

INEHSS High-Risk Dumpsite Surveillance Form

Section 1

This section identifies the reporting officer and the specific geographic location for GIS mapping

1. **Reporting Level:** State Sanitation Desk Officer | LGA Sanitation Desk Officer
Prompt
2. **State:** Drop-down list of 36 States + FCT
3. **Local Government Area (LGA):** Short Answer
4. **Officer Name & Contact Number:** Short Answer
5. **Dumpsite Name/Identifier:** Short Answer
6. **Site Coordinates (if available):** (Latitude/Longitude) *Note: This supports NASRDA's integration for GIS mapping*

Section 2: Site Characteristics

This section assesses the physical state of the environment and the intensity of the hazard

- **Primary Waste Type (Select all that apply):**
 - Municipal Solid Waste
 - Healthcare/Medical Waste
 - Industrial/Chemical Waste
 - Electronic Waste (E-waste)
- **Management Status:**
 - Controlled/Managed
 - Uncontrolled/Open Dumping
 - Abandoned Site
- **Evidence of Active Hazards (Select all that apply):**
 - Visible smoke or active burning (Air Pollution)
 - Strong, unusual odours or fumes (EBS Signal)
 - Visible leachate (liquid runoff) into soil or nearby water
 - Infestation (flies, rodents, scavengers)

Section 3: Population Exposure

This section identifies who is at risk and how they might be exposed

- **Estimated Distance to Nearest Residential Area:**
 - Less than 50 metres
 - 50–200 metres
 - 200–500 metres
 - Over 500 metres
- **Vulnerable Facilities within 500m (Select all that apply):**
 - Schools/Nurseries (Children at risk)
 - Healthcare Facilities/Hospitals

- Markets/Food Processing Hubs
- **Primary Exposure Pathway (Suspected):**
- () Inhalation (Smoke/Fumes)
- () Ingestion (Contamination of nearby wells/water points)
- () Dermal (Direct contact by scavengers or children)

Section 4: Reported Impacts

This section captures unstructured reports or "rumours" of health issues in the community

- **Have there been community complaints or "rumours" of the following?**
- Sudden respiratory issues/Coughing clusters
- Skin rashes or chemical burns
- Water-borne illness (Cholera/Typhoid) clusters
- **Documented Actions Taken (if any):** (e.g., Warning signs, fencing, community alerts)

Prioritization Criteria for Investigative Visits

The **INEHSS Coordination Hub** will use the following criteria to rank sites for immediate field investigation:

1. **Proximity to Vulnerable Populations:** Sites within 200m of schools or hospitals are assigned the highest priority
2. **Hazard Toxicity:** Sites containing **healthcare or industrial/chemical waste** are prioritized over general municipal waste
3. **Active EBS Signals:** Sites with reports of **active burning** (air pollution) or **sudden health symptom clusters** (Effect) trigger an immediate "Amber" or "Red" alert status
4. **Water Source Risk:** Sites located near **failing water standards** or shared water points are prioritized to prevent water-borne outbreaks
5. **Vulnerability Index:** Priority is given to sites in LGAs with high **poverty levels** or limited access to basic sanitation (Driving Forces), as these populations have an "impoverished ability to mitigate effects"

Analogy for Prioritization

Think of this surveillance as a **triage station** in a hospital. We cannot treat every scratch immediately, so we look for the "bleeding" (active burning/illness clusters) and the "most fragile patients" (children near the site) to decide where the specialists must go first