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308 Lasani Town, Sargodha Road, Faisalabad - Pakistan
Mob: +92 300 3008585, Fax: +92 41 8815544
E-mail: editorpjn@gmail.com

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Implementing Appropriate Safety and Emergency Strategies in Fitness Centres in Edo and Delta States

Elias O. Agwubike and Solomon Ogbouma
Department of Health, Environmental Education and Human Kinetics,
University of Benin, Benin City, Nigeria

Abstract: This study was set to investigate the extent to which safety and emergency equipment and measures have been instituted in selected fitness centres in Edo and Delta States with a view to identifying possible lapses in the current status vis a vis the recommendations of the American Heart Association/American College of Sports Medicine. A validated questionnaire and a checklist were used as the research instruments and 37 fitness centres were randomly selected from four major towns in the two states. The findings of the study helped to throw more light on the current state of play regarding safety and emergency equipment and measures. It revealed that fitness centres in Edo and Delta States are far from meeting the required recommendations for safety and emergency equipment and measures.

Key words: Safety measures, safety equipment, emergency measures, emergency equipment

INTRODUCTION

In the ancient Roman Empire, the wide use of the famous Latin quotation "mens sana in corpore sano" often translated as "a sound mind in a sound body", underlined the need to get fit, even among the ancient people. Though the popularity of Latinism is, today, a declining custom, the basic philosophy underpinning this phrase can still conveniently find its place in our current settings. This is evident in the ever increasing recognition and call for the need to keep fit and live healthy lives in order to function maximally in our increasingly tasking environment.

In response to the need to satisfy the desire to keep fit and live healthy lives, there has cropped up series of services including medical services, health and wellness-related services and traditional services. While the medical field is mainly concerned with providing laboratory-tested remedies in the form of chemotherapies to pathogenic disorders and other medical anomalies, the traditional health promoters are concerned with the provision of unorthodox remedies in the form of roots, herbs and other concoctions for the prevention and cure of diseases and the promotion of good health. The health and wellness-related service providers on their part are concerned with the promotion of the optimum health of the totality of the individual. Their services span beyond the bounds of disease prevention and curative interventions to encompass such spheres as physical, social, cultural, emotional and intellectual orientations (Wuest and Bucher, 2003). Among this latter group of service providers are those that operate fitness centres/clinics. With an assumed notion of what constitutes a healthy life, fitness centres/clinics set about providing services in the form of exercises/fitness programmes, nutrition counselling, body massage and a host of others, all geared towards enhancing the fitness status and the overall wellbeing of their clients (Koch, 2006; Wuest and Bucher, 2003).

Granted that indulgence in fitness programmes and physical activities can be deemed a commendable avenue for achieving a fit and healthy life, fitness activities, like most sports and physical activities are by definition, accident prone owing to the fact that they often involve vigorous movements, physical contacts and the use of equipment (Tukur, 2006; Dougherty *et al*., 1994; Hart and Ritson, 2000). To this end, the likelihood of accident and injury occurring in the course of engaging in physical activities and fitness programmes is ever present. While recognizing the need for safety consciousness in fitness programmes and physical activities, the nature of such programmes often makes it difficult, if not impossible, to keep them absolutely safe. This is because it is not possible to do so and still maintain the character and value of such programmes. However, taking cognizance of this fact and taking steps to at least reduce accidents to the barest minimum where they can not be totally eliminated should therefore be a priority in any fitness programme.

Statement of the problem: It goes without saying that there is currently an increased awareness of the relevance of fitness clinics in the promotion of good health and physical fitness. It is therefore not surprising that there has in recent times, been an increase in the establishment of fitness centres in our society.

Corresponding Author: Elias O. Agwubike, Department of Health, Environmental Education and Human Kinetics, University of Benin, Benin City, Nigeria

While it can be conceded that the increase in the number of fitness centres is a positive step towards improving the health and fitness status of the populace, the question however is, to what extent are these fitness centres implementing safety and emergency strategies to address incidents of accidents? To this end, this study was hinged on the need to assess the extent to which existing fitness centres in Edo and Delta States meet the set standards for fitness centres in terms of implementation of safety and emergency strategies as recommended by the American Heart Association/ American College of Sports Medicine.

MATERIALS AND METHODS

Subjects: A total of 37 fitness centres were selected from Benin City, Uromi, Warri and Asaba in Edo and Delta States: This involved 10 fitness centres from each of Benin City, Warri and Asaba and 7 from Uromi. In each of the selected fitness centres, the chief officer in charge of the centre constituted the respondent for the study. Thus from the 37 fitness centres, 37 respondents were conveniently selected as sample for the study.

Procedure: The selected towns in Edo and Delta States were selected using the purposive sampling technique owing to the fact that they amply suit the purpose of the study. After selecting the towns, the fitness centres used were selected using the systematic sampling technique. In doing that, the researchers drew up a list of all the fitness centres in the four towns and from the list, the first and every third fitness centres were picked for the study. Though this method was only applied to three of the towns, viz, Benin City, Warri and Asaba, in Uromi, all the 7 fitness centres in the list were used for the study.

Research instruments: A validated, self-developed, structured questionnaire and a checklist were used to generate data for the study. The questionnaire was made up of two sections, A and B. The first section labeled as section A contained items designed to elicit demographic information from the respondents. The second section labeled as section B contained 18 items designed in a modified Likert Scale format with response options in three scales viz: Yes, Undecided and No. The checklist was made up of 10 items designed to reflect the availability or non-availability of equipment and facilities within the fitness centres with a "yes" or "no" response options for the researchers to fill in.

Statistical analysis: Data obtained were analyzed using descriptive statistics with the application of Statistical Package for the Social Sciences (SPSS).

Research questions: The following research questions guided the study:

- What safety and emergency measures have been instituted to address the issue of accident and safety in these fitness centres?
- What safety and emergency equipment and facilities have been put in place in these fitness centres to address the issue of accidents?

Research question 1: What safety and emergency measures have been instituted to address the issue of accidents and safety in the fitness centres?

From Table 1, it is evident that majority of the respondents were undecided as to the level of safety and emergency measures that have been instituted in the fitness centres to address the issue of accidents. This can be observed where 51.4, 54.1, 73, 56.8, 51.4, 73, 73, 54.1, 59.4, 51.4 and 73%, respectively were undecided as to whether the centre has an on-site physician or is affiliated with a doctor; whether the staff are properly trained to identify the warning signs of fatigue or distress; whether staff members have cardiopulmonary resuscitation and first aid training; whether the fitness centres have visual emergency signals in strategic places; whether the staff are properly trained to handle emergencies that may arise; whether the fitness centres' atmosphere comfortable; whether the fitness centre is clean and well kept; whether the fitness centre is well lit; whether the equipment area uncluttered and whether staff members receive training in providing services to members with functional limitations or disabilities. Furthermore, 46, 45.9 and 43.3% of the respondents respectively were negative in their responses to questions on whether safety signs are visible; whether safety signs are written in fonts that are bold enough for people to see and whether the equipment are well maintained. On the average, a total of 49.7% of the respondents were undecided in their responses to questions on what safety and emergency measures have been instituted in the fitness centres to address the issue of accidents; 26.8% were negative in their responses while 23.5% were positive.

Research questions 2: What safety and emergency equipment have been put in place in these fitness centres to address the issue of accidents?

The analysis in Table 2 shows that the fitness centres surveyed were under equipped with safety and emergency equipment. This can be observed in the table where only 48.6% of the fitness centres had well equipped first aid box. In the same vein, only 16 of the fitness centres representing 43.2% had fire extinguishers and out of these, only 7 were functional. However, none of the fitness centres surveyed had automatic external defibrillator, while only 1 had a stethoscope. On the whole, safety and emergency equipment were 85.5% unavailable in the surveyed fitness centres while out of the ones available, 75.9% were functional.

Table 1: Safety and emergency measures

	Responses						
Measures	Yes	%	U	%	No	%	Total
Does the centre have on-site physician?	08	21.6	19	51.4	10	27	37(100%)
Is the centre affiliated with a doctor?	09	24.3	20	54.1	08	21.6	37(100%)
Are safety signs visible?	11	29.7	09	24.3	17	46	37(100%)
Are safety signs written in bold fonts?	11	29.7	09	24.3	17	45.9	37(100%)
Are the staff properly trained to identify the warning signs of fatigue or distress?	04	10.8	27	73	06	16.2	37(100%)
Do staff members have cardiopulmonary resuscitation and first aid training?	09	24.3	21	56.8	07	19	37(100%)
Does the fitness centre have visual emergency signals in strategic places?	06	16.2	19	51.4	12	32.4	37(100%)
Are the staff properly trained to handle emergencies when they arise?	04	10.8	27	73	06	16.2	37(100%)
Are routes free of temporary or permanent obstructions?	12	32.4	11	29.7	14	37.9	37(100%)
Are the equipment well maintained?	12	32.4	09	24.3	16	43.3	37(100%)
Is the fitness centre's atmosphere comfortable?	06	16.2	27	73	04	10.8	37(100%)
Is the fitness centre clean and well kept?	09	24.3	20	54.1	08	21.6	37(100%)
Is the fitness centre well lit?	08	21.6	22	59.4	07	19	37(100%)
Is the equipment display/storage area uncluttered?	07	18.9	19	51.4	11	29.7	37(100%)
Do staff members receive training in providing fitness services to members with functional limitations or disabilities?	04	10.8	27	73	06	16.2	37(100%)
Mean total	8.7	23.5	18.4	49.7	9.9	26.8	37(100%)

Table 2: Safety and emergency equipment

Equipment		A	%	N.A.	%	F	%	N.F.	%
Well equipped first aid box	37(100%)	18	48.6	19	51.4	18	100	0	0
Fire extinguisher	37(100%)	16	43.2	21	56.8	07	43.8	09	56.2
Telephone in the fitness room	37(100%)	03	8.1	34	91.9	02	66.7	1	33.3
Signs indicating where the telephones are	37(100%)	01	2.7	36	97.3	01	100	0	0
Signs indicating where the fire extinguisher is	37(100%)	01	2.7	36	97.3	01	100	0	0
Automatic external defibrillator	37(100%)	0	0	37	100	0	0	0	0
Blood pressure kit	37(100%)	03	8.1	34	91.9	03	100	0	0
Stethoscope	37(100%)	01	2.7	36	97.3	01	100	0	0
Mean total	37(100%)	5.4	14.5	31.6	85.5	4.1	75.9	1.3	24.1

A: Availability N.A. Non availability F: Functionality N.F. Non functionality

RESULTS AND DISCUSSION

Revealed in this study is the fact that safety and emergency measures and equipment have not been sufficiently put in place in the fitness centres to address the issue of accidents. As evidenced in the data analysis, equipment for safety and emergency are in acute shortage. In some cases, they were completely not available as in the case of automatic external defibrillator. In other cases, only a negligible few had the equipment as shown in the case of emergency plans, telephones, signs, blood pressure kits and stethoscopes. This situation, no doubt, negates the guidelines for safety and emergency preparation in fitness clinics as postulated by the American Heart Association/American College of Sports Medicine (2006).

While there is already a problem of availability, the study further revealed that not all of the very few safety and emergency equipment available were functional. This was revealed in the analysis where 21.6% of the available safety and emergency equipment were not functional. In a nutshell, safety and emergency equipment and facilities in the surveyed fitness centres, like most sports equipment and facilities, were grossly inadequate, corroborating the findings of Akinsanmi (1995), Mgbor (2005), Mgbor and Anyanjor (2005) and Ojeme (2005) where they all observed that sports equipment and facilities, though recognized to be crucial to the implementation of sports programme, are grossly inadequate. Meanwhile, the importance of an up-to-date safety and emergency plan and equipment to a health/fitness clinic has been elaborately spelt out in the recommendations of the American Heart Association/American College of Sports Medicine (2006). The findings showed a disappointing situation depicting a defective adherence to the set standard.

On what measures that have been taken in the fitness centres in Edo and Delta States to address accidents, the study revealed that apart from the acute shortage of safety and emergency equipment, adequate measures to address the possibility of accident occurrence have not been instituted in the fitness centres surveyed. This act of omission greatly undermines the importance of such measures in a fitness programme. This could therefore render the fitness trainer liable to possible litigation as expressed by Mitten (2000), Chen and Esposito (2004).

Conclusion and Recommendations: Inferring from data analyzed in this study, it can be taken that majority of fitness centres in Edo and Delta States lack safety and an elaborate and up to date emergency plan and equipment. Furthermore, majority of these fitness centres do not have in place elaborate safety and emergency measures instituted to checkmate the occurrence of accidents and their attendant injuries. In the light of this, it is therefore recommended that fitness centres in Edo and Delta States should observe the strictest safety principles and procedure in order to avoid accidents and injuries. This can be achieved through a strict compliance with all known safety rules in physical activities and providing adequate and up-to-date safety and emergency plan and equipment as well as a legitimized implementation process. Furthermore, it is recommended that an association like the American Heart Association/American College of Sports Medicine be set up to serve as a regulatory body for exercise science and fitness in this part of the world. Such association or regulatory body should design a benchmark defining guidelines and specifications suitable for fitness centres in this part of the world. Among such benchmarks will be the provision of adequate, functional and up-to-date equipment and facilities in the operation of any fitness programme as well as the levels of implementation process. When this is instituted, it is hoped that the standard of safety and emergency strategies and implementation process will be enhanced.

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