

## Alert Protocol

### Szent István University

#### University Dormitories

1. When moving in, the students shall fill in the "Risk Screening Questionnaire" included in this protocol. If the student answers yes to any of the questions, the student cannot move in.
2. **When the student resides in the dormitory, the student shall notify the doctor specified in Annex 3, the dormitory manager and the person in charge of students as soon as he/she experiences any symptoms of COVID-19** (most common: fever, fatigue, dry cough, less often: muscle pain, stuffy nose, runny nose, sore throat, diarrhoea, shortness of breath) **and shall be isolated from other students. The doctor will talk to the student by telephone and, if there is a suspicion of coronavirus infection, the doctor will take the necessary action.**
3. **If there is a COVID19 suspicion but no hospitalization is required, the student shall stay in the dormitory in the designated room in isolation (or travel home after proper travel arrangements (not public transport)).** If the student stays in the dormitory, the National Ambulance Service shall carry out the sampling for the test in the dormitory. The suspicious case will be notified to the district Public Health Department or the county emergency unit, which will give instructions about the following steps and to-dos in the event of a positive test (e.g. home quarantine, testing of contact persons, etc.).
4. **If there is a suspicion of COVID19 and hospitalisation is necessary, the Student shall stay in his room in an isolated way until the ambulance arrives.** The healthcare professional shall be provided with all assistance and, if necessary, communication shall be assisted.
5. **The dormitory management shall notify the Director of the University Dormitories of the case, who shall notify the senior management of the University and the student's relative.**
6. **The dormitory manager shall notify if necessary and assist the Public Health Department in order that it can search for contacts.** (Contact of the person infected with COVID-19 is any person who does not currently show symptoms but has been in contact with or may have been in contact with a COVID-19 patient during the period of symptoms and within 2 days prior to the onset of symptoms.)
7. **The contacts shall also be isolated until a decision is made by the Public Health Department.**
8. **The room of suspected students and the rooms used during quarantine shall be disinfected immediately.**

**Risk Screening Questionnaire for entering and staying at the dormitories of a higher education institution**

The purpose of using the risk screening questionnaire is to minimise the risks of Covid-19 infection and to protect the university community in the spirit of taking social responsibility. Considering this purpose, please kindly respond to the questions below.

If you respond 'yes' to any of the questions, you are strongly advised to take a Covid (PCR) test. The questionnaire needs to be signed by the person who is allocated a dorm space / hostel room, and should be handled as a separate attachment along with the contract / hostel registration form, according to the GDPR.

**Aware of my legal responsibility, I attest to the verity of the above statements. I acknowledge that, in the case of my statements being untrue, I take on all responsibility and disadvantageous legal consequences. I accept that the University may, in this case, terminate my eligibility (contract) for dormitory placement immediately and one-sidedly.**

1	Have you experienced in the past three days a newly acquired	yes	no
	elevated temperature or fever (37,5 C)		
	headache, feeling unwell, weakness, muscle pain;		
	dry cough, dyspnoea, hampered respiration, hyperventilation;		
	sore throat, loss of the sense of smell and taste,		
	nausea, vomiting, diarrhea?		
2	Have you been in contact with anyone documentedly infected with Covid-19 in the past 14 days?		
3.	Have you been in contact with anyone who was officially quarantined due to a suspicion of Covid-19 infection?		
4.	Have you been abroad or hosted a guest from abroad within the past 14 days?		
	If yes: Where? / Where did they come from?		
5.	Have you been in contact with anyone with a fever, a cough, or hampered respiration in the past 14 days?		
6	Have you been in hospital, a retirement home, a medical institution in the past 14 days, have you been in contact who has been in hospital?		
7	Have you done any volunteer work as a caretaker, helper, or nurse?		

date:.....

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NAME in capital letters and Neptun login name

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signature