

MAJOR LEAGUE BASEBALL'S 2020 OPERATIONS MANUAL

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ATTACHMENTS

2020 OPERATIONS MANUAL

SECTION 1 – *INTRODUCTION*

This 2020 operations manual has been agreed to by the Office of the Commissioner and the Major League Baseball Players Association, and it represents the parties' collective effort to resume play while protecting the health and safety of players, umpires, Club employees, and all other members of the Baseball family and the communities in which Clubs reside. Although no set of protocols is sufficient to completely eliminate the risk of contracting COVID-19, in developing this plan, the parties relied on numerous MLB and Club medical staff and outside experts specializing in infectious diseases in order to minimize the risk present in Baseball environments to the greatest extent possible. We also reviewed the reopening plans from sports leagues around the world in order to develop the best possible approach. As comprehensive as this manual is, it does not address every aspect of MLB and Club operations for the 2020 season. Additional guidance may be provided throughout the season.

The COVID-19 pandemic has had an enormous and unprecedented impact on our daily lives, our families and our communities. This is a challenging time, but we will meet the challenge by continuing to work together. Adherence to the health and safety protocols described in this manual will increase our likelihood of being successful. We hope that resuming Baseball will, in its own small way, return a sense of normalcy and aid in recovery.

2020 OPERATIONS MANUAL

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**
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2.1 COVID-19 Health Monitoring & Testing Plan

2.1.1 Purpose

Major League Baseball’s resumption of play plan for the 2020 season is based on a series of interlocking safeguards from the community to the ballpark to maintain the health and safety of all personnel. Critical components of these safeguards include closely monitoring the health and regular testing of all players, other on-field personnel (managers, coaches, umpires), and a limited number of essential staff who must come in close proximity to players (defined in Sections 4.1.1 and 4.1.2 below as “Tier 1 Individuals” and “Tier 2 Individuals,” and referred to collectively for purposes of Major League Baseball’s COVID-19 Health Monitoring and Testing Plan as “Covered Individuals”) for the COVID-19 virus and related antibodies throughout the 2020 season. In order to provide current and accurate information regarding the health status of all Covered Individuals and to prevent the spread of COVID-19 in the event that a Covered Individual were to become infected, Major League Baseball’s COVID-19 Health Monitoring and Testing Plan detailed below (hereinafter, the “Monitoring and Testing Plan”) includes testing and monitoring of both symptomatic and asymptomatic Covered Individuals. Regular testing of all Covered Individuals will allow the Office of the Commissioner (hereinafter, “MLB”) and the Major League Baseball Players Association (hereinafter, “MLBPA”) (collectively, the “parties”) to quickly and proactively identify any Covered Individual who contracts COVID-19 and mitigate the risk of transmission to others.

These measures are designed to minimize the risk of introduction of COVID-19 into Club facilities, and to protect Covered Individuals and their families, including high-risk individuals. These measures must be coupled with efforts of these individuals to minimize their individual community risk and rapid response by Club officials when an infected individual is identified to minimize transmission.

2.1.2 Overview

All Covered Individuals will be subject to the Monitoring and Testing Plan prior to and during the period in which they have access to Restricted Areas in Club facilities based on their Tier 1 or Tier 2 status (*see* Section 4.1 below). The Monitoring and Testing Plan has four components: (i) Pre-screening; (ii) Intake Screening; (iii) Regular Health Monitoring of Asymptomatic Individuals; and (iv) Expedited Analysis for Symptomatic Individuals. A Joint COVID-19 Health & Safety Committee, composed of one non-medical representative from MLB, one non-medical representative from the MLBPA, and two physicians (one appointed by each of the parties) (collectively, the “Joint Committee”) will be tasked with day-to-day oversight of the Monitoring and Testing Plan along with the other responsibilities described below. Any disputes regarding the carrying out of the Joint Committee’s responsibilities that cannot be resolved by a majority vote of the Joint Committee will be resolved on an expedited basis by an independent expert selected by the MLB-appointed physician and MLBPA-appointed physician on the Joint Committee.

In order to participate in the 2020 season, all Covered Individuals must sign the 2020 Season Acknowledgment and 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 Monitoring and Testing Plan, including:

- Testing Laboratory. The Sports Medicine Research and Testing Laboratory (“SMRTL”), the CLIA-certified laboratory located in Salt Lake City, Utah, has agreed to convert a portion of its anti-doping laboratory to test samples collected from the Covered Individuals for the COVID-19 virus and related antibodies, ensuring that resources will not be diverted from other laboratories that are already performing COVID-19 testing for the public. SMRTL has procured and validated multiple real-time polymerase chain reaction (“PCR”) testing instruments that will be dedicated to processing samples as part of the Monitoring and Testing Plan. SMRTL has committed to fulfilling the Testing Components (described in Section 2.1.3 below) and to handling all private health information with confidentiality and compliance with HIPAA and any other state and federal regulations governing privacy. Other testing laboratories and facilities identified and approved by the Joint Committee may be used to test a limited number of samples when additional capacity or expedited processing is necessary.
- Sample Collector. MLB will engage the services of Comprehensive Drug Testing, Inc. (“CDT”),¹ and other comparable sample collection service providers when necessary, to collect and ship samples collected from Covered Individuals. The Joint Committee anticipates that the vast majority (if not all) of diagnostic/PCR tests will be run on saliva collections, although there may be instances in which collections occur via nasal or oral swabs. If superior testing techniques are approved by the relevant regulatory bodies during the 2020 season, the Joint Committee will consider augmenting or adjusting the collection or testing methodologies described in the Monitoring and Testing Plan. Blood samples (venous blood and/or dried blood spot samples) will also be collected, on a less frequent basis, for purposes of serology (antibody) testing. All collectors will be required to self-administer a symptom and exposure questionnaire (*see* Attachment 1) prior to performing sample collections. Collectors who are symptomatic or had potential exposure to COVID-19 will not be permitted access to Club facilities. Collectors will receive PCR and antibody testing at a frequency determined by the Joint Committee, in conjunction with CDT, while such personnel are providing collection services for Covered Individuals. Collectors will be considered Tier 2 Individuals for purposes of access, but will not count against any Club’s Tier 2 limit. (*See* Section 4.1.2 below.)
- Select Club, MLB, and MLBPA Representatives. As described throughout this Monitoring and Testing Plan, Team Physicians or MLB Physicians (for MLB employees)² must be available to Covered Individuals for consultation during the testing process and to review, report, and respond to the test results reported by

¹ CDT will also be responsible for providing sample collection services under MLB’s Joint Drug Prevention and Treatment Program and MLB’s Drug Policy for Non-Playing Personnel during the 2020 season.

² Hereinafter, “Team Physician” shall also refer to MLB Physicians where MLB employees are concerned.

SMRTL. In addition, the members of the Joint Committee will be involved in the coordination of the Monitoring and Testing Plan.

Covered Individuals will be given the option of signing and completing these documents in an electronic or non-electronic format.

The Joint Committee will continue to monitor developments in COVID-19 testing and will endeavor to use the most accurate, least invasive, fastest, and cost-effective methods that are commercially available, without adversely impacting public health resources and needs.

2.1.3 Key Components of the Monitoring and Testing Plan

Pre-Screening

One to two days prior to 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. If a Club would like to ask additional questions beyond those set forth in the questionnaire, the Club may do so, provided that the Club receives advance permission from MLB (attention: Jon Coyles and Dr. Gary Green), with respect to Club personnel, or the Joint Committee with respect to players.

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 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, and arrange for an immediate expedited diagnostic test for COVID-19, before that individual reports to any Club facility.

Intake Screening

Upon arriving at Spring Training, all Covered Individuals must undergo an Intake Screening, which will be conducted and supervised by a combination of one or more representatives from CDT (or another comparable sample collection service) and the Club's medical staff, all of whom will be wearing appropriate personal protective equipment (as defined in Section 2.7) ("PPE"), including surgical masks and gloves, and will replace PPE regularly during that process.

Before arriving at Spring Training, each Covered Individual will receive a designated appointment time and location for when he or she is to report for Intake Screening, which will be approximately 48-72 hours prior to that Covered Individual's Spring Training reporting date (or earlier at home, where practicable). These Intake Screening appointments will take place at one or more locations, as determined by the Club, and the appointment times will be staggered to prevent groups of Covered Individuals from congregating during the process.

The Intake Screening is intended for individuals without symptoms of COVID-19 and will consist of at least three components:

- A temperature check with contactless thermometer (administered by a representative of the Club's medical staff);

- A body fluid sample (saliva or oral/nasal swab) for diagnostic/PCR testing (collected by a CDT representative); and
- A venous blood collection or dried blood spot sample for serology/antibody testing (collected by a CDT representative).

Following a Covered Individual's completion of these three 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 diagnostic/PCR testing are reported (which should take approximately 24-48 hours for this initial entry test). Results of the Intake Screening testing will be reported to the Joint Committee and the medical staff of the Covered Individual's Club, who in turn will promptly share the results with the Covered Individual. If the result of a Covered Individual's diagnostic/PCR test is negative (indicating that he or she does not have transmissible COVID-19), he or she may report to Spring Training at his or her appointed time and enter Club facilities. If the result of the Covered Individual's diagnostic/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.

Regular Monitoring of Asymptomatic Individuals

Throughout the remainder of Spring Training and the 2020 season, all Covered Individuals will be monitored regularly for changes in their health using the following methods:

- Daily Symptom Screens and Temperature Checks. All Covered Individuals will have their temperature and other symptoms checked and recorded at least twice per day, as detailed below in Section 2.1.6.
- Frequent PCR Testing. All Tier 1 Individuals shall be subject to diagnostic/PCR testing every other day throughout Spring Training, the 2020 championship season, and (as applicable) the postseason. All other Covered Individuals will be subject to diagnostic/PCR testing multiple times per week, with the precise frequency determined by MLB, in consultation with MLB's medical advisors and the Joint Committee. The Joint Committee may, with unanimous support of its members, alter the frequency of testing for Covered Individuals during the season. The specific testing schedule for each Club will be determined by CDT, in consultation with the Clubs and the Joint Committee, with the goal of ensuring expedited result reporting (approximately 24 hours) at all times. The specific testing schedule will be provided to Clubs in advance, to the extent practicable.
- Antibody Testing. On a less frequent basis (approximately once per month), Covered Individuals will submit to follow-up antibody tests to ensure that the serological status of all Covered Individuals is known and up to date.³

³ Consistent with EEOC guidance, the results of any antibody or serological testing will not, by itself, serve as a basis for prohibiting entry into Club facilities.

Except with respect to Intake Testing (as described above), any positive PCR or antibody test results for Covered Individuals will be immediately reported by SMRTL to all members of the Joint Committee (via secure e-mail, call, or text message). An MLB representative on the Joint Committee will, in turn, immediately inform the medical staff of the Covered Individual's Club, who will be responsible for informing the Covered Individual and local health officials (as necessary). All negative PCR and antibody test results will be reported by SMRTL to the Joint Committee and logged in MLB's confidential electronic medical records system ("EMR").

Expedited 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 during a temperature check, reports or exhibits any other symptom(s) that may be consistent with COVID-19, or has come in close contact⁴ with a confirmed case of COVID-19 will, in addition to a clinical assessment and referral for a medical evaluation, be subject to an immediate expedited diagnostic test for COVID-19 at a location proximate to the Club facility where the screening occurred, as well as a confirmatory PCR test performed at SMRTL or another laboratory.

For a Covered Individual who tests positive on either of these tests, the protocols set forth in Section 2.3 regarding isolation, contact tracing, and immediate testing of all other Covered Individuals who came into close contact with him or her must be strictly followed.

2.1.4 Dedicated Testing and Isolation Areas

Each Club must identify and maintain at least one dedicated testing area in each of its Spring Training site(s), Alternate Training Site (defined below) and Major League ballpark 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 Areas should be in a private, controlled, and hygienic area with enhanced ventilation. Dedicated Testing Areas should have sufficient space for two to four individuals, and be outfitted with a small table and chairs. 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. Appropriate PPE must be worn and proper hygiene must be practiced at all times in the Designated Testing Area.

Each Club must also identify and maintain in each of its Spring Training site(s), Alternate Training Site, and Major League ballpark 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, supplied with appropriate PPE (*see* Section 2.7 below), and supplies (*e.g.*, seating, bottled water,

⁴ The CDC defines "close contact" as living in the same household, being within six feet of someone for fifteen minutes or longer, or being in direct contact with secretions from a sick person with COVID-19 (*e.g.*, being coughed on). Close contact does not include brief interactions, such as walking past someone

medical supplies), and easily accessible to local first responders in case emergency evacuation to a medical facility is required.

The locations of the Dedicated Testing Areas and Dedicated Isolation Areas in each Club's Spring Training site(s), Alternate Training Site, and Major League ballpark must be identified in each Club's COVID-19 Action Plan (described below in Section 2.2.1).

2.1.5 Voluntary Testing of Household Members and First Responders

MLB will offer free diagnostic/PCR and antibody/serology testing for: (i) individuals who reside in the same household as a Covered Individual; and (ii) healthcare workers or other first responders in the Clubs' home cities as a public service. Club medical staffs should contact the Joint Committee (attention: Jon Coyles at MLB) to discuss logistics and make arrangements for sample collections in these circumstances.

2.1.6 Temperature and Symptom Screening Procedures

Each Club is responsible for implementing and administering the Home Screen described below for the Covered Individuals affiliated with its organization. In addition, Clubs must implement and administer the Facility Health Screen below for all individuals who enter parts of a Club facility that require Tier 1-3 credentials. Each Club's medical staff is responsible for ensuring compliance with these procedures, and MLB may conduct random audits (at the request of the Joint Committee or otherwise) to evaluate such compliance.

Home Screen

MLB will provide each Covered Individual with a personal oral digital thermometer to perform a primary self-screen each morning, via a mobile application designated by MLB, before leaving his or her residence (the "Home Screen"). As part of the Home Screen, Covered Individuals will measure their own temperatures twice in succession at the same time each morning (before engaging in any activities that might compromise the accuracy of measurements, such as eating, drinking, exercising, showering, or ingesting fever-reducing medications) to ensure consistency and precision in temperature readings. Covered Individuals also will complete a standardized symptom and exposure questionnaire via the MLB-designated mobile application as part of the Home Screen (*see* Attachment 4). Any Covered Individual who records a temperature reading at or above 100.4 degrees Fahrenheit, or otherwise responds in a way that requires additional screening, must immediately report the results to his or her Club's medical staff (who will inform the Joint Committee), and the Covered Individual must follow the protocols for symptomatic individuals (*see* Section 2.2). The Home Screen must be completed by Covered Individuals daily, including on days when he or she does not report to a Club facility.

Facility Health Screen

All Tier 1–3 Individuals who enter a Club facility will have their temperature checked at the stadium with an MLB-approved noncontact thermometer, and will be required to orally complete a standardized symptom and exposure questionnaire (*see* Attachment 5) administered by his or her Club's staff via the MLB-designated application before being permitted entry (the "Facility Health Screen"). This requirement applies to all individuals entering areas of the facility that require Tier

1, 2, or 3 credentials. It does not apply, however, to areas of Club facilities that are or will be completely cordoned off from the rest of the facility (*e.g.*, Club offices); Clubs retain discretion on how to screen entrants to those areas. 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 shall be responsible for conducting the Facility Health Screen requirements for any individual not affiliated with the visiting 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 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. At that point, the Joint Committee must be informed and the procedures for symptomatic individuals must be followed (*see* Section 2.2).

Clubs are responsible for staffing Facility Health Screen stations at their facilities at all times when individuals are permitted to enter the facilities. The screening stations should be located at sufficient distances from entrances and communal areas to enable physical distancing between individuals waiting to be screened, with markers or partitions showing where people should stand. Clubs will have the discretion to determine the best locations to conduct Facility Health Screens at their facilities, and should account for circumstances in which inclement weather or warmer outdoor temperatures may necessitate contingency plans. Consistent with guidelines for the Home Screen, individuals must not engage in any activities that might compromise the accuracy of temperature measurements, such as eating, drinking, exercising, showering, or ingesting fever-reducing medications, to ensure consistency and precision in temperature readings. Areas in which Facility Health Screens are administered must be sanitized regularly.

Each Club may determine who staffs the Facility Health Screen stations at its facilities, provided that Facility Health Screen stations cannot be staffed by Tier 1 Individuals. 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 will be subject to separate screening procedures. Each Club is also responsible for coordinating staffing arrangements for Facility Health Screens for individuals who may access their facility when the team is traveling on the road.

The Facility Health Screen must include the collection and documentation of the following information about each Covered Individual who seeks to enter the Club facility:

- Date, time, and location of the Facility Health Screen;
- Name of the Covered Individual who is the subject of the Facility Health Screen;
- Name and title of individual conducting the Facility Health Screen;
- Temperature reading, to the first decimal point (in Fahrenheit);

- Standardized symptom and exposure questionnaire responses; and
- Whether the screened individual was permitted entry to the Club facility.

Documentation of the foregoing information for each Facility Health Screen of a Covered Individual must be submitted and stored through the MLB-designated application that is integrated with the league-wide EMR. MLB will monitor the accuracy, consistency, and timeliness of documentation through periodic data audits no less than once per week, and will provide feedback to Clubs regarding the quality of such documentation. Club medical staff will receive guidelines regarding consent forms, documentation, and reporting requirements prior to Spring Training. Noncompliance with Home Screens or Facility Health Screens, including instances in which a Covered Individual fails to complete a Home Screen before presenting for a Facility Health Screen, must be reported to MLB.

2.2 Protocol for Symptomatic Covered Individuals

2.2.1 Symptom Identification

Any Covered Individual who during a Home or Facility Health Screen either (i) reports and exhibits any symptoms of COVID-19 (*see* Section 2.1.6 above) or (ii) has a temperature reading at or above 100.4 degrees Fahrenheit 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 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);⁵ (ii) identification of one or more local housing options (*e.g.*, hotel or apartment) for any Covered Individuals who test positive for COVID-19 while in the Club's home city or the Club's Spring Training city, or who reside with an individual who tests positive (which housing options shall be arranged by the Club or reimbursed by the Club to the affected Player); (iii) procedures for treating emergent non-COVID-19 health incidents (including specific guidance on appropriate PPE use by staff when addressing such emergencies); (iv) contact information for local health officials responsible for the jurisdiction; and (v) protocols for reporting notice of any symptomatic individuals to the Joint Committee. The Plan must also include the precautions that individuals

⁵ 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 team (*e.g.*, umpires).

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.⁶ Each Club must submit its written COVID-19 Action Plan to the Joint Committee (attention: Jon Coyles and Dr. Gary Green) for approval before resuming any group activities at Spring Training, and notify the Joint Committee of any amendments to their COVID-19 Action Plan throughout the 2020 season.

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 an expedited diagnostic test for COVID-19 (*e.g.*, a point-of-care test at a local health care facility). Each Club is responsible for identifying in its COVID-19 Action Plan one or more local facilities in its Spring Training location and its home city with accurate point-of-care testing capability (or another expedited diagnostic testing option) that is FDA-approved and can quickly process a sample collected from any symptomatic Covered Individual (the “Expedited Diagnostic Test”). Each Club must inform the Joint Committee of its testing options and update the information throughout the 2020 season.⁷ The home Club must assist with arranging testing for Covered Individuals on the visiting Club, including informing the visiting Club of the local testing options and assisting with sample collection and transportation. Pending the results of that Expedited Diagnostic 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. After the Expedited Diagnostic Test is conducted, the Covered Individual must also provide an additional saliva sample for confirmatory diagnostic PCR testing at SMRTL (the “Confirmatory Test”). During the period that the Expedited Diagnostic Test and Confirmatory Test results are pending, the symptomatic individual must be remotely monitored by a Team Physician and must refrain from traveling. 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.
- Based on the circumstances and timing of the close contact, all of those individuals who have had close contact also should be administered an Expedited Diagnostic Test and/or increased PCR testing for some period of time.

⁶ See www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

⁷ MLB is also exploring the availability of Expedited Diagnostic Testing capability for use by Clubs and will continue to keep Clubs updated on the status of those efforts.

- 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 both the Expedited Diagnostic Test and Confirmatory Testing 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 Team Physician for the symptomatic individual's Club approves the individual to return to Club facilities (in accordance with CDC guidance, and after first conferring with and obtaining approval from the Joint Committee). If the result of either the Expedited Diagnostic Test or 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 individual's Club must immediately report the result to MLB (attention: Jon Coyles, who will immediately inform the Joint Committee) and any relevant health authorities (as required by state and local regulations), and 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, isolate from all people (other than medical professionals, as necessary, who shall employ the appropriate infection prevention and control practice for interaction with positive individuals) and pets, 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 the Joint Committee.

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. As set forth in Section 2.2.1 above, every Club must have a written COVID-19 Action Plan that, among other things, establishes procedures to assist such individuals to quickly and safely isolate and be housed in a manner that minimizes contact with others, including while the Club is on the road.

2.3.2 Care and Monitoring

While in isolation following a positive test for COVID-19, a Covered Individual must be in daily communication with and receive remote care from Club medical staff, including regular follow-up testing (at a frequency determined by the Team Physician) and remote monitoring of symptoms

(including using increasing severity or progressing of symptoms as a trigger to escalate care). As part of its COVID-19 Action Plan, the Club also must identify and inform the Joint Committee of one or more local health care facilities to which it will refer any Covered Individuals who test positive for COVID-19 for treatment if the circumstances warrant.

A Covered Individual who tests positive for COVID-19 will not be allowed to travel (except as authorized by Club medical staff and the Joint Committee), access any Club facility, or have direct contact with any other Covered Individual or other Club staff (other than medical staff) unless and until each of the following occurs: (i) the individual tests negative on two separate Confirmatory Tests performed by SMRTL, taken at least 24 hours apart⁸; (ii) the Covered Individual has been afebrile for at least 72 hours without the use of any fever suppressant, and any respiratory symptoms have improved, (as confirmed and documented by his or her treating physician or Club medical staff); (iii) the Covered Individual completes at least one antibody test following the positive diagnosis; (iv) at the discretion of the Team Physician, a cardiac evaluation (*e.g.*, ECG and ECHO) in accordance with published standards; (v) the Covered Individual's Team Physician, any treating physician caring for the Covered Individual, and the Joint Committee all conclude that the individual no longer presents a risk of infection to others and is healthy enough to return to his or her usual professional responsibilities, in accordance with CDC guidance; and (vi) any local regulations or requirements are satisfied.

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, a Club, in coordination with local health officials (where applicable), must: (i) conduct a contact tracing investigation to identify all other Club- and MLB-affiliated Individuals (including employees of other Clubs) who had close contact with the infected individual, while maintaining the confidentiality of the infected individual to the extent possible; (ii) notify those individuals of their potential exposure and the need for quarantine or isolation pending the results of an Expedited Diagnostic Test; and (iii) arrange for those individuals to receive an Expedited Diagnostic Test.

Each Club must arrange to have relevant personnel (including, but not limited to, their ICPC⁹ and members of the Club medical staff) to complete an MLB-approved contact tracing training course prior to the start of the 2020 season, and certify in writing that such course has been completed. In addition, 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 (including any equipment used), and notify other Clubs whose facilities may have been exposed.

⁸ If a Covered Individual continues to test positive on repeat PCR tests, and the treating physician feels that inactive noninfectious viral particles are the reason for the prolonged PCR test results, the Joint Committee's medical advisors may approve clearance of the individual upon an analysis of the circumstances and test results, provided that all other requirements for clearance (including a lack of symptomology) are satisfied.

⁹ The ICPC shall mean the Infection Control Prevention Coordinator, as defined further in Section 4.2.

- Confidentially notify proper health authorities.
- Reinforce the importance of enhanced hygiene by all individuals, including Covered Individuals, throughout the organization.
- Provide immediate family members of any infected individual with testing options, appropriate PPE, and health guidance.
- For at least 72 hours following confirmation of the positive test result, no High-Risk Individual (as defined in Section 2.4) may enter any area within a Club facility in which the Covered Individual who tested positive has recently spent time, without prior written approval from MLB's medical advisors (with respect to Club personnel) or the Joint Committee (with respect to players).

2.3.4 Others in Close Contact With Covered Individuals Who Test Positive for COVID-19

MLB will follow protocols that have been established by health care institutions and governmental entities regarding the return to work of individuals who have come into close contact (as defined by the CDC) with individuals who have tested positive for COVID-19. Under these protocols, and subject to the guidance of the Club's Team Physician, in consultation with the Joint Committee, a Covered Individual who has been exposed to a confirmed case of COVID-19 may be permitted to continue to perform his or her duties (including entering Club facilities) after a risk assessment, provided that each of the following conditions is satisfied:

- The individual must test negative for the presence of the virus via an Expedited Diagnostic Test, 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 days following the potential exposure.
- The individual must wear a surgical mask at all times (including while outside of Club facilities), except while on the field.
- The individual must receive a PCR saliva test on a daily basis for seven days following the potential exposure (Clubs will be provided with saliva test kits for follow-up testing purposes).
- 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, in consultation with MLB and its medical experts (and in consultation with the Joint Committee if the High-Risk Individual is a player), as well as with local authorities, as required.

2.4 Protocol for High-Risk Individuals

COVID-19 can cause symptoms ranging from mild to very severe. According to the CDC, some individuals may be more likely to suffer severe illness as a result of COVID-19 than others due to the presence of certain characteristics or medical conditions.¹⁰ It is the responsibility of each Team Physician to identify any Covered Individuals with his or her organization who, by virtue of their age and/or medical history, are at a materially higher risk of developing severe illness or complications from COVID-19 exposure (“High-Risk Individuals”).¹¹ In addition, each Club’s medical staff must identify Covered Individuals who reside with or are in close, regular contact with High-Risk Individuals. As part of that process, a representative of each Club’s medical staff must communicate with each of the Club’s Covered Individuals prior to the commencement of 2020 Spring Training in an effort to identify those with characteristics, conditions, or histories that may qualify them as High-Risk Individuals, and to also identify those who reside with or are in close, regular contact with High-Risk Individuals. Covered Individuals are encouraged, but not obligated to, disclose relevant health information to their Team Physician during these consultations. If Covered Individuals choose not to disclose all relevant health information to their Team Physician, they may not be accurately categorized as a “High-Risk Individual.” MLB and the MLBPA will confirm the final list of players who will be considered “High-Risk Individuals.”

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 2020 season. Taking into account the feedback from those individual consultations between Team Physicians and High-Risk Individuals, 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). Each Club must submit a description of any such additional measures to the Joint Committee (attention: Jon Coyles and Dr. Gary Green) before the commencement of 2020 Spring Training.

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.

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>

¹¹ This Section applies only to players and other Tier 1 or Tier 2 Individuals employed by Clubs. MLB employees and outside contractors will be addressed in a separate policy.

- Establishing separate entrances to and from Club facilities, and/or phased arrival times.
- Arranging for separate or less crowded travel, where travel is necessary.
- Offering to alter the High-Risk Individuals' job duties to minimize their contact with others, particularly with groups of people.
- Offering enhanced and/or expedited COVID-19 testing programs for High-Risk Individuals, including the regular use of Expedited Diagnostic Tests at local facilities, to the extent possible.
- 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.
- Maintaining a heightened level of cleaning and disinfecting measures in areas of the Club facilities and equipment frequented by any High-Risk Individual, and encouraging such heightened level of cleaning and disinfecting measures in the High-Risk Individual's home and personal vehicle (and providing such cleaning or disinfectant materials to the High-Risk Individual, to the extent practicable).
- 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:

- 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.
- Closely monitoring and managing physical and mental health at all times, and notifying the Team Physician of any change in health status.
- Engaging in enhanced and frequent personal hygiene (*e.g.*, frequent handwashing or sanitizing), especially when around others.
- Avoiding sharing food, equipment, or personal items such as cups and towels.

- Speaking to a Team Physician about whether all vaccinations are up to date, including the flu vaccine, and the importance of the flu vaccine in the context of COVID-19.
- Continuing to take all medications (prescription and non-prescription) as recommended by the High-Risk Individual's treating physician, at all times, and maintaining at least a two-week supply of any necessary prescription and non-prescription medications at all times.
- Reviewing the CDC's Guidance for extra precautions for reducing risk for High-Risk Individuals.¹²

If, despite any additional precautions and measures offered by the Club, and after consulting with the Team Physician, a High-Risk Individual believes that it would pose an unreasonable risk to his or her health to participate in the 2020 season, he or she may elect not to participate in the 2020 season; and, if the High-Risk Individual is a player, he will be placed on the COVID-19 Related Injured List (*see* Section 6.1.8 below).

If, after the resumption of play, a High-Risk Individual who initially elected not to participate desires to participate in the 2020 season, or a High-Risk Individual who initially elected to participate in the 2020 season becomes uncomfortable with continuing his or her participation, the individual may request that the Club change his or her eligibility for the remainder of the 2020 season. For non-playing personnel, the Team Physician must consult with MLB's medical advisors before making a determination to allow a High-Risk Individual who initially elected not to participate to return to work. For players, the Team Physician's determination is subject to review and approval by the Joint Committee.

2.5 Families & Household Members

The health and wellbeing of family members of players, umpires, and other Club personnel is paramount to MLB. MLB will provide family members or other members of Covered Individuals' households with appropriate PPE, education, and access to regular testing (*see* Section 2.1.5 above). Team Physicians should also offer to advise on (or assist with arrangements for) the care and treatment of any family or household members who are symptomatic or have come into close contact with a Covered Individual who tests positive for COVID-19.

2.6 Conduct Outside of Club Facilities

In order for a 2020 season to be conducted safely, Covered Individuals must exercise care while away from Club facilities to avoid situations in which the risk of contracting the virus is elevated, such as participating in activities involving large groups or indoor activities in which people are in close proximity to one another (*e.g.*, crowded restaurants, bars, clubs). MLB will not formally restrict the activities of Covered Individuals when they are away from Club facilities, but will expect the Covered Individuals on each Club to ensure that they all act responsibly. The careless actions of a single individual places the entire team (and their families) at risk, and the Covered Individuals on each Club should agree on their own off-field code of conduct for themselves and

¹² *See* www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

their family members to minimize the risk to others. All written codes of conduct will be provided to the Joint Committee and should include specific rules regarding what conduct is and is not allowed while the Club is on the road. MLB will not be involved in the crafting or enforcement of any of these team-specific codes of conduct. MLB and the MLBPA, as part of the education process described in Section 8 below, will advise players and other Covered Individuals on how they should conduct themselves off the field to best protect themselves, their teammates, and their families.

2.7 Personal Protective Equipment

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

Face Coverings: Refers to either cloth masks or surgical masks (both of which are defined below).

Cloth Masks: 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.

Surgical Masks: 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.

N95 Masks: Refers to an N95 or KN95 Respirator (as certified by the CDC or other certifying entity). N95 masks shall be fit tested prior to use, and should be tight fitting to the face (and should cover the mouth and chin). N95 masks should ideally be discarded after each use; but, if not discarded, N95 masks should be disinfected using UV-light after each use.

Gloves: Refers to disposable nitrile gloves, which should be discarded after each use (and, if used in patient care, discarded after each patient).

Face Shields: 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 should not be used alone, but should 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 Tier 1, 2, and 3 Individuals 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.¹³ MLB or Club medical staff may provide additional guidance on when surgical masks are either required or preferred over cloth masks. So as not to divert resources from medical facilities and first-responders, non-medical personnel should not wear N95 masks unless instructed to by a medical professional. Questions regarding the appropriate types and use of face coverings and PPE should be directed to Team Physicians or MLB (attention: Jon Coyles and Dr. Gary Green).

¹³ 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>

2020 OPERATIONS MANUAL

SECTION 3 – *SPRING TRAINING*

- 3.1 Spring Training Reporting Dates & Schedule**
- 3.2 Spring Training Phases**
- 3.3 Accommodations for Heat-Related Concerns**

3.1 Spring Training Reporting Dates & Schedule

3.1.1 Limits on Participants

In order to better protect the health and safety of players and other essential personnel, access to Club facilities (and certain areas within Club facilities) and direct, in-person participation in 2020 Spring Training will be more restricted than in prior years, as described in further detail in Section 4.1 below. Each Club may invite up to 60 players that are under contract and reserve to the Club, along with other “Tier 1 Individuals” and “Tier 2 Individuals” (defined below in Sections 4.1.1 and 4.1.2), to participate in Spring Training activities (provided the Club’s Spring Training facilities can safely accommodate the number of participants, including complying with the physical distancing requirements set forth in Section 4.2). Despite the limits on the number of players and non-playing personnel who will be participating in Spring Training activities, Clubs should utilize all available space and facilities at their Spring Training locations – including any adjoining fields, locker rooms, or other facilities normally used for Minor League or other activities – in order to prevent overcrowding and to allow for enhanced physical distancing, where possible. For Clubs that conduct Spring Training at their Major League ballparks, workouts should be staggered throughout the day to avoid overcrowding and, where feasible, Clubs should consider the use of another facility (such as a nearby college or Minor League stadium) to conduct workouts or games on a split squad basis.

3.1.2 Reporting Dates

Spring Training reporting dates for players and other Tier 1 and Tier 2 Individuals should be staggered. No individual will be permitted to report to Spring Training before his or her assigned reporting date. Essential clubhouse personnel and other Tier 1 and Tier 2 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 will 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 three phases, beginning with individual and small group workouts (Phase 1), followed by larger or full-team workouts (Phase 2), and concluding with a limited number of Spring Training games against other Clubs (Phase 3).

3.2.1 Phase 1 – Individual and Small Group Workouts

Clubs are encouraged to begin Spring Training with individual and small-group workouts consisting exclusively of pitchers and catchers. Players should be divided into smaller groups (five 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. (*See* Section 4.2 for additional health and safety protocols that should be followed as it relates to these and all other Spring Training workouts and baseball activities.)

3.2.2 Phase 2 – Larger Group Workouts/Intra-squad Games

During this second phase, team workouts should still be broken down into smaller workout groups whenever possible, and workout groups should be staggered by assigning times throughout the day. However, larger group workouts and intra-squad games are permitted in this phase.

3.2.3 Phase 3 – Spring Training Games

The third and final phase of Spring Training will include a limited number of exhibition games between Clubs.

At the conclusion of Spring Training, the players on the Club’s Active List for Opening Day and the other Tier 1 and Tier 2 Individuals who are assigned to the Major League Club to start the championship season (*see* Section 4 below) will depart, while the remaining players and the Tier 2 Individuals who are not assigned to the Major League Club will remain at the Spring Training site or another separate facility.

Due to the decreased number of Spring Training games, Clubs should accommodate requests by umpires to attend workouts and intra-squad games throughout Spring Training in order track pitches in bullpens, live batting practice, and games in order to help them prepare for the championship season. MLB will facilitate such requests by umpires.

3.3 Accommodations for Heat-Related Concerns

For all Spring Training or championship season games that take place at outdoor Spring Training facilities in Florida or Arizona:

- The first pitch must be scheduled between 7 pm and 9 pm local time, absent advance approval from MLB and the MLBPA. Any request to schedule first pitch before 7 pm or after 9 pm local time should be sent to MLB (attention: Peter Woodfork).
- Umpires will be assigned to four-man umpire crews with the possibility of adding a fifth umpire when temperatures reach certain levels. The fifth umpire will allow for one umpire to rotate off the field into a cooling station (described below) or other temperature-controlled area.
- Clubs should provide a cooling station near the field, consisting of fan(s), shade, and water that umpires can use between innings or when rotating off the field.
- If temperatures reach certain thresholds, multiple home plate umpires may split each game.

- The weather in Arizona and Florida during the summer could impact the field of play. Clubs should therefore conduct pre-game activities (batting practice, infield practice, *etc.*) at their assigned complex on the backfields, to the extent possible, in order to limit potential damage to the playing surface.

2020 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 Enforcement**

4.1 Access to Club Facilities

Access to Club facilities during Spring Training, the 2020 championship season, and the postseason will be restricted to a limited group of essential personnel and must be tightly controlled by Clubs. Based on their role and job responsibilities, essential personnel will each be assigned a “tier” that will determine which areas of Club facilities they may (and may not) enter, as well as when and for what purpose(s). Each individual who is assigned to an access tier must display around his or her neck a Club-issued or MLB-issued credential. This requirement applies to players, other uniformed Club personnel, and umpires except that they may remove the credential once they have entered Restricted Areas. The credential must include a photograph and must prominently display the numbered tier to which the individual has been assigned.

All individuals necessary to stage a game will be divided into three tiers, as described below. Tier 1 will consist of players and other on-field personnel, and Tier 2 will consist of other essential personnel who need to be in close proximity to on-field personnel and to access areas of the ballparks frequented by on-field personnel, including clubhouses, locker rooms, playing fields, dugouts, training rooms, and weight rooms (“Restricted Areas”). Only individuals assigned to Tiers 1 and 2 will be permitted access to Restricted Areas of Major League ballparks, Alternate Training Sites, or Spring Training sites, and there will be limits on the number of individuals from each Club who may be assigned Tier 1 and Tier 2 access at any given time. Restricted Areas must be secured at all times, and credentials must be scanned prior to allowing access to such areas. Tier 3 will consist of individuals who perform essential event services but do not require close contact with Tier 1 Individuals.

At least seven days prior to the first reporting date of 2020 Spring Training, each Club must submit to MLB (attention: Paul Hanlon and Garrett Horan) a list of all individuals the Club wishes to designate in access Tiers 1, 2, and 3 for Spring Training. At least seven days prior to the start of the 2020 championship season, each Club must submit to MLB (attention: Paul Hanlon and Garrett Horan) a list of all individuals the Club wishes to designate in access Tiers 1, 2, and 3 for the championship season. MLB will in turn share these lists with the Joint Committee. Each list must include the individual’s first name, last name, title, role (if unclear from title), employer (if not a Club employee), and requested access tier. MLB will review the lists and either approve or require revisions in order to secure compliance with these regulations. Once these initial Spring Training and championship season lists are approved by MLB, any proposed changes to a Club’s Tier 1 and 2 list must be submitted to, and approved by, MLB (attention: Paul Hanlon and Garrett Horan). Requests to replace a player in a Club’s Player Pool should be specifically directed to Jeff Pfeifer of MLB, who will approve the transaction if it complies with all relevant rules and regulations. Changes to a Club’s Tier 3 list do not need to be submitted to MLB.

MLB will print credentials for Clubs’ Tier 1 and Tier 2 Individuals, and provide artwork for Clubs to print credentials for Tier 3 Individuals. Credentials that were previously issued for the 2020 season should not be honored for access to the ballpark on game days.

Any individual who is added to a Club’s Tier 1 or Tier 2 list for the first time after submission of the Club’s initial list prior to Spring Training (including, but not limited to, any players selected from the Free Agent Pool) must complete the Intake Screening procedures described in Section 2.1.3.

Club and other personnel who work exclusively in areas of Club facilities that are or will be completely cordoned off from the rest of the facility (*e.g.*, Club office employees) do not need to be credentialed in one of the three access tiers, provided these individuals do not access any areas of the ballpark outside of their cordoned-off area on days in which Tier 1 Individuals are in the facility. Such personnel may not access any Restricted Area even on days in which Tier 1 Individuals are absent from the facility, and they are prohibited from having close contact with any Tier 1 Individuals. Any access points that exist between the areas of Club facilities where such personnel work and the rest of the facility must be closed and not used for any purpose during the 2020 season. If the areas cannot be cordoned off, security personnel should be posted to prevent use of the access point by anyone.

Absent authorization from MLB, no person who has not been assigned by MLB or a Club (and approved by MLB) to one of the three access tiers described below may enter a Club facility during the 2020 season, except those areas of Club facilities that are or will be completely cordoned off from the rest of the facility (*e.g.*, Club offices). For clarity, this prohibition on access to Club facilities includes, but is not limited to, family members, friends, and representatives of players or other Club employees, sponsors, and other VIPs, so long as fan access is prohibited. Clubs may permit fan attendance at games with the approval of MLB and relevant local authorities. 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 on non-gamedays.

The access restrictions set forth herein do not apply to members of law enforcement, emergency service providers (*e.g.*, EMTs and ambulance drivers), and government officials whose access to Club facilities (including Restricted Areas) is necessary for the safety of the participants or is required by law, but these individuals must be subject to the Facility Health Screen. Clubs also may provide temporary access to outside service providers (*e.g.*, plumbers, technicians) to address facility issues without credentialing them in a Tier; provided, however, that Clubs should seek to minimize such access and should not provide access to Restricted Areas while Covered Individuals are present. Clubs should request that all such individuals engage in physical distancing, good personal hygiene, and wear face coverings and, if appropriate for their job functions, other PPE at all times while in Club facilities. All access by such individuals should be approved in advance by the Club's highest-ranking ballpark operations employee.

With the consent of the MLBPA (which shall not be unreasonably withheld), MLB may institute additional health and safety protocols for the 2020 postseason, such as restricting the personal activities of players and staff when away from Club facilities by instituting quarantine or "bubble" protocols, if the Commissioner determines, after consultation with recognized medical experts, that there is a material change in circumstances such that it poses an unreasonable health and safety risk to players or staff to stage those games without implementing such procedures.

MLB has the right during the championship season to relocate Club(s) to neutral sites, Spring Training sites, or other Clubs' home ballparks, and/or reschedule games contained in the 2020 championship season schedule, if necessary, for health/safety reasons, to comply with governmental restrictions, or to complete the schedule. MLB also has the right to conduct some or all of the 2020 postseason in neutral sites (including other Clubs' home ballparks).

4.1.1 Tier 1

The following categories of essential, on-field personnel are eligible for Tier 1 access if designated by their Club and approved by MLB (collectively, “Tier 1 Individuals”):

- Players in the Club Player Pool (max. 60)
- Field Manager (1)
- Coaches (including MLB uniformed coaches) (max. 12)
- Bullpen Catchers (max. 2)
- Team Physicians (max. 6)¹⁴
- Head and Assistant Athletic Trainers (max. 2)
- Physical Therapists (max. 2)
- Strength and Conditioning Coaches (max. 2)

Tier 1 Individuals are permitted to access Restricted Areas in Spring Training sites, Alternate Training Sites, Major League ballparks, on an as-needed basis. During the championship season, only the players on either of the competing Club’s Active List for that day’s game may be in Restricted Areas of a Major League ballpark. 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). Absent extenuating circumstances, Tier 1 Individuals are prohibited from accessing any other areas within Club facilities, such as those areas frequented by Tier 3 Individuals or Club office employees (“Non-Restricted Areas”). To the extent Tier 1 Individuals need to walk through Non-Restricted Areas, they should do so at times when no one else is present. All Tier 1 Individuals should 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, or in the bullpen or dugout, during games or practices or when otherwise engaging in other strenuous activities (*e.g.*, workouts, practices, batting practice, strength and conditioning activities) and other uniformed personnel are not required to wear face coverings while on the field during games. Any individual involved in the treatment of a suspected or confirmed case of COVID-19 shall wear an N95 mask and gloves, and any other available PPE to limit risk of transmission (*e.g.*, gown or face shield).

Umpires designated by MLB will also be considered Tier 1 Individuals; however, they will not count against a Club’s limit on the number of Tier 1 Individuals. While in the ballpark, 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

¹⁴ Clubs may credential up to 6 Team Physicians in Tier 1 but should have no more than two (2) physicians in the ballpark at any given time. Only those Team Physicians who are present at the Club facilities on days when COVID-19 testing occurs will be tested that day.

to players or other Tier 1 Individuals. If a Club has a player who does not speak English or Spanish, the Club can designate one translator in Tier 1.

4.1.2 Tier 2

Non-playing personnel who are required to be in close contact with Tier 1 Individuals or require access to Restricted Areas when Tier 1 Individuals are present, but who can reasonably maintain physical distance from Tier 1 Individuals or are able to use PPE while performing their jobs, are eligible for Tier 2 access (collectively, “Tier 2 Individuals”). Examples of categories of essential personnel who may be designated by their Clubs as Tier 2 Individuals include:

- Home Clubhouse Staff
- Additional Coaches, Strength and Conditioning Staff or Medical Staff
- Traveling Staff
- Ownership Representatives
- Front Office / Baseball Operations Employees
- Club Communications / Public Relations Staff
- Head Groundskeeper
- Security Personnel Assigned to Restricted Areas (if their placement requires sustained close contact)

These are just examples of categories of personnel who could qualify as Tier 2 staff; individuals in these categories who do not require close contact with Tier 1 Individuals should be credentialed as Tier 3 staff.

Up to four members of a Club’s visiting clubhouse staff and one umpire room attendant also will be considered Tier 2 Individuals; however, they will not count against a Club’s limit on the number of Tier 2 Individuals. In addition, a limited number of MLB and MLBPA employees and contractors will be designated by their respective organizations as Tier 2 Individuals and provided credentials to access Restricted Areas in Club facilities on an as-needed basis; however, they also will not count against a Club’s limit.

Tier 2 Individuals are permitted to access Restricted Areas and Non-Restricted Areas of Club facilities as needed. However, Tier 2 Individuals are required to wear a face covering at all times when in Club facilities, should minimize the amount of time spent in Restricted Areas and avoid close contact with Tier 1 Individuals, to the extent possible. Tier 2 Individuals should also do their best to maintain physical distance from Tier 3 Individuals and, to the extent Tier 2 Individuals have workspaces in Non-Restricted Areas, the workspaces should be separate from those of Tier 3 Individuals (or other non-tiered individuals).

Each Club may grant no more than 38 individuals Tier 2 access at any given time during Spring Training, the championship season, or the postseason. Additional rules will be disseminated regarding the number of Tier 2 Individuals who may be in each clubhouse at Major League stadiums during the championship season. Given the limited number of Tier 1 and Tier 2 Individuals who will have access to players and Restricted Areas at times when players are present, Clubs should strongly consider assigning Tier 2 Individuals any responsibilities that require close proximity to players or access to Restricted Areas, in addition to their usual job responsibilities. Similarly, Clubs will be required to assign some essential media and broadcast operations activities, such as putting microphones on players and operating cameras, to Tier 2 Individuals.

4.1.3 Tier 3

Individuals who perform essential event services but do not require close contact with Tier 1 Individuals are eligible for Tier 3 access. Those individuals who are designated by a Club (and approved by MLB) for Tier 3 access (collectively, “Tier 3 Individuals”) must avoid close contact with Tier 1 Individuals (and to the extent possible, Tier 2 Individuals) and are only permitted to access Restricted Areas when Tier 1 Individuals are not present or strict physical distancing can be maintained at all times (*e.g.*, cleaning staff accessing the clubhouse before or after games when no players or coaches are present). Each Club is responsible for educating its Tier 3 Individuals about and enforcing these restrictions.

Categories of essential personnel who are eligible for designation as a Tier 3 Individual include, by way of example, certain operational personnel (*e.g.*, cleaning service providers); replay coordinators; broadcast personnel (*e.g.*, camera operators, audio technicians), groundskeepers, transportation providers, and additional stadium or security personnel not assigned to Restricted Areas. Clubs may designate up to 150 Tier 3 Individuals at any given time.

4.2 Health & Safety Protocols

As described further below in Section 4.2.2, each Club shall be responsible for developing, implementing, and enforcing detailed, written cleaning, hygiene, and safe use protocols for all Restricted Areas that Tier 1 and Tier 2 Individuals will occupy during Spring Training and the championship season (*e.g.*, clubhouses, locker rooms, playing fields, dugouts, weight rooms, training rooms) (“Area-Specific Protocols”).¹⁵ Among other things, each Area-Specific Protocol must identify a particular Tier 1 or Tier 2 Individual with access to that Restricted Area who is responsible for monitoring and enforcing those protocols.

In addition, each Club must designate an employee or contractor with Tier 1 or Tier 2 access as an Infection Control Prevention Coordinator (“ICPC”) to ensure compliance generally with all health and safety protocols. A description of the objectives and requirements of the ICPC role, as well as a list of key duties and responsibilities, is contained in Attachment 2.

¹⁵ 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.

Each Club must submit to MLB and the Joint Committee (attention: Bryan Seeley, Jon Coyles, and Chris Young) a copy of its Area-Specific Protocols for all Restricted Areas in its Spring Training site(s), Alternate Training Site, and Major League ballpark at least seven days before the commencement of Spring Training.

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. This staff must be trained and provided the equipment necessary (such as cleaning supplies, face coverings and other PPE) to conduct cleaning services in accordance with the CDC guidelines. Sample CDC guidelines on cleaning and disinfecting are available on the CDC's website.¹⁶ Clubs are responsible for monitoring any changes to CDC guidance and appropriately updating their cleaning and sanitizing protocols.
 - Clubs must establish a process for cleaning high-traffic and high-contact areas (particularly those used by Tier 1 and 2 Individuals) in accordance with CDC guidelines before, throughout, and after use.
 - Clubs' procedures should be tailored to the specific needs and challenges of cleaning, disinfecting, and ventilating each unique Restricted Area.
 - Clubs must establish an enhanced sanitization procedure in the event any individual who has recently visited a Restricted Area becomes symptomatic or tests positive.
 - Clubs must establish protocols for cleaning personal and team equipment, training fixtures, and uniforms.
 - Equipment should never be shared between Tier 1 Individuals and any individuals in any other tiers. To the extent that equipment must be shared amongst Tier 1 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.

¹⁶ Sample CDC guidelines are available online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

- 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.
 - All Tier 1 and Tier 2 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, Tier 1 and Tier 2 Individuals must wash their hands before and after any interactions. All individuals handling items used by Tier 1 or Tier 2 Individuals must wash their hands before and after handling such items.
 - Players and other Tier 1 Individuals should only use single-use towels during workouts, training, and games, and discard them in a designated receptacle immediately after use. Towels should never be shared.
 - Communal water and sports drink coolers/jugs are prohibited; only personal water or individually prepared sports drink bottles or contactless water dispensers (with disposable cups or personal bottles) should be used.
 - Players are prohibited from spitting, using smokeless tobacco, and 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.
 - Players and other on-field personnel should wash or sanitize their hands after each half-inning or the handling of equipment. Hand sanitizer must be available (with conspicuous signage) in the dugout as well as throughout other Restricted Areas.
 - Clubs should make available individual bottles of hand sanitizer that comply with CDC recommendations and disinfectant wipes throughout all Restricted Areas.
- Physical Distancing
 - Clubs should establish measures to minimize the time that Tier 1 and Tier 2 Individuals spend at Club facilities and in Restricted Areas.
 - Clubs should establish physical distancing protocols that allow Tier 1 and Tier 2 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 Tier 1 and Tier 2 Individuals spend as little time indoors as possible, including by relocating facilities used by, and activities performed by, Tier 1 and Tier 2 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, Clubs must identify the maximum number of individuals that can safely occupy that area, accounting for physical distancing requirements, and never permit occupancy to exceed that number (with the exception of medical or other injury-related emergencies). Signage indicating the maximum occupancy should be posted at all access points to Restricted Areas. 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 Tier 1 and Tier 2 Individuals with any Tier 3 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.
 - To the extent possible, meetings should be conducted virtually or, if in-person meetings are necessary, Clubs should make efforts to hold in-person meetings outdoors with participants sitting apart from one another and wearing face-coverings to the extent possible. 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.
 - Suggestions for physical distancing for on-field Restricted Areas are available in Attachment 3.
 - Clubs should consider directing certain foot traffic as one-way only, if it would help increase physical distancing.
- Use of PPE
 - All Tier 1 and Tier 2 Individuals (including players) must wear face coverings at all times while in Restricted Areas; provided, however, that players are not required to wear face coverings while on the field, or in the bullpen or dugout,

during games or practices or when otherwise engaging in other strenuous activities (e.g., workouts, practices, batting practice, strength and conditioning activities) and other uniformed personnel are not required to wear face coverings while on the field during games. Any Tier 1 Individual (including players) may choose to wear face coverings while on the field, or in the bullpen or dugout, during games or practices, provided that the particular face covering must be approved by both MLB (attention: Peter Woodfork) and the individual's Club, and that it not contain any undue commercialization pursuant to Official Baseball Rule 3.09.

- Players and Club staff should wear disposable surgical masks while in training rooms (as well as any other PPE deemed appropriate by the Club, such as gloves and face shields).
- Club medical staff should wear surgical masks while providing non-COVID-19 medical treatment to players (as well as any other PPE deemed appropriate, such as gloves and face shields).
- Any individual involved in the treatment a suspected or confirmed case of COVID-19 should wear an N95 mask and gloves (and any other PPE deemed appropriate to reduce the risk of transmission, such as a gown or face shield).
- Club medical staff must educate Tier 1 and Tier 2 Individuals on the different types, and proper use and disposal, of PPE.
- Clubs should consider any additional requirements for PPE that are appropriate for and tailored to individuals' roles.

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 submit to MLB protocols for every area of a Club's facility (Spring Training, Alternate Training Site, and Major League ballpark) that Tier 1 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
 - Lockers assigned for use by Tier 1 Individuals (home and visiting players and Club personnel, and umpires) should have a minimum of six feet of space between them, to the extent practicable. If that is not possible based on the current layout of the home and visiting clubhouses in a Club's facility, the Club should, to the extent possible, erect temporary clubhouses and/or locker facilities in unused stadium space (preferably outdoors or in areas with increased ventilation) to promote physical distancing. Such temporary

clubhouses and locker facilities should be of a size and space adequate to store the gameday uniform and equipment of players, coaches, or umpires, and must be able to accommodate Tier 1 Individuals who cannot fit in the primary locker area due to space limitations. In the event that facility modifications are not feasible, 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.

- Clubs should take measures to limit, to the maximum extent possible, the amount of time that Tier 1 and Tier 2 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).
 - Area-specific protocols for each Club must address policies for the prohibition, removal, or regular disinfecting of high-touch recreational items, (*e.g.*, ping-pong paddles, billiards cues, foosball tables, playing cards, dominoes, dice, game controllers).
 - Clubs should consider requiring Tier 1 Individuals to arrive at Club facilities dressed for the day's activities in order to limit time spent in the clubhouse or locker room.
- Showers
 - Showering in Club facilities by Tier 1 Individuals is discouraged but not prohibited. Showering is prohibited by anyone other than Tier 1 Individuals. When showering in Club facilities is necessary (such as after a game on a getaway day), 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, Tier 1 Individuals should use sandals or other appropriate footwear while in the shower and use personalized toiletries, such as shampoo and body wash.

- 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. Clubs must establish a procedure by which both visiting and home teams can safely schedule access to treatment in the training rooms.
 - 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).
 - Clubs should task a Tier 1 or Tier 2 Individual with the responsibility to thoroughly clean and disinfect high-contact areas, including treatment tables, stools, countertops, desk areas, and any equipment, after each use.
 - 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. Indoor batting cages may be used during games, during inclement or hot weather, or when hitting outdoors is determined, at the discretion of Club coaching staff, to be unfeasible.
 - Encourage the use of batting gloves to the extent possible, and high-touch areas should be regularly cleaned or disinfected when in use.

- Bullpens
 - Provide pitchers with a personal set of baseballs during bullpens to limit the number of individuals who contact a given set of baseballs, and use separate balls to demonstrate pitching grips or mechanics.
 - 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.

- Disinfect bullpen phones with anti-viral wipes after each use.
- Modify seating arrangements, or utilize adjacent in-stadium seating, to maximize physical distancing during games.

- Dugouts

- To allow for enhanced physical distancing, only Tier 1 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. Inactive players may sit in auxiliary seating areas designated by the Club, including in the stands, provided they are spaced out to allow for at least six feet of personal space and have adequate shelter from weather, including sun, wind, and precipitation (with fans or other means of temperature control if practicable). The same restrictions on conduct (*e.g.*, use of personal electronic devices) that apply to players in the dugout apply to players sitting in any auxiliary seating area.
- Covered Individuals (including inactive players) who have no in-game or post-game responsibilities are permitted to leave the ballpark during the game, provided they communicate with Clubs in advance to coordinate feasible transportation options, particularly on the road.
- Leaning on the dugout railing or ledges is discouraged, but permissible provided individuals use a clean towel as a barrier between themselves and the railing or ledge.
- Make efforts to discourage and limit unnecessary movement within the dugout to adhere to physical distancing protocols, including by using signage or barriers.
- Disinfect dugout phones with anti-viral wipes after each use.
- Batting helmets must be individually cleaned and wrapped (*e.g.*, in a plastic bag) before being placed in equipment bags.

- 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.
- 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.
- Club protocols should address the safe use and cleaning of any auxiliary equipment (*e.g.*, headphones, audio and video remote controls).
- All dietary supplements, regardless of category, should only be supplied in single-serve packets. The use of large powder tubs should be eliminated. Protein drinks should be provided in a ready-to-drink form. All blenders or shaker bottles must be thoroughly cleaned after each use.
- 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). To the extent that Covered Individuals eat at Club facilities, Clubs should abide by the following guidelines. The Joint Committee will distribute separate and more detailed best practices regarding safety measures and preventative controls for food handling and service prior to the 2020 season.
 - Clubs should review and adhere to the best practices of the FDA for food handling and preparation (available at www.fda.gov/media/136811/download).
 - All buffet-style and communal food spreads are prohibited.
 - Kitchen staff may utilize non-clubhouse kitchens within the ballpark to prepare made-to-order meals. Meals and snacks must be served in individualized to-go containers. 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. To the extent food prepared outside the ballpark is brought into Restricted Areas, it must be packaged in individualized containers.

- Communal items, such as large condiment bottles, must be removed from eating areas and replaced with individually packaged units. Cutlery should be pre-packaged, in recyclable or disposable form.
- Where possible, Clubs should consider creating auxiliary outdoor dining 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.
- Food from outside caterers that do not adhere to the FDA's best practices puts players and staff at risk. Visiting Clubs should procure meals from the home Club's in-house meal provider. Visiting Clubs may procure meals from outside caterers, rather than getting them from the home Club's in-house meal provider, only if 1) the home Club does not object; (2) the visiting Club has confirmed that the outside caterer adheres to the best practices of the FDA for food handling and preparation; (3) the meals are packaged in individualized containers; and (4) the outside caterers are only permitted to drop off the food at the entrance to the facility and are not permitted inside.
- Video Terminals. Use of any communal video terminals is prohibited. Players will be provided with personalized tablets under the Dugout iPad program that can be loaded with content before and after games.
- 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 Tier 1 and Tier 2 Individuals. 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 the use of face coverings is mandatory by all individuals (including Tier 1 Individuals). (*See also* Section 7.1.5.)
 - 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 7.1.5.)
- Saunas and Steam Rooms. The use of all saunas and steam rooms in Club facilities is prohibited for the 2020 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; 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. Stainless steel whirlpools must be drained, disinfected, and re-filled after each use; particular attention must be paid to cleaning high-touch areas of the whirlpool, including faucets and sides touched by players to raise and lower themselves. Clubs must utilize chlorine or bromine-based solutions to properly disinfect hydrotherapy units in accordance with CDC recommendations. Players must wear a cloth mask over a standard surgical mask while using hydrotherapy and cryotherapy units to ensure that the efficacy of masks is not diminished due to moisture exposure.
- Replay Rooms. As non-Restricted Areas occupied by Tier 3 Individuals, replay rooms are off limits to Tier 1 Individuals at all times.
- 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 describe in their Area-Specific Protocols well-ventilated areas where Covered Individuals will be able to maintain appropriate physical distancing and not exceed occupancy limits during any game delays (*e.g.*, rain delays) or in between double-headers.

4.2.3 Non-COVID-19 Injury Management

In-Facility or On-Field Injuries. In the event of an injury that occurs on the playing field or in a Club facility, Club medical staff may attend to players at distances less than six feet if necessary to perform medical evaluations or provide medical care. All other individuals (including umpires, teammates, managers, and coaches) are prohibited from congregating around an injured player at distances less than six feet, and must not make physical contact with an injured player. Only Club medical staff or other emergency medical personnel are permitted to help players off the field or transport them through the facilities. Paramedics may only access Restricted Areas, including the field, when attending to a medical emergency. Club medical staff must wear surgical masks or N95 masks at all times at Club facilities (except for breaks for hydrating and eating), and are encouraged to wear N95 masks even when treating non-COVID related player medical issues.

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 Tier 1 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). Injured Players may not travel with the Club on a road trip if they are not expected to be active for at least part of that road trip. 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.

Injuries Requiring Recovery of Ten or More Days. If a Club determines that an Injured Player is unable to play for ten or more days due to injury (new onset, setback, or after additional observation), the Club must consult with MLB to determine whether the Injured Player is permitted to continue to receive treatment at Restricted Areas or whether he must complete his rehabilitation at a secondary location, such as the Club’s spring training or Alternate Training Site facility. MLB will make such determinations in coordination with the Club and the Joint Committee, depending on factors including the anticipated recovery length, the time of the season, and where the Club is playing (*e.g.*, beginning of a road trip).

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 Tier 1 and Tier 2 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. Each Club must establish procedures with healthcare providers located in their Spring Training, Alternate Training Site, and home cities by which players will be received for intake and appointments at their facilities. These procedures must describe the precautions to be taken to ensure that players will not be exposed to suspected or confirmed COVID-19 patients or to providers who have treated such cases. Players, in addition to any accompanying Club medical staff, must wear gloves and face coverings while traveling to, from, and during off-site appointments. Clubs must provide advance notice to the Joint Committee (attention: Jon Coyles at MLB) if any player requires the use of a commercial flight for a medical procedure or appointment (*e.g.*, second medical opinion) in order to determine appropriate intake upon return.

Imaging Technicians at the Stadium. Imaging technicians will be considered Tier 3 Individuals for the purposes of Club protocols. Imaging technicians must wear gloves and a surgical mask at all times while at the Club facility and must not occupy any Restricted Areas. They must remain in a designated area away from Restricted Areas unless and until their presence is required to conduct any diagnostic imaging. Imaging technicians should avoid physical contact with any Tier 1 or Tier 2 Individuals. To the extent close contact is necessary to conduct diagnostic testing, a Tier 1 or Tier 2 Individual should assist.

Game-Day Medical Coverage. Clubs may only utilize physicians and medical staff approved by MLB for game-day medical coverage. With the exception of addressing acute injuries and suspected cases of COVID-19, all medical treatment should occur in designated training rooms pursuant to the Area-Specific Protocols set forth in Section 4.2 above. Club medical staff should develop contingency plans to replace medical staff in the event that they are unable to perform their duties due to injury or illness, and Clubs must provide advance notice to MLB of any substitutions.

Medical Care for Non-Tier 1 Individuals. Clubs must designate at least one ATC, or other healthcare provider approved by MLB, who is not a Tier 1 Individual who will be responsible for providing medical attention or treatment to non-Tier 1 Individuals, as needed. Such non-Tier 1 Individuals are prohibited from receiving treatment in Restricted Areas unless it is a medical emergency. For example, a member of the grounds crew who sustains a minor abrasion or a kitchen staff worker who sustains a laceration should seek medical attention from the designated non-Tier 1 healthcare provider outside of Restricted Areas.

4.3 Ballpark Operations

4.3.1 Minimum Security Standards

Even in the absence of fans, Clubs must adhere to certain security standards outlined in MLB's Best Stadium Operating Practices ("BSOP"). The minimum standards for the 2020 championship season, and for Spring Training games, include the following:

- Conduct background checks in accordance with the BSOP.
- Maintain regular contact with applicable federal, state, and local law enforcement intelligence officials and conduct a call or virtual meeting before the start of Spring Training and the championship season to discuss security risks related to the 2020 season. This discussion should include risks associated with people congregating outside ballparks during games.
- Conduct pre-game ballpark inspections in accordance with the BSOP.
- Conduct explosive detection dog bomb sweeps prior to each game. These sweeps should focus on areas frequented by players and other uniformed personnel. One dog must remain onsite during the entire game to ensure the integrity of the security plan.

- Maintain a minimum law enforcement presence (no fewer than two officers) beginning one hour prior to game time and continuing until the visiting Club departs.
- Conduct credential and security screening of individuals entering the ballpark, including Club staff. Screening must include metal detection and bag searches. Player and umpire credentials must be scanned and verified as well.
- Examine the outer perimeter to determine what level of protection the ballpark should maintain to prevent vehicle ramming attacks.
- Examine the middle perimeter protection measures to prevent the gathering of crowds at gates and fence lines.
- Discuss drone detection and mitigation plans with law enforcement partners.
- Manage deliveries to the ballpark in accordance with the 2020 BSOP. Deliveries of unanticipated items (such as outside food deliveries for players, gifts, *etc.*) are prohibited. All mail and deliveries must be disinfected, or allowed to sit for 24 hours, before being delivered to Club employees. Players should be discouraged from ordering even anticipated items (*e.g.*, Amazon orders) to the ballpark.

If and when play resumes with fans, Clubs must adhere to all requirements of the 2020 BSOP unless MLB specifically provides otherwise.

MLB will not conduct red-team testing in 2020.

4.3.2 Entry Procedures

Clubs must conduct a credential and security screening of all individuals before allowing entry into the facility, in accordance with the BSOP. In addition, after or in combination with the credential and security screening, Clubs must now conduct a medical and temperature screening of all individuals before allowing entry into the facility, as described in Section 2.1.6. Clubs must configure the screening areas to allow for physical distancing and Clubs must enforce such distancing. Touch points in the screening area must be regularly cleaned and disinfected in accordance with the guidelines specified in Section 4.2.

As described in Section 4.1, Clubs must designate an entrance for use by individuals in Tiers 1 and 2, 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 individuals in Tiers 1 and 2, and Clubs must clean and disinfect this area before and after use. Furthermore, individuals in Tier 3 should use a separate entrance than individuals not in any access tier; if a separate entrance is not available, Clubs must schedule dedicated entrance times by tier, and must clean and disinfect that area before and after use.

Clubs should also designate a parking area for use by Club employees in Tiers 1 and 2, to the exclusion of others. This area should be monitored by a security staff attendant to ensure that only individuals in Tiers 1 and 2 with the proper parking pass have access.

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, and Clubs must clean and disinfect this area before and after use. 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. This includes obtaining any necessary fencing, police presence, and road closures. 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).

4.3.3 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.

4.3.4 Cleaning and Disinfecting

The importance of regular cleaning and disinfecting of Club facilities cannot be overstated. In addition to the cleaning and disinfecting protocols set forth in Section 4.2 above, Clubs must clean the remainder of Club offices and stadium grounds in accordance with CDC guidelines. Specifically, Clubs must establish a process for cleaning high traffic areas with EPA-approved disinfectant before, throughout, and after each day. Hand sanitizer and hand washing stations should be made available in all high-traffic areas, including Club offices and any Non-Restricted Areas occupied by Tier 3 Individuals. Clubs are responsible for monitoring any changes to CDC guidance and appropriately updating their cleaning and sanitizing protocols.

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.

4.3.5 In-Game Entertainment

Clubs should conduct scoreboard functions as efficiently as possible, combining assignments and roles where applicable to limit the number of personnel necessary for required game operations and to physically distance such personnel. Advanced production elements should be limited. Ribbon boards or other LED board displays may be used for sponsor signage/branding if they can be operated with existing scoreboard personnel who already have a required Scoreboard Operations assignment; the same rule applies to the display of out-of-town scores. Displaying limited replays on the main videoboard is permitted as long as they are in compliance with MLB rules and can be executed by existing scoreboard personnel who already have a required Scoreboard Operations assignment. Music, audio, and public announcements remain permitted. MLB's Events & Game Presentation personnel will be in regular contact with Club scoreboard operators regarding these matters and subsequent MLB policies or directives.

Home Clubs may have their mascot in the ballpark if they choose, however under no circumstances are mascots permitted on the field of play or in any other Restricted Area on game days.

4.3.6 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 clubhouse access times for players located at their Alternate Training Sites during the championship season and at their primary Club facilities during Spring Training, provided those arrangements limit the time that players are at the facility each day to what is necessary.

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 (*see* Sections 4.3.2 and 7.1.4). As a reminder, Clubs should make all efforts to ensure that Tier 1 and Tier 2 Individuals spend as little time indoors, including inside clubhouses, as possible.

Pre-Game

Both home and visiting clubhouses will be prohibited from admitting players earlier than five hours prior to the scheduled first pitch of the game during the 2020 season, with the exception of players undergoing rehabilitation for an injury.

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 hours prior to the originally scheduled first pitch time.

In-Game

Consistent with the guidelines set forth herein (*see* Section 4.2.2), Covered Individuals who have no in-game or post-game responsibilities (including inactive players) are encouraged, with the approval of their Club, to leave the stadium to return to their residences, provided there are feasible transportation options, particularly when 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 2020 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 hours on an off-day.

4.4 Media & Broadcaster Access

4.4.1 Media

Updated media regulations for 2020 Spring Training and the regular season will be distributed to Clubs separately. The portion of those regulations governing media access to ballparks is edited for content and included here:

Media Entry

All approved media members will be screened for entry to ballparks, subject to the same standards and policies that govern entry for Tier 3 Individuals. This will include credential, security, medical, and temperature screening. Failure to comply with this screening will result in entry to the ballpark being denied. Clubs may begin to allow media into the ballpark no earlier than four hours prior to first pitch. Media must leave the ballpark no later than one hour after postgame interviews conclude.

Limited Number of Approved Media

Without prior approval from MLB for exceptions due to high demand or significant games/series, Clubs may credential in Tier 3 up to 35 media members, including photographers. (The 35 Tier 3 media spots do not count against a Club's 150-person limit for Tier 3.) Because the total number of people allowed in a facility is subject to local laws and regulations, a Club reserves the right to make approvals of media applications based on the applicable local guidance.

Following Health and Safety Rules

By receiving a media credential, a media member agrees to observe all MLB and Club rules; any applicable government orders in a local market; and other precautionary steps that are in place to preserve health and safety. Media members must wear face coverings at all times and practice physical distancing while inside a Club facility. Media members should bring their own face coverings to the ballpark, but Clubs are permitted to provide face coverings to media upon request. Media members are required to wash or sanitize their hands frequently and may be required to wear gloves in certain instances. Failure to comply with any health and safety initiatives will result in a loss of access to the ballpark.

Restricted Areas

Approved media members will not be permitted in Restricted Areas or in close proximity to Tier 1 Individuals.

Credentialing

A limited number of media members (including photographers) may receive Tier 3 credentials and access to certain Non-Restricted Areas.

- All media must apply for a daily credential with the home Club's Media Relations/Communications Department at least 24 hours before a game, using MLB's online credentialing system.
- Media members not associated with a team's traveling party must be affiliated national baseball writers and must contact the home Club's Communications/Media Relations Department at least 24 hours in advance. Advance notice is vital in order to plan for physically distanced seating.
- BBWAA Cards, including gold cards, will not be honored during 2020 Spring Training and the 2020 regular season.
- Media members who plan to travel for road games of the primary team they cover must communicate their plans to the Club's Communications/Media Relations Department prior to each road trip so they may properly advise the host Clubs in advance.

Workspace

Media members are limited to the workspace provided for them and must not enter other areas of the facility. Physically distanced media workspace(s) within the ballpark, with a roof overhead, will be provided for credentialed media members. The media workspace may be outside of the press box, due to health and safety considerations. Clubs should also establish a physically distanced area outside of the ballpark to accommodate TV requests for live shots or news stories. If Clubs choose to provide statistics services during games, the information should be transmitted electronically to media members – no handouts are permitted.

- Members of the media will work only from their assigned working area.
- Members of the media will not be permitted to roam the ballpark.
- The media workspace must be cleaned and disinfected after every use.
- Elevators should only be used by media members who are unable to use stairs, and limits should be placed on the number of occupants permitted in a single elevator.

Virtual Interviews

All pregame and postgame interviews must take place by video conference or telephone call and shall be coordinated by Club Media Relations/Communications personnel.

- No media will have direct access to players, the manager or other baseball operations personnel.
- Only Tier 1 and Tier 2 Individuals may assist interviewees with interview logistics (e.g., holding a microphone, using a video camera).

Photography

Clubs may credential still photographers from outside media outlets in Tier 3. Still photographers will shoot the game from portions of the seating area, must wear gloves, must avoid touching surfaces with their hands, and must maintain a safe physically distanced space between them. The photographers may move around portions of the seating bowl of the ballpark during games but are prohibited from accessing camera wells, shooting up against the net, or being in any other location proximate to Tier 1 Individuals or the playing field. Clubs will detail for photographers which portions of the seating bowl they may access. Photographers may also shoot from any of the off-field photo locations throughout the ballpark with Club approval. Photographers may set up robotic cameras in areas proximate to the field, but these cameras must be installed and serviced when players are not on the field or in the seating bowl. At no point should a photographer enter the playing field, clubhouse, interview room or other Restricted Area. Photographers are not permitted into the ballpark until three hours prior to first pitch and must leave the ballpark no later than one hour after the conclusion of the game.

Meals

If Clubs provide food service to media, the food must be in individually packaged containers or bags, in takeout form. Media members are permitted to bring outside food into the ballpark, subject to Club approval and screening upon entry.

4.4.2 Broadcast Partners, Non-Broadcast Videography & Social Media

These guidelines govern access to ballparks for 2020 Spring Training and the regular season for broadcast rightsholders, videographers, and Club and MLB social media personnel. “Broadcast rightsholders” or “broadcast personnel” refers to local partners of Clubs and national and international partners of MLB – in other words, the entities that broadcast MLB games on television and radio.

A limited number of these personnel may receive Tier 3 credentials and access to certain Non-Restricted Areas, subject to the same entry screening standards that govern other Tier 3 Individuals and are outlined in Sections 2 and 4 of the 2020 Operations Manual. Personnel will not be permitted in Restricted Areas or in close proximity to Tier 1 Individuals. Interviews of players and coaches will only be conducted via video conference, telephone call, or headset, in coordination with Club staff. Only Tier 1 and Tier 2 Individuals may assist interviewees with interview logistics (*e.g.*, holding a microphone, using a video camera, giving uniformed personnel a headset).

Personnel must wear face coverings at all times while inside a Club facility, including the broadcast truck compound, except that on-air talent does not need to wear face coverings during broadcasts. Personnel should bring their own face coverings to the ballpark, but Clubs are permitted to provide face coverings upon request. Personnel should maintain physical distance from all others in the ballpark to the extent practicable.

Broadcast Rightsholders

Up to 40 broadcast personnel, including on-air talent, may receive Tier 3 credentials and access the ballpark and broadcast truck compound as necessary to perform their duties. This group may

include home television and home and away radio personnel. It may also include national and international broadcast personnel and an away television reporter, subject to MLB approval. Up to 15 additional broadcast personnel may work in the broadcast truck compound but not enter any other area of the ballpark; they must not receive Tier 3 credentials. (If a national or international partner is broadcasting a game, the limit increases from 15 to 30.) Even though these additional personnel are not accessing the ballpark, Clubs should work with their broadcast partners to ensure that the personnel are subject to temperature and symptom screening. Clubs may permit their radio announcers to travel to away games; home Clubs should permit away radio announcers unless the home Club determines it will negatively impact health and safety. All broadcast personnel in the ballpark must maintain appropriate distance from Tier 1 Individuals and follow all other Tier 3 guidelines. The 40 Tier 3 broadcast spots do not count against a Club's 150-person limit for Tier 3.

Broadcast camera operators are prohibited from shooting from any on-field camera wells that are proximate to Tier 1 Individuals; modifications (e.g., plexiglass barriers) may be necessary to separate the low 1st base and low 3rd base camera operators from Tier 1 Individuals. Broadcasters are encouraged to use robotic cameras for camera angles that may be proximate to players during games; these cameras must be installed and serviced at times when players are not on the field or in the seating bowl. No broadcast personnel are permitted on the field or areas proximate to Tier 1 Individuals, and broadcast interviews must be conducted remotely. Clubs should create additional space for broadcast personnel to allow for physical distancing. Clubs should create interview protocols that are conducted by Tier 2 Club employees. Alternatively, Clubs may choose to assign certain broadcast staff to their Tier 2 allotment. Broadcasters may submit questions to the Club and the Club should identify a mechanism to share interview video with broadcast rightsholders.

MLB may choose to assign certain broadcast personnel to Tier 2 roles and allow them field access for limited, specific games.

Television broadcast production will occur using the "World Feed" model, in which one production will be provided to all broadcasters (home/away/national/international). The home broadcaster will produce the "clean" feed and will control the cameras, with the exception of up to two cameras that may be controlled by the away broadcaster. The away broadcaster will overlay graphics and audio in studio or at the away ballpark to produce the away feed. For games with a national broadcast in addition to local broadcasts, the home local broadcaster will create the primary feed for that game and the national broadcaster may control up to three cameras.

Since the home broadcaster is producing a neutral World Feed, that feed must portray the home and away Clubs equally. For example, the feed should provide roughly equal time to shots of the home and away dugouts. The home Club is responsible for ensuring that the home broadcaster produces such a neutral feed. Away Clubs should notify home Clubs of any failure by a home broadcaster to produce a neutral feed, and they should provide the broadcaster an opportunity to take corrective measures. If the issue persists, the away Club may submit a written complaint to the Commissioner's Office (attention: Bernadette McDonald) detailing the failure to produce a neutral feed. The Commissioner's Office may take whatever corrective action is necessary to

ensure neutrality, including assigning the responsibility to create the primary broadcast feed to another rightsholder.

Non-Broadcast Videography

Clubs may credential in Tier 3 up to 6 videographers from outside entities (“Videographers”) for non-broadcast coverage (e.g., documentaries or other entertainment programming) solely with the prior approval of MLB (attention: Nick Trotta), and subject to existing Agency Agreement operating guidelines regarding such coverage. The access granted to Videographers must be determined by the host Club and MLB prior to admission, but will not include camera wells, shooting up against the net, or being in any other location proximate to Tier 1 Individuals or the playing field. Videographers must wear gloves, avoid touching surfaces with their hands, and maintain physical distance from others in the seating bowl. Videographers may set up robotic cameras in areas proximate to the field, but these cameras must be installed and serviced when players are not inside the ballpark. Clubs may also assign a Club videographer to the Tier 2 group, subject to space availability. Club videographers in Tier 2 could have more proximate access to the field but would be required to follow all procedures for Tier 2 Individuals, including distancing from Tier 1 Individuals. Use of footage captured by Club videographers will be subject to standard Agency Agreement regulations. Any videography requests should be directed to MLB’s Global Media department for approval.

MLB may choose to assign certain MLB staff to Tier 2 roles to perform videography duties for certain games, including national television games.

Social Media

Clubs will be permitted to perform social media functions; however, individuals performing these roles who intend to access the field or clubhouse while players are in the ballpark must be allocated from the Club’s Tier 2 staff allotment. The Commissioner’s Office may choose to assign certain MLB staff to Tier 2 roles to perform social media duties for games and may assign additional staff to Tier 3 roles for certain games, including national television games.

Technical Support and Troubleshooting

The Commissioner’s Office shall assign several MLB technical staff to perform Tier 2 support functions at all ballparks. These individuals should be cross-trained on how to support broadcaster equipment in the event of an equipment outage during the game. These individuals will also perform tasks such as supporting Dugout iPads, replay and video equipment in the Clubhouse, and robotic cameras including Ballpark Cam. In general, all equipment installation and service should occur while players are not in the ballpark. Equipment support during a game will only be permitted in an emergency. Additionally, the Commissioner’s Office shall assign a Tier 2 MLB staffer to perform the duties of the replay headset technician and video room monitor.

4.5 Enforcement

MLB will strictly enforce compliance with the terms of this Section 4. This will include:

- Monitoring. MLB and each Club will monitor areas of the ballpark, including clubhouses, dugouts, bullpens, and Club personnel, for prohibited practices or non-compliance with these regulations.
- Audits. MLB may conduct audits of each Club's compliance with these regulations by conducting random, unannounced inspections. Clubs are required to fully cooperate with individuals conducting the audit, including providing them access to all areas of the stadium.
- Reporting. Club personnel are required to promptly report to the ICPC and to MLB (attention: Chris Young and Bryan Seeley) any information regarding a potential violation of the provisions of this Section 4 by their Club or an opposing Club. Players should notify their Club and/or the MLBPA of any potential violation they witness. MLB and the MLBPA will share the details of all such reports with the Joint Committee, which in turn will investigate (or ask MLB to investigate) and address all such reports. Clubs are strictly prohibited from retaliating, in any way, against any person for reporting a violation of these regulations (regardless of whether the report is proven to be accurate).
- Monthly Certification. Each month during the 2020 season (including Spring Training and postseason), the highest-ranking baseball operations official and medical staff member of each Club must jointly certify, in a form provided by and submitted to MLB, that the Club acted in full compliance with the provisions of this Section 4.

2020 OPERATIONS MANUAL

SECTION 5 – *ON-FIELD OPERATIONS*

- 5.1 Modification of Playing Rules**
- 5.2 On-Field Health & Safety Protocols**
- 5.3 Baseball Storage & Handling**

5.1 Modification of Playing Rules

The following rule modifications shall be in effect only for 2020 Spring Training and the 2020 championship season, and shall not carry into 2021 Spring Training or the 2021 championship season.

5.1.1 Spring Training

MLB is solely responsible for determining whether two or more Clubs will be permitted to play Spring Training exhibition games against each other. However, to the extent two or more Clubs are permitted by MLB to play Spring Training games, there shall be a maximum number of exhibition games per Club, which will be the subject of further guidance from MLB (after input from the Joint Committee). There shall be no limit on the number of intra-squad games. In any exhibition game played during 2020 Spring Training, the following adjustments to the Official Baseball Rules shall apply.

- Ending Innings Unilaterally. OBR 5.09(e) (“Retiring the Side”) shall be relaxed, such that defensive managers may end an inning prior to three outs following any completed plate appearance, provided the pitcher has thrown at least 25 pitches.
- Extra Innings. OBR 7.01(b) (“Extra Innings”) will be modified such that games may end in a tie.
- Designated Hitter. The Designated Hitter Rule (*see* OBR 5.11) shall be extended to Clubs in both Leagues for all Spring Training games.
- Substitutions. Substitution rules (*see* OBR 5.10(d)) shall be relaxed, allowing for re-entry for all pitchers.
- Wet Rag for Pitchers. Notwithstanding anything to the contrary in OBR 6.02 (“Pitcher Illegal Action”), all pitchers may carry a small wet rag in their back pocket to be used for moisture in lieu of licking their fingers. Water is the only substance allowed on the rag. Pitchers may not access the rag while on the pitching rubber and must clearly wipe the fingers of his pitching hand dry before touching the ball or the pitcher’s plate. Umpires will have the right to check the rag at any point.

Please note that the “Three Batter Minimum” rule contained in the 2020 Official Baseball Rules (OBR 5.10) will be enforced during any exhibition games.

5.1.2 Championship Season & Postseason

In order to protect the health and safety of players, umpires, and other on-field personnel, the following rule changes shall apply during the 2020 championship season and postseason only:

- Designated Hitter. The Designated Hitter Rule (*see* OBR 5.11) shall be extended to Clubs in both Leagues for all championship season and postseason games.
- Extra Innings. During the championship season only (not the postseason), OBR 7.01(b) (“Extra Innings”) will be modified in accordance with Minor League regulations, such that each half-inning following the ninth inning will begin with a runner on second base, as follows:
 - The batter (or a substitute for the batter) who leads off an inning shall continue to be the batter who would lead off the inning in the absence of this extra-innings rule.
 - The runner placed on second base at the start of each half-inning shall be the player (or a substitute for such player) in the batting order immediately preceding that half-inning’s leadoff hitter. By way of example, if the number five hitter in the batting order is due to lead off the tenth inning, the number four player in the batting order (or a pinch-runner for such player) shall begin the inning on second base. However, if the player in the batting order immediately preceding that half-inning’s leadoff hitter is the pitcher, the runner placed on second base at the start of that half-inning may be the player preceding the pitcher in the batting order. Any runner or batter removed from the game for a substitute shall be ineligible to return to the game, as is the case in all circumstances under the OBR.
 - For purposes of calculating earned runs under OBR 9.16, the runner who begins an inning on second base pursuant to this rule shall be deemed to be a runner who has reached second base because of a fielding error, but no error shall be charged to the opposing team or to any player. For purposes of OBR 9.02, the official scorer shall keep records of the number of times each batter and runner is placed at second base in accordance with this rule.
 - Starting in the tenth inning and until the game has ended, the plate umpire shall check the offensive team’s line-up card to verify the proper runner starting at second base. If an improper runner is placed, the plate umpire shall inform the offensive manager immediately and have the proper runner placed at second base. If an improper runner is noticed by an umpire or either manager after play has commenced, he shall be replaced with the proper runner and all plays made will be legal, unless a batting out of order situation nullifies the advancement. There is no penalty for an improper runner before or after scoring.
- Position Players as Pitchers. Notwithstanding anything to the contrary in OBR 4.03(c) or MLR 2(b)(2), any player may appear as a pitcher at any point during the game (*i.e.*, no extra inning requirements, or 6-run rule). However, all players eligible to participate in the game, regardless of position, must be included on that game’s line-up card.

- Wet Rag for Pitchers. Notwithstanding anything to the contrary in OBR 6.02 (“Pitcher Illegal Action”), all pitchers may carry a small wet rag in their back pocket to be used for moisture in lieu of licking their fingers. Water is the only substance allowed on the rag. Pitchers may not access the rag while on the pitching rubber and must clearly wipe the fingers of his pitching hand dry before touching the ball or the pitcher’s plate. Umpires will have the right to check the rag at any point.
- Continuation of Suspended Games. OBR 7.01 (“Regulation Games”) and 7.02 (“Suspended, Postponed, and Tie Games”) shall be adjusted to permit the continuation of non-regulation games (*i.e.*, less than five complete innings) that are ended because of weather. Such games shall be treated as suspended games that will be continued at a later date (*see* OBR 7.02(b)) and resumed at the exact point of suspension of the original game (*see* OBR 7.02(c)).

Three Batter Minimum. Please note that the “Three Batter Minimum” rule contained in the 2020 Official Baseball Rules (OBR 5.10) will be enforced during all championship season and postseason games.

Unsportsmanlike Conduct. The prohibitions against unsportsmanlike conduct (*see* OBR 6.04) 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.

5.2 On-Field Health & Safety Protocols

In addition to the modifications to the playing rules set forth above, the following guidelines and practices should be followed in order to protect the health and safety of players, umpires, and other on-field personnel:

- There will be no pre-game exchange of lineup cards. Instead, each Club will input their lineup card into a mobile application provided by MLB. Umpires will then print lineup cards for both Clubs approximately fifteen minutes prior to first pitch. At the plate meeting (while six feet apart), Clubs should confirm their lineups with the Home Plate Umpire and inform him of any changes made since it was printed.
- 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.
 - 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. At no point should a player or coach handle another player's equipment.
 - All non-playing personnel must wear face coverings at all times in the dugout and bullpen.
 - 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, *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.
 - Players utilizing mouthguards should wash or disinfect their hands prior to inserting and removing their mouthguard.
 - Baseballs utilized for batting practice should be cycled out at the end of each day and should not be reused for a minimum period of five days. Individuals must wear clean gloves when picking-up baseballs.

- Any baseball that is put in play and touched by multiple players shall be removed and exchanged for a new baseball. After an out, players are strongly discouraged from throwing the ball around the infield.
- 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 consistent with past precedent, which discipline shall not be reduced or prorated based on the length of the season.
- The grounds crew must stay in a separate space on the field level, and 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 work gloves, 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 available to provide umpires with new balls and to retrieve equipment discarded by a batter who reaches base.

5.3 Baseball Storage & Handling

MLB will handle the storage and management of all game baseballs for 2020 championship season games played in Arizona (other than Diamondbacks games at Chase Field). Game baseballs for championship season games played in Arizona will be stored in the Humidor at Chase Field, or the two portable Humidors that were designed for London and Mexico City. These baseballs will be rubbed by approved employees, who must wear gloves while mudding them, and will then be delivered to the individual stadiums by MLB officials or umpires. MLB gameday staff, and/or authenticators, shall oversee the baseballs during the game.

For all other baseball storage and handling outside of Arizona during the championship season, clubhouse staff are prohibited from handling game or practice baseballs without washing their hands, and without wearing face coverings and clean gloves. Individuals must use clean tap water or drinking water to supplement rubbing, consistent with the Mudding Application Standards and MLB Regulation 3-5. Individuals are prohibited from using spit or sweat to rub baseballs. MLB will distribute best practices regarding the disinfection and rotation of practice, warm-up, and game baseballs prior to the beginning of the 2020 season.

2020 OPERATIONS MANUAL

SECTION 6 – *LEAGUE OPERATIONS & TRANSACTIONS*

6.1 Rosters & Transactions

6.2 Player & Staff Visas

6.1 Rosters & Transactions

6.1.1 Transaction Freeze

All player transactions that were suspended by operation of the March 26, 2020 agreement between MLB and the MLBPA (the “Transaction Freeze”), and which are not otherwise frozen as a result of the Commissioner’s suspension of the Professional Baseball Agreement (“PBA”), Player Development Contracts (“PDC”), and Minor League UPCs, will resume at 12:00 pm ET on the 5th day prior to the first day of Spring Training, unless a later date and time are agreed upon by MLB and the MLBPA.

6.1.2 Transaction Dates & Times

Unless otherwise specified below, the following transaction dates and time periods in the Basic Agreement and Major League Rules below shall be adjusted for the 2020 season only:

	Original Date(s)	Revised Date(s)
Retention bonus deadline and release / assignment clauses in Minor League UPC’s from Freeze until 5 th day prior to Opening Day	5 Days prior to Opening Day	5 Days prior to New Opening Day
1 st date to re-sign a released player	May 15	Released prior to Transaction Freeze: 20 days prior to new Opening Day Released after Transaction Freeze: After 20 days of the championship season from date of UR Waiver Request
Article IX termination pay	45 days’ payment if before Opening Day	45 days’ payment at the adjusted rate if before Opening Day
Period that previous season winning percentage governs waiver priority (MLR 8(c), 2019 MLR 10(c))	First 30 days of championship season	First 20 days of championship season
Trade Deadline (MLR 6(d)(3), 2019 MLR 9(b)(3))	July 31	August 31
Draft-Excluded Date (MLR 5(h), 2019 MLR 6(e))	August 15	August 31
Postseason Eligibility Date (MLR 41(a), 2019 MLR 40(a))	August 31	September 15
Last date a player can be released and still be re-signed before May 15 of the following season	August 31	September 14
Waiver Periods	As described in MLR 8(b)(4) (2019 MLR 10(b)(4))	All waiver periods shall be removed, except that all Outright Waiver requests will expire on the 7th day after secured
Minimum number of active days for Rule 5 selections	90	Reduced proportionally to the number of days in the revised 2020 championship season,

		but in no case less than 50 days
Maximum length of an Advance Consent signed under Article XIX	45 days	Reduced proportionally to the number of days in the revised 2020 championship season, but in no case more than 20 days, rounded to the nearest integer
Required days on option or outright before recall (or re-selection) for pitchers or two-way players (unless the player was assigned prior to Opening Day, in which case no restriction)	15 Day	10 Days
Required days on option or outright before recall (or re-selection) for position players (unless the player was assigned prior to Opening Day, in which case no restriction)	10 Days	10 Days
For the avoidance of doubt, the crediting of Major League Service for days on an optional assignment less than 20 days during the 2020 championship season shall be no greater than 19 total days of Major League Service, per Article XXI(B) of the Basic Agreement	Maximum of 19 Total Days of MLS	Maximum of 19 Total Days of MLS

6.1.3 Club Player Pool

By 4:00 PM ET on the third day prior to the first day of Spring Training, each Club must submit to MLB (attention: Jeff Pfeifer):

- A list of up to 60 players that will be eligible to participate in Major League games during the 2020 championship season (“Club Player Pool”). The Club Player Pool shall consist of all players on a Club’s 40-man roster that the Club anticipates participating, and any non-40-man roster players under contract and reserve to the Club whom the Club anticipates may be selected during the 2020 season.
- A list of up to 60 players from the Club Player Pool that will be invited to Major League Spring Training (*i.e.*, potentially a smaller subset of players who have a chance to make the Club’s Opening Day roster). The players in the Club Player Pool who are not invited to Major League Spring Training will be directed to the “Alternate Training Site” (defined in Section 6.1.5 below).

Regardless of whether the Commissioner lifts the suspension of Minor League UPCs during the 2020 championship season, each non-40-man roster player without a Major League UPC (*i.e.*, not on outright assignment) shall be paid at the weekly rate set forth in Addendum C of his 2020 Minor League UPC for participating in the Club Player Pool during the Major League championship season. Attachment 24 (“Minor League UPCs with Major League Terms”) will continue to govern all non-40-man roster players in the Club Player Pool who are selected to the 40-man roster.

60-Player Limit. No Club may exceed the limit of 60 players in its Club Player Pool at any time throughout Spring Training and the championship season. In the event a Club is at the limit and

wishes to add a player to its Active Roster or its Alternate Training Site, the Club must select a player to be removed from the Club Player Pool by means of a bona fide transaction, as follows:

- 40-man roster players may be removed from the Club Player Pool by an approved trade, waiver claim, return of Rule 5 selection, release, outright assignment, designation for assignment, placement on the 60-day Injured List, placement on the COVID-19 Related Injured List, or placement on the Suspended List (by Club), Military, Voluntarily Retired, Restricted, Disqualified, or Ineligible Lists.
- Non-40-man roster players may be removed from the Club Player Pool by an approved trade, release, placement on the COVID-19 Related Injured List, or placement on the Military, Voluntarily Retired, Restricted, Disqualified, or Ineligible Lists. Injured non-40-man roster players will continue to count against the Club Player Pool limit unless removed through one of the permitted transactions listed above.

Use of Facilities. Only players in the Club Player Pool, players on the Major League 60-Day Injured List, or players otherwise approved by MLB are permitted to use any Club facilities, or engage in Club-organized baseball activities.

6.1.4 Active Roster

Notwithstanding anything to the contrary in MLR 2(b) (2019 MLR 2(c)), each Club must maintain an Active Roster consistent with the following roster limits schedule.

- At 12:00 PM ET on the first date of the revised 2020 championship season, each Club must submit to MLB (attention: Jeff Pfeifer) an Opening Day Active Roster with a maximum of 30 players, and a minimum of 25. The minimum of 25 players will remain throughout the championship season and postseason
- The maximum Active Roster limit shall be reduced from 30 to 28 at 12:00 PM ET on the 15th day of the championship season.
- The maximum Active Roster limit shall be reduced from 28 to 26 at 12:00 PM ET on the 29th day of the championship season for the remainder of the championship season and postseason.
- The limitations on the number of pitchers on the Active Roster otherwise required by MLR 2(b)(2) shall not apply.
- In the event that a double-header that takes place while the Active Roster limit is 26, both Clubs may use an additional player in accordance with MLR 2(b)(2) (2019 MLR 2(c)(2)(A)).

6.1.5 Alternate Training Sites

Each Club shall maintain a secondary baseball facility at which the Club will house and train players in the Club Player Pool who are not on the Active Roster during the championship season (“Alternate Training Site”) as described below.

- Approval. No later than seven (7) days prior to the first day of Spring Training, each Club must submit its proposed Alternate Training Site to MLB for approval.
- Opening Site. At the discretion of each Club, the Club may begin operating the Alternate Training Site at any time between the first day of Spring Training and Opening Day.
- Location. Unless otherwise approved by MLB, Alternate Training Sites must be (a) located sufficiently close to the location where the Club will play its home games during the championship season that commercial air travel is not required; and (b) fully separated from the facility where players on the Active Roster will train and play. In the event a Club changes the location where it is playing its championship season home games during the 2020 championship season, the Club will make best efforts to relocate its Alternate Training Site to remain proximate to the new Major League home facility.
- Players. All players in the Club Player Pool who are not on the Active Roster must be assigned to the Alternate Training Site, with the exception of players on the “Taxi Squad” described below.
- Coaches & Staff. Clubs are responsible for assigning appropriate coaches and staff to the Alternate Training Site. All coaches, trainers, and other individuals who need access to Restricted Areas when players are present and/or require close contact with players, including coaches and trainers, must be designated as Tier 1 or Tier 2 Individuals, from the Club’s allotment set forth in Section 4 above.
- Safety & Health. All provisions set forth above with respect to Major League ballparks or other Club facilities shall also apply with full force at Alternate Training Sites. No players or Club employees are permitted to access the Alternate Training Site of another Club, unless otherwise approved by MLB.
- Intra-squad Games. Intra-squad games are permitted at all Alternate Training Sites; however, there shall be no exhibition games between players at different Alternate Training Sites.
- Assignments. All existing rules governing assignments of player contracts will continue to apply, including between Alternate Training Sites (in lieu of a Minor League club) and the Major League Club (*i.e.*, all optioned and non-40-man players will be treated as assigned to the Alternate Training Site), except new MLR 7(e)(1) and (2). All traded players must be assigned to the assignee’s Club Player Pool. Once a non-roster player has been removed from the Club Player Pool by way of release,

or a player has been removed from the Club Player Pool by way of an Outright Waiver Assignment, the removed player may not be added back to the Club Player Pool for the remainder of the 2020 championship season and postseason.

6.1.6 Permissible Taxi Squads

Notwithstanding Article XV(E)(3) of the Basic Agreement, in addition to a Club’s Active Roster, a Club is permitted to carry up to three additional players (provided that if the Club elects to carry three additional players, at least one must be a player whose designated position prior to the season is catcher) from its Club Player Pool (“Taxi Squad”) on all road trips with the Major League team, as follows:

- Players on the Taxi Squad will not receive Major League service and will be paid at the Minor League rate contained in their UPC; provided, however, that all players on the Taxi Squad shall be entitled to Major League allowances of \$108.50 per day while the Club is on the road, regardless of whether the Club provides meals.
- Players on the Taxi Squad are permitted to workout with the Major League Club, but are permitted to be in uniform and in the dugout during games. Any catchers on the Taxi Squad are permitted to serve as bullpen catchers.
- Players on the Taxi Squad are subject to the same transactional rules as all other players at the Alternate Training Site.
- Upon the conclusion of each road trip, players on the Taxi Squad will return to the Alternate Training Site (except that one catcher may remain on the Taxi Squad to serve as a bullpen catcher for home games, which catcher shall be entitled to Major League allowances of \$108.50 per day, regardless of whether the Club provides meals, for the first 14 days of his time on the Taxi Squad).

6.1.7 Standard Injured Lists

The following time periods in the Major League Rules and Basic Agreement will be adjusted as follows:

	Former	Revised
IL for Pitchers	15 Day	10 Days
IL for Position Players	10 Days	10 Days
60-day IL	60 Days	45 Days
20 days under Article XIII(H)	20	None

The requirement that a player may not be placed on or transferred to the 60-day IL unless the Major League Reserve List of the player’s Club is at the maximum limit of 40 contained in MLR 2(c)(1)(F)(i) (2019 MLR 2(g)(3)(A)), shall not apply. Thus, injured players may be placed on the 60-day IL without regard to the number of players on the 40-man roster until August 31 (see MLR 2(c)(F)(x), 2019 MLR 2(g)(3)(J)). Moreover, a player placed on the 60-Day IL prior to March 26 will be eligible for reinstatement on May 25.

6.1.8 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, confirmed exposure to COVID-19, or if a player exhibits symptoms requiring self-isolation for further assessment (as described in Section 2 above).

The Joint Committee must approve any placements and activations from the COVID-19 Related IL. There will be no minimum or maximum length of placement.

Players on the COVID-19 Related IL will not count against a Club's Active List limit, Reserve List limit, or against the Club Player Pool limit. Players who are on their Club's Active List at the time they are placed on the COVID-19 Related IL will receive salary and credited Major League service to the same extent that they would have if they had remained on the Active List during that period. Nothing in this Section 6.1.8 shall negate or otherwise affect a Player's rights under Article XIX(C) of the Basic Agreement.

In the event that a Club experiences a significant number of COVID-19 Related IL placements at the Alternate Training Site at any one time (*i.e.*, three or more players), and the Club chooses to substitute those players from within the Club's organization, MLB reserves the right to allow that Club to remove those substitute players from the Club Player Pool without requiring a release.

6.1.9 Immigration

If a player is unable to report to Club's Major League Spring Training or the Club's Alternate Training Site prior to the time that Clubs are required to submit their Club Player Pools under Section 6.1.3 above, the player will be placed on the Restricted List and shall remain on such list until reinstated in accordance with MLR 2(c)(6) (2019 MLR 15 & 16). Players placed on the Restricted List in accordance with this Section will not be entitled to salary or Major League Service during the period of such placement, unless the player previously reported to 2020 Spring Training on or prior to the Basic Agreement's mandatory reporting date, and is unable to report prior to the time that Clubs are required to submit their Club Player Pools under 6.1.3 above due to international or domestic travel restrictions, visa or immigration issues, or for health/safety reasons related to COVID-19, in which case he shall receive his applicable salary and Major League service for up to the first thirty (30) days of his placement on the Restricted List (with such salary and service calculations to be at the adjusted rate).

6.1.10 Special Covenants

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

6.2 Player & Staff Visas

6.2.1 Visa Requirements

Players and staff entering the United States for Spring Training and the championship season must enter on P visas in order to work and receive payment. If a player possesses a multiple-entry P

visa that is valid through October 31, 2020, or a single-entry P visa that has not been used and is valid through October 31, 2020, he does not need to take any further action at this time. If a player possesses a single-entry P visa that has already been used, or if a player lacks a P visa but will need to enter the United States for Spring Training or the championship season, please see Section 6.2.2, below. If the player possesses a multiple-entry P visa or a single-entry P visa that has not been used but expires prior to October 31, 2020, please contact Patrick Nathanson at MLB (Patrick.Nathanson@mlb.com).

For a foreign player already in the United States, Clubs should ensure that the player's stay – as indicated on his I-94 – is valid through December 31, 2020. If the player's stay expires earlier than December 31, 2020, please contact Patrick Nathanson to discuss filing for an extension of stay, if necessary, to ensure that the player may remain in the United States for the duration of the 2020 season and postseason.

6.2.2 Process to Obtain P Visas

Clubs should follow Patrick Nathanson's December 12, 2019 memo entitled "Filing Instructions for 2020 Player Work Visas" in order to submit applications to U.S. Citizenship and Immigration Services ("USCIS"). USCIS is currently operational, but premium processing has been suspended. Non-premium adjudications are occurring at a slightly reduced pace.

Please note that United States consulates around the world have closed temporarily and are only accepting emergency cases.

- The United States Consulate in Santo Domingo has not yet announced a formal re-opening date.
- The United States Consulate in Bogotá has not yet announced a formal re-opening date.
- If considering traveling players between two international countries for visa appointments, Clubs should review the latest country-specific quarantine and entry procedures for both countries. More information on restrictions and concessions for various countries is available on the following website: <https://www.fragomen.com/about/news/immigration-update-coronavirus>.

You must contact Patrick Nathanson with information about any P visa applications you will be making, in order to ensure coordination.

2020 OPERATIONS MANUAL

SECTION 7 – *TRAVEL*

- 7.1 Travel**
- 7.2 Allowances & Gratuities**
- 7.3 Spring Training & In-Season Accommodations**

7.1 Travel

Clubs must make all necessary arrangements to facilitate safe, clean and hygienic travel for Tier 1 and Tier 2 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 submit those processes to MLB as part of their Health and Safety Protocols set forth in Section 4.2. Tier 1 and Tier 2 Individuals are prohibited from traveling in any manner that is inconsistent with this Manual.

Clubs and Tier 1 and Tier 2 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>).

7.1.1 Reporting to the Club

When Tier 1 and Tier 2 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 be encouraged to drive their own cars or take ride-share vehicles whenever practicable.

7.1.2 Travel to/from the Ballpark in Home Cities

Tier 1 and Tier 2 Individuals may not take public transportation (*e.g.*, buses, subways) between their places of residence and the ballpark. Tier 1 and Tier 2 Individuals who are unable to either drive their own vehicle or walk (while maintaining appropriate physical distancing) to and from home ballparks may take private car services that certify compliance with the minimum standards for ride-share vehicles set forth by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>). Clubs must use best efforts to make arrangements with ride-share services that will guarantee the provision of sanitized cars with health-certified drivers in PPE for all Tier 1 and Tier 2 Individuals who are unable to drive their own vehicles to and from the home ballpark.

7.1.3 Team Travel on the Road

Clubs must endeavor to travel in a controlled environment at all times. Only Tier 1 and Tier 2 Individuals who are assigned to the Major League Club are permitted to travel with their Club on the road (collectively, for purposes of this Section 7, the “Traveling Party”). 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.

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, gloves, hand sanitizer, and disinfectant wipes. All members of the Traveling Party are required to wear face coverings whenever traveling with the Club, regardless of the tier to which the individual has been assigned. 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.

Members of the Traveling Party are prohibited from taking separate public (*e.g.*, buses, trains, subways) or private (*e.g.*, taxis, Uber, Lyft) transportation between cities and to the ballpark. Notwithstanding the foregoing, members of the Traveling Party may utilize private transportation (*e.g.*, taxis, Uber, Lyft) to travel from the hotel to the ballpark if the Club grants permission and if the private car service certifies compliance with the minimum standards for ride-share vehicles set forth by the CDC.

7.1.4 Air Travel

- Private Airports. Whenever possible, Clubs should depart from or arrive into smaller private airports (*e.g.*, MKC in Kansas City, PTK in Detroit). Clubs are reminded that larger planes may require runway lengths and/or weight or load limitations that can impact the availability of smaller private airports.
- Public Airports. When traveling through public airports, Clubs should avoid using main terminal gates that could have the potential to expose members of the Traveling Party to the public boarding ramp. Instead, whenever possible, Clubs should book travel through Fixed Base Operators (*e.g.*, Signature Flight Support), which provide a more isolated/private area typically reserved for private aviation, without any commercial gate access.
- TSA Screening. When Clubs are required to screen for TSA compliance using charter rules, Clubs should make every effort to screen at the ballpark, where possible, or planeside. Ballpark screening permits Traveling Parties to be as protected as possible prior to arrival at the airport, which may result in easier access to the tarmac, quicker load times, and the avoidance of prolonged exposure to the elements planeside. Screening done both at the ballpark and planeside must be conducted in a manner that meets cleaning and hygiene protocols.
- Boarding and Deplaning. Prior to boarding, each traveler should be given a sanitary bag that contains disinfectant wipes and personal hand sanitizer. Boarding and deplaning should be done with appropriate physical distancing. In this respect, window seats should be boarded first and deplaned last.
- Seating. All flights should be configured to provide as many empty seats or rows, and free space between passengers, as possible, and the airplanes should be treated as Restricted Areas in accordance with Section 4 above. Whenever possible, the Traveling Party should fly in first-class accommodations that provide meaningful separation between passengers. Middle seats should be blocked as a minimum requirement. Except to use lavatories, members of the Traveling Party must remain seated for the duration of the flight.
- In-Flight. Clubs must ensure that charters carrying the Traveling Party commit to providing clean and hygienic airplanes and crews that are in accordance with

standards established by the CDC (<https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>) and FAA (<https://www.faa.gov/coronavirus/>). All high-touch surfaces (*e.g.*, entertainment systems, arm rests, tables, seatbelts) must be cleaned before and after each flight. Airlines should assign fixed crews, with limited commercial flight exposure, and frequent testing to team flights. Each member of the Traveling Party should wear PPE for the duration of the flight, 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).

- Lavatories. Whenever a member of the Traveling Party uses the lavatory, he or she should use a disposable glove (or, if unavailable, a paper tissue) to touch any surface and should wash hands with soap and water or hand sanitizer after each use. Toilet lids should be closed before flushing and members of the Traveling Party should wait several minutes before entering a lavatory after each use.
- Food & Beverage Service. In-flight catering should be as limited as possible to avoid touchpoints between flight attendants and members of the Traveling Party. Members of the Traveling Party should be provided a single bag pre-packed with food, drink, snacks, and disinfection wipes. Members of the Traveling party should disinfect their hands and all the items in the bag with the wipes before consumption. Single-use utensils, napkins, plates, condiments, and hand wipes should be provided for and disposed of after each meal. Members of the Traveling Party may not eat and drink at the same time as others in the same row. 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. Clubs must provide a minimum of two buses for transfers from airport to hotel, hotel to ballpark, and ballpark to airport, to ensure that members of the Traveling Party who choose not to walk to the ballpark (while maintaining appropriate physical distancing) will have an empty seat next to them. 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 face coverings during any and all bus travel. Windows on buses, including any emergency exits on the roof, should be opened if possible, to maximize fresh air ventilation.
- Bus Drivers. Bus companies and their drivers must adhere to the minimum standards for bus transit operators established by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>). 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. Drivers should not load or unload luggage or equipment on or off the bus. 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 in a manner that ensures that all players arrive at least 3 hours before the game and 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. 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.

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. Prior to boarding, each traveler should be given a sanitary bag that contains disinfectant wipes, a surgical mask, gloves and personal hand sanitizer. 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. All seating arrangements should provide as many empty seats or rows, and free space between passengers, as possible, and train cars containing members of the Traveling Party should be treated as Restricted Areas in accordance with Section 4 above. Except to use lavatories, members of the Traveling Party must remain seated for the duration of the trip.
- During the Ride. Clubs must ensure that rail transit operators carrying the Traveling Party commit to providing clean and hygienic trains and crews that are operated in accordance with CDC standards (<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rail-transit-operator.html>). Members of the Traveling Party should have limited or no exposure to or interaction with conductors or other members of the train's crew. High-touch surfaces must be cleaned before and after each trip. Each member of the Traveling Party should wear PPE for the duration of the ride and wipe down all surfaces he or she may touch (*i.e.*, both sides of tray table, armrest, headrest, luggage bin opener).

- Lavatories. Whenever a member of the Traveling Party uses the lavatory, he or she should use a paper tissue to touch any surface. Toilet lids should be closed before flushing and members of the Traveling Party should wait several minutes before entering a lavatory after each use.
- 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. Members of the Traveling Party should be provided a single bag pre-packed with food, drink, snacks, and disinfection wipes. Members of the Traveling party should disinfect their hands and all the items in the bag with the wipes before consumption. Single-use utensils, napkins, plates, condiments, and hand wipes should be provided for and disposed of after each meal. Members of the Traveling Party may not eat and drink at the same time as others in the same row. The best practices regarding food safety measures and preventative controls described in Section 4.2.2 above provide additional guidance on food service while travelling 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/SafeStay_Guide.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 should avoid leaving the Club hotel for non-essential purposes, and should not congregate in public areas of the hotel, for any reason unless approved in advance by appropriate Club personnel. The hotel floors on which members of the Traveling Party are housed should be treated as Restricted Areas in accordance with Section 4 above, subject to the below limitations.

- Hotel Rooms. Members of the Traveling Party are entitled to single rooms in the Club’s hotels on all road trips during the Club’s Spring Training, championship season, and postseason. Each room must be supplied with single-use cups, which should be used by all members of the Traveling Party in lieu of typical glass or ceramic cups and mugs. Members of the Traveling Party may not make separate public or private housing arrangements while on the road. Room visits are permitted only by members of the Traveling Party, and immediate family members of the Traveling Party (*e.g.*, spouse or significant other, children). Apart from immediate family members, members of the Traveling Party are discouraged from socializing with other family or friends while on the road, and if they choose to do so, must adhere to strict physical distancing protocols, and wear proper face coverings and gloves.
- 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. Rooming blocks should ensure that the Traveling Party is isolated in the hotel, which should not book other visitors on the same floors that are reserved for the Club.

- Private Dining/No Public Restaurants. Hotels must provide a dedicated dining area in a private location of the hotel (*e.g.*, conference room, lounge, *etc.*) for use by members of the Traveling Party. The Traveling Party is not permitted to leave the hotel to eat or otherwise use any restaurants (in the hotel or otherwise) open to the public. 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 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 are prohibited, and any meals provided by hotels in dedicated dining areas must be provided in individually packaged containers or bags. Family and friends are not permitted to eat with members of the Traveling Party who are eating together in the same space. The best practices regarding food safety measures and preventative controls described in Section 4.2.2 include additional guidance on hotel food service.

- 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.
- Arrival & Departure
 - Private Entrances/Exits. Hotels must make private entrances/exits available whenever possible to the Traveling Party to reduce interactions with others as much as possible. If separate entrances/exits are not available, hotels should schedule dedicated times when a single entrance/exit may be used only by the Traveling Party. Hotels must adhere to established cleaning protocols for all touchpoints (*e.g.*, door handles, doorknobs, push bars, *etc.*) at such entrances/exits. Whenever possible, entering and leaving the hotel should be as automated or no-touch as practicable to remove or reduce the use of touchpoints.
 - Private Area for Check-In. Hotels must make a private area (*e.g.*, meeting space or conference room) available to the Traveling Party for check-in. All

rooms should be “pre-keyed” and, to the extent possible, permit “cardless” or “app key” access to hotel rooms. Arrival packets and welcome amenities for the Traveling Party should be limited to reduce touchpoints. Members of the Traveling Party should be responsible for taking their own carry-on bags to their rooms. Hotels must ensure appropriate sanitation procedures with regard to who touches key cards/key packets prior to distribution to the Traveling Party.

- Equipment & Luggage. Whenever possible, luggage must be sent directly to hotel rooms to avoid as many touchpoints as possible. Hotels must ensure appropriate sanitation procedures with regard to who touches luggage that is delivered to members of the Traveling Party. To the extent team equipment or luggage must be placed in storage on-site at the hotel, it must be stored in a clean, secure location, and be disinfected prior to returning to the team. To the extent practicable, members of the Traveling Party should not rely on bell staff for picking up luggage when leaving the hotel.
- Personal Hygiene Products. Clubs should provide individual hand sanitizer, disinfectant wipes and other cleaning products to members of the Traveling Party so that they can clean their luggage and rooms upon arrival, including any high-touch surfaces (e.g., luggage handles, key cards, remote controls, phones).
- Touch-free Departure. No members of the Traveling Party should visit the front desk upon departure. Check-out procedures, including key returns and the payment of incidentals should be handled remotely (e.g., provide credit card number to pay incidentals, leave key in room or drop box).
- 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. Moreover, hotels must agree that touchpoints in areas through which the Traveling Party passes will be cleaned with disinfectant several times per day. Hotel staff should refrain from cleaning the interior of hotel rooms assigned to members of the Traveling Party on a daily basis, and should only provide housekeeping and related services upon request. Hotels must ensure that all staff who interact with the Traveling Party wear face coverings and other appropriate PPE during such interactions.
- Security. Hotels should be responsible for providing a clear path for players and staff to get from the hotel to awaiting team transportation (and vice versa), including ensuring that fans do not gather at entrances or exits used by the Traveling Party.
- 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

Clubs are obligated to ensure that equipment and luggage handled by outside parties is thoroughly sanitized before being returned to the appropriate member of the Traveling Party. 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>). Immediately prior to a Traveling Member taking possession of his luggage and equipment, all luggage and equipment should be sprayed with disinfectant and then wiped by hand (without wiping by hand, spray alone is insufficient).

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 Allowances & Gratuities

Clubs are encouraged to issue cashless meal and tip allowances through direct deposit, debit cards, *etc.* To avoid unnecessary contact with hotel staff, Clubs should consider paying either a fixed sum as a gratuity to the bell staff, or a pay-per-piece luggage delivery fee. Members of the Traveling Party are encouraged to pay clubhouse gratuities via money transfer app (*e.g.*, PayPal, Venmo).

7.3 Spring Training & In-Season Accommodations

7.3.1 Spring Training Accommodations

Clubs will coordinate with all Tier 1 and Tier 2 Individuals on the selection of their accommodations in Spring Training, either in the Club's home city or the Club's Spring Training city, as applicable. To the extent that Clubs provide hotels to Tier 1 and Tier 2 Individuals for these purposes, any such hotels must comport with the standards set forth in Section 7.1.7 above. Tier 1 and Tier 2 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 Tier 1 and Tier 2 Individuals.

7.3.2 In-Season Accommodations

Clubs should assist Tier 1 and Tier 2 Individuals to procure housing in the Club's home city, when necessary and appropriate, to ensure that accommodations best suit the circumstances of each

individual in light of the additional burdens created by COVID-19. To the extent that Tier 1 or Tier 2 Individuals reside in hotels, condominiums, or apartments, they should ensure that the operators of the residential housing units mandate COVID-19 best practices with respect to the use of PPE by staff, and that they disinfect and clean the premises in accordance with appropriate protocols. Tier 1 and Tier 2 Individuals should avoid using any communal areas such as pool areas, restaurants/bars, and/or fitness centers/health clubs. Utilizing public spaces in which groups of people congregate, particularly indoors, is highly discouraged.

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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 and the MLBPA will create comprehensive education programs and materials for Tier 1 and Tier 2 Individuals regarding recommended and best practices for reducing the risk of infection with COVID-19. Clubs may share those programs and materials with Tier 3 Individuals to the extent it is relevant to their functions for the Club in its facilities, but Clubs will be responsible for educating Tier 3 employees with respect to their specific Health and Safety Protocols and their Tier 3 employees' specific responsibilities. The development and management of these programs will be administered centrally by MLB and the MLBPA, in consultation with appropriate medical and public health experts. The topics covered in each education program will vary according to the participants' role and all education shall be presented in English and Spanish when necessary. All Club employees will be required to complete COVID-19 education prior to returning to work. Below is a non-exhaustive list of the topics that will be covered by MLB's COVID-19 education programs:

- 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

8.1.2 Player Education

All players must complete COVID-19 education prior to reporting to Spring Training and on an ongoing basis throughout the course of Spring Training and the 2020 championship season.

- Educational Video. MLB, in conjunction with the MLBPA, will produce an educational video that will be distributed to all players prior to arrival at Spring Training. Players will be required to view the video before reporting to Spring Training.
- In-Person Education. Upon arrival at Spring Training, all players will review the educational video a second time in the presence of Club medical staff to gain a broader understanding of the new MLB protocols. Subsequent education will be delivered safely in person prior to the start of the 2020 championship season and, to the extent practicable and appropriate, on an ongoing basis. Clubs are responsible for educating players on the Club-specific protocols developed pursuant to the Sections above.
- Educational Materials. Educational materials (posters and handouts) will be made available to all players upon arrival at Spring Training and as necessary throughout Spring Training and the course of the 2020 championship season.
- Mid-season Additions. Clubs must ensure that any players added by the Club during the season review the educational video prior to reporting to the Club, and that they receive all relevant additional educational information and materials upon their arrival.

8.1.3 Club Employee Education

All Club employees must complete COVID-19 education prior to reporting to Spring Training and on an ongoing basis throughout the course of Spring Training and the 2020 championship season. Employees who will not report to work until the start of the championship season must complete the required education prior to reporting for the start of the season. COVID-19 education for Club employees will consist of the following educational modules:

- Educational Video. All Tier 1 and Tier 2 Club employees must view the educational video referenced in Section 8.1.2 above prior to reporting to Spring Training. Tier 3 Club employees may also be shown the video referenced above to the extent it is relevant to their functions for the Club in its facilities, but Clubs will be responsible for educating Tier 3 employees with respect to the Club's specific Health and Safety Protocols and their specific responsibilities, whether by video or otherwise.

- Virtual Education/Train-the-Trainer. In order for Club medical staff to uniformly apply MLB-approved care and treatment standards across the League, MLB will conduct a virtual education session for certain Club medical staff members (Team Physicians, Athletic Trainers, Strength and Conditioning Coaches, *etc.*) regarding the protocols described herein, prior to the Spring Training report date. MLB will conduct a subsequent virtual education session prior to the start of the 2020 championship season. Additional virtual education will be provided on an ongoing basis, as appropriate. Clubs must make the necessary arrangements to facilitate virtual dissemination of MLB-approved care and treatment standards by Club medical staff to the remaining Major League and ballpark staff prior to the Spring Training report date and prior to the start of the 2020 championship season.
- In-Person Education. Clubs, via their medical staff members, must make all necessary arrangements to conduct additional and safe in-person training, consistent with MLB-approved care and treatment standards, for the Major League and Ballpark staff upon the employees' arrival at Spring Training and/or the start of the 2020 championship season. Additional education must be provided on an ongoing basis, as appropriate or otherwise directed by MLB. Clubs are responsible for educating staff members on the Club-specific protocols developed pursuant to the Sections above.
- Educational Materials. Educational materials will be made available to all Club employees upon arrival at Spring Training and as necessary throughout Spring Training and the course of the 2020 championship season.
- Additions to Tier 1 or Tier 2. Clubs must ensure that any Club employees added to Tier 1 or Tier 2 during Spring Training, the 2020 championship season, or postseason review the educational video prior to reporting to the Club, and that they receive all relevant additional educational information and materials upon their arrival.

8.1.4 Umpire Education

All umpires must complete COVID-19 education prior to and on an ongoing basis throughout the course of the 2020 championship season.

- Educational Video. All umpires must view the educational video referenced in Section 8.1.2 above prior to reporting to Spring Training.
- Virtual Education. Following delivery of the educational video, MLB will conduct a virtual education session for all umpires regarding the relevant protocols described herein. Additional education and materials will be provided throughout the course of the 2020 championship season, as appropriate.

8.1.5 Regular Health and Safety Updates

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

8.1.6 Certifications of Completion

Immediately following delivery of an educational module, every player and umpire must acknowledge in writing that he has completed the appropriate COVID-19 educational program. Clubs also are required to submit a certification stating that all Club employees have completed COVID-19 education consistent with these requirements. Clubs must submit certifications to MLB in advance of the start of the 2020 championship season. Clubs are encouraged to verify employee completion in writing and to have such writing available upon the request of MLB.

2020 OPERATIONS MANUAL
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 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 defines “close contact” as living in the same household, being within six feet of someone for fifteen minutes or longer, or being in direct contact with secretions from a sick person with COVID-19 (*e.g.*, being coughed on). Close contact does not include brief interactions, such as walking past someone.

Attachment 2

Job Title:

Infection Control Prevention Coordinator

General Purpose/Objectives:

A critical element of each Club's infection control efforts is an effective and empowered Infection Control Prevention Coordinator ("ICPC"), who will monitor and ensure compliance with MLB-mandated health and safety protocols. As described in MLB's 2020 Operations Manual, each Club must designate an existing staff member to serve as the ICPC. 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 presence of the ICPC will be a visible reminder to players and staff of the paramount importance of infection control and safety practices.

The ICPC should be well versed in areas of infection control, public health practices, and proper hygiene, and be provided access to training and implementation resources. Regardless of who is designated as the ICPC (*e.g.*, Team Physician, Certified Athletic Trainer, Clubhouse Manager), the Club must provide him or her with sufficient time to perform the ICPC duties in addition to whatever other responsibilities he or she may have.

Key Duties and Responsibilities:

The ICPC will play a key role in ensuring player and staff safety and coordinating the requirements of the Operations Manual. The specific duties and responsibilities of the ICPC may vary slightly by Club and facility, but will include the following:

- Monitoring and enforcing compliance with MLB's and the Club's infection control and prevention policies through regular audits, observation, checklists, logs, and other methods.
- Developing a reporting system for all players and Club staff to inform the ICPC of noncompliance.
- Investigating instances of noncompliance and initiating corrective action.
- Promoting compliance through periodic meetings with players and staff to reinforce the Club's commitment to infection control.
- With the assistance of other Club staff, establishing, monitoring and periodically updating 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.
- Ensuring the proper screening of players and Club staff granted access to Restricted Areas.

- Creating open lines of communication with all players and Club staff, as well as with expert advisors and local public health officials, and seeking comments and feedback from all members of the organization.
- Serving as a resource on infection control and prevention for all players and Club staff.
- Participating in the development and execution of training and education programs related to infection control and prevention, and ensuring compliance with the training and education efforts by all players and staff.
- Confirming the availability and supply of cleaning supplies and PPE throughout Restricted Areas.

Job Requirements:

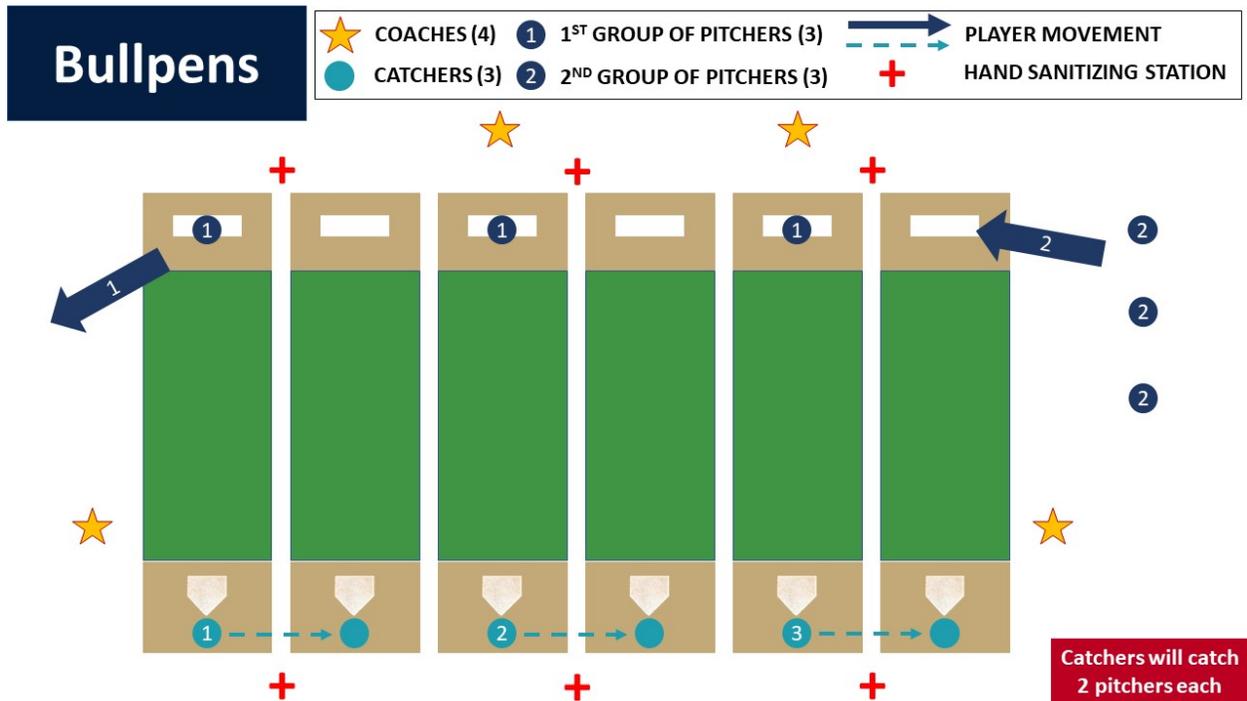
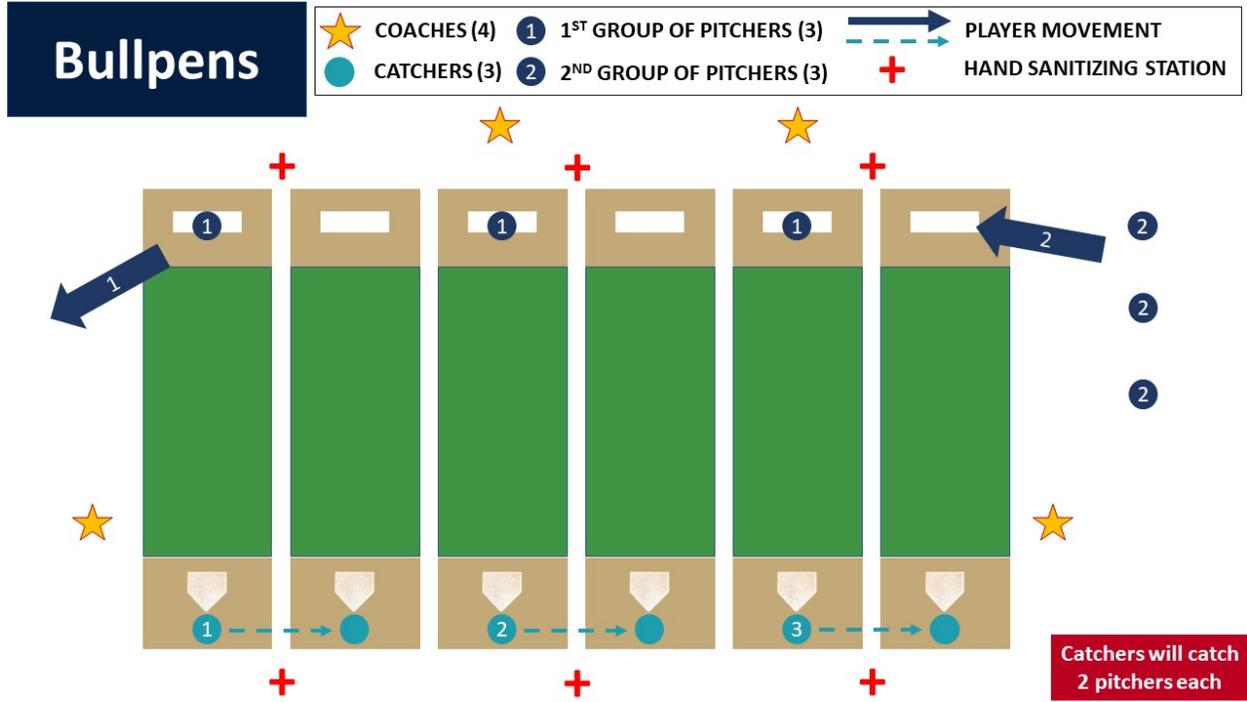
- The ICPC must show attention to detail, and have expertise in infection control and prevention.
- The ICPC should have good judgment, the ability to create the necessary culture of compliance, be respected, and considered to be approachable by other members of the organization.
- The ICPC should be a leader and role model for safety.
- This position requires the knowledge of infection control and public health practices, and experience in compliance measures, with the goal of implementing effective and efficient protocols to prevent disease transmission among players and Club staff.
- Required Education. Bachelor's or Master's Degree, preferably in an area related to public health. Experience in a healthcare environment and certification in infection control and epidemiology is also recommended.

Attachment 3

On-Field Diagrams

Player and Staff Positioning Recommendations

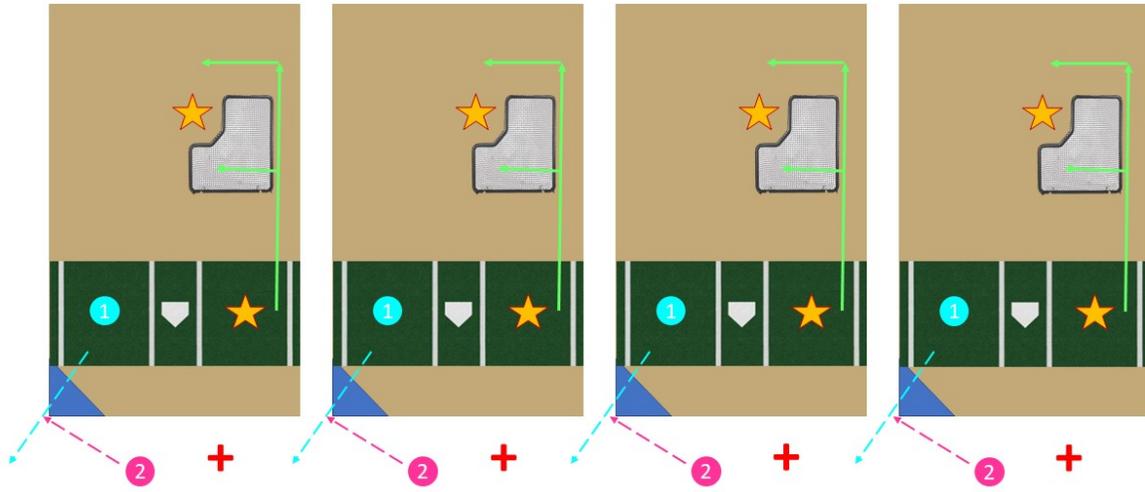
Bullpen Position and Use Recommendations



Batting Cage Positioning and Use Recommendations

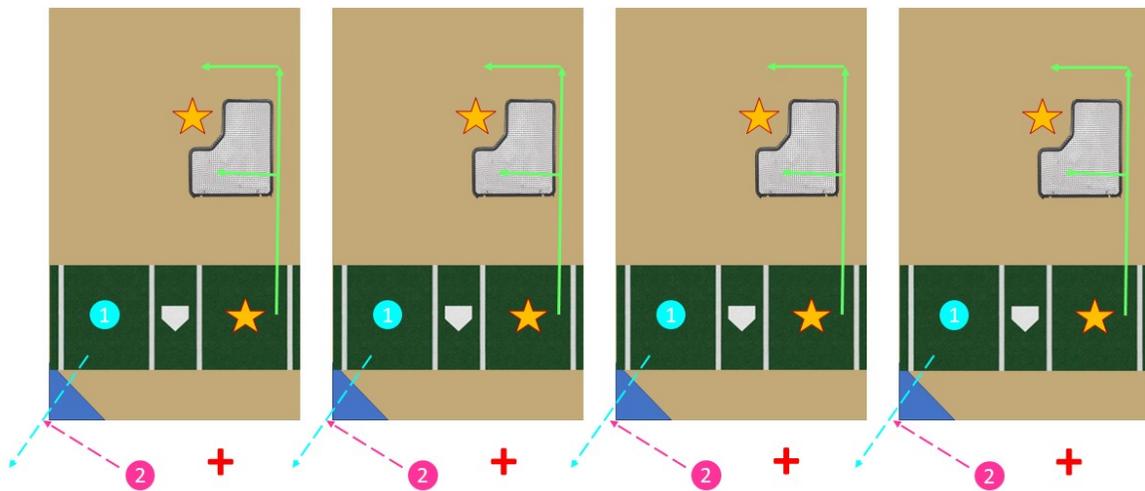
Cages

★	COACH (Max One Per Cage)	→	COACH MOVEMENT (3+ STATIONS)
①	HITTER (Max One in Cage)	▲	CAGE ENTRANCE
②	NEXT HITTER (Outside Cage)	↔	PLAYER ROTATION
		+	HAND SANITIZING STATION



Cages

★	COACH (Max One Per Cage)	→	COACH MOVEMENT (3+ STATIONS)
①	HITTER (Max One in Cage)	▲	CAGE ENTRANCE
②	NEXT HITTER (Outside Cage)	↔	PLAYER ROTATION
		+	HAND SANITIZING STATION



Dugout Seating and Spacing Recommendations

Dugout: Defense

Boxes represent 6 ft

6 feet physical distancing shall be practiced as much as possible when sitting, standing and walking in the dugout.



GLOVE & BOTTLE AT EACH SEAT

DESIGNATE DO NOT SIT AREAS ON BENCHES WITH 6 FT OF LABELED TAPE





Dugout: Defense

Boxes represent 6 ft

6 feet physical distancing shall be practiced as much as possible when sitting, standing and walking in the dugout.



GLOVE & BOTTLE AT EACH SEAT

DESIGNATE DO NOT SIT AREAS ON BENCHES WITH 6 FT OF LABELED TAPE





Dugout: Offense

In the stands, most likely above the dugout, Players, Coaches and Tier 1 Staff who are not in the dugout, bullpen or clubhouse shall sit with at least 4 seats (6 ft) between each person and at least 2 rows between each person.

- Players / Personnel
- ✗ Do Not Sit
- ↔ 6+ Feet Between



At the dugout railing, Players, Coaches and Tier 1 Staff shall utilize a personal towel when leaning on the railing.

6 feet physical distancing shall be practiced as much as possible when sitting, standing and walking in the dugout.

Dugout: Offense

In the stands, most likely above the dugout, Players, Coaches and Tier 1 Staff who are not in the dugout, bullpen or clubhouse shall sit with at least 4 seats (6 ft) between each person and at least 2 rows between each person.

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At the dugout railing, Players, Coaches and Tier 1 Staff shall utilize a personal towel when leaning on the railing.

6 feet physical distancing shall be practiced as much as possible when sitting, standing and walking in the dugout.

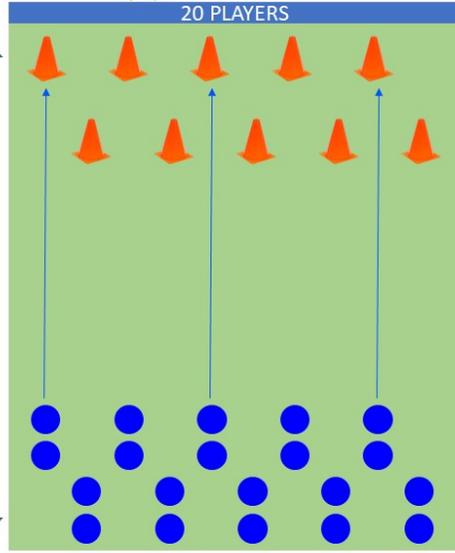
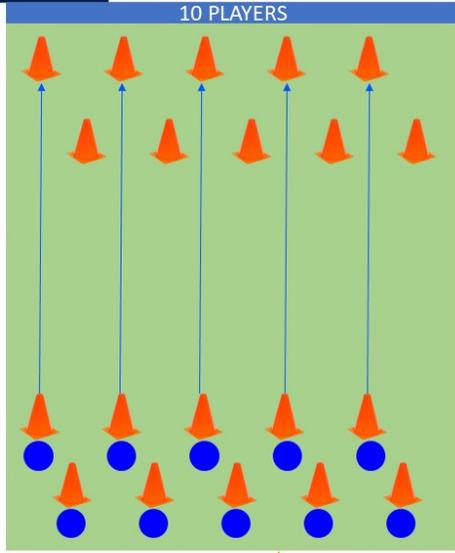
Recommended Team Warmup Formations

Team Stretch

● PLAYERS
★ STRENGTH COACHES (2)
→ PLAYER MOVEMENT



Utilize cones to measure 6 feet distances for players to safely practice physical distancing while stretching.



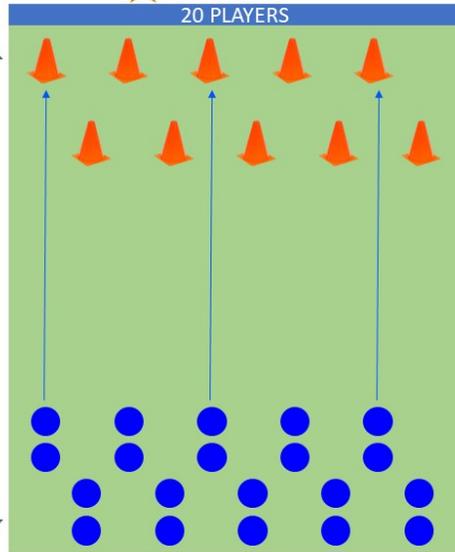
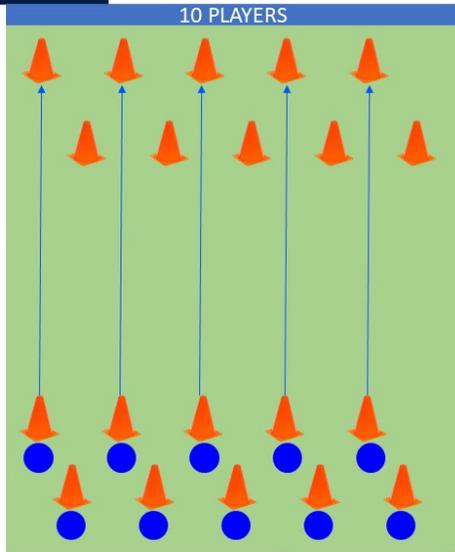
90 FEET

Team Stretch

● PLAYERS
★ STRENGTH COACHES (2)
→ PLAYER MOVEMENT



Utilize cones to measure 6 feet distances for players to safely practice physical distancing while stretching.

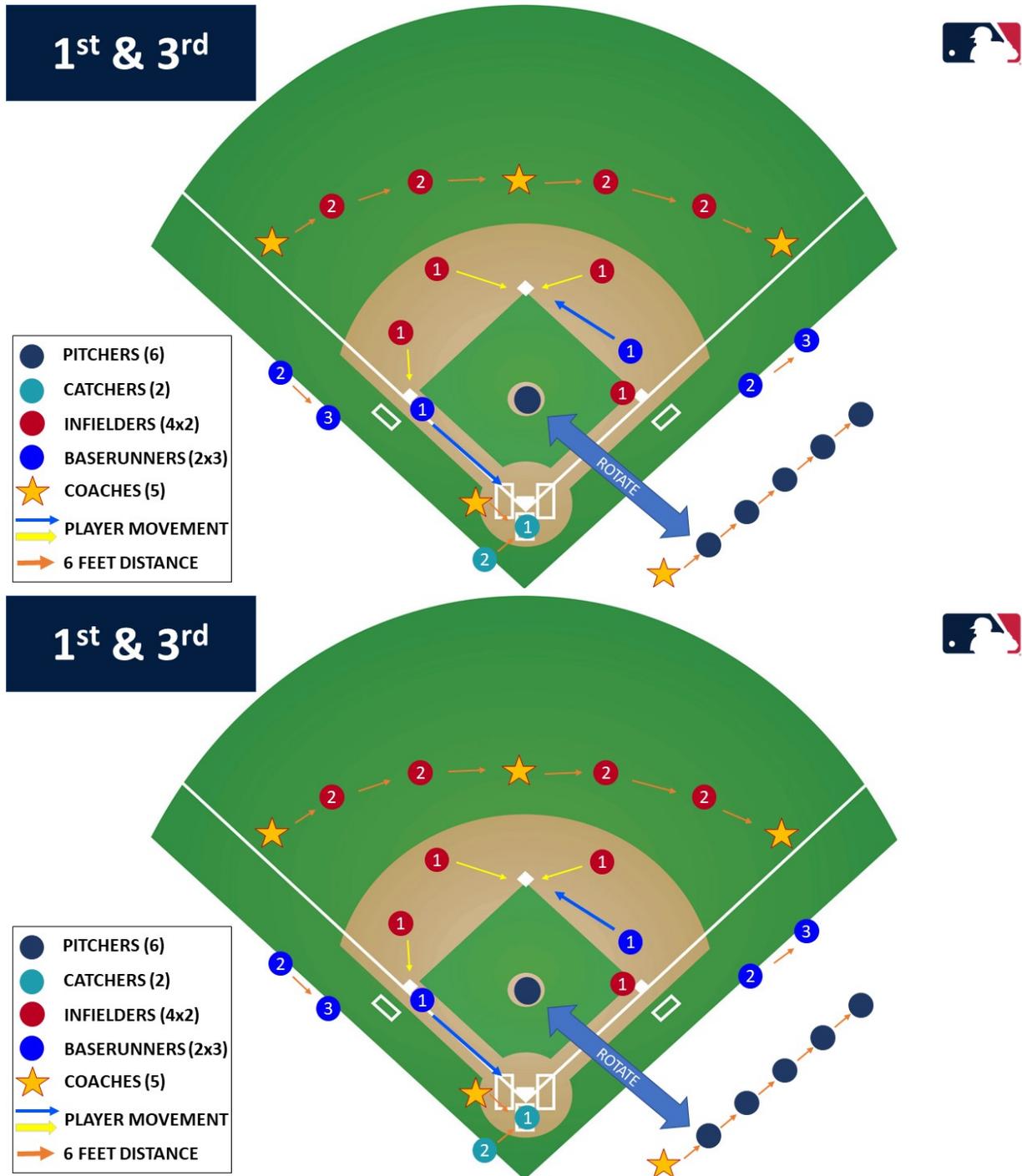


90 FEET

Drills

The following diagrams provide visual physical distancing recommendations for Clubs to implement while conducting Spring Training.

Sample Drill Positioning: First and Third

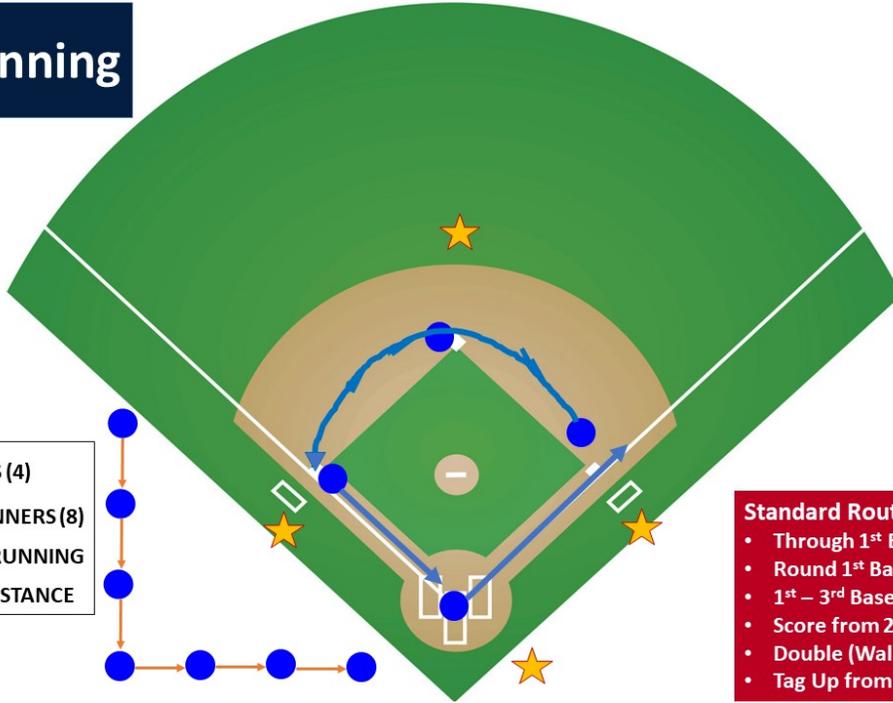


Sample Drill Positioning: Baserunning

Baserunning



- ★ COACHES (4)
- BASERUNNERS (8)
- ➡ PLAYER RUNNING
- ➡ 6 FEET DISTANCE

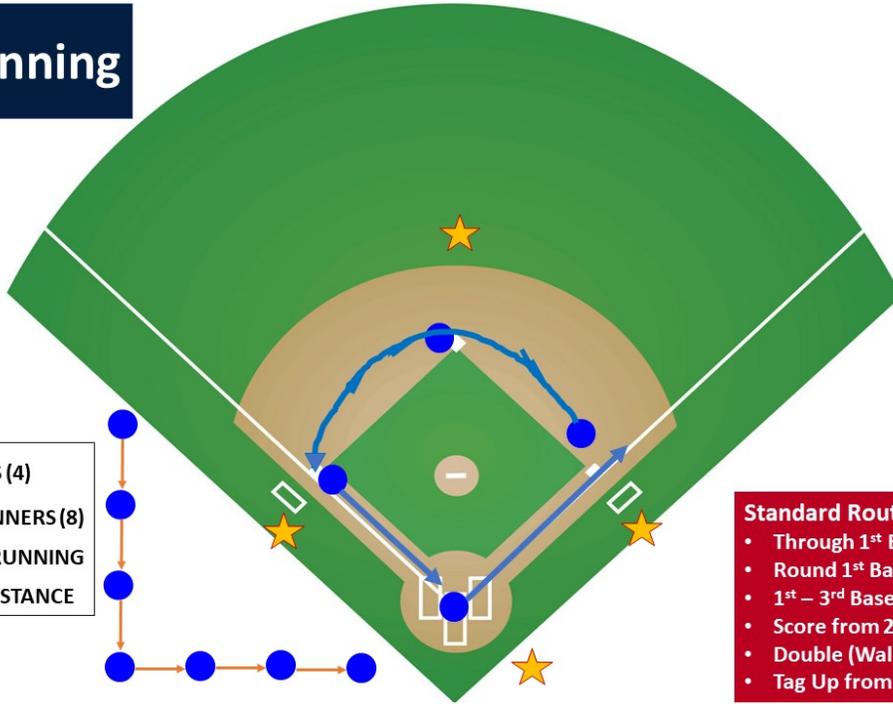


- Standard Routine**
- Through 1st Base (Walk Home)
 - Round 1st Base (Stay)
 - 1st – 3rd Base (Walk to 2nd)
 - Score from 2nd (Stay Home)
 - Double (Walk to 3rd)
 - Tag Up from 3rd

Baserunning



- ★ COACHES (4)
- BASERUNNERS (8)
- ➡ PLAYER RUNNING
- ➡ 6 FEET DISTANCE



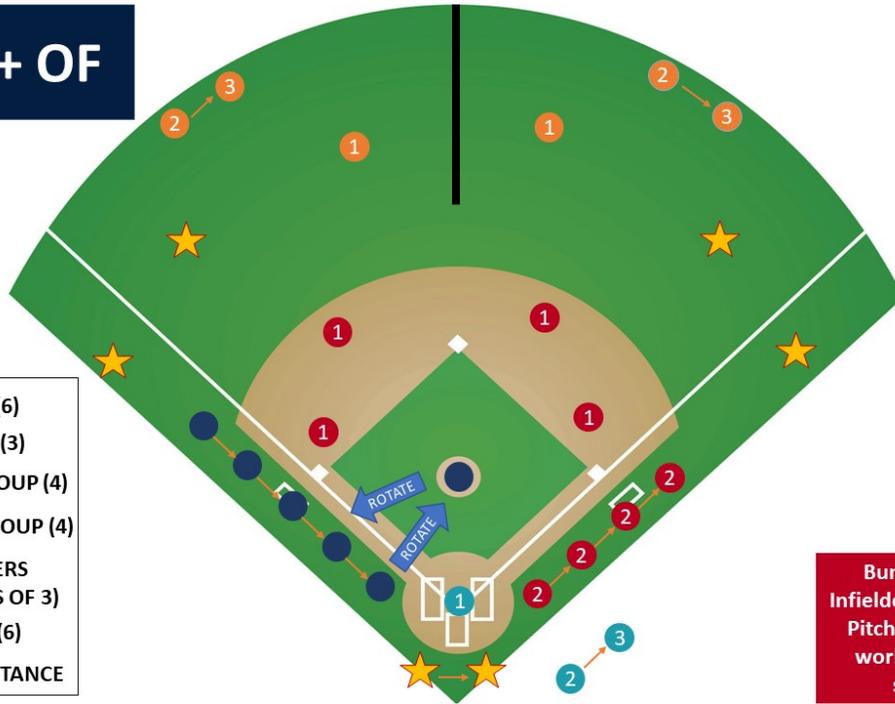
- Standard Routine**
- Through 1st Base (Walk Home)
 - Round 1st Base (Stay)
 - 1st – 3rd Base (Walk to 2nd)
 - Score from 2nd (Stay Home)
 - Double (Walk to 3rd)
 - Tag Up from 3rd

Sample Drill Positioning: Bunt Defense and Outfield Drills

Bunt + OF



- PITCHERS (6)
- CATCHERS (3)
- ① INF 1ST GROUP (4)
- ② INF 2ND GROUP (4)
- OUTFIELDERS (2 GROUPS OF 3)
- ★ COACHES (6)
- 6 FEET DISTANCE

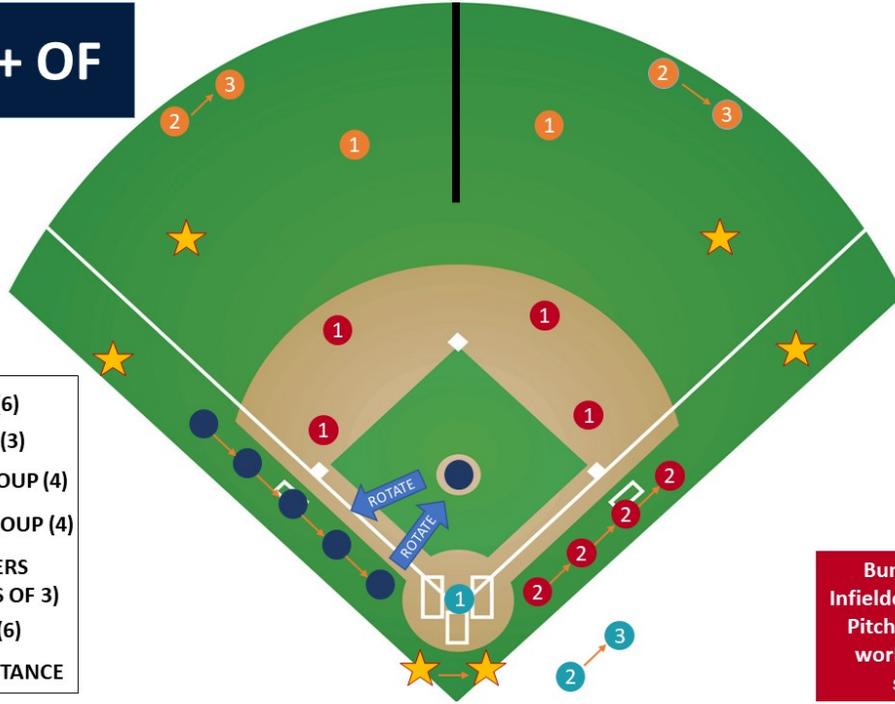


Bunt Defense for Infielders, Catchers, and Pitchers. Outfielders work on GB and FB separately.

Bunt + OF



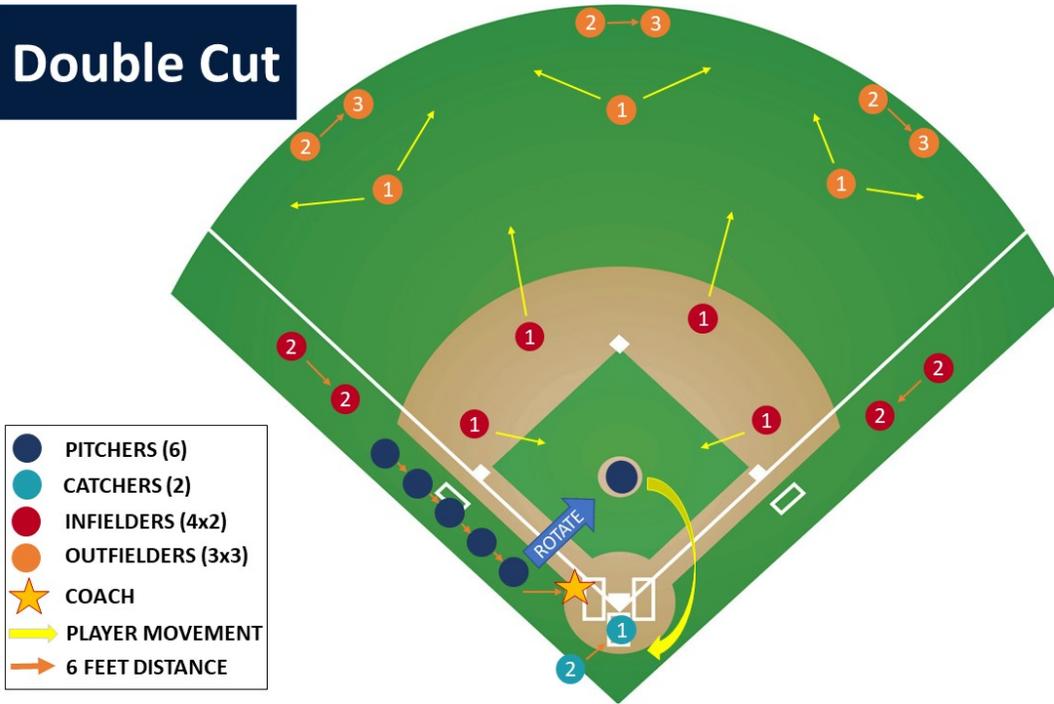
- PITCHERS (6)
- CATCHERS (3)
- ① INF 1ST GROUP (4)
- ② INF 2ND GROUP (4)
- OUTFIELDERS (2 GROUPS OF 3)
- ★ COACHES (6)
- 6 FEET DISTANCE



Bunt Defense for Infielders, Catchers, and Pitchers. Outfielders work on GB and FB separately.

Sample Drill Positioning: Double Cut

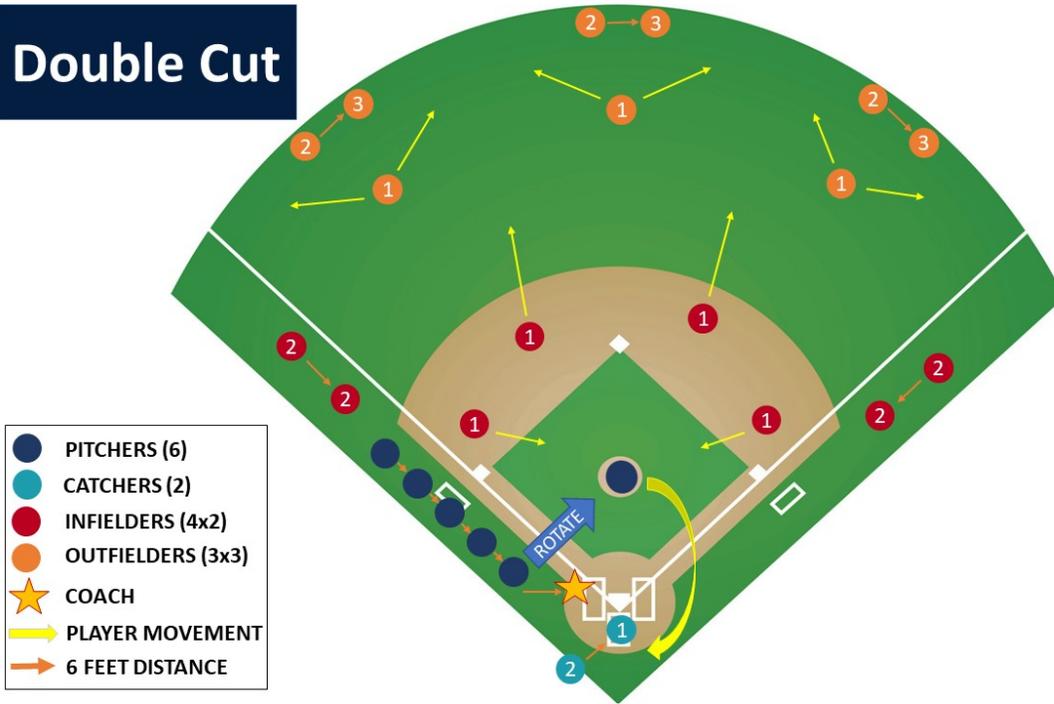
Double Cut



- PITCHERS (6)
- CATCHERS (2)
- INFELDERS (4x2)
- OUTFIELDERS (3x3)
- ★ COACH
- PLAYER MOVEMENT
- 6 FEET DISTANCE



Double Cut



- PITCHERS (6)
- CATCHERS (2)
- INFELDERS (4x2)
- OUTFIELDERS (3x3)
- ★ COACH
- PLAYER MOVEMENT
- 6 FEET DISTANCE

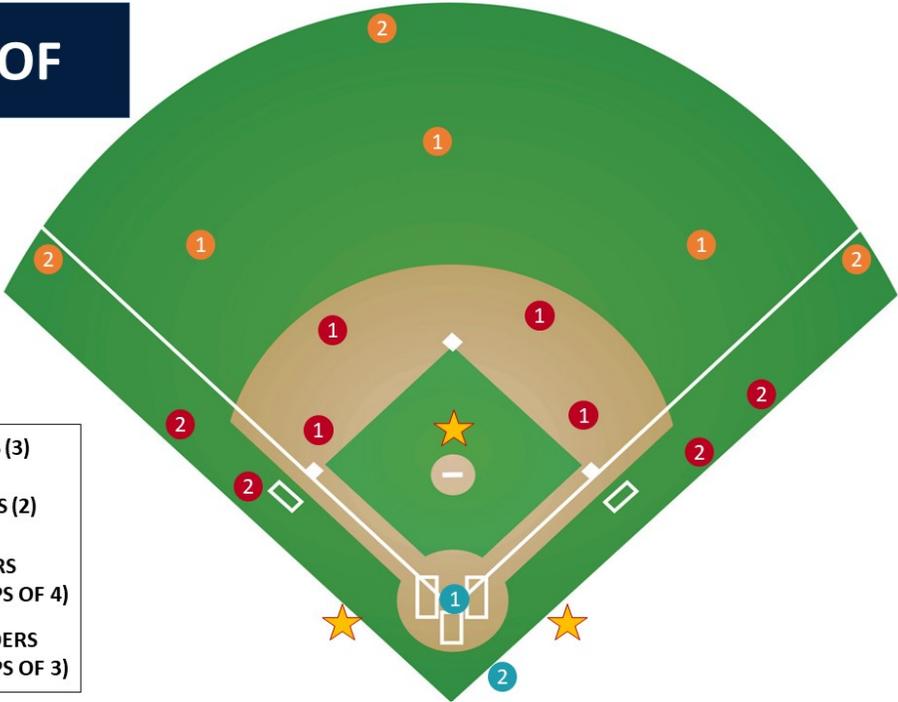


Sample Drill Positioning: Infield & Outfield

INF-OF



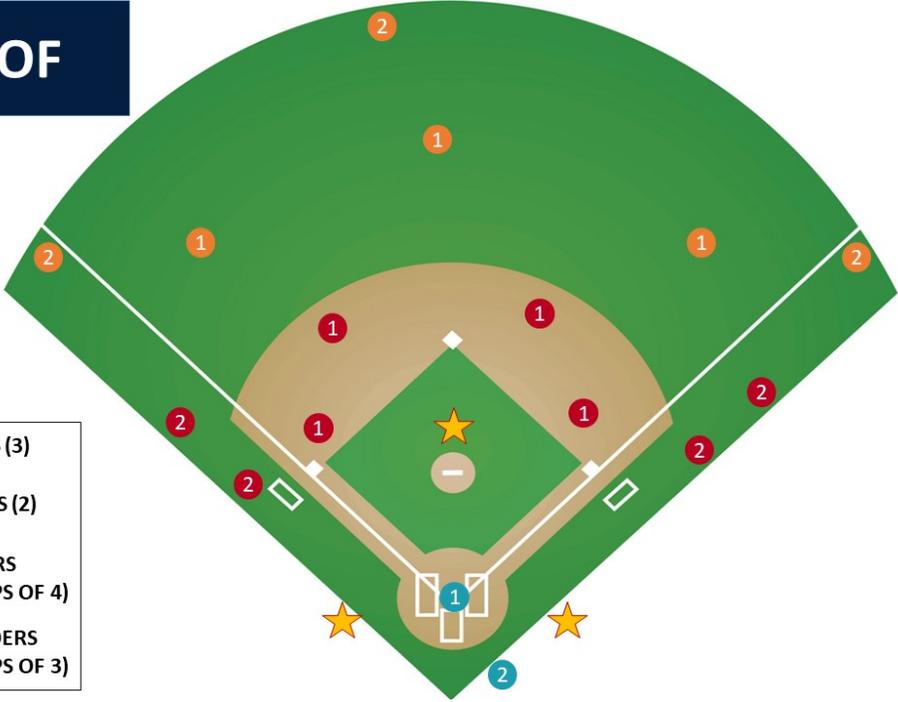
- ★ COACHES (3)
- CATCHERS (2)
- INFIELERS (2 GROUPS OF 4)
- OUTFIELDERS (2 GROUPS OF 3)



INF-OF

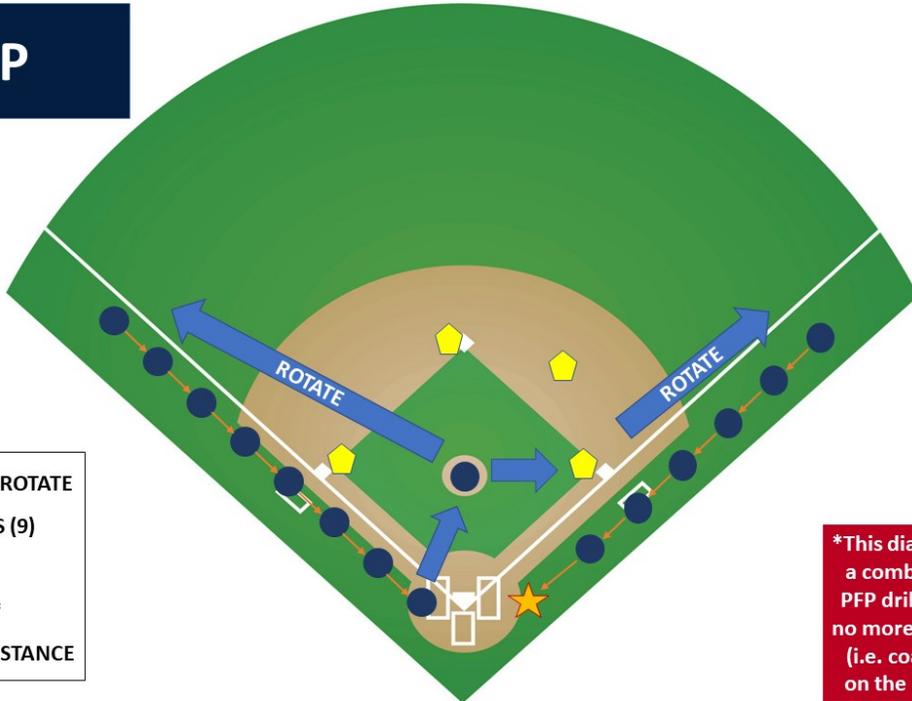


- ★ COACHES (3)
- CATCHERS (2)
- INFIELERS (2 GROUPS OF 4)
- OUTFIELDERS (2 GROUPS OF 3)



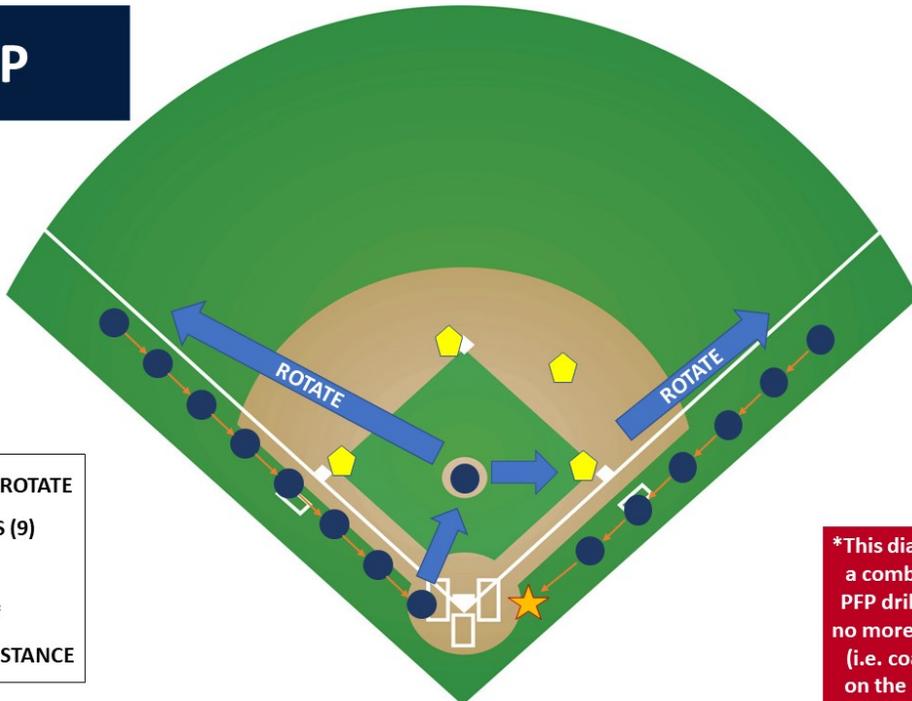
Sample Drill Positioning: Pitchers Fielding Practice

PFP



*This diagram represents a combination view of PFP drills. There will be no more than one fielder (i.e. coach or ball boy) on the infield per drill.

PFP



*This diagram represents a combination view of PFP drills. There will be no more than one fielder (i.e. coach or ball boy) on the infield per drill.

Attachment 4

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="checkbox"/>	<input type="checkbox"/>
Cough (new onset or worsening)	<input type="checkbox"/>	<input type="checkbox"/>
Fever (felt feverish or warm)	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Sore or Scratchy Throat	<input type="checkbox"/>	<input type="checkbox"/>
New Loss of Taste or Smell	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>
Nasal Congestion	<input type="checkbox"/>	<input type="checkbox"/>
Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal distress or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or Weakness	<input type="checkbox"/>	<input type="checkbox"/>
Swelling of the toes or lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Chest tightness or pain	<input type="checkbox"/>	<input type="checkbox"/>
Swollen lymph nodes or glands	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>
Rash or "COVID toes"	<input type="checkbox"/>	<input type="checkbox"/>

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

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 defines “close contact” as living in the same household, being within six feet of someone for fifteen minutes or longer, or being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on). Close contact does not include brief interactions, such as walking past someone.

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 defines “close contact” as living in the same household, being within six feet of someone for fifteen minutes or longer, or being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on). Close contact does not include brief interactions, such as walking past someone.