



## Request for Temporary Confinement due to Disease Threat

Certified organic operations must establish and maintain preventative livestock health care practices, which may include temporary confinement under conditions where the health, safety, or well-being of the animals could be jeopardized. Continuous total confinement of any animal indoors is prohibited. Please be aware that during the confinement period birds need access to conditions that allow for expressions of natural behavior, such as dust bathing.

### Instructions:

- Use this form to present plans for temporary confinement due to the presence of a specific disease threat. Specific disease threat and duration of temporary confinement must be reviewed and approved in order to remain in compliance with NOP regulations. *Please note: If it is determined that temporary confinement is justified based on the submitted information, PCO will approve periods of confinement up to **60 days**, with the possibility of extensions as warranted by the operator's monitoring. Extensions must be requested in writing. **Longer confinement durations may be approved on a case-by-case basis with additional justification provided by the operator.***
- Complete each section and attach justification, as required.

Date of Request:

PCO ID (last four): 821000

Operation Name(s):

Is this operation part of an affiliate group? ☐ Yes ☐ No

1. **Description of the disease threat.** Include the following information, as applicable:
  - a. Disease (e.g. bacterium, virus):
  - b. Source of confirmed cases (e.g. state department of agriculture, veterinary office, etc.):
  - c. Current distribution of disease (e.g. proximity to your farm, flyway, county, etc.)
2. **Risk to birds.** How does the disease spread (e.g. aerosol transmission, direct contact, wild birds, rodents, contaminated equipment/supplies/clothing)?
3. **Biosecurity in practice.** Describe current measures in place and why they are not sufficient for preventing disease spread (e.g. viability in soil, quarantine methods, etc.).
4. **Confinement plan.**
  - a. Length of the proposed confinement period (include the reason that period was chosen):
  - b. Describe plan for monitoring disease risk during the confinement period:

Pennsylvania Certified Organic (PCO)

pco@paorganic.org • [www.paorganic.org](http://www.paorganic.org) • 106 School Street, Ste 201 • Spring Mills, PA 16875 • 814.422.0251 • fax 814.422.0255

Request for Temporary Confinement- Avian V4, 3/13/23



## **Request for Temporary Confinement due to Disease Threat**

- c. Describe circumstances under which the confinement period would be lifted (e.g. no confirmed cases in affected area within specific time period). \*\*Operators must monitor disease risk during the confinement period and lift confinement if the threat to bird health and well-being no longer exists.\*\*

PCO Notes/Response:

☐ Approved, period:

☐ Not approved, additional information required:

(see next page for extension requests)



## Request for Temporary Confinement due to Disease Threat

Temporary Confinement Plan Extension Requests:

Extension #1

Date of Request:

5. **Description of the disease threat.** Include the following information, as applicable:
  - a. Disease (e.g. bacterium, virus):
  - b. Source of confirmed cases (e.g. state department of agriculture, veterinary office, etc.):
  - c. Current distribution of disease (e.g. proximity to your farm, flyway, county, etc.)
  
6. **Confinement plan.**
  - a. The length of the proposed confinement period\* (include the reason that period was chosen)
  
  - b. Plans for monitoring disease risk during the confinement period.
  
  - c. Circumstances under which the confinement period would be lifted (e.g. no confirmed cases in affected area within specific time period). \*\*Operators must monitor disease risk during the confinement period and lift confinement if the threat to bird health and well-being no longer exists.\*\*

PCO Notes/Response:

☐ Approved, period:

☐ Not approved, additional information required:

Temporary Confinement Plan Extension Requests:

Extension #2

Date of Request:

7. **Description of the disease threat.** Include the following information, as applicable:
  - a. Disease (e.g. bacterium, virus):
  - b. Source of confirmed cases (e.g. state department of agriculture, veterinary office, etc.):
  - c. Current distribution of disease (e.g. proximity to your farm, flyway, county, etc.)
  
8. **Confinement plan.**
  - a. The length of the proposed confinement period\* (include the reason that period was chosen)
  
  - b. Plans for monitoring disease risk during the confinement period.

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- c. Circumstances under which the confinement period would be lifted (e.g. no confirmed cases in affected area within specific time period). \*\*Operators must monitor disease risk during the confinement period and lift confinement if the threat to bird health and well-being no longer exists.\*\*

PCO Notes/Response:

- ☐ Approved, period:  
☐ Not approved, additional information required:

Temporary Confinement Plan Extension Requests:

Extension #3

Date of Request:

9. **Description of the disease threat.** Include the following information, as applicable:
- a. Disease (e.g. bacterium, virus):
  - b. Source of confirmed cases (e.g. state department of agriculture, veterinary office, etc.):
  - c. Current distribution of disease (e.g. proximity to your farm, flyway, county, etc.)
10. **Confinement plan.**
- a. The length of the proposed confinement period\* (include the reason that period was chosen)
  - b. Plans for monitoring disease risk during the confinement period.
  - c. Circumstances under which the confinement period would be lifted (e.g. no confirmed cases in affected area within specific time period). \*\*Operators must monitor disease risk during the confinement period and lift confinement if the threat to bird health and well-being no longer exists.\*\*

PCO Notes/Response:

- ☐ Approved, period:  
☐ Not approved, additional information required:

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