



INTEGRATED FARM ASSURANCE SMART/GFS

AQ 20.02.01 – Aquaculture Health Plan

ENGLISH VERSION 6.0_SEP22

VALID FROM: 1 OCTOBER 2022

OBLIGATORY FROM: 1 JANUARY 2024*

*Date on which IFA v6 GFS requirements become obligatory depends on GFSI recognition and will be confirmed

INTRODUCTION

Due to the length of the text for the principle AQ 20.02.01 and its respective criteria regarding the aquaculture health plan (AHP), it was not possible to fit all the information in the Excel customized checklist. Therefore, this document was created to display the full text for AQ 20.02.01.

This document shall be read together with the Integrated Farm Assurance version 6 Smart/GFS checklist for aquaculture.

Section	Principle	Criteria	Level
AQ 20.02	Farmed aquatic species health and welfare		
AQ 20.02.01	An aquaculture health plan (AHP) is available, updated during the last 12 months, for the last production cycle, or whenever new medicines or treatments not previously used have been added.	<p>An AHP shall be available on the site. A certified veterinarian/aquatic animal health professional recognized by a competent authority shall approve the AHP. Name, affiliation, and dated signature shall be included in the AHP. A certified veterinarian/aquatic animal health professional is the professional responsible for health management on the farm who has the legal authority to diagnose disease and prescribe medication. This definition applies to all references to a veterinarian throughout the standard documents.</p> <p>The AHP shall be updated either:</p> <ul style="list-style-type: none"> a) Annually b) For each production cycle, if farmed aquatic species are on the farm for a period shorter than one year c) Whenever any of the content of the AHP requires updating (e.g., inclusion of new medicines or treatments) <p>The plan shall include but is not restricted to the following:</p> <ul style="list-style-type: none"> 1. Name and location of farm(s) 2. Potential diseases, including corresponding preventive measures of disease spread and disease mitigation 3. Vaccination protocols, which shall include available vaccines suitable for preventing or reducing possible diseases which could occur in this region, where applicable. If effective vaccines are available for a recurring disease, vaccination shall be preferred over therapeutic treatments. All fish shall be anesthetized prior to vaccination by injection, unless there are well justified health and welfare reasons not to do so. Sedation should be used when vaccinating by dip or bath if there is a risk of injury during handling. 4. Quarantine procedures 	Major Must

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		<p>5. Medicines and treatments that may be used on the farm, including medicine name, active substance, indication, supplier, administration method, dosage, and preharvest withdrawal period</p> <p>6. Preharvest withdrawal period, beginning when medicated feed is flushed from the farm feeding system; use of flushed feeds (feed intended to clear residues from the feed system)</p> <p>7. Parasite records and controls, including frequency</p> <p>8. Biosecurity procedures</p> <p>9. Screening program for relevant pathogens</p> <p>10. Risk assessment of medicinal residues in relation to food safety issues and potential impact on wild stocks around the farm</p> <p>11. Stunning and killing procedures, including those for brood stock</p> <p>12. Action plan for harvestable farmed aquatic species if the maximum residue limit (MRL) in the country of production and/or destination has been exceeded or is likely to be exceeded</p> <p>13. Frequency and methods of culling, removal of sick and disposal of dead animals</p> <p>14. Frequency and methods of mortality inspection</p> <p>15. Frequency of monitoring of sensitivity/resistance and rotation of medicines to avoid antimicrobial resistance (AMR), where applicable</p> <p>16. Recording of mortality and its causes, which shall be done daily or as often as possible. Where a disease outbreak is suspected or mortalities are higher than expected, the veterinarian/aquatic animal health professional and relevant government official shall be notified.</p> <p>17. Internal procedure for disease breakout notification, including who will be notified</p> <p>18. Animal health treatments: Antibiotics shall be used if and only if specific diseases are diagnosed and there is no alternative and farmed aquatic species welfare and health may be compromised.</p> <p>18.a) Critically important antimicrobials as per the World Health</p>	

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		<p>Organization (WHO, www.who.int) recommendations shall be used if and only if it is the only last resort. Critical important antimicrobials (highest priority and high priority) listed for human medicine can be used only in exceptional circumstances under the judgement, prescription, and supervision of a veterinarian/aquatic animal health professional and if microbial sensitivity results (historic antibiogram) demonstrate that the selected antimicrobial is the only efficient treatment option.</p> <p>The veterinarian/aquatic animal health professional shall give justification in writing for each occasion of this use. If there is such use, there shall be evidence of communication from the producer's certified veterinarian/aquatic animal health professional instructing the feed suppliers to mix prescribed antimicrobials into compound feed. It is the responsibility of the farmer to inform an external prescribing veterinarian or aquatic animal health professional of this requirement.</p> <p>18.b) Consideration of the World Organization for Animal Health (WOAH, www.woah.org) recommendations on the "WOAH List of Antimicrobial Agents of Veterinary Importance": <i>"Among the VCIA – Veterinary Critically Important Antimicrobial Agents in the WOAH List, some are considered to be critically important both for human and animal health; this is currently the case for Fluoroquinolones and for the third and fourth generation of Cephalosporins. Colistin has been moved in 2016 to the WHO category of Highest Priority Critically Important Antimicrobials. Therefore, these two classes and Colistin should be used according to the following recommendations:</i></p> <ul style="list-style-type: none"> - <i>Not to be used as preventive treatment;</i> - <i>Not to be used as a first line treatment unless justified, when used</i> 	

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		<p><i>as a second line treatment, it should ideally be based on the results of bacteriological tests; and</i></p> <p><i>- Extra-label/off-label use should be limited and reserved for instances where no alternatives are available. Such use should be in agreement with the national legislation in force;”</i></p> <p>19. Any trials or testing of nonlicensed medical treatments</p> <p>20. Following periods and procedure instructions, where applicable</p> <p>21. Coordinated disease responses and preventive measures with neighboring farmers</p> <p>22. Medicines and treatments that are not allowed to be used, which shall include those compounds that are banned under the United Nations Food and Agriculture Organization (FAO)/WHO Codex Alimentarius: nitrofurans (as well as its derivatives), triarylmethane dyes (including, but not limited to malachite green, crystal violet, and brilliant green), stilbenes (including, but not limited to stilbene, dienestrol, diethylstilbestrol, hexestrol), chloramphenicol, nitroimidazoles (including, but not limited to dimetridazole, ipronidazole, metronidazole) or β-agonists (including, but not limited to clenbuterol)</p> <p>23. Where applicable, records of routine assigned veterinarian/aquatic animal health professional visits</p> <p>No “N/A.”</p>	

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