



MEMORANDUM

TO: General Managers
Assistant General Managers
Club Medical Staff
Contact Tracers

FROM: Office of the Commissioner

DATE: March 19, 2022

RE: 2022 Contact Tracing Process

This memorandum outlines the requirements for COVID-19 contact tracing for the 2022 season. As a reminder, contact tracing is the process of identifying and notifying individuals of potential close contact with an infected person, which is an essential component of preventing further spread of COVID-19. The Commissioner's Office has developed the following contact tracing process, which is based on best practices and current public health guidance, and which each Club must adhere to for Covered Individuals who test positive.

A. Scope

Protocols: Pursuant to Section 1.3 of Major League Baseball's 2022 COVID-19 Health & Safety Protocols ("Protocols"), in the event of a confirmed positive test for COVID-19 by a Covered Individual within its organization, a Club, in coordination with MLB and local health officials (where applicable), must: (i) conduct a contact tracing investigation to identify all other Club- and MLB-affiliated individuals (including umpires and employees of other Clubs) who had close contact with the infected individual, while employing best efforts to maintain the confidentiality of the infected individual; (ii) notify those individuals of their potential exposure and the need to adhere to the provisions of Section 1.3; and (iii) arrange for those individuals to receive Rapid Diagnostic Tests and confirmatory PCR tests, as outlined in Section 1.3. Covered Individuals are defined in the Protocols as "all Major League players, other on-field Club and MLB personnel (e.g., managers, coaches, etc.), and a limited number of essential Club and MLB staff who must come in close proximity to players."

Not Covered: While the below process is designed to identify workplace contacts, positive individuals should be encouraged to notify their personal contacts as well, either in accordance with local government contact tracing or independently. Clubs and individuals may notify business partners and known entities (like airlines, hotels, and restaurants) that may have been impacted, so long as the confidentiality of the infected individual is respected in accordance with the below guidance.

B. Designation of the Club Contact Tracing Officer, Contact Tracers, and Contact Tracing Working Group

The below roles are integral to the 2022 contact tracing process for Covered Individuals. If he or she has not already done so, **each individual in the below-described roles must complete at least one of the following online courses and email the course’s certificate of completion to Liam Rich at liam.rich@mlb.com prior to the start of the 2022 season, unless the individual already completed an approved training course in 2020 or 2021, in which case the individual must confirm that to Liam Rich:** (i) The University of Washington and Northwest Center for Public Health Practice’s *Every Contact Counts: Contact Tracing for Public Health Professionals*; (ii) the Association of State and Territorial Health Officials’ (“ASTHO”) *Making Contact: A Training for COVID-19 Case Investigators and Contact Tracers*; or (iii) Johns Hopkins University’s *COVID-19 Contact Tracing*.¹

1. *Contact Tracing Officer*: Pursuant to Section 1.3 of the Protocols, each Club must designate one employee as a “Contact Tracing Officer.” The Contact Tracing Officer will be responsible for overseeing the Club’s contact tracing process for Covered Individuals and serve as the primary point of contact regarding contact tracing for the Commissioner’s Office, the Joint Committee, and other Clubs. MLB leaves to the Club’s discretion whom to appoint as Contact Tracing Officer.
2. *Contact Tracers*: Clubs must designate at least two employees as “Contact Tracers,” who will conduct contact tracing interviews and utilize supplemental sources to help identify significant interactions. Recommended knowledge and skills for Contact Tracers include, but are not limited to: (i) an understanding of the general principles of exposure, infection, infectious period, potentially infectious interactions, and symptoms of COVID-19; (ii) excellent and sensitive interpersonal, cultural sensitivity, and interviewing skills such that they can build trust with interviewees; and (iii) resourcefulness in engaging those who may be reluctant to share information.² As general principles of COVID-19 can be learned fairly easily, it is MLB’s view that the most important traits of an effective Contact Tracer are attention to detail, thoroughness, and ability to develop a rapport and trust with the interviewee.

Please ensure that your Club has either bilingual (English-Spanish) Contact Tracers or interpreters available to immediately assist with contact tracing interviews.

3. *Contact Tracing Working Group*: Each Club must establish a Contact Tracing Working Group, consisting of: (i) a medical professional with experience in infectious disease; (ii) a Team Physician; (iii) the Contact Tracing Officer; and (iv) Contact Tracers. The Contact Tracing Working Group will be responsible for making close contact determinations for

¹ The courses are available at the following links: (i) <https://www.nwcphp.org/training/every-contact-counts>; (ii) <https://learn.astho.org/products/making-contact-a-training-for-covid-19-case-investigators-and-contact-tracers>; and (iii) <https://www.coursera.org/learn/covid-19-contact-tracing>. Spanish-language versions of the latter two options are available at: <https://rastreadorescovid.larkinhospital.com/> (ASTHO course adapted by Larkin Community Hospital) and <https://www.coursera.org/learn/rastreo-contactos-covid-19>.

² For further recommendations, see: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Covered Individuals, as described in Section 1.3 of the Protocols and below, as well as reporting them to the Joint Committee and the Commissioner’s Office. Given that many close contact determinations will need to be made quickly in advance of that day’s game, the Contact Tracing Working Group must: (i) be available to confer on short notice to make close contact designations; and (ii) have a contingency plan in place in the event one or more of its members are unavailable when a Club must conduct contact tracing, such as establishing preset standards for the available members to apply.

By March 25, 2022, each Club must identify the members of its Contact Tracing Working Group by completing the attached Appendix E and emailing it to Liam Rich at liam.rich@mlb.com, including the names, roles, and contact information for each individual. While there is no limit on the number of Contact Tracers a Club may train, please identify as part of the Contact Tracing Working Group only the two Contact Tracers who are both most likely to work with Major League players in the event of a positive test and who are expected to have the most active role in the close contact assessment process.

C. Key Contact Tracing Terms

1. *Close Contact*: The CDC currently defines a “close contact” as:

Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting 2 days before they have symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date).³

Additional factors identified by the CDC that “can influence a person’s risk of exposure to COVID-19, includ[e] the type, proximity, and duration of their exposure, environmental factors (such as crowding and ventilation), vaccination status, COVID-19 infection in the previous 90 days, and mask use.”⁴

To determine whether an individual qualifies as a “close contact,” the Club’s Contact Tracing Working Group must conduct a “Risk Assessment” of an infected person’s contacts, including the following criteria:

- The amount of time a Covered Individual spent with an infected individual while such individual potentially was infectious.
- The location(s) of the interaction(s), including whether or not the interaction(s) occurred outdoors or indoors.
- For interactions that occur indoors, the ventilation of the applicable setting.

³ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

- The amount of distance between the Covered Individual and the infected individual during the interaction(s).
- Whether the infected individual had symptoms during any interaction(s).
- Whether the infected person was likely to generate respiratory aerosols, including whether the individual was coughing, singing, or shouting.
- Whether and how face masks were worn, including the type of mask(s), whether the mask(s) were properly worn, and any mask removal to eat or drink.
- Whether the Covered Individual is considered up to date with his or her vaccinations or previously tested positive for COVID-19, as well as the time period that has passed since any previous positive test for COVID-19 or vaccination.

The medical professional with experience in infectious disease and the Club physician will play a vital role in weighing these different factors.

2. *Extra Scrutiny Contacts*: Extra Scrutiny Contacts are Covered Individuals who are not determined to be close contacts but still had some significant interaction with the infected individual. Extra Scrutiny Contacts may be permitted to continue to perform their duties (including entering Club facilities), subject to the conditions set forth in Section 1.3 of the Protocols.
3. *Contact Window*: The contact window is the timeframe when a positive individual was likely infectious and not under isolation. According to the CDC, the contact window for a symptomatic person begins two days prior to onset of any symptoms, while the contact window for asymptomatic individuals begins two days prior to the date of the positive specimen collection. Regardless of which beginning parameter applies, the contact window should continue through any period during which the infected individual may have continued to have contact with others, which will typically be until the time that the infected individual received notice of the positive result and isolated—after notice and isolation, there should be few, if any, contacts. The below process is designed to identify any work-related interactions within that contact window.

D. Contact tracing process when a Covered Individual tests positive for COVID-19

1. *Isolation*: Any Covered Individual who tests positive must immediately isolate in accordance with Section 1.3 of the Protocols.
2. *Interview*: A Contact Tracer must interview any Covered Individual who tests positive (“Index Person”) **immediately upon notification of the positive result** to identify: (i) the appropriate contact window; and (ii) work-related contacts, which includes anyone from the Club, another Club, MLB, umpires, support staff, or anyone else in the baseball

community.⁵ Given the potential exposure risk to Contact Tracers, the Commissioner's Office recommends that Contact Tracers collect this information telephonically or by video conference.

The goal of the interview is to obtain the information sought in the below-described Risk Assessment, which is attached at Appendix A, and Contact Tracers should review and reference the information guide and script at Appendix B to assist in collecting the information.

The contact tracing process may be supplemented with other resources, such as group workout schedules, seating charts, game video, or security video.

If participants to an interaction provide different descriptions (e.g., unmasked rather than masked), the more concerning description should be credited for assessing whether the interaction constituted close contact, absent clarifying information. Contact Tracers are encouraged to utilize the script provided in Appendix C for such contact interviews.

If a Covered Individual notifies the Club of possible close contact with an infected individual, that interaction should be probed further and subject to the analysis in Section 1.3 of the Protocols, regardless of whether the self-identifying Covered Individual was also identified during an Index Person's interview.

3. *Identity Disclosure:* Contact tracing can be more effective if individuals who test positive consent to disclosure of their names to contacts, but such disclosure implicates various laws. If Clubs choose to seek such consent, they must: (i) require that it be provided in writing; (ii) explain to the individual that he or she is under no obligation to provide it; and (iii) ensure with Club counsel that seeking consent is done in accordance with all applicable laws. Attached at Appendix D are forms for general identity disclosure consent and disclosure to certain designated individuals, which should be reviewed by Club counsel.
4. *Risk Assessment:* Contact Tracers must complete the Risk Assessment, which is attached as Appendix A, with an instructional guide and script attached as Appendix B. Contact Tracers must identify and record in the Risk Assessment all substantial interactions during the contact window, including completing the information fields for the close contact factors identified above, such as the duration, distance, details of mask use, and ventilation. Memorializing such contacts is necessary for the Contact Tracing Working Group to assess close contacts and Extra Scrutiny contacts, and will greatly assist contact tracing efforts if subsequent events require reexamination of interactions, such as another participant in the interaction testing positive.

Once complete, the Risk Assessment must be emailed to Jon Coyles (jon.coyles@mlb.com), on behalf of the Joint Committee, and Moira Weinberg (moira.weinberg@mlb.com).

⁵ While the Protocols require contact tracing for confirmed positive tests, Clubs are welcome and encouraged to begin the tracing process once someone is a presumed positive—for example, exhibiting symptoms and had recent contact with a positive individual.

5. *Notification:* Once a Club has completed contact tracing and the Contact Tracing Working Group has identified any close or Extra Scrutiny contacts, the Club must **immediately** email the identity of those contacts to Jon Coyles (on behalf of the Joint Committee) and Jeff Pfeifer (jeff.pfeifer@mlb.com) (on behalf of the Commissioner’s Office), even if the above-described Risk Assessment form is not yet complete. Prompt notification is crucial, and it should never be delayed by the documentation requirements. In this notification, the Club should also indicate if any of the identified close contacts are exempt from the quarantine requirements in Section 1.3 of the Protocols due to recent prior infection or vaccination, as described further in Section 1.3. If the Club has identified no close or Extra Scrutiny contacts, the Club should immediately notify Jon Coyles and Jeff Pfeifer of that as well.

If a Club identifies a player or staff member affiliated with another Club or the Commissioner’s Office as a close or Extra Scrutiny contact, the Contact Tracing Officer must **immediately** notify each relevant Club’s Contact Tracing Officer (or Scott Sheridan for Umpires), copying Jon Coyles, Jeff Pfeifer, and Moira Weinberg.

Within its own Club, the Club must arrange for any close and Extra Scrutiny contacts to be tested and follow the respective procedures in Section 1.3 of the Protocols. If any contact tests positive, that contact must be considered a new Index Person, and the above process must be repeated for that individual.⁶

6. *Close Contacts with External Positives:* If a Covered Individual is identified as a close contact of an infected person who is unaffiliated with Major League Baseball or a Club, that Covered Individual is still subject to the same close contact procedures in Section 1.3 of the Protocols as if he or she had been identified by someone within baseball. For example, if a player’s family member has tested positive, and the player had close contact with the family member during the family member’s contact window, that player must adhere to the conditions of Section 1.3. Similarly, if a public health authority notifies a Covered Individual that he or she was identified as a close contact during contact tracing, that Covered Individual must follow the requirements of Section 1.3.

The Club’s Contact Tracing Officer must notify Jon Coyles and Jeff Pfeifer as soon as possible after learning of a Covered Individual’s identification as a close contact.

7. All contact tracing documentation must be preserved and treated as confidential.⁷

⁶ If any contact is experiencing symptoms, that individual may be considered a presumed positive, as described in footnote 5.

⁷ For the Occupational Safety and Health Administration’s (“OSHA”) reporting and recording requirements, *see* www.osha.gov/coronavirus.

If you have any other questions regarding the contact tracing process, please contact Mehtab Brar (mehtab.brar@mlb.com or (229) 429-6595) or Moira Weinberg (moira.weinberg@mlb.com or (917) 361-8309).