

DPA26BZ06-DV028
**TRIAGE-X: Autonomous Casualty Triage and Treatment in Chemically
Contaminated Mass Casualty Events**
Frequently Asked Questions (FAQs)

1. The topic covers autonomous casualty location, triage decision and physical intervention. How does DARPA expect these to be teamed, and is the triage decision layer evaluated on its own merits within a proposal?

A: The system would find the casualty in an open/unconstrained environment (bounded by a course layout/geofence). The triage decision would need to identify the casualty and the casualty condition (toxidrome) and then apply an intervention.

2. What standard of auditability does DARPA expect for an autonomous medical action? That requirement shapes the design more than classification accuracy does.

A: We will not constrain approaches at this time, but proposers should be sensitive to FDA requirements for regulation of autonomous medical systems.

3. For toxidrome recognition, is there a reference dataset or a casualty simulation the Government would point a proposer to?

A: A Government GFE dataset will not be provided for this effort. The performer will provide a methodology for identifying the selected toxidrome.