Hemorrhage Control and Resuscitation STOP THE BLEED Campaign

A person who is bleeding can die from blood loss within five minutes; therefore, it is important to act quickly to stop the blood loss. The STOP THE BLEED Campaign is sponsored by a partnership between the Combat Casualty Care Research Program (CCCRP) and the National Security Council. Based upon a decade of research by the US Military to identify and mitigate combat-related morbidity and mortality, this initiative represents a visible example of the ways that military lessons from war are being actively translated to the civilian community to improve public safety and save lives. The nationwide campaign seeks to increase the public's understanding of its own capacity to respond to matters of trauma and render life-saving aid, ultimately resulting in a more confident, empowered, and resilient nation.1 This effort has culminated in a logo licensing effort led by the CCCRP that created a logo (Figure 1), as well as a style guide and series of web-related presentations. The purpose of the licensing effort is to allow organizations and institutions to license the STOP THE BLEED graphics package from the Department of Defense (DoD) at no cost, and then apply the graphics to their educational outreach in any manner they see fit. So far, more than 65 organizations are currently participating in the campaign having incorporated the graphics package into their educational outreach programs. Specifically, this campaign stresses that almost anything can help stem the tide of hemorrhagic bleeding; a tourniquet, a belt, or even your hand. Therefore, the STOP THE BLEED logo serves as both a reminder and a symbol that everybody has the capacity to help somebody. For additional information on the campaign, please see the CCCRP official website (https://ccc.amedd.army.mil/Pages/Stop_the_Bleed.aspx).



FIGURE 1: The Stop the Bleed Logo

¹ Rasmussen, T. E., Baer, D. G., & Goolsby, C. (2016). The giving back: Battlefield lesson to national preparedness. The Journal of Trauma and Acute Care Surgery, 80(1), 166–167. https://doi.org/10.1097/TA.00000000000000