One Health Certified™

Turkey Standards

June 2020

Version 1C

ONE HEALTH CERTIFIED™ (OHC) TURKEY PRODUCTION STANDARD

OVERVIEW

One Health Certified™ (OHC) is a multi-protein umbrella food animal production certification program based on the principles of One Health. One Health is the concept that the health of animals, people and the planet are inseparably linked together. The goal of OHC is to produce food animals under a transparent program of best responsible care practices that producers must follow to promote optimal health outcomes for animals, people and the environment.

OHC is a continuous improvement program with scheduled periodic reviews after an initial program is established for each commodity group. Compliance with the program is assured via annual audits conducted by the United States Department of Agriculture Agricultural Marketing Service (USDA-AMS) Process Verified Program.

The program is managed by the National Institute of Antimicrobial Resistance Research and Education (NIAMRRE) based at Iowa State University. NIAMRRE provides local, national, and international leadership in the fight against antimicrobial resistance. NIAMRRE is a cross-sector member organization that utilizes a One Health approach to connect people, resources, and ideas to address prioritized gaps in knowledge related to antimicrobial use, stewardship, and resistance.

Updated information about the OHC program may be found at:
https://www.onehealthcertified.org

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1. Biosecurity Program

A biosecurity program to control the introduction of disease organisms onto farms where animals are raised must be in operation on each site and address fourteen critical components. This program must be consistent with the NPIP Biosecurity Principles Program to ensure eligibility for federal indemnity for emergency program diseases for participants. Corporate level management shall state their support and commitment to the biosecurity program in a written declaration distributed to all appropriate managers.

Standards	How You Will Be Measured
1.1 Biosecurity Coordinator	The Biosecurity Coordinator is responsible for the development, implementation, maintenance and ongoing effectiveness of the biosecurity program. Depending on the type and size of operation, the Biosecurity Coordinator's responsibility could be at the farm, production site, production complex, or company level. The Biosecurity Coordinator must be knowledgeable in the principles of biosecurity. The Biosecurity Coordinator and the personnel and caretakers on the farms and production sites are jointly responsible for the implementation of the biosecurity program. The Biosecurity Coordinator must review the biosecurity program at least once during each calendar year and make revisions as necessary.
1.2 Training	The biosecurity program must include training materials that cover both farm site-specific procedures as well as premises-wide and/or company-wide procedures as appropriate. All owners and caretakers that regularly enter the perimeter buffer area (PBA) must complete this training. The training must be done at least once per calendar year and documented. New caretakers must be trained at hire. Training records must be retained for 3 years.
1.3 Line of Separation (LOS)	The Line of Separation (LOS) is a functional line separating the animals inside their living space from exposure to potential disease sources outside of it. Generally, it is defined by the walls of the structure where the animals are housed with practical deviations to account for entry points, structural aspects, or outside access areas. The site-specific biosecurity plan must describe or illustrate the boundaries of the LOS and clearly outline the procedures to be followed when caretakers, visitors, or suppliers cross it. For animals enclosed in outdoor pens, similar principles for the LOS can be applied for defining and controlling the LOS for each pen. In this circumstance, the walls of the outdoor pens would provide a template for defining the LOS to be used when entering or exiting the pens. For animals with non-enclosed outdoor access, the LOS is recommended to be demarcated by visible markers.

Standards	How You Will Be Measured
1.4 Perimeter Buffer Area (PBA)	The perimeter buffer area is a functional zone surrounding the animal raising area that separates them from areas unrelated to animal production on that site and/or adjoining properties. It is comprised of the animal raising areas as well as nearby structures and high traffic areas involved in the daily function of the animal caretaking. This would usually include but not be limited to such things as feed bins, manure sheds, composting areas, generators, pump rooms, etc. The site-specific biosecurity plan must describe or illustrate the boundaries of the PBA and clearly outline the procedures that caretakers, visitors, or suppliers must follow when entering and leaving the PBA.
1.5 Personnel	The biosecurity program and/or the site-specific biosecurity plan must include provisions specifically addressing procedures and biosecurity personal protective equipment (PPE) for site-dedicated personnel. The plan must likewise address the procedures and biosecurity PPE for non-farm personnel including visitors. The plan must also specify procedures which all personnel having had recent contact with other animals must follow before re-entering the PBA.
1.6 Wild Animals, Birds, Rodents and Insects	Animal operations must have control measures to prevent contact with and protect animals from pests as appropriate to the production system. Control programs for rodents, insects, and other animals must be in place and documented.
1.7 Equipment and Vehicles	The biosecurity plan must include provisions for cleaning, disinfection, or restriction of sharing of equipment where applicable. Vehicle access and traffic patterns must be defined in the site-specific biosecurity plan.
1.8 Mortality Disposal	Mortality must be collected daily, stored and disposed of in a manner that does not attract wild animals, birds, rodents and insects and minimizes the potential for cross-contamination from other facilities or between premises. Mortality disposal must be described in the site-specific biosecurity plan.
1.9 Manure and Litter Management	Manure or spent litter must be removed, stored and disposed of in a manner to prevent exposure of susceptible animals to disease agents. Onsite litter and manure storage must limit attraction of wild birds, rodents, insects, and other animals.

Standards	How You Will Be Measured
1.10 New Animal Introductions	New animals placed on a farm must be transported in equipment and vehicles that are regularly cleaned, disinfected and inspected. Biosecurity protocols must be in place for equipment and personnel involved in the transport of replacement animals. Single-age production sites (all in, all out production) is preferred. If multi-age sites are necessary, procedures must be in place to segregate new arrivals or otherwise control introduction of disease agents to resident animals by new introductions.
1.11 Water Supplies	It is recommended that drinking water or water used for evaporative cooling be sourced from a contained supply such as a well or municipal system. If drinking water comes from a surface water source, water treatment must be used to control disease agents. Surface water treatment methods and provisions for monitoring their effectiveness must be specified in the site-specific biosecurity plan.
1.12 Feed and Replacement Bedding	Feed, feed ingredients, bedding, and litter must be delivered, stored and maintained in a manner that limits exposure to and contamination by wild animals, birds, rodents and insects. Feed spills within the PBA (outside of the LOS) must be cleaned up and disposed of in a timely manner.
1.13 Reporting of Elevated Morbidity and Mortality	Elevation in morbidity and/or mortality above expected levels, as defined by the biosecurity plan, must be reported to appropriate personnel in a timely manner as specified in the site-specific biosecurity plan.
1.14 Ongoing Observations and Corrective Actions for Non-Compliance	Observations of on farm biosecurity procedures must be made during routine farm visits by company personnel and compliance/non-compliance recorded. Documentation of non-compliant activity requires follow up corrective actions.

2. Animal Health Plan (AHP)

Each producer must have and follow a documented AHP, developed in consultation with a veterinarian, designed to achieve high outcomes of animal health and well-being. Depending on the scope of the producer's operation, animal health plans may be written to include the entire company/system, flow (source farm through harvest) or an individual farm. AHP must be written to ensure action thresholds and resulting response/intervention that are relevant for the group of animals identified in the health plan. Plans must be reviewed at a minimum, twice per year no more than seven (7) months apart (or more frequently as needed) by the veterinarian with the valid client-patient relationship (VCPR) to determine adjustments, if necessary, to achieve desired outcomes. Animal Health Plans must include the following:

Standards	How You Will Be Measured
2.1 Access to a licensed veterinarian through a documented Vet-Client-Patient relationship (VCPR) within twenty-four (24) hours of notification is required.	Acceptable documentation may include proof of current employment status by animal owner, consulting contract with animal owner or report from veterinarian providing service.
2.2 Disease prevention program	1. Preventative health care measures appropriate for the identified group of animals such as vaccination programs and animal husbandry procedures 2. Appropriate sanitation and hygiene measures 3. Passive disease surveillance, including but not limited to, diagnostic testing and submission of diseased animals to a qualified veterinarian or laboratory. 4. Active disease surveillance, including but not limited to, diagnostic testing, necropsy surveys and/or other health monitoring activities completed on a regular schedule. 5. Annual disease surveillance sample collection and laboratory submission training for personnel involved in performing activities utilized in disease surveillance. 6. Annual disease recognition training for appropriate personnel to identify clinical signs of common endemic and foreign diseases affecting turkeys.

Standards	How You Will Be Measured

2.3 Animal Care Provisions	1. Twice daily observation of all animals and documentation of daily mortality is required.
	2. Mortality documentation must differentiate between natural death and euthanasia.
	3. Producer must have written Standard Operating Procedures (SOP) for the following critical areas:
	    1. Feeding protocols
	    2. Watering protocols
	    3. Ventilation protocols
	    4. Lighting protocols
	    5. Emergency ventilation backup protocols, including testing protocols
	    6. Euthanasia protocols approved by the American Veterinary Medical Association (AVMA)
	4. Involved personnel must be trained in established criteria for and proper techniques for euthanasia according to company SOP.
	5. Mass depopulation protocols must align with State and Federal emergency disease control program procedures and approved by the American Veterinary Medical Association and/or USDA-Animal and Plant Health Inspection Service (APHIS).

2.4 Responding to change in animal health status	A written protocol for responding to animals when mortality rates exceed an action threshold established in the AHP is required.
2.5 Action Thresholds	1. Each AHP must include a daily mortality action threshold that requires notification of the changing health status of turkeys to appropriate personnel. 2. Required action thresholds for turkeys are based on increased daily mortality calculated on a per house basis. 1. Daily mortality is defined as all natural dead birds plus cull birds humanely euthanized by the caretaker in one calendar day added together 3. During the starting phase (0-7 days of age), at a minimum, when daily mortality rates exceed 5/1000/day for two consecutive days an investigation to determine the root cause must be initiated. 4. After 7 days of age (8 days to market age) at a minimum, when daily mortality rates exceed 3/1000/day for two consecutive days an investigation to determine the root cause must be initiated. 5. Each instance of exceeding an action threshold must trigger a documented investigation into the root cause of the animal condition. 6. If the root cause is determined to be the result of on-farm management practices, a documented immediate corrective action and completion must take place to address the identified issue.

Standards	How You Will Be Measured
2.5 Action Thresholds *(Continued)*	7. If an infectious disease is suspected as the root cause, a veterinarian must be consulted to determine and direct appropriate actions necessary to address the situation within 24 hours of notification. 8. Veterinary judgement will determine the appropriate intervention strategy to be implemented and must be documented in a veterinary action plan completed within 24 hours of notification. 9. A decision tree outlining best practices for treatment of common turkey diseases including all treatment option categories below (where applicable) must be used to guide treatment decisions. 1. Non-antibiotic treatment alternatives 2. Non-medically important antibiotics 3. Medically important antibiotics 10. If a bacterial disease is suspected and veterinary judgement determines that antibiotic treatment is medically necessary and the proper course of action, the veterinarian will authorize the use for the appropriate antibiotic via a prescription or veterinary feed directive. 11. Managers and caretakers must follow the veterinary action plan prescribed. 12. If the expected response to treatment has not been achieved within a specified time period, then follow up communication with the veterinarian is required to determine if any additional actions may be required. 13. Response to treatment outcomes continued on Appendix A.

Standards	How You Will Be Measured
2.6 Animal Health Plan Review	1. The objective of the AHP review is to determine the effectiveness of the current protocols utilized to achieve high outcomes of animal health and well-being and to revise the plan as needed to attain these goals. 2. The AHP review must be completed and documented at a minimum twice per year no more than seven (7) months apart. 3. Components of the review must at a minimum include: 1. Diagnostic reports 2. Vaccination schedules 3. Mortality records 4. Key production metrics compared to company history and/or breed standards 5. Non-antibiotic treatments ordered by a veterinarian 6. Antibiotic administrations including medically important and not medically important antibiotics, prescriptions and veterinary feed directives 7. Veterinary action plans for poultry houses treated with medically important antibiotics for three consecutive flock cycles. 8. Veterinary action plans created in consultation with reports from third party veterinarian reviews for poultry houses treated with medically important drugs for four or more consecutive flock cycles. 9. Action thresholds 10. Treatment outcomes 4. Documentation of AHP reviews must be retained at a minimum for the two most current years.

3. Antibiotic Stewardship

The producer and veterinarian play a critical role to ensure responsible use of antibiotics. Producers must follow an antibiotic stewardship program that includes the following critical measures. For the purposes of this program, the most current population basis antimicrobial use definitions for treatment, control and prevention as determined by the American Veterinary Medical Association (AVMA) will be used:

https://www.avma.org/KB/Policies/Pages/AVMA-Definitions-of-Antimicrobial-Use-for-Treatment-Control-and-Prevention.aspx

Standards	How You Will Be Measured
3.1 Disease Treatment	The administration of an antimicrobial to those animals within the group with evidence of infectious disease.
3.2 Disease Control (Synonym: Metaphylaxis)	To reduce the incidence of infectious disease in a group of animals that already has some individuals with evidence of infectious disease or evidence of infection.
3.3 Disease Prevention (Synonym: Prophylaxis)	The administration of an antimicrobial to a group of animals, none of which have evidence of disease or infection, when transmission of existing undiagnosed infections, or the introduction of pathogens, is anticipated based on history, clinical judgement or epidemiological knowledge. In addition, prevention includes administration of antibiotics for a surgical or medical procedure.
3.4 Growth Promotion	Administration of antimicrobial agents to increase the rate of weight gain and/or efficiency of feed utilization in animals other than by purely nutritional means or to increase efficiency of another production parameter.
3.5 Classification of Antibiotics	Food and Drug Administration (FDA) Guidance for Industry (GFI) 152 Appendix A, Table A1 or successor document will be used to determine antibiotic classifications used in this program. Only medications, feed additives, and other animal health products approved by the FDA and only vaccines approved by the USDA, unless prescribed by a veterinarian, may be administered to animals in the OHC program. Producers shall abide by all laws and regulations governing the use of drugs, medications, feed additives and other animal health products in animals intended for human consumption, including the requirements of AMDUCA. 1. The Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA) allows veterinarians to prescribe extra-label uses of certain approved animal drugs and approved human drugs for animals under certain conditions. Extra-label use refers to the use of an approved drug in a manner that is not in accordance with the approved label directions. The key constraints of AMDUCA are that any extra-label use must be by or on the order of a veterinarian within the context of a veterinarian-client-patient relationship, must not result in violative residues in food-producing animals, and the use must be in conformance with the implementing regulations published at 21 CFR Part 530. A list of drugs specifically prohibited from extra-label use appears in the Code of Federal Regulations. The prescribing veterinarian is responsible for ensuring that there is no ensuing violative residue. No extra-label uses of drugs in animal feed are allowed.

Standards	How You Will Be Measured
3.6 Restricted Use Antibiotics	Antibiotics listed in FDA GFI 152 Appendix A, Table A1 are considered medically important antibiotics for humans and are subject to the following use restrictions: 1. Medically important antibiotics may only be used as directed by a licensed veterinarian via prescription or veterinary feed directive (VFD) in the context of a valid Veterinary-Client-Patient relationship (VCPR) as defined by 21 CFR 530.3(i) or prevailing state regulations. 2. Medically important antibiotics may only be used to treat and control disease when deemed medically necessary by a licensed veterinarian. 3. Medically important antibiotics may not be used for disease prevention or growth promotion purposes except for use for surgical or medical procedures. 4. Limited hatchery administration is allowed when such administration becomes necessary for control of an infectious disease condition under the following restrictions: 1. Documentation of an active vertically transmitted disease via a laboratory confirmed diagnosis from an identified breeder flock source is required 2. Egg treatment, in-ovo or day-old administration of antibiotics is limited to the eggs and/or poults from the lab diagnosed breeder source flocks identified in 3.6.4.1 only during periods of active shedding of disease organisms 3. Breeder source flocks identified in 3.6.4.1 must be managed and/or treated to minimize the vertical shed of pathogens to progeny, including appropriate antibiotic treatment as ordered by a licensed veterinarian 4. A disease surveillance plan to determine the presence or absence of active shedding of disease organisms from the breeder source flocks identified in 3.6.4.1 must be written and followed 5. Antibiotic administration must be discontinued when the results of the disease surveillance program indicate that the breeder source flocks are no longer actively shedding disease organisms 6. If hatchery antibiotics are administered to greater than five percent (5%) of the estimated total annual progeny placements for the poultry complex served by the hatchery, then a documented investigation conducted by a veterinarian to determine the root cause of the vertical disease conditions affecting supply breeder flocks must be completed. Recommended mitigation strategies must be

Standards	How You Will Be Measured
3.6 Restricted Use Antibiotics (*Continued*)	followed and documented 7. Hatchery administered antibiotics have additional antibiotic use reporting requirements as outlined 3.8.6.4. 8. Required documentation for all hatchery administration of antibiotics must be included in the annual internal and USDA-AMS audits 5. Medically important antibiotics must be administered in a manner that minimizes the number of animals treated and used for the least number of days necessary to achieve effective treatment outcomes. 6. Antibiotics not included in FDA GFI 152 Appendix A, Table A1 are considered not to be medically important for humans and may be used in accordance with FDA regulations.
3.7 Addressing Recurring Use of Restricted Use Antibiotics	Addressing recurring use of medically important antibiotics for more than 2 consecutive flock cycles in the same poultry house: 1. Appropriate veterinary ordered treatments for sick animals is required. Withholding medically necessary antibiotic treatment as determined by a licensed veterinarian is not allowed. However, program participants are committed to continuously work with animal producers to resolve health challenges on their farms to reduce or eliminate the need for consecutive flock treatments with medically important antibiotics. Producers are required to provide increased veterinary care and oversight to poultry houses requiring multiple consecutive antibiotic treatments. This includes escalating required actions for such premises as outlined below. The goal of these actions is to return the affected premise to a more consistently healthy animal state through collaboration between producers and appropriate animal health experts as deemed necessary. 2. Required mitigation steps after the 3rd consecutive flock treatment with medically important antibiotics in the same poultry house: 1. After the third such administration, a veterinary investigation and action plan outlining farm specific practices implemented to reduce the need to treat subsequent flocks with medically antibiotics on that premise is required before the placement of the next flock in the affected house. Implementation of the plan must be documented. All third consecutive treatment flock veterinary actions plan must be included in the semi-annual review of the animal health plan.

Standards	How You Will Be Measured
3.7 Addressing Recurring Use of Restricted Use Antibiotics (***Continued***)	3. Required mitigation steps after the 4th or more consecutive flock treatment with medically important antibiotics in the same poultry house: 1. Should medically important antibiotics be administered to four or more consecutive flock cycles raised in the same poultry house, consultation with a qualified (diplomat of the American College of Poultry Veterinarians) poultry veterinarian who is not the current veterinarian of record with valid VCPR is required before additional flocks may be placed in the affected house. The veterinary consultant is required to visit the farm to review disease history, antibiotic treatments and management practices and provide written recommendations intended to improve poultry health outcome in the affected house. Recommendations of the veterinarian consultant reviewer must be considered in the new veterinary action plan written by the veterinarian of record with valid VCPR outlining farm specific practices implemented intending to reduce the need to treat subsequent flocks with medically important antibiotics for the affected house. Implementation of the plan must be documented. All fourth or more consecutive treatment flock veterinary actions plans must be included in the semi-annual review of the animal health plan.
3.8 Training and Documentation	1. Procedures must be in place to verify and document that instructions for administration of all antibiotics were communicated, understood, and followed by the animal caretaker. 2. Procedures must be in place to verify and document that, at a minimum, antibiotic withdrawal periods required by the FDA were completed prior to harvesting to ensure that violative drug residues will not be found in the meat originating from treated animals. 3. Records of use of all antibiotics (both medically important and non-medically important) must be maintained at a minimum for the two most current years. 4. Indication for treatment must be recorded for each therapeutic individual poultry house administration via drinking water or hatchery administration of all antibiotics including both medically important and non-medically important antibiotics.

Standards	How You Will Be Measured
3.8 Training and Documentation (*Continued*)	5. Annual antibiotic usage (both medically important and non-medically important) must be calculated and reported using the following method: mg/kg total annual live animal biomass will be the metric used defined as follows: 1. mg = mgs of active drug administered annually 2. Conversion ratio used for Penicillin G is 1560 IU/mg 3. kg total annual animal biomass = total annual biomass of all animals produced in the poultry complex calculated as total number of heads processed in one harvest facility x average live slaughter weight in kilograms 6. To ensure consistency in calculating mg/kg annual antibiotic use by producers these calculations will be completed by NIAMRRE for each individual antibiotic by active ingredient using the following producer provided data: 1. Total milligrams of each individual antibiotic by active ingredient administered during the previous calendar year 2. Total number of animals processed in one harvest facility during the previous calendar year 3. Average live slaughter weight in kilograms of animals processed in one harvest facility during the previous calendar year 4. Hatchery administered antibiotics require additional reporting requirements 1. Hatchery administered antibiotics are required to be included in the annual antibiotic use reports as outlined in 3.8.5. 2. The total number of animals receiving hatchery antibiotics processed in one harvest facility during the previous calendar year must be reported.

4. Third Party Audited Animal Welfare Program

How You Will Be Measured

1. Approved animal welfare programs for meat turkeys must include all aspects of poultry production including hatchery operations, poult delivery, on farm management practices, harvesting, transportation, unloading and slaughter procedures.
2. The most current version of approved animal welfare programs must be used
3. Programs that meet these criteria are listed below:
  1. National Turkey Federation Hatchery (when applicable), Commercial Turkeys, Catching and Transportation and Slaughter Guidelines.
  2. American Humane Certified™ Animal Welfare Standards for Turkeys in conjunction with the American Humane Certified™ Hatcheries (Poults and Poults) Animal Welfare Standards
4. Participants must successfully pass a third-party audit to the most recent version of one of the approved listed programs annually.

5. Environmental Measures

How You Will Be Measured
1. A Life Cycle Analysis (LCA) calculation of the entire animal production system for all animals produced during the previous calendar year to determine the carbon footprint of production (total kg CO2/kg meat) is required. To ensure consistency in calculation of this measurement the LCA will be completed by NIAMRRE using required producer provided data for all animals produced during the previous calendar year for each turkey harvest plant identified by a unique USDA P number. An established LCA model such as the most current version of the Food and Agriculture Organization of theUnited Nations (FAO) Global Livestock Environmental Assessment Model (GLEAM http://www.fao.org/gleam/en/) or similar model as determined by NIAMRRE will be used to make this calculation. Producers must contact the OHC program coordinator at programcoordinator@onehealthcertified.org to receive instructions on what annual data and production information required to be submitted for this calculation. 2. All farms are required to have and follow a written site-specific waste disposal and/or nutrient management plan or permit in full compliance with the requirements of the State in which the farm is located within in addition to meeting any such Federal plan or permit requirements.

6. Auditing Requirements

1. Internal audits to ensure compliance with all OHC-Turkey program requirements must at a minimum be completed annually.
2. External federal government audits conducted by USDA-AMS auditors to ensure compliance with all program requirements must at a minimum be completed annually.
    1. To meet the requirements of the OHC-Turkey program, a producer must be audited through the USDA Process Verified Program (PVP) which is defined in the QAD 1001 procedures. Government audits by USDA-AMS personnel will include all relevant areas of chicken production to ensure compliance with all requirements of the OHC-Turkey standard, including segregation of non-conforming product through packaging.
    2. USDA-AMS must submit a copy of all completed OHC-Turkey audit reports to the NIAMRRE by email to programcoordinator@onehealthcertified.org within 60 days of completion of the on-site audit.

7. Document Retention

All documents utilized to administrate and/or verify compliance with OHC-Turkey program requirements must be retained and available for review for a period of at least two years. Both digital and/or hard copies of documents are permitted.

8. OHC Logo Use Restrictions

1. The following label claims related to animal production practices are not permitted to be included or displayed on OHC retail or wholesale labeled products:
    1. Cage Free and derivatives
    2. All Vegetable Diet and derivatives
    3. No Animal Byproducts and derivatives
    4. No Antibiotics Ever and derivatives
    5. No Antibiotics Important in Human Medicine and derivatives
    6. No Subtherapeutic Antibiotics and derivatives
    7. Non-GMO and derivatives
2. The USDA Process Verified shield logo may be displayed adjacent to the OHC logo on OHC labeled retail or wholesale products by following instructions outlined by USDA-AMS at https://www.ams.usda.gov/services/auditing/pvp-shield
    1. All labels including the USDA-Process Verified shield logo must first be approved by USDA-AMS prior to submission to FSIS Labeling for approval
3. One Health Certified™ label is eligible for pass through certification to Further Processing facilities.
    1. Further processing facilities who desire to label OHC products must operate a verifiable product segregation and traceability plan that meets FSIS Labeling requirements from incoming ingredients to final packaging to ensure that OHC labeled products are produced using only OHC certified meat ingredients
4. Logo use rules will be outlined at https://www.onehealthcertified.org

9. Annual Reporting Requirements and Associated Fees

1. An annual summary report for each turkey processing plant identified using the associated USDA P number that is certified to produce OHC labeled product must be provided to the NIAMRRE by the end of February of each year using data from all animals processed during the previous calendar year. The annual summary report must include at a minimum the following information:
    1. Complete list of indications for all therapeutic drinking water or hatchery administered antibiotics including medically important and non-medically important antibiotics as outlined in 3.8.4
    2. Complete list of all premises requiring external review by third party poultry veterinarian as outlined in 3.7.3.1 and calculated total square footage of these premises as a percentage of total animal placement capacity available in the poultry complex.
    3. Complete antibiotic use report including medically important and non-medically important antibiotics as outlined in 3.8.5
    4. Production data and inputs necessary to complete annual life cycle assessment carbon footprint calculation
    5. Other information as requested by NIAMRRE or as outlined at https://www.onehealthcertified.org at the time the report is submitted.
2. The current required annual participation fee for program participants to be paid to NIAMRRE including instructions for payment as outlined at https://www.onehealthcertified.org

Appendix A - Action Thresholds

Response to treatment outcomes for each veterinarian ordered treatment must be determined and documented as follows:

Treatment outcomes are measured using a sliding 4-point scale with 1 being the best to 4 being the worst. Use Table 1 OR Table 2, on the next page, depending on mortality level on the day that treatment is initiated to determine the appropriate treatment outcome score.

Score	Table 1: Treatment started AFTER daily mortality exceeds action threshold
1.0	After treatment ends daily mortality has declined to below action threshold
2.0	After treatment ends daily mortality has declined below the level when treatment was initiated but remains above action threshold
3.0	After treatment ends daily mortality has not changed from the level when treatment was initiated
4.0	After treatment ends daily mortality has increased above the level when treatment was initiated

Score	Table 2: Treatment started BEFORE daily mortality exceeds action threshold
1.0	After treatment ends daily mortality has declined to below the level when treatment was initiated
2.0	After treatment ends daily mortality has not changed from the level when treatment was initiated
3.0	After treatment ends daily mortality has increased from the level when treatment was initiated but remains below action threshold
4.0	After treatment ends daily mortality has increased from the level when treatment was initiated to above action threshold