

RED SNEAKERS FOR OAKLEY

Red Sneakers for Oakley is a 501(c)(3) nonprofit committed to educating and advocating for food allergy awareness to save lives.



In this handbook, you will find helpful information about food allergies and anaphylaxis.



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OUR STORY

Oakley was the 11-year-old son of Robert and Merrill, and twin brother of Olivia Debbs. In November 2016, we tragically lost Oakley due to a fatal anaphylactic reaction to walnut extract.

Shortly after Oakley's death, we decided to publicly share Oakley's story to help raise awareness about the dangers of food allergies.



We immediately saw a need for education and awareness and founded the non-profit organization Red Sneakers for Oakley to prevent what happened to Oakley from happening to another child.

Oakley wore red sneakers in the multiple sports he played, they were his favorite. Red Sneakers have now become a powerful symbol to represent food allergy awareness around the world.

We hope you will put on your red sneakers in support of food allergy awareness and help prevent life-threatening anaphylactic reactions.

-The Debbs Family

**To read Oakley's full story,
visit redsneakers.org/oakleys-story.**



FOOD ALLERGY FACTS

**APPROXIMATELY
32 MILLION
AMERICANS HAVE
FOOD ALLERGIES.**

Source: FARE

**NEARLY 11% OF
ADULTS HAVE FOOD
ALLERGIES.**

Source: FARE

**ALMOST 6 MILLION
CHILDREN, OR NEARLY
8%, HAVE FOOD
ALLERGIES.**

Source: CFAAR

**ONE IN SIX
CHILDREN WILL
HAVE A REACTION
AT SCHOOL.**

Source: NIH

**EACH YEAR IN THE
U.S., 200,000 PEOPLE
REQUIRE EMERGENCY
MEDICAL CARE FOR
ALLERGIC REACTIONS
TO FOOD.**

Source: jacionline

**EVERY THREE
MINUTES, A FOOD
ALLERGY REACTION
SENDS SOMEONE TO
THE EMERGENCY
ROOM.**

Source: jacionline

**MORE THAN 40% OF
CHILDREN WITH FOOD
ALLERGIES HAVE
EXPERIENCED A SEVERE
ALLERGIC REACTION
SUCH AS ANAPHYLAXIS.**

Source: CFAAR

**ABOUT 40% OF
CHILDREN WITH FOOD
ALLERGIES ARE ALLERGIC
TO MORE THAN ONE
FOOD.**

Source: CFAAR

**MEDICAL PROCEDURES
TO TREAT ANAPHYLAXIS
RESULTING FROM FOOD
INCREASED BY 377%
BETWEEN 2007 AND
2016.**

Source: FARE

**FOOD ALLERGY
RESEARCH IS SEVERELY
UNDERFUNDED
COMPARED TO BOTH TO
THE SIZE OF THE EPIDEMIC
AND THE FUNDING
PROVIDED FOR OTHER
DISEASES WITH FEWER
PATIENTS.**

Source: FARE

**PEDIATRIC
HOSPITALIZATIONS
FOR FOOD ALLERGY
TRIPLED BETWEEN THE
LATE 1990S AND THE
MID-2000S.**

Source: NIH

**ONE IN 13 CHILDREN,
OR ROUGHLY TWO
CHILDREN IN EVERY
CLASSROOM HAVE
FOOD ALLERGIES.**

Source: FARE



FOOD ALLERGY FAQ

WHAT IS A FOOD ALLERGY?

A food allergy is an immune system response to a food that the body mistakenly believes is harmful.

WHAT CAUSES A FOOD ALLERGY?

At this point, there are lots of theories, but it remains unclear. Family history appears to play a role in whether someone develops a food allergy. If you have other kinds of allergic reactions, like eczema or hay fever, you have a greater risk of food allergy. This is also true of asthma.

ARE FOOD ALLERGIES DANGEROUS?

Yes. In extreme cases, food allergies can lead to anaphylaxis or even death. Read Oakley's story [here](#).

IS AN INTOLERANCE THE SAME AS A FOOD ALLERGY?

No. Food allergies are related to the immune system and have the potential to be life-threatening. A food intolerance is when the body has trouble digesting a food. It can make a person feel bad, usually with an upset stomach, but it is not life-threatening.

AT WHAT AGE DO FOOD ALLERGIES DEVELOP?

They can develop at any age. It's not uncommon for adults to suddenly develop a food allergy to a food they've eaten their whole lives.

WHAT ARE THE MOST COMMON FOOD ALLERGIES?

People can be allergic to just about any food. In fact, more than 170 foods are known to cause food allergies. In the United States, the eight most common food allergens are milk, egg, peanut, tree nuts, soy, wheat, fish and shellfish. Sesame is widely considered to be the 9th most common food allergen.

WHAT ARE THE SYMPTOMS OF A REACTION?

Allergic reactions to food can have many different symptoms, and an individual can experience different symptoms from one reaction to the next. Often, reactions start with skin symptoms, like hives or a rash, but many do not. More serious symptoms like a drop in blood pressure and trouble breathing can be life-threatening. Be sure to speak to your allergist to develop a Food Allergy & Anaphylaxis Emergency Care Plan. It's important to be prepared. A complete list of symptoms is available [here](#).

WHAT IS ANAPHYLAXIS?

It's a serious allergic reaction that comes on quickly and may lead to death. Quick use of an epinephrine auto-injector is the primary treatment for anaphylaxis. We cannot stress enough: epi first, epi fast, then call 911. A complete list of the symptoms of anaphylaxis and more information are available [here](#).

CAN I TAKE ANTIHISTAMINES TO TREAT ANAPHYLAXIS?

No. Antihistamines can potentially relieve some mild symptoms from an allergic reaction, such as an itchy mouth or hives, but they cannot stop the life-threatening symptoms of anaphylaxis. Epinephrine is the only first-line treatment for anaphylaxis. Always carry two auto-injectors.



FOOD ALLERGY FAQ (continued)

WHAT IF ONLY A SMALL AMOUNT OF THE ALLERGEN IS INGESTED? WILL IT STILL CAUSE A REACTION?

Even trace amounts of a food allergen may cause a reaction in some individuals with food allergies. While ingestion is the primary cause of severe reactions, in some cases, skin contact or breathing in a food protein (e.g., steam from cooking shellfish) can cause milder reactions, although this is rare.

HOW LONG DOES IT TAKE TO REACT AFTER INGESTING AN ALLERGEN?

It depends. Symptoms can start as soon as a few minutes after eating a food and as long as a couple hours after. In some cases, after the first symptoms go away, a second wave of symptoms comes back several hours later. This is called a biphasic reaction. Biphasic reactions occur in about 20% of anaphylactic reactions. Up to one third of individuals who have had fatal or near fatal reactions experienced a biphasic reaction. This is why patients who have a severe reaction should stay at a hospital for four to six hours for observation by a medical specialist.

CAN THE SEVERITY OF A PERSON'S ALLERGIC REACTIONS BE PREDICTED FROM HIS OR HER PREVIOUS REACTIONS?

Not at all. Oakley had what his doctors called a "mild" food allergy. Someone whose reactions have been mild in the past may suddenly experience severe reactions that could be deadly.

WHY ARE FOOD ALLERGIES SO MUCH MORE COMMON THESE DAYS?

The short answer is: we're not sure. The CDC has reported a 50 percent increase in the number of children with food allergies since the late 1990s. There are many theories as to why the number of people with food allergies is growing, but scientific research has not yet found the cause.

WHY SHOULD PEOPLE WITH FOOD ALLERGIES CARRY TWO EPINEPHRINE AUTO-INJECTORS AT ALL TIMES?

When symptoms relating to two bodily systems manifest themselves after ingesting an allergen, use epinephrine. For example, hives along with vomiting, or hives with trouble breathing, are possible indicators of the onset of anaphylaxis. Here's why it's critical to always have two autoinjectors:

- In some cases of anaphylaxis, one dose of epinephrine is often not enough. 35% of people may require a second injection.
- A second allergic reaction, called biphasic anaphylaxis, can occur between 1 to 72 hours (typically eight hours) after the initial reaction. This happens in 20% of patients experiencing anaphylaxis.
- There may have been a delay in administering, requiring an additional dose of epinephrine. There is clear evidence that failing to administer adrenaline as soon as anaphylaxis is suspected has contributed to fatal outcomes. Delayed injection of adrenaline can also increase the likelihood of a biphasic reaction.
- Parents, check with your child's school for accessible epinephrine auto-injectors. Many schools have food allergy programs in place that would provide access to epinephrine while at school.



FOOD ALLERGY FAQ (continued)

IS IT POSSIBLE TO OUTGROW A FOOD ALLERGY?

It depends on the allergen and the individual. Peanut, tree nut, fish and shellfish allergies generally are lifelong. Milk, egg, wheat and soy allergies usually begin in childhood and are more likely to be outgrown.

WHAT IS A COFACTOR (AUGMENTING FACTOR) AND WHAT IS A CONCOMITANT FACTOR?

Cofactors are defined as external circumstances associated with more severe allergic reactions. Cofactors include: Exercise, infections, alcohol, certain medications, cannabis use, menstruation, extreme temperatures and humidity, psychological factors (e.g., emotional stress), and specific allergens like pollen.

A concomitant factor is a pre-existing condition. Concomitant factors include: asthma, mastocytosis (an excess number of mast cells gathering in the body's tissues), and cardiovascular disease

With the influence of these factors, food allergic reactions may become more severe. Cofactors and augmenting factors may explain why an allergen can either be tolerated or trigger a mild reaction or, in the same patients, cause severe anaphylaxis. The presence of those accompanying factors occurs in up to 30% of anaphylactic reactions. ([Source: CEP](#))

IS THERE A CURE FOR FOOD ALLERGIES?

No. Currently, there is no cure. Strict avoidance of the food allergen is the only way to prevent a reaction and an epinephrine auto-injector is the only medicine to help stop anaphylaxis.

FOOD ALLERGY TREATMENTS

Although there is no cure for food allergies, there are new treatments on the horizon such as OIT, Palforzia, SLIT, and EPIT.

Oral Immunotherapy (OIT): Treating food allergy with OIT involves eating the food allergen, starting with a very small amount and progressively increasing the dose, in an effort to retrain the immune system and raise the threshold amount of food protein that results in an allergic reaction. (FARE)

Palforzia: Treatment with PALFORZIA gives children with a peanut allergy controlled exposure to consistent, precise amounts of peanut protein every day, which may help them decrease their sensitivity to small amounts of peanuts over time. (PALFORZIA)







SLIT: In sublingual ("beneath the tongue") immunotherapy, or SLIT, food allergen is dissolved in a small amount of liquid and held under the tongue for several minutes before being spat out or swallowed. This introduces undigested allergen to cells in the lining of the mouth that promote food tolerance. (FARE)

EPIT: Epicutaneous ("on the skin") immunotherapy, or EPIT, exposes tolerance-promoting immune cells in the skin to an adhesive dermal patch containing a small dose of food protein. EPIT starts with a small initial dose that is increased over time by wearing the patch for longer periods of the day, until a maintenance dose is reached in which each patch is worn 24 hours and replaced daily. (FARE)



FOOD ALLERGY TRUTHS

Here are some truths we wish everyone knew about food allergies

-  **Always carry 2 Epinephrine Auto-Injectors. Sometimes a second dose is needed or the auto-injector fails.**
-  **Always use soap and water to clean hands or surfaces. Hand sanitizers do not remove food proteins.**
-  **Make sure your allergist gives you the information you need to prepare an Emergency Action Plan, and keep it updated.**
-  **In most cases of fatal food allergy reactions, there was either a delay in giving epinephrine, or it was not given at all.**
-  **Food protein (including allergens) can be found in someone's saliva for up to 4 hours after eating.**
-  **Read labels, every time. Do the triple-check. Every package of food should pass the triple-check — once in the supermarket, once at home before you put it away, once before you eat it.**



KNOW THE SYMPTOMS OF ANAPHYLAXIS

Symptoms of anaphylaxis can take more than an hour to manifest themselves.

When symptoms relating to **TWO** bodily systems manifest themselves after ingesting an allergen, use epinephrine. Example: hives along with vomiting, or hives with trouble breathing.

MILD SYMPTOMS

 ITCHY OR RUNNY NOSE, SNEEZING

 ITCHY MOUTH

 A FEW HIVES, MILDLY ITCHY SKIN

 MILD NAUSEA OR DISCOMFORT

For mild symptoms from **MORE THAN ONE SYSTEM AREA**, administer epinephrine and call 911

For mild symptoms from **A SINGLE SYSTEM AREA**, follow these directions:

1. Antihistamines (Benadryl) may be given, if ordered by a doctor
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

SEVERE SYMPTOMS

 SHORTNESS OF BREATH, WHEEZING, COUGH

 PALE OR BLUISH SKIN, FAINTNESS, WEAK PULSE, DIZZINESS

 TIGHT OR HOARSE THROAT, TROUBLE BREATHING OR SWALLOWING

 SIGNIFICANT SWELLING OF TONGUE OR LIPS

 MANY HIVES OVER BODY, WIDESPREAD REDNESS

 REPETITIVE VOMITING, SEVERE DIARRHEA

 CONFUSION, ANXIETY, IMPENDING SENSE OF DOOM

For **ANY** of the above severe symptoms, **INJECT EPINEPHRINE IMMEDIATELY & call 911**

Tell the emergency dispatcher the person is experiencing anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications after epinephrine (ie: inhaler if wheezing).
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, another dose of epinephrine can be given 5 minutes or more after the last dose.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours.



WHAT CAN YOU DO?

Sharing the details of Oakley's life, and information about food allergy safety is **SAVING** lives.



Wear red sneakers. Red sneakers represent empowerment for those with food allergies. We want red sneakers to become a universal symbol of the dangers of food allergies.

Organize a Red Sneaker Day at your child's school, community center, sports venue, workplace, or local business. Your event can be something as simple as playing our videos, or sharing our story and important stats, having a "dress down day" in red sneakers at your office, or sharing testimonials about how food allergies affect you.



Become a Red Sneaker Ambassador. The Ambassador Program is an opportunity to educate and promote awareness about the many dangers associated with food allergies.





MAY 20TH

PARTICIPATE IN INTERNATIONAL RED SNEAKERS DAY

for food allergy awareness



- 1 Take a photo of yourself in red sneakers (or anything red).
- 2 On May 20th, post your photo on social media to help spread food allergy awareness!
- 3 Tag us! @redsneakersforoakley on Facebook and Instagram. Tag @oakley_red on Twitter.
- 4 Use hashtags:
#redsneakersforoakley
#foodallergyawareness
#internationalredsneakersday

VISIT [REDSNEAKERS.ORG/IRSD](https://redsneakers.org/irsd) FOR MORE INFO



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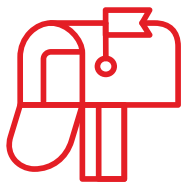
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