

PROTECTORS OF THE BRAND

Little Caesars®

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Food Safety: **Food Allergies**



One of our biggest responsibilities is to always keep in mind food allergies and other types of food hypersensitivities that can affect millions of Americans and their families. Let's see what we can do to keep everyone safe!

Safety: **Heat Illness**



We will look at the serious medical conditions that result from the body's inability to cope with a particular heat load. This includes heat cramps, heat exhaustion and heat stroke.

Loss Prevention: **Phone scams**



Phone scams are on the rise. We must inform our colleagues and get them prepared to identify a scam right away and report it! Below you will find good practices and what never to do!

Risk Management: **Colleague Injury Report**



It is our top priority to keep everyone in the store safe, but accidents do happen. In our last protection series, we discussed CUSTOMER injury reporting. Below you will find the proper procedure for reporting a COLLEAGUE incident report.

FOOD SAFETY

Food Allergies

Food allergies and other types of food hypersensitivities affect millions of Americans and their families. Food allergies occur when the body's immune system reacts to certain proteins in food. Food allergic reactions vary in severity from mild symptoms involving hives and lip swelling to severe, life-threatening symptoms, often called anaphylaxis, that may involve fatal respiratory problems and shock. Early recognition and learning how to manage food allergies, including which foods to avoid, are important measures to prevent serious health consequences.

8 Major Food Allergens



MILK AND DAIRY



EGGS



FISH



SHELLFISH (CRUSTACEAN)



TREE NUTS



PEANUTS



WHEAT (GLUTEN)



SOY PRODUCTS



One of our biggest sources of an allergens in the stores is our Flour. Do your part to carefully transfer flour into the VCM and keep those particles out of the air!

SYMPTOMS OF AN ALLERGIC REACTION

- Loss of consciousness
- Shortness of breath
- Itching or tingling in or around the mouth, face, scalp, hands and feet
- Hives (welts)/Rash
- Wheezing or difficulty breathing
- Swelling of the face, eyelids, tongue, lips, hands or feet
- Tightening of the throat (difficulty swallowing)
- Sudden onset of vomiting, cramps or diarrhea

“Food safety involves everybody in the food chain”

Mike Johannes

SAFETY

Heat Illness

Colleagues who work in outdoor places or who work in environments where environmental risk factors for heat illness are present are at risk for developing heat-related illnesses if they do not protect themselves appropriately.

A serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion and heat stroke.

In the course of work duties, colleagues performing tasks listed below may be exposed to environmental risk factors for heat illness:

- Shakerboarding
- Outdoor marketing events (fundraisers, local fairs/parades, Love Kitchen participants, etc.)
- Extreme store temperatures or conditions (air conditioning failure or overload)



Managers Responsibility

- Identifying all colleagues who are required to work outdoors or in the environments where potential heat illness could occur. Identifying the on-site manager – who will be responsible for monitoring weather and employee exposure to heat.
- Monitoring weather conditions, heat indexes, and internal ambient air temperature.
- Assuring that adequate water, shade, and necessary rest breaks are available when the environmental risk factors for heat stress are present.
- Ensuring that all colleagues are trained on heat illness prevention.
- Ensuring that regulatory requirements are followed.

Colleague Responsibilities

- Complying with the provisions of the Heat Illness Prevention Program, as described in the Heat Illness Training documents and sessions attended.
- Ensuring that they have the appropriate amount of drinking water available at all times when the environmental risk factors for heat illness are present.
- Ensuring they have access to a shaded area to prevent or recover from heat related symptoms.
- Reporting heat-related illness symptoms to the manager in charge.

Look For That Shade

Blockage of direct sunlight; examples include inside of the building proper, canopies, umbrellas structures or trees is must! Always stand in the shade when its available and don't forget that WATER!



“Watch for signs of Heat illness”

LOSS PREVENTION

Phone Scams

Scammers **PRETEND** to be from an organization you know.

Scammers often pretend to be contacting you on behalf of the government or Little Caesars leadership. They might use a real name, like the Social Security Administration, the IRS, or Medicare, or make up a name that sounds official. Some pretend to be from a business you know, like a utility company, a tech company, or even a charity asking for donations.

They use technology to change the phone number that appears on your caller ID. Sometimes looking like the actual companies phone number/contact name. So, the name and number you see might not be real.

NEVER make any payment of any kind no matter what the need/threat is. Notify your supervisors and LP Manager right away if you think you are experiencing a phone scam attempt.

Scammers **PRESSURE** you to act immediately.

Scammers want you to act before you have time to think. If you're on the phone, they might tell you not to hang up so you can't check out their story. They might threaten to arrest you, sue you, take away your driver's or business license, or deport you. They might say your computer is about to be corrupted.

Scammers tell you to **PAY** in a specific way.

They often insist that you pay by sending money through a money transfer company or by putting money on a gift card and then giving them the number on the back.

Some will send you a [check](#) (that will later turn out to be fake), tell you to deposit it, and then send them money.



**“Curiosity Pulls People
Into Scams”**

Colleague Injury Report

Form must be 100% complete, including all required signatures and witness information. Instructions for Medcor call procedure is located on back side of form.

COLLEAGUE INJURY INCIDENT REPORT FORM

Call Medcor within 3 hours of injury at (800) 775-5066
(See back of form for Directions)

Stk Manager

- Complete the form in detail, leaving no fields blank
- Take the store area or injured area with the colleague to obtain specific descriptions and correct drawings
- Section if applicable
- Have the injured colleague sign this form after completion
- If applicable, send the colleague to the assigned designated medical facility clinic posted on the bulletin board

Refer to Work Injury Clinic for more details on handling incident

PLEASE PRINT ALL INFORMATION

STORE INFORMATION

Market & Store # _____ Phone # _____
 Street Address _____
 City _____
 Stk Manager _____

COLLEAGUE INCIDENT INFORMATION

Area Supervisor _____ Date _____ Zip _____
 Colleague Name _____
 Home Address _____
 City _____
 Home Phone _____ Date of Birth _____ Sex _____ Date Reported to Mgmt. _____
 Date of Hire _____ Other Phone _____ Marital Status _____
 Hourly Wage \$ _____ Social Security # _____
 Avg. Hours/Week _____ Position _____

Does the colleague speak English? ☒ YES/NO _____ What language does the colleague speak? _____

What happened in this incident? Include what the colleague was doing and where: _____

What body part(s) are involved (the specific, right or left, upper or lower, etc)? Then complete diagram on back of form

Type of Injury? (C.A., burn, strain, etc)
 Symptomatic description (burning, aching, stinging & where)
 Witness names complete statements on back of form

What action was or can be taken to prevent the incident from recurring?
 Did the colleague work the day before the incident? ☒ YES/NO If no, explain: _____
 Did the colleague work the day before the incident? ☒ YES/NO If no, explain: _____

Name & Phone # of Hospital/Clinic: _____
 Doctor's note provided: ☒ YES/NO _____
 How the colleague returned to work? ☒ I go attach to this form. ☒ YES/NO If yes, Date _____
 Will colleague miss time from work? ☒ YES/NO

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Jobs For Minors

COLLEAGUE INJURY INCIDENT REPORT FORM

Phone # _____

Witness #1 Name: _____

Witness #1 Occupation: _____

Phone # _____

Witness #2 Name: _____

Witness #2 Occupation: _____

Have the colleague place an "X" on the body parts that are painful as a result of this incident.

Use additional pages if needed.

FOR OFFICE USE ONLY

Date of Call: _____

Time of Call: _____

Call Taken By: _____

Call Ref #.: _____

Received by Rick Myrnes: _____

Date: _____

Date: _____

Colleague Signature: _____

Colleague name and address is kept on file at Life Chances but does not include address and telephone in our company files. Please be advised that a release of this information is subject to Life Chances privacy policy. Release of information is subject to declassification of information, consent of participant, and other restrictions.

DATE Manager: _____

Colleague refused to sign and/or identify injuries.

Colleague refused to go to occupational clinic.

MEDCOR - (800) 775-5566

Open 24 Hours/Day, 7 Days/Week

Time of Call: _____

Date of Call: _____

Steps taken to assist with a Name: Calls are answered by a telephone system when phone is not ringing. Leaving a message for the worker to call back is not required. After the recording system is contacted with a Name, a phone call is used for a 15-minute release of information to other callers. If this happens, the caller has the right to refuse or allow or to have a released message on the next call.

Additional information, provide the following information:

Employee Name
Company Name
Injured Colleague Name
The Type of Injury
Phone Number with Area Code

Please enter the completed form in your Name Response Department.

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- Shift manager contacts minor's parent/guardian at emergency contact phone number to notify them of injury and to arrange transportation to occupational clinic (unless emergency assistance has been called to the store).
- When a parent/guardian arrives at the store, the shift manager obtains parent/guardian signature on Authorization for Release of Information form.
- If parent/guardian is unavailable, shift manager must contact Human Resources or recruiter/trainer for further direction.
- Under no circumstances should a manager transport ANYONE to the occupational clinic without prior approval from the Market Director, Human Resources, or Recruiter/Trainer.

Walter Wriston