

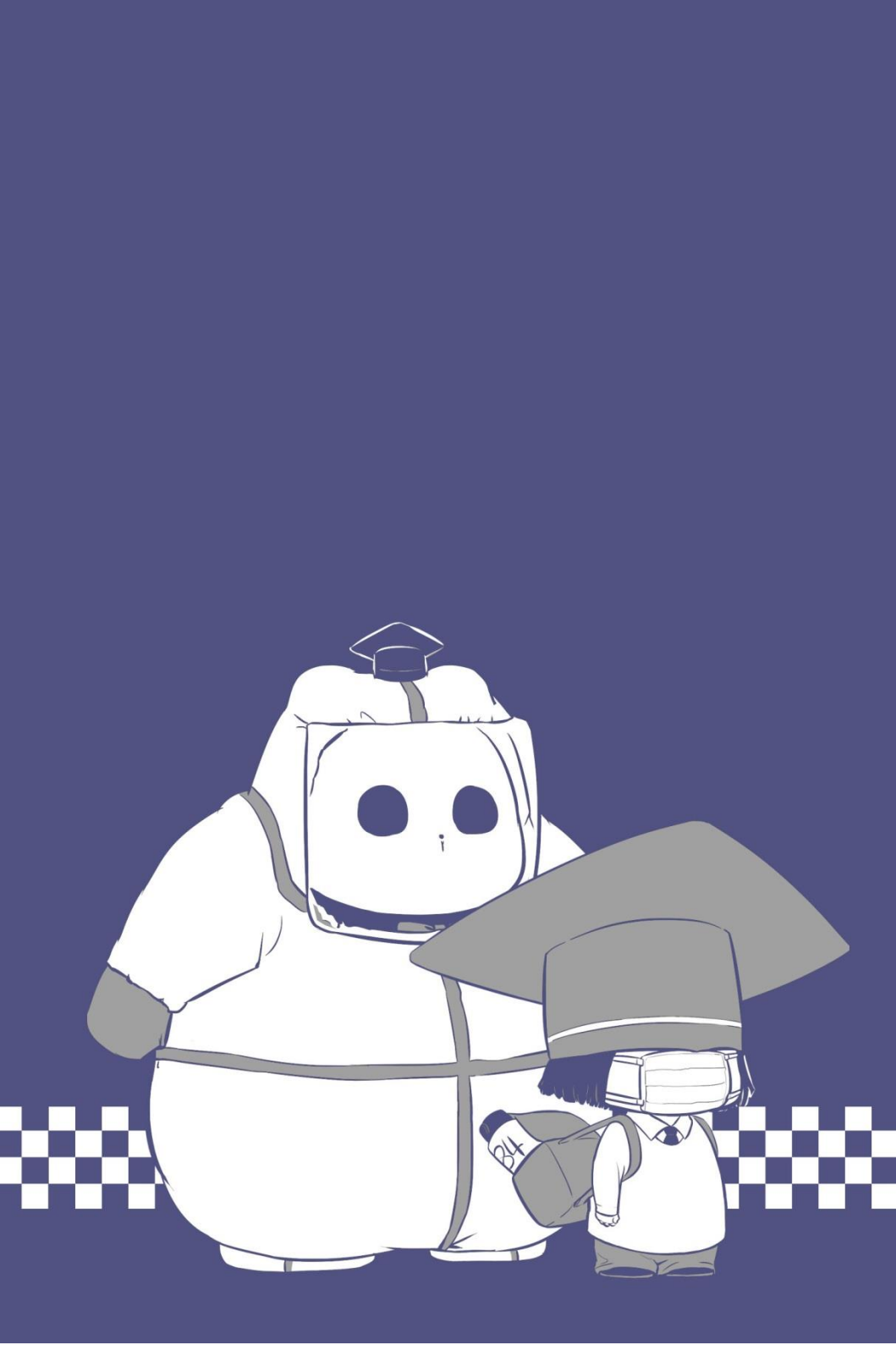
Overseas students

Guide to the prevention and control of COVID-19

Studying Abroad Safely, Ministry of Education



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I. About COVID-19

① Novel Coronavirus (COVID-19)

The coronavirus belongs to the family Coronaviridae. It is a single-stranded RNA virus that can be transmitted between animals and humans. It can be divided into four genera: α , β , γ and δ . Most coronaviruses are pathogenic to humans and animals. α and β coronaviruses mainly infect humans and mammals, while γ and δ coronaviruses mainly infect birds.

The novel coronavirus is a new β virus (see Figure 1 for the ultrastructure). Gene sequence alignment shows that the virus has more than 79.5% homology with the SARS coronavirus (SARS-CoV) which caused the SARS epidemic in 2003. The World Health Organisation (WHO) has announced that the disease caused by the virus is called “COVID-19” (Coronavirus Disease 2019), and the National Health Commission of the People’s Republic of China has named the pneumonia caused by the novel coronavirus as “COVID-19”.

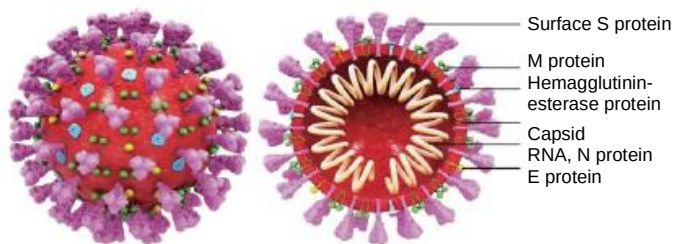


Figure 1 Ultrastructural Diagram of COVID-19

There are four kinds of protein on the surface of the virus, among which the spike protein (S protein) makes it look like a crown or corona, so the virus is named “novel coronavirus”.



I. About COVID-19

② Sources of infection of COVID-19

“Sources of infection” refers to humans and animals who have pathogens in their bodies that survive, reproduce and are excreted. Sources of infection includes patients, recessive infection (asymptomatic infection), pathogen carriers and infected animals.



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③ Routes of transmission of COVID-19

The route of transmission is the process by which pathogens are excreted from a source of infection and reach and invade new susceptible hosts through a certain mode of transmission. The transmission of COVID-19 accords with the characteristics of human-to-human transmission, meaning that COVID-19 can be spread quickly through community and family gatherings. The genomic sequences of viruses isolated from multiple patients with family aggregation infection are highly consistent, suggesting that they have the same origin. The epidemiological data shows that the population is generally susceptible, with elderly people and patients with underlying diseases in more serious condition after infection.

COVID-19 is an infectious disease of the respiratory system, and the main channels of virus invasion are the respiratory tract and conjunctiva. Currently, it is determined that the routes of transmission of COVID-19 are as follows:

1. **Droplet transmission** Droplets produced by coughing, sneezing, talking, etc. enter the mucosal surface of the susceptible person.
2. **Contact transmission** Touching the mouth, nose or eyes after contact with objects contaminated by pathogens leads to the spread of the virus.
3. **Aerosol transmission** There is a possibility of aerosol transmission in relatively closed environments where people are exposed to high concentrations of aerosols for a long time, such as medical places.



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④ Incubation period of COVID-19

The incubation period of the infectious disease refers to the time from infection to the onset of symptoms. The incubation period is the most important basis for determining the duration of medical observation and isolation and quarantine for close contact.

The incubation period of COVID-19 lasts 1–14 days, mostly 3–7 days. Accordingly, the medical observation period of close contact was set at 14 days (Figure 2).

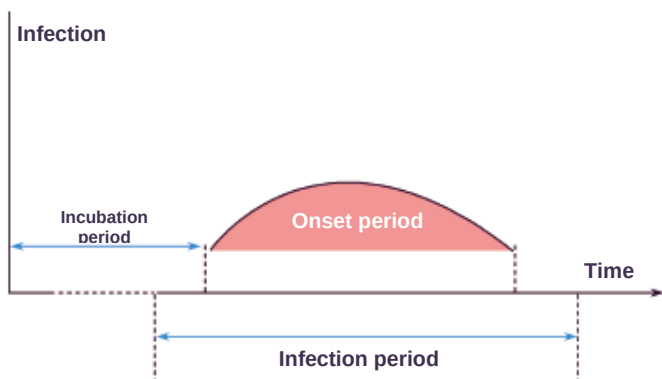


Figure 2 Schematic Diagram of COVID-19 Infection

The incubation period lasts 1–14 days, and the virus is also contagious during the incubation period and recovery period.



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⑤ Asymptomatic infection and super-spreaders of COVID-19

The asymptomatic infection of COVID-19 refers to patients who have no clinical symptoms, but whose respiratory tract and other specimens are found positive in the COVID-19 etiological test, and who are mainly found through the investigation of the aggregated epidemic situation and the tracking of sources of infection. Asymptomatic infection has strong concealment and is one of the most important sources of infection.

A “super-spreader” is a professional term of epidemiology which generally refers to those with strong infectivity. Compared with ordinary infected people, super-spreaders spread the virus faster and wider, and can infect dozens or even hundreds of people in a short period of time. The emergence of super-spreaders is related to the immune status of the population, viral load, virulence of the virus, underlying diseases of patients, co-infection and protective measures of contacts. There is no systematic epidemiological evidence on whether there are super-spreaders of COVID-19. On February 12th, 2020, it was reported that a Briton had been infected in Singapore and then went to France and the UK, infecting at least 11 people.



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⑥ Close contacts of COVID-19

According to the *COVID-19 Prevention and Control Plan (Fifth Edition)*, close contacts of COVID-19 (referred to as “close contacts”) refers to those who do not take effective protection and have close contact with suspected and confirmed carriers (within one meter) starting two days before the onset of symptoms in suspected and confirmed carriers, or two days before the sampling of asymptomatic infected persons. Specific contact situations are as follows:

1. Persons living, studying or working with suspected and confirmed carriers, or other persons who have close contact, such as working closely, using the same classroom or living in the same house.
2. Medical staff who carry out diagnosis, treatment, nursing and visits for patients, and family members or other persons who have similar close contact with patients, such as persons visiting patients in a confined environment or staying for a certain time, other patients in the same ward and their accompanying personnel.
3. Persons who share the same means of transport and have close contact with patients and asymptomatic carriers, including nursing personnel, fellow passengers (family, colleagues, friends, etc.) in vehicles, or other passengers and crew who are likely to come into close contact with carriers and asymptomatic carriers after investigation and assessment.
4. Other personnel who are assessed to meet the criteria for close contact after investigation by the on-site investigators.



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Determination of close contacts in vehicles

1. **Plane** In general, in a civil aircraft cabin, all passengers in the three seats on both sides in the same row of a carrier's seat and three rows of seats in the front and rear, as well as the crew providing cabin services in the above-mentioned areas, are close contacts. Other passengers on the same flight are general contacts, as well as all personnel in the cabin of a civil aircraft without a high-efficiency particulate filter and other persons known to be in close contact with carriers.
2. **Railway passenger train** In a fully enclosed air-conditioned train, all passengers in hard seat, hard berth or soft berth compartments in which a carrier is located; in a non-closed ordinary train, passengers in the same soft sleeper compartment or the same hard seat (hard berth) compartment and adjacent seats, as well as attendants serving the areas and other persons known to be in close contact with the carrier.
3. **Automobile** All personnel in the same bus as a carrier in a fully sealed air-conditioned bus; passengers and drivers in the front and back of three rows of seats from where the carrier is located on a ventilated ordinary bus and other persons known to be in close contact with the carrier.
4. **Ship** All personnel in the same compartment where the carrier is located and the crew providing services to the compartment.



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7 Survival period of COVID-19 in air, clothing and water environments

COVID-19's survival outside the human body is related to many factors. COVID-19 can survive in droplets, but not alone in the air for a long time. COVID-19 can survive in a dry, cold environment for about 48 hours. The higher the ambient temperature, the shorter the survival time of the virus, and the virulence of the virus decreases significantly after about two hours in air at room temperature (Figure 3).

Ambient	Temperatur	Survival
Air 	20°C	2 hours – 2 days 
Wood chip 	24°C	4–6 hours 
Sewage 	20°C	2 days 
Ultraviolet (UV) 	–	< 60 minutes 
High temperature 56°C 	–	< 30 minutes 
75% ethanol 	–	< 2 minutes 
0.05% sodium hypochlorite 	–	< 2 minutes 

Figure 3 Approximate Survival Time of COVID-19 in Different Environments

Currently, scientists' understanding of COVID-19 is relatively limited, and most of their understanding of its physical and chemical properties comes from the study of its “relatives” SARS-CoV and MERS-CoV. SARS-CoV can survive for 4–6 hours on simulated contaminated soil, filter paper and cotton cloth, while it can survive on a simulated



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contaminated smooth glass sheet, stainless steel sheet and plastic sheet for at least two days. It maintains strong infectivity after two days in contaminated tap water.



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⑧ Judgement of COVID-19's epidemic trend

The current diagnostic method for COVID-19 is not perfect, and there is no vaccine or specific drug treatment, so it is impossible to accurately judge its epidemic trend for the time being. However, as a viral respiratory infectious disease, its potential epidemic trend is nothing more than the following three possibilities:

1. The spread of the virus will be controlled through the use of public health measures: COVID-19 has similarities with the outbreak of SARS in 2003, and their pathogens are both coronaviruses. Chinese and international health and epidemic prevention agencies effectively controlled the spread of SARS-CoV through a variety of public health measures, and the epidemic basically disappeared after 2004. Today, the SARS virus still exists in animals, but there are no reports of transmission to humans.
2. After infecting all or most susceptible people, the virus will self-dissipate: assuming that the public epidemic prevention mechanism fails to effectively extinguish the epidemic, the virus spreads and infects most susceptible people, the population generally gains immunity after infection and the virus loses living space and dissipates itself. In this process, it is not ruled out that a large number of people get sick or even die in a situation similar to the 1918 influenza pandemic disaster.
3. COVID-19 may become a common virus and become the new normal: as COVID-19 is infectious and has infectivity and recessive infection during the incubation period, it is difficult to prevent and control the epidemic situation. COVID-19 may evolve into a common virus and become the new normal. This was



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the case with the new H1N1 influenza virus in 2009, which did not disappear after a worldwide pandemic that killed about 300,000 people, but became a common virus during the flu season.



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④ The World Health Organisation and Public Health Emergency of International Concern

The World Health Organisation (WHO) is the guiding and coordinating body for health issues within the United Nations system. It is responsible for setting the global health research agenda, norms and standards, and providing countries with technical support.

Public Health Emergency of International Concern (PHEIC) released by WHO refers to “an extraordinary event constituting a public health risk to other states through the international spread of disease; and potentially requiring a coordinated international response”. PHEIC was evaluated and determined by the WHO Emergency Committee composed of international experts according to *International Health Regulations 2005* (IHR 2005).

Since 2009, there have been a total of six PHEIC events, namely the 2009 H1N1 influenza pandemic, 2014 polio outbreak, 2014 Ebola outbreak in West Africa, 2015–2016 Zika virus outbreak, 2018–2019 Congo Ebola outbreak and the COVID-19 outbreak announced on January 31st, 2020. These events are temporary and need to be reviewed every three months.



II. Guidelines on personal protection

① Basic common sense

1. **Wash your hands frequently** Wash your hands as soon as you return from outside, before meals, after defecating, after covering your mouth and nose when coughing and sneezing, after touching dirt, etc. Wash your hands with running water and apply soap or hand sanitizer. Follow the “seven steps” to wash your hands (see Appendix 2 for correct hand washing methods).
2. **Frequent disinfection and ventilation** Use effective disinfectants correctly which have been approved by the national health (disease control) department.
3. **No gathering in crowd** During the epidemic period, try to avoid going out or going to crowded places; avoid going to enclosed or unventilated public places.
4. **Regular life habits** Keep a healthy lifestyle and a balanced diet, and do not overeat, smoke or overdrink. Strike a proper balance between work and rest. Do not stay up late, and keep regular hours. Maintain moderate exercise and balance it with proper rest.
5. **Wear a mask** According to the requirements of national epidemic prevention and control laws and regulations, please wear a mask when going out to public places (including classrooms, meeting rooms, offices, gyms, canteens, libraries, etc.) and taking public transport (see Appendix 1 for how to select, wear and remove masks correctly).



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2 Prevention at home

1. Disinfection and cleaning to prevent transmission

Wash your hands right away after coming home from outside; wipe and disinfect door handles, light switches, mobile phones and keys with alcohol; clean coats, shoes and items taken home from outside, and put them in ventilated places; wipe or spray the floor, wall and toilet with disinfectant containing chlorine.

2. Keep a balanced diet to strengthen your immune system

Keep regular dining hours and amounts; eat various kinds of food, including coarse grains, flour and rice; do not eat wild animals; drink small amounts of boiled water frequently; disinfect tableware by boiling them.

3. Maintain a good mentality to improve health

Ensure sufficient sleep every day; keep in touch with parents, friends and teachers; talk with family and friends in time about worries and troubles, and learn to relax.

4. Maintain moderate exercise to strengthen your body

Maintain moderate exercise every day; open windows and ventilate 2–3 times a day for at least 30 minutes each time; keep warm when ventilating.



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3 Prevention in public places

1. **Canteens** Stay at least 1 meter away from others when queuing for food. It is suggested that you should bring your own tableware, pack your food and leave so as to reduce crowd density in the canteen. If you eat inside a canteen, try to keep 1 meter away from others and sit alone; do not sit face-to-face, and avoid unnecessary talk or splashing.
2. **Libraries** You are encouraged to search for electronic books online. If you need to look for books in a library, it is recommended that you wear disposable gloves and a mask, sit at least 1 meter away from others and minimise the time of staying.
3. **Supermarkets/stores** If you need to shop, choose supermarkets and stores with good ventilation and a relatively small flow of people, and try to avoid crowded areas. Before shopping, make a list; buy enough in one time to reduce your number of visits; do not wander around or chat in supermarkets and stores; shorten your shopping time. Follow the “seven steps” to wash your hands after returning home.
4. **Public lifts** It is suggested that you should take the stairs. If you need to take a lift, wear a disposable mask and avoid using crowded lifts; try to maintain distance from others in the lift and avoid contact. Do not touch the lift buttons with your fingers directly. If you touched the buttons, do not touch your mouth, eyes or nose; wash your hands in time or wipe them with alcohol disinfectant.



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⊕ Prevention on public transport

1. Try to reduce your use of public transport, and take such means as walking, cycling or self-driving.
2. Wear masks during the whole journey on a train or plane. Try to avoid crowded places and do not stop for too long on the way. Cooperate with the staff for temperature detection and shorten the waiting time for flights or vehicles. Pay attention to surrounding passengers and avoid close contact with suspicious people. Report to the crew staff in time if you discover anyone with suspicious symptoms. Keep your travel tickets for possible examination.
3. When taking a taxi, if the natural temperature, driving speed and other conditions allow, try turning off the air conditioner and opening the window for ventilation. Wear a mask and reduce communication throughout the journey; cover your mouth and nose with a tissue or elbow when coughing or sneezing.



II. Guidelines on personal protection

① Personal hygiene and protection

1. **Hand cleaning** Manicure your nails, do not wear rings or other accessories, reduce contact with public items and facilities, and keep your hands clean at all times. Follow the “seven steps” to wash your hands with soap or hand sanitizer. If the situation does not allow, use hand gels containing alcohol.
2. **Facial cleaning** It is suggested that you should clean your face after coming home from outside, after coughing or sneezing while covering your mouth with your hand or mask, or after contacting with suspected or confirmed COVID-19 patients.
3. **Hair cleaning** Long term direct exposure to the air increases the possibility of the virus being attached to the hair. If the exposure time is long, it is suggested that you should tie up long hair and wear protective headgear if necessary to reduce the exposure risk. If you go out, it is suggested that you should wash your hair with shampoo at least once a day.
4. **Shower cleaning** Take a shower promptly after visits to crowded places or contact with suspected or confirmed COVID-19 patients. Shower with running water; during the epidemic period, the showering time and frequency should be increased.
5. **Skin disinfection** Disinfect your skin after skin cleaning; use an alcohol-based hand rub or 75% ethanol. Allow the disinfectant to act on the skin surface for five minutes or wait for the disinfectant to dry completely and naturally to achieve the purpose of disinfection.



II. Guidelines on personal protection

Appendix 1 Method for Choosing Types of Mask and How to Wear and Remove them Correctly

1. Types of mask (Figure 4): medical protective mask (GB19083), particle filtering protective mask (GB19083, N95/KN95 etc.), surgical mask (YY0469), disposable medical mask (YY/T0969), common masks made of cotton yarn, activated carbon and sponge.



Sponge mask



Cotton mask



Disposable medical mask



Particle filtering protective mask



Medical protective mask



Surgical mask

Figure 4

2. How to choose a mask: ① Workers in crowded places, people living in isolation at home and those who live with them are suggested to wear surgical masks as they have a medium risk of exposure. ② People in stores, supermarkets, transport vehicles, lifts and other crowded places, and students gathering for study and activities on campus, are suggested to wear disposable medical masks as they have a relatively low risk of exposure. ③ People in dormitories, outdoor open places and workers in well-ventilated workplaces have a low risk of exposure. They can choose not to wear masks or wear non-medical masks such as masks made of cotton yarn, activated carbon, sponge, etc.



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3. How to wear a mask: Before wearing a mask, strictly follow the “seven steps” to wash and dry your hands. Ensure the waterproof dark side of the mask faces outwards. The edge with a mental strip should be on the top. If you are using a mask with bands, tie the upper band around crown of your head, and the bottom band around the back of your neck. If you are using a mask with ear loops, put the loops around your ears. The mask should cover your mouth, nose and jaw entirely. Use both your index fingers to pinch the mental strip around the bridge of your nose and make sure there are no gaps between your face and the mask. Pay attention not to touch the inside of the mask when you put it on.

4. How to take off a mask: When wearing a mask, try not to touch it. Do not let it hang under your neck or put it in your pocket for reuse. When taking off a mask, do not touch its outside (the contaminated side). If the mask has bands, untie the bottom band first before untying the upper band. If the mask has ear loops, take off both loops at the same time. Hold the bands of the mask with your fingers and discard it in a trash can or medical waste container. Wash your hands with soap or wipe your hands with alcohol immediately after taking off the mask.



II. Guidelines on personal protection

Appendix 2: How to Wash Your Hands



1
Rub one of your palms against the other



2
Interlace your fingers and rub the back of your hand with your palm, then switch hands



3
Interlace your fingers and rub one of your palms against the other



4
Clasp your hands facing together and rub the back of your fingers



5
Rub your palms with your fingertips, then switch hands



6
Clasp one hand around the other hand's thumb and rub it, then switch hands



7
Use one hand to rub the wrist, forearm and elbow thoroughly, then switch hands

NOTE

1. Repeat each step at least five times
2. Use special hand sanitizer if possible
3. Wash your hands with sufficient force
4. Use running water
5. Use disposable tissues or disinfected towels to dry your hands

Figure 5 Seven Steps for Washing Hands

How to remember the steps: “in and out, cross and bend, tip, thumb and wrist”, referring to the palms, back of the hands, interlacing fingers, bending fingers, fingertips, thumbs and wrists.

① How is the risk of being infected with COVID-19 determined?

1. **According to historical epidemiology** Have you travelled or lived in a case-reported area in the past two weeks? Have you had contact with persons infected with COVID-19 in the past two weeks? Have you been exposed to persons with fever or respiratory symptoms from case-reported areas in the last two weeks? Is it a cluster?
2. **According to the symptoms** The most common symptoms of COVID-19 are fever, fatigue and a dry cough. Some patients may have nasal congestion, runny nose, sore throat or diarrhoea. If your body temperature exceeds 37.3°C, but you have no clear epidemiological history and no other symptoms, you can observe your symptoms at home or visit a nearby hospital according to the requirements of your country, and continue to observe your changes in body temperature. If your condition worsens, further examinations should be conducted.

② Differences between COVID-19 and the common cold and influenza

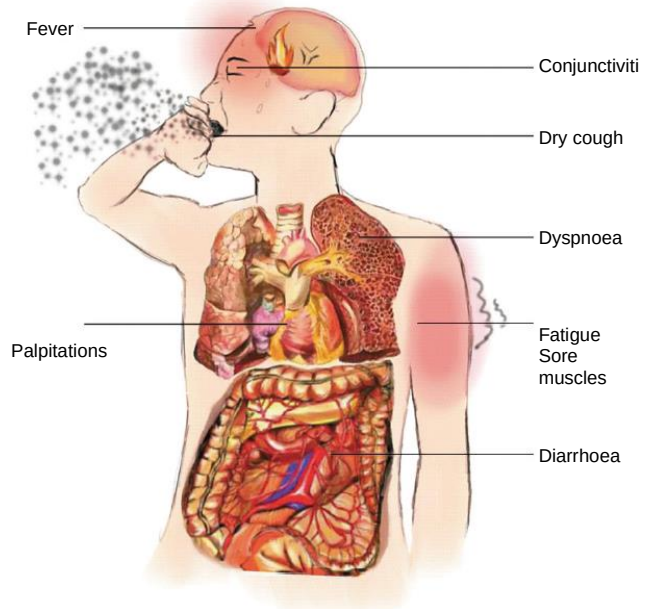


Figure 6 Common Clinical Manifestations of COVID-19 Patients

Differences between COVID-19 and common cold and influenza

	Respiratory symptoms	Constitutional symptoms	Other
Common cold	Conscious of severe upper respiratory symptoms; nasal congestion, runny nose, sneezing	Mild; no obvious general discomfort	Physical strength and appetite are basically normal
Influenza	Quick onset, severe symptoms and rapid progression; may spread to both upper and lower respiratory tracts, and may cause pneumonia	Often accompanied by fever up to 39°C; obvious headache, joint pain, muscle soreness	Fatigue, lack of appetite
COVID-19	Mainly a dry cough, some patients have nasal congestion, runny nose,	Mostly mild or moderate fever	Fatigue is the common symptom and is sometimes accompanied

	sore throat, etc.; in severe cases, dyspnoea often occurs a week later		d by diarrhoea
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③ **Guidance on seeking medical attention for COVID-19**

If you have suspicious symptoms, seek medical attention as soon as possible according to the outbreak prevention requirements of the country. If you go to the hospital by yourself, try to choose relatively independent ways of transportation such as driving, cycling, walking, etc., and avoid taking public transportation. Keep the windows open on the way to the hospital, wear a mask at all times and always be careful about your hand hygiene. Stay as far away from others as possible (over one meter) while on the road and in the hospital. If the vehicle is contaminated on the road, it is recommended to use a chlorine-containing disinfectant or peracetic acid disinfectant to disinfect all surfaces contaminated with respiratory secretions or bodily fluids.

When seeking medical treatment, you should truthfully describe your disease situation and your course of seeking medical care. In particular, you must inform the doctor of your recent travel and residence history, contact history with COVID-19 patients or suspected carriers, contact history with animals, contact history after the symptoms occurred, etc. Be sure to actively cooperate with doctors in conducting various investigations and examinations.

➊ Clinical manifestations of COVID-19

The main clinical manifestations are fever, dry cough and fatigue. Some patients may have nasal congestion, runny nose, sore throat, muscle soreness or diarrhoea. Seriously ill patients often develop difficulty breathing and/or hypoxemia after one week. In severe cases, these symptoms can quickly progress to acute respiratory distress syndrome, septic shock, metabolic acidosis and coagulation dysfunction which are hard to correct, multiple organ failure, etc.

It is worth noting that some severely or critically ill patients may have moderate or low-grade fever during the course of disease, sometimes even without an obvious fever. Mild patients only show signs of low fever and mild fatigue, with no pneumonia. According to current cases, most patients have a good prognosis, and a few patients become critically ill. The elderly and those with chronic underlying diseases have a poor prognosis. In children, the symptoms are relatively mild.

⑤ Severity of COVID-19

1. Mild:

The clinical symptoms are mild and no signs of pneumonia are found in imaging.

2. Common:

The clinical symptoms include fever, respiratory ailment, etc. Signs of pneumonia are found in imaging.

3. Severe:

Patients who meet any of the following conditions

- ① Shortness of breath, $RR \geq 30$ times/minute;
- ② In resting state, oxygen saturation is $\leq 93\%$;
- ③ Partial pressure of oxygen (PaO_2)/fraction of inspired oxygen (FiO_2) $\leq 300\text{mmHg}$ ($1\text{mmHg} = 0.133\text{ kPa}$).

At high altitudes (above 1,000 m), PaO_2/FiO_2 should be corrected according to the following formula: $PaO_2/FiO_2 \times [\text{atmospheric pressure (mmHg)}/760]$. Patients with pulmonary imaging showing significant progression of lesions ($> 50\%$) within 24–48 hours are treated as severe patients.

4. Critical:

Patients who meet any of the following conditions:

- ① Respiratory failure occurs and mechanical ventilation is required;
- ② Shock is developed;
- ③ Multiple organ dysfunction syndrome is developed and ICU monitoring and treatment are required.



IV. Mental health guidelines for overseas students during the epidemic

① Common psychological stress responses to COVID-19

The COVID-19 outbreak has disrupted our lives. This stressful situation can easily lead to a variety of psychological stress responses, the more common of which include:

1. **Anxiety** You may be agitated, irritable and prone to anger, afraid of being infected, worried about affecting your studies or even lose sleep.
2. **Depression** You may be depressed, find it especially easy to cry and begin to lose interest in other things in life.
3. **Compulsive disorder** You may repeatedly wash your hands, repeatedly clean your household belongings, compulsively pay attention to epidemic information or constantly refresh the news.
4. **Hypochondria** Any symptoms similar to COVID-19 are “self-diagnosed” as COVID-19; even if the test results are normal, you do not believe it, leaving you in a state of panic all day long.

You may also experience chest tightness, sweating, palpitations, nausea, gastrointestinal discomfort, poor appetite, frequent urination and other physiological stress responses.



IV. Mental health guidelines for overseas students during the epidemic

2 Guidance on psychological stress responses to COVID-19

In the face of such major public health events as COVID-19, everyone will have stress responses to varying degrees, which is also an adaptive response of individuals in the face of major changes or threats. A moderate stress response helps us to remain vigilant, mobilise our resources and enhance our adaptive capacity to deal with the epidemic crisis. However, if these emotional, cognitive and somatic symptoms are too strong and lasting, normal life will be affected. If you have a psychological stress response, you can use the following methods for self-adjustment.

1. Seek formal information release channels and pay appropriate attention to epidemic information. Paying attention to the news released by official and formal channels, and understanding the development trend of the epidemic can help us to resist the sense of being out of control. If we read messages with negative emotions repeatedly, this can easily cause “vicarious trauma “ (the psychological discomfort caused by individuals who have not directly experienced traumatic events, but are indirectly exposed to traumatic events) which consumes our psychological energy. If reading these messages makes you uncomfortable, you should take the initiative to stop, then use your knowledge to rationally analyze the reliability of the information and protect yourself from negative emotions. Meanwhile, you should pay more attention to positive publicity reports from which you can draw positive energy to overcome the epidemic.



IV. Mental health guidelines for overseas students during the epidemic

2. Learn about the disease. You should systematically and comprehensively learn about COVID-19 prevention and control to more effectively alleviate your panic and anxiety, and better protect yourself or take care of sick relatives.

3. Accept your emotions. You should accept your negative emotions such as fear, anxiety and depression in the face of the epidemic. You should realise that a moderate emotional response is a “self-protection” mechanism which can help us deal with the epidemic, keep us alert to the it and strengthen our self-protection and preventive measures.

4. Adjust your unreasonable thoughts and strengthen your confidence in defeating the epidemic. In the face of crisis, people tend to pay attention to the negative aspects of the event due to narrowed or selective attention, and are apt to have unreasonable thoughts and artificially magnify the adverse consequences of the event. You should fully assess the impacts of the event, both positive and negative. For example, the epidemic may endanger our health, but it may also be an opportunity to improve our public health policies and get rid of bad eating habits. You should strengthen your confidence in overcoming the epidemic. Firm belief is the “spiritual cure” for defeating the virus.

5. Maintain a normal rhythm of life. You can maintain a healthy routine by making a life plan, exercising every day and making use of all kinds of network resources to learn in a planned way and constantly enrich yourself.

6. Actively communicate with relatives and friends, and carry out peer psychological assistance in various forms. You can contact your relatives,



IV. Mental health guidelines for overseas students during the epidemic

friends, classmates and teachers remotely to express your emotions and concern, exchange common interests, recall past happy experiences, make plans for after the epidemic, etc., and thus gain psychological energy through interpersonal communication.

7. Protect yourself and help others. Doing valuable and constructive work can help improve your sense of self-worth and self-confidence in dealing with stress. While carrying out self-protection, you can help and care for the people around you, such as helping to purchase materials, using your own knowledge to help relatives and friends identify the reliability of information, comforting and encouraging anxious relatives and friends, etc., thereby accumulating positive energy in the heart in the process of helping others.

8. Seek professional psychological help at the right time. Certain foreign government departments, foreign universities and many professional institutions provide free psychological assistance services such as psychological hotlines or online counselling services. If you find it difficult to adjust to your psychological problems by yourself, you should take the initiative to turn to the school's mental health education and counselling centre or professional institutions for help. If you have serious psychological problems, you should go to the hospital.

Students with existing anxiety disorders, depression or a family history of mental illness may face a higher risk of psychological imbalance, which should be given more attention by schools and parents.



IV. Mental health guidelines for overseas students during the epidemic

3 Psychological guidance commonly used in epidemic prevention and control periods

Some effective psychological counselling methods can be used to relieve physical and emotional tension. Here are four common and easy-to-learn psychological counselling methods.

1. **Positive imagination method** You can proactively enter a state of meditation, imagine quiet and beautiful scenery, such as forests, streams and other vibrant scenes, associate these positive contents with yourself and realise that the future is still full of hope, as though your body and mind are gradually cleaned, dispelling the shadow in your heart and filling it with sunshine. You can use the positive imagination method twice a day, 10–15 minutes each time.

2. **Relaxation exercise** This is actually a process of the gradual tension and relaxation of the muscles of the whole body. You can use the tension and relaxation exercise on your hands, upper limbs, head, lower limbs and feet in turn so as to achieve the goal of relaxing your whole body and learn how to maintain the feeling of relaxation.

■ First, relax your arms. Take one or two deep breaths, take a deep breath, hold for a while, then exhale slowly. Next, stretch out your forearms, clench your fists, appreciate the feeling of your hands; try your best to relax your hands and experience the feeling of relaxation and warmth, and repeat; then bend your arms, tighten the muscles of your arms, feel the tension of your arms, relax thoroughly, experience the feeling of relaxation, and repeat.

■ Second, relax your feet. Tighten your toes and hold them for a while, then relax your feet thoroughly, and repeat; relax your calf muscles: push your toes up, heels down, press back, tighten your calf muscles, hold for a while, relax thoroughly, and repeat; relax your thigh muscles: press your heels forward and downward, tighten your thigh muscles, hold for a while, relax thoroughly, and repeat.

■ Finally, relax your head. Wrinkle your forehead muscles, hold for about 10 seconds, then relax thoroughly for 5 seconds. Close your eyes tightly for 10 seconds, then relax thoroughly for 5 seconds. Turn your eyeballs counterclockwise, speed up, then turn clockwise, speed up, and finally stop and relax for 10 seconds. Clench your teeth for 10 seconds, then relax thoroughly for



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5 seconds. Press your tongue against your palate with force and relax thoroughly after 10 seconds. Press your head back hard, stop for 1 second and then relax for 5 seconds. Tighten your chin, tighten inward with the neck, hold for 10 seconds and relax thoroughly. Repeat the head relaxation exercise.

3. **Mindful walking** Even if you walk in a smaller space at home, use your senses to experience your surroundings: use your eyes to observe home furnishings such as green plants, listen to the wind and birdsong outside the window, quietly listen to your breath and feel the sensation of treading on the ground with every step. You can fully mobilise your senses and establish an emotional connection with the things around you, which can help us draw our attention back to the present and enjoy the moment.

4. **Keeping a diary of gratitude growth** If you feel small and powerless, try to recall successful experiences of overcoming difficulties and dealing with stress by writing a diary, which can improve your self-confidence in dealing with anxiety and stress, and help you regain your sense of control over life. Meanwhile, being grateful for the beautiful people and things around you can help fill your heart with positive thoughts and emotions, and prevent anxiety and panic from coming in.



Special reminder

Currently, the COVID-19 epidemic continues to spread around the world, and the WHO has declared that “the COVID-19 epidemic constitutes a global pandemic”. As of March 11th, Beijing time, 114 countries and regions other than China have reported confirmed cases.

Study Abroad Safely of the Ministry of Education specially reminds overseas students to pay close attention to the development and changes of the epidemic situation in your host countries, enhance your awareness of safety prevention, cooperate with local government epidemic prevention and control measures, strengthen daily scientific protection and make corresponding arrangements for your studies and lives in accordance with the requirements of your overseas universities.

If you find a suspected illness or related symptoms of infection, you should promptly go to the doctor and truthfully inform the doctor of the facts of your infection and onset so as not to delay treatment. For assistance, please contact the Chinese Embassy and Consulate or call the Global Emergency Call Centre for Consular Protection and Services of the Ministry of Foreign Affairs (24 hours).

Global Emergency Call Centre for Consular Protection and Services of the Ministry of Foreign Affairs

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Wishing all overseas students health and safety!

Safety and health represent the top priority of studying abroad!



Studying abroad safely, Ministry of Education
To study abroad, safety comes first.

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