

**Major League Baseball’s 2022 COVID-19  
Health & Safety Protocols (“Protocols”)**

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# INTRODUCTION

These 2022 Health & Safety Protocols (“Protocols”) have been agreed to by the Office of the Commissioner (“MLB”) and the Major League Baseball Players Association (“MLBPA”) (collectively, the “parties”). As was the case during the 2020 and 2021 seasons, MLB and the MLBPA may agree to subsequent amendments, updates, or relaxations to these Protocols during the course of Spring Training, the championship season, or the postseason.

## 1.1 Medical & Testing Protocols

### Covered Individuals

The following Health Monitoring and Testing Plan (hereinafter, the “Monitoring and Testing Plan”) shall apply to 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 (referred to collectively herein as “Covered Individuals”).<sup>1</sup> In addition to the protocols contained herein, MLB and the Clubs will issue separate policies and guidance with respect to non-playing personnel.

### Vaccination & Exempt Individuals

COVID-19 vaccines remain a critical component in the parties’ efforts to promote and protect the health and safety of all Covered Individuals who are subject to these Protocols, as well as the health and welfare of their families, household members, and the public at large. MLB and the MLBPA will strongly and actively encourage all players to undergo and remain up-to-date with their COVID-19 vaccinations (including boosters or additional doses when eligible).

For purposes of these Protocols, a player will be considered “vaccinated” where he has (i) received a second dose of the FDA-approved Pfizer or Moderna vaccines to complete their primary series, or a first Johnson & Johnson dose to complete their primary series. MLB and the MLBPA strongly recommend that all players receive any additional dose(s) or “booster(s)” for which they are eligible under the FDA and CDC guidance in effect at the time. Club medical staffs are required to work with players to facilitate efforts to become up-to-date with their vaccinations.

A Covered Individual who (i) is currently vaccinated (based on the definition above); (ii) has tested positive for COVID-19 on an MLB-administered PCR test conducted by SMRTL within the past 3 months<sup>2</sup>; or (iii) is a player and has antibody levels at or above the threshold determined by the

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<sup>1</sup> All players invited to Major League Spring Training will be considered Covered Individuals for the purposes of the Monitoring and Testing Protocols.

<sup>2</sup> A Covered Individual who can produce valid and documented proof of a positive laboratory PCR test for COVID-19 conducted by a testing administrator other than SMRTL may qualify under provision (ii) above if such positive PCR test is approved by the Joint Committee. In reviewing test results, the Joint Committee will consider, among other circumstances, the Covered Individual’s testing history, whether a medical professional was involved, CT values are included, and/or whether the variant of concern is identified in the test result.

Joint Committee (described below) as measured through the quantitative antibody measurement administered by MLB, will be considered an “Exempt Individual” for purposes of the Monitoring and Testing Plan. For an unvaccinated player to maintain his “Exempt” status pursuant to (iii) above, he must continue to demonstrate antibody levels above the threshold determined by the Joint Committee via antibody testing administered by MLB and at a frequency determined by the Joint Committee in conjunction with any experts it chooses to consult. The antibody threshold for an unvaccinated player to be considered an Exempt Individual remains subject to revision in the discretion of the Joint Committee in conjunction with any experts it chooses to consult.

MLB and the MLBPA will consult with the Joint Committee and other medical experts in the areas of infectious disease, virology, and immunology to develop educational programming relating to the importance and safety of COVID-19 vaccination (including staying up-to-date by receiving additional doses or “boosters” when eligible). Players will be presented with the COVID-19 vaccination educational programming developed by the parties. Such educational programming will also be made available to the families and household members of players. The Joint Committee will also serve as a resource for questions and inquiries from players on any aspect of COVID-19 vaccinations and will engage in other efforts to promote and encourage vaccinations throughout the 2022 season.

### **Overview of the Monitoring and Testing Plan**

All Covered Individuals will be subject to the Monitoring and Testing Plan prior to and during any period in which they have access to Restricted Areas in Club facilities. The Monitoring and Testing Plan has three components: (i) Intake Screening; (ii) Health Monitoring of Asymptomatic Individuals; and (iii) Expedited Testing 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 with respect to players along with the other responsibilities described below. Any disputes regarding the carrying out of the Joint Committee’s responsibilities as described herein that cannot be resolved by a majority vote of the Joint Committee will be resolved on an expedited basis by an independent infection control expert selected by the MLB-appointed physician and the MLBPA-appointed physician on the Joint Committee.

In order to participate in the 2022 season, all Covered Individuals must sign the 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:

- PCR Testing. The Sports Medicine Research and Testing Laboratory (“SMRTL”) will conduct real-time polymerase chain reaction (“PCR”) testing of saliva samples collected from Covered Individuals for the COVID-19 virus. Although the vast majority of PCR tests will be run on saliva samples, there may be instances in which other testing laboratories approved by the Joint Committee that conduct testing via nasal swabs may be used to test a limited number of samples when additional capacity or expedited processing is necessary.

- Saliva Sample Collections. Each Club will be responsible for collecting, registering, and shipping saliva samples for its Covered Individuals. Clubs may (but are not required to) retain Comprehensive Drug Testing, Inc. (“CDT”), Drug Free Sport (“DFS”) or another comparable sample collection service provider to collect and ship samples collected from Covered Individuals, if they choose.
- Rapid Diagnostic Testing. All Clubs will have access to rapid PCR and/or Nucleic Acid Amplification Testing resources approved by the Joint Committee (e.g., Accula, Cue Health) at their home ballpark and Major League spring training facility for use by home and visiting Clubs.
- Antibody Test Provider. Blood samples (venous blood) will also be collected for purposes of serology or antibody testing.
- Select Club, MLB, and MLBPA Representatives. As described throughout this Monitoring and Testing Plan, Team Physicians or MLB Physicians will be available to Covered Individuals for consultation during the testing process and to review, report, and respond to the test results reported by SMRTL, other laboratories, and rapid testing providers. In addition, the members of the Joint Committee and select representatives of the bargaining parties who are directly involved in the administration of these protocols will be involved in the coordination of the Monitoring and Testing Plan.

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

## **Key Components of the Monitoring and Testing Plan**

### Intake Screening

Upon arriving at Spring Training and before entering a Club facility, all Covered Individuals must undergo Intake Screening, which will be conducted and supervised by a combination of one or more representatives from the Club’s medical staff and/or outside collectors retained by the Club.

Prior to entering any Restricted Area of the Spring Training facility, each Covered Individual must:

- (1) Complete a Health Screen check (*see* Attachment 1);
- (2) Complete a medical history questionnaire (*see* Attachment 2);
- (3) Provide a blood sample for a quantitative antibody measurement (players only, optional during intake, and does not need to be completed prior to entering Club facilities); and
- (4) Test negative for COVID-19 on a Rapid Diagnostic Test administered on-site.

The results and findings of the Intake Screening process will be provided to the Joint Committee. Following a Covered Individual's completion of Intake Screening, he or she will be permitted to enter Club facilities provided the individual is asymptomatic. If, however, the Covered Individual does not pass the health screen or the result of his or her Rapid Diagnostic Test is positive, the Covered Individual will be instructed to self-isolate and will be treated consistent with the protocol for positive test results described below.

### Health Monitoring of Asymptomatic Non-Exempt Individuals

Beginning immediately after the Intake Screening process is complete, and continuing throughout the remainder of Spring Training and the 2022 season, all Covered Individuals who are asymptomatic will not be subject to monitoring testing. However, as explained in greater detail in Section 1.2 below, any Covered Individual who reports or displays symptoms consistent with COVID-19 will immediately be subject to rapid testing and confirmatory saliva PCR testing. In addition, Clubs may choose to conduct additional Rapid Diagnostic Testing of Covered Individuals in their organizations prior to admitting those individuals into Restricted Areas of their facilities subject to the approval of the Joint Committee.<sup>3</sup>

Any positive test result for a player – laboratory PCR, rapid diagnostic or otherwise – will be immediately reported by SMRTL or the Club (as applicable) to both non-medical members of the Joint Committee. For positive PCR test results reported by SMRTL, an MLB representative will, in turn, immediately inform the medical staff of the Covered Individual's Club, who will be responsible for informing the Covered Individual. All negative PCR results will be reported by SMRTL to the Joint Committee and to the Club through a secure results reporting application.

### Daily Health Screen

Each Club is responsible for implementing and administering the Daily Health Screen described below for the Covered Individuals affiliated with its organization.

The Daily Health Screen must be developed and administered in a manner sufficient to ascertain whether any Covered Individuals are experiencing symptoms consistent with a COVID-19 infection prior to permitting those Covered Individuals access to Restricted Areas. Each Club will be given discretion in how to conduct the Daily Health Screen (including whether or not to conduct the screen at Club facilities, whether to use the MLB-provided mobile application, whether and how to use thermometers, *etc.*). A model Daily Health Screen template, which includes a sample questionnaire, is provided as Attachment 1 for reference.

Any Covered Individual experiencing a fever or other symptoms that require additional screening must immediately report the results to his or her Club's medical staff and the Covered Individual must follow the protocols for symptomatic individuals (*see* below).

## **1.2 Protocol for Symptomatic Covered Individuals**

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<sup>3</sup> Clubs may also, in their discretion and at their own cost, conduct monitoring testing of asymptomatic Covered Individuals.

## Symptom Identification

Any Covered Individual (including Exempt Individuals) who either reports or exhibits any potential symptoms of COVID-19 may not enter a Club facility, but instead must immediately self-quarantine 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 quarantine himself or herself from others and contact a Team Physician. Symptomatic individuals should also be immediately provided with and wear a N95/KN95 respirator<sup>4</sup> until they are safely quarantined and away from the facility.

## Testing and Monitoring of Symptomatic Individuals

Once the symptomatic Covered Individual is safely isolated away from other Covered Individuals, the symptomatic individual's Club should immediately arrange for that individual to undergo a Rapid Diagnostic Test for COVID-19. Pending the results of that Rapid Diagnostic Test, the symptomatic individual must self-isolate either at home or another location away from the ballpark, as determined by the Team Physician, based on the nature of the individual's symptoms. After the Rapid 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 Confirmatory Test results are pending, the symptomatic individual must be monitored by a Team Physician and wear a mask while around others. Symptomatic individuals 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.<sup>5</sup>

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 a PCR test performed by SMRTL on a sample provided by the symptomatic individual since experiencing symptoms are confirmed as negative for COVID-19; (ii) the Covered Individual's symptoms are resolved or improved (as confirmed and documented by a physician); and (iii) the symptomatic individual receives approval to return to Club facilities from his or her Team Physician and the Joint Committee. If the result of the PCR test of the symptomatic individual is reported as positive for COVID-19, the protocols set forth below regarding individuals who test positive for COVID-19 must be followed.

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<sup>4</sup> All references to an N95/KN95 respirator in this document shall also include any comparable respirator, such as a KF94.

<sup>5</sup> If a Covered Individual continues to exhibit a symptom that his or her Team Physician believes is not associated with COVID-19 based on the individual's testing history (*i.e.*, COVID-19 testing beyond the Rapid Diagnostic Test and/or Confirmatory Testing) and other medical information, 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 are satisfied. Covered Individuals exhibiting symptoms consistent with COVID-19 may not enter Restricted Areas unless and until such clearance is provided and will be required to wear a N95/KN95 mask at all times until symptoms resolve.

## 1.3 Protocol for Covered Individuals Who Test Positive for COVID-19

### Self-Isolation

Any Covered Individual who tests positive for COVID-19 must immediately wear an N95/KN95 respirator (and where not available, a surgical mask), isolate from all people (other than medical professionals, as necessary), and continue his or her isolation period until he or she receives clearance from his or her Team Physician and the Joint Committee.

Under no circumstances may any Covered Individual violate an instruction to quarantine or isolate. Covered Individuals who have been ordered to quarantine or isolate on the road may not leave their hotel rooms under any circumstance. The Club must have someone who is available in person or by phone to assist with coordinating food delivery and other necessary items to the quarantined or isolated person's room.<sup>6</sup> A Club official who fails to check with the Joint Committee (attention: Jon Coyles) before allowing a person to end his or her quarantine or isolation is subject to discipline. Any staff member or player who violates an instruction to quarantine or self-isolate, and any Club official who fails to receive the appropriate approval from the Joint Committee (attention: Jon Coyles) before allowing a person to end his or her quarantine or isolation, will be subject to discipline (in the case of players, subject to the just cause provisions of the Basic Agreement).

### Care and Monitoring

While in isolation following a positive test for COVID-19, a Covered Individual must be in regular communication with and receive remote care from Club medical staff, who will remotely monitor symptoms (including using increasing severity or progressing of symptoms as a trigger to escalate care) and arrange for any follow-up testing (at a frequency determined by the Team Physician in consultation with the Joint Committee<sup>7</sup>).

A Covered Individual who tests positive for COVID-19 must isolate (*e.g.*, no travel (except as authorized by Club medical staff and the Joint Committee), not access any Club facility, and have no contact with any other Covered Individual or other Club staff (other than medical staff for purposes of any necessary treatment)) for ten (10) days, beginning with the earlier of the date *after* the Covered Individual reported being symptomatic to the Club medical staff<sup>8</sup> or the Covered Individual's initial positive test result specimen was collected (*i.e.*, the date of symptom onset or

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<sup>6</sup> In the event an isolating Covered Individual experiences issues affecting his or her mental wellness, the Club's licensed psychologist or mental health clinician shall be available to provide immediate assistance and shall consult with the Joint Committee regarding any potential adjustments to the Covered Individual's quarantine or isolation that are recommended for the improvement or preservation of the Covered Individual's mental wellness.

<sup>7</sup> If the Joint Committee believes that inactive noninfectious viral particles from a previous infection are the reason for a positive PCR test result, the Joint Committee may approve immediate follow-up PCR and/or rapid diagnostic testing, and may consider clearance of the individual to return to Club facilities at a time earlier than required under this section upon an analysis of the circumstances and review of the test results, provided that all other requirements for clearance (including a lack of symptomology) are satisfied.

<sup>8</sup> Covered Individuals who fail to report symptoms to the Club medical staff at the time of symptom onset will be treated as becoming symptomatic on the date of their initial positive test result.

positive test specimen collection is “day zero” and the following day is “day one”). Notwithstanding the foregoing, a Covered Individual who tests positive for COVID-19 may exit isolation before the end of the ten (10) days if (and only if): (i) the Covered Individual has been afebrile for at least 24 hours without fever-reducing medications; (ii) any other symptoms are improving (as documented by a Team Physician or Club medical staff); (iii) the Covered Individual submits two negative PCR tests or two positive PCR tests with a CT-value above 30;<sup>9</sup> (iv) the Covered Individual’s Team Physician and the Joint Committee both conclude that the individual no longer presents a risk of infection to others and approves (in writing) him or her to return to Club facilities and resume his or her usual professional responsibilities; and (v) for those Covered Individuals who had severe symptoms, or any cardiopulmonary symptoms, they receive a cardiac evaluation (a minimum of a 12-lead ECG, 2-D ECHO and cardiac troponin (high-sensitive cardiac troponin preferred)) in accordance with published standards from the American College of Cardiology.<sup>10</sup>

### **Contact Tracing & Additional Measures to Reduce the Risk of Transmission**

In the event of a confirmed positive test for COVID-19 by a Covered Individual within its organization, the 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, to the extent applicable, any need to quarantine in accordance with the protocols below; and (iii) arrange for those individuals to receive a Rapid Diagnostic Test and a confirmatory PCR test.

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 processes and serve as the primary point of contact regarding contact tracing for the Commissioner’s Office, the Joint Committee, and other Clubs.

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 identifying the close contacts and reporting them to the Joint Committee and the Commissioner’s Office.

The following criteria should be assessed in identifying any close contacts:

- The amount of time a Covered Individual spent with an infected individual while such individual potentially was infectious.

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<sup>9</sup> Exempt Individuals may submit follow-up PCR samples on consecutive days beginning on Day 2. Non-Exempt Individuals may submit follow-up PCR samples on consecutive days beginning on Day 5.

<sup>10</sup> Covered Individuals who are asymptomatic or only experienced mild or moderate symptoms are not required to undergo a cardiac evaluation prior to clearance, unless such an evaluation is ordered by a Team Physician.

- The location(s) of the interaction(s), including whether or not the interaction(s) occurred indoors or outdoors.
- For interactions that occur indoors, the ventilation of the applicable setting.
- 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 risk assessment must clearly identify whether an identified Covered Individual does or does not qualify as a close contact.

Each Club must arrange to have relevant personnel (including, but not limited to, their Contact Tracing Officer, Contact Tracers, and members of the Club medical staff) complete an MLB-approved contact tracing training course prior to the start of the 2022 season, unless those individuals completed an approved training course in 2020 or 2021 (and certify as much in writing to MLB).

### **Close Contacts of Individuals Who Test Positive for COVID-19**

Subject to the guidance of the Club's Team Physician and in consultation with the Joint Committee, any unvaccinated Covered Individual who has been identified as a close contact of a confirmed case of COVID-19 (pursuant to the analysis above) will be subject to a mandatory quarantine of five (5) days, and must satisfy the below conditions in order to return to Club facilities:

- The individual tests negative for the presence of the virus via a Rapid Diagnostic Test conducted on days 1-5 following the close contact;
- Beginning on the first day after an individual is identified as a close contact, such individual must test negative on a saliva PCR test every day on days 5 through 7.
- The individual must undergo enhanced symptom monitoring under the direction of the Club's medical staff for at least ten (10) days following the potential exposure.
- The individual is completely asymptomatic;

- The individual continues to wear a surgical mask or a N95/KN95 respirator at all times (including while outside of Club facilities), except while on the field, for ten (10) days following the potential exposure; and
- The individual must immediately quarantine under the direction of the Team Physician if he or she develops any symptoms consistent with COVID-19.

Notwithstanding the above, Covered Individuals who are unvaccinated but have tested positive for COVID-19 on a laboratory PCR test within the past 3 months that has been authenticated and approved by the Joint Committee or a player that has antibody levels at or above the threshold determined by the Joint Committee as measured through the quantitative antibody measurement administered by MLB will not be required to quarantine following close contact with a confirmed case of COVID-19 unless they develop symptoms associated with COVID-19.

Any vaccinated Covered Individual who has been identified as a close contact will not be required to quarantine, but must test negative via a Rapid Diagnostic Test on day 3, 5 and 7 following the close contact, remain completely asymptomatic, and should wear a surgical mask or a N95/KN95 respirator at all times while in Club facilities until the day 7 test is reported.

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), provided that each of the following conditions is satisfied:

- The individual must test negative for the presence of the virus via a Rapid Diagnostic Test.
- The individual must be and remain completely asymptomatic.
- The individual must undergo enhanced symptom monitoring under the direction of the Club’s medical staff for at least seven (7) days following the potential exposure.
- The individual must wear a surgical mask or a N95/KN95 respirator at all times (including while outside of Club facilities), except while on the field, for seven (7) days.
- The individual must receive a Rapid Diagnostic Test on day 5 following the potential exposure.
- The individual must immediately quarantine under the direction of the Team Physician if he or she develops any symptoms consistent with COVID-19.

## **1.4 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 pre-existing medical conditions. 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”). Once identified, the Team Physician should 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 and mitigate the risks in the event the High-Risk Individual becomes infected with COVID-19.

## **1.5 Code of Conduct Outside of Club Facilities**

The Covered Individuals on each Club may create their own Club-specific off-field Code of Conduct. Any such Club-specific codes of conduct must be provided to the Joint Committee for approval (whose consent will not be unreasonably withheld).

## **1.6 COVID-19 Player & Staff Education**

### **General Overview**

MLB and the MLBPA will create comprehensive education programs and materials for Covered Individuals regarding the safety and benefits of COVID-19 vaccinations and best practices for reducing the risk of infection with COVID-19. Clubs may share those programs and materials with families and household members of Covered Individuals, and any other employees to the extent it is relevant to their functions for the Club in its facilities. The development and management of these education programs will be administered centrally by MLB and the MLBPA, in consultation with appropriate medical and public health experts. All education shall be presented in English and Spanish, when necessary.

## 2.1 Facility & Travel Protocols

### Restricted Areas

Access to areas of Club facilities frequented by players and other on-field personnel, including clubhouses, locker rooms, training rooms, weight rooms, dugouts, and bullpens (“Restricted Areas”) must be tightly controlled by Clubs. When players are present, access to Restricted Areas should be limited to Covered Individuals, and vaccinated and credentialed members of the media. Limited exceptions may be made in the Club’s discretion to provide access to others, provided they are vaccinated.<sup>11</sup> Clubs may, in their discretion, limit access to Restricted Areas to certain categories of Covered Individuals and/or at certain times to prevent overcrowding. Covered Individuals on one Club are prohibited from entering Restricted Areas reserved for the opposing team (*e.g.*, players on the home team should not enter the visiting clubhouse, and *vice versa*). Any non-Covered Individuals who access Restricted Areas must wear an MLB-approved mask while players are present, regardless of their vaccination status.

While there is no hard limit on the number of Covered Individuals a Club may designate, each Club is responsible for providing MLB (attention: Access-Lists@mlb.com) with an up-to-date list of its Covered Individuals throughout the season.

Clubs should consider modifying Restricted Areas to provide for enhanced distancing and ventilation, and should conduct group activities outside, where appropriate and feasible.

The field is not considered a Restricted Area, but unvaccinated persons are not permitted to be in direct contact with players on the field.<sup>12</sup>

### Face Coverings in Club Facilities

In any jurisdiction in which applicable laws or regulations require individuals to use masks or face coverings or whose Club is playing in a county where the CDC Community Levels<sup>13</sup> are designated as “High”, Covered Individuals who are subject to such laws, regulations, or CDC guidance must wear a Club-approved face covering (*e.g.*, N95, KN95 or KF94 respirator if available) at all times inside Club facilities. Approved face coverings must be worn properly and fully cover the mouth and nose. Cloth masks, gaiters, bandanas, masks with exhalation valves, and face shields may not be approved as appropriate face coverings.

Covered Individuals are not required to wear face coverings while on the field or in the dugouts and bullpens. For clarity, indoor hitting tunnels, clubhouses, weight rooms, and other indoor areas are **not** considered to be on the field, and therefore Covered Individuals must wear approved face coverings when in those areas if required by applicable laws or regulations in that jurisdiction or

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<sup>11</sup> In addition to receiving the primary series of vaccination doses, individuals given access pursuant to this section – including credentialed members of the media – must have also received any additional dose(s) or “booster(s)” for which they are eligible under the FDA and CDC guidance in effect at the time.

<sup>12</sup> At a Club’s discretion, Players’ children may access the field at regulated times.

<sup>13</sup> The CDC Community Levels site should be consulted in determining when masks should be worn.  
<https://www.cdc.gov/>.

if playing in a county where the CDC Community levels are designated as “High”. If weight room equipment is relocated outdoors or a weight room is converted into an open-air workout area (e.g., a convertible weight room located at a Spring Training facility), that will be considered activity on the field for purposes of the face covering requirements.

If a player or other on-field staff member chooses to wear a face covering while in the dugout, bullpen or on the field during games or practices (which he or she is free to do), that face covering must be approved by both MLB (attention: onfield@mlb.com) and the individual’s Club, and it cannot contain any undue commercialization pursuant to Official Baseball Rule 3.09.

While Covered Individuals normally are not required to wear face coverings in Club facilities unless required by applicable laws or regulations in that jurisdiction or if playing in a county where the CDC Community Levels are designated as “High,” if three or more players on a Club test positive for COVID-19 in any five-day span, all Covered Individuals with that Club (regardless of their vaccination status) must wear a Club-approved face covering at all times (i) while in Club facilities (except the playing field, bullpen, dugout, and when walking in tunnels to or from the dugout and bullpen) and (ii) while traveling with the Club, until the Club goes five (5) consecutive days without a new positive test for COVID-19 amongst its Covered Individuals.

Non-playing personnel who violate the face covering requirements will be subject to discipline by MLB or their Club. Players who violate the face covering requirements may be subject to discipline, subject to the just cause provisions of the Basic Agreement. Appeals of player discipline for violations of the face covering requirement that take place in the ballpark shall be appealable exclusively to Article XI(C) of the Basic Agreement.

For clarity, the following actions shall not be considered a face covering violation:

- Removing or pulling down a face covering at the direction of the Club’s athletic training or medical staff;
- Removing or pulling down a face covering in order to briefly eat or drink;
- A brief delay before putting on a face covering before entering or after exiting the shower;
- A brief delay to attend to grooming and hygiene issues (e.g., brushing teeth, shaving, putting in contact lenses, *etc.*);
- Walking briefly in tunnels to or from the dugout and bullpen; and
- Inadvertent wearing of a face covering in an improper fashion that is promptly corrected upon notification by compliance personnel.

In order to properly enforce the face covering requirements, compliance personnel from MLB and Clubs will be informed which players are subject to the face covering requirements and which are not. All information regarding vaccination statuses will be kept highly confidential, will be provided to compliance personnel solely for the purpose of policy enforcement, and will not be used or disclosed for any other purpose.

## **Team Travel**

Team-arranged transportation (*e.g.*, team charters, trains, buses, *etc.*) should be treated as Restricted Areas.

Covered Individuals must wear a Club-approved face covering while on team-arranged transportation (*e.g.*, team charters, trains, buses, *etc.*) as required by applicable federal, state, and local laws and regulations.

### **3.1 On-Field Health & Safety Protocols**

Players and other on-field personnel should employ best practices with respect to personal hygiene when at the ballpark. For example, on-field personnel (including players) must refrain from spitting (including but not limited to, saliva, sunflower seeds, peanut shells, tobacco) at all times while on the field (including in the dugouts and bullpens). Chewing gum is permitted, but must be disposed of in a sanitary fashion.

All violations by players of these Protocols remain subject to discipline for just cause.

## **4.1 Scheduling & Allowances**

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 2022 championship season schedule, if necessary, for health/safety reasons, to comply with governmental restrictions, or to complete the schedule.

With the consent of the MLBPA (which shall not be unreasonably withheld), MLB also has the right to conduct some or all of the 2022 postseason in neutral sites (including other Clubs' home ballparks), or to delay the start of the postseason in order to reschedule championship season games following the completion of the championship season.

With the consent of the MLBPA (which shall not be unreasonably withheld), MLB may also implement additional health and safety protocols during the 2022 championship season and/or postseason (such as further restricting the personal activities of players and staff when away from Club facilities, or instituting quarantine or "bubble" protocols) if: (i) the Commissioner determines, after consultation with recognized medical experts, that there is a material change in circumstances (*e.g.*, the emergence of a COVID-19 variant) such that it poses an unreasonable health and safety risk to players or staff to continue to stage those games without such additional measures, or that without such additional measures there is a significant risk that the full 2022 season or postseason will not be completed on schedule; and (ii) at least 15 Clubs (or more than half of the playoff Clubs, in the case of postseason-specific protocols) are based in counties where the CDC Community Levels are designated as "High."

### **COVID-19 Related Postponements & Rescheduling**

MLB intends to postpone games only if necessary to protect the health and safety of Club personnel, players and umpires. Games will not be postponed for competitive reasons provided the Club has a sufficient number of players available to substitute those players on the Active Roster who are unavailable to play as a result of COVID-19. The Commissioner will make the final determination whether it is safe to stage a game. If a Club refuses to participate in a game which the Commissioner determines should proceed, the Club shall forfeit the game. Any discipline of individual players for refusing to participate in a game approved by the Commissioner will be subject to the just cause provisions of the Basic Agreement.

MLB shall have the right to reschedule any game postponed due to COVID-19 as a split or straight doubleheader. Scheduling and rescheduling for the 2022 championship season will be subject to the scheduling and rescheduling provisions in the parties' March 10, 2022 agreement regarding Back to Work Terms.

Even where the MLBPA's consent to reschedule a particular game is not required under this agreement or the Basic Agreement, MLB will consult with the MLBPA regarding COVID-19 related rescheduling decisions. With regard to outdoor games postponed due to COVID-19 during the first thirty (30) days of the championship season, MLB and the Clubs will, where practicable, avoid rescheduling such games as a split doubleheader prior to April 30, 2022.

## **Allowances**

For any championship season games played at a neutral site, Spring Training site, other Club's home ballpark, or otherwise away from the metropolitan area of the home ballpark, players will be treated as if they are on the road for purposes of the allowances and benefits provided under the Basic Agreement; provided, however, that players will not be entitled to such benefits in a metropolitan area that the Club was relocated to within the meaning of the following sentence. If one or more players are required to relocate their residence in connection with a team being relocated to a neutral site, Spring Training site, other Club's home ballpark, or otherwise away from the metropolitan area of the home ballpark, such relocation will be treated as an assignment between Major League Clubs pursuant to Article VIII(C) and VIII(D) of the Basic Agreement ("Moving Allowances") except that a player will be entitled to rental reimbursement under Article VIII(D) regardless of whether the reimbursing Club is able to use and/or rent the living quarters for which reimbursement is being sought. Players on Clubs that are potentially subject to relocation will be advised (but not required) to seek flexible living accommodations (*e.g.*, short-term lease arrangements or lease arrangements that allow for early termination) and must work with their Club to try to avoid foreseeable situations where the Club could be left reimbursing a player for living quarters that cannot be used or rented/subleased to someone else by the Club.

## **5.1 Modifications to Rosters & Transactions**

Except as set forth expressly below, the Basic Agreement and Major League Rules shall govern.

### **Major League COVID-19 Related Injured List**

A player may be placed on the COVID-19 Related Injured List (“COVID-19 IL”) based on a positive test for COVID-19, because of confirmed exposure to COVID-19, if he exhibits symptoms requiring self-isolation for further assessment (as described in Section 1 above), or if temporarily unavailable due to side effects related to receiving a vaccination for COVID-19. In the event a pitcher is experiencing symptoms after receiving a vaccination for COVID-19 following any game in which he pitched a minimum of 4 innings in a game, the pitcher may not be placed on the COVID-19 Related IL until the 4th day after that game (but may not remain with the team until cleared to return).

Players on the COVID-19 IL will not count against a Club’s Active List limit or Reserve List limit. Players who are on their Club’s Major League Active List or a Major League Injured List at the time they are placed on the COVID-19 IL will receive salary and credited Major League service to the same extent that they would have if they had remained on the Major League Active List or Injured List during that period.

Nothing in this Section 5.1 shall negate or otherwise affect a Player’s rights under Article XIX(C) of the Basic Agreement. 40-man players on option on the Minor League COVID-19 Related Injured List will continue to count against the 40-man limit unless the Substitute Players provision below applies.

If a player tests positive for COVID-19 while designated for assignment, the designation shall be voided and the player will be placed on the Major League COVID-19 Related Injured List retroactive to the date of the initial designation.

### **Substitute Players**

In the event a Club experiences a significant number of COVID-19 IL placements (or Restricted List placements pursuant to the parties’ side letter titled “Players Unavailable Due to Vaccination Status”) such that it implicates a Club’s ability to field a competitive team (in the sole discretion of the Commissioner), the affected Club will be permitted to add substitute players to its Major League Active List temporarily. The substitute players will be removed from the Major League Active List once the players placed on the COVID-19 Related Injured List (or Restricted List) during this period return to the Major League roster. The removal of the substitute players will be considered a minor league assignment for the purposes of Article XIX(C), but will not require those players to be placed on waivers and the assignment shall not be considered an Optional Assignment or Outright Assignment for all purposes of the Major League Rules and Basic Agreement (*e.g.*, Basic Agreement Article XX(D)). In the event that a Club experiences a significant number of COVID-19 IL placements pursuant to this provision, 40-man players on the Minor League COVID-19 Related Injured List shall not count against the 40-man roster until such time as the Club is no longer experiencing a significant number of COVID-19 IL placements, such

player(s) are removed from the Minor League COVID-19 Related Injured List, or such player(s) begin a rehabilitation assignment, whichever comes first.

### **Intake Procedures**

In order to be added or reinstated to the Major League Active List, players will be required to complete a Health Screen check (*see* Section 1.1) and test negative for COVID-19 on a Rapid Diagnostic Test administered on-site.

### **Permissible Taxi Squads**

Notwithstanding Article XV(E)(3) of the Basic Agreement, in addition to a Club's Active Roster, a Club is permitted (but not required) to carry up to five (5) additional players (provided that if the Club elects to carry five additional players, at least one must be a player whose designated position prior to the season is catcher) on all road trips with the Major League team ("Taxi Squad"), 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 \$115.50 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 not 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 minor league players.
- Upon the conclusion of each road trip, players on the Taxi Squad will return to their minor league affiliate (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 \$115.50 per day, regardless of whether the Club provides meals, for the first 14 days of his time on the Taxi Squad).
- Players on the Major League Injured List who are eligible and likely to be reinstated during a road trip are permitted to travel with the Major League Club during that road trip without counting toward the permissible Taxi Squad limits.

## **5.2 Special Covenants**

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

## **ATTACHMENTS**

# Attachment 1

## Symptom and Exposure Questionnaire / Daily Health Screen

All players and Club employees are required to complete the following COVID-19 symptom and exposure questionnaire before being allowed to enter Restricted Areas. If your answer to questions 1, 2, or 3 is “Yes,” please also contact a member of your Club’s medical staff.

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	<input type="checkbox"/>	<input type="checkbox"/>
Fever or Chills	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<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 or Body Aches	<input type="checkbox"/>	<input type="checkbox"/>
Congestion or 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"/>
Persistent Pain or Pressure in Chest	<input type="checkbox"/>	<input type="checkbox"/>
Swollen Lymph Nodes or Glands	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

## Attachment 2

### Intake Screening – Medical History Questionnaire

#### I. Vaccination Status

- a. Have you received a COVID-19 vaccine? Yes    No
- i. If yes, which COVID-19 vaccine did you receive? \_\_\_\_\_
- ii. If yes, what were the date(s) of your vaccine dose(s)? \_\_\_\_\_
- b. Have you received a COVID-19 booster dose? Yes    No
- i. If yes, which COVID-19 booster did you receive? \_\_\_\_\_
- ii. If yes, what was the date of your booster dose? \_\_\_\_\_

#### II. COVID-19 Infection History

- a. Have you tested positive for COVID-19 since October 1, 2021? Yes    No
- i. If yes, what was the date of your positive test? \_\_\_\_\_
- ii. If yes, what type of test(s) did you test positive on? \_\_\_\_\_
- iii. If yes, where was this positive test administered? \_\_\_\_\_
- iv. If yes, what were your dates of isolation? \_\_\_\_\_
- v. If yes, did you experience any symptom(s)? Yes    No
- a. If yes, which symptom(s)? \_\_\_\_\_
- b. If yes, date(s) of symptom(s)? \_\_\_\_\_
- c. Since recovering from your COVID-19 infection, have you experienced any chest pain, palpitations, irregular heart beat, chest tightness, fainting, shortness of breath?
- Yes    No