisis situations in social work practice. According to Roberts (2000), they are:

- Financial Crises: many clients in the hospital find it difficult to pay hospital bills. In such cases, the health social worker has a legitimate duty to advocate for financial support to enhance medical treatment.

- Natural crises: These are disturbances in the environment and nature leading to natural crises. Such events are generally beyond human control.

- Technological crises: These are as results of failure in technology, problems in overall systems leads to technological crises. These are breakdown of machines, corrupted software and so on.

- Confrontational crises: These occurs when employee fight among themselves. Individual do not agree to each other and eventually depend on non-productive act like boycotts, strikes for indefinite period etc. In such types of crises employee disobey superiors, gives them ultimatums and force them to accept demands.

- Bankruptcy: A crisis also arises when organizations fail to pay its creditors and other parties. Lack of fund also falls under financial crises.

- Sudden crises: Such situations arises all of a sudden and extremely short notice. Individuals or groups do not get any warning signal and such situation is in most cases beyond anyone's control.

- Smoldering crises: This crisis occurs while neglecting minor issues in the beginning which may lead to smoldering crises later. Individuals or group often foresee crises but they ignore and wait for someone to take action.

The Main Goals of Crisis interventions are to save lives, reduce the number of victims, reduce damage to property, assets and the environment. Crisis intervention helps in decision making based on accurate information in order to reduce the damage control and crisis. Crisis intervention model as developed by Roberts (2002) contains seven stages as follows:

i. Health social worker plan and conduct a thorough psychosocial and crisis assessment. This also includes assessing suicidal and homicidal risk, need for medical attention, drug and alcohol use, and negative coping strategies. Assessing resilience and protective factors as well as family and other support networks is helpful.

ii. Effort is directed to making psychological contact and establishing rapport. By conveying respect and acceptance, the responder develops a solid therapeutic relationship with the client. Displaying a non-judgmental attitude and neutrality are important in crisis work.

iii. There is the need to examine and define the dimensions of the problem or crisis. Identifying any issue and challenges the client may have faced, especially the precipitant to the crisis will provide valuable insight into the presenting problem.

iv. Health social workers encourage an exploration of feelings and emotions. This can be achieved by actively listening to the client and responding with encouraging statements. Reflection and paraphrasing can also help this process.

v. Past positive coping strategies and alternatives should be explored. Viewing the individual as a resourceful and resilient person with an array of potential resources and alternatives can help this process. Crisis workers should be creative and flexible in resolving crisis situations.

vi. The action plan should be implemented. At this stage, identify supportive individuals and contact referral sources. The client should be able to implement some coping strategies.

vii. A follow-up plan should be established. It is important to follow up with clients after the initial intervention to determine the client's status and ensure that the crisis has been resolved.

Roberts (2005) describes crisis as a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms. It was emphasized that unless an individual receives relief, the crisis has the potential to result in severe effective behavioural and cognitive malfunctioning. Whereas, crisis may be defined as an acute disruption of psychological homeostasis in which ones usual coping mechanisms fail and there exists evidence of distress and functional impairment. The subjective reaction to a stressful life experience compromises the individual's stability to cope and function. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event, but their conditions are also necessary.

In workplace setting, social workers, be it health and industrial, play a critical role by helping patients and families address the impact of illness and treatment. Françozo and Cassorla, (2004) found that tremendous stress often stems from hospitalizations that are sudden and, at times, related to catastrophic illness or injury. Stressors such as decreased personal control, information overload, change in functional ability and reduced financial resources, can lead to a range of emotional responses such as, anxiety, anger, and depression. Whitaker, Welsmiller, Clark, and Wilson (2006) sees social workers as part of the health care team who provide assessment and appropriate interventions to aid the patient in achieving optimum recovery, rehabilitation and quality of life. This includes maximizing the benefit the patient and family receive from their medical treatments and transitioning to risk-reduced timely discharge. Social workers often have specific expertise in areas such as general medicine, emergency work, paediatrics, geriatrics, oncology, neurology, psychiatry, and palliative and end-of-life care. In furtherance to social workers role in the hospital, Ontario Association of Social Workers (2010) documents that social workers have training in human behaviour, group process, teamwork, communication, negotiation and research. These skills can help further the broader goals of health care organizations through the participation of social workers in: Risk Management, Program Development, Community Linkages, Research, Teaching and Education.

Therefore, Rogers (2001); Georgoussi (2003) in separate submissions identified disillusionment with the social work task, providing a first aid service in the face of organisational demands and limited face to face work with clients have all been attributed to the gap between what might be called the rhetoric and reality of the social workers' role. Because of these, what have been referred to as 'technical fixes' which ignore the deep rooted problems facing social work will perpetuate rather than alleviate the crisis in social work. Jone, Ferguson, Lavalette, and Penket (2004) found that being a social worker in itself is not necessarily a bad thing but being a social worker in a context where 'social work' cannot be meaningfully practiced has made for high turnover and poor retention rates. Social work has identified the social worker as counsellor or caseworker; an advocate; a partner; assessor of risk and of need; care manager; and agent of social control (Younghusband, 1959; Blank, 2006).

Stewart, Chris, and Lorraine (2005) documents that hospital social workers help patients and their families to understand a particular illness, work through the emotions of a diagnosis, and provide counselling about the decisions that need to be made. Social workers are also essential members of interdisciplinary hospital teams. Working in concert with doctors, nurses, and allied health professionals, social workers sensitize other health care providers to the social and emotional aspects of a patient's illness. Hospital social workers use case management skills to help patients and their families address and resolve the social, financial and psychological problems related to their health condition. Job functions that a social worker might perform within a workplace include: initial screening and evaluation of patient and families; comprehensive psychosocial assessment of patients; helping patients and families understand the illness and treatment options, as well as consequences of various treatments or treatment refusal; possible role changes; exploring emotional/social responses to issues and treatment; educating clients on the roles of health care team members; assisting clients and families in communicating with one another and interpreting information.

Gibelman (2005) added other functions to include: educating patients on the levels of health care (i.e. acute, sub- acute, home care); entitlements; community resources; and advance directives; facilitating decision making on behalf of clients and families; employing crisis intervention; diagnosing underlying mental illness; providing or making referrals for individual, family, and group psychotherapy; educating hospital staff and other employees on client psychosocial issues; promoting communication and collaboration among health care members or co-workers; coordinating patient discharge and continuity of care planning; promoting patient navigation services; arranging for resources and funds to finance medications, durable medical equipment, and other needed services; ensuring communication and understanding about post-hospital care among patient or post- conflict resolution among industrial workers, and family ; advocating for client and family needs in different settings: inpatient, outpatient, home, offices and in the community; and championing client's right through advocacy at the policy level. All these indicators require that social workers themselves are in need of safety knowledge to carry out their functions wherever they find themselves.

Statement of the problem
Social workers have a wide range of duties in the area of rehabilitation, educating and crisis intervention of victims of accident and disaster. Rehabilitation is a process whereby victims of disaster and accident would be restored physically, mentally, psychologically, socially, vocationally and economically. A social workers' objective in rehabilitation is to ensure effective management of crisis situation of disaster victims and also in ensuring provision of relief materials and appropriate training for the victims in order to reduce dependency. Social workers will ensure effective co-ordination of all the initiatives in the public and private sectors aimed at improving the welfare of victims of disasters. Moreover, social workers use their position and professional skills to exercise leverage for needed services on behalf of victims in terms of advocacy to acquire the lost valuable items. Therefore, this study would look at the correlation between social workers' safety knowledge on accident prevention and crisis management. Two hypotheses are stated and tested in this study. They are:
  1. There is no significant correlation between health and industrial social workers safety knowledge and accident prevention in South West Nigeria.
  2. There is no significant correlation between health and industrial social workers safety knowledge and crisis management in South West Nigeria.

METHODOLOGY
Research Design: The study adopted the descriptive survey research design.

Research Population: The population of the study is made up of health social workers in public hospitals and industrial social workers in selected manufacturing firms in the South West, Nigeria.

Sample and Sampling Techniques: The study adopted the multistage sampling techniques. The first stage entailed the use of random sampling technique to select three states out of the six states in the South West of Nigeria. The selected states are Oyo, Lagos and Ogun States. Tha second stage was the population was clustering of the target population, social workers, into the health and industrial sectors. The third stage is the use of random sampling to select twenty respondents from each stratum of heath and industrial social workers in each chosen state thereby making a total of two hundred and forty respondents from the three states (one

hundred and twenty respondents from health and hundred and twenty from industrial social workers).

Instrumentation: A self-developed questionnaire tagged "Safety Knowledge, Accident prevention and Crisis Management Questionnaire- SKAPCMQ" was used for data collection. The instrument was divided into two sections. Section A elicited information on demographic characteristics such as, gender, age, marital status, years of work experience, occupation and educational qualification. Section B elicited statements in support of each variable for the study. The Safety Knowledge Scale consists of six items that seeks the respondent's degree of agreement with statement such as "safety knowledge is an essential tool in social work practice". Accident Prevention Scale consisting of seven items calling for response to statement like "accidents can be prevented through knowledge about causes of accidents", and Crisis Management Scale with seven items calls for response to statement like "workplace violence can be managed better through social workers". The instrument was rated on a four-point scale of Strongly Disagree (SD=1), Disagree (D=2), Agree (A=3), Strongly Agree (SA=4). The research instrument was subjected to reliability testing using Cronbach's alpha and a reliability coefficient of 0.84 was obtained.

Administration of Instrument: The researchers with the help of six (6) trained research assistants personally administered the instrument to the health and industrial social workers within the medical social work department in the selected hospitals and industrial social workers with the selected manufacturing firms. The properly completed questionnaires were retrieved after two weeks for coding and subsequent analysis. Of the two hundred and forty questionnaire administered, two hundred were found properly filled and useable for data analysis.

Data Analysis: Frequency counts and percentages were used to analyse the demographic characteristics, while Pearson Product Moment Correlation was used to test the research hypotheses at 0.05 level of significance.

FINDINGS AND DISCUSSION

The study revealed frequency distribution according to gender with high percentage of male as 133(66.5%), while female was 67(33.5%). The implication is that both genders are involved in the practice of social work. The result shows that respondent's age ranged between 20 of 46 years with a mean of 28.7. This implies that almost all the respondents are matured for the profession they are involved in. The data further revealed that, 65(32.5%) had HND/PSW; 87 (43.5%) had BSW while 48(24.0%) had Master in Social Work. The implication is that all respondents have the required professional qualification to practice and they have had safety training that makes them qualify for this research. 89(44.5%) of the respondents had 6 to 10 years of work experience; 66(33.0%) had less than 5years of work experience while 38(19.0%) of the respondents had 11-15years of work experience, while those with 16 years and above of work experience 7(3.5%). This implies that majority of the respondents had enough work experience as social workers hence they are adequate for this research.

Ho1:-There is no significant relationship between health and industrial social workers' safety knowledge and accident prevention in South West Nigeria.

Table 1: Correlation showing the relationship between health and industrial social workers' safety knowledge and accident prevention

Variables	$\overline{X}$	SD	N	r	P	Remark
Safety Knowledge	21.46	7.468				
Accident Prevention	21.56	7.461	200	.855	.000	sig

Table 1 showed that health and industrial social workers safety knowledge has significant relationship with accident prevention (r = 0.855, P < 0.05). The null hypothesis is rejected and that there is a significant relationship between safety knowledge and accident prevention. The result revealed that there is significant relationship between health and industrial social workers safety knowledge and accident prevention. This result is in line with Gibelman (2005) that social workers knowledge about safety prevents accident and they are able to function optimally during disasters. Similarly, the result corroborates Ajala (2009) that training and having knowledge about safety in the workplace reduces rate of accidents in the workplace due to accident prevention. The result also supports Jane (2015) that all those with strategic roles to play in accident prevention should be highly knowledgeable about accident prevention. The effect of this result is that health and industrial social workers should have significant knowledge of safety and accident prevention. The importance and contribution of social workers to accident through safety knowledge was amplified by ILO (2010) that confirmed that the safety knowledge and understanding of accident prevention by personnel that are involved in helping professions are now far higher than ever before. It is of importance to note that health and industrial social workers are working with a sense of purpose, often behind the scenes, towards understanding and managing crisis and preventing accidents better through knowledge acquisition. These laudable efforts have not been wasted putting the man hour together alongside the achievements in recent years. Their intervention in accident prevention in different ways affects individuals, families, organizations and community as well.

Ho2:-There is no significant relationship between health and industrial social workers' safety knowledge and crisis management in South West Nigeria.

Table 2: Correlation showing the relationship between health and industrial social workers' safety knowledge and crisis management.

Variables	$\overline{X}$	SD	N	R	P	Remark
Safety Knowledge	21.46	7.46				
Crisis Management	22.38	5.99	200	.529	.000	Sig

Table 2 showed that health and industrial social workers safety knowledge has relationship with crisis management (r = 0.529, P < 0.05). The null hypothesis is rejected and that there is a significant relationship between safety knowledge and crisis management.

Crisis intervention is helped by decision making based on accurate information in the passion of the helper in order to reduce the damage, and control the crisis. The result of this study corroborate this statement, hence the safety knowledge of the health and industrial social workers has significant relationship with crisis management. This finding corroborate Ontario Association of Social Workers (2010) finding that social workers trainings in human behaviour, group process, teamwork, communication, negotiation and research enhances their skills in risk and crisis management. Furthermore, this finding corroborates Shannon (2016) that acquisition of safety skills by social workers will keep both the client and the workplace safe of crisis. Also, the finding is in line with Sherry (2010) that safety training for social workers will

cause risk reduction within agencies and promote crisis free environment. In essence, social workers skill acquisition in terms of safety training will enforce crisis free environment both with the community and the workplace.

Implications for health and industrial social work
Safety knowledge will not only affects their job performance but their physical and emotional well-being, their agency safety policies and procedures relating to the physical plant as well as in the field, and strategies for their safety in the field. Therefore, the following implications are raised for health and industrial social work practice in workplace organisations:
(a) Health and industrial social workers should also be cognisant of predictors of client violence, know verbal de-escalation techniques to defuse a dangerous situation, know some basic strategies on how to protect themselves if de-escalation is not effective.
(b) Another area of knowledge acquisition is personal safety action plans. These are useful because they promote awareness and decrease fear. Therefore, the plans to empower health and industrial social workers to reduce risk and take appropriate actions if and when they are needed should be considered as utmost priority. Personal safety knowledge enables social workers to provide safe and effective client interventions and the role they seek.

Conclusion and Recommendation
The study found that health and industrial social workers safety knowledge has significant relationship with accident prevention and crisis management. It further established that personal safety is essential particularly to health and industrial social workers in functioning effectively in their workplaces. They cannot help clients through a crisis if they are afraid for their own well-being or are caught up in a dangerous situation of lack of adequate safety skills. Therefore, it is crucial for all social workers to have safety knowledge in area such as identification of potentially dangerous individuals and what to do when they encounter them, causes of the assaults, violence against social workers and other related issues. Based on the findings of this study, it can be concluded that social workers have been largely concerned with intervention in accident prevention and crisis management in different ways that affect individuals, families and organization as well should themselves be well knowledgeable about the areas and content to the utilised, that is, safety knowledge. It is therefore recommended thus:
1. Employers should provide financial support for in-service training of social workers on crisis and disaster management to improve proficiency of the work force. The acquisition of safety knowledge by social workers will enhance their empathy level, ability to handle client in the appropriate manners thereby making the society conducive for healthy living.

2. Curriculum planners should ensure that accident and safety education is incorporated into the social work curriculum. Accident and crisis management should also be taught at all levels of social work training because health and industrial social workers have great impact in educating and rehabilitating victims during accidents and crises intervention.

3. The media should also assist in educating the public on the issue of safety consciousness, accident prevention and the consequences of crisis within the environment and the community at large so as to less conflict prone situations.

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