Prevalence of Occupational Ocular Injury and Associated Factors Among Small-Scale Industry Workers in Gondar Town, Northwest Ethiopia, 2019

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Purpose: To assess the prevalence of occupational ocular injury and associated factors among small-scale industry workers in Gondar town, Northwest Ethiopia.

Methods and Materials: Institution-based cross-sectional study was conducted on 542 manufacturing and construction workers in Gondar town from April 23 to May 4, 2019. A pre-tested questionnaire was used to collect data using face-to-face interview. Binary logistic regression was used to identify factors associated with occupational ocular injury.

Results: A total of 542 small-scale industry workers participated with a 95.1% response rate. The prevalence of occupational ocular injury was 31.4% (95% CI: 27.2–35.5). Employment pattern (temporary workers) (AOR: 1.84, 95% CI: 1.14–2.95), health and safety training (AOR: 2.22, 95% CI: 1.06–4.66), non-use of eye safety device (AOR: 7.43, 95% CI: 4.44–12.43), and job category (woodwork (AOR: 0.56, 95% CI: 0.32–0.97), and brickwork (AOR: 2.19, 95% CI: 1.08–7.21) had statistically significant with occupational ocular injury.

Conclusion: This study showed the prevalence of occupational ocular injury among small-scale industry workers was 31.4%. Iron chips are the most common agent responsible for the injury. Type of employment, having health and safety training, use of eye safety devices, and job category had a significant association with occupational ocular injury.

Keywords: occupational ocular injury, small scale industry workers, Gondar, Ethiopia

Introduction

Ocular injury is a significant cause of visual impairment and blindness globally. Ocular injury is one of the most common causes of unilateral blindness worldwide. Even though 90% of occupational ocular injury is preventable by using appropriate safety devices, individuals working in hazardous occupations are at high risk.

Among all cases of the ophthalmological emergency departments, occupational eye injury ranges from 30% to 70%, and adults are more frequently affected by trauma at occupation. The impact of sight loss from occupational ocular injury has a direct and indirect impact on the future of workers and their family, social interaction, and inhibits the development and prosperity of the countries.

About 80% of the worldwide workforce is contributed by small and medium-scale industries but there is low compliance for occupational health and safety...
Little is known about the epidemiology of occupational ocular injury in developing countries, but its prevalence is higher than in developed ones. This is because of less attention of priority assigned for occupational health and workplace safety. According to institution-based studies in Ethiopia, the prevalence of occupational ocular injury is high.

In Ethiopia, there are few studies conducted on occupational ocular injury among small-scale industry workers. Identifying risk factors and estimating the prevalence of occupational ocular injury is important for the establishment of local and national occupational injury prevention strategies and programs. Hence, this study is aimed at filling the gap by determining the prevalence and associated factors of occupational ocular injury among small-scale industry workers in Gondar town Northwest, Ethiopia.

Therefore, this study will serve as baseline data for further studies to generate inputs for eye care providers and policymakers to design evidence-based interventions to reduce the burden of blindness and visual impairment from an ocular injury.

Methods and Materials

Study Design and Period
An institution-based cross-sectional study was conducted from April 23 to May 4, 2019.

Study Area
The study was conducted in Gondar town, Northwest Ethiopia. Gondar is one of the historic towns in the country located 735 km Northwest of Addis Ababa. There are 148 manufacturing and construction small-scale industries with a total of 570 workers.

Sample Size and Sampling
All manufacturing and construction small-scale industry workers were included in the study, giving the final sample size of 570.

Ethical Consideration
The study was conducted in accordance with the Declaration of Helsinki. Ethical clearance was obtained from the University of Gondar College of Medicine and Health Sciences and Comprehensive Specialized Hospital, School of Medicine Ethical Review Committee. There were 21 participants under 18 years of age in this study. Different literatures revealed that young people aged under 18 years with sufficient understanding are able to give their full consent to participate in research independently of their parents and guardians, providing they have sufficient maturity to understand the nature, purpose and likely outcome of the proposed research. Verbal informed consent as approved by the University of Gondar Ethical Review Board was obtained from all study participants after informed about the purpose of the study and their right to refuse and withdraw from the study at any time. The questionnaires did not have an identifier of the participants and data collection and data analysis were done with confidentiality maintained. Information was not be used for any other purpose other than the one stated. Eye health education on ocular injuries was given orally to all study participants after completion of the interview.

Operational Definition

Occupational Ocular Injury
Any eye injury occurred to the worker while working in a small-scale industry within the 12-month duration.

Eye Safety Device
The equipment, worn by employees, is designed to protect the eye from hazards like goggles, face shield, and helmet.

Workplace Supervision
Regular (programmed) supervision is done by health and safety responsible bodies in a specific industry.

High Power Tool
Materials that use by workers such as grinding, welding, and hammering for grinding, welding, and cutting.

Small-Scale Industry
Manufacturing and construction industry that uses manual and electrically operated machines for production.

Alcohol Intake
Registered in each subject by adding up the total number of standard drinking units (one bottle of beer, one glass of wine, or one unit of spirit, all of them approximately equivalent to 10 g of ethanol) habitually consumed per week. Subjects were classified according to alcohol intake into three groups as follows: 1. Abstainers 2. Light drinkers (consumers of one to 14 units/week) and Heavy drinkers (consumers of more than 14 units a week).

Data Collection Tool and Procedures
The data were collected using a pretested structured questionnaire. The questionnaire had items on socio-demographic
characteristics, behavioral characteristics, eye safety wear, and occupational ocular injuries. First, the questionnaire was prepared in English. Then, an English version of the questionnaire was translated into Amharic version then translated back to English by two independent local language translators to maintain its consistency and accuracy. Then, Pre-test was conducted in 5% of the sample outside the study area (Maksegnit district). After the pre-test, the necessary modifications were made accordingly on the questionnaire. Finally, the data were collected through face-to-face interview by eight trained BSc health professions in each small-scale industry.

Data Processing and Analysis
After coding, the data were entered into EPI INFO version 7 and exported to SPSS version 22 for analysis. Descriptive statistics such as frequency distribution and central tendency measures were used to summarize the descriptive part of the study. A binary logistic regression model was used to determine the association between the independent and dependent variables. The fitness of the model was checked with the Hosmer-Lemeshow model fitness test. The strength of the association was assessed using an adjusted odds ratio with a 95% confidence interval and variables with a P-value of less than 0.05 were considered statistically significant.

Results
Socio-Demographic Characteristic of Study Participants
A total of 542 adults participated in the study with a response rate of 95.1%. The median (IQR) age was 25 years [22–28] and the majority 163 (30.1%) of the respondents were in the age group 23–25 years. About 443 (81.7%) of the respondents are male Table 1.

| Variables          | Frequency | Percent |
|--------------------|-----------|---------|
| Age                |           |         |
| 15–22              | 154       | 28.4%   |
| 23–25              | 163       | 30.1%   |
| 26–28              | 103       | 19%     |
| ≥29                | 122       | 22.5%   |
| Sex                |           |         |
| Male               | 443       | 81.7%   |
| Female             | 99        | 18.3%   |
| Religion           |           |         |
| Orthodox           | 417       | 76.9%   |
| Muslim             | 125       | 23.1%   |
| Educational status |           |         |
| Unable to read and write | 20  | 3.7%  |
| Able to read and write | 93  | 17.2% |
| Primary school     | 80        | 14.8%   |
| Secondary school   | 274       | 50.6%   |
| College and above  | 75        | 13.8%   |
| Marital status     |           |         |
| Single             | 347       | 64%     |
| Married            | 195       | 36%     |
| Monthly salary (ETB)|       |         |
| <1500              | 150       | 27.7%   |
| 1500–2000          | 139       | 25.6%   |
| 2000–3000          | 159       | 29.3%   |
| >3000              | 94        | 17.3%   |

Workplace Characteristics of the Study Participants
Three hundred eighty-six (71.2%) of workers had < 5 years of working experience. One hundred seventy (31.4%) employees were working for more than 48 hours per week. Only 209 (38.6%) respondents had safety and health training regarding their working conditions. The majority of employees 472 (87.2%) had an awareness of occupational hazards Table 3.

Prevalence of Occupational Ocular Injury Among Study Participants
A total of 170 (31.4%) respondents faced occupational ocular injury during the last 12 months. Among those, forty-nine (28.8%) were exposed more than once for ocular injury, and 69 (40.6%) were caused by iron chips. About 96 (56.5%) of injured participants got health care services after the injury.

Table 1 Socio-Demographic Characteristics of Small-Scale Industry Workers in Gondar Town 2019 (n=542)
**Table 2** Behavioral Characteristics of Small-Scale Industry Workers at Gondar Town 2019 (n=542)

| Variable                          | Frequency | Percent |
|-----------------------------------|-----------|---------|
| Use of Eye Safety Device          |           |         |
| Yes                               | 397       | 73.2%   |
| No                                | 145       | 26.8%   |
| Which type of ESD do you use      |           |         |
| Face shield                       | 122       | 30.7%   |
| Sunglass                          | 275       | 69.3%   |
| When you wear ESD                 |           |         |
| Always                            | 148       | 37.3%   |
| Sometimes                         | 249       | 62.7%   |
| Availability of ESD at workplace  |           |         |
| Yes                               | 337       | 62.2%   |
| No                                | 205       | 37.8%   |
| Alcohol drinking status           |           |         |
| No                                | 329       | 60.7%   |
| Lighter drinker                   | 156       | 28.8%   |
| Heavy drinker                     | 57        | 10.5%   |
| Khat chewing                      |           |         |
| Yes                               | 89        | 16.4%   |
| No                                | 453       | 83.6%   |

**Factors Associated with Occupational Ocular Injury**

The result of multivariable binary logistic regression analysis showed that type of employment, job category, training on health and safety measures, and use of eye safety devices were independent predictors of occupational ocular injury.

Workers who did not use an eye safety device were more than 7 times more likely to face occupational ocular injuries than those who wear the eye safety device (AOR: 7.43, 95% CI: 4.44–12.43).

Those workers who do not get health and safety training were 2.22 times more likely to have an occupational ocular injury than those who got health and safety training (AOR: 2.22, 95% CI: 1.06–4.66).

Temporary workers were 1.84 times more likely to have occupational ocular injury than permanent workers (AOR: 1.84, 95% CI: 1.14–2.95).

The job category was also found to be one of the significant factors. The odds of having occupational ocular injury among woodworkers were 44% less likely than metal workers (AOR: 0.56, 95% CI: 0.32–0.97); however, brick workers were 2.19 times more likely to have occupational ocular injury as compared to metal workers (AOR: 2.19, 95% CI: 1.08–7.21) Table 4.

**Table 3** Workplace Characteristics of Small-Scale Industry Workers at Gondar Town 2019 (N= 542)

| Variables                         | Frequency | Percent |
|-----------------------------------|-----------|---------|
| Working Experience in year        |           |         |
| 1–2                               | 205       | 37.8%   |
| 3–4                               | 181       | 33.4%   |
| ≥5                                | 156       | 28.8%   |
| Employment pattern                |           |         |
| Permanent                         | 328       | 60.5%   |
| Temporary                         | 214       | 39.5%   |
| Job category                      |           |         |
| Metalwork                         | 186       | 34.3%   |
| Woodwork                          | 164       | 30.3%   |
| Cobblestone work                  | 149       | 27.5%   |
| Brickwork                         | 43        | 7.9%    |
| Working hour per week             |           |         |
| ≤48                               | 372       | 68.6%   |
| >48                               | 170       | 31.4%   |
| Workplace Supervision             |           |         |
| Yes                               | 129       | 23.8%   |
| No                                | 413       | 76.2%   |
| Health &Safety training           |           |         |
| Yes                               | 209       | 38.6%   |
| No                                | 333       | 61.4%   |
| Awareness about occupational hazards |       |         |
| Yes                               | 472       | 87.1%   |
| No                                | 70        | 12.9%   |

**Discussion**

This institution-based cross-sectional study determined the prevalence of occupational ocular injury and associated factors among small-scale industry workers in Gondar Town, Northwest Ethiopia.

In this study, the prevalence of occupational ocular injury was 31.4% (95% CI: 27.2–35.5). This finding is higher than the study conducted in New Zealand 20.7%,

17 Benin City, Nigeria 10.7, 18 Washington, USA 11%, 19 and Scotland 19.6%. 20 This might be due to the difference in the availability of eye safety devices, safety, and health training, and regular workplace supervision. There are limited eye safety devices in the current study area and the majority of the participants did not take training on eye health and safety. The difference in the socio-economic status of these counters might be the other reason for the
### Table 4 Factors Associated with Occupational Ocular Injuries in Small Scale Industry Workers in Gondar Town, 2019 (N= 542)

| Variables                  | Occupational Ocular Injury | COR (95% CI) | AOR (95% CI) |
|----------------------------|----------------------------|--------------|--------------|
|                            | Yes | No |                  |              |
| Age                        |     |    |                  |              |
| 15–22                      | 53  | 101| 1.85(1.07–3.17)  | 2.52(1.09–5.84) |
| 23–25                      | 53  | 110| 1.70(0.99–2.91)  | 2.14(1.08–4.27) |
| 26–28                      | 37  | 66 | 1.97(1.10–3.55)  | 1.41(0.71–2.81) |
| ≥29                        | 27  | 95 | I               | I            |
| Sex                        |     |    |                  |              |
| Male                       | 145 | 298| I               | I            |
| Female                     | 25  | 74 | 0.69(0.42–1.14)  | 1.08(0.53–2.20) |
| Educational status         |     |    |                  |              |
| Unable to read and write   | 6   | 14 | 1.26(0.43–3.75)  | 1.24(0.35–4.42) |
| Able to read and write     | 23  | 70 | 0.97(0.48–1.95)  | 1.52(0.64–3.59) |
| Primary school             | 37  | 43 | 2.56(1.28–5.01)  | 2.11(0.92–4.85) |
| Secondary school           | 85  | 189| 1.34(0.74–2.37)  | 1.41(0.71–2.81) |
| College and above          | 19  | 56 | I               | I            |
| Monthly salary (ETB)       |     |    |                  |              |
| <1500                      | 36  | 114| 0.39(0.23–0.68)  | 0.31(0.13–0.74) |
| 1500–2000                  | 38  | 101| 0.47(0.27–0.81)  | 0.56(0.26–1.22) |
| 2000–3000                  | 54  | 105| 0.64(0.38–1.07)  | 0.58(0.29–1.14) |
| >3000                      | 42  | 52 | I               | I            |
| Working Experian’s         |     |    |                  |              |
| 1–2 year                   | 55  | 150| I               | I            |
| 3–4 year                   | 55  | 126| 1.19(0.77–1.85)  | 1.06(0.61–1.84) |
| ≥5 years                   | 60  | 96 | 1.71(1.09–2.66)  | 1.64(0.84–3.20) |
| Employment pattern         |     |    |                  |              |
| Permanent                  | 93  | 235| I               | I            |
| Temporary                  | 77  | 137| 1.42(0.98–2.05)  | 1.84(1.14–2.95)* |
| Job category               |     |    |                  |              |
| Metalwork                  | 69  | 117| I               | I            |
| Woodwork                   | 46  | 118| 0.66(0.42–1.04)  | 0.56(0.32–0.97)* |
| Cobblestone work           | 35  | 114| 0.52(0.32–0.84)  | 0.49(0.22–1.12) |
| Brickwork                  | 20  | 23 | 1.47(0.76–2.88)  | 2.19(1.08–7.21)* |
| Working hour per week      |     |    |                  |              |
| ≤48                        | 130 | 242| I               | I            |
| >48                        | 40  | 130| 0.57(0.38–0.85)  | 1.43(0.71–2.87) |
| Health & Safety Training   |     |    |                  |              |
| Yes                        | 40  | 169| I               | I            |
| No                         | 130 | 203| 2.71(1.80–4.07)  | 2.22(1.06–4.66)* |
| Alcohol drinking Status    |     |    |                  |              |
| No                         | 114 | 215| I               | I            |
| Lighter drinker            | 39  | 117| 0.63(0.41–0.96)  | 0.56(0.34–0.94) |
| Heavy drinker              | 17  | 40 | 0.80(0.44–1.48)  | 0.84(0.41–1.74) |

(Continued)
Table 4 (Continued).

| Variables                                      | Occupational Ocular Injury |        | COR (95% CI) |  | AOR (95% CI) |  |
|------------------------------------------------|---------------------------|--------|--------------|--|-------------|--|
|                                                | Yes                       | No     |              |   |             |   |
| Khat chewing                                   | 29                        | 60     | 1.07 (0.66–1.74) | 1 | 1.15 (0.64–2.08) | 1 |
|                                                | 141                       | 312    |              |   |             |   |
| Use of ESD                                      | 83                        | 314    | 1             |   |             |   |
|                                                | 87                        | 58     | 5.68 (3.76–8.56) | 1 | 7.43 (4.44–12.43)*** | 1 |
| Awareness about occupational hazards           | 138                       | 334    | 1             |   |             |   |
|                                                | 32                        | 38     | 2.04 (1.22–3.39) | 1 | 1.25 (0.65–2.38) | 1 |
| Workplace supervision                          | 41                        | 88     | 1             |   |             |   |
|                                                | 129                       | 284    | 0.98 (0.64–1.49) | 1 | 1.43 (0.84–2.45) | 1 |

Notes: *p-value<0.05, ***p-value< 0.001.

difference. Since most of this study participants did not afford to buy eye safety devices, they were highly vulnerable to occupational ocular injuries.6,11–13,16,18,21

On the other hand, occupational ocular injury in this study was lower than reports from the United Kingdom 70%,20 Nwala Onyinye, Nigeria 84.5%,22 Port Harcourt, Nigeria 52.2%,2 Mansoura, Egypt 36.7%.12 This might be due to the difference in study designs and inclusion criteria. The present study includes all small-scale industry workers (wood, metal, brick, and cobblestone workers) while the former studies consider mainly metal workers or welders.

Regarding health and safety training, participants who did not have health and safety training were more likely to have occupational ocular injury than those who had training. This might be due to the fact that as workers have health and safety training, they may have information on how their working environment predisposes them to different ocular injuries, when to use protective devices and which specific type must be used to prevent ocular injuries. These will help them to use different protective measures to reduce their risk of having ocular injuries. This result was in agreement with studies done in Arba Minch, Ethiopia,6 Eastern India,21 and in the South West Region of China.3

The occurrence of occupational injury was significantly associated with the employment pattern of workers. Those participants employed temporarily had a higher risk of having occupational ocular injury as compared to those who were employed permanently. This might be because temporary workers usually have a low safety consciousness, poor work quality, and less training which exposes them to different ocular injuries.24 This result is consistent with a study done in the Eastern Part of India.23

The job categories of workers were statistically significant. Woodworkers were less likely to have occupational ocular injuries as compared to metalworkers. Metalworkers were believed to be actively engaged in work that required the application of moving parts of machines that predispose them to a risk of injury. The most frequently reported cause of ocular injury in this study was also iron chips. This study was supported by North Gondar Woreda.10 On the other hand, brick workers were more likely to have occupational ocular injuries than metalworkers.

From behavioral factors, failure to use appropriate eye safety devices was significantly associated with occupational ocular injuries. The result of this study revealed that those workers who did not use ESD were more than 7 times more likely to face occupational ocular injuries. This could be due to inadequate awareness about occupational hazards, lack of eye safety devices in the workplace, and expensive to buy by workers. This finding is supported by other findings.13,18,21,22,25,26

A study done in Bosnia and Herzegovina21 showed that the prevalence of work-related ocular injuries is significantly
associated with educational level stating the highest proportion of work-related eye injuries among those with more than a college education. However, the educational level and prevalence of occupational ocular injuries did not show a statistically significant association in the current study.

Being a cross-sectional study, this study has a limitation secondary to recall bias. The history of ocular injury in the past 12 months was exposed to recall bias since participants will not remember minor injuries.

Conclusions
The current study revealed a significant number of small-scale industry workers had occupational ocular injury, which is significantly associated with health and safety training, type of employment, job category, and use of eye safety devices. This study will serve as baseline data for further studies to generate inputs for eye care providers and policymakers to design evidence-based interventions to reduce the burden of blindness and visual impairment from occupational ocular injuries.

Data Sharing Statement
All data are fully available without restriction within the manuscript.

Disclosure
The authors received no specific funding for this work and report no conflicts of interest in this work.

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