Introduction
Daily we produce large amounts of waste in our homes and the same happens in health facilities. According to the Resolution of the Collegiate Board of Directors (RDC) No. 306 of December 7, 2004, which provides for the Technical Regulation for the Management of Health Residues, define as solid waste producers of health services (RSS) all services related to human and animal health care. (BRASIL, 2004). RSS management is a set of management procedures, planned and implemented based on scientific and technical, normative and legal bases, with the objective of minimizing the production of waste and providing the generated waste with a safe efficient way, aiming at the protection of workers, the preservation of public health, natural resources and the environment. Management should cover all planning stages of physical resources, material resources and human resources training involved in the management of RSS. (PINHEIRO, ANDRADE, 2016)

Resolution No. 358/05 of the National Environment Council (CONAMA) also defines that solid waste from health services (SSR) is waste from all establishments involving human and animal health care, as well as the units furniture of attendance. The producers of RSS can be by laboratories, morgues, drugstores that provide basic health services such as blood glucose check and injectable drug application, pharmacies, veterinary clinics, dental clinics, hospitals, outpatient clinics, among others. (Brazil, 2005).

RSS can reach the environment and population health when inappropriately discarded due to pathogenic microorganisms such as the maintenance of different viable bacterial species and the effect can be avoided when there is adequate disposal. (GESSERTER, PIOSIADLOI, FONSECAR, LAROCALL, 2013).

Health professionals are in constant contact with RSS, so it is extremely important that they know the biosafety norms established by Ordinance No. 485, of November 11, 2005, which defines the regulatory norm - NR 32, which proposes the basic guidelines for health and safety at work in health services and also establishes basic standards for the implementation of worker safety measures. Biosecurity can be defined as a set of actions adopted and practicable for the prevention, reduction and elimination of risks inherent in the health and well-being of professionals working in research, teaching, production, handling and provisions of health services human and animal, that when carried out do not generate biological, chemical, radioactive and ergonomic risks to the professional. (PINHEIRO, ANDRADE, 2016).

The importance of waste management of health services is evidenced from studies that prove the benefits that this procedure, when performed in accordance with current legislation, brings society, the environment and the entity itself. (DOI, MOURA, 2011).

Methodology
It is a study of a review of the narrative literature, which had a bibliographical survey through consultation in virtual libraries in health, database lilacs, scielo, scientific articles, ordinances and resolutions referenced thematic: Biosafety, Handling, Solid Waste Service Health, Safety at work. From the selection of bibliographic productions, inclusion criteria were observed: materials that were in the Portuguese language, which had full text access, that were field surveys, articles, projects, resolutions, case studies and reviews on the subject. Of the exclusion criteria, materials not included for development were those that had no relation to the issues of the theme, incomplete texts, foreign languages, duplicate articles, materials that did not address the target audience. Of the materials found that had relativity to the theme, 28 were analyzed and only 13 were included for the development of this work.

Results and discussion
Personal protective equipment (PPE) and other safety measures
The guarantee of the quality of life of the professional in relation to their work is based on the use of personal protective equipment (PPE), these should be used in the environment in which the work or task is carried out that can generate risks to the worker, your well-being. (PINHEIRO, ANDRADE, 2016). A Consolidação das Leis do Trabalho (CLT) garante que a empresa é obrigada a fornecer aos empregados gratuitamente cada EPI adequado e em perfeitas condições de uso. Obrigado, como está previsto no Código de Trabalho, a empresa será responsabilizada. Lembrando que é obrigação também do empregado a responsabilidade pelo uso e conservação de cada EPI. (RODRIGUES, 2016). The lack of job security causes accidents, and one of the classes directly affected is the garbage collection professionals, who are exposed to various risks in the course of their activities. This profession is almost always devalued and therefore does not raise the necessary concern about the security in which the trade requires. (PEDROSA, GOMES, MAFRA, ALBUQUERQUE, PELENTIR, 2010).

Accidents resulting from inadequate management of solid waste from health services are worrisome because they contain material that is likely to pose a health risk to professionals. For this reason, it is important to highlight the measures and techniques of bisexuality involved in the collection, transportation and disposal of these wastes, in order to reduce the incidence of risks, as well as to reduce the number of accidents at work with occupational risks. (PEDROSA, GOMES, MAFRA, ALBUQUERQUE, PELENTIR, 2010). Every professional responsible for cleaning should check for tetanus and hepatitis B vaccination, conduct a tuberculin test annually and be continuously trained on biosafety standards and protocols, and undergo a series of medical examinations (admission, periodic, return to work, change of function and resignation). (CAMARGO, MOTTA, LUNELLI, SEVERO, 2009).

The PPE's that should be used by professionals in their cleaning and waste management activities are: Helmet, Apron (cotton jacket); Activated charcoal mask and surgical mask; PVC boots, short and long (for washing), light-colored and non-slip soles; PVC gloves thick and long, non-slip; Acrylic goggles. The use of long pants and closed shoes is mandatory. Professionals
should maintain perfect personal hygiene (daily bathing, clean hair, hairstyles and nails, clean and trimmed nails and avoiding the use of adornments). (CAMARGO, MOTTA, LUNELLI, SEVERO, 2009).

Figura . Equipamentos de proteção individual

Source: Health Service Waste Management Manual (HSWMM) (BRAZIL, 2011)

Classification of solid waste from health services
According to RDC No. 306/04 and Annex I of Resolution 358/05, waste must be classified for segregation correctly, they are classified into groups: "Group A, Group B, Group C, Group D and Group E" (BRASIL, 2004).

Group A (potentially infective) - residues with the possible presence of biological agents that, due to their virulence or concentration characteristics, may present a risk of infection, such as:

- A1. Crops and stocks of infectious agents from industrial and research laboratories; waste from the manufacture of biological products, other than blood products; (ERDTMANN, 2004).
- A2. Carcasses, anatomical specimens, viscera and other residues from animals submitted to experimental procedures with inoculation of microorganisms, as well as their fodder, and the cadavers of animals suspected of being carriers of microorganisms of epidemiological relevance and risk of dissemination that were submitted or not to pathological anatomical study or diagnostic confirmation; (ERDTMANN, 2004).
- A3. Anatomical parts of the human being, which have no more scientific or legal value, and/or when there is no prior request by the patient or his/her relatives; a fecundation product without vital signs, weighing less than 500 grams or stature smaller than 25 centimeters or gestational age less than 20 weeks, which have no more scientific or legal value, and/or when there is no prior request by the family; (ERDTMANN, 2004).
- A4. Intravenous arterial line and dialyser kits, when discarded; air filters and gases from critical areas. Also, organ, tissue, and fluids from surgical operations; infectious agents from industrial and research laboratories; waste from the manufacture of biological products, other than blood products; (ERDTMANN, 2004).
- A5. Organs, tissues, organic fluids, piercing or scarifying materials and other materials resulting from health care practice, with suspicion or certainty of contamination with prions; (BRAZIL, 2004).

Group B (chemicals) - wastes containing chemicals posing a risk to public health or the environment, irrespective of their flammability, corrosivity, reactivity and toxicity characteristics, such as: hormonal products and antimicrobial products; cytostatics; antineoplastic agents; immunosuppressants; digitalis; immunomodulators; antiviral, when discarded by health services; pharmacies; drugstores and distributors of drugs or seized and the residues and pharmaceutical inputs of the medicines controlled by Ordinance MS 344/98 and its updates; sanitizing waste, disinfectants, disinfectants; wastes containing heavy metals; laboratory reagents, including containers contaminated by them; effluents from image processors (developers and fasteners); effluents from automated equipment used in clinical analysis; other products considered to be hazardous (toxic, corrosive, flammable and reactive) (ERDTMANN, 2004).

Group C (Radioactive waste) - Any materials resulting from human activities containing radionuclides in amounts exceeding the disposal limits specified in the standards of the National Commission for Nuclear Energy (CNEN) and for which there is no prior request by the family; this group includes any materials from health research and teaching laboratories, clinical analysis laboratories, and nuclear medicine and radiotherapy services. (ERDTMANN, 2004).

Group D (common waste) - Wastes which do not present a biological, chemical or radiological risk to health or the environment and can be assimilated to household waste; toilet paper and diaper, sanitary napkins, disposable garments, patient food, material used in antisepsis and haemostatis of venepuncture, serum equipment and the like not classified as A1; leftovers from food and food preparation; rest food of cafeterias; waste from the administrative areas; sweeping waste, flowers, pruning and gardens; and gymnasium residues from health care. In this group may be the recycling of certain wastes, based on CONAMA Resolution no. 275/2001: I - blue: papers; II - yellow: metals; III - green: glass; IV - red: plastics; V - brown: organic waste. (ERDTMANN, 2004).

Group E (Sharpeners) - Sharpening or scarifying materials such as: razor blades, needles, scalps, glass ampoules, drills, endodontic files, diamond tips, scalpel blades, lancets: capillary tubes; micropipettes; blades and coverslips; spatulas; and all glassware broken in the laboratory (pipettes, blood collection tubes), bags of incomplete collection, discarded at the collection site, when accompanied by a needle, regardless of the volume collected, and the like. (ERDTMANN, 2004).

Biosafety in the management of solid waste from health services
There may be several damages resulting from the poor management of health care waste, among them environmental contamination, the occurrence of work-related accidents - involving health professionals, public cleaners and waste pickers - and the spread of diseases for the general population, by direct or indirect contact through vectors. The issue of health care waste can not be analyzed only in terms of the transmission of infectious diseases. Other factors must also be contrasted with regard to the issue of health care waste other than the transmission of infectious diseases, for example, worker health and environmental preservation, should be taken into account and these biosecurity concerns. It is believed that proper waste management can contribute significantly to reducing the occurrence of work-related accidents, especially those caused by sharps. In this way, the percutaneous exposure of health care workers to biological materials could also be reduced, a measure in the context of biosafety that would have great value for occupational health. (GARCIA, LP. ZANETTI-RAMOS, 2004).
second half of the XX century, considering that the new patterns of consumption resulting from industrialization have led to the increase in the generation of waste superior to the absorption capacity of the nature. (GESSNER, PIOSIADLO, FONSECA, LAROCCA, 2013).

Health facilities are not usually biosafety sites, and residues are identified in inadequate packaging, mixed with other classes and types, waste materials and large volumes of contaminated waste. The problems related to this issue are complex, requiring not only a conscious positioning, but, above all, willingness to collaborate in its resolution. The inadequate management of the RSS has caused serious implications for the environment and health of the professional, making it necessary that the subjects participating in these spaces have a more comprehensive vision to face this problem. (CORRÊA, LUNARDI, DE CONTO, 2007).

Each RSS group, according to its characteristics, must obey a determined flow of correct management, from its packaging to final destination. Waste from Group A must be packed in a white trash can with lid and pedal, a white milky bag marked "Residue Infectant". Its external packaging must be in a proper place, identified, whose transport must be carried out in a special way and by trained professionals. The treatment must be done by means of autoclaving and only after that can be deposited in a municipal landfill. Group B represented by the symbol of toxic substance, it should appear on the red background label, black outlines and outlines, written: "Chemical Waste", if applicable, add the inscription "Sharpened".

For the packaging the chemical compatibility between the products must be observed. Group C, represented by the symbol of radioactive substance, yellow background label, black outlines and drawing, inscription: "Radioactive Reject", indicating the main risk, name of the radioactive element, decay time, generation date and name of the generating unit. When characterizing sharps, keep: sharps, more infectious or chemical residue. Group D must be conditioned according to the guidelines of the local urban cleaning services, using waterproof bags.

Group E, sharps must be discarded separately, at the place of their generation, immediately after use or need for disposal, in containers, rigid, resistant to puncture, rupture and leakage, with a lid, properly identified. (GESSNER, PIOSIADLO, FONSECAR, LAROCCAL, 2013).

CONCLUSION

It is important to idealize the focus of the research, to improve the knowledge of the garbage collection professionals regarding biosafety in their workplaces, and also to point out the problems of inadequate management of solid waste from health services and the damages caused to the health of the worker. Emphasize the safety protocols for professionals in the use of personal protective equipment (PPE) to minimize the risks to the physical integrity of workers.

The monitoring of precautionary measures, carried out through the improvements in the knowledge about the classification of the RSS is fundamental for the professionals who work in the health area, knowing what is handled is a factor that transmits security to the involved, it is notorious the importance of the companies which provide lectures, training courses, training and training to its employees. Each internal protocol of a company follows a legislative and administrative regulation, wide disclosure of its standards and precautionary measures are favorable points to the professionals in which they are benefited and the improvements are visibly perceived by the contractor, the positive result is a promotion of less risks of compliance with the use of individual and collective equipment, correct management, the applicability of learning to professionals results in less aggravating the health of RSS collectors.

REFERENCES

INTRODUCTION: The problems involving the management and biosafety of solid waste from health services (SSR), formerly called hospital waste, are diverse and comprehensive, so we will focus only on three topics of relevance: the use of PPE (individual protective equipment), the classification of these SSR, and the form of management of the residues. Method: Characterized as a narrative literature review, with theoretical references taken from virtual databases (Scielo and BDNEF), projects and scientific articles, ordinances and resolutions referenced thematic: Biosafety, Handling, Solid Waste Health Service, Work safety. Results and Discussion: Keep professionals always up to date on standards, routines, classification, handling, as well as biosafety measures, thus minimizing possible work accidents. Conclusion: It is important to idealize the focus of the research, to improve the knowledge of the professionals of garbage collection regarding biosafety in their workplaces and also to point out the problems of the inadequate management of the solid residues of health services and the damages caused to the health of the workers, that behavioral attitudes be rethought, thus avoiding future harm to their health.

Keywords: Biosafety; Professionals; Hospital wastes; Handling.

ABSTRACT

Introduction: The problems related to incorrect handling and lack of biosafety related to SSR, with the specific objectives of: highlighting the use of PPE for the safety of professionals, improving knowledge about SSR classification, and relevance of proper handling. Method: Characterized as a narrative literature review, with theoretical references taken from virtual databases (Scielo and BDNEF), projects and scientific articles, ordinances and resolutions referenced thematic: Biosafety, Handling, Solid Waste Health Service, Work safety. Results and Discussion: Keep professionals always up to date on standards, routines, classification, handling, as well as biosafety measures, thus minimizing possible work accidents. Conclusion: It is important to idealize the focus of the research, to improve the knowledge of the professionals of garbage collection regarding biosafety in their workplaces and also to point out the problems of the inadequate management of the solid residues of health services and the damages caused to the health of the workers, that behavioral attitudes be rethought, thus avoiding future harm to their health.

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