

MINOR LEAGUE BASEBALL'S 2021 OPERATIONS MANUAL

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2021 OPERATIONS MANUAL

SECTION 1 – *INTRODUCTION*

1.1 Introduction

1.2 COVID-19 Action Plans

Section 1.1 Introduction

This Operations Manual represents Major League Baseball's best efforts to integrate the advice of our medical experts as well as our collective experience from operating a Major League season amidst a global pandemic during 2020, in order to create a comprehensive set of requirements and guidelines to protect the health and safety of players, umpires, Club employees, and all other members participating in the Minor Leagues in 2021 to the greatest extent practicable, taking into account the unique challenges present in the Minor Leagues.

As comprehensive as this manual is, it does not address every aspect of Minor League operations for the 2021 season. As was the case during the 2020 Major League season, Major League Baseball may issue subsequent amendments, updates, or relaxations to this Operations Manual. Such amendments will be based on, among other things, experience under these protocols; relevant guidance from public health officials and medical experts; emerging technologies relating to the diagnosis, containment, and treatment of COVID-19 (including vaccinations); the physical and mental wellbeing of all persons subject to this Operations Manual; best practices and experience from the Major League season and other professional sports leagues; and other relevant data and information.

Given the numerous obligations placed on Minor League affiliates herein, Major League Clubs are expected to be responsible for assisting Minor League affiliates in the creation, operation, and implementation of each Minor League COVID-19 Action Plan. Where this Operations Manual differs from the PDL Facility Standards or Health & Wellness Standards, this Operations Manual shall govern.

Section 1.2 COVID-19 Action Plans

As set forth below, each Major League Club must prepare COVID-19 Action Plans setting forth relevant information regarding the measures taken by each Minor League Club or Program to prevent COVID-19 transmission within its facilities and providing key information necessary to respond to a potential or confirmed case of COVID-19. Accordingly, each organization must prepare and maintain the following COVID-19 Action Plan for each of the following levels of Minor League play:

- Minor League Spring Training COVID-19 Action Plan
- Triple-A COVID-19 Action Plan
- Double-A COVID-19 Action Plan
- High-A COVID-19 Action Plan
- Low-A COVID-19 Action Plan
- Rookie-Complex COVID-19 Action Plan
- DR-Complex COVID-19 Action Plan

Each COVID-19 Action Plan must contain the following information:

- Identity and contact information of each role set forth in these protocols (Infection Control Prevention Coordinator, Minor League Testing Officer, Club Compliance Officer, Facility Compliance Officer, Contact Tracers, Facemask Compliance Officers).
- Identify the medical staff and athletic training staff (and their contact information) that will be assisting the Club during the 2021 Minor League season.
- Identify any other key individual(s) accountable for key actions and relevant communication trees in the event that an individual affiliated with the Club returns a positive or inconclusive COVID-19 test result.
- The location of the Designated Isolation and Testing Areas.
- Specific procedures to conduct the pre-screening, at-home quarantine and intake screening, and home screening, for Covered Individuals beginning the Minor League Baseball Health Monitoring & Testing Plan.
- Staffing plan for each Affiliate's facility health screen and procedures for ensuring that any Covered Individuals who access Restricted Areas maintain compliance with the Monitoring & Testing Plan.
- Specific procedures for isolating, transporting, testing, and treating any Covered Individual who displays potential symptoms of or tests positive for COVID-19.
- Area-specific protocols, which identify measures to comply with the requirements in Section 4 for each Minor League Club facility that Covered Individuals will occupy.
- Health and safety measures that each Club will enact during team travel.
- Contact information for local medical resources.
- Measures being taken to minimize risk of exposure to High-Risk Individuals.
- Any Club-specific Code of Conduct.
- Measures to maintain separation between Covered Individuals who have completed Intake Screening (during Major League Spring Training) and those who still need to complete Intake Screening and have yet to receive two additional negative laboratory PCR tests through MLB's Testing Plan during the week following the Intake Screening, in order to maintain separation between those groups of players and staff during Phase 1 of Spring Training.

Each Organization must submit its Spring Training COVID-19 Action Plan to MLB (attention: MiLCOVIDPlans@mlb.com) as soon as possible (if not already submitted). If not included in the original submission, each organization must submit a Spring Training COVID-19 Action Plan

Supplement outlining all Health & Safety Officers, as described in Section 2.9, by no later than March 29, 2021. Each Organization must submit the remainder of its COVID-19 Action Plans to MLB (attention: MiLCOVIDPlans@mlb.com) by no later than April 15, 2021.

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SECTION 2 – *MEDICAL & TESTING PROTOCOLS*

- 2.1 COVID-19 Health Monitoring & Testing Plan**
- 2.2 Protocol for Symptomatic Covered Individuals**
- 2.3 Protocol for Covered Individuals Who Test Positive for COVID-19**
- 2.4 Protocol for High-Risk Individuals**
- 2.5 Code of Conduct Outside of Club Facilities**
- 2.6 Personal Protective Equipment**
- 2.7 COVID-19 Vaccinations**
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2.1 COVID-19 Health Monitoring & Testing Plan

2.1.1 Purpose

Minor League Baseball’s COVID-19 protocols for the 2021 season are based on the same overarching principle that Major League Baseball’s protocols are – namely, a series of interlocking safeguards from the community to the ballpark. Critical components of these safeguards include closely monitoring the health and regular testing of all players, other on-field personnel (*e.g.*, managers, coaches, umpires), and a limited number of essential staff who must come in close proximity of players for COVID-19, as well as requiring these individuals to take precautions when away from the ballpark. While these measures are designed to minimize the risk of introduction of COVID-19 into Club facilities, and to protect these individuals and their families, it is important to emphasize that no single intervention or series of interventions will completely eliminate the risk of transmission.

Major League Clubs are expected to assist their Minor League affiliates in administering and operating the various health and safety requirements set forth below, including the Minor League Intake Screening procedures. Major League Clubs are also expected to provide guidance with respect to best health and safety practices, particularly in light of their significant operational experiences from the 2020 championship season.

2.1.2 Overview

All players, other on-field personnel (*e.g.*, managers, coaches, umpires), and a limited number of essential staff who may need to periodically come in close contact with players and other staff members (referred to collectively as “Covered Individuals”) will be tested regularly for the COVID-19 virus throughout 2021 Spring Training and the 2021 season. Covered Individuals will also be subject to symptom monitoring prior to anytime they enter any baseball facilities.

All Covered Individuals will be subject to laboratory PCR testing through saliva samples collected at a frequency determined by MLB and its medical experts, although such testing will occur no less than twice per week. Covered Individuals will also be subject to antibody or serology testing throughout the 2021 season at a frequency determined by MLB and its medical experts.

All Covered Individuals must sign the 2021 Authorization for the Use and/or Disclosure of COVID-19 Health Information form that, among other things, authorizes access to certain private health information by the individuals and entities that will be involved with the COVID-19 Health Monitoring and Testing Plan, including MLB’s COVID-19 testing partners, Team Physicians, Club Contact Tracers, and MLB’s medical experts.

2.1.3 Key Components of the Monitoring and Testing Plan

Pre-Screening

During the week prior to reporting to Spring Training for the Intake Screening described below, all Covered Individuals must complete a symptom and exposure questionnaire. The questionnaire (*see* Attachment 1) will be administered and collected by a member of the Covered Individual’s Club medical staff.

In the event that a Covered Individual provides responses to the questionnaire that indicate the individual may have contracted or may have been recently exposed to COVID-19, the Club medical staff must delay the Covered Individual's reporting to Spring Training and administration of the Intake Screening and, as described in Section 2.2.2 below, refer the Covered Individual for a clinical assessment and medical evaluation before that individual reports to any Club facility.

Intake Screening

Prior to reporting to Spring Training, and as a part of the Intake Screening procedure, all Covered Individuals must conduct a five (5) day at-home quarantine. During this period, Covered Individuals (and any other members of their household) must quarantine by themselves at home; not permit any other individuals to enter their residence for any non-emergency purpose; refrain from leaving their home for any reason other than for travel in connection with reporting to Spring Training or to perform essential activities (*e.g.*, attending school or work; purchasing groceries, medicine, or other necessary supplies; obtaining medical care) or for outdoor activities or exercise (*e.g.*, running or walking). With Club permission, players conducting the five (5) day at-home quarantine may utilize outdoor areas at their Club's Spring Training facility for individual workouts (*e.g.*, playing catch, bullpen work, batting practice) if they are currently residing proximate to the Spring Training facility; however, they may not participate in group workouts, games, or enter any indoor areas at the facilities for any reason until after they complete the intake screening process.

Upon arriving at Spring Training, all Covered Individuals must undergo Intake Screening, which will consist of temperature and symptom check (*see* Attachment 1) and a saliva sample for laboratory PCR testing purposes. Sample collection service providers will be available to collect samples during Intake Screening, but saliva samples will be self-administered the remainder of the year. Covered Individuals may also be subject to antibody testing depending on the information provided on the symptom check and/or the results of the laboratory PCR test. Intake Screening must be coordinated by the Club and staggered to prevent groups of Covered Individuals from congregating during the process. Covered Individuals who participated in Major League Spring Training (and who therefore have already undergone Intake Screening) will not be required to conduct Intake Screening a second time.

Following a Covered Individual's completion of the components of the Intake Screening, he or she will be required to self-quarantine at his or her Spring Training residence until the results of the laboratory PCR test are reported (which should take approximately 24-48 hours for this initial entry test).

If the result of a Covered Individual's laboratory PCR test is negative (indicating that he or she does not have transmissible COVID-19), then and only then may he or she enter Club facilities. If the result of the Covered Individual's laboratory PCR test is positive (indicating that he or she has COVID-19 and may present a communicable disease risk), the Covered Individual will be instructed to continue to self-isolate and will be treated consistent with the protocol for positive test results described in Section 2.3 below.

Clubs may begin Intake Screening no earlier than 24 hours after the Major League Club departs the Spring Training facility, if any of the same facilities are being used across Major League and

Minor League Spring Training; under no circumstances can the Intake Screening procedure begin earlier than March 29, 2021.

Regular Monitoring of Asymptomatic Individuals

Immediately after the Intake Screening process is complete, and continuing throughout the remainder of Spring Training and the 2021 season and postseason, all Covered Individuals will be monitored regularly for changes in their health using the following methods:

- Facility Screens and Temperature Checks. All Covered Individuals will have their temperature and other symptoms checked and recorded prior to each time they enter a Club facility.
- Frequent PCR Testing. All Covered Individuals shall be subject to laboratory PCR testing multiple times per week, with the precise frequency determined by MLB, in consultation with MLB's medical advisors.
- Antibody Testing. On a less frequent basis, Covered Individuals will submit to antibody tests to ensure that the serological status of all Covered Individuals is known and up to date.

The medical staff of the Covered Individual's Club as well as the Covered Individual will be immediately informed of PCR test results. All PCR and antibody test results will be logged in MLB's confidential electronic medical records system ("EMR") by the Club's medical staff.

Testing for Symptomatic and Exposed Individuals

As described in Section 2.2.2 below ("Testing and Monitoring of Symptomatic Individuals"), any Covered Individual who has a temperature reading at or above 100.4 degrees Fahrenheit (38.0 degrees Celsius) during a temperature check, reports or exhibits any other symptom(s) that may be consistent with COVID-19, or has come in close contact¹ with a confirmed case of COVID-19 should, in addition to a clinical assessment and referral for a medical evaluation, be provided a diagnostic/PCR test for COVID-19 as promptly as possible. Any individual(s) who reports or exhibits any symptoms associated with COVID-19 should be denied access to Club facilities and directed to self-isolate at home.

2.1.4 Dedicated Testing and Isolation Areas

Each Club must identify and maintain at least one dedicated testing area in each of its facilities where samples will be collected from Covered Individuals from the home and visiting Clubs for purposes of the Monitoring and Testing Plan ("Dedicated Testing Areas"). Dedicated Testing

¹ The CDC currently defines "close contact" as being within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic individuals, two days prior to test specimen collection) until the time the individual is isolated; this definition is subject to additional consideration of factors identified by the CDC, such as if the infected person was likely to generate respiratory aerosols, whether the infected individual has symptoms, and other environmental factors such as crowding, adequacy of ventilation, and whether exposure was indoors or outdoors). (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)

Areas should be in a private, controlled, and hygienic area with enhanced ventilation. Clubs should consider using outdoor spaces for their Dedicated Testing Areas, to the extent feasible. Dedicated Testing Areas must be thoroughly cleaned and disinfected before and after any testing occurs and may not be used by the Club for any other purpose on the days when it is being used for sample collections.

Each Club must also identify and maintain in each of its facilities at least one isolation area, as far away from any other Restricted Areas (defined below) as possible, where an individual who develops symptoms or learns of a positive test result for COVID-19 can isolate temporarily pending relocation to his or her home or a medical facility outside the Club facility (“Dedicated Isolation Area”). Dedicated Isolation Areas must be separate from any other room that is used to treat non-COVID-19 illnesses or injuries, and supplied with appropriate PPE, and supplies (e.g., seating, bottled water, medical supplies).

The locations of the Dedicated Testing Areas and Dedicated Isolation Areas in each Club’s facilities must be identified in each Club’s COVID-19 Action Plan.

2.1.5 Temperature and Symptom Screening Procedures

Each Club is responsible for encouraging each of its Covered Individuals to conduct a Home Screen as described below. In addition, Clubs must implement and administer the Facility Health Screen below for all Covered Individuals and anyone who may access Restricted Areas when Covered Individuals are not present. Each Club’s medical staff is responsible for ensuring compliance with these procedures, and MLB may conduct random audits to evaluate such compliance.

Home Screen

Each Covered Individual will be given access to a mobile application designed by MLB to conduct a self-screen each morning (the “Home Screen”), where the Covered Individual can enter their temperature and report any symptoms. Each Covered individual must also be provided a thermometer by their Club. Any Covered Individual who records a temperature reading at or above 100.4 degrees Fahrenheit (38.0 degrees Celsius), or otherwise responds in a way that requires additional screening (including by reporting any symptoms), must immediately report the results to his or her Club’s medical staff, and the Covered Individual must follow the protocols for symptomatic individuals (*see* Section 2.2). Clubs should encourage its Covered Individuals to complete the Home Screen daily, including on days when he or she does not report to a Club facility.

Facility Health Screen

All Covered Individuals who enter a Club facility will have their temperature checked at the facility with a noncontact thermometer, and will be required to orally complete a standardized symptom and exposure questionnaire (*see* Attachment 3) administered by the home Club’s staff (which need not be medical personnel) via the MLB-designated application before being permitted entry (the “Facility Health Screen”). This requirement also applies to any non-Covered Individuals entering Restricted Areas as permitted under Section 4 (e.g., cleaning staff working after hours). Clubs retain discretion on how to screen staff members not accessing Restricted Areas, but it is

strongly recommended that Clubs conduct a similar Facility Health Screen of these staff as well. Notwithstanding the foregoing, visiting Clubs may satisfy the Facility Health Screen requirements for individuals affiliated with their organization by administering the Facility Health Screen at a location separate from the home Club's facility (*e.g.*, at the team hotel or on the team bus), provided that the screen takes place within two hours of arrival at the home Club's facility. The home Club also shall be responsible for conducting the Facility Health Screen requirements for any individual not affiliated with a Club (*e.g.*, umpires).

As with the Home Screen, an individual's temperature must be measured twice in succession. Any individual who has at least one temperature reading of 100.4 degrees Fahrenheit (38.0 degrees Celsius) or above, or who responds to the questionnaire in a manner that necessitates further evaluation, must have those results immediately reported to his or her Club's medical staff.

Clubs are responsible for staffing Facility Health Screen stations at their facilities at all times when individuals are permitted to enter the facilities. Each Club's staffing plan for its Facility Health Screen stations should be included as part of the Club's COVID-19 Action Plan. Individuals staffed at Facility Health Screen stations should themselves be screened (or should screen themselves) prior to screening Covered Individuals entering the facilities.

2.2 Protocol for Symptomatic Covered Individuals

2.2.1 Symptom Identification

Any Covered Individual who during a Home or Facility Health Screen either reports or exhibits any symptoms of COVID-19 may not enter a Club facility, but instead must immediately self-isolate away from other Covered Individuals and be directed to a Team Physician for further consultation and direction. If a Covered Individual develops symptoms for the first time while inside a Club facility, that individual must immediately isolate himself or herself from others (either in the Dedicated Isolation Area or, if possible, outside the Club facility) and contact a Team Physician. Symptomatic individuals should also be provided with and wear a surgical mask or N95/KN95 respirator (if available) until they are safely isolated.

Each Club, in consultation with its medical staff and government health authorities, must establish a specific COVID-19 Action Plan. The Plan must contain, among other things, specific procedures for isolating, transporting, testing, and treating any Covered Individuals who display potential symptoms of or test positive for COVID-19. The Plan must include: (i) procedures for handling such occurrences at each of the Club's facilities and while on the road (including the means for a Covered Individual's return to the Club's home city or his or her personal residence at the appropriate time)²; (ii) identification of one or more local housing options (*e.g.*, hotel or apartment) for any Covered Individuals who tests positive for COVID-19 while in the Club's home city or Club's Spring Training city; (iii) contact information for local health officials responsible for the jurisdiction; and (iv) protocols for reporting notice of any symptomatic individuals to team-

² Each home Club will be responsible for identifying local treatment and testing options, which will be shared with all visiting Clubs in the event of a need for either or both while on the road. Each home Club's protocols must also address procedures for Covered Individuals not affiliated with a Club (*e.g.*, umpires and MLB personnel).

affiliated physicians. The Plan must also include the precautions that individuals who come into contact with a symptomatic individual during the screening and evaluation process must take, including using appropriate PPE recommended by the Centers for Disease Control and Prevention (“CDC”) for health care professionals.³

2.2.2 Testing and Monitoring of Symptomatic Individuals

Once the symptomatic individual is safely isolated away from other Covered Individuals, the individual’s Club should immediately arrange for that individual to provide a sample for a PCR COVID-19 test (the “confirmatory test”). If available, the Covered Individual should receive an expedited point-of-care test.

Pending the results of that confirmatory test, the symptomatic individual must self-isolate either at home or at a health care facility, as determined by the Team Physician (in consultation with other health care professionals or public health authorities, where appropriate), based on the nature of the individual’s symptoms. In addition, the symptomatic individual must avoid any direct, in-person contact with any other Covered Individuals or other Club staff (other than Club medical staff), and may not enter any Club facility for any reason.

Clubs also must take the following steps to minimize potential transmission to others in the event that a Covered Individual affiliated with its organization is identified as symptomatic:

- Identify all Covered Individuals and other Club employees who have had close contact with the symptomatic individual and closely monitor them for any changes in their health or signs of potential COVID-19 symptoms.
- Where feasible, administer a rapid point-of-care test and/or arrange for additional PCR testing for all close contacts for some period of time.
- Arrange for the immediate cleaning and disinfecting of all Club-controlled areas where the symptomatic individual has recently been (including any equipment used), and notify other Clubs whose facilities may have been exposed.
- Reinforce the importance of enhanced hygiene by all individuals, including Covered Individuals, throughout the organization.

Subject to any additional restrictions imposed by federal, state or local law or ordinance, the symptomatic individual may not return to any Club facility or interact with any other Covered Individuals or other Club staff (other than medical staff) unless and until each of the following has occurred: (i) the results of the confirmatory test of the symptomatic individual described above are confirmed as negative for COVID-19; (ii) the Covered Individual no longer exhibits any symptoms that could be associated with COVID-19 (as confirmed and documented by a physician); and (iii) the symptomatic individual receives approval to return to Club facilities (in accordance with CDC

³ See www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

guidance) from his or her Team Physician.⁴ If the result of the Confirmatory Test of the symptomatic individual is reported as positive for COVID-19, or a medical authority confers a presumptive diagnosis of COVID-19, the protocols set forth below in Section 2.3 must be followed.

2.3 Protocol for Covered Individuals Who Test Positive for COVID-19

2.3.1 Self-Isolation

Any Covered Individual who tests positive for COVID-19 must immediately wear a face covering (where available, a surgical mask or N95/KN95 respirator), isolate from all people (other than medical professionals, as necessary), and continue his or her isolation and restrict all activities outside the home (other than receiving medical care) until he or she receives clearance from his or her Team Physician and MLB's medical representative.

In the event that a Club is informed of a confirmed positive test for COVID-19 while the Covered Individual is at a Club facility, the individual who tested positive must immediately isolate himself or herself in the Dedicated Isolation Area or, if possible, outside the Club facility, pending further guidance from his or her Team Physician.

Under no circumstances may any staff member or player violate an instruction to quarantine or self-isolate. Any staff member or player who violates an instruction to quarantine or self-isolate may be subject to discipline. The Club must assign a staff member to be available at least by phone to assist with coordinating food delivery and other necessary items to the quarantined or isolated person.

2.3.2 Care and Monitoring

A Covered Individual who tests positive for COVID-19 will not be allowed to travel (except as authorized by Club medical staff), access any Club facility, or have direct or close contact with any other Covered Individual or other Club staff (other than medical staff for purposes of any necessary treatment) unless and until each of the following occurs:

- For Symptomatic Individuals: (i) the Covered Individual isolates for at least ten (10) days from when the symptoms first appeared;⁵ (ii) the Covered Individual has been afebrile for at least 24 hours without fever-reducing medications; (iii) any other symptoms are improving (as documented by his or her treating physician or Club medical staff); (iv) the Covered Individual's Team Physician and MLB's medical representative conclude that the individual no longer presents a risk of infection to others and approves him or her to return to Club facilities and resume his or her usual

⁴ If a Covered Individual continues to exhibit a symptom that could be associated with COVID-19, but his or her Team Physician believes such symptoms are not associated with COVID-19 based on the individual's testing history (*i.e.*, COVID-19 testing beyond the Confirmatory Testing) and other medical information, the Team Physician may approve clearance of the individual upon an analysis of the circumstances and test results, provided that all other requirements for clearance are satisfied.

⁵ See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

professional responsibilities, in accordance with CDC guidance; (v) any local regulations or requirements are satisfied; and (vi) cardiac evaluation and clearance is provided by the Team Physician, in accordance with published standards.

- For Asymptomatic Individuals: (i) the Covered Individual isolates for at least ten (10) days beginning with the date of the initial positive PCR test;⁶ (ii) the Covered Individual remains entirely asymptomatic throughout the isolation period (as confirmed and documented by his or her treating physician or Club medical staff); (iii) the Covered Individual's Team Physician and MLB's medical representative conclude that the individual no longer presents a risk of infection to others and approves him or her to return to Club facilities and resume his or her usual professional responsibilities, in accordance with CDC guidance; (iv) any local regulations or requirements are satisfied; and (v) cardiac evaluation and clearance is provided by the Team Physician, in accordance with published standards.

Once a Covered Individual who previously tested positive is cleared by the Team Physician to return to Club facilities, the Covered Individual should be removed from the PCR testing pool for a period of 90 days from the date of the initial positive test result, and follow-up testing should only occur during this period if new symptoms develop.⁷

2.3.3 Contact Tracing & Additional Measures to Reduce the Risk of Transmission

In the event of a confirmed positive test for COVID-19 by a Covered Individual within its organization, the Major League Club, in coordination local health officials (where applicable), must: (i) conduct a contact tracing investigation to identify all other Club and Major or Minor-League-affiliated individuals (including umpires and employees of other Clubs) who had close contact with the infected individual, while employing best efforts to maintain the confidentiality of the infected individual; (ii) notify those individuals of their potential exposure and the need for quarantine or isolation in accordance with the protocols in Section 2.3.4; and (iii) arrange for those individuals to receive an immediate PCR Diagnostic Test that is expedited to the extent possible.

Affiliate Contact Tracers are responsible for identifying close contacts and reporting them to the Contact Tracing Coordinator. Consistent with the CDC's current definition, a close contact is someone who was within six feet of an infected person for a cumulative total of 15 minutes or more (including multiple shorter interactions) over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the Covered Individual is isolated.

Although the CDC's operative definition above is sufficient, if the necessary resources are available, including advice from a medical professional with experience in infectious disease,

⁶ See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

⁷ See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

affiliates may consider other factors in addition to duration and distance when identifying close contacts.⁸ Possible factors to consider include:

- The location(s) of the interaction(s), including whether the interaction(s) occurred indoors or outdoors.
- For interactions that occur indoors, the ventilation of the applicable setting.
- Whether the infected individual had symptoms during any interaction(s).
- Whether the infected person was likely to generate respiratory aerosols, including whether the individual was coughing, singing, shouting, or breathing heavily.
- Whether and how face masks were worn, including the type of mask(s), whether the mask(s) were properly worn, and any mask removal to eat or drink.
- Whether the Covered Individual has previously tested positive for COVID-19, or is otherwise potentially immune to further infection (e.g., via vaccination), as well as the time period that has passed since any such positive test or immunization.
- Other circumstances deemed relevant by any updated CDC guidance and the affiliate's Contact Tracing Coordinator.

Each Major League Club must arrange to have its Contact Tracing Coordinator and relevant affiliate personnel (including, but not limited to, Contact Tracers and affiliate medical staff) complete an MLB-approved contact tracing training course prior to the start of the 2021 Minor League season, and certify in writing that such course has been completed.

In addition, Minor League Clubs should take the following steps to further mitigate the risk of transmission to others:

- Arrange for the immediate cleaning and disinfecting of all Club-controlled areas where the Covered Individual has recently been, and notify other Clubs whose facilities may have been exposed.
- Confidentially notify proper health authorities.
- Reinforce the importance of enhanced hygiene by all individuals, including Covered Individuals, throughout the organization.

2.3.4 Close Contacts of Individuals Who Test Positive for COVID-19

Subject to the guidance of the Team Physician, a Covered Individual who has been identified as having been in close contact with a confirmed case of COVID-19 pursuant to the analysis in

⁸ See <https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e2.htm>.

Section 2.3.3, will be subject to a mandatory quarantine of **seven (7) days**, after which he or she must satisfy the below conditions in order to return to any Club facilities and resume his or her duties:

- The individual tests negative for the presence of the virus via a PCR Diagnostic Test conducted on day 5 or later (for the avoidance of doubt, Covered Individuals are required to complete a full 7-day quarantine, which will be calculated starting from the day after close contact occurred, even if a negative test is reported and received prior to day 7);
- The individual is completely asymptomatic;
- The individual receives written approval from the Contact Tracing Coordinator to return to any Club facilities;
- The individual must be tested on day 10 following the potential exposure (which will occur after the 7-day quarantine is completed and duties have resumed); and
- The individual must immediately self-isolate under the direction of the Team Physician if he or she subsequently tests positive or develops any symptoms consistent with COVID-19.

Covered Individuals who are not determined to be close contacts but still had some significant interaction with the infected individual may be deemed “Extra Scrutiny Contacts” and may be permitted to continue to perform his or her duties (including entering any Club facilities), provided that each of the following conditions is satisfied:

- The individual must test negative for the presence of the virus via an immediate PCR Diagnostic Test that is expedited to the extent possible, and self-quarantine while awaiting the results of that test.
- The individual must be completely asymptomatic.
- The individual must undergo more frequent temperature checks and enhanced symptom monitoring under the direction of the Club’s medical staff for at least ten (10) days following the potential exposure.
- The individual must wear a surgical mask at all times (including while outside of any Club facilities), except while on the field, for seven (7) days.
- The individual must receive a PCR Diagnostic Test on Day 3 and Day 7 following the potential exposure.
- The individual must immediately self-isolate under the direction of the Team Physician if he or she develops any symptoms consistent with COVID-19.

The protocols for determining when and how High-Risk Individuals who have been exposed to a confirmed case of COVID-19 may return to work will be determined by the Team Physician, as well as with local authorities, as required.

Notwithstanding the foregoing requirements, and pursuant to CDC guidance,⁹ those Covered Individuals who either (i) have tested positive for COVID-19 on a laboratory-based PCR test within the past 3 months and have recovered (or who can otherwise demonstrate immunity to further infection to the satisfaction of the Team Physician) or (ii) were fully vaccinated (*i.e.*, received their final vaccine dose) against the disease more than 13 days ago and less than 3 months ago, will not be required to quarantine following close contact with a confirmed case of COVID-19 unless they develop new symptoms. These timeframes may be adjusted by MLB based on additional guidance from the CDC and other infectious disease experts.

2.4 Protocol for High-Risk Individuals

Clubs should encourage Covered Individuals to contact them if they are concerned about returning to work, including because they or a member of their household are at a materially higher risk of developing severe illness or complications from COVID-19 exposure (“High-Risk Individuals”).¹⁰ The Team Physician must discuss confidentially with each High-Risk Individual what additional precautions or measures, if any, may be feasible and appropriate to help further protect that High-Risk Individual from potential exposure to COVID-19 during the 2021 season. Each Club is responsible for attempting to identify and, where feasible, implementing additional measures to reduce High-Risk Individuals’ risk of exposure to COVID-19 while in Club facilities or on the road with the Club, or where applicable and appropriate, to reduce the risk of transmission of the virus from a Covered Individual to a High-Risk Individual who has close, regular contact with the Covered Individual (including, for example, family members).

Examples of additional accommodations for High-Risk Individuals may include:

- Offering separate work and private spaces in the Club’s facility (*e.g.*, dugout, clubhouse, changing facilities), including, where possible, areas that are outdoors or provide increased ventilation.
- Supporting and encouraging remote work (including participation via remote or virtual meeting platforms) or shifting work responsibilities to times when there are fewer people present, to the extent possible.
- Arranging for separate or less crowded travel, where travel is necessary.

⁹ See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

¹⁰ Further information on the factors that increase the risk that an individual suffers a severe illness as a result of COVID-19 is available online at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

- Offering to alter the High-Risk Individuals' job duties to minimize their contact with others, particularly with groups of people.
- Offering frequent check-ins (daily, or some other frequency, by phone or text message) from Club medical staff to discuss changes in symptoms or other developments, and helping to institute symptom screenings on a more frequent schedule than for other Covered Individuals.
- Encouraging the enhanced use of PPE by High-Risk Individuals, including the use of more protective forms of PPE and the use of PPE while outside of Club facilities.
- Advising non-High-Risk Individuals to avoid close contact with, and take particular care around, High-Risk Individuals.
- Eliminating any non-essential travel for High-Risk Individuals.

In addition, Clubs should educate their High-Risk Individuals regarding the steps they can take to help further protect themselves, such as:

- Getting vaccinated as soon as a COVID-19 vaccine authorized or approved by the FDA is made available to them.
- Staying home to the extent possible, and limiting time at Club facilities to only "essential" time.
- Avoiding close contact with others, especially crowds, communal spaces, and anyone who is sick or symptomatic.
- Closely monitoring and managing physical and mental health at all times, and notifying the Team Physician of any change in health status.
- Reviewing the CDC's Guidance for extra precautions for reducing risk for High-Risk Individuals.¹¹

2.5 Code of Conduct Outside of Club Facilities

In order for a 2021 season to be conducted safely, Covered Individuals must be vigilant and exercise care while away from Club facilities to avoid situations in which the risk of contracting the virus is elevated. To that end, during the 2021 season (including Spring Training and the postseason), Covered Individuals may not attend or enter any of the following events or establishments (and should discourage any other members of their household from the same):

- Indoor Gatherings. Indoor gatherings of ten (10) or more people.

¹¹ See www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

- Indoor Restaurants. Indoor restaurants or dining areas.
- Bars and Lounges. Bars, lounges, clubs or like establishments. For clarity, this includes any establishment licensed as a bar, lounge, or club, even if food is served.
- Fitness and Wellness Centers. Gyms, fitness studios, sports clubs, spas, or pool areas that are not affiliated with or approved by the Club, Major League Baseball or Minor League Baseball. Further, players may not invite personal trainers or other similar fitness professionals into their home or to visit them on the road.
- Entertainment Venues. Live performance venues, including music or dance clubs, indoor movie theaters, or other indoor places in which live entertainment is featured.
- Gaming and Other Venues. Any bowling alleys, arcades, casinos, pool halls, or similar indoor facilities (other than museums, which are permitted).
- State or Local Prohibitions. Any other activity that is prohibited by state or local regulation.

In addition to the above prohibitions (which apply both at home and on the road), while on the road, members of the team Traveling Party (as defined in Section 7) are not permitted to leave the hotel other than for team activities at the team facility or ballpark, for medical reasons (*e.g.*, for a medical examination or to obtain a second medical opinion), to travel with the team, for outdoor walks/exercise, to eat outdoors as set forth below, for other low-risk outdoor activities, or in extraordinary circumstances. Any Covered Individual should consult with their affiliate's Club Compliance Officer to determine whether an activity is low-risk pursuant to these Health and Safety Protocols. Examples of low-risk outdoor activities include, but are not limited to: curbside pick-up of food and beverage (*e.g.*, coffee); and participation in outdoor activities (*e.g.*, golf) that are within walking distance, or are accessed via transportation that is approved by a Club (in coordination with the Club's Compliance Officer) and in compliance with Section 7 of these protocols.

Although outdoor dining should not be encouraged, while on the road, members of the Traveling Party will be permitted to eat outdoors at off-site restaurants (but not bars, lounges, clubs, casinos or like environments) that are walking distance from the team hotel or are accessed via transportation that is arranged or approved by the Club and complies with Section 7 of these protocols; provided, however, that Major League Baseball shall have the authority to prohibit, temporarily suspend, and/or place other limitations on outdoor dining by members of the Traveling Party while on the road during the championship season if it determines that it is prudent to do so in order to better protect members of the Traveling Party from COVID-19 infection. While the surest way to minimize risk is to refrain from outdoor dining, those who dine outdoors must take the following steps:

- Members of the Traveling Party may not dine with any individual who is not a Member of the Traveling Party or a person in their personal household.

- Sit at tables spaced at least 6 feet apart from people not in your dining party. (Note: enclosed outdoor tents do not qualify as outdoor dining.)
- Call ahead to confirm that outdoor seating is available and parties will be seated at least 6 feet apart from one another.
- Wear masks at all times, except when you are actively eating or drinking. Masks help protect both you and those around you.
- While waiting to be seated, do not congregate in any indoor areas of a restaurant, and be sure to socially distance (at least 6 feet) from any persons who have congregated outdoors.
- Limit alcohol consumption.
- Wash your hands with soap and water or hand sanitizer that contains at least 60% alcohol for at least 20 seconds before eating and when exiting the restaurant.
- Avoid busy times of day or night, and avoid prolonged congregating after a meal has completed. It's safest to visit when fewer people are at a restaurant.
- The restaurant's COVID-19 safety guidelines must require that both staff and patrons wear masks while not eating or drinking.
- Avoid valet parking and remember that the use of rideshare services (e.g., Uber, Lyft) are discouraged.
- Be smart. If activities at an outdoor restaurant increase your risk of COVID-19 infection, or make you feel uncomfortable, put on your mask and leave the premises as soon as possible.

In addition to the activities specifically prohibited above, in light of the serious and highly infectious nature of the coronavirus, Covered Individuals must not engage in activities or conduct that a reasonable person would regard as posing unnecessary risk relative to the significance (or lack thereof) of such activity or conduct. If a staff member or player is unsure whether to engage in a particular activity, he or she should consult with his or her Club's medical staff or Compliance Officer.

Covered Individuals may not meet with any guests or persons not part of the Traveling Party (whether at the team hotel, in their individual hotel room, or elsewhere). However, Covered Individuals will be permitted to meet outdoors with household or family members in the vicinity of the team hotel or in private or semi-private outdoor spaces at the team hotel; Covered Individuals may dine outdoor with members of their personal household; and they may stay at their personal residences pursuant to the exception contained in Section 7.1.7. Members of the Traveling Party may not congregate in any areas of a hotel (including any public areas in the hotel) or enter the hotel room of another member of the Traveling Party for any reason (unless they are roommates), unless approved in advance by the Club's Compliance Officer.

Because the careless actions of a single individual can place the entire team (and their families) at risk, each Club may create its own Club-specific off-field Code of Conduct to supplement (but not detract from) the prohibitions in the league-wide Code of Conduct described above in this section.

Any Covered Individuals who are found to have violated the Code of Conduct in Section 2.5, a Club-specific off-field Code of Conduct, or Section 3.1.2 (Spring Training Home Quarantine) are subject to potential discipline, including but not limited to suspension or forfeiture of salary for days spent away from the Club while in mandatory self-isolation or quarantine resulting from the violation. Clubs are also subject to discipline for violations of the protocols by players or staff.

2.6 Personal Protective Equipment

As used herein, Personal Protective Equipment (“PPE”) shall mean equipment worn to minimize exposure to COVID-19 for the wearer and others. PPE includes (but is not limited to) the following items:

<u>Face Coverings:</u>	Refers to either cloth masks, surgical masks, or N95/KN95 respirators (all of which are defined below). Neither gaiters nor masks with exhalation valves meet the definition of a face covering for purposes of the requirements in this Operations Manual. Gaiters may be worn on the field by players.
<u>Cloth Masks:</u>	Refers to face coverings made out of cloth that can be tied or otherwise secured to the face and, when worn, fully cover the mouth and nose of the wearer and fit snugly against the sides of the face so there are no gaps. Cloth masks should be washed after each use and allowed to completely dry after each use.
<u>Surgical Masks:</u>	Refers to loose-fitting, disposable 3-ply masks certified by the U.S. Food and Drug Administration (“FDA”) as surgical masks. Surgical masks should be discarded after each use.
<u>N95 Respirators:</u>	Refers to an N95 or KN95 Respirator (as certified by the CDC or other certifying entity). N95 respirators shall be fit tested prior to use, and should be tight fitting to the face (and should cover the mouth and chin). N95 respirators should ideally be discarded after each use; but, if not discarded, they should be disinfected using UV-light after each use.
<u>Gloves:</u>	Refers to disposable nitrile gloves, which should be discarded after each use (and, if used in patient care, discarded after each patient).
<u>Face Shields:</u>	Refers to a barrier (such as a visor) worn to protect the face. Face shields should cover the forehead and extend below the chin and wrap around the side of the face. Face shields do not provide an appropriate level of protection to be used alone, but can be worn in conjunction with other PPE such as face coverings. Face shields should be disinfected between use.

Gowns: This shall refer to protective garments intended to cover as much of the body as possible. Depending on the material used, gowns should be disinfected or discarded after each use, depending on exposure.

All personnel must wear a face covering and, where appropriate, additional PPE at all times when in Club facilities, with the limited exceptions described in Sections 4.1 and 4.2. PPE should be worn consistent with CDC, state and local guidance.¹² Gaiters, bandanas, masks with exhalation valves, and face shields do not qualify as appropriate face coverings where face coverings are required within this Operations Manual (but may continue to be worn by players on the field, since any face covering in that context is voluntary). Questions regarding the appropriate types and use of face coverings and PPE should be directed to Team Physicians, the Club's ICPC or MLTO, the Club's Facemask Enforcement Officers, or MLB (attention: Dr. Bryan Smith).

2.7 COVID-19 Vaccinations

Additional information regarding COVID-19 vaccinations will be provided in a separate memorandum.

2.8 Mental Health Resources

All Clubs should provide players and other Covered Individuals with access to mental health and well-being resources, including Club-affiliated mental health clinicians. MLB intends to distribute additional information regarding these resources in a separate communication.

2.9 Health & Safety Officers

Each Club must designate the following Health & Safety Officers. Each Health & Safety Officer must be included as one of the Club's Covered Individuals, and must have access to Restricted Areas. To the extent feasible, Clubs are encouraged to designate separate individuals in the below roles (but are not prohibited from having individuals serve multiple roles). Clubs are also encouraged to supplement their medical staff or distribute responsibilities to non-medical staff (as appropriate) as necessary to adhere to the requirements in this Operations Manual.

Infection Control Prevention Coordinator ("ICPC") (one per organization): The ICPC should be a senior member of the Major League Club's medical staff, and will primarily be responsible for ensuring that the MLB-mandated health and safety protocols are implemented across each of the organization's affiliates. The ICPC will be responsible for coordinating these protocols, ensuring that players and Club staff are aware of and following the protocols, and participating in programs to educate players and staff about infection control and prevention. The ICPC may also coordinate with any of his or her staff to ensure that the below responsibilities are satisfied. Among other responsibilities, the ICPC should:

¹² CDC guidance on use of protective equipment is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>. Consideration should be given to CDC strategies for optimizing the supply of PPE, particularly for healthcare personnel, as described here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

- Serve as the primary point person with the Commissioner's Office for the various obligations contained herein (including, but not limited to, coordinating with MLB and MLB's testing provider to implement and conduct MLB's Monitoring and Testing Plan (including with respect to members on its own team and umpires).)
- Work with each affiliate's Club Compliance Officer to monitor and enforce compliance with MLB's and the Club's infection control and prevention policies through regular audits, observation, checklists, logs, and other methods.
- With the assistance of other Club staff, establish, monitor and periodically update policies and procedures on proper hygiene, regular cleaning and disinfection of Restricted Areas (and the equipment therein), and disseminating written materials and updates on the protocols.
- Ensure that the Health and Safety protocols are followed with respect to any identified close contacts.
- Confirm the availability and supply of cleaning supplies and PPE throughout Restricted Areas.

Minor League Testing Officer ("MLTO") (one per affiliate): A member of each affiliate's medical staff (*e.g.*, Certified Athletic Trainer) should be designated as the MLTO. The MLTO will be responsible for the following:

- Coordinating with his or her organization's ICPC to ensure that the affiliate maintains compliance with the MLB health and safety protocols, including helping the ICPC to coordinate for testing in connection with this Operations Manual.
- Ensuring that all Covered Individuals on his or her team remains on the testing schedule, and maintaining an internal database of test results.
- Being a point of contact for all Covered Individuals with the Club with respect to any questions related to the Monitoring and Testing Plan, including responding to questions related to potential COVID-19 symptoms.
- Ensuring that Intake Screening is conducted properly (including by ensuring that the requisite in-home quarantine is conducted prior to Intake Screening) at the beginning of the season and whenever an individual is designated as a Covered Individual after the start of the season.
- Ensuring that proper facility screening is conducted of players and Club staff granted access to Restricted Areas. Encouraging Covered Individuals to conduct the home screen as regularly as possible.

Club Compliance Officer ("CCO") (one per affiliate): Each Club must designate a primary Club Compliance Officer, who must be a Covered Individual. Clubs may also designate junior staff members to assist the Club Compliance Officer. Either the primary or any assistant Compliance

Officer must be part of the Traveling Party on every road trip a Club takes. The duties of the Club Compliance Officer include:

- With his or her staff, ensure that face coverings are properly being worn at all times while indoors.
- When in hotels on the road, the Compliance Officer (or his or her designee) is responsible for periodically monitoring the public areas of the hotel (e.g., restaurants, bars, fitness centers) to remind players and staff that they should not be utilizing those amenities.
- Pursuant to Section 4.2 of the Manual, the Compliance Officer must ensure that the protocols on physical distancing are being followed in the clubhouse (and every other Restricted Area in the ballpark).
- On no less than a weekly basis, the Compliance Officer must send to his or her Club's Farm Director any violations of the protocols by Club personnel. Together with the Farm Director (as well as the other Health & Safety Officers), the Compliance Officer must prepare and execute a plan to remedy any such violations (including by educating Covered Individuals or issuing discipline where necessary). The Compliance Officer must interview the Club's home and visiting clubhouse manager after each series and document any departures from the protocols by either team, as well as any suggestions to improve compliance, in these reports.
- The Compliance Officer must ensure that seating charts of any Club travel is recorded and accurate in order to assist in contact tracing. The Compliance Officer must also ensure that all members of the Traveling Party adhere to the health and safety protocols (as set forth above and in Section 7.1 of the Manual) during travel, including remaining in their seats and wearing face coverings.
- The Compliance Officer must address the entire Traveling Party prior to each road trip to remind them of the requirements of the protocols while traveling and after arrival at the hotel.
- The Compliance Officer must confirm that staff and players who are isolating or being quarantined are strictly adhering to the directives of the Club's medical staff.
- The Compliance Officer must ensure that the list of Covered Individuals does not exceed the permissible limit contained in Section 4.

Facilities Compliance Officer ("FCO") (one per affiliate): The FCO should be a senior member of the minor league affiliate's front office staff or an employee that reports to and regularly communicates with a senior member of the staff, and must be a Covered Individual. The FCO is responsible for:

- Helping to prepare, maintain, and enforce the Area-Specific Protocols, including helping to modify existing spaces to mitigate risk of COVID-19 transmission.

- Implementing signage and highly visible reminders to reinforce the importance of social distancing and PPE throughout the facilities, as well as ensuring that the facility has sufficient supplies of PPE and necessary cleaning supplies (such as hand sanitizer).
- Making sure that appropriate facility resources are dedicated to maintaining safe and secure intake screening and facility screening stations.
- Ensuring that non-Covered Individuals do not access Restricted Areas.
- Providing support (with respect to testing, travel, meals, and housing) if a Covered Individual of a visiting team tests positive while visiting the FCO's city.

Contact Tracing Coordinator (one per organization): Each Major League Club must designate one employee as a "Contact Tracing Coordinator." The Contact Tracing Coordinator will be responsible for overseeing the Club's contact tracing processes across affiliates and serve as the primary point of contact regarding contact tracing for any affiliate of the Major League Club. The Contact Tracing Coordinator may also have another role within the organization, including working at one of the affiliates, so long as the individual has enough time to devote to overseeing the contact tracing for all affiliates.

Contact Tracers (minimum of two per affiliate): Each Major League Club must designate at least two (2) contact tracers per affiliate. Major League Clubs may designate more than two contact tracers per affiliate, and must ensure that each affiliate has either a bilingual contact tracer or someone readily available to translate for affiliate contact tracers.

Facemask Enforcement Officers (minimum of two per affiliate): Each Club must appoint two (2) Covered Individuals as Facemask Enforcement Officers. Facemask Enforcement Officers may be members of the coaching staff or any other staff member. At least one (1) Facemask Enforcement Officer must be part of the Traveling Party on every road trip a Club takes, and must be responsible for enforcement of the rules on face coverings when the team is traveling. Facemask Enforcement Officers should remediate policy violations immediately, if appropriate (e.g., tell the player or staff member to wear a mask properly) and must report all violations to the Club's primary Compliance Officer.

Club Health & Safety Officers who have compliance questions (e.g. violations, travel procedures, access protocols, quarantine guidance, etc.) should email all questions to the following email: PDLCovid19Questions@mlb.com.

2021 OPERATIONS MANUAL

SECTION 3 – *SPRING TRAINING*

- 3.1 Spring Training Reporting Dates & Schedule**
- 3.2 Spring Training Phases**

3.1 Spring Training Reporting Dates & Schedule

3.1.1 Limits on Participants

Each Club may only invite to participate in Spring Training activities as many players as it can safely accommodate in its Spring Training facilities (along with any other “Covered Individuals”) and comply with its Area-Specific Protocols. As further set forth in Peter Woodfork’s March 9, 2021 memorandum, Clubs may invite no more than 215 total players and staff members, subject to MLB approval, to their complex(es) during the period when Minor League Spring Training is taking place. Before being permitted to enter any Club facility during Spring Training, all Covered Individuals must complete the Intake Screening process described in Section 2 and the COVID-19 educational course described in Section 8.

Despite these limits on the number of players and non-playing personnel who will be participating in Spring Training activities, Clubs should continue to utilize all available space and facilities at their Spring Training locations – including any adjoining fields, locker rooms, or other facilities available – in order to prevent overcrowding and to allow for enhanced physical distancing, where possible.

3.1.2 Additional Health & Safety Protocols During Spring Training

In addition to the protocols described elsewhere in this Operations Manual (including Section 2.5), which remain in effect, the following enhanced health and safety protocols will apply to all Covered Individuals during Spring Training.

Spring Training Physical Examinations. In addition to the health and safety protocols and PPE requirements that apply during all other medical care and procedures, Covered Individuals should engage in enhanced hygiene and physical distancing practices prior to, during, and following all Spring Training physical examinations to the extent possible. To minimize risks during these examinations, Clubs are strongly encouraged to conduct the examinations, to the extent possible (*i.e.*, except MRIs or other imaging), in a Club facility rather than in a hospital or healthcare facility setting. If any aspect of the examination is conducted at a physician’s office or hospital, Clubs should to the greatest extent possible ensure that no other patients will be present at the same time by scheduling an early morning or after-hours evening appointment. All physical examinations should occur on an individual basis at scheduled times, and should be limited to only those tests and examinations that are considered necessary by the Team Physician.

Home Quarantine. Covered Individuals and any members of their Spring Training household must quarantine at home throughout the duration of Spring Training, with the following exceptions:

- For Club-directed baseball activities at Club facilities, or to travel with the team;
- To engage in individual physical activity outside (*e.g.*, walking, jogging);
- To perform essential activities (*e.g.*, purchasing groceries, take-out meals, medicine, or other necessary supplies; obtaining medical care);

- For children, to attend school, organized extracurricular activities, and for household members unaffiliated with MiLB, to attend work; or
- In extraordinary circumstances (e.g., birth of a child, documented severe illness or death in the family).

3.1.3 Reporting Dates

Spring Training reporting dates for players and other Covered Individuals should be staggered. Essential clubhouse personnel and other support staff should report first in order to prepare for the arrival of players. Field managers and coaches should report shortly thereafter, followed by pitchers and catchers and, finally, position players.

Before being permitted into any Club facility, and after the Intake Screening process is complete (including the period of isolation before testing results are confirmed) (*see* Section 2.1.3 above), all players and other authorized Spring Training participants will be required to complete a COVID-19 educational course (*see* Section 8) focused on educating them about MLB's and any additional Club-specific health and safety rules, protocols, and recommendations. In addition, players should receive a separate players-only COVID-19 instruction from their Club's medical, clubhouse, on-field, and strength and conditioning staffs regarding their schedules and expectations during Spring Training.

3.2 Spring Training Phases

Spring Training will be divided into two phases, beginning with individual and small group workouts (Phase 1), followed by full-team workouts and Spring Training games against other Clubs (Phase 2).

3.2.1 Phase 1 – Individual and Small Group Workouts

Phase 1 shall cover the period beginning when players and staff report to Spring Training until a minimum of seven days have elapsed since the completion of the Intake Screening procedures, and Covered Individuals have each received two additional negative laboratory PCR tests through MLB's Testing Plan. Clubs must begin Spring Training with individual or small-group workouts. Players should be divided into smaller groups (eight players or fewer), and assigned times and areas of the complex. A goal in designing, scheduling, and conducting these individual or small-group workouts should be to limit the amount of time players and other Club personnel are in close physical proximity to one another.

During Phase 1, any Covered Individuals who participated in Major League Spring Training (and who therefore have conducted Intake Screening prior to the commencement of Minor League Spring Training) may participate in team workouts, intra-squad games, and "B"-games (including amongst other Clubs), provided that each Club's Spring Training COVID-19 Action Plans contains appropriate health and safety measures. As noted in Section 1.2, measures must be established and followed by each organization to maintain separation between these groups.

3.2.2 Phase 2 – Full-Team Workouts & Spring Training Games

Phase 2 of Spring Training will begin once a minimum of seven days have elapsed since the completion of the Intake Screening procedures, and Covered Individuals have each received two additional negative laboratory PCR tests through MLB's Testing Plan. During this phase, larger full-team workouts and exhibition games between Clubs will be permitted. Overnight trips will be prohibited during Spring Training. To maximize distancing on team buses, players will be permitted to drive a personal vehicle alone to Spring Training games in lieu of traveling on a team bus.

2021 OPERATIONS MANUAL

SECTION 4 – *FACILITY PROTOCOLS*

- 4.1 Access to Club Facilities**
- 4.2 Health & Safety Protocols**
- 4.3 Ballpark Operations**
- 4.4 Media & Broadcaster Access**
- 4.5 Compliance**

4.1 Access to Club Facilities

Access to areas of Club facilities frequented by on-field personnel, including clubhouses, locker rooms, playing fields, dugouts, training rooms, and weight rooms (“Restricted Areas”) will be restricted to Covered Individuals. Clubs are responsible for assigning staff to ensure that no non-Covered Individuals access any of the areas frequented by players, coaching staff, umpires, or other Covered Individuals. In furtherance thereof, Clubs are responsible for issuing credentials to Covered Individuals designating them as eligible to enter Restricted Areas. Covered Individuals are expected to wear these credentials in order to enter Restricted Areas. Absent extenuating circumstances, Covered Individuals are prohibited from accessing any other areas within Club facilities (“Non-Restricted Areas”). To the extent Covered Individuals need to walk through Non-Restricted Areas, they should do so at times when no one else is present.

Covered Individuals will consist of players, on-field personnel, others who need direct physical contact with players, and other essential personnel who need to be in close proximity to on-field personnel and to access Restricted Areas while players and on-field personnel are present. For clarity, this prohibition on access to Restricted Areas includes, but is not limited to, family members, friends, and representatives of players or other Club employees, sponsors, and other VIPs.

Clubs may permit certain non-Covered Individuals (*e.g.*, cleaning staff) to access Restricted Areas as necessary to conduct essential activities, but only at times when Covered Individuals are not present. Emergency personnel (such as EMTs) are permitted to enter Restricted Areas on an as-needed basis.

Outside events and ballpark tours are permitted provided local laws and regulations allow, but Restricted Areas may never be used for these purposes, with the exception of the field, dugouts, and bullpens on non-game days.

4.1.1 Covered Individual Limits

During Minor League Spring Training, Clubs may not exceed 215 total Covered Individuals. Prior to the start of each Club’s Minor League Spring Training, Clubs must submit an initial list of Covered Individuals to Isabel.Caro@mlb.com for testing purposes.

Upon the commencement of each respective Minor League season, Clubs will be permitted to carry the following total of Covered Individuals, subject to the maximum number of Covered Individuals for any organization:

- Triple-A: 44¹³
- Double-A: 44
- High-A: 46
- Low-A: 46
- Rookie-Complex: 215

¹³ This limit shall only apply once the Triple-A season begins, and shall not apply to Major League Alternate Training Sites (which is governed by the Major League Operations Manual).

At no point may the cumulative number of domestic Minor League Covered Individuals per organization exceed 245. This includes all players, field manager, coaches, bullpen catchers, athletic trainers, physical therapists, strength and conditioning coaches, clubhouse staff, facility compliance officer, and traveling staff (but excludes members of the Major League front office, rehabilitating players, and rovers).¹⁴

Any substitutions of non-playing personnel amongst the Covered Individuals must take place in accordance with the intake protocols as described in Section 2.1.3. The Farm Director and ICPC are responsible for maintaining the list of Covered Individuals, and for ensuring that the 245 Covered Individual limit is never exceeded.

Players on one Club are prohibited from entering Restricted Areas reserved for the opposing team (*i.e.*, players on the home team should not enter the visiting clubhouse, and vice versa). See Section 4.2.2 for certain exceptions related to visiting Club weight room use.

All Covered Individuals must wear an appropriate face covering at all times in Club facilities; provided, however, that players are not required to wear face coverings while on the field during a game or during any pre-game warmup activities,¹⁵ or while in the bullpen for pitchers and catchers who are warming up.

Team Physicians will not count against a Club's limit on the number of Covered Individuals at any point during Spring Training or the championship season. While in Club facilities, Team Physicians must follow strict PPE use and other health and safety protocols during any close contacts with Covered Individuals in Restricted Areas.

Umpires will be considered Covered Individuals; however, they do not count against a Club's limit on the number of Covered Individuals. While in Club facilities, umpires must limit their presence to the umpire room, the field, and other areas necessary to travel between them. Umpires must never enter the home or visiting clubhouse or other off-field areas dedicated to players or other Covered Individuals.

4.1.2 Vendor Access

To the extent possible, the equipment needs of players and staff should be addressed without personal interaction with equipment vendors. Clubs have discretion to allow glove, bat, and cleat vendors onto the grounds of their Spring Training facilities during Spring Training, subject to the following:

¹⁴ A policy governing rover access is forthcoming.

¹⁵ If weight room equipment is relocated outdoors or a weight room is converted into an open-air workout area (*e.g.*, a convertible weight room located at a Spring Training facility), that will be considered activity on the field for purposes of the face covering requirements in the 2021 Operations Manual. (*See also* Sections 4.2).

- Vendor access should be arranged in advance with the Club, and Clubs should document the visits of all vendors.
- Vendors are prohibited from accessing Restricted Areas and must not be provided with access credentials. Clubs should provide vendors with facility-specific, daily/temporary credentials, and must screen vendors for symptoms of COVID-19 before permitting access by using either the “Symptom and Exposure Questionnaire” found in the 2021 Operations Manual or a similar questionnaire based on CDC guidance.
- Vendor setups must be outdoors (*e.g.*, parking lots, concourses, walkways); interaction between vendors and players or staff indoors is prohibited.
- Vendors must wear face coverings at all times while at the facility, and players and staff must wear face coverings while interacting with vendors. Gaiters, bandanas, masks with exhalation valves, and face shields do not qualify as appropriate face coverings.
- Vendors should wear gloves at all times while at the facility.
- Any surfaces that a Covered Individual is expected to touch must be disinfected prior to, and in between, any interactions.
- Vendors must remain physically distant from players and staff and limit interaction with any individual to 10 minutes or less.
- Vendors who test positive for COVID-19 within 72 hours of accessing the Club facility must notify the Club immediately.

4.2 Health & Safety Protocols

As described further below in Section 4.2.2, each Club, with the support of their applicable Minor League Affiliate, shall be responsible for developing, implementing, and enforcing detailed, written cleaning, hygiene, and safe use protocols for all Restricted Areas that Covered Individuals will occupy during Spring Training, the championship season, and the postseason (*e.g.*, clubhouses, locker rooms, playing fields, dugouts, weight rooms, training rooms) (“Area-Specific Protocols”).¹⁶ The FCO, the CCO, their staff, and other Club Health & Safety Officers shall be responsible for monitoring and enforcing those protocols.

¹⁶ MLB has engaged a consultant to offer help with developing best practices for facility management related to COVID-19, including cleaning and ventilation protocols. Clubs interested in obtaining assistance with preparing their Area-Specific Protocols, or recommendations on specific cleaning and ventilation products, should contact MLB (attention: Jon Coyles) for more information.

4.2.1 Minimum Standards

For each Restricted Area, the Area-Specific Protocol must incorporate the following minimum standards regarding: (i) cleaning and disinfecting processes; (ii) personal hygiene; (iii) physical distancing; and (iv) use of appropriate PPE.

- Cleaning and Disinfecting
 - Clubs must retain a cleaning staff to perform cleaning, disinfecting, and sanitizing at regular intervals. Minor League Clubs shall be responsible for retaining this staff.
 - Clubs must establish a process for cleaning high-traffic and high-contact areas (particularly those used by Covered Individuals) in accordance with CDC guidelines before, throughout, and after use.
 - Clubs must establish an enhanced disinfection procedure in the event any individual who has recently visited a Restricted Area becomes symptomatic or tests positive.
 - Equipment should never be shared between Covered Individuals and any non-Covered Individuals. To the extent that equipment must be shared amongst Covered Individuals, such equipment must be cleaned and disinfected before and after each use.
 - Clubs must use disinfectants approved by the CDC and EPA for use against COVID-19. Minor League Clubs shall be responsible for providing these disinfectants.
 - Minor League Clubs must devote the same resources and care to cleaning and disinfecting the visiting clubhouse, dugout, bullpen and other visiting Club areas as they do to home Club areas.
- Personal Hygiene
 - Clubs must regularly communicate to all individuals about preventative measures for reducing the risks related to COVID-19. Clubs should consider using electronic messages, signage, and other promotional materials to promote the daily practice of preventative actions (including frequent hand washing and/or sanitizing). Clubs should also communicate the need to self-assess for the symptoms of COVID-19.
 - Covered Individuals must avoid any physical interactions (such as high-fives, fist bumps, or hugs) while at Club facilities. To the extent physical contact is unavoidable, Covered Individuals must wash or sanitize their hands before and after any such interactions. All individuals handling items used by Covered Individuals must wash their hands before and after handling such items.

- Communal water and sports drink coolers/jugs are prohibited; only personal water or individually prepared sports drink bottles or contactless water dispensers should be used.
- Players are prohibited from spitting, using smokeless tobacco, and consuming sunflower seeds at all times while in Club facilities.
- Clubs should increase the availability of handwashing and/or hand-sanitizing stations (preferably with contactless dispensers) throughout Restricted Areas and restrooms.
- Physical Distancing
 - Clubs should establish measures to minimize the time that Covered Individuals spend at Club facilities and in Restricted Areas.
 - Clubs should establish physical distancing protocols that allow Covered Individuals to maintain at least six feet of distance from one another, where possible, and to minimize unnecessary contact in communal areas.
 - Clubs should make all efforts to ensure that Covered Individuals spend as little time indoors as possible, including by relocating facilities used by, and activities performed by, Covered Individuals, outdoors. If indoor time is unavoidable, efforts should be made to increase ventilation in indoor spaces to the extent possible.
 - Where possible, Clubs must make efforts to reduce density of individuals, discourage gatherings and promote physical distancing in all Restricted Areas, including by rearranging or removing furniture, modifying the use of common areas, displaying signs that discourage hand shaking or high fives, or using cones or tape to mark off walkways and seating areas.
 - For each Restricted Area, if individuals will be in a given space for 15 minutes or longer, there must be no more than one person per 36 square feet.
 - Clubs must design measures to control the flow of people entering and exiting the facilities to promote physical distancing, and avoid any mingling of Covered Individuals with any non-Covered Individuals.
 - If a Restricted Area is too small to accommodate use while maintaining proper physical distancing, Clubs should stagger arrivals or workouts and schedule the use of Restricted Areas accordingly.
 - Meetings should be conducted virtually or, if in-person meetings are necessary, Clubs should hold in-person meetings outdoors with participants sitting apart from one another and wearing face-coverings. Any administrative, scouting, and advanced work should be conducted on a personal electronic device.

- To the extent possible, workouts and drills should be communicated virtually, through video chat, text message, or email.
- Use of PPE
 - Covered Individuals (including players) must wear face coverings at all times and in all places in the ballpark (including indoor hitting tunnels, weight rooms, *etc.*) except for players on the field of play or pitchers and catchers warming up in the bullpen. Face coverings must be worn properly (fully covering the mouth and nose) in the dugout and bullpen by players and coaches (exception for pitchers and catchers warming up in the bullpen), and all on-field coaches must wear face coverings. All umpires on the field will also wear face coverings while performing their duties.
 - Players and Club staff should wear surgical masks while in training rooms (as well as any other additional PPE deemed appropriate by the Club, such as gloves and face shields).
 - Any individual involved in the treatment of a suspected or confirmed case of COVID-19 should wear an N95 respirator.
 - Clubs should consider any additional requirements for PPE that are appropriate for and tailored to individuals' roles.
 - Major League Clubs shall be responsible for procuring and supplying PPE necessary for each Minor League Affiliate's Covered Individuals.

4.2.2 Specific Guidelines for Certain Restricted Areas

In addition to satisfying the generally applicable minimum standards set forth above, Clubs should adhere to the requirements, and consider the guidelines and suggestions, described below as they design their individual Area-Specific Protocols. In this respect, Clubs must prepare and maintain protocols for every area of a Club's facility that Covered Individuals frequent, even if not specifically listed below. Area-Specific Protocols must include detailed information regarding the maximum occupancy of each area in visiting clubhouses, and must describe any anticipated facility modifications or plans to ensure appropriate hygiene and appropriate physical distancing.

- Clubhouses & Locker Rooms
 - Clubs must schedule staggered times for individuals to dress and change at their lockers, to ensure that such individuals are no less than six feet apart when occupying their lockers.
 - Where possible, Clubs should provide outdoor, covered spaces for visiting players and staff to sit. If existing structures are not available for Club's restricted use, Minor League Clubs should provide tents or other means of covered outdoor space. Clubs should also take measures to limit, to the

maximum extent possible, the amount of time that Covered Individuals spend in the clubhouse or other indoor areas.

- High-touch areas in locker rooms, including knobs, handles, and dials, should be cleaned and disinfected multiple times daily. To the extent practicable, communal fixtures (*e.g.*, newspapers, stat packs) should be removed from the clubhouse and individually distributed upon request (and disinfected between use).
- Clubs should consider requiring players, umpires, and other on-field staff to arrive at Club facilities dressed for the day's activities in order to limit time spent in the clubhouse or locker room.
- Clubhouse attendants should remain outside the clubhouse while players are present as much as possible, unless actively assisting a player.

- Showers

- Showering in Club facilities by on-field personnel (*i.e.*, players, coaches, and umpires) is discouraged but not prohibited. Showering by anyone else is prohibited. When showering in Club facilities is necessary (such as after a game), Clubs should implement procedures and/or make modifications to promote physical distancing and hygiene. A non-exhaustive list of modifications to showering practices and facilities that Clubs could make includes: limits on the number of people who can shower at any time; water-resistant curtains or partitions between showers (ideally extending from head-to-toe); removing every other shower head or handle to promote physical distancing; and/or staggering and/or assigning designated shower times. When shower stations are not in use, curtains and/or doors should remain open, if applicable, to facilitate water evaporation and air flow. Each shower station must be thoroughly cleaned multiple times per day when in use.
- To the extent showering occurs, individuals should use sandals or other appropriate footwear while in the shower and use personalized toiletries, such as shampoo and body wash. To the extent possible, Minor League Clubs should provide individual toiletries for player and staff use.

- Training Rooms

- Clubs should utilize multiple training rooms and/or consider constructing or obtaining additional space for use as a training room to limit the number and density of individuals in the training room at any one time. If not feasible to construct additional spaces, Clubs must schedule use such that access is limited.
- Club medical staff should take all precautions to minimize any unnecessary contact with training equipment (*e.g.*, by using a single-use disposable cover on any surfaces that players touch, by immediately discarding or laundering

towels used for treatment). Training room modalities regularly used by more than one individual must be properly cleaned and disinfected after each use (e.g., massage therapy guns, modality instruments).

- To the extent practicable, Clubs should consider distributing items in personalized units, as needed (e.g., providing a personal roll of athletic tape, bottle of sunscreen, baby powder, insect spray). Other items in the training room that are stocked in bulk quantities for use by multiple individuals, including Band-Aids, lip balm, throat lozenges, packets of non-prescription medications (e.g., Advil), should be secured and distributed by Club medical staff in a manner that minimizes the chance that individuals contact more than one item.

- Batting Cages

- Discourage the use of indoor batting cages when hitting outdoors is feasible.
- Encourage the use of batting gloves to the extent possible, and high-touch areas should be regularly cleaned or disinfected when in use.
- Batting cages should not be utilized for non-baseball related work without direct permission from the Major League Club's farm director.

- Bullpens

- Multiple pitchers should avoid throwing bullpens at the same time unless necessary in-game (e.g., double-barrel action in the bullpen). To the extent multiple pitchers do pitch simultaneous bullpens, they should utilize every other mound or other means to create as much physical space between them as possible.
- Modify seating arrangements, or utilize adjacent in-stadium seating, to maximize physical distancing during games.

- Dugouts

- To allow for enhanced physical distancing, only Covered Individuals active for that day's game and who are likely to enter the game (e.g., not the next game's scheduled starting pitcher) should be in the dugout during a game. If available, inactive players may sit in auxiliary seating areas designated by the Minor League Club, which must allow for at least six feet of personal space and have unencumbered access and views of the playing field. The same restrictions on conduct that apply to players in the dugout apply to players sitting in any auxiliary seating area. Each Club's COVID-19 Action Plan should include information regarding the auxiliary seating areas that will be provided during Spring Training and the championship season.

- Covered Individuals (including inactive players) who have no in-game or post-game responsibilities are permitted to, and as a best practice recommended to, leave the ballpark prior to the game, provided they communicate with Clubs in advance to coordinate feasible transportation options, particularly on the road.
- Make efforts to discourage and limit unnecessary movement within the dugout to adhere to physical distancing protocols, including by using signage or barriers.
- Weight Rooms
 - Clubs must abide by weight room occupancy limits to ensure that each individual has no less than 36 square feet per person (*i.e.*, a square space of no less than six feet by six feet), including strength and conditioning coaches. Workouts for Covered Individuals must be staggered to accommodate such limits.
 - Clubs should consider relocating equipment to better ventilated or outdoor areas of the stadium if feasible; encouraging conditioning activities to occur outside; providing personalized equipment; and opening roll-up doors, windows, and roofs to promote air circulation, to the extent it is weather-appropriate.
 - All individuals in the weight room must wear a surgical mask or N95/KN95 respirator at all times, even during exertional activities, with no exceptions.
 - Encourage the use of gloves while in the weight room, to the extent possible. All individuals must rack and carry their own weights.
 - Club protocols should also address proximate areas used for stretching, cardio, yoga, and any other related activities.
 - Clubs must remove equipment that cannot be sanitized or disinfected after each use (*e.g.*, rice bucket) unless it is provided solely for individual use for the full season.
 - Covered Individuals must be restricted from congregating around areas where the Club provides dietary supplements.
 - If a ballpark does not have a separate weight room for the visiting team, the visiting team is permitted to coordinate with the home team for dedicated access time for players on the visiting team.
- Club Dormitories
 - All individuals must be required to wear face coverings when outside of their room.

- The Club must make available as many outdoor communal spaces as feasible. For example, Clubs should endeavor to make an outdoor space available for communal eating. Indoor communal spaces still in use shall be subject to the same requirements as the rest of the Restricted Areas governed by Section 4 of the Health & Safety Protocols (*i.e.*, mask wearing, physical distancing, and occupancy limits must be strictly enforced).
- Only Covered Individuals that reside in the dormitories (as well as Club staff) are permitted in the dormitories; players may not have any visitors that are not Covered Individuals on their Club.
- As part of the Club's COVID Action Plan, each Club should describe what measures are being taken to enhance the cleaning and disinfectant of all communal spaces in dormitories, such as living rooms, kitchens, or bathrooms. Clubs must also describe what record keeping is being conducted to ensure that visitors can be identified in contact tracing in the event of a positive case in the dormitory.
- Clubs must monitor their dormitories for compliance.
- Food Service
 - Clubs should encourage food to be consumed outside of Club facilities whenever possible (*e.g.*, providing post-game meals in to-go containers). Clubs that serve food at a Club facility must do so in an outdoor, covered dining area. If no existing structures are available for this use, Minor League Clubs are responsible for providing alternative covered outdoor areas suitable for dining use. As part of its Area-Specific protocols, each Club must include a description of the dedicated meal area, a seating chart or diagram, and photographs of the proposed dining area. To the extent food is consumed indoors, Clubs must strictly ensure that physical distancing is adhered to (no two individuals may be less than 6 feet apart) and that time eating is kept to a minimum.
 - To the extent that Covered Individuals eat at Club facilities, Clubs should review and adhere to the best practices of the FDA for food handling and preparation.
 - Clubs will be permitted to offer buffet-style and communal food spreads if the following health and safety protocols are established and followed:
 - Set-Up: Any buffet or self-service area must have sneeze guards.
 - Food Service Personnel: Food service personnel are only permitted to enter Restricted Areas if they are Covered Individuals. All food service personnel are required to wear an appropriate facemask in the service area at all times. Best practices for food service personnel also include the use of disposable gloves.

- Health Protocols: All Covered Individuals must wear an appropriate facemask in the service area at all times. Staggered flow into the service area is required and areas of congestions should be monitored and immediately remedied. Hand washing and hand sanitizing stations leading into the service area and adjacent to any condiment and beverage stations must be provided and maintained. Covered Individuals will be directed to either sanitize/wash their hands or put on disposable gloves before proceeding through the buffet line or selecting any food, condiments or beverages.
- Seating: Physically distanced dining will not be relaxed and an outdoor, covered dining area should still be provided. If an outdoor dining area is not possible after Spring Training, indoor dining solutions will be considered that allow appropriate physical distancing in properly ventilated spaces. Minor League clubhouses in particular might require additional dining spaces be created by partitioning off space in the adjacent concourse.
- Kitchen staff may utilize non-clubhouse kitchens within the ballpark to prepare meals. Clubs should attempt to facilitate food ordering for players outside of game times through text message, email, or another method (*e.g.*, Slack) to permit individuals to time their food orders.
- Covered Individuals are discouraged from bringing outside food into Restricted Areas.
- Group dining should be discouraged and occupancy density limits should be implemented in all dining spaces. To the extent small groups of individuals do eat at the same time in Restricted Areas, they should spread out and adhere to physical distancing protocols.
- Where feasible, outside caterers should drop off the food at the entrance to the facility rather than enter the facility.
- Video Terminals. Use of any communal video terminals is prohibited.
- Offices/Meeting Rooms
 - Meetings should be conducted virtually to the extent possible. If in-person meetings are necessary, Clubs should make efforts to hold in-person meetings outdoors with participants sitting apart from one another.
 - Physical distancing and a controlled density of individuals must be promoted in all office and meeting spaces at all times.

- Communal food or use of materials, devices, or supplies during meetings is prohibited.
- Bathrooms
 - Any bathroom supplies or personal hygiene items should be limited and, to the extent necessary, individually packaged and immediately discarded after each use. Communal items or products, including combs, deodorant, cologne, razors, hair gel, mouthwash, and toothpaste, are prohibited.
 - Clubs are encouraged, but not required, to replace contact soap dispensers with touchless or non-contact dispensers.
- Team Vehicles
 - Team vehicles, such as team buses, are considered Restricted Areas for purposes of this Section 4, and therefore, passengers must be limited to Covered Individuals. Minor League Clubs must ensure that such vehicles are thoroughly cleaned, sanitized, and disinfected before and after each trip. Enhanced physical distancing (including allowing for seats between individuals) should be facilitated and all individuals must wear surgical masks or N95/KN95 respirators where available.
 - Clubs should keep vehicle windows open during use (if safe).
 - If a mode of team transportation is being operated by a third-party operator, the Club is responsible for ensuring that the operator's cleaning protocols are consistent with CDC guidance and best practice (*see also* Section 7).
 - Where practicable, available, and consistent with local law, Clubs should attempt to administer a rapid point-of-care COVID-19 PCR test to any individuals from a third-party operator who are responsible for driving a team vehicle.
- Saunas and Steam Rooms. The use of all saunas and steam rooms in Club facilities is prohibited for the 2021 season.
- Hydrotherapy and Cryotherapy
 - The use of hydrotherapy and cryotherapy units is permitted for pre- and post-game treatment and modalities. Only one individual may use a hydrotherapy or cryotherapy unit at a given time, unless such equipment is large enough to allow for more than one individual while simultaneously observing six feet of physical distancing; this includes stainless steel whirlpools, plunge pools, and float pods/tanks. Clubs should consider acquiring additional units to minimize the time players must wait to use them. Hydrotherapy pools or whirlpools must be regularly maintained with appropriate levels of chlorine and bromide in accordance with state regulations and CDC recommendations

on an individual basis. Clubs also may make available a hot or cold tub – permanent or temporary – for a player on an individual basis as long as Club staff clean and disinfect each such hydrotherapy space (including high-touch areas such as handrails) after each use by a player (and drain and treat each such space as recommended by the manufacturer). Teams should encourage players to use the shower facilities before entering any water-based treatment areas.

- Elevators. Elevator operations should be limited for essential functions only; elevator buttons and other frequently touched surfaces should be regularly disinfected; and limits should be placed on the number of occupants permitted in a single elevator.
- Game Delays. Clubs must ensure that home and visiting teams have access to well-ventilated, dedicated areas that will enable players and staff to observe social distancing during weather delays, and other game delays, or in between games of a doubleheader. Such dedicated areas should provide outdoor, covered space and be described in each Club’s Area-Specific Protocols. These areas must be restricted and separated from non-covered individuals and the public. If no physical barriers are possible, the Minor League Club is responsible for positioning a security guard to prevent crossover between non-covered and Covered Individuals.

4.2.3 Non-COVID-19 Injury Management

Rehabilitation for Injured Players. Players who are ineligible or unable to participate in Spring Training or appear in a championship season game due to a non-COVID-19 related injury (“Injured Players”) must make every effort to limit their activities and time in Restricted Areas to what is absolutely necessary, as determined by Club medical staff. Every effort should be made to have Injured Players complete rehabilitation activities in a manner that minimizes interaction with other Covered Individuals (*e.g.*, completing rehabilitation at home, at the stadium before most Club personnel arrive, during a road trip, on an off-day, in an auxiliary room separate from the athletic training room). While in any Restricted Areas, Injured Players must adhere to all personal hygiene, physical distancing, and face covering and PPE requirements described in Sections 4.2.1 and 4.2.2 above.

Off-Site Medical Evaluations and Services. To the extent possible, Clubs must avoid off-site medical appointments at hospitals or clinics that treat COVID-19 patients, both to protect the health of Covered Individuals and to avoid the added burden on such healthcare institutions. Clubs should use telemedicine consultations if practicable and appropriate for the relevant health issue.

4.3 Ballpark Operations

4.3.1 Entry Procedures

Clubs must designate an entrance for use by Covered Individuals, which should be separate from the entrance used by anyone else. If a separate entrance is not available, Clubs must schedule a dedicated time when a single entrance may be used only by Covered Individuals, and Clubs must clean and disinfect this area before and after use.

Visiting Club personnel should use a separate entrance from home Club personnel. If a separate entrance is not available, Clubs must schedule a dedicated time when a single entrance may be used only by visiting Club personnel. The home Club is responsible for securing the visiting bus drop-off location and coordinating arrival with the visiting Club's travel director or traveling security. The arrival location should be clear of non-essential personnel and should have a hand sanitizer or hand washing station.

The flow of foot traffic into and out of the facility should be as automated or no-touch as practicable to remove or reduce the use of touchpoints (e.g., door handles, doorknobs, and push bars).

4.3.2 Facility Modifications and Designations

Wherever possible, Clubs should modify spaces within the facility to allow for physical distancing. Required modifications to clubhouse facilities, as well as to meal preparation and food service, are described in Sections 4.2.1 and 4.2.2. Minor League Clubs are responsible for associated costs with necessary facility modifications.

4.3.3 Clubhouse Access Times

The guidelines below regarding clubhouse access times apply to all players located at primary Club facilities during the championship season. Clubs will have discretion to manage the specific reporting times for their players within these guidelines, and should account for staggered arrivals to promote physical distancing, consistent with guidelines set forth herein. As a reminder, Clubs should make all efforts to ensure that Covered Individuals spend as little time indoors, including inside clubhouses, as possible.

Pre-Game

Both home and visiting clubhouses will be prohibited from admitting players or staff any earlier than five (5) hours prior to the scheduled first pitch of the game during the 2021 season. The only exception is for players undergoing rehabilitation for an injury, or for pitchers who are not scheduled to pitch in that night's game; in either of these scenarios, one staff member per player will be permitted to arrive early, and such players will be required to leave the ballpark immediately upon the completion of their rehabilitation or workout. At all times, Clubs must schedule staggered times for individuals to dress and change at their lockers, as well as staggered workout times, to ensure proper physical distancing in all Restricted Areas. There must be no more than one person per 36 square feet in all such areas. Clubs must make all efforts to ensure that Covered Individuals spend as little time indoors as possible. For the avoidance of doubt, all Minimum Standards in Section 4.2.1 must be incorporated in all Restricted Areas, at all times. Any Club found to violate any of these Minimum Standards will be prohibited from admitting players and staff any earlier than three (3) hours prior to the scheduled first pitch of the game.

For days on which the scheduled first pitch of the game is delayed due to inclement weather or other circumstances before players arrive, home and visiting Clubs, respectively, will have discretion to determine what time their home and visiting clubhouses will open to players in their organization, provided clubhouses are not opened more than five (5) hours prior to the originally scheduled first pitch time.

In-Game

Consistent with the guidelines set forth herein (*see* Section 4.2.2), a Covered Individual who has no in-game or post-game responsibilities (including inactive players) is permitted to leave the ballpark during the game, provided he or she communicates with the Club in advance to coordinate feasible transportation options, particularly on the road.

Post-Game

Unless required for injury rehabilitation or other medical reasons, both home and visiting clubhouses will be prohibited from remaining open to players later than 1.5 hours after the conclusion of the game during the 2021 season.

Off-Days

For days on which no game is scheduled to be played, home and visiting Clubs, respectively, will have discretion to determine what time their home and visiting clubhouses will open and close to players in their organization, provided each clubhouse remains open to players for no longer than a total of four (4) hours on an off-day.

4.4 Media & Broadcaster Access

Unless and until MLB deems it safe to proceed otherwise, media members will not be permitted to access Restricted Areas or to be in close physical proximity to any Covered Individuals, inclusive of travel on team buses. Pregame and post-game interviews will be coordinated by Club Media Relations/Communications personnel. Only Covered Individuals may assist interviewees with interview logistics that require close contact with players (*e.g.*, holding or affixing a microphone).

4.5 Compliance

Each Club is responsible for monitoring and enforcing compliance with the protocols contained in this Operations Manual with respect to its staff and players. Clubs are subject to discipline for failure to monitor and enforce compliance.

In addition to the Compliance Officers, each Club must appoint two Covered Individuals as Facemask Enforcement Officers. Facemask Enforcement Officers may be members of the coaching staff or any other staff member. At least one Facemask Enforcement Officer must be part of the Traveling Party on every road trip a Club takes, and must be responsible for enforcement of the rules on face coverings when the team is traveling. Facemask Enforcement Officers should remediate policy violations immediately, if appropriate (*e.g.*, tell the player or staff member to wear a mask properly) and must report all violations to the Club's primary Compliance Officer.

Players and club personnel are required to promptly report to the Club Compliance Officer any information regarding a potential violation of the protocols. Clubs are strictly prohibited from retaliating, in any way, against any person for reporting a violation (regardless of whether the report is proven to be accurate).

2021 OPERATIONS MANUAL

SECTION 5 – *ON-FIELD OPERATIONS*

- 5.1 On-Field Conduct and Rescheduling**
- 5.2 On-Field Health & Safety Protocols**
- 5.3 Baseball Storage & Handling**

5.1 On-Field Conduct & Rescheduling

Unsportsmanlike Conduct

The prohibitions against unsportsmanlike conduct will be strictly enforced during Spring Training, the championship season, and postseason, to prevent unnecessary physical contact and support physical distancing between individuals on the playing field. In this respect, players and managers should maintain physical distancing from all umpires and opposing players on the playing field whenever possible. Players or managers who leave their positions to argue with umpires, come within six feet of an umpire or opposing player or manager for the purpose of argument, or engage in altercations on the field are subject to immediate ejection and discipline, including fines and suspensions.

Rescheduling

MLB has the right to relocate Club(s) to neutral sites, Spring Training sites, or other Clubs' home ballparks, reschedule, and/or cancel games contained in the 2021 championship season schedule, if necessary, for health/safety reasons, to comply with governmental restrictions, or to complete the schedule. In the event that a postseason is scheduled in a given league, MLB also has the right to conduct some or all of the postseason in neutral sites (including other Clubs' home ballparks), as well as delay, reschedule, postpone, and/or cancel the postseason.

5.2 On-Field Health & Safety Protocols

The following guidelines and practices should be followed in order to protect the health and safety of players, umpires, and other on-field personnel:

- Players, umpires, and other on-field personnel should practice physical distancing to the extent possible within the limitations of competition and the fundamentals of baseball. Examples of ways in which physical distancing can be incorporated without disrupting the basics of the game include the following:
 - Standing at least six feet apart during the singing of the National Anthem and God Bless America.
 - When the ball is out of play, fielders are encouraged to retreat several steps away from the baserunner.
 - If the batter is in the batter's box and the catcher needs to stand to relay signs to the infielders, the catcher can step onto the grass towards the mound to give the signs before assuming his position behind home plate.
 - First and Third Base Coaches should remain in or behind the Coach's Box and shall not approach a baserunner, fielder or umpire on-field, unless retrieving the equipment of a batter who has reached base.

- Players on opposite teams should not socialize, fraternize, or come within six feet of each other before the game, during warm-ups, in-between innings, or after the game.
- Players should keep and use their own personal equipment, whenever possible, in order to minimize the amount of communal equipment touched by multiple players and other on-field personnel. For example, pitchers should bring their own rosin bag to the mound, and batters should have their own pine tar and batting donuts that they bring with them to and from the on-deck circle. Auxiliary clubhouse staff shall be responsible for retrieving equipment if players reach base. After batting, players must retrieve their own equipment (*e.g.*, fielding glove, baseball cap, sunglasses) from the dugout prior to taking the field, and should not have teammates, coaches, or other staff retrieve or toss them.
- Any communal equipment must be disinfected regularly throughout each game. Club personnel responsible for handling player equipment should change their gloves or wash their hands (or both) regularly during games.
- The grounds crew must stay in a separate space on the field level, and, unless designated as Covered Individuals, are not permitted in the clubhouse or dugout. To the extent possible, the grounds crew should conduct work when players are not on the field. Players must maintain physical distance during grounds crew activities that need to occur while they are on the field (*e.g.*, dragging infield, fixing wet mound). The grounds crew must wear face coverings, and physically distance, at all times.
- The duties normally handled by bat boys/girls and ball boys/girls will be performed by existing Club staff and not by any minor person. If no staff is available to perform those roles, the functions will not be available for the game; provided, however, that Clubs must make staff or players available to provide umpires with new balls and to retrieve equipment discarded by a batter who reaches base.
- Players utilizing mouthguards should wash or disinfect their hands prior to inserting and removing their mouthguard.
- Players and all other on-field personnel must make every effort to avoid touching their face with their hands (including to give signs), wiping away sweat with their hands, licking their fingers, whistling with their fingers, using teeth to remove batting gloves, *etc.*
- Spitting is prohibited (including but not limited to, saliva, sunflower seeds or peanut shells, or tobacco) at all times in Club facilities (including on the field). Chewing gum is permitted, but must be disposed in a sanitary fashion (*i.e.*, not spit out onto the field).
- All on-field personnel (including players) must wear face coverings appropriately (*i.e.*, fully covering the nose and mouth) at all times in the dugout and bullpen (except for pitchers and catchers warming up in the bullpen). All non-playing personnel must

wear face coverings while on the field. Players who violate this requirement (for example, by wearing a face covering below their nose or mouth) are subject to discipline by MLB or their Club.

- Fighting and instigating fights are strictly prohibited. Players must not make physical contact with others for any reason unless it occurs in normal and permissible game action. Violations of these rules will result in severe discipline. The danger of inciting a close gathering will be considered an aggravating circumstance for any on-field discipline.
- All other on-field violations by players of the Operations Manual (including these on-field health & safety protocols) remain subject to discipline.

5.3 Baseball Storage & Handling

Clubhouse staff and bat/ball boys/girls are prohibited from handling game or practice baseballs without washing their hands, and without wearing face coverings and clean gloves. Individuals are prohibited from using spit or sweat to rub baseballs.

2021 OPERATIONS MANUAL

SECTION 6 – *LEAGUE OPERATIONS & TRANSACTIONS*

6.1 Rosters & Transactions

6.1 Rosters & Transactions

6.1.1 Spring Training Rosters

Prior to the first date a Club plans to begin intake testing for Minor League Spring Training, Clubs must submit to MLB (attention: Minorleaguerosters@mlb.com):

- A list of players, in a format to be provided by the Commissioner's Office, that will participate in Minor League Spring Training. Clubs are permitted to add players to this list prior to, or during, Spring Training provided they do not exceed the Domestic Reserve List limit, or the total number of Covered Individuals described in Section 4.1.1. In the event that players are added after the commencement of Spring Training, the players must follow the Intake Screening procedure contemplated in Section 2. Any adjustments to the lists of players must occur within the course of permissible transactions so as not to exceed the Domestic Minor League Player Limit.

6.1.2 Active Rosters

The Active Roster for each Minor League affiliate must be submitted to MLB (Minorleaguerosters@mlb.com) no later than one hour prior to the scheduled start of the first game. All rosters must comply with the Minor League Club Active Lists limits in MLR 2(b)(3).

6.1.3 Minor League COVID-19 Related Injured List

Placement on the COVID-19 Related Injured List does not require a confirmed positive test for COVID-19. A player may be placed on the COVID-19 Related IL based on a positive test for COVID-19, after electing not to participate in the 2021 season after being designated "High-Risk" pursuant to Section 2.4 above, because of confirmed exposure to COVID-19 (as described in Section 2 above), or if unavailable in connection with vaccination for COVID-19.

In order to place a Minor League player on the COVID-19 Related Injured List, a Club Physician or Athletic Trainer must submit the request to Minorleaguerosters@mlb.com, which should include proof of a positive test or a detailed explanation of the reason and which of the criteria for placement on the COVID-19 Related Injured List above apply. Clubs should also submit the transaction in eBIS for approval.

Players on the COVID-19 Related IL will not count against a Club's Active List limit, or Domestic Reserve List Limit. Players on the COVID-19 Related IL will also not count against the total Covered Individual limit listed in Section 4.1.1 until they return to Club facilities. Players who are on their Club's Active List or an Injured List at the time they are placed on the COVID-19 Related IL will receive salary to the same extent that they would have if they had remained on the Active List or Injured List during that period.

6.1.4 Intake Procedures

Players will be subject to the following intake procedures (subject to modification on a case-by-case basis, if determined necessary by MLB):

Players who are not already Covered Individuals (*i.e.*, free agents or players that are not currently part of a Club's minor league testing pool) must conduct a Club monitored five (5) day at-home quarantine prior to receiving intake screening, as contemplated in Section 2.1.3, before being added as a Covered Individual and assigned to a Minor League affiliate (or ST Complex).

For players who have previously completed intake and are Covered Individuals, no intake procedures will be required for assignments between that Club's AA, High-A, Low-A and the Spring Training Complex. Additionally, for any player being assigned from AAA/Alternate Training Site or the Major League Roster to either AA, High-A, Low-A or the Spring Training Complex, no intake procedure will be required. Notwithstanding the forgoing, it is strongly recommended that any player that travels via a commercial flight in connection with an assignment undergoes a saliva PCR test or expedited point-of-care test prior to being added to the Minor League roster.

Players being assigned to another Club (*i.e.*, Minor League trade), who have previously completed intake and are Covered Individuals and travel via a commercial flight must undergo a PCR test followed by an at-home quarantine until the PCR test results are reported (approximately 24-48 hours). No intake procedures will be required for players being assigned to another Club (*i.e.*, Minor League Trade) who have previously completed intake and are Covered Individuals who do not travel via a commercial flight, although they are recommended.

A player undergoing intake procedures described above will not count against a Club's Active List limit but the roster addition must be approved immediately following the results of such test being reported.

As a reminder, any player being assigned to AAA/Alternate Training Site or the Major League roster must undergo intake procedures described in Section 6 of the Major League Operations Manual and associated guidance from Major League Baseball.

6.1.5 Special Covenants

To the extent a special covenant to a player's Minor League UPC conflicts with any provision or requirement of this Manual, the terms and conditions of this Manual shall govern.

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SECTION 7 – *TRAVEL*

7.1 Travel

7.2 Spring Training Accommodations

7.1 Travel

Clubs must make all necessary arrangements to facilitate safe, clean and hygienic travel for Covered Individuals to and from all cities and ballparks at home and on the road. In this respect, Clubs must establish operational processes for all travel to and from ballparks at home and on the road, and include those processes as part of their Health and Safety Protocols set forth in Section 4.2. Covered Individuals are prohibited from traveling in any manner that is inconsistent with this Manual. Clubs must create and maintain travel records, including seating charts and manifests for all modes of travel (*e.g.*, airplane, bus, and train), in order to assist with contact tracing as described in Section 2.3.3.

To the extent that members of the Traveling Party are required to share rooms when on the road, the Club must make every effort possible to create a travel “pod” consisting of those individuals required to share rooms. For example, if two players share a hotel room on the road, those individuals should not be seated in separate areas of a team bus or on a flight; those individuals who share a “pod” should be given the same workout and clubhouse access times. Clubs are encouraged to include Covered Individuals who live together in the same pod (*e.g.*, three player roommates may be placed in a single pod, and may sit next to each other on a bus or have adjacent lockers). Sample pod seating arrangements for bus travel can be found in Attachment 4.

Clubs and Covered Individuals are expected to follow state and local travel restrictions where they are located, along the route, and at the planned destination. State or local governments may have travel restrictions. Clubs planning travel should be familiar with all relevant state and local health departments that may have jurisdiction over Club employees during travel (<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>). Minor League Clubs are responsible for working with local governments and health officials to ensure that all regulatory approval necessary to play, host, and travel to games are secured.

7.1.1 Reporting to the Club

When Covered Individuals are required to travel independently to report to the Club (*e.g.*, for Spring Training or the championship season; following a recall, selection or assignment), individuals should drive their own cars whenever practicable. Players who must travel via a commercial airline are strongly encouraged to travel on the earliest morning flight available between their home city and destination. Major League Clubs are responsible for ensuring that any player or staff member who travels on behalf of the Club satisfies all local regulations and requirements (*e.g.*, local quarantine or testing requirements) prior to reporting to the Club (*e.g.*, transfer between affiliates).

7.1.2 Travel to/from the Ballpark in Home Cities and Spring Training Locations

Covered Individuals commuting to Spring Training, practices, or home games should make every effort to travel alone, or with a household member, in private vehicles. Covered Individuals are discouraged from traveling to or from the Club facility with each other. If private travel is not possible, the Club is encouraged to help make arrangements to ensure that ride shares/carpools occur between the same individuals every day. Any Club-arranged vehicles must be cleaned and disinfected regularly and have a barrier between the driver and passenger area. The driver and the

passenger must wear a face covering at all times during the ride. Covered Individuals are discouraged from using rideshares (*e.g.*, Uber/Lyft). If using rideshares, Covered Individuals must ensure that both they and the driver are wearing face coverings, and should endeavor to open the windows during the duration of the rideshare.

7.1.3 Team Travel on the Road

Clubs must endeavor to travel in a controlled environment at all times. Only Covered Individuals are permitted to travel with their Club on the road (collectively, for purposes of this Section 7, the “Traveling Party”). Each Club must limit the staff in its Traveling Party to only those essential to playing games. Irrespective of the size of a Club’s Traveling Party, the Club Compliance Officer must certify that every member of the Traveling Party served an essential function on the road trip. When necessary (as determined by MLB), umpires may be permitted to travel with Clubs. In these instances, umpires shall be subject to the same schedule and guidelines as other members of the Traveling Party. Players family members, guests, and representatives are not permitted to be part of the Traveling Party under any circumstances.

When a team is traveling together, Clubs must ensure that members of the Traveling Party minimize time in crowded settings, and are supplied with and utilize face coverings, hand sanitizer, and disinfectant wipes. All members of the Traveling Party are required to wear face coverings whenever traveling with the Club and at all times in any hotel on the road (except when in hotel rooms) and at all times when in public places while traveling on the road. Each member of the Traveling Party is subject to temperature and symptom checks and mandatory hand cleaning when entering ballparks, the team hotel, the clubhouse, planes, buses, trains, and other shared facilities.

7.1.4 Air Travel

- If necessary to travel by air, Minor League Clubs should endeavor to charter an airplane for the traveling party if possible in order to ensure the traveling party’s health and safety. Recognizing that this may not be feasible, Minor League Clubs are permitted to book commercial air travel for the traveling party, provided that the members of the traveling party take as many precautions as possible to reduce their risk of contracting COVID-19 during travel. Specifically, if booking a commercial flight, Minor League Clubs should endeavor to book tickets in a manner such that it creates as much physical distancing between members of the Club’s traveling party as possible, and between members of the Club’s traveling party and the public. Clubs should attempt to book the earliest available flight in order to minimize the number of passengers on any flight.
- While in public airports, all members of the Traveling Party must adhere to physical distancing requirements (from each other and from members of the public) and should use a face covering at all times (using an N95 respirator, where available).
- Clubs should endeavor to, wherever possible, make arrangements with any airport they intend to use to attempt to conduct TSA screening (and boarding) in as expedient a manner as possible.

- While on planes, each member of the Traveling Party must wear surgical masks (preferred) or N95/KN95 respirators (if an individual agrees), should open all air vents in the direction of their seating area, and should wipe down all surfaces he or she may touch (*i.e.*, both sides of tray table, armrest, seatbelt, headrest, TV screen and controller, luggage bin opener).
- Whenever a member of the Traveling Party uses the lavatory, he or she should wash hands with soap and water or hand sanitizer after each use.
- Eating and drinking while traveling by plane should be kept to a minimum. Under no circumstances should individuals on a plane converse with others while eating or drinking. Members of the Traveling Party may not eat or drink at the same time as others in the same row and must be mindful of limiting the amount of time they remove their masks for purposes of eating and drinking. Masks should only be removed to eat or take a sip of beverage. The best practices regarding food safety measures and preventative controls described in Section 4.2.2 includes additional guidance on food service during air travel.

7.1.5 Travel by Bus

- General Guidelines. For any bus travel involving a team's entire Traveling Party during Spring Training, the championship season, or postseason, Minor League Clubs must provide a minimum of 3 buses, with members of the Traveling Party spread out across all buses to ensure as much social distancing as possible (in addition to minimizing any side-by-side seating). Only members of the Traveling Party are permitted to travel on team buses, and the buses should be treated as Restricted Areas in accordance with Section 4 above. Members of the Traveling Party must maintain appropriate physical distancing when boarding, and window seats should be boarded first and disembarked last. All members of the Traveling Party must wear surgical masks (preferred) or N95/KN95 respirators (if an individual agrees) during any and all bus travel. Windows on buses, including any emergency exits on the roof, should be opened if possible, to maximize ventilation. It is permissible to utilize only one bus while in a road city, provided that all health and safety protocols are followed, and that the bus makes multiple daily trips between the hotel and stadium per the field manager's schedule and capacity limitations.
- Bus Drivers. Bus companies and their drivers must adhere to the minimum standards for bus transit operators established by the CDC. Drivers must be certified as healthy by the bus company, wear face coverings at all times, and otherwise ensure that the bus is cleaned and sanitized before and after every trip, including, but not limited to, any individual trips between the hotel and the ballpark on the same day. Where available, Clubs should make rapid point-of-care COVID-19 testing available to bus drivers. To the extent drivers park on-site and stay during the game, drivers must follow strict distancing guidelines, adhere to the Club's approved cleaning and hygiene protocols, remain in private areas without interacting with other people, and clean and sanitize the bus prior to accepting the Traveling Party for a return to the hotel or a trip to the airport.

- Travel Between Hotel & Ballpark. For travel from the team hotel to the ballpark before games on the road, the visiting Club shall schedule at least six trips staggered in time every twenty minutes to transport players on a schedule that allows for appropriate spacing of pre-scheduled consultations with medical and training staff. For travel from the ballpark to the team hotel or charter following games on the road, the visiting Club shall schedule a minimum of two buses to ensure no side-by-side seating and create more distance between passengers (making multiple trips, if necessary). When loading and unloading the bus, poles and ropes (or similar barriers) should be utilized in order to block fan access to the Traveling Party.
- Food & Beverages. Members of the Traveling Party are strongly discouraged from eating or drinking during bus trips. Masks should only be removed only for the period where the members of the Traveling Party are actively eating or drinking. The Club Compliance Officers (or their staff) must ensure that masks are not removed for longer than necessary to eat. Members of the Traveling Party may not eat or drink at the same time as others in the same row.
- Bus Stops. When stopping on a bus trip, Clubs must make every effort to utilize food and rest stops that provide outdoor eating areas.

7.1.6 Travel by Train

- Train Stations. When traveling through public train stations, Clubs should avoid using main boarding gates that could have the potential to expose members of the Traveling Party to the public as much as possible. All members of the Traveling Party must avoid riding trains or subways, except when required for Club travel between Major League cities.
- Boarding and Deboarding. All members of the Traveling Party must wear surgical masks (preferred) or N95/KN95 respirators (if an individual agrees) during any and all train travel. Boarding and exiting should be done in a manner that maintains appropriate physical distancing. In this respect, window seats should be boarded first and exit last.
- Seating. Whenever possible, the Traveling Party should be provided seating that provides meaningful separation between passengers. Where possible, on trains Clubs should seat no more than two individuals in a row and should not seat these individuals on the same side of the train. Clubs must ensure that members of the Traveling Party do not change seats on any train ride, unless authorized by the Club's Compliance Officer, and also that all individuals remain seated for the duration of the ride (except for 15-minute comfort breaks or to use lavatories). For train transportation with a duration of more than 90 minutes or if special circumstances require (e.g., to accommodate an injured player who requires periodic movement and/or stretching), Clubs are permitted to allow up to two players at one time to briefly leave their seats to stretch or for a short comfort break, provided that all rules pertaining to distancing and masks coverings are strictly followed. All seating

arrangements should provide as many empty seats or rows, and free space between passengers, as possible.

- **Food & Beverage Service.** Catering should be as limited as possible during the trip to avoid touchpoints between crew members and members of the Traveling Party. Single-use utensils, napkins, plates, condiments, and hand wipes should be provided for and disposed of after each meal. Under no circumstances should individuals on a train converse with others while eating or drinking. Members of the Traveling Party may not eat and drink at the same time as others in the same row and must be mindful of limiting the amount of time they remove their masks for purposes of eating or drinking. Masks should only be removed to eat or take a sip of beverage. The best practices regarding food safety measures and preventative controls described in Section 4.2.2 above provide additional guidance on food service while traveling by train.

7.1.7 Hotel Accommodations

Clubs may use previously contracted hotels, provided that such hotels adhere to the enhanced industry-wide cleaning standards established by the Safe Stay initiative of the American Hotel & Lodging Association (“AHLA”) (https://www.ahla.com/sites/default/files/safestayguidelines_v4_102820_1.pdf), which is focused on enhanced hotel cleaning practices, social interactions, and workplace protocols to meet the new health and safety challenges and expectations presented by COVID-19, and otherwise meet the following minimum requirements. Clubs must obtain written confirmation of each hotel’s safety and cleaning protocols specific to COVID-19.

Members of the Traveling Party are subject to the Code of Conduct set forth in Section 2.5 at all times.

- **Hotel Rooms.** Where feasible, members of the Traveling Party should be given single rooms in the Club’s hotels on all road trips during the Club’s Spring Training, championship season and postseason. If not feasible, then members of the Traveling Party should be given the same roommates for every trip to the extent practicable. Covered Individuals may not meet with any guests or persons not part of the Traveling Party (whether at the team hotel, in their individual hotel room, or elsewhere). Members of the Traveling Party may not congregate in any areas of a hotel (including any public areas in the hotel) or enter the hotel room of another member of the Traveling Party for any reason (unless sharing the room with them), unless approved in advance by the Club’s Compliance Officer.
- **Lower Floors/No Elevators.** Where possible, hotels must reserve a sufficient number of rooms for members of the Traveling Party on lower floors such that stairs, and not elevators, can be used for leaving and returning to rooms.
- **Private Dining/Public Restaurants.** Although outdoor dining should not be encouraged, members of the Traveling Party will be permitted to eat outdoors at off-site restaurants (but not bars, lounges, clubs, casinos or like environments) consistent with the requirements contained in Section 2.5; the Traveling Party is also permitted

to leave the hotel for outdoor/curbside pickup of food or beverage (*see* Section 2.5). Clubs should consider providing “welcome amenities” and/or utilizing private on-site vendors at hotels to provide food and drink(s) in the rooms upon arrival in order to minimize trips to convenience stores or public markets. Members of the Traveling Party may order hotel room service directly to their room and are permitted to order food and drink(s) from a delivery service (*e.g.*, Uber Eats, Postmates), provided that the initial delivery is left with hotel staff who can deliver the food and/or drink(s) to the member of the Traveling Party in a manner consistent with the terms of this Section 7.

To the extent members of the Traveling Party eat indoors together in the hotel, they should sit with space between them (*e.g.*, all in a row facing the same direction (not each other) with spaces between them). Buffet-style and self-serve service options will be permitted if the health and safety protocols described in Section 4.2.2 can be established and maintained. The best practices regarding food safety measures and preventative controls described in Section 4.2.2 include additional guidance on hotel food service.

- Time Away from Hotel. Staff and players must notify and receive approval from their Club Compliance Officer if they intend to leave the hotel on the road for any reason. The Club Compliance Officer will notify staff and players if their planned trip outside the hotel complies with the Code of Conduct in Section 2.5 and any Club-specific conduct policy. However, with the approval of his Club, a player who has an existing personal residence in a road city (*i.e.*, a residence he has leased or owns for a purpose other than qualifying for this exception) may be permitted to stay in that residence, in lieu of the team hotel, if:
 - (i) There are no other persons living or staying the residence; or
 - (ii) The only other person(s) living or staying in the residence are immediate family members or cohabitants of the player; those immediate family members and/or cohabitants quarantine at that residence for at least the five (5) days leading up to the player’s arrival.

In order to be eligible to stay in their personal residence during any road series pursuant to this exception, the player must notify his Club of his intention to do so at least twenty (20) days in advance of the applicable road series (or as soon as is practicable for players who are added to a Club’s Active Roster less than twenty (20) days prior to an applicable road series).

- Fitness Center/Pool/Sauna Prohibited. The Traveling Party may not utilize the fitness center, pool, sauna or other shared hotel facility during their stay at a hotel, unless approved in advance by appropriate Club personnel, which shall not be granted unless the Club has exclusive use of the facility for the duration of its stay, and the area is appropriately sanitized by hotel staff prior to each use by members of the Traveling Party.

- Hotel Staff. All hotel staff, including the bell staff, concierge, desk attendants, and cleaning staff assigned to the Club's floors, must adhere to the Club's approved cleaning and hygiene protocols. Hotel staff must refrain from cleaning the interior of hotel rooms assigned to members of the Traveling Party or otherwise entering the rooms. When delivering room service, hotel staff should not enter the room; instead, staff should leave room service deliveries outside the door. Hotels must ensure that all staff who interact with the Traveling Party wear face coverings and other appropriate PPE during such interactions.
- Ventilation. For hotel rooms with a unitary air-conditioning system, the system should be set to all-outside air position for ventilation. If the hotel has a central air-conditioning system, it should be run at 100% outside air mode as soon as room air temperature can be controlled. Members of the Traveling Party are encouraged to keep hotel room windows open to circulate air to the extent such windows are operable.

7.1.8 Luggage & Equipment

To the extent a Club hires drivers to transfer equipment, such drivers must be certified as healthy by their employers and wear face coverings and gloves when handling team equipment, may only be permitted to enter the Club facility to assist with the loading or unloading of equipment, must follow the Club's approved cleaning and hygiene protocols, and otherwise are required to meet the minimum standards for long-haul drivers established by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/long-haul-trucking.html>). At airports, ground staff who assist with loading or unloading luggage must wear face coverings and gloves and otherwise adhere to CDC minimum standards for baggage and cargo handlers (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/airport-baggage-cargo-handlers.html>).

To the extent practicable (*e.g.*, regional travel), team equipment should be trucked directly from city-to-city to avoid touchpoints at airports on both ends of air travel.

7.2 Spring Training Accommodations

To the extent that Clubs provide hotels to Covered Individuals for these purposes, any such hotels must comport with the standards set forth in Section 7.1.7 above. Covered Individuals only should utilize hotels that adhere to appropriate COVID-19 cleaning and hygiene protocols and, to the extent feasible, book floors that only will be used by other Covered Individuals. Individuals residing in Club hotels remain subject to the Spring Training Health & Safety Protocols (*see* Section 3.1.2.).

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SECTION 8 – *PLAYER & STAFF EDUCATION*

8.1 COVID-19 Player & Staff Education

8.1 COVID-19 Player & Staff Education

8.1.1 General Overview

MLB will provide to all Minor League Covered Individuals the educational materials provided to the Major League Covered Individuals regarding COVID-19 vaccinations and best practices for reducing the risk of infection with COVID-19. Clubs may share those programs and materials with families and household members of Covered Individuals, and any other employees to the extent it is relevant to their functions for the Club in its facilities, but Clubs will be responsible for arranging access for families and household members of Covered Individuals and educating other employees with respect to their specific Health and Safety Protocols and their employees' specific responsibilities.

Each Club is responsible for ensuring that all Club employees (including players) review this COVID-19 education prior to commencing work for the 2021 season. Below is a non-exhaustive list of the topics that are covered by MLB's COVID-19 education programs:

- The safety and importance of COVID-19 vaccinations
- Symptoms of COVID-19
- What to do if you feel sick
- COVID-19 testing and screening protocols
- Team travel and transportation
- Physical distancing and limitations on occupancy in all areas of the clubhouse and ballpark, and examples of "close contact"
- Considerations for High-Risk Individuals
- Handwashing and sanitization
- Use of face coverings and PPE
- Mental Health support and resources
- Food safety
- Behavioral modifications (*e.g.*, licking fingers, spitting, sharing equipment)
- Ballpark cleaning and sanitization protocols
- Cleaning and sanitization recommendations for personal residences and vehicles
- Recommendations for protecting family and friends

- The importance of the flu vaccine in the context of COVID-19
- Non-baseball related social interactions
- Media and fan interactions
- Contact Tracing

8.1.2 Player Liaisons

Clubs should encourage at least one player from each Club to volunteer to serve as his or her Club's "Player Liaison." The Player Liaison will be responsible for communicating regularly with his Club's medical staff, front office, and designated compliance officers and staff to identify any safety-related issues or concerns. Player Liaisons will also be responsible for assisting Clubs and players in promoting awareness of and compliance with health and safety protocols by players and other club Staff.

8.1.3 Regular Health and Safety Updates

MLB will provide regular updates to players and Club employees via virtual meetings, emails, handouts, posters, and other communications, as appropriate.

8.1.4 Certifications of Completion

Immediately following delivery of an educational module, every player and employee must acknowledge in writing that he has completed the appropriate COVID-19 educational program. Clubs need not submit these certifications to MLB.

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ATTACHMENTS

Attachment 1

Symptom and Exposure Questionnaire

All players and Club employees are required to complete the following COVID-19 symptom and exposure questionnaire before being allowed to enter a Club facility. If your answer to questions 1, 2, or 3 is “Yes,” please also contact a member of your Club’s training or medical staff to discuss whether it is advisable for you to travel to Spring Training.

1. In the past 72 hours, have you experienced any of the following symptoms?

	Yes	No
Shortness of Breath or Difficulty Breathing		
Cough (new onset or worsening)		
Fever (felt feverish or warm)		
Headache		
Chills		
Sore or Scratchy Throat		
New Loss of Taste or Smell		
Muscle Pain		
Nasal Congestion		
Runny Nose		
Nausea or Vomiting		
Diarrhea		
Gastrointestinal distress or upset stomach		
Fatigue or Weakness		
Swelling of the toes or lower extremities		
Chest tightness or pain		
Swollen lymph nodes or glands		
Abdominal pain		
Rash or “COVID toes”		

If you answered “Yes” to any of the above, please provide details (use additional sheet if necessary):

2. Have you had a fever at or above 100.4 degrees Fahrenheit (38.0 degrees Celsius) or taken any fever-reducing medications (*e.g.*, Tylenol or Advil) within in the last 72 hours?

Yes No

☐ ☐

If you answered “Yes,” please provide detail below (including temperature readings, if available):

3. Do you have reason to believe that you, or anyone with whom you have had close contact,¹⁷ may have been exposed to Covid-19 in the past 14 days?

Yes No

☐ ☐

If you answered “Yes,” please provide detail below (and identify the individual, if possible):

4. Please list below any countries other than the United States or Canada in which you have spent time over the last 30 days. If you have not left the United States and Canada within the last 30 days, please write “None.” (Use additional sheet, if necessary.)

NAME: _____

DATE: _____

¹⁷ The CDC currently defines “close contact” as being within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic individuals, two days prior to test specimen collection) until the time the individual is isolated; this definition is subject to additional consideration of factors identified by the CDC, such as if the infected person was likely to generate respiratory aerosols, whether the infected individual has symptoms, and other environmental factors such as crowding, adequacy of ventilation, and whether exposure was indoors or outdoors). (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)

Attachment 2

Home Screen

1. In the past 24 hours, have you experienced any of the following symptoms?

	Yes	No
Shortness of Breath or Difficulty Breathing	<input type="text"/>	<input type="text"/>
Cough (new onset or worsening)	<input type="text"/>	<input type="text"/>
Fever (felt feverish or warm)	<input type="text"/>	<input type="text"/>
Headache	<input type="text"/>	<input type="text"/>
Chills	<input type="text"/>	<input type="text"/>
Sore or Scratchy Throat	<input type="text"/>	<input type="text"/>
New Loss of Taste or Smell	<input type="text"/>	<input type="text"/>
Muscle Pain	<input type="text"/>	<input type="text"/>
Nasal Congestion	<input type="text"/>	<input type="text"/>
Runny Nose	<input type="text"/>	<input type="text"/>
Nausea or Vomiting	<input type="text"/>	<input type="text"/>
Diarrhea	<input type="text"/>	<input type="text"/>
Gastrointestinal distress or upset stomach	<input type="text"/>	<input type="text"/>
Fatigue or Weakness	<input type="text"/>	<input type="text"/>
Swelling of the toes or lower extremities	<input type="text"/>	<input type="text"/>
Chest tightness or pain	<input type="text"/>	<input type="text"/>
Swollen lymph nodes or glands	<input type="text"/>	<input type="text"/>
Abdominal Pain	<input type="text"/>	<input type="text"/>
Rash or “COVID toes”	<input type="text"/>	<input type="text"/>

If you answered “Yes” to any of the above, please provide details.

2. In the past 24 hours, has anyone you live with experienced any of the foregoing symptoms?

Yes No

<input type="text"/>	<input type="text"/>
----------------------	----------------------

If you answered “Yes,” please provide details.

3. Personal Temperature Reading #1: _____

4. Personal Temperature Reading #2: _____

5. Do you have reason to believe that you, or anyone with whom you’ve had close contact,¹⁸ may have been exposed to Covid-19 in the past two weeks?

Yes

No

☐☐

If you answered “Yes,” please provide details below (and identify the individual, if possible):

6. Do you have reason to believe that you, or anyone with whom you have had close contact, may have interacted with any individual who is in self-quarantine or self-isolation due to a potential or confirmed case of COVID-19 in the past two weeks?

Yes

No

☐☐

If you answered “Yes,” please provide details below (and identify the individual, if possible):

¹⁸ The CDC currently defines “close contact” as being within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic individuals, two days prior to test specimen collection) until the time the individual is isolated; this definition is subject to additional consideration of factors identified by the CDC, such as if the infected person was likely to generate respiratory aerosols, whether the infected individual has symptoms, and other environmental factors such as crowding, adequacy of ventilation, and whether exposure was indoors or outdoors). (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)

Attachment 3

Facility Screen

1. Have you already completed your Home Screen today?

Yes

No

☐☐

2. In the past 72 hours, have you experienced any of the following symptoms?

Yes

No

Shortness of Breath or Difficulty Breathing

☐☐

Cough (new onset or worsening)

☐☐

Fever (felt feverish or warm)

☐☐

Headache

☐☐

Chills

☐☐

Sore or Scratchy Throat

☐☐

New Loss of Taste or Smell

☐☐

Muscle Pain

☐☐

Nasal Congestion

☐☐

Runny Nose

☐☐

Nausea or Vomiting

☐☐

Diarrhea

☐☐

Gastrointestinal distress or upset stomach

☐☐

Fatigue or Weakness

☐☐

Swelling of the toes or lower extremities

☐☐

Chest tightness or pain

☐☐

Swollen lymph nodes or glands

☐☐

Abdominal pain

☐☐

Rash or “COVID toes”

☐☐

If you answered “Yes” to any of the above, please provide details.

3. In the past 72 hours, has anyone you live with experienced any of the foregoing symptoms?

Yes No

☐☐

If you answered “Yes,” please provide details.

4. Personal Temperature Reading #1: _____

5. Personal Temperature Reading #2: _____

6. Do you have reason to believe that you, or anyone with whom you’ve had close contact,¹⁹ may have been exposed to Covid-19 in the past two weeks?

Yes No

☐☐

If you answered “Yes,” please provide details below (and identify the individual, if possible):

7. Do you have reason to believe that you, or anyone with whom you have had close contact, may have interacted with any individual who is in self-quarantine or self-isolation due to a potential or confirmed case of COVID-19 in the past two weeks?

Yes No

☐☐

If you answered “Yes,” please provide details below (and identify the individual, if possible):

¹⁹ The CDC currently defines “close contact” as being within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic individuals, two days prior to test specimen collection) until the time the individual is isolated; this definition is subject to additional consideration of factors identified by the CDC, such as if the infected person was likely to generate respiratory aerosols, whether the infected individual has symptoms, and other environmental factors such as crowding, adequacy of ventilation, and whether exposure was indoors or outdoors). (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)

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Attachment 4

Sample Bus Seating Arrangements

3 BUSES											
BUS 1				BUS 2				BUS 3			
D	X	S	X	D	X	S	X	D	X	S	X
X	X	X	X	X	X	X	X	X	X	X	X
X	S	X	S	X	S	X	S	X	S	X	S
X	X	X	X	X	X	X	X	X	X	X	X
S	X	S	X	S	X	S	X	S	X	S	X
X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	P	X	X	X	P	X	X	X	P
X	X	P	X	X	X	P	X	X	X	P	X
X	P	X	X	X	P	X	X	X	P	X	X
P	X	X	P	P	X	X	P	P	X	X	P
X	X	P	X	X	X	P	X	X	X	P	X
X	P	X	X	X	P	X	X	X	P	X	X
P	X	X	P	P	X	X	P	P	X	X	P
X	X	P	X	X	P	X	X	X	P	X	X
P	X	X	P	P	X	X	P	P	X	X	P
X	X	P	X	X	P	X	X	X	P	X	X
10 PLAYERS 5 STAFF 5 PODS				10 PLAYERS 5 STAFF 5 PODS				10 PLAYERS 5 STAFF 5 PODS			
30 PLAYERS + 15 STAFF											
3 BUSES											
BUS 1				BUS 2				BUS 3			
D	X	S	X	D	X	S	X	D	X	S	X
X	X	X	X	X	X	X	X	X	X	X	X
X	S	X	S	X	P	X	P	X	P	X	P
X	X	X	X	X	X	X	X	P	X	X	P
S	X	S	X	P	X	P	X	X	X	P	X
X	X	X	X	X	X	X	X	X	P	X	X
X	S	X	S	X	P	X	P	P	X	X	P
X	X	X	X	X	X	X	X	X	X	P	X
S	X	S	X	P	X	P	X	X	P	X	X
X	X	X	X	X	X	X	X	P	X	X	P
X	S	X	S	X	P	X	P	X	P	X	P
X	X	X	X	X	X	X	X	X	X	P	X
X	X	X	X	X	X	X	X	X	X	X	X
S	X	S	X	P	X	P	X	P	X	X	P
X	X	X	X	X	X	X	X	X	X	X	X
13 STAFF				14 PLAYERS 1 STAFF 2 PODS				16 PLAYERS 1 STAFF 8 PODS			
30 PLAYERS + 15 STAFF											