



Work-related Voice Disorder: proposal of an individual notification record

Distúrbio de Voz Relacionado ao Trabalho: proposta de uma ficha de notificação individual

Trastornos de la Voz Relacionados con el Trabajo: propuesta de un formulario de notificación individual

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Abstract

A group of speech therapists from the State of São Paulo decided to prepare an Individual Notification Form (FNI) that could guide the identification of any voice disorder that is related to the work context. Objective: to describe the process of elaboration of the FNI, with details as to its completion. This purpose intends to give greater visibility to all the health professionals who will make the notification. Also, it may encourage other states or municipalities in the country to have, in the near future, an official survey of the Work-related Voice Disorder.

Keywords: Voice; Voice disorders; Occupational health; Disease notification.

Resumo

Introdução: a exemplo de fonoaudiólogos de outras regiões do país, um grupo de fonoaudiólogas do Estado de São Paulo resolveu elaborar uma Ficha de Notificação Individual (FNI) que pudesse nortear a

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identificação de qualquer distúrbio de voz que tivesse sua relação com o contexto de trabalho. Objetivo: descrever o processo de elaboração da FNI, com detalhamento quanto ao seu preenchimento. Esta proposta poderá contribuir para maior visibilidade a todos os profissionais da saúde que possam ter a sua frente um trabalhador com alteração de voz. Ainda, poderá incentivar outros estados ou municípios do país para que se possa ter, em futuro próximo, um levantamento oficial do Distúrbio de Voz Relacionado ao Trabalho.

Palavras-chave: Voz; Distúrbios da voz; Saúde do trabalhador; Notificação de doenças

Resumen

Introducción: siguiendo el ejemplo ocurrido en otras regiones, un grupo de fonoaudiólogas del estado de São Paulo decidió elaborar un formulario de notificación individual (FNI) que podrían orientar la identificación de cualquier trastorno de la voz que tuviese relación con el contexto laboral. Objetivo: describir el proceso de elaboración de la FNI, con detalles sobre cómo llenarlo. Esta propuesta podrá contribuir con mayor visibilidad para todos los profesionales de la salud que tengan delante de sí un trabajador con trastorno de voz. También podrá incentivar a que en otros estados o municipios en el país se pueda tener, en un futuro próximo, una encuesta oficial de los Trastornos de Voz Relacionados con el Trabajo.

Palabras claves: Voz; Trastornos de la voz; Salud laboral; Notificación de enfermedad.

Introduction

Discussions with respect to Work-Related Voice Disorders (DVRT) will celebrate their 20th anniversary in 2017. Such discussions began in the Voice Seminars of the Pontifical Catholic University of São Paulo (PUC-SP), and there is a record that allows the historical memory of that time^{1,2,3}.

In addition to speech-language pathologists, other health care professionals (physicians, physiotherapists, psychologists, among others) participated in these discussions, as well as engineers and lawyers represented by their Committees, Scientific Associations, Universities or Workers' Health Referral Centers (CEREST), and also voice care professionals, represented by Trade Unions or Associations.

In addition to this movement, the former Brazilian Association of Otorhinolaryngology (SBORL), and current Brazilian Association of Otorhinolaryngology and Neck and Facial Surgery (ABORL-CCF), with representatives of the Regional Council of Medicine of Rio de Janeiro (CREMERJ) and the Brazilian Academy of Laryngology and Voice (SBLV), promoted meetings, between 2001 and 2004, that were called as Voice Professional Pro-Consensus in order to establish a protocol, with aspects related to evaluation, treatment, care, training, and improvement of individuals who use their voices professionally⁴.

Two important landmarks of this period can be highlighted, and these coincide with the material

published until today, as they are used as reference: the article published by CEREST-SP⁵ and the Differentiated Complexity Protocol of the Ministry of Health, which is known as “DVRT Protocol” (with a consultation version publicly available at <http://www.pucsp.br/laborvox/dvrt.html>)⁵.

Since 2012, the latter is waiting for approval, despite the fact that it was drawn up at the request of the Ministry of Health and that it was subjected to public consultation, due to the changes related to the policies in force in the country.

The “Work-Related Disorder (DVRT)” term is defined in the documents prepared from the events cited above as any form of vocal deviation directly related to the use of the voice during a professional activity that slows down, compromises or prevents the worker's activities and/or communication, whether in the presence of an organic change in the larynx or not.

It is worth mentioning that the Voice Disorder term corresponds to the R49 code in the International Classification of Diseases (ICD), which assigns the R49. 0 code to Disphonia as a subitem⁶. However, when there are other clinical or structural expressions in the vocal apparatus, other more specific ICDs can be used according to the ENT diagnosis.

It can be noted that despite the high occurrence of voice disorders recorded in different researches conducted with voice professionals,



mainly teachers, all over the country⁷⁻¹⁵ and around the world¹⁶⁻²⁰, there is no official data that discuss such occurrence and, as so, little is known about the worker with a work-related vocal disorder. Data on the profile of these workers, such as their occupation, employment, environmental and work conditions, clinical manifestations (or major signs and symptoms), and conduct adopted, among others, are critical to meet the triggering and aggravating factors of the DVRTs and also in order to create actions to prevent and reduce risks in the environment and in work processes.

Among the several health information systems (SIS), the SINAN (Information System on Diseases of Compulsory Declaration), which was created by the Ministry of Health, covers the various diseases related to Worker's health. It aims to collect, disclose and disseminate data generated by municipal, state and federal epidemiological surveillance systems, in addition to conduct the analysis of epidemiological information to plan health actions and the demand for interventions. SINAN is mainly fed by the notification and investigation of diseases cases that are included in the national list of compulsory report diseases.²¹⁻²³

Until now, the protocol of the DVRT was not approved by the Ministry of Health, and thus it was not included in the list of diseases related to Worker's Health at SINAN.

However, municipal and state governments are responsible to whether include or not other diseases that may be considered important to their regions, even if it is not provided by the Ministry of Health. And with respect to the DVRT, that's the case in two locations. In 2008, the CEREST-RJ, along with the Health State Department, included the title "Occupational Dysphonia" in the list of compulsory reportable diseases, as formalized in 2013^{24, 25}. The same situation occurred in the state of Alagoas²⁵.

The inclusion of DVRT on the list of local and state reportable diseases may be a strategy to demonstrate to the public the need to include it in the list of work-related diseases at national level.

In this sense, and following the example of the initiatives of these places, a group of four speech-language pathologists from the state of São Paulo decided to develop an Individual Report Form (or "*Ficha de Notificação Individual*", FNI), along the lines of Information System on Diseases of Compulsory Declaration (SINAN), for the DVRT,

which could be used to report cases identified with voice disorder related to the professional context.

It should be remembered that the notification in SINAN has an epidemiological nature, and that the analysis of data and of the information generated from the occurrence of the disease, should support actions in the public health area.

Therefore, it is a health procedure provided in the São Paulo State Health Code (State Law 10,083/1998)²⁷, as well as in the Resolution of the Health Secretary/SP 63 (from April 30, 2009), (CVS SP document) and in the Resolution #428 of the CFFa²⁸.

It is also worth noting that the report of Work-Related Diseases (DRT) to SINAN does not exclude the requirement of the Communication of Work-Related Accidents (CAT). The report to SINAN generates information to the Ministry of Health, while the CAT generates information to the Ministry of Social Security, with potential social security and labor benefits, if the worker is absent from work for more than 15 days and if their work-related disability is recognized as so by the medical staff of the Social Welfare. The report to SINAN is independent of an employment relation (formal, informal, autonomous, statutory, among others), while the CAT is issued only for worker with formal employment (registration in the work permit). Both documents are of great value to the employee and must be used as instruments to help the identification of DRT cases.

At the moment, as the report of a DVRT to SINAN is not provided yet, the report form prepared, and presented, was discussed and agreed with the Board of Worker Health Surveillance / São Paulo State Health Secretary.

The impact of the DVRT to health and to work ability includes individual dimensions and collectivities, and the visibility of the disease will allow the implementation of public policies that direct actions to promote, prevent and rehabilitate them.

Thus, this communication aims to describe the FNI elaboration process, including details to guide its filling.

In the near future, we assume that we could have sufficient data so that we can map the DVRT cases in the national territory in order to enhance health actions that may able to generate individual and collective changes.



Description

Four speech-language pathologists with expertise in Occupational Health and in the Professional Voice field held a meeting to discuss the proposal prepared by the professionals from Alagoas, and each item was discussed and argued with respect to the need of its inclusion. At the end, the FNI was composed of an extensive list, mainly of vocal signs and symptoms and factors related to the environment and work conditions.

The main fields and the goal of a FNI were identified by the group in report forms. The aim was to produce a material that would be easy to understand by health care professionals who act in public and/or private services, and also to enable the use of the material on a large scale in the face of suspicion and/or occurrence of DVRT.

In this way, the FNI should be filled by health care professionals, on suspicion or eminence of a DVRT case, and it must follow the path already established by the municipal epidemiological surveillance, being subsequently released to the DVST-CEREST/SES-SP.

The reliability of the data will be proportional to the careful completion of form fields and it assumes the technical training of health care professionals.

Following the definition of DVRT, there was the preparation of a FNI, with the following fields: ID, additional data of the case, such as occupation, market situation, characterization of the conditions and of the work organization, in addition to space for additional information and observations. As an instrument of case investigation, the form was developed with a simple and accessible language and, as so, it is not a script of an anamnesis. When the first version of the form was concluded, it was reviewed by the group and subsequently assessed by eight different professionals from Worker's Health and Professional Voice fields, as well as from health authorities. After new redesigns, the form was finally concluded as shown in annex (Annex 1).

To facilitate its filling, a guideline will be prepared, along the lines of others that already are available to others DRTs.

Conclusion

The FNI proposed, which is epidemiological in nature, will only be an instrument of visibility for DVRT and act as subsidy to collective actions of prevention and health promotion if there is a commitment of health care professionals in this area to create reports of cases addressed, whose conditions and work environment organizations have contributed to the worsening/triggering of the vocal disorder.

This FNI must not become another health surveillance instrument that is established, but not used.

The forms filled should be submitted to the departments responsible for the information and/or epidemiological surveillance of municipal departments, which must refer it upward every week in magnetic media to the Health State Departments (SES). In case of any doubt, the nearest CEREST should be contacted.

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Annex 1

HOW TO FILL THE REPORT FORM OF WORK-RELATED VOICE DISORDERS (DVRT)

This manual is intended to provide guidance to speech-language pathologists or other health professionals to fill the report form of DVRT in the São Paulo State, Brazil.

The report form should be filled whenever there is suspicion or confirmation of the occurrence of a work-related voice disorder and then provided to the CEREST or district surveillance units/health units of the municipality to introduce the data in the FORMSUS (SES/CVS/SP).

There are no objective factors that measure or prove the nexus with the work. However, it is possible to establish the relationship between health, work and illness through the analysis of all activities conducted by the worker, work organization and environmental conditions, individual history (background), speech-language pathology assessment, results of tests and medical diagnostic.

The notification through this report has an epidemiological nature. Through data analysis, it will be possible to obtain information to scale the occurrence of this disease, its expressions, the characterization of this worker, the impact to health and employment capacity, in addition to contribute to plan actions of assistance and intervention in the workplace. In this way, it is possible to give visibility to the DVRT and to the need to implement public policies that prevent the occurrence of this disease.

This notification cannot be understood as a sick note or medical report of the worker. It does not provide any labor or social security benefits to the worker.

The information provided is confidential. Statistical analysis will be available to stakeholders.

If applicable, all fields must be completed. The CEREST of your municipality or region is able to clarify any doubts.

INSTRUCTIONS TO FILL THE REPORT FORM OF DVRT

- Notification details:

FIELD 1 - Date of notification: corresponds to the date in which the report was filled.

FIELD 2 - Fill in with the full name of the city where the notifying health unit is located.

FIELD 3 - Fill in with full name and/or CNES code – Brazil National Registry of Health Institutions of the notifying health unit.

- Patient Data:

FIELD 4 - Fill in with the patient's full name (no abbreviations).

FIELD 5 - Fill in with the date of birth (DD/MM/YYYY).

FIELD 6 - Fill in with the patient's age.

FIELD 7 - Fill in with the code corresponding to the gender of the patient (M= male, F= female and U= Unanswered).

FIELD 8 - Fill in only for Females. If it is a male patient, register "6"= not applicable.

FIELD 9 - Fill in with the code corresponding to the race or color declared by the patient. 1= White, 2= Black, 3= Asian, 4= Brown (person who declared himself/herself as mulatto, *cabocla*, *cafuzo*, *mameluca* or black mixed with another color or race) e 5= indigenous.

FIELD 10 - Fill in with the education grade and level that the patient is attending or attended, according to the codes from 1 to 10 described in the report.

FIELD 11 - Fill in with the card number of the Unified Health System – SUS (“*Sistema Único de Saúde*”).

FIELD 12 - Fill in with the full name of the patient's mother (no abbreviations).

FIELD 13 - Fill in with the city of residence of the patient.

FIELD 14 - Fill in the type (Avenue, Street, Road, etc.) and the full residential address of the patient.

FIELD 15 - Fill in with the postal code (CEP, “*Código de Endereçamento Postal*”) of the patient's home.

FIELD 16 - Fill in with the patient's telephone number including any area codes.



- Occupational Data:

FIELD 17 - Identify the occupation, role performed by the worker who expressed a vocal disorder.

FIELD 18 - Identify the current situation of the worker in the labor market, according to the alternatives. If the DVRT was triggered and/or worsened in another situation in the labor market, describe such situation in the final field "Additional information".

FIELD 19 - Fill in with the tenure concerning the occupation mentioned on Field 17 followed by the code corresponding to such time ("3" if the worker holds his/her position for less than 12 months and "4" if the worker holds his/her position for more than one year).

FIELD 20 - Fill in with the corporate name of the employer when the worker expressed a vocal disorder.

FIELD 21 - Fill in with the city where the company mentioned on Field 20 is located.

FIELD 22 - Indicate the full address of the company.

FIELD 23 - Indicate the telephone number of the company.

FIELD 24 - Identify whether the company is a third-party company.

FIELD 25 - Check the characteristics of the workplace and of the work organization.

FIELD 26 - Note the sum of the time period of all works with professional voice use and include the code corresponding to the time mentioned: "3" if the time period is in months; "4" if the time period is in years.

- Clinical Data:

FIELD 27 - Indicate the occurrence of other diseases or associated habits.

FIELD 28 - Register the signs and symptoms referred to by the worker.

FIELD 29 - Indicate the CID R49 OR another particular CID if there is a medical diagnosis.

FIELD 30 - Indicate the date of diagnosis. If required, it can be the date of examinations or the date from reports related to the voice disorder. In case there is no diagnosis, indicate the approximate date of the onset of symptoms and note in the "Additional information" field that the work has not been through a professional review yet.

FIELD 31 - Indicate the completion status of the treatment.

FIELD 32 - Specify the type of treatment carried out according to the options.

FIELD 33 - Indicate if there was a sick leave due to the vocal disorder.

FIELD 34 - If yes to Field 33, indicate the time away from work for treatment, according to the codes.

FIELD 35 - If yes to Field 33, indicate the progress of the condition, according to the options.

FIELD 36 - Indicate the progress of the condition, according to the options.

- Additional information with respect to the case:

FIELD 37 - Indicate if other workers were diagnosed with DVRT in the same workplace.

FIELD 38 - Indicate the measure(s) adopted upon the identification of the condition, according to the alternatives.

FIELD 39 - Indicate if a CAT (Communication of Work-Related Accidents) was issued or if the DVRT was recorded in another notification tool.

ADDITIONAL INFORMATION: Blank space for additional information that may be considered as important and complementary.

Indicate the name and role of the professional responsible for filling in the Report Form in the Health Unit.



São Paulo State Secretary of Health / Health Surveillance Superintendence
Board of Occupational Health Surveillance

REPORT FORM

Case definition: WORK-RELATED DISORDER is any form of vocal deviation directly related to the use of the voice during a professional activity that slows down, compromises or prevents the worker's activities and/or communication, whether in the presence of an organic change in the larynx or not.			
Disease WORK-RELATED VOICE DISORDER (DVRT)		Code (CID10) R49	1- Date of Notification: _ _ / _ _ / _ _
Health Unit Location			
2- Place (city) of Notification		3- Name of the Notifying Health Unit	
CNES of the Health Unit			
Personal Data			
4- Patient Name			5- Date of Birth _ _ / _ _ / _ _
6- Age (years) _ _	7- Gender M- Male <input type="checkbox"/> F- Female <input type="checkbox"/> U- Unanswered	8- Pregnant 1- Yes 2- No 6- Not applicable <input type="checkbox"/> 9- Unanswered	9- Race/Color 1- White 2- Black 3- Asian <input type="checkbox"/> 4- Brown 5- Indigenous 9- Unanswered
10- Education Level 0- Illiterate 1- Elementary School 2- High School 3- Technical High School 4- Incomplete Undergraduate Studies 5- Undergraduate Studies <input type="checkbox"/> 6- Graduate Studies 9- Unanswered 10- Not applicable			
11- SUS Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		12- Mother's Name	
13- Place (city) of Residence		14- Address	
15- Postal Code _ _ _ _ _ _ - _ _ _ _		16- (Area Code) Telephone Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Occupational Data			
17- Occupation (CBO - Brazilian Classification of Occupations)			
18- Situation in the work market <input type="checkbox"/> <input type="checkbox"/> 1- Registered employee with a formal contract 5- Public official registered 09- Cooperative affiliate/member 2- Non-registered employee 6- Retired 10- Independent worker 3- Self employed 7- Unemployed 11- Employer 4- Statutory official public 8- Temporary work 12- Other 99- Unanswered		19- Working time in the position _ _ / _ _ <input type="checkbox"/> 3- Month 4- Year	
20- Company name or Employer (current or last work, if applicable)		21- City	
22- Address		23- (Area Code) Telephone Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
24- The employer is a third-party company 1- Yes 3- Not applicable <input type="checkbox"/> 2- No 9- Unanswered			
25- Characteristics of the workplace and of the work organization <input type="checkbox"/> Environmental noise <input type="checkbox"/> Excessive use of voice <input type="checkbox"/> Temperature contrast <input type="checkbox"/> Dust / smoke <input type="checkbox"/> Stressful workplace <input type="checkbox"/> Work overload <input type="checkbox"/> Chemicals/ Irritant products <input type="checkbox"/> Continuous inspection <input type="checkbox"/> Targets <input type="checkbox"/> Need to speak loudly <input type="checkbox"/> Low autonomy <input type="checkbox"/> Other (please specify on Additional information)			
26- How long have you been using your voice professionally? 3- Month _ _ / _ _ <input type="checkbox"/> 4- Year			
Clinical Data			
27- Diseases and habits associated - self-reported <input type="checkbox"/> Allergies <input type="checkbox"/> Temporomandibular Dysfunction and Orofacial Pain <input type="checkbox"/> Alcoholism <input type="checkbox"/> Respiratory infections <input type="checkbox"/> Mental disorder <input type="checkbox"/> Other: _____ <input type="checkbox"/> Gastroesophageal reflux <input type="checkbox"/> Smoking			
28- Signs and Symptoms <input type="checkbox"/> Hoarseness <input type="checkbox"/> Effort to speak <input type="checkbox"/> Throat clearing <input type="checkbox"/> Voice failure/loss <input type="checkbox"/> Burning throat when speaking <input type="checkbox"/> Other: _____ <input type="checkbox"/> Vocal fatigue <input type="checkbox"/> Dry mouth/throat			



