



Updated Guidelines for Visitation

These visitation guidelines apply to nursing homes and community residential care facilities.* Residents of these facilities, as well as their families and friends, benefit emotionally, mentally, and physically from visitation with loved ones. DHEC continues to align our guidelines with the most recent [CMS visitation guidance](#) and [CDC guidance for COVID-19 in nursing homes](#). These DHEC guidelines supersede all previous versions of the DHEC visitation guidelines.

All facilities are required to allow visitation. Compassionate care visits continue to be required at all times, and include residents suffering mental, physical, and emotional decline due to prolonged separation from loved ones. Outdoor visits, window visits, and virtual visits also remain permitted in all scenarios, though the outdoor visits may be hindered by weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status). Compassionate care visits, outdoor visits, window visits, and virtual visits do not relieve facilities of the obligation to allow indoor visitation at all times and for all residents in accordance with these guidelines.

*DHEC recommends that intermediate care facilities for individuals with intellectual disabilities also follow these guidelines. Additionally, CMS's visitation guidance specific to intermediate care facilities for individuals with intellectual disabilities can be found [here](#).

Indoor Visitation

Facilities are required to allow indoor visitation at all times and for all residents. However, there are circumstances involving a high risk of COVID-19 transmission when facilities should *limit* indoor visitation for specific residents. Facilities should *limit* indoor visitation for the following residents:

- ❑ **Unvaccinated residents**, if the facility's [COVID-19 county positivity rate](#) is greater than 10% **and** less than 70% of residents in the facility are [fully vaccinated](#) (*note: these guidelines continue the utilization of DHEC's county positivity rate, available at the link above and [here](#)*);
- ❑ **Residents with confirmed COVID-19 infection**, whether vaccinated or unvaccinated, until they have met the [criteria to discontinue Transmission-Based Precautions](#); or
- ❑ **Residents in quarantine**, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).

Guidelines on how to conduct indoor visitation when there is an outbreak in the facility are outlined below. An outbreak exists when a new nursing home or community residential care facility onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).

When a new case of COVID-19 among residents or staff is identified, a facility shall immediately begin outbreak testing in accordance with [CMS guidance](#) and suspend all indoor visitation (except that required under [federal disability rights law](#)), until at least one round of testing is completed. ***(Note: Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (facility-wide) testing, per CMS guidance.)*** Indoor visitation shall resume based on the following criteria:

- ❑ If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas of the facility**, then visitation shall resume for residents in areas with no COVID-19 cases. However, the facility shall suspend visitation in the affected area until the facility meets the criteria to discontinue outbreak testing.
- ❑ If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas of the facility** (e.g., new cases in two or more areas), then facilities shall suspend indoor visitation for all residents, until the facility meets the criteria to discontinue outbreak testing.

Though indoor visitation shall continue after one round of outbreak testing, facilities shall continue all necessary rounds of outbreak testing. Facilities are expected to continue to test in accordance with [CMS guidance](#) and adhere to infection prevention and control practices. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas of the facility** (e.g., new cases in two or more areas), then facilities shall suspend indoor visitation for all residents, until the facility meets the criteria to discontinue outbreak testing.

Core Principles of COVID-19 Infection Prevention

Facilities shall ensure that the facility, facility staff, residents, and visitors adhere to the core principles of COVID-19 infection prevention (listed below) at all times. Facilities shall develop and implement policies and procedures on the core principles, and address close contact visits for the fully vaccinated residents, described below and in [CMS guidance](#).

Facilities shall allow fully vaccinated residents the option to have close contact (including touch) with their visitor if they both wear well-fitting face masks, perform hand hygiene before and after, and the visitor is physically distanced (maintaining at least 6 feet between people) from all other residents and facility staff. Visitors shall physically distance from other residents and staff in the facility. Visitors unable to adhere to the core principles shall not be permitted to visit or shall be asked to leave.

Core Principles of COVID-19 Infection Prevention

- Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
- Hand hygiene** (use of alcohol-based hand rub is preferred)
- Face covering** or masks (covering mouth and nose)
- Social distancing** of at least six feet between persons
- Instructional signage** throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting** of frequently touched surfaces often and of visitation areas after each visit
- Appropriate personal protective equipment (PPE)** use by staff
- Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing** performed in accordance with [CMS guidance](#)

These guidelines for visitation at nursing homes and community residential care facilities (and recommended for visitation at intermediate care facilities for individuals with intellectual disabilities) are subject to modification or revocation at DHEC's discretion.