



Beginning Dungeon Monitor Training Manual

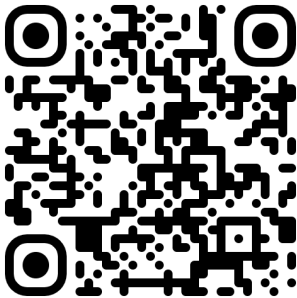
2025 Edition

About the Dungeon Monitors Resource Group

The Dungeon Monitor Resource Group is a community organization, composed of individuals, who are dedicated to creating safer, inclusive, compassionate public kinky spaces for all. With specific intention and focus on helping to create safer spaces for LGBTQIA2S+, BIPOC, Neurodivergent, traditionally marginalized community members, and trauma-survivors. Our organization does this through the: training, education, and empowerment of Dungeon Monitors, as well as organizing and sponsoring opportunities for connection and community building.

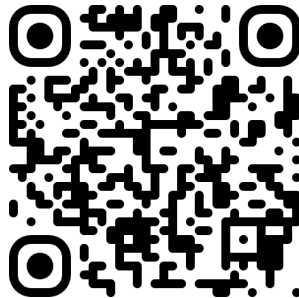
Due to challenges facing DMs, a lack of continuing education opportunities, as well as not enough training opportunities for DMs. Dungeon Monitor Resource Group was formed in Portland, Oregon in the winter of 2021 to foster a greater bond between DMs and provide an opportunity to share knowledge to keep the wider community safer.

Fetlife Group



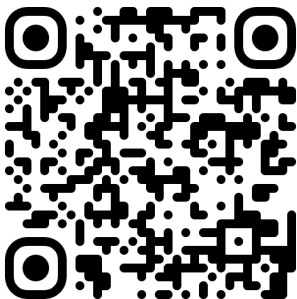
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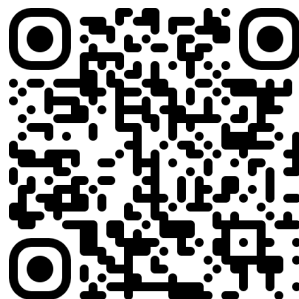
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ISBN: 978-1-304-29044-1

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Introduction

Mission Statement

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Dungeon Monitors Resource Group

Dungeon Monitors Resource Group History

Due to challenges facing DMs, a lack of continuing education opportunities, as well as not enough training opportunities for DMs. Dungeon Monitor Resource Group was formed in Portland, Oregon in the winter of 2021 to foster a greater bond between DMs and provide an opportunity to share knowledge to keep the wider community safer.

Thanks and Gratitude

The editors of this book wish to thank the many Dungeon Monitors who contributed their time, energy, and experience to making this book what it is today. It is through their generosity of time and spirit that we were able to compile this resource to be distributed to other communities in an effort to increase safety in the larger BDSM, kink, and alternative lifestyle communities.

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Recommended Curriculum Timeline

Section or Activity	Description	Time	Duration
Pre-Class Assembly	Time to gather before the class so the class starts on time.	10:45 am	15 Min
Class Introduction	Introduction of class attendees and instructors. Brief comments on the history of this DM curriculum.	11:00 am	15 Min
Training Requirements	The training process requirements to become a Dungeon Monitor.	11:15 am	15 Min
Code of Conduct	The ethics and expectations of community members serving as Dungeon Monitors.	11:30 am	20 Min
What is a Dungeon Monitor?	Common misconceptions and responsibilities, and what is a Dungeon Monitor.	11:50 am	50 Min
Snack Break	Break for Snacks. Yum!	12:40 pm	20 Min
Scene Intervention	How to escalate a scene intervention and when to do it.	1:00 am	50 Min
DMing Play	How to monitor multiple types of common play.	1:50 pm	40 Min
DMing Rope	How to monitor play involving rope.	2:30 pm	30 Min
Trauma Informed Intervention	How to communicate effectively with players who may be experiencing or have experienced Trauma to help prevent interventions from escalating.	3:00 pm	30 Min
Health & Safety	Body Substance Isolation & Infection Control, and Medical Emergency/Injured Player, and First Aid.	3:30 pm	30 Min
Emergency Procedures	Procedures for loss of electricity, fire, and earthquake.	4:00 pm	15 Min
Single Person Release	The single person release is a physical exercise to remove someone from a St. Andrews Cross alone.	4:15 pm	30 min
Class Conclusion	At the end of the class we take questions and make connections with other DMs that can help with finding shadow shifts.	4:45 pm	15 min

Dungeon Monitors Association History

By Jerome Bambrick

As with many organizations, the Dungeon Monitors Association was born out of a perceived necessity. That need was for knowledgeable and trained DM's to assist in keeping SM parties safe and to assist if an emergency arises.

In 1998 representatives from nearly twenty SM/Leather/Fetish organizations came together for a summit to discuss their needs and desires as Party Host. While many of the groups felt they had nothing in common with one another, they did learn that they had at least two aspects they could all agree on. They all agreed that the safety of their guests was their highest priority and agreed that Dungeon Monitors were the best way to help facilitate that mandate.

I personally shall never forget that day. A couple dozen people who would normally not have very much to do with each other were laughing and passing around ideas as one group. They found a common bond as they agreed with each other about the problems they were running into, and thought it was funny that the other group was also having those problems. In retrospect, to understand where and why the Dungeon Monitors Association was formed, it is important to understand how we got to the point of having a summit.

Due to many reasons (mainly the internet) the 90's saw an explosion of SM/Leather/Fetish organizations popping up across the country and the Bay Area, Ca, was no exception. In the early 90's, beyond the normal sex clubs, there were perhaps a few monthly SM parties that you could attend. Most of the time these parties would have Dungeon Monitors who were friends of the Party Host and just there to help keep an eye on things and make sure no one broke the rules.

By the mid 90's the Bay Area, Ca had seen dozens of individual organizations evolve where there had traditionally only been perhaps half a dozen. Now all one has to do, to attend an SM party, is type BDSM into their computer and find the SM organization nearest to them. On any given weekend, if you belong to the right groups, you can attend up to 4-5 SM parties a weekend.

As the growth of SM organizations and the popularity of play parties grew, so did the need for more trained DM's. The need for DM's seriously increased as party hosts could no longer rely on just good friends or people they believed had a good knowledge of safe SM. As the problem grew issues were constantly arising due to favoritism or lack of real time experience on the DM's part.

A few groups tried to make sure they trained their DM's, but for the most part they kept it within their organization only and would not share their training with other groups.

In 1998, as a co-founder of one of these many groups that held SM play parties, I found myself being one of the people who had a very real need for trained Dungeon Monitors. With an average attendance of 300-400 people at a party, we required an average of 20 DM's per night.

We were way past the ability to count on just friends as DM's.

We decided to try and give some training to DM's who would work our parties. At the time, I was working part time at a dungeon in San Francisco, called "House of Differences"

(HOD)run by "Elizabeth". A quaint and eclectic dungeon that was centrally located in the bay area. I asked her if we could use the dungeon space to offer a seminar for our group. She smiled at me and said (with whip in hand) that the only way she would allow that was if I trained her DM's as well. She laughed and then let me know how desperate she was for trained DM's and from that day forward helped support the effort in every way she could. Word of the seminar soon got out and other groups started requesting if their DM's could attend and we soon found ourselves unable to fit everyone into the tiny dungeon that we were using.

It was at this point that the real idea of the Dungeon Monitors Association was born. Again, after asking permission to use HOD, I invited the heads of every SM organization I could think of to come to a summit meeting. The idea was to come together and decide, as Party Hosts, what we wanted out of a training seminar for our DM's.

And the rest, as they say, is history.

From that summit meeting, the format for the Dungeon Monitors Association training seminars was mandated. It allowed us to step forward as an independent group, not associated with any one organization, and offer a training seminar that a majority of the groups agree is what they want from their Dungeon Monitors.

A great many people need to be remembered when it comes to the history of the DMA. More than have been mentioned here and deserve credit where credit is due. Thank you to Elizabeth, David El, Lady Blake, Norm.

In the year 2001, I realized that the Dungeon Monitors Association needed to truly become a community project and run by the community. It could not be the project of one and hope to survive. It was at this point that the board of Directors was created. This brings together a very diverse group of individuals that brings experience and know together from many different groups.

I am honored to have been a part of the history of the Dungeon Monitors Association. It is my hope that the community will not only embrace it, but help mold this group with its needs and desires. For that is what the DMA has been built on from the beginning.

Training Requirements

Beginning Dungeon Monitor Training

To attend the “Beginning Dungeon Monitor Training Course” we recommend you have the following experience, training and abilities:

- A minimum of one year of active involvement in the local kink community.
- Attended a minimum of 20 public/semi-public play parties where DMs are on staff.
- A basic understanding of common play techniques.
- Understand the various types of common dungeon furniture and their safe use.
- A strong desire to continue education about different play styles beyond personal areas of interest.
- The ability to act in an emergency situation where physical activity and mental/emotional stability are essential.
- Be able to meet the physical requirements to serve as a Dungeon Monitor. This may include bending, lifting, moving quickly, physically assisting someone, and standing for extended periods of time.
- Be able to adapt and process situations in a professional, ethical manner, particularly when other people involved are being irrational, belligerent, or obnoxious.

Dungeon Monitor Trainee

Upon completion of the Beginning Dungeon Monitors Training Course a DM must be able to:

- Demonstrate sufficient knowledge in basic dungeon etiquette.
- Demonstrate the ability to identify equipment used in kink play and explain safe usage.
- Demonstrate basic knowledge of common kink play styles.
- Demonstrate sufficient knowledge in emergency procedures.
- Demonstrate communication with ease in difficult situations.

Dungeon Monitor

A person is considered a Dungeon Monitor by the DMRG upon completion of the following requirements:

- Shadow with an active DM for 3-5 shifts
- Obtain Adult First-Aid/CPR Training.
- Obtain bloodborne pathogens training
- Demonstrate proficiency in DMing skills.

Code of Conduct

Dungeon Monitors are regarded as role models in the community. When one takes on the role of a Dungeon Monitor in our community, it is important to hold oneself to a high ethical standard.

Because community members learn how to practice kink by emulating community members in places of perceived focus and power, it is particularly important that Dungeon Monitors model, practice, and promote excellent consent skills and actively promote a healthy informed consent culture.

Conduct

A Dungeon Monitor's position in the community is one of responsibility, awareness, care, and perceived power and influence over others. This fact necessitates the need for Dungeon Monitors to be generally mindful, aware, considerate, compassionate, ethical, and accountable for their behavior both on-shift and off. Failure to do so can create unsafe spaces and can reflect poorly on parties/events and on the DM community at large.

Competence

DMs work to promote safer spaces by demonstrating knowledge and awareness in a variety of kinky play styles, communication skills, de-escalation practices, and modeling of conscientious behavior in private and public spaces. While it is not reasonable for one individual to know every facet of kink and sex as it relates to DMing, individuals must show effort in continuous improvement and competency by demonstrating thoughtful critical thinking skills in interventions, being open to feedback from other community members, holding themselves accountable when errors are made, and demonstrating a continual openness to self-improvement as a DM.

Confidentiality

Due to their position of trust and responsibility in the community; the sensitive nature of the information DMs may be privy to through first-hand experience or second and third-hand reports; and their position of knowledge and perceived power in the kink community, Dungeon Monitors must conduct themselves in a way that respects and promotes privacy, discretion, and confidentiality.

Inclusion

Dungeon Monitors must treat everyone respectfully and never discriminate against someone because of that person's race, color, religion, sex, including gender identity, sexual orientation, sexuality, pregnancy status, national origin, age, disability, or fetishes. They shall, through their personal and "on-shift" conduct, create inclusive and respectful spaces for all. This includes but is not limited to: respect of and use of pronouns, refraining from committing microaggressions, demonstrating respect for neurodiversity, and striving to help create equitable, diverse, and inclusive spaces for all.

Accountability

Accountability is a continual process of evaluation of our behaviors and how they affect others, taking responsibility for one's decisions and actions, making efforts to reduce harm both now and in the future, and engaging in a continual process of learning and growth. Everyone makes mistakes, how we respond when we make a mistake matters. As DMs it is important for us to be accountable for our actions. Accountability processes vary, however if a DM makes a mistake or has an error in judgment, they should take proactive steps to be accountable for their actions, make efforts to repair, and seek education and resources that will help them avoid causing harm in the future.

What is a Dungeon Monitor?

Misconceptions About Dungeon Monitors

DMs are not:

- Police
- Arbiters of play
- Someone to be feared
- Someone that shows bias (positive or negative)
- Someone who engages socially or in play while on duty
- Someone who is intoxicated while on duty
- Above the party/venue rules
- Party poopers

Why we are called Dungeon Monitors

We use the term Dungeon Monitor instead of Dungeon Master as the term master refers to a power exchange label in our community. By emphasizing the word “monitor” in our title, we call attention to the fact that monitoring is the majority of what we do to facilitate safer party and play spaces.

Responsibilities of a Dungeon Monitor

As a DM, you will be expected to perform the following roles:

Ambassador

As a representative of the party host and someone who will be interacting with guests of the party to assist them and answer any questions they may have, you become an ambassador of the party. This may require you to handle situations in a professional and ethical manner, even when dealing with individuals who are unreasonable, confrontational or otherwise difficult.

Lifeguard

There is a strong correlation between a DM and a lifeguard at the beach. A lifeguard does not tell people how to swim or ensure that they are swimming to his/her own personal satisfaction level. Instead, a lifeguard monitors activities on the beach to ensure that people are safe and are following the rules of the beach.

You may be monitoring play that's being practiced well below the skill level you are familiar with. A lifeguard has to monitor swimmers who may have a significantly lower skill level than themselves, and who don't interrupt unless someone is at risk. DMs like lifeguards do not teach people how to swim, we do not teach but instead monitor for unsafe play.

Play Facilitator

As a DM you are encouraged to set up play spaces as needed, protect play spaces, and be an ambassador to the party host/venue owners.

Crowd Control

You are authorized to keep crowds from infringing on scenes in progress, to prevent scenes from spilling out of intended play areas, and to keep fire exits accessible.

Guide

As a DM, people will be asking you where to find the bathroom, first aid, cleaning supplies, etc. You will do more crowd control than handing out band-aids. You will hand out more band-aids than you will intervene in scenes.

With that being said, know your venue and party-specific rules.

Medic Assistant

You may find yourself witness to an injury, perhaps even a medical emergency. As such, you may be called upon as a first responder to evaluate, provide assistance, or summon other help. DO NOT attempt first aid unless you have been certified.

Exercise: What is a DM?

What IS a DM? (the positive)

- What words or attributes come to mind that WOULD be associated with a DM?
- When you think about the DM's role, what words or attributes ARE part of the role?

What a DM is NOT? (the negative)

- What words or attributes come to mind that WOULD NOT be associated with a DM?
- When you think about the DM's role, what words or attributes ARE NOT part of the role?

What is a DM?	What a DM is not?

An answer guide is in the appendix, but please do not reference it until the exercise is over.

Recommended DM Kit

Required	Optional	Extras that are nice to have
<ul style="list-style-type: none"> ● Notebook/paper & pen ● Basic First Aid kit <ul style="list-style-type: none"> Antibiotic ointments Band-aids Hand sanitizer 3x Nitrile (5ml) gloves ● EMT shears or seatbelt cutter ● Flashlight and/or headlamp ● Whistle ● Handcuff key ● Copy of party rules ● Ziplock bags 	<ul style="list-style-type: none"> ● Better First Aid Kit <ul style="list-style-type: none"> Tylenol/acetaminophen Ibuprofen Glucose tablets or lifesavers CPR face shield Cold compress Swabs Gauze pads Elastic bandages Tweezers ● Non-latex condoms ● High-visibility DM vest ● Marlin spike or long nail 	<ul style="list-style-type: none"> ● Tampons/pads ● Hair ties ● Sewing kit ● Allergy-friendly snack ● Safety pins ● Multi-tool ● Water ● Tissues ● Disposable N95 Mask ● Neon flagging tape ● Watch (for telling time)

DM Kit Storage Options

Keeping all of your DM supplies contained and at the ready is important, Many DMs choose to use a large fanny or hip pack as it leaves hands free to use to assist. Some prefer a small-ish compartment bag with a shoulder strap that can be worn across the chest. Your DM kit is a matter of personal style and is dependent upon how much gear you need to put into it. We recommend choosing a DM kit bag/pack in a high visibility color so that it can be found more easily in a dimly lit playspace or dungeon.

DM Kit for a Playspace or Dungeon

We recommend that playspaces, dungeons, and clubs have a larger kit of DM supplies available in case more supplies are needed. A medium to large size tote works well and we recommend stocking it with extra supplies such as sanitizing wipe, paper towels, menstrual products, snacks, instant ice compresses, vests, seatbelt cutter, blanket, and a few bottles of water.

Before Your Shift

Find and Review the Party Rules

The first time you serve at a party series or before the party, find where you can obtain the party rules, or ask the Head DM for a copy of the party rules. It's your responsibility as a DM to seek out a copy of the party rules. Private house parties in homes usually have rules, perhaps on display, however, if they are not, don't be shy about asking for them before your shift, as you will need to be able to enforce them. **Always know the rules you are enforcing!** We recommend printing out a copy and having it available to guests when enforcing a rule.

- **Is sexual activity permitted?**
 - If so, are safer sex rules to be enforced?
 - Are those supplies available?
- **What defines sexual activity?**
 - Is penetration allowed?
 - Are bodily fluids allowed to be exchanged?
- **Are there areas of the house of facility where play is limited or not allowed?**
 - For instance, fireplay, whips, suspension, and blood, when permitted, may only be allowed in specific areas. (ie. Fire Play is only allowed in the backyard of a House Party)
- **Are Cell Phones allowed?**
- Noise Ordinances and sightlines.

Determine When You Need to Arrive at the Party

Some party hosts, Head DMs just need you to arrive before your shift. However, other parties and Head DMs may want you to arrive on time or before the party. If you are unsure when to arrive, ask your Head DM before the party.

Check Your DM Kit

Before heading out to the party, check your DM kit and ensure that it is complete.

- Is your First Aid Kit complete?
If you used an item or a few, you may no longer have a complete First Aid kit.
- Is anything expired? (ie. condoms)
- Is the kit complete, ensuring nothing is missing?

Be On Time

Ensure that you are on time for your shift, or make sure you arrive at the time specified by the Head DM.

Check-in With the Head DM

As soon as you arrive at the venue, check-in with the Head DM to let them know you arrived. Confirm with the Head DM when you should arrive to debrief with the DM that you are relieving, typically around 10 minutes before the start of your shift.

Walk Around the Venue to Get to Know the Layout

Before your shift, take the time to walk through the venue and take note of:

Fire Exits

Often in facilities, and sometimes homes, there are multiple fire exits. In the event of a fire evacuation, you may need to direct people to an exit that differs from the entrance.

Crowd Traffic Patterns and Chokepoints

While on shift, you will need to help with the crowd traffic at some point. Become familiar with any potential choke points you may need to monitor during your shift. Observe how the DM on shift handles these choke points, to preserve consistency in crowd management throughout the party.

Location of Bathrooms and Other Special Rooms

While on your shift, you will likely be asked where these rooms are. All venues will have a bathroom, and other venues may have rooms for changing, sex, coats, smoking, etc.

Location of Cleaning and Safer Sex Supplies

You will need to be able to direct people to these supplies if they are available. DM Kits often contain backups of these supplies in case you are asked when the party supply runs out, while the host is restocking the party supply. If the Host is not restocking them, let them know the party supply needs restocking.

Location of First Aid and Emergency Supplies

Does the facility have an AED? Where are the venue's medical supplies? Does the venue have a bolt cutter to cut a restraint if needed?

Familiarize Yourself With the Environment

Get a feel of the scenes progressing and the mood in general. DMing one subculture/venue of the scene may be very different from DMing another. Some familiarization can be done before the party. If you are new to a party or event you are DMing, consider asking the host or head DM some questions in advance. Some questions we have found helpful include:

- What is the goal of the party?
- What is the demographic the particular party is catering to?
- Is there any behavior that attendees might find activating/triggering?
- Are there any specific procedures or bits of etiquette that the host would like you to observe/exhibit while DMing?
- Is there any particular dress code that the host would like DMs to adhere to? And how would the host like a DM to respond to a violation of the event dress code?

Debrief with the DM You are Relieving

- Arrive before your shift to debrief with the DM you are relieving.
- Find out your assigned area and what is going on in your area.
- Are there any guest concerns (people walking into/interrupting scenes, cell phones, people of concern, etc.)
- Are there any equipment or space concerns?
- Perform a final walk of the circuit the DM was monitoring (if applicable), observing each scene, and passing on critical information for each scene.
 - How long has the scene been going on
 - Has that scene or players caused or had any concerns
 - Are there any considerations for scenes such as safe signals for gags, other people that will be involved in the scene, etc.
 - Have there been any incidents such as interventions, problematic guests, etc.

Gear Up

After completing your final walkthrough, please ensure that your DM kit is present and in working order before the other DM leaves. If anything is found to be missing, please kindly ask the DM before you to grab it for you or to stay on shift briefly as you grab it yourself. This will help ensure that everything is properly accounted for and in good working condition before the shift ends.

Start Your Shift

After you have your DM vest or DM insignia on, relieve the previous DM. Wear your DM vest or DM insignia visibly at all times while on duty.

While on DM shift

While on shift you will want to monitor the play to facilitate a safe and enjoyable party for all involved. Keep social contact short, and don't let it distract you from your shift.

Patrol Your Designated Area

Focus your patrol over the area that you have been designated. For smaller venues and house parties, you may have to patrol the entire venue.

Awareness

It's important to pay attention to your senses for anything unusual. You may be able to detect a problem before it becomes visible. Keep your ears open and alert for any signs of trouble, such as yelling, screaming, or the sound of equipment breaking or collapsing. If you hear anything unusual, investigate it immediately.

Communicate with Other DMs

Communicate with other DM's, and work as a team. If you have an issue with a guest, share that with your other DMs, as that guest may have an interaction with multiple DMs. Share impressions of scenes in progress and any concerns you may have if you are trying to figure out if that issue needs escalation. If you are uncertain about the safety of any scene that is not a threat to life or limb, consult with another DM, head DM/party host before intervening.

Stay in Your Assigned Area

If you have a designated area, ask someone else for additional assistance. If you must leave, ensure you have a replacement and leave them your DM vest and kit.

Communicate with Guests but Don't Socialize

In your role, you will be required to interact with guests to provide assistance or answer their questions. However, your foremost duty is to ensure the safety of players and locations within your designated area. While on duty, please refrain from socializing or getting distracted to the extent that it compromises your attention to safety. Aim to keep conversations brief, for instance, under 30 seconds or at most 90 seconds before resuming your patrol.

Remain at Your Post

Do not leave your station until your relief has arrived and has been briefed. If your relief does not arrive, contact the head DM/party host without leaving your area unattended.

Enforce Party Rules Uniformly

You will need to enforce the rules evenly for all players. It is important when DMing to check your own personal biases at the door.

You will likely know some of the players at an event, and may have a history with others. There should be no exceptions to the rules, special treatment, or punitive behavior directed at players whom you may not like.

If a party host allows for certain people to be exempt from some rules, that should be seen as a red flag for that party host.

Be Aware of Potential Violations

Be aware of any potential violations, as violations of Etiquette, Consent, and Boundaries may be more severe than some violations of house rules.

The End of Your Shift

Remain at Your Post

Stay at your post until relieved by your replacement DM. If your relief is late, ask a party attendee that seems available if they would please ask the party host or head DM to come check in with you about your relief.

Meet with Your Replacement DM

When your replacement DM arrives, perform the debrief, and take them on a circuit of your patrol area. Let them know about the scenes, current situation and any special circumstances.

Transfer Equipment

If you have any equipment such as a DM vest, Radios, DM Kit, etc make sure that you return that to the Head DM or the DM going on shift.

Check Out with the Head DM

Inform your Lead/Head DM that you are no longer on shift. Debrief them on the events of your shift and any incidents or interventions.

Chain of Command

The chain of command for dungeon monitors (DMs) can vary depending on the specific event or venue where they are operating. However, here is a general example of a typical chain of command for DMs in a BDSM event or play party:

Event Organizers

The event organizers or party hosts are typically at the top of the chain of command. They are responsible for planning, organizing, and overseeing the entire event, including the selection of DMs.

Head or Lead Dungeon Monitors

The Head DM is the Dungeon Monitor(s) is designated as the leader or supervisor of the DM team. They are responsible for coordinating, managing, overseeing the DMs during the event, and providing guidance.

Dungeon Monitors

The DMs themselves form the front-line team responsible for monitoring the activities in the play space and ensuring that participants are engaging in risk-aware, consensual BDSM practices. They may work in pairs or teams, patrolling the play area, and intervening if necessary to address any violations, provide assistance, or enforce event rules.

Event Security or Venue Staff

Depending on the event or venue, there may be additional security or venue staff who are responsible for general safety and security, and they may work in coordination with the DMs to address any issues that may arise.

Participants

The participants in the BDSM event or play party are also part of the chain of command in the sense that they are expected to follow event rules, communicate their boundaries and consent, and seek assistance from the DMs or event organizers if needed.

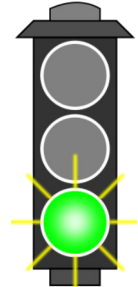


It's important to note that the event organizers or hosts may establish the chain of command, and DMs should always act in accordance with the policies, guidelines, and procedures set forth by the event or venue. Clear communication, cooperation, and coordination among all parties involved are essential to maintaining a safe and consensual environment during BDSM events or play parties.

Scene Intervention

Monitoring Scenes

During your shift, your main responsibility will be to monitor for any unsafe behavior. This will include looking for any violations of the house etiquette, party rules, ensuring that bystanders do not encroach on scenes, and monitoring for any unsafe play. If you come across a violation, always seek the opinion of another on/off duty DM, the Head DM, or the Party Host before escalating. However, if you feel that the situation is genuinely hazardous and there is a possibility of imminent harm, you should immediately intervene to prevent any harm to life or limb.



Patrol

The default state when on shift is to patrol your assigned area, if assigned. Walk through the area and take note of the ongoing scenes, and note how that scene has evolved since your past patrol of the area.

Crowd Control

When on patrol, look for any bystanders who may be interfering with a scene in any way. Scene interference by a bystander can take quite a few forms. The most common is crowding, where several people assemble by a scene to watch, slowly pushing inward into the active scene. Other forms of interruption may be noise, such as loud comments by bystanders about the scene that could be disruptive to the players in the scene.

Secondly, you will want to ensure that the walkways remain passable, ensuring the traffic flow through the party is not hindered. When groups of people congregate in walkways, kindly remind them to keep the walkway moving. Ensure that you help maintain an open path to the fire exits.

Party Ambassador & Customer Service

Occasionally, players will approach you with questions about the venue or the party rules. Attempt to answer questions briefly but as thoroughly as necessary. If needed, refer players to the party host if their question requires more personalized attention, such as a personal accommodation or if the attendee would like to provide feedback regarding the event.

When interacting with attendees in situations that are not interventions, it is good to have a goal of keeping the entire interaction to 90 seconds or less, if possible.

Restocking

Sometimes DMs are in charge of monitoring supplies and letting the Party Host know the supplies run low. In other instances it is the DM that restock linens and safer sex supplies as necessary. Confirm with the party host on how they want you as a DM to respond when supplies run low.

Safeword

If you hear a safeword, there are generally two approaches. The first and most common is when a safeword is heard to closely monitor the scene and verify that the Top acknowledges the safeword by checking in with the other player. For example, if the toy was the issue, and switching to another resolves the issue, the scene can continue.

If the bottom appears to be in distress, uncomfortable, or otherwise not enthusiastic about the scene, the DM should proceed with intervening.

The second and less common approach is to stop the scene once a safeword is heard. At any party where the Party Host or Head DM prefers this, proceed to intervene and then stop the scene.

Always confirm with the party host if they want you to proceed full stop when hearing a safeword instead of seeing if the players can find a resolution, as the party rules in both approaches may be worded the same.

Judgment Calls

The "rules" for all situations are not always posted or written down. If someone is in violation of a party rule or bit of etiquette, assume best intent and take a gentle, educational approach if you need to intervene. For instance "Hi, I am not sure if it was posted but..." and inform them of the party rule or etiquette you would like them to follow.

If there is not an IMMEDIATE risk to life or limb and you are unsure, consult the Senior DM/Party Host or a DM who is more experienced in that type of play.

Do not assume that everyone will demonstrate common sense, common sense is often, not common.

Often a DM has to make a judgment call based on knowledge and experience they have at the moment. Hindsight will always be clearer as more factors to a situation come to light. Focus on making the best decision you can with the information you have at a given time. And be prepared to debrief at a later time.

As knowledge and experience increase so will the ability to make judgment calls that are more appropriately attuned to a given situation. There is a learning curve to DMing and you are not expected to be perfect. It is expected that you will learn from your experiences and seek to improve your base of knowledge and intervention tactics.

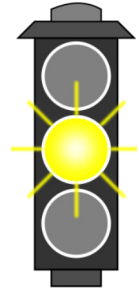
You will make mistakes! Making a judgment call is the toughest part of the job being a DM. Not everyone will agree with your decision no matter what decision you make in some instances. However, a DM cannot be afraid of making a decision if the life or limb of a party guest is at risk. It is easier to apologize later to someone who is alive and unharmed than to someone who has been injured or died.

To Escalate? Or Not to Escalate? That is the Question...

When not to intervene	Escalate to Intervention
<ul style="list-style-type: none">• Bystanders encroaching on scene	<ul style="list-style-type: none">• Life or Limb (Immediate Escalation)• Violation of Party Rules• At the discretion of both DMs present• Discretion of Head DM/Party Host• Unintentional Bodily Fluids

Intervention on a Scene

Intervention is the stage where you approach the scene with the intention of getting the player's attention to discuss the intervention. The goal of an intervention should be to restore play as quickly as possible with minimal disruption to the scene. Intervening with a ready solution can help reduce the interruption to the scene.



Be Fair

Explain your concern to the involved party, and point out the area of your concern in the rules.

Be Assertive

If the guest is breaking a rule, insist that they refrain from doing so. Call the Head DM or Party Host to help explain the concern to the guest.

Be Firm

You should be firm with your resolve and speech that the house rules be obeyed.

Follow the Chain of Command

If the organizer or Head DM overrules your decision, take it in stride and continue your patrol. That rarely happens. Most organizers and Head DMs trust the judgment of the DM. Either way, do not argue with the organizer or Head DM.

Bring a Solution

When you intervene, be also prepared to resolve the issue, if possible. If you are intervening due to a party rule that requires a sheet between the furniture and bare skin, bring that sheet with you and offer it to them. By bringing a solution, you can minimize the disturbance of the intervention.

Approach

Unless life or limb is at risk, try to wait for a natural break in the scene to catch the attention of the top. To interrupt a scene, try to get in the eyesight of the Top and motion with your arms/hands. Following that, try calling out for the top. If the Top is unaware and/or needs to be approached from behind, the appropriate touch to intervene is two fingers with the back of your hand to tap on the arm between the elbow and shoulder. It's best to always have a second DM present as a witness and to concur with the intervention as the best option.

After you have the Top's attention, if possible, pull the Top a few feet back from the scene to explain and resolve the issue.

If the issue is minor, such as a request for a small change to the scene that will allow it to continue, it is often possible to do this discreetly, letting the Top control and explain the situation with their partner.

Moving a Scene

Moving a scene is sometimes the best way to allow play to continue.

Some examples are:

- If a piece of equipment needs to be moved to help the flow of traffic
- If blood play is started outside of a designated medical area, the scene may need to be moved to the medical area safely

Before intervening, ensure there's a clear space to move to the scene and that you have a second DM to help you move any equipment.

After explaining the situation, if they choose to move their scene, offer the Second DM to help move their equipment, asking for the Top to care for their partner. If there's blood, biohazard, etc., they must have that covered or contained while moving to the new location.

If the Problem Persists

Sometimes, the issue is not resolved after an intervention. In these situations, Intervene again and notify the Head DM.

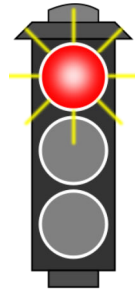
When NOT to Escalate to Stop	When to Escalate to Stop
<ul style="list-style-type: none">• If the situation permits, provide warnings• If a resolution could allow play to continue	<ul style="list-style-type: none">• Life or limb (immediate escalation)• Repeated violations

Stopping a Scene

Completely stopping a scene is the last recourse, and least desirable action when there's no other resolution that could allow for play. As DMs, we should strive to avoid putting a hard stop to a scene.

Generally, the Head DM or Party Host should make the judgment call to stop a scene and not allow it to continue. If a Head DM or Party Host is not available, it's best to have a second DM concur with putting a hard stop to a scene.

In general, it is best to find a way that would let the scene continue, instead of stopping a scene completely.



Stopping a scene is almost guaranteed to incur the frustration of the players involved. The DMRG recommends keeping a DM notebook and documenting the situation around any stopped scene following the Incident Report as a guideline. You might need to recall these details.

Incident Report

It's recommended that you carry a small notebook and pencil with you as you DM. This is useful for taking a DM incident report. In your notebook, you should make note of the following for any incidents that occur.

Party Information

At the start of each shift or at the time of the incident, record the following into your notebook or other means of creating the incident report.

- Party Name
- Date
- Head DM Name
- Party Host Name
- Optionally DM shifts (It can be handy to have the names of the other DMs involved)

Incident Report

- Participant's names or preferred name, if available
- Description to the best of your ability of anyone that you may need to describe later on to identify
- Description of situation
- How it was resolved

Note: For confidentiality reasons, it is important to share sensitive information with only those that need to have it to keep the party safe (party host, Head DM).

Top Ten Commonly Overlooked Questions

1. Where are all the exits?
2. Where is the First-Aid Kit located?
3. Are safe sex supplies available? If so, where are they located?
4. Where are the cleaning supplies located?
5. Are DM kits available or must I supply my own?
6. Where are the fire extinguishers located?
7. Is emergency lighting available? If so, does it automatically come on, or do I need to enable it some way?
8. Where is the circuit breaker box in case of emergency?
9. What are the party and venue rules? Are certain activities restricted to certain areas? Are there concerns about the loudness of players? Where are outlets and extension cords?

In case of emergency, do I call 911 or non-emergency numbers?

If non-emergency, what are the numbers for the paramedics, fire, and non-emergency?

Scene Intervention Scenarios

Would you choose to Monitor, Intervene, or Stop, the following situations, and why?

Activity	Monitor	Intervention	Stop
Arguments or loud swearing; loud offensive speech involving race, religion or orientation.			
Bottom having breathing difficulties; gasping, wheezing or unable to catch breath.			
Individuals monopolizing play equipment			
Violations of posted house rules			
Aggressive and persistent stalker-like behavior			
Drunkenness, belligerence, slurred speech			
Flogger or whip infringing on other scenes			
Hard paddling on the ribs, back, knees or tops of feet or shins.			
Hard striking on bones or organs, especially kidney, spine, neck or head.			
Striking bleeding wounds, causing airborne droplets.			
Flogger tips inadvertently wrapping around the body being hit.			
Facial expressions or cries of apparent anguish.			
Hearing a Safeword			
Ignoring a Safeword			
Breasts bound tightly causing ballooning.			
Absence of emergency release tools			
Bound player is left alone without anyone			

An answer guide is in the appendix, but please do not reference to it until the exercise is over.

DMing Play

Impact

Impact play will be the kink activity you most likely will DM the most. Here are some tips on things to look for when DMing impact.

Any activity involving striking or hitting, for example, flogging, spanking, whipping, or percussion. (Impact play can also include slapping and punching.)

Generally, Safe-to-Strike Zones	No-Strike-Zones Areas of Greater Risk
<ul style="list-style-type: none">• Lower arms• Buttocks• Love handles• Upper thighs• Flanks / Side-body - <u>AVOID THE RIBS</u>• Fleshy parts of the body	<ul style="list-style-type: none">• Head• Neck• Ears• Kidneys - located in the back, below the ribcage, and above the butt• Knees• Spine• Tailbone and bony parts of pelvis• Ankles• Calves (especially near the Achilles tendon)

Toy Materials Matter!

- Flesh & Bones (hands, feet & body)
- Leather
- Rope
- Bamboo
- Wood (different types of wood and thickness of wood determine how risky an object is)
- Metal
- Carbon Fiber
- Ball Chain
- Vampire Teeth

Softer materials have a lower risk of tissue damage, and harder materials have a greater risk of tissue damage. The sharpness of the toy may result in a greater risk of drawing blood and breaking the skin. Thicker materials are less yielding.

Overall, when DMing impact, when and how to intervene are subjective calls. Questions to ask yourself before intervening include:

- Is the top being responsive to the bottom's body language and verbal cues?
- Does the Top seem to be checking in with the bottom regularly?
- What implements are being used where?
- What position is the bottom in?
- What does your "spidey sense" tell you? Have you consulted with a lead dm?

Impact Scenarios

1. You spot someone tracing the bottom's tailbone with a meat mallet. Do you intervene?
2. You are DMing a crowded event at peak hours, you notice someone pulling out a whip and hitting bystanders walking by.
3. You are DMing a crowded event where bystanders are walking into an ongoing scene and getting hit with floggers.
4. You notice a scene where the top is flogging no strike zones.
5. Vampire gloves are being used to spank the bottom. Do you intervene?
6. You observe a scene where paddles and canes are being used across the spine and over the tailbone.

Bondage

Non-rope bondage comes with its own set of safety considerations. Here are some things to keep in mind:

Metal Cuffs & Bondage

Be cautious when using metal cuffs, especially when weight or pressure is applied to them. These cuffs can constrict and potentially cause injury (ie. nerve damage) if they are too tight. For instance, when using handcuffs on the arms during suspension on a St. Andrews Cross, where if the player passes out their body weight would be supported by the metal cuffs.

Zip Ties & Paracord

Zip ties and Paracord are convenient but can be risky. Unless they are double-locking, they can tighten further as the person in bondage struggles, potentially causing nerve damage. This can lead to unintentional and dangerous constriction. It's important to double-lock them if you use zip ties for bondage to prevent unintentional tightening.

Leather Cuffs

Most bondage using leather cuffs is generally low risk, with leather suspension cuffs being among the safest options. Leather cuffs are less likely to constrict or tighten unexpectedly, but proper fitting and adjustment are still crucial for safety.

Fire play

Fireplay is an extremely high-risk form of play and is considered edge play. Fire in a contained play space like a dungeon is one of the most dangerous things that could happen. Fire in a dungeon endangers everyone within the playspace, and due to this, extra precautions need to be taken. Very few kinky activities could endanger everyone within the playspace, which is why fire play should have extra precautions.

Be aware of the player's safety measures: Talking with players before any scene will drastically help the DM team's understanding of the scene. With fireplay, this is more critical, and if possible, you should attempt to talk with the players as a DM before the scene to learn the fire precautions they are going to employ, as well as have a chance to explain any safety measures that may be prudent.

Be aware of nearby flammable materials: It is crucial to ensure that there are no flammable materials around the play area. For instance, if you are playing outdoors, make sure that there is no dry grass, leaves, or other flammable objects nearby. Similarly, when playing indoors, ensure that fire play is not conducted on top of flammable materials such as plastic sheeting for medical play, drapes, curtains, clothing, and so on.

Be aware of ventilation: Flames produce varying amounts of combusted and combustible gasses, depending on size and fuel. Ensure that there is a fresh air exchange.

Fire Cupping

Fire cupping is a form of fire play that is often exempted from fire play rules as the flame is indirect. Despite this form of fire play being more accepted, the risks associated with a flame are still present. Fire cupping scenes may look calm; however, those scenes should be monitored closely as all fire play is edge play.

Fire Flogging

Fire flogging is edge play and should have adequate precautions. Typically, for this extreme form of fireplay, a fire blanket and fire extinguishers should be present and visible at the scene's location.

Cell Popping

Cell popping can be done with flame as the heat source, or use electricity to pop the cells. Flame sources for cell popping are typically safer, as many cell popping players use food service sterno cans. However, with all fire play, ensure there is a fire extinguisher present and visible at the scene's location.

Branding

Branding is a permanent form of edge play where the skin is intentionally wounded with the intent of creating a scar. This extreme form of edge play is dangerous, and plans for this play should be made with the Party Host, Head DM, or DM Team before the scene starts.

Lighters

Lighters can be used as a form of fireplay, either with the flame, or using the heated lighter metal. Lighter play is considered fireplay while still heated from its flame, even when the lighter is not lit since flame was present in the scene.

Fire Fleshing

Fire Fleshing is when someone takes a fuel source such as isopropyl alcohol or kerosene on a wand and then drags the fuel-dampened wand over the skin and is then ignited. This is a high-risk form of fire play and could result in a runaway flame or severe burning for the player involved. Ensure there is a visible fire blanket, and fire extinguisher in the scene's location.

Candle and Wax Play

Wax and Candle play has its own set of considerations. While wax play is generally accepted as a lower-risk form of play, there is a significant risk of burning players skin if the wax is hotter than intended.

Wax can be heated in two ways, via a flame heat source such as a candle, or via an electric melting pot. When flames are present, ensure the flames are contained and on a stable surface. One concern with these flames is if a plastic tarp for clean-up is present, the flames can possibly catch the tarp on fire.

Flogging

Flogging is a relatively low-risk form of play. Note the materials and size and estimated weight of the flogger, if it is made of softer material, such as deer hide it is far less likely to cause harm. However, if it is made of a synthetic material, such as innertube, it could potentially break the skin and cause a bloodborne pathogens contamination risk.

When watching a flogging scene, look to see if the flogger's tails are wrapping around any body parts. Or if the flogger is striking the kidney region in an upward manner. If they are, you should monitor them closely and intervene if needed.

Whips

Whips can be extremely dangerous, which is why it's highly recommended to build a whip alley to improve safety. One of the biggest concerns for the DM is to ensure that no bystanders receive any backlash from the whip, as this could result in serious injury. It's best to tape off or put up a chain link fence in the area of the backswing to protect bystanders and control the crowd from getting too close.

Breathplay

Breath play refers to any form of kinky play that involves the restriction of breath or flow of oxygen to the brain.

The body's natural response to lack of breath or oxygen to the brain—signaling danger to the body—is to release hormones such as adrenaline and endorphins. The release of these hormones can contribute to heightened sexual stimulation.

Risks associated with breathplay are damage to important tissues of the body such as the larynx, and neck, loss of consciousness and potential brain damage. As well as irregular heartbeat, cardiac arrest, and death.

We recommend that non-verbal safewords be required for all breathplay due to the extreme danger of this form of edgeplay.

Types of Breath Play

Choking

Pressing on the outside of your throat cuts off air and/or blood to the brain from two main arteries. This makes breathing difficult and can lead to rushes of endorphins as the body is put under stress, and also, potentially loss of consciousness.

There are two primary types of chokes, breath choke and blood choke. A breath choke risks causing damage and collapse to the larynx. A blood choke mechanically restricts blood flow to the brain. Blood chokes and strangulation may lead to rapid unconsciousness in less than 9 seconds, and brain damage if lasting 10 seconds or more. Remember there is no “safer” breath play, all forms of this play carry serious and potentially life threatening risks.

Bag Over Head

Slipping a bag over the head can immediately cut off access to oxygen or greatly reduce it. With too little oxygen, you may grow dizzy or lightheaded and can result in long-term complications or death. The material the bag is made out of is important, and it's wise to make sure it can be torn or removed as safety dictates.

Gas Mask With or Without Rebreather

In this form of play the bottom wears an airtight gas mask and the top restricts flow of air to the mask. This form of play is especially risky because the face of the bottom is obscured by the mask.

Strangulation

When your body senses blood flow is low, blood pressure increases. Releasing the stranglehold can cause an intense rush of blood, then euphoric sensations like disorientation and loss of focus. But strangulation, which may be done with the hands or a belt, tie, scarf, or other instrument, can quickly become dangerous.

If pressure is too great or goes on for too long, it could cause cardiac arrest, even death. You can help prevent cardiac arrest and death by leaving at least two fingers' width between the neck and the apparatus used. This ensures that it isn't fitted too tightly around the neck, while still allowing play partners to make up the difference manually. Suspension bondage combined with neck rope is VERY risky.

Smothering

Covering the mouth and nose with a body part or object, Face-sitting is a popular type of breath play. Sometimes gas masks with breathing tubes are used. This airway obstruction scenario limits oxygen to your brain, which can cause lightheadedness and weakness. Practiced alone, smothering may be dangerous because you may pass out before you can remove the obstruction. Smothering may be safer with a partner, but you'll need a safe word or signal (such as a tennis ball in the hand, to indicate when the pressure is too great.

Waterboarding/ Drowning

Restriction of oxygen by intentional submersion in water, this can be just the submerging of the face, the whole head, or holding someone underwater. This carries the additional risk of water entering the lungs inducing drowning.

Potential side-effects of breathplay

- Coughing
- Disorientation
- Muscle weakness
- Numbness
- Drowsiness
- Loss of coordination
- Loss of consciousness
- Heart palpitations and chest pain
- Feeling as those eyes are bulging
- Bruising and broken blood vessels in face, eyes and neck
- Permanent brain damage
- Death

How long is it safe for breath to be restricted?

There is no type of kink play or breath play that can be considered “safe”. A non-verbal safeword, a safety device that a bottom can hold and drop as a “safeword” is helpful but does not mitigate all of the risks of this form of play.

Other safety considerations

Look for risks of falling. Breathplay on soft surfaces and from a laying or seated position is less risky. Standing positions, suspensions, and waterboarding are more risky.

What to do if dangerous side effects arise?

If breathplay has occurred and side effects or complications arise, you may just need a few minutes to restore blood flow and oxygen. But if complications persist, seek help immediately.

If the bottom has stopped breathing, immediately call 911. Then begin CPR. Call 911, if breathing remains unstable or chest pains occur after a few minutes.

Electrical Play

What is Electro Play?

Electroplay is using electrical currents to stimulate the nervous system. When used on the skin, sensations can feel buzzy, sharp, shocking, and every sensation in between. Some toys have attachments that can be used for cell popping or branding, and you can even electrify yourself to turn yourself into an electro-play toy. Alternative forms of electroplay, such as Alpha Stim can even be used for chronic pain and mental health.



It can take 10 milliseconds (1/100th of a second) to cause death in a human due to electrical damage. **No one can not react fast enough to accidents to prevent injury or death in electrical play.**

Types of Electro Toys

- Violet Wand
- Neon Wand (generates significantly less power than the Violet Wand)
- Tzapper
- Cattle Prod
- Shock Collar
- E-stim boxes (short for transcutaneous electrical nerve stimulation)
- TENS units
- Alpha Stim
- Taser
- Some toys have attachments available
 - Some toys require conductive lube.
 - Cell-Popping and branding tips
 - Wartenberg wheel

Preparation

As anything that breaches the skin makes electrical play riskier, piercings should be removed. Ideally, all conductive jewelry should be removed before play.

Electroplay should not be planned to be used near the heart (for example, on both nipples). Never let currency run across the chest (especially not from two points of contact), this is very dangerous.

Electroplay is riskier if the bottom is feeling fatigued, dehydrated, undernourished, unwell or not at their best.

Visually inspect the toys being used, to ensure that the toys are in good, fully-functional condition.

For devices designed to use electroconductive gel only (such as a tens unit). A water-based conductive gel designed specifically for use with these units should be used, Do not place on broken skin or any area where there is pre-existing tenderness. Using electroconductive gel with toys not designed to be used with it can be very dangerous.

Medical Safety Precautions

Be aware of any medical conditions that would affect medical play. If the receiver has any medical conditions that affect the nervous system (such as epilepsy) or cardiovascular system, a physician should be consulted before play. Electroplay is not safe for folk who have metal or electronic medical devices implanted, such as a pacemaker.



Electroplay is **NOT SAFE** for folk who are **pregnant**. Studies have shown that even an **electrical current applied at the end of an arm or a hand can increase miscarriage or fetal demise by more than 40%**. The extra fluid retained in pregnancy in tissues and in extra blood volume, increases conductivity.

Electro Play toys should not be used on broken or irritated skin. The skin (epidermis has a high resistance between from ten thousand to a million ohms, allowing a current to pass over the outer layer of the skin. Damage to the skin could allow current to pass through, finding the shortest path, potentially inside the body. Anything that breaches the skin makes electrical play more dangerous.

Power Considerations

Often, party hosts that allow for Electrical Play have specific outlets that they desire electrical toys to be connected to. Hosts often desire that electrical toys are on a different circuit than the rest of the party. This is because high-frequency devices like violet wands can interfere with the party audio. Additionally, there is a possibility that electrical toys may trip a breaker, and the party host may want the electrical toys on a separate breaker from the lights. The outlets used by electrical toys should be grounded.

For non-rechargeable battery electric toys, dummy batteries are sometimes used. A dummy D or C cell provides no power and passes electricity with low resistance in situations where D and C cells are used. For example, using a dummy D Cell battery in a toy like a cattle prod to reduce the power of the resulting shock.

For rechargeable battery electric toys, ensure only the designed batteries are being used. Rechargeable toys should not have any battery modifications made to them and should be in good condition.

Tips for Electro Play

Electroplay using a knife or pointed all-metal object can simulate cutting, but is not likely to leave marks on skin.

Alpha Stim boxes (with electrodes used on the ears, emit a frequency that is safe to be used on the head and with two poles. It was designed for reducing chronic pain, migraines, PTSD and anxiety symptoms. It can be great when combined with many types of play to relax but not sedate a person. Do not use other electro toys on the neck or head.

DMing Play Scenarios

For each of the following scenarios, discuss with the class what type of play the scenario might fall within and if any common party rules might prohibit the scene. Additionally, discuss what concerns you may have in the scenario scene.

1. A pair of players start a scene on a St. Andrews cross, without consulting the DMs prior. They drape a sheet over the cross, and one of the players is secured to the cross with a pair of bondage mittens. After some flogging, the players check in with each other. At this point, an open mouth, an O-ring gag is secured to the player on the cross. The player on the cross is then asked to close their eyes and stick out their tongue. At this point the top takes a 9-volt battery and uses it to lightly shock the stuck-out tongue, eliciting a reaction from the player on the cross.
2. In a party environment, two bystanders sitting on a couch have started making out. After a bit one in the pair runs their hand up to the other's neck and lightly grabs it.

An answer guide is in the appendix, but please do not reference to it until the exercise is over.

DMing Rope

It's widely considered that rope is more dangerous than most edge play, and we consider rope edge play. The most common injury in rope is nerve compression. Other things that can happen on the floor are positional asphyxia, arterial compression, and soft tissue injury. Rope scenes need to be monitored closely, as in most edge play, problems can arise quickly. Rope is one of the most dangerous activities we regularly see in the dungeon.

Monitoring a rope bondage scene can be difficult, especially when you are not a rope expert. In this chapter, we will cover some general recommendations and some advice regarding monitoring and intervening in rope scenes.

With most play, it is essential to remember that intervention will be rare. What is most important is to monitor all of the potential problems that could go wrong so you can assess and assist quickly if a problem arises.

Equipment & Tools

Shears and or Safety Hooks

Safety shears are fantastic tools for cutting rope; however, disposable ones are one use.

Safety hooks are often preferred over shears as they are multi-use. Hooks are also quicker to cut. Make sure your hook can fit around 8mm rope.

We recommend the Leatherman shears. The Raptor shears have a hook knife and shears in one tool. The Raptor Response shears are high-quality shears without a hook.



The most commonly found **safety shears are single-use and disposable**. Often, people will use these disposable tools as multi-use tools, however, the pivot point becomes weakened after one use and can not be relied upon for multiple uses. The DMRG recommends professional multi-use EMT safety shears or a hook for this reason.

Flashlight or Headlamp

A headlight or flashlight is a critical part of a DM kit, and a significant number of DMs will carry both a flashlight for quick light access and a headlamp to put on while untying someone, rendering first aid, taking notes in a DM notebook, etc.

Headlamps have the advantage of allowing both hands to render aid or perform an action.

Marlin Spike

A Marlin Spike is a tool that is simply a tiny spike, shaped roughly like a shortened chopstick made out of metal. This tool is handy for untying knots that are too tight to untie by hand. In many cases, it is best to untie and not cut, and this tool will let you dismantle rope jams.

A Note About Carabiners

If Carabiners are being used in a suspension, they should be rated for mountain climbing and bearing the weight of a human body. Mountain-climbing carabiners are also rated to handle a dynamic (moving) load.

What can go wrong in suspension?

- Rope jam
- Rope breaking
- Upline slipping
- Harness slipping
- Hardpoint failure
- Nerve damage (The most common injury in rope)
- Restricted breathing
- Restricted circulation
- Top or bottom passing out/becoming incapacitated
- Rope in joints

Circulation and skin discoloration

It's not a matter of concern if limbs appear red or purple due to the lack of venous return. However, if a limb remains in that condition, it's best to inform someone in charge. On the other hand, if the limbs appear pale, gray, or black, it's a sign of a lack of arterial blood flow to the limb, which is a significant concern and requires immediate intervention. When DMing a scene where the rope bottom has melanated skin, the same considerations apply, but may be harder to differentiate. The key thing to look for to see if blood flow to the limb is affected in a person with melanated skin, is that the skin will become paler than the surrounding skin, and may appear a mottled lighter color.

Positional Asphyxia

Positional asphyxia can occur in stressful positions or when the person is lying on their belly, such as in bedroom bondage on a mattress or improper pillow placement. In positions that can induce this condition, the position prevents an individual from breathing a full breath or at a rhythm their body is used (which can be the desired effect of the tie), such as a hog-tie:

- The diaphragm can be impeded from functioning normally,
- The neck can be in a position that makes breathing more difficult
- The mouth and nose may be at risk of obstruction.

Watch these scenes a little more closely, as there is higher risk of the bottom passing out.

When to Intervene and What to Look For

This can be more tricky. There is a lot to take in during a rope suspension scene, and it is important to look for things that could go wrong before they do so you can react if disaster strikes.

Uplines

One of the most pressing concerns is falling, so one of the first things worth checking is observing the uplines and hard points.

Hardpoints

Before the party, it is typical for the Head/Lead DM to check the equipment, and any concerning hardpoints should be checked. The structural considerations for hardpoints are outside the scope of this manual.



There is a test for hard points that is fairly popular. It's to have one or two larger persons hang from the hardpoint, sometimes bouncing up and down and swinging. It only shows that the hardpoint did not fail on that occasion. That testing method is not indicative of the future performance of the hardpoint. This test is known to weaken hard points making them more prone to fail. When the stress of the additional load & bounces on a weakened hard point, causes it to fail later on under a much lighter load.

More info: fetlife.com/users/12766/posts/829956

Things to Look for When Inspecting Up Lines:

These things could be an issue but not necessarily a reason to intervene.

- Are uplines tied off in a secure manner?
- Is the rope starting to slip off or around the neck?
- Is the rope frayed or damaged?
- Are uplines going over each other in a way that could jam?
- What color are their limbs?
(Red/purple limbs are NOT a reason to intervene. Grey/black limbs are!)
- Are they doing nerve checks?
- Do the top or bottom look distressed?
- Was a safeword called and not listened to?

When should you definitely intervene?

- Breaking party rules
- Rope or hardpoint failure/break
- Either partner becomes incapacitated
- Top is struggling with a jam
- Either the bottom or top calls for help
- Top starts to cut rope
- Bottom calls “red” or “safeword” and top does not immediately start taking them all the way down.
- Grey/black limbs or red/purple limbs for an extended time

Intervening

Before intervening, speak with the head DM/host or another DM more experienced in rope. If there is an emergency, or an immediate concern to life or limb and an intervention is deemed necessary, always approach the top discreetly. Rope can cause an intense subspace for the bottom, and we do not want to interrupt that or their focus.

State your name, role, and concern, and ask if the top would like assistance. Always defer to the top. If they are uncomfortable taking the lead in the situation, offer to do it for them if you feel capable

Always ask for consent from the bottom to touch their body before doing so, and from the top to touch their rope. If the bottom is unconscious, ask for consent to touch them from the top. In this case, gently inform the bottom of the situation when they come to.

Getting help

If you are unsure if something needs intervention, or if you are not comfortable performing the intervention, get help! Ask other DMs or party hosts who know more about rope. Ask your rope-top friend for advice if the other options aren't available! If you need help, ask someone from the crowd to get one or more of your colleagues (your DMs are easily recognizable, aren't they?). When asking people to help, be clear and specific about what you ask them to do to prevent chaos. If there are many people you don't need, ask them to leave.

Assisting in untying

Untying someone else's bondage can be tricky. Whenever possible, collaborate with the top to untie the bottom. They have greater knowledge of the progression of ties and suspension lines. If there is no life at stake, allowing the rigger to be the one to talk to the bottom will be more calming to the bottom/ If you should need to comfort the bottom, keep talking to them during the untying, and explain what you are doing or going to do. This also allows the bottom to cooperate if possible.

Floor ties

For floor ties, first check if there's anything that needs to be untied immediately. When breathing problems occur, cut any rope causing the restriction (neck rope or line putting them in a stress position that makes breathing difficult) and untie or cut the chest harness first. If nerve compression is the issue at stake, start with the affected body part OR the place most likely to cause the compression. In case of numb, motionless hands, if there are any ropes over the upper arms, shift them a few inches first and then untie the wrists.

Then, proceed systematically. In general, bondages are easiest – and often safest – to untie in the reverse order of the tying. So if you have seen the scene, this is likely to be a good starting point, unless you have a clue that this might not be the case.

Muscles might be stiff, so after you have untied limbs, let the bunny move their limbs at their pace or carefully guide them towards a stretched position if requested.

Suspensions

Untying suspensions is difficult to give general advice on. If possible in any way, let the top do it themselves. If not, ask the top how you can help best. If the rigger is not in control (or panicking), calm them first. If that doesn't work, you will have to untie yourself. If the rigger is incapable of untying (passed out, had a heart attack, etc.) provide first aid if you're qualified and ensure you get more help.

Positional Asphyxia

If the bottom passes out due to positional asphyxia, assist the Top with intervening immediately. Positional asphyxia is typically a temporary condition and resolves quickly once the individual is brought out of the position and situation that caused it.

Assist the top quickly by helping them release the ties and move the individual into a side-lying position, check their airway. Monitor their breathing as they recover. Watch for signs of dizziness and disorientation. If the individual is slow to recover, place them in an assisted upright position.

If the individual becomes unresponsive, initiation of CPR and emergency medical attention may be needed, extreme cases such as this are rare, but we need to be prepared for them.

Emergency Descent

If the time comes when you need to perform an Emergency Descent, you will need to work closely with the top, communicate, and primarily maintain control of the descent.

Maintaining control of the descent is critical. Uncontrolled descents will likely cause more injury than the reason you are performing the descent for. There are many ways to get injured in an uncontrolled descent, such as head injuries.

Communication

Ask the rope top if they are comfortable leading the descent or would like you to. Generally, the Top will choose to lead the descent however, always offer and be prepared to lead the descent. Regardless of whether you are leading or not, as you take action, call out what you are doing to work together efficiently.

Closely monitor the descent, and If the top is making a mistake that could lead to an uncontrolled descent, make sure to speak up and take proactive action to maintain control of the descent in our attempts to prevent injury.



Don't do it alone. If the top is unavailable or able to perform the emergency descent, get help from a colleague DM, or someone from the audience. You need two people to maintain control of the emergency descent.

Lowering the Upline

Multiple people can assist in lowering the uplines together in a controlled manner. If you have people available, have someone dedicated to supporting the head, lowering it softly to the ground, and ensuring it does not crash into the floor.

Below are the processes to perform an emergency descent, in the order of what provides the most control over the emergency descent.

Tackle or Winch

Suspensions that have a tackle or winch, allow you to use those to offer the most controlled descent possible. This is the quickest and probably safest way down if you have this option.

Normal Rope Descent

The safest and often fastest way to get someone down is to lower all uplines simultaneously, controllably, following the normal descent process, in an expedited fashion. This is the preferred way to lower someone, as it offers the most control of the descent.

Get other DMs or trusted rope tops to help you and the rope top by assigning each person to one upline. Untie the half hitches and frictions while holding a “brake” on the upline. Untie the head first to ensure it does not slip and hit the floor. Once all the frictions are free, slowly bring the bottom to the ground in unison.

You can quickly lower the bottom by having multiple people support the bottom, wait, lift them slightly, and unclip the carabiner, attaching the ring/rigging plate/carabiner to the sling. Make sure the rigging gear doesn't fall onto the bottom, and slowly lower them to the floor.

Cutting or Mid-air Release



CUTTING UPLINES SHOULD BE YOUR LAST OPTION!

If you have to untie (or cut!) mid-air suspension, there are many ways injury could incur. Depending on how the uplines are cut, it can result in uneven loading that can cause injury. The sudden loss of support can cause drop injuries.

If you have to untie (or cut!) mid-air, it is often best to do so in the reverse order of the tying process. At all times, be aware that if you cut, the body needs to remain supported through this process.

Lift and Cut

First communicate what you are about to attempt with the bottom. With assistance of the help of people nearby, have multiple people support the body fully, and cut the uplines in a controlled manner. Have the volunteers distribute themselves to support and lift the entire body, ensuring the head is supported.

The use of a backboard, litter, or weight-bearing rescue blanket can be a very helpful tool to have on hand in the event you need to lift an individual during a rope descent.

Lift the body so it is fully supported and no weight is on the uplines, and then cut the uplines. Once free of the uplines, communicate with the volunteers to lower the body to the ground slowly.

- Be aware that certain positions can be very tough on the back and spine. If you lower the bottom, keep the back and steady as straight as possible.
- Move limbs carefully, they might be cramped.

On the Ground

Once the bottom is safely on the ground, leave it to the top to decide whether to untie the rope or cut the rope off the body. If the bottom is incapacitated, has had a fall, or has severe nerve/circulatory compression, cut the rope! Time is tissue.

Be aware that a suspended bottom who is being untied might faint during the process, often directly after standing up straight. Be prepared to catch and support.

Aftercare

If something goes wrong and you have to step in, provide aftercare. Both the bottom and top may be quite shaken up. A cup of water sometimes works miracles. The bottom may feel they have failed by not having been able to maintain the bondage position. The rigger may feel they have failed their responsibilities. Comfort them. Accidents do happen, even to the best. If they are open to it, help them figure out what went wrong and how to prevent it in the future.

ALWAYS debrief with the party host/Head DM after an incident like this. They will likely be aware and involved in the process.

First-Aid for Nerve Compression

This should mostly be handled by the tying pair, but you should know what and what not to do so you can assist.

- NEVER compress or massage the affected area. Remember that the area of impingement may not be obvious. Wrist drop could be caused by injury to the nerve at the wrist joint, further up the nerve on the arm, at the cervical spine where the nerves exit the spine.
- Gentle mobilization of the affected area is recommended if possible. Otherwise, immobilize with a splint and recommend they visit the ER or a neurologist.
- Ice may reduce swelling.
- NSAIDs offer analgesia and can reduce swelling if not contraindicated due to other medications/ the injured person's medical history.
- Recommend follow up with PCP/neurologist to observe the recovery process.

Rope Scenarios

Do you intervene? Why?

1. The bottom is in a rope suspension and you notice that their tied leg is bright red/or deep purple.
2. A pair are performing a suspension and you notice that the top is struggling with their uplines and they appear jammed.
3. A bottom passes out while doing floor rope. They pass out while in a rope suspension.
4. A tying pair is preparing for a suspension and you notice that the sling was hung over the club's lighting, not the unistrut.
5. A suspension is being performed with a piece of bamboo as the hardpoint. The bamboo is hung to the structure via a single line in the center of the bamboo. Because of this, the bamboo is unstable and spinning around, into the walkway.
6. A pair were doing a suspension and are now socializing on a couch near the space they played. You notice the top's rope gear is still attached to the hardpoint and has been for at least 20 minutes.

Trauma-Informed Intervention

Trauma-Informed Intervention and Support for Dungeon Monitors

When intervening in the dungeon, it is possible to see kinksters harmed or hurt (non-consensually) in kink. The purpose of this section is to empower you with tools to assist and support people who are in a state of trauma activation or trigger.

Why is this information important?

You can't tell by looking at a person whether they have experienced trauma or not, which might make their nervous system prone to activation. Therefore, we feel it is important to assume that every person you encounter has experienced some form of trauma in their past that may affect the way they respond in the present.

What is trauma-informed intervention?

And who might need to intervene?

- Though some of us may not have experienced a severe and/or traumatic event (with a big T) most of us have been traumatized or can be activated/triggered.
- Systemic trauma such as racism, homophobia, and sexism affect how safe we are or feel in the world around us and are forms of trauma that must be considered as well.
- The general idea is that it is important to assume that everyone we engage with as first responders has a trauma history. We need to be more careful with one another when we are supporting one another.
- When might you engage with or need to support a traumatized person?
 - Interpersonal interactions (partners, parents, children, friends)
 - Consent incident/sexual assault or other harm
 - Activated in kink, TV, conversation, in scene w/o warning
 - Subspace/Topspace
 - Accident/violence/emergency
- What roles might you be in when you are providing support?
 - While Dungeon Monitoring
 - As an Event Host
 - Supporting Friends/Partners
 - As a bystander or Self

What is happening inside of an activated human?

Instead of the term “Trigger” (which is a term that can actually be triggering), we prefer to use the term, activated. We are not always able to be in control of the way we respond to stimuli. A shock to the system like a consent violation or unexpected scene intrusion, can kick our body’s protective mechanisms into high gear.

When we have previously experienced trauma, our nervous system hones its edge to be able to keep us safer in the future and this often results in our nervous system being activated, whether a threat is physical, perceived, or both. Reality and threat are relative.

When we play with kink we are consciously and unconsciously affecting our neuroendocrine system to produce the stress and pleasure hormones/neurotransmitters that can lead to altered states of consciousness such as sub and topspace.

These same chemicals are also produced in response to trauma activation. This correlation is important to understand when intervening in kink scenarios because you will be potentially dealing with multiple overlays of activation.

The general state of being a person interacts with the world, the experience a person is having when engaging in kinky play (or after), the activation from past trauma, and activation due to a new trauma or present threat.

Here is a brief outline of what might be going on inside the body of an activated human:

The Autonomic Nervous System

Controls specific body processes (circulation, breathing, heartbeat, elimination). It controls these functions AUTOMATICALLY, without conscious thought. This includes:

- Digestion
- Metabolism
- Urination
- Defecation
- Blood pressure
- Body temperature
- Heartbeat
- Breathing rate
- Fluid balance
- AND>>>Sexual Response

There are two parts to the autonomic nervous system:

- **Sympathetic:** Located near the thoracic and lumbar regions in the spinal cord. Its primary function is to stimulate the body's fight or flight response. It does this by regulating the heart rate, rate of respiration, pupillary response and more. Flight, Fight, Fawn, Freak, Freeze, Fuck
- **Parasympathetic:** Located in between the spinal cord and the medulla. It primarily stimulates the body's "rest and digest" and "feed and breed" response.

The language of the Nervous system is Neurotransmitters(hormones) that affect different parts of the body in different ways. In response to these two states of being (and in kink activities we can be engaged in both at the same time). Our body produces these chemicals, to help it do what it needs to do to "survive".

Sympathetic Hormones: Catecholamines - Epinephrine and Norepinephrine, and Endorphins

- The heart beats faster than normal, pushing blood to the muscles, heart, and other vital organs. Pulse rate and blood pressure go up. Breathe rate increases. Small airways in the lungs open wide. This way, the lungs can take in as much oxygen as possible with each breath. Extra oxygen is sent to the brain, increasing alertness. Sight, hearing, and other senses become sharper. Meanwhile, epinephrine triggers the release of blood sugar (glucose) and fats from temporary storage sites in the body. These nutrients flood into the bloodstream, supplying energy to all parts of the body.
- All of these changes happen so quickly that people aren't aware of them. In fact, the wiring is so efficient that the amygdala and hypothalamus start this cascade even before the brain's visual centers have had a chance to fully process what is happening. That's why people are able to jump out of the path of an oncoming car even before they think about what they are doing.

Parasympathetic: Hormones: Acetylcholine and Oxytocin

- Slow heart rate and breathing. Can be sedating. Rest and digest, tend and befriend.
- Contribute to bonding and connection. We can have someone being really "mean" to our body flogging us, causing the production of "stress hormones", but with negotiation, consent and consideration, we can simultaneously feel really safe with them and cared for by them.

ENDORPHINS can be produced in both states of being. They are produced when the body is under good stress and bad stress. Opiate-like effect. This hormone can bring us into deeper levels of subspace, lessen pain, and make us high.

Understanding Trauma and Activation

When we are engaging in Kink activities, whether that be physically, by observation, mentally, emotionally, etc. Our body is responding to often disparate states of being. So at a kink party you can be completely “sober” and also be high as a kite on a cocktail of hormones flooding your system. This is why understanding what trauma and activation do to a person in a kink setting is SO important.

What is Activated? Why does this happen?

- When we say the term Activated, we are referring to a neurological response to a real or perceived harm/threat, or strong stimuli (not necessarily perceived as physically harmful or dangerous).
- Our body does not do a good job of differentiating stresses. Stress is stress, and often, times when we have had large stress or threat to our personhood engages the Sympathetic nervous response.
- Again, This is a protective response to increase chances of survival.
- Our brain and body, in their infinite wisdom, store memories of these traumatic events and response to them, so that if we are in danger again, we can use the benefit of our experience to survive.
- Often, experiences we have where we become activated are traumatic.
- Trauma comes from many sources, there are three primary types:
 - Acute trauma results from a single incident.
 - Chronic trauma is repeated and prolonged such as (but not limited to) domestic violence, abuse., racism, gender and sexual identity discrimination, etc.
 - Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.
- Our brain then stores memories of these events and replays them in both similar and sometimes dissimilar times to keep us “safe”(sometimes at inopportune times)
- Our trauma informs how we feel in our bodies in the world, how safe or threatened we feel, and affects our options.

What do trauma responses look like to a third party?

Distinguishing stress/trauma activation from subspace/Topspace can be difficult, here is a brief overview of what you might see in these states of being:

Stress/Trauma Activation

- Fight:** I am going to fight you to defend myself
Flight: I cannot overpower you so I will run away
Freak: My brain is completely dysregulated and don't know what to do
Freeze: Checked out, non verbal or catatonic, unable to communicate
Fawn: I cannot run or fight, so I will make you think everything is ok, until I can get away.
Fuck: Increase in catecholamines and endorphins increases circulation, sensitivity (to touch, sight, and sounds), responsiveness, and thus arousal.

Subspace

- Intense feelings
- Dizziness
- Incoherence
- Typically described as a feeling of floating or flying,
- For some individuals, getting into a subspace won't take much pain or physical stimulation, while it may take others much longer. Signs include becoming less verbal, this is typically the number one sign that a sub has reached subspace. Sometimes being completely unable to speak and move. One might feel feral and vulnerable and also, safe. Afterwards, weeping can occur because of the amount of energy and euphoria experienced. This varies from person to person.

Topspace

- Euphoric high
- Feeling "amped up" and powerful
- Hyper alert or focused
- Protective

Drop

- The after effects of an intense encounter
- Intense emotions (Guilt, sadness, self-consciousness)
- Physical and mental exhaustion
- Feeling listless, anxious, angry or depressed

What are the ways to best interact with someone in an activated state?

- In an activated state, a person is more alert for signs of threat, and less able to access their social/communication skills.
- Consider the following factors when interacting with a person who seems to be activated:

Who are you? (and How are you?)

Do's	Dont's
<ul style="list-style-type: none"> ● Check in with your own body first ● Check your relative position/power/privilege ● Accept you may not be appropriate to help in a situation 	<ul style="list-style-type: none"> ● Don't proceed until you are regulated ● Don't assume your help is helpful

Approach

Do's	Don'ts
<ul style="list-style-type: none"> ● Be aware of your size and posture ● Keep movement steady and calm ● Keep non threatening-distance ● Make eye contact ● Introduce yourself and your role ● Acknowledge the way a person wants to be addressed (pronouns, etc) 	<ul style="list-style-type: none"> ● Avoid threatening stances (or hovering over person) ● Avoid sudden or fast movements ● Don't come closer than necessary

Bodies and Touch

Do's	Don'ts
<ul style="list-style-type: none"> ● Be mindful of your relative position and the space between you ● Slow body movements ● Consider mirroring the person's stance ● Ask before any touch ● If prior consent is not an option, tell a person how and why you are touching them ● Offer touch as requested 	<ul style="list-style-type: none"> ● Do not sit/stand closer than necessary ● Avoid fast body movements ● When it's not a matter of preventing additional harm, don't touch without permission

Communication

Do's	Don'ts
<ul style="list-style-type: none"> ● Talk slow and steady ● Small chunks of information ● Yes/no questions ● Offer options for support ● If person is non-verbal: <ul style="list-style-type: none"> ○ Suggest nods/blinks/hand signals for yes/no ○ Offer option to write down ● Listen ● Reflect back main points ● Validate 	<ul style="list-style-type: none"> ● Don't talk too loud or fast ● Avoid wordy sentences, or many questions in a row ● Avoid open-ended questions ● Don't assume you understand what the person is feeling or needing. ● Don't challenge a person on their statements

Realities of First Responder Physical Interventions and Dealing with conflicting advice

Intervention Basics

Things to consider before we start

- Be safe, Keep yourself safe, Be mindful of your responses
- Intervene only when necessary
- Don't yuck anyone's yum (words matter)
- Be mindful of power dynamics
- Make a molehill out of a mountain
- Attempt to de-escalate
- Keep things confidential
- Do your best, and if you make a mistake, apologize and listen to feedback
- Get trained in CPR, First, Aid, and Bloodborne Pathogens
- Defer to those with more training or experience than yourself if available.

How to identify trauma responses in yourself

- Sudden changes in mood
- Feeling unsafe
- Nonverbal
- Shaking or breathing irregularly
- Vision closing in (tunnel vision)
- The 5-6 F's (See section 2)
- Physiological changes (I feel it in my stomach–knots in my stomach)

Getting Back to Neutral

Self-soothing or helping someone else get back to a neutral state

- Focus on your breathing–square breathing
- Focusing questions on the five senses
- Muscle contraction, then relaxation
- Talk it out with someone who is willing to help you process.

Trauma-Informed Scenarios

1. The bottom is screaming, “NO...STOP...DONT” and the top is still hitting them, you want to intervene immediately. This may be activating you, and bystanders.
2. The top has explained that they are going to do a resistance play scene. The scene begins and the top tripping the bottom, holding them down, sits on them, and begins cuffing them. The bottom screams insults and expletives at the top as the top is slapping them. The bottom is crying and calling the top names. This may be activating you.
3. Two people are doing a resistance scene where the top is tickling the bottom screaming “NO...STOP...DONT!” a bystander is approaching you concerned about the situation convinced that something is terribly wrong and that the scene should be stopped. You think the person that approached you is in an activated state. What should you do?

Health and Safety

Body Substance Isolation

Always assume that body fluids are contaminated and protect yourself with BSI (body substance isolation)!

1. **Use gloves:** Wear disposable gloves made of a durable material (e.g., nitrile) when engaging in activities that involve bodily fluids, such as blood, saliva, urine, or feces. Gloves can help protect against the potential transmission of STIs and bloodborne pathogens.
2. **Change gloves** when going from something with fluids/potential contamination and clean surfaces. Also always change gloves between touching different people. These help prevent cross-contamination.
3. In the event of an injury or broken skin, play must be stopped at most parties. Politely and discreetly get the top's attention. Inform them that impact cannot be continued unless the wound is covered and offer a bandage. This reduces the risk of spray/aerosolization of bloodborne pathogens.
4. **Dispose of gloves safely:** Dispose of used gloves properly according to local regulations for biohazardous waste. Avoid reusing gloves and do not share them between partners.
5. **Practice good hygiene:** Wash your hands thoroughly with soap and water immediately after there is contact with bodily fluids.

Remember, practicing BSI in kink activities is a crucial aspect of risk management and promoting a safe and consensual kink culture. It's important to communicate openly, obtain informed consent, and take appropriate precautions to reduce the risk of transmitting STIs or bloodborne pathogens during kink activities.

Handwashing is an excellent way to reduce your chances of getting or transmitting infectious diseases. Wet your hands, lather for 15 seconds with an antibacterial soap, and then rinse for 15 seconds keeping your fingertips down. Remember contact time is key for effectiveness, more time is better.

Proper Removal of Latex/Nitrile Gloves

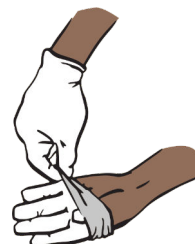
1. **Grab the palm of the glove and pull it forward:**

Take hold of the cuff of the right glove with the thumb and forefinger of the left hand, being careful NOT to touch the skin of the right wrist.



2. **Pull off the glove, turning it inside out as you go:**

Carefully pull the glove off of your right hand, turning inside out as you go.



3. **Ball up the glove in the gloved hand:**

To contain the contaminated glove, ball it up in your other glove.



4. **Slide a finger under the cuff of the other glove:**

With the thumb and forefinger of the right hand, carefully take hold of the cuff of the left-hand glove, being careful not to touch any fluid or matter on that glove with your bare skin.



5. **Pull off the glove, making sure to cover the removed glove:**

Carefully pull the glove off the hand, again, allowing it to turn inside out as you go. This will result in the left-hand glove being turned inside out, with the right-hand glove balled up inside it.



6. **Dispose of gloves in a hazmat container or Ziploc bag.**



7. **Wash your hands.**

Injured Player



This course DOES NOT cover CPR or First Aid. Dungeon Monitors are required to obtain a First Aid certification from a qualified instructor.

When you arrive on the scene, these are the following steps

- Assess the situation as rapidly as possible, while ensuring your own personal safety.
- Send another DM to get the first aid kit if required (**Do not leave the scene**).
- In a medical emergency the very first thing the DM should do is put on gloves.
- When possible have the Top in the scene render First Aid and assist as needed.
- Get Help -send someone to notify the Senior DM/Party Host that a qualified person to render First Aid or CPR is required, call an ambulance, etc.
- DMs should only render First Aid up to their training, experience, and abilities.
- Maintain order and safety in your assigned area until advised otherwise by a Senior DM.
- All other DMs should keep the area clear of people and be prepared to assist.

Medical emergency

The very **FIRST** thing the DM should do is put on latex or nitrile gloves and practice body substance isolation.

- Put on Gloves and practice body substance isolation
- Survey and secure the scene
- Get Help -send someone to notify the Senior DM and or Party Host. As needed, ask that a qualified person to render First Aid or CPR be sent over, call an ambulance, etc
- When possible, have the Top in the scene render First Aid and you assist as needed
- **Only render First Aid up to your training, experience, and abilities**
- If you do get something splashed on you rinse it off at once. Running water is most effective but a disinfectant such as Purell can also be used. Use whatever is available
- Contact time is the key to effectiveness (at least 30 seconds), more is better
- Practice Contaminated Glove Removal procedures whenever you remove your gloves as the day may come when you will need to do it for real

Emergency Medical Services

The Head DM or Party Host should be the one that makes the determination of emergency services should be called unless life or limb is at risk. If emergency services are summoned to a kink party we recommend evacuating the venue.

Calling Emergency Services

If Emergency services should be called, task three people to call 911. By having three people call, emergency services gets the information as quickly as possible, with redundancy in case someone has issues making the call or describing the issue or location.

If you are the responding DM, stay at the scene and with the injured player and let the three volunteers make the call to emergency services.

Preparing for Emergency Services

There are a few things you can do to improve the response time of Emergency Medical Services, and this can be critically important. Additionally, the venue may need to be evacuated and preparations for a law enforcement response.

Meeting Emergency Medical Services

Tasking at least two people (for redundancy) to go outside the venue and look for Emergency Medical Services and flag them down. This can be extremely helpful for the EMTs to spot the building and then having someone take them to the door and through the building right to the injured player saves minutes, and minutes matter.

Venue Evacuation

If Emergency Medical Services have been summoned, the Head DM will make an announcement that the party must end due to an emergency. If it is safe to evacuate the venue, it will be the Head DM that will make the determination.

Off-duty DMs should report in to assist if necessary. DMs should assist in closing down the party, making sure that everyone is removed from restraint, fully clothed, and that the venue is ready to receive Emergency services i.e. path is cleared, someone available to direct emergency personnel, etc.

Law Enforcement Preparations

When preparing for a law enforcement response in the emergency announcement the Head DM should ask players to release each other, get dressed, and pack the toys back into the toybags.

It's important to make sure that everyone is covered and dressed. If law enforcement is able to see a bruise, cut, toy, it can provide them with probable cause to inquire further.

Toybags, if possible, should be locked. The ideal lock to lock a toybag is the small padlocks we use on many of our cuffs and toys. Remind people they can use those to secure their toy bags.

Locked toy bags play an important legal role and require that law enforcement have probable cause to inspect inside a locked bag. Many players use gun cases due to their long nature for canes; however, in this situation, those gun cases could give law enforcement probable cause to inspect inside that case, even if it is locked.

When responding to law enforcement, there is only really one answer to the questions about the nature of the party, and that answer always should be:

It is adult kinky consensual sex

Adult: Everyone is 18+

Kinky: something different from normal

Consensual: everyone agreed to it

Sex: Sexual activities are treated a little differently under the law.

That should be the only answer given. Remember, you cannot consent to abuse – and most kinky activities can be considered abuse in some form.

First Aid

During BDSM play, certain medical issues may arise. This guide offers general knowledge on how to handle common medical problems that you might face.



This guide IS NOT a qualified medical resource.

Dungeon Monitors are required to obtain a First Aid and Adult CPR certification from a qualified instructor and maintain their certifications.

Allergic Reactions

Minor Allergic Reactions

Such as local redness, irritation, cold-like symptoms, nausea, and diarrhea.

Local creams: Topical creams or ointments containing antihistamines or corticosteroids can help reduce local skin irritation.

Over-the-counter Benadryl (diphenhydramine): Benadryl is an antihistamine that can help alleviate allergy symptoms. Follow the recommended dosage on the product label or your healthcare provider's instructions.



Do not offer medications. Do not say “I have Benadryl, do you want some”.

SAY: “I have Benadryl in my hand.” Let them take it.

Present the medication (ie. I have Benadryl in my hand) and let them take it.

Major Allergic Reactions

Such as swelling of lips and tongue, difficulty breathing, fainting, shock, or cardiac arrest.

Over-the-counter Benadryl (diphenhydramine): In a major allergic reaction, you can still administer Benadryl as it may help to some extent, but it should not be the primary treatment.



Do not offer medications. Do not say “I have Benadryl, do you want some”.

SAY: “I have Benadryl in my hand.” Let them take it.

Present the medication (ie. I have Benadryl in my hand) and let them take it.

1. **Epinephrine inhaler:** Epinephrine is a crucial medication in severe allergic reactions. If someone is experiencing a major allergic reaction, an epinephrine inhaler can be used to counteract the symptoms. Make sure you know how to use the inhaler correctly and follow the prescribed dosage.
2. **Epi-pen if available:** An epinephrine auto-injector (EpiPen) is an emergency device that delivers a single, measured dose of epinephrine. If available, it should be administered according to the instructions provided with the device. Seek immediate medical attention even after using an EpiPen.

How to administer a EpiPen

- a. Remove the EpiPen from its case.
- b. Hold it firmly with the orange tip pointing down.
- c. Remove the blue safety cap.
- d. Quickly jab the orange tip into the outer thigh.
- e. Hold it in place for a few seconds, then remove it.
- f. Massage the injection site for about 10 seconds.
- g. Seek immediate medical attention.

In the case of a major allergic reaction, calling 911 or seeking immediate medical assistance is critical. Epinephrine is the first-line treatment for anaphylaxis (a severe, potentially life-threatening allergic reaction), and professional medical evaluation and follow-up care are essential. Administering an EpiPen is not a substitute for seeking emergency medical help.

Fainting

Assess the Situation: Determine if the person is at risk of harm in their current position. If they are not in immediate danger, it may be appropriate to wait for a short time to see if they regain consciousness.

Remove Attachments Gently: If the person is attached to any apparatus, gently remove them. Start by detaching the legs first and then release the rest of the body, working up away from the floor. Be cautious when dealing with any tensioned ropes, as they can become a hazard if released suddenly.

Position the Person Flat on the Right Side: Lay the person flat on their right side on a safe, flat surface.

Elevate the Person's Legs: Elevating the person's legs can help restore blood flow to the brain. This can be particularly helpful if the person has fainted.

Loosen and Remove Bondage Items: If there are any tight bondage items, loosen and remove them to ensure the person's circulation is not restricted.

Loosen Tight Clothing: If the person is wearing tight clothing, loosen it to ensure proper circulation.

Attempt to Revive the Person: Try to revive the person by shaking them gently, tapping briskly, or calling out to them.

Call 911: If the person doesn't respond, has blue lips or face, an irregular or slow heartbeat, has difficulty breathing, hits their head during the incident, or appears confused, it's crucial to call 911 for professional medical assistance.

Provide Supportive Care: If the person is alert and responsive, provide supportive care. This may include giving them fruit juice, an energy drink, or water, especially if they are diabetic or haven't eaten in more than 6 hours. Continue to stay with the person until they have fully recovered.

Head Injury

Calling 911: It's crucial to call 911 immediately if someone experiences severe head trauma or shows symptoms. Symptoms of a head injury may include headaches, dizziness, nausea, confusion, memory impairment, loss of consciousness, mood alterations, vision disturbances, balance problems, and weakness or paralysis, necessitating medical attention, especially in moderate to severe cases. These symptoms might indicate a serious head injury, and professional medical assistance is needed.

Moving the Injured Person: Generally, it's advisable not to move an injured person unless they are in immediate danger, such as a fire or other life-threatening situation. Moving an injured person can worsen their condition, especially if there is a potential spinal cord injury. If you must move them, follow the recommended technique to minimize the risk of further injury.

CPR: If the person is unconscious and not breathing, you should perform hands-on/chest compression CPR. This can help maintain circulation and oxygenation until medical professionals arrive.

Controlling Bleeding: For bleeding from scalp or facial cuts, apply clean dressings directly to the wound to control bleeding. Applying pressure with a sterile bandage can help stop the bleeding.

Controlling Swelling: Ice can be applied to the injured area for about 20-30 minutes every 2-4 hours. This can help reduce swelling and alleviate pain.

Pain Management: Acetaminophen (Tylenol) can be used for pain relief. It's recommended to avoid aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, as they may increase the risk of bleeding.



Do not offer medications. Do not say "I have Tylenol, do you want some".

SAY: "I have Tylenol in my hand." Let them take it.

Present the medication (ie. I have Benadryl in my hand) and let them take it.

Monitoring: It's important to keep a close watch on the injured person, especially during the initial 24 hours after a head injury. Monitor for any new or worsening symptoms. It's also advisable not to leave the person alone during this period. Seek help from their friends to stay with the person and check for any concerning changes in their condition.

Bleeding

Controlling Bleeding

Pressure to Control Bleeding: Apply pressure to the bleeding wound to control the flow of blood. Most external bleeding will stop by itself, but if it doesn't, use a clean, dry dressing to apply pressure.

Duration of Pressure: The duration of pressure depends on the size of the wound. For a small wound, apply uninterrupted pressure for at least five minutes. For a larger wound, apply uninterrupted pressure for ten to fifteen minutes. If the dressing soaks through, apply a fresh dressing on top of it without removing the soaked dressing.

Pressure Points: In cases of very serious bleeding, if direct pressure isn't working, you can apply pressure to the nearest major pressure point. Common pressure points include the inside of the upper arm between the shoulder and elbow and the groin area where the leg joins the body. However, this should be done with caution and as a last resort.



Tourniquets: It's essential not to use a tourniquet, unless qualified to use one, as it can cause severe damage and complications.

Shock

Recognize Symptoms of Shock: Symptoms of shock may include pale or bluish skin, cold skin to the touch, disorientation, vomiting, dull and sunken eyes, and unusual thirst.

Prevent It from Getting Worse: Shock requires medical treatment to be reversed. Your role is to prevent it from getting worse. Maintain an open airway for breathing, control any obvious bleeding, elevate the legs about 12 inches (unless an injury makes it impossible), and prevent the loss of body heat by covering the player with blankets.

Don't Give Food or Drink: Do not give the player anything to eat or drink, as this may lead to vomiting.

Positioning: Keep the player lying flat on their back. If the player is unconscious or bleeding from the mouth, they should lie on one side to ensure that the airway remains open.

Stay with the Player: Stay with the player until medical help arrives to provide continuous monitoring and assistance as needed.

Nosebleed

Positioning: Have the person sit up straight and lean forward slightly. It's important not to have the person lie down or tilt their head backward. Leaning forward helps prevent blood from flowing down the throat, which can be potentially dangerous.

Apply Pressure: With thumb and index finger, firmly pinch the nose just below the bone up against the face. Apply steady pressure for 5 minutes. Use a clock to time yourself.

Repeat if Necessary: If bleeding continues after 5 minutes, repeat the process by pinching the nose and applying pressure again.

Consider Nasal Decongestant Spray: In some cases, spraying a nasal decongestant spray into the nose may help stop the bleeding. This should be done after following the above steps.

When to Seek Medical Attention:

You should call a healthcare provider immediately if:

- The person is taking blood thinners, such as warfarin (Coumadin) or aspirin, or has a bleeding disorder.
- The nosebleed occurs after a severe head injury or a blow to the face.

For Broken Noses:

Broken noses are often not fixed immediately. Healthcare providers typically refer the person to a specialist for a consultation once the swelling goes down.

General Care and Precautions:

After experiencing a nosebleed, the person should avoid strenuous activities, bending over, and blowing, rubbing, or picking the nose until it has healed.

Burns

All Burns

1. **Stop the Burning:** Immediately put out the fire or stop the person's contact with the hot liquid, steam, or other heat source. This may involve using a fire extinguisher, smothering flames, or removing the person from the source of the burn.
2. **Remove Smoldering Material:** Ensure that there are no smoldering materials remaining on the person, as these can continue to burn and cause further injury.
3. **Remove Hot or Burned Clothing:** Carefully remove any hot or burned clothing. If the clothing sticks to the skin, do not force it. Do not remove clothing that sticks to the skin.

First-Degree Burns (Affecting the Top Layer of Skin)

1. **Cool the Burn:** Hold the burned skin under cool (not cold) running water or immerse it in cool water until the pain subsides. If running water isn't available, you can use cool compresses. Cooling the burn helps to reduce the temperature of the affected area and may provide relief.
2. **Protect the Burn:** Cover the burn with a sterile, non-adhesive bandage or a clean cloth. This helps prevent infection and further irritation. Do not apply butter or ointments, as they can increase the risk of infection.
3. **Treat Pain:** If the person is in pain, you can give them over-the-counter pain relievers such as ibuprofen (Advil, Motrin), acetaminophen (Tylenol), or naproxen (Aleve). Follow the recommended dosage on the product label or a healthcare provider's instructions.

Second-Degree Burns (Affecting the Top 2 Layers of Skin)

1. **Cool the Burn:** Immerse the burned area in cool water for 10 to 15 minutes, or use cool compresses if running water isn't available. Do not use ice, as it can lower body temperature and cause further damage.
2. **Do Not Break Blisters:** Do not break any blisters that may have formed, as they provide a protective barrier against infection. Also, avoid applying butter or ointments to the burn.
3. **Protect the Burn:** Cover the burn loosely with a sterile, nonstick bandage and secure it in place with gauze or tape. This helps prevent infection and keeps the wound clean.
4. **Prevent Shock:** Unless there are contraindications like a head, neck, or leg injury, or if it would cause discomfort, take the following steps to help prevent shock:
 - Lay the person flat.
 - Elevate their feet about 12 inches.
 - Elevate the burn area above heart level, if possible.
 - Cover the person with a blanket to maintain body temperature.

Third-Degree Burns

Call 911: Third-degree burns are severe and can be life-threatening. **You should call 911 or seek immediate professional medical help.**

Protect the Burn Area: Cover the burn area loosely with a sterile, nonstick bandage or, for large areas, use a sheet or other material that won't leave lint in the wound. It's crucial to protect the burn to prevent infection and contamination.

Separate Toes and Fingers: If the third-degree burn has affected the toes or fingers, separate them with dry, sterile dressings. This helps prevent the digits from fusing together.

Do Not Soak in Water or Apply Ointments: Do not soak the burn in water or apply ointments or butter, as these can increase the risk of infection.

Prevent Shock: Follow these steps to help prevent shock, unless there are contraindications like a head, neck, or leg injury, or if it would cause discomfort:

- Lay the person flat.
- Elevate their feet about 12 inches.
- Elevate the burn area above heart level, if possible.
- Cover the person with a coat or blanket to maintain body temperature.

Airway Burn Considerations: If the person has an airway burn (such as from inhaling smoke or hot gasses), do not place a pillow under their head when they are lying down, as this can close the airway. A person with a facial burn should sit up to maintain an open airway.

Monitor for Shock: Continuously check the person's pulse and breathing to monitor for signs of shock until emergency help arrives.

Dehydration

Mild Dehydration

Rehydration: Encourage the person to drink 2 quarts of fluid over 2 to 4 hours. It's often better to consume small amounts of fluid frequently to avoid vomiting.

Daily Fluid Intake: The individual should aim to drink at least 10 glasses of liquid a day to replace lost fluids.

Elderly Consideration: If the person is elderly, fluid replacement may need to be done slowly. It is advisable to consult a doctor for guidance.

Managing Vomiting: If the person is vomiting, offer ice chips, and small sips of fluid.

Beware of Sugar: If the person is recovering from diarrhea, be cautious about the sugar content in sports drinks, as excessive sugar can worsen diarrhea.

Rest and Continued Hydration: For mild dehydration, advise the person to rest for 24 hours and continue drinking fluids, even if symptoms improve. Full fluid replacement may take up to a day and a half.

Moderate to Severe Dehydration

If the dehydration is moderate to severe, the individual may need intravenous (IV) fluids administered in a hospital setting. In these cases, professional medical care is crucial to address the severity of the condition and provide the appropriate treatment.

It's essential to monitor the individual's condition and seek medical attention if the dehydration is severe or if the person is unable to tolerate oral fluids. Dehydration can lead to serious complications and requires prompt and appropriate care. If you suspect someone is severely dehydrated, or if they are showing severe symptoms such as confusion, lethargy, or rapid heartbeat, seek medical attention immediately.

Minor Cuts or Lacerations

Stop the Bleeding: Apply direct pressure to the cut to stop the bleeding. You can use a clean cloth or sterile bandage to apply pressure.

Clean the Area: Clean the wound with warm water and a gentle soap to reduce the risk of infection. Gently pat the area dry after cleaning.

Apply Antibiotic Ointment: Apply a thin layer of antibiotic ointment to the wound to help reduce the chance of infection. However, in some people, antibiotic ointments may cause a rash. If this occurs, discontinue use of the ointment.

Apply a Sterile Bandage: Cover the cut with a sterile bandage to protect it from further contamination. Change the bandage regularly to keep the wound clean.

Call a Health Care Provider If:

- The cut is deep or located near a joint.
- You are unable to clean the cut adequately.
- The injury is a deep puncture wound.
- The person has not had a recent tetanus shot or booster (typically within the last 5 to 10 years).

Additional Considerations: For minor cuts or lacerations, it's generally a good practice to remove the bandage after a couple of days to promote healing. If the cut doesn't heal or shows signs of infection, including redness, swelling, pus, or excessive pain, you should see a healthcare provider for further evaluation and treatment.

Bruising

Apply Ice Pack: Wrapping an ice pack in a towel or washcloth and applying it to the bruised area for about 15 minutes can help reduce swelling and relieve pain. This can be repeated on and off during the first 24-48 hours after the injury.

Elevate the Area: Elevating the bruised area above the level of the heart can also help reduce swelling. This is typically done by propping the injured limb or area on pillows.

Pain Management: Acetaminophen (Tylenol) is a suitable over-the-counter pain reliever for managing pain associated with a bruise. It's advisable to avoid aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen, as they can increase the risk of bleeding.

Heat Application: Applying heat, such as a warm water compress or a heat pack, to the bruised area about 2 days after the bruise develops may help improve blood flow and promote healing. However, it's important to wait a couple of days before applying heat, as immediate heat application can potentially increase swelling in the early stages of a bruise.

Rape or Sexual Assault

Ensure Person Whom is Affected's Safety: The safety of the person who was assaulted is of utmost importance. Get them to a safe and secure place where they feel protected.

Inform Relevant Parties: Notify the host or event organizer and any other designated DMs (Dungeon Monitor). Cooperation and support from others are vital.

If Needed, Get Consent to Contact Relevant First Responders: With the consent or at the request of the person affected, assist them or give resources for them to contact the local law enforcement authorities to report the incident. It's important to involve the police for legal and investigative reasons. Note: Contacting any first responder or medical professional may instigate a mandatory reporting process with medical personnel or law enforcement.



Contact the Police only with the consent in coordination with the Head DM, and with the consent of those affected.

Provide Support: Ensure that the person is not left alone. Offer emotional support and reassurance. Listen without judgment, and respect their decisions regarding further actions. However, if they request space, honor this request immediately.

Contacting a Rape Crisis Center: Encourage the person to contact a local rape crisis center, if available, for additional support, resources, and information. You can also suggest calling the National Sexual Assault Hotline at 800-656-HOPE (4673) to connect with a rape treatment center near them.

Preserve Evidence: To preserve potential evidence for a legal case, advise the person not to bathe, use the bathroom, comb their hair, or change clothes until they have received a medical examination. It's important to maintain the integrity of evidence for any potential legal proceedings.

Do Not Clean the Scene: Do not clean or disturb anything at the site of the assault. Preserving the scene can be critical for investigations. You may be tempted to use your zip-loc bags to collect anything at the site of the assault, however, doing so, could harm the legal case as you can't be in the court's chain of custody for the evidence. Secondly, if you could, you do not want to be part of the legal case.

Cleaning and Infection Control

The Process

Step #1 – Clean or Sanitize

Cleaning (Sanitizing): The initial step in infection control involves the removal of visible debris from an object or surface. Cleaning or sanitizing does not typically destroy many pathogens (germs).

Examples of Cleaning (Sanitizing): This can include actions like washing with warm, soapy water or using chemical cleaners. Cleaning prepares the item or surface for the next steps.

Step #2 – Disinfection

Disinfection: The second step requires the item or surface to be cleaned first. It involves using a chemical disinfectant to eliminate or reduce the number of pathogens. When done correctly, disinfection is effective against most pathogens of concern.

Proper Disinfection Requirements: Proper disinfection involves ensuring the correct mixing/concentration of the disinfectant, allowing for effective contact time, and changing the solution as necessary. Disinfection is generally applicable to non-porous implements and surfaces, and it is effective against a wide range of pathogens.

Contact Time: refers to the duration a disinfectant must stay in contact with a surface for effective pathogen elimination. This time is typically listed on the disinfectant label and is crucial to follow for successful disinfection. **It is important that you know the contact time and observe it. Typically this is 3-5 minutes.**

Step #3 – Sterilization (Optional)

Sterilization: Sterilization is a process that is rarely required or necessary for general infection control. It entails the complete destruction of all microbial life, including bacteria, viruses, and spores.

Sterilization Methods: Sterilization is most commonly achieved using an autoclave, which utilizes heat and pressure to destroy microbes. It is a more intensive process compared to cleaning and disinfection and is typically reserved for specialized applications, such as in healthcare, laboratories, and medical device sterilization.

Cleaning Products

Select disinfectants carefully, as they vary in purpose and composition, including alcohols, chlorine compounds, and hydrogen peroxide. **Always follow label instructions** to use the right product correctly.



Disinfectants can release airborne chemicals that can harm sensitized individuals, causing issues like **asthma, skin irritation, and more**.

Ensure proper ventilation and safety precautions when using disinfectants.

Alcohol

Alcohol-based disinfectants, including ethyl and isopropyl alcohol, are effective against a range of microorganisms but have limitations:

- They work well against bacteria, fungi, and some viruses, but not against bacterial spores.
- Ideal concentrations for effective disinfection range from 60% to 90% solutions.
- Ethyl and isopropyl alcohol have demonstrated effectiveness against various viruses, including hepatitis B, herpes, and HIV.
- For *M. tuberculosis*, 95% ethanol can kill the bacteria in 15 seconds, while 20% isopropyl alcohol is effective against *Acanthamoeba* cysts.
- Alcohol towelettes are commonly used for small item disinfection, and external equipment surfaces can be disinfected with alcohol.

However, there are limitations:

- Alcohols can damage shellac and affect rubber and certain plastic tubing with prolonged use.
- They are flammable and must be stored in a well-ventilated area.
- Alcohol-based disinfectants evaporate quickly, making prolonged exposure difficult without immersion.

Careful consideration of their properties is necessary when using alcohol-based disinfectants to ensure effective and safe disinfection.

Bleach and Chlorine Compounds



Exposure to chlorine and chlorine-based cleaners can lead to health effects like **eye and skin irritation, respiratory issues, allergies, asthma exacerbation, gastrointestinal problems, chemical burns, and toxic gas production** when mixed with other cleaning products. **Ensure proper ventilation, follow instructions, wear protective gear, and avoid mixing chlorine products with ammonia or acid-based cleaners.** If adverse health effects occur, seek medical attention.

Chlorine and chlorine compounds, including hypochlorites, are commonly used disinfectants with several advantages and some drawbacks:

Advantages:

- Broad spectrum of antimicrobial activity.
- No toxic residues left behind.
- Effective regardless of water hardness.
- Inexpensive and fast-acting.
- Capable of removing dried organisms and biofilms.
- Low incidence of serious toxicity.
- The most widely used chlorine product in the United States is household bleach (5.25-6.15% sodium hypochlorite), which has many practical applications.

Disadvantages:

- Household bleach (5.25-6.15%) can cause eye irritation, throat and gastric burns.
- Corrosive to metals in high concentrations (>500 ppm).
- Inactivated by organic matter.
- Can bleach or discolor fabrics.
- Produces toxic chlorine gas when mixed with ammonia or acids (e.g., household cleaning agents).

Common Uses:

- A 1:10–1:100 dilution of household bleach is recommended for decontaminating blood spills.
- For small blood spills on noncritical surfaces, a 1:100 dilution can be used.
- Large blood spills require cleaning before applying an EPA-registered disinfectant or a 1:10 (final concentration) solution of household bleach.
- Surface decontamination for sharps injury prevention.
- Full-strength bleach is recommended for disinfecting needles and syringes due to difficulties in cleaning their interior.

Extreme care should be taken when using chlorine compounds to avoid percutaneous injury, and a **minimum contact time of 10 minutes** is typically recommended.

Hydrogen Peroxide



Hydrogen peroxide can **irritate skin and eyes, may be toxic if ingested, and should not be mixed with other chemicals.** Use it with caution and follow instructions for safe handling.

Stabilized hydrogen peroxide is a versatile disinfectant with broad germicidal properties. Here's an overview:

Properties:

- Hydrogen peroxide is effective against various microorganisms, including bacteria, yeasts, fungi, viruses, and spores.
- Concentrations of 6% to 25% show promise as chemical sterilants.
- A premixed sterilant containing 7.5% hydrogen peroxide and 0.85% phosphoric acid is effective for mycobactericidal activity.
- Hydrogen peroxide is stable when stored properly in dark containers and has minimal loss of potency, less than 2% per year at room temperatures.

Uses:

- Commercially available 3% hydrogen peroxide is a stable and effective disinfectant for nonporous surfaces.
- It can be used in concentrations ranging from 3% to 6% for spot-disinfecting fabrics.
- Regular monitoring of hydrogen peroxide dilution is essential to maintain its effectiveness, typically within the range of 7.5% to 6.0%.
- Hydrogen peroxide is a reliable disinfectant for various applications, with its stability and broad antimicrobial activity making it a valuable choice in infection control.

Peracetic Acid and Hydrogen Peroxide

A combination of peracetic acid and hydrogen peroxide, typically consisting of 0.23% peracetic acid and 7.35% hydrogen peroxide, is available as a chemical sterilant with specific characteristics:

Properties: This combination has been shown to effectively inactivate a wide range of microorganisms, with the exception of bacterial spores, within a 20-minute timeframe.

Limitations: It's important to note that the use of this combination can have adverse effects on materials such as rubber and certain types of plastics, causing them to swell and harden.

Barbicide



Barbicide is a disinfectant used in the beauty industry. It can be **harmful if ingested or exposed to skin, eyes, or mucous membranes**. Always follow safety instructions and use personal protective equipment. Ingestion can cause symptoms such as **vomiting, diarrhea, and abdominal pain**. If you experience adverse effects, seek medical attention.

Barbicide™ is used as the standard cleaning and disinfecting solution, designed for the beauty industry and approved by the EPA and CDC for various applications. Here are the mixing instructions and contact times for different Barbicide™ products:

Barbicide® Concentrate (for immersing implements):

- Mix 2 oz. of concentrate into 32 oz. of water.
- Contact time: 10 minutes.
- Change the solution daily.

Barbicide® Spray (for implements or surfaces):

- Mix 2 oz. of concentrate into 32 oz. of water.
- Contact time: 10 minutes.

Barbicide® Wipes (for implements or surfaces):

- Contact time: 2 minutes.

These guidelines ensure proper disinfection and safety when using Barbicide™, with specific instructions for different applications and contact times.

Cavicide



Ensure proper Ventilation when using Cavicide Spray and wipes!

Cavicide is a disinfectant used in healthcare. It can cause **skin and eye irritation, respiratory issues, and allergies**. Always follow safety precautions to minimize risks.

Cavicide is a brand of disinfectant used in healthcare and various settings to kill or prevent the growth of various pathogens on surfaces. Both Cavicide wipes and sprays are used for similar purposes, but there can be differences in application and safety. Here's what you need to know:

Safety Precautions for Cavicide Wipes and Spray:

1. **Read and Follow Instructions:** Always read the manufacturer's instructions on the product label for proper usage, dilution, contact time, and safety precautions.
2. **Personal Protective Equipment (PPE):** Depending on the product's concentration, it may be recommended to use gloves, protective eyewear, and possibly a mask when handling or using Cavicide products. Ensure you're using the appropriate PPE based on the product's label instructions.
3. **Ventilation:** Ensure that the area where you're using Cavicide products is well-ventilated, especially when using the spray form, to prevent inhalation exposure to the disinfectant fumes.
4. **Contact Time:** Cavicide products require a specific contact time to effectively disinfect surfaces. Do not wipe or touch the surface until the recommended contact time has passed.
5. **Avoiding Contact with Skin and Eyes:** If contact with skin or eyes occurs, rinse immediately with plenty of water. Seek medical attention if irritation persists.

Cavicide Wipes:

- **Pre-saturated:** Cavicide wipes are pre-saturated with the disinfectant, making them ready to use. This can be more convenient for quick surface disinfection.
- **Limited Reach:** The wipes may be less suitable for disinfecting large or hard-to-reach areas compared to sprays.
- **Single-Use:** Each wipe is typically designed for single use. Dispose of used wipes properly.

Cavicide Spray:

- **Concentration:** Cavicide spray typically comes in a concentrated form that needs to be diluted according to instructions before use. It may require more preparation and handling, but it can be more cost-effective in the long run.
- **Coverage:** Sprays can cover larger surfaces more quickly, making them suitable for disinfecting larger areas.

Emergency Procedures

Loss of electricity/Power

- All DMs are to turn on their flashlights IMMEDIATELY.
- The head DM blows their whistle and announces loudly:
“Quiet please, this is the DM, please stay exactly where you are, tops please stay with your partners.”
- DMs should stay in their assigned area and assist in providing light.
- In the event that the power is not restored, DMs may have to assist in releasing bottoms from restraints/bondage.
- Maintain order and safety in your assigned area until advised otherwise by a head DM.
- **Off-duty DMs should:**
 - Report in to assist if necessary or go to the nearest scene in progress to provide light.
 - If you are engaged in play, DO NOT leave your partner to assist others until it is safe to do so. Your first responsibility is to your partner.
 - When offering assistance to players make sure you state:
“I am an off-duty DM, please allow me to assist you.”

In the event of an Earthquake

- Duck and Cover
- Wait until tremors have stopped
- If power has been lost, all DMs are to turn on flashlights IMMEDIATELY.
- When the tremors have stopped, the head DM will blow their whistle and announce loudly

“Quiet please, this is the DM, please remain calm and stay where you are until notified otherwise. Is anyone injured? Tops please end your scenes and release your bottom from any restraint.”

- Maintain order and safety in your assigned area until advised otherwise by a head DM.
- DMs tend to any injuries in the area. Keep the room quiet and still until contacted and advised by a head DM.
- In the event of a serious earthquake be prepared to evacuate the building upon advice of the head DM.
- **Off-duty DMs should:**
 - Report to assist if necessary.
 - If you are engaged in play, DO NOT leave your partner to assist others until it is safe to do so. Your first responsibility is to your partner.
 - When offering assistance to players make sure to state:
“I am an off-duty DM, please allow me to assist you.”

In the Event of a Fire

This is the worst possible situation as the building must be evacuated quickly and safely.

- If you are near a fire extinguisher, use it quickly.
- Whether the fire is large or small, evacuation begins immediately.
- Evacuate as follows:
 - The Dms not involved with fire suppression go immediately to the nearest exit door and opens it.
 - The head DM blows their whistle and announces LOUDLY:

“Quiet please, remain calm, this is the DM. Tops please release your bottoms from any restraint and stay with them at all times. We need to immediately evacuate the building. Leave everything, walk, do not run, quietly and quickly without pushing to the nearest exit.”

- When offering assistance to players make sure to state:
“I am an off-duty DM, please allow me to assist you.”

How to properly use a Fire Extinguisher

To use a fire extinguisher, remember PASS:

- P** **PULL THE PIN** at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.
- A** **AIM** at the base of the fire and not at the flames. You must extinguish the fuel to the fire.
- S** **SQUEEZE** the lever. This will release the extinguishing agent in the extinguisher. If the handle is released, the discharge will stop.
- S** **SWEEP** from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out.

Single Person Release Technique

The Single Person Release Technique was designed to assist with the extraction of a person who has collapsed from a standing position but who is still restrained by arms and possibly legs. The objective is to get the person in a prone position on the ground with minimum trauma to the body, This procedure only applies to a person in restraints.



This release is not intended to be used on suspensions.

Procedure:

1. Assess the scene and create a safe perimeter and then immediately remove any objects directly under or near the person. Have your bolt cutters or safety shears on your person when you approach the bound person.
2. Adhere to BSI procedures, as appropriate.
3. Confirm that the bound person is breathing normally and that the airway is clear. Listen or look for sounds of wheezing, gurgling or anything else that might alert you to an obstructed or compromised airway.
4. Immediately release any restraints that could interfere with breathing and that are not keeping the person from falling (i.e. ankle cuffs).
5. Stand behind the bound person with your hips straight forward, facing the person. Institute the "Lunge Stance" as described above with your right knee firmly between their legs. Ensure that when the individual is released that their full weight will land firmly on your leg just at or above the knee.
6. Lean the person back into your body. Then reach up and release them from restraint. If the individual is restrained by any means other than panic snaps you will need the assistance of another person or you will be required to use your medical shears/bolt cutters to cut away any restraints.
7. When the person is released, it is probable that they will become "dead weight". Be prepared for their full weight and make sure they do not fall off of your knee. Use both of your arms to support either side of their body to keep it on your knee, if necessary, gently but firmly wrap your arms around the person like in a bear hug.
8. Gradually straighten your knee and slowly begin to back up and allow them to slowly slide off of your leg. Use both of your arms underneath the armpits of the individual for support. Keep your arms perpendicular with their shoulder blades and gently guide them down your leg.

9. When it comes time for the neck and head to be supported, slowly slide your hands from underneath their shoulders and support the neck and head by supporting it in both of your hands. Do this gently and avoid any jerking or twisting of the neck. Ensure that you support the head with your hand, all the way to the ground, before you step away. Do not let the head drop.
10. When the person is completely on the ground, recheck their skin color, breathing and consciousness. If they are still unconscious, roll them on to their left side to minimize the risk of vomiting.

Exercise: With guidance, practice taking someone down from the St. Andrews Cross.

Scenarios

1. The bottom is on the ground and the top is kicking, stomping and trampling them.
2. A top has a large flogger, and their backswing is interfering with a walking space, bystanders, or another scene.
3. A top playing with their partner on the cross, places toys on an unused massage table. You are approached by someone asking if they could use the massage table for a scene.

Appendix

Exercise: What is a DM? Answer Guide

What IS a DM?	What a DM is NOT?
Alert/Sober Anticipatory Approachable Attentive Aware Aware of own personal limits Calm Cheerful Communicator Confident Courteous Decisive Diplomatic Discrete Ego-Free Experienced Facilitator Focused Friendly Helpful Identifiable/Visible Informed Knowledgeable Knows Party Rules Level-headed Lifeguard Mentally capable Neutral Non-threatening Observant Open Minded Patient Physically capable	Argumentative Best Friend Biased Critic Discriminatory Emotional Gossip Hysterical In Role (Master, Dominant, Top, slave, submissive, bottom) Inattentive Intrusive Irrational Keeper of the One True Way Letcher/letchee Medical Expert Moral Judge/Jury Perfect Players Playing Police Privileged Security Shows favoritism Shy/bashful Socializing Teacher Thin-skinned Unapproachable Vengeful Wishy-washy

What IS a DM?	What a DM is NOT?
Polite Prepared Problem Solver Professional Reliable Resourceful Respectful Rover Safe Safety Monitor Situationally Aware Supported by Party Host Unintimidated	

Scene Intervention Scenarios Answer Guide

Would you choose to Monitor, Intervene, or Stop the following situations, and why?

Activity	Monitor	Intervention	Stop
Arguments or loud swearing; loud offensive speech involving race, religion or orientation.			
Bottom having breathing difficulties; gasping, wheezing or unable to catch breath.			
Individuals monopolizing play equipment			
Violations of posted house rules			
Aggressive and persistent stalker-like behavior			
Drunkenness, belligerence, slurred speech			
Flogger or whip infringing on other scenes			
Hard paddling on the ribs, back, knees or tops of feet or shins.			
Hard striking on bones or organs, especially kidney, spine, neck or head.			
Striking bleeding wounds, causing airborne droplets.			
Flogger tips inadvertently wrapping around the body being hit.			
Facial expressions or cries of apparent anguish.			
Hearing a Safeword			
Ignoring a Safeword			
Breasts bound tightly causing ballooning.			
Absence of emergency release tools			
Bound player is left alone without anyone			

DMing Play Scenarios Answer Guide

1. A pair of players start a scene on a St. Andrews cross, without consulting the DMs prior. They drape a sheet over the cross, and one of the players is secured to the cross with a pair of bondage mittens. After some flogging, the players check in with each other. At this point, an open mouth, an O-ring gag is secured to the player on the cross. The player on the cross is then asked to close their eyes and stick out their tongue. At this point the top takes a 9-volt battery and uses it to lightly shock the stuck-out tongue, eliciting a reaction from the player on the cross.

The 9-volt battery used on the tongue is electrical play, and may be prohibited by the party rules. However, the player on the cross potentially can't safeword. With bondage mittens, and a gag on, they may not be able to call a safeword, and the mittens prevent any non-verbal hand signal safeword.

2. In a party environment, two bystanders sitting on a couch have started making out. After a bit one in the pair runs their hand up to the other's neck and lightly grabs it.

When a party has a no-breathplay rule, anything such as a hand on the neck that could look like its breath play is not allowed. In this case, it is not clear if any breathplay has occurred, but the DM should kindly remind the pair about the breathplay rule.

Glossary of Sex, Kink, and BDSM Terms

AFAB: A person who was assigned female at birth.

AMAB: A person who was assigned male at birth.

Aftercare: When a scene is over, aftercare is the emotional and physical care that's administered, usually by a top, that is used to prevent more intense emotional aftereffects. Proper aftercare may be used to prevent a drop.

Agency: The ability to make decisions unhindered by outside influences, manipulation or pressure.

Agender: A person who does not identify with any gender, or intentionally doesn't follow expectations of gender.

Age Play: Play where at least one of the players embodies an age-based role, such as a parent-child scenario.

Androgyny: A gender identity in which a person feels their gender is between "male" and "female" and feels both masculine and feminine simultaneously. An androgyne person may feel more masculine than feminine, more feminine than masculine, or an equal amount of both at any given time. Presenting androgynously is not a requirement for this gender identity.

Aliagender: Someone who defines their gender as "other" than a man or a woman. It was coined as a way to talk about a third gender without appropriating the term Third Gender from other cultures.

Animal Play: Kink where one partner, usually the submissive, pretends to be an animal often at the amusement, training, grooming, and affection of the Dominant. Examples include: Puppy play, Kitty play, Horsey play, etc.

Asexual: An adjective used to describe people who do not typically experience sexual attraction (e.g., asexual person).

Assumed Gender: The gender a person is assumed to be by society, based on their sex assigned at birth and/or their gender presentation. We recommend not assuming a person's gender, it risks causing harm to the person whom may be misgendered.

Balls Out Risky Kink (BORK): Permissive and exceptionally risky sexual behaviors. Differs from typical edge play in that this type of play can have catastrophic results even with proper equipment maintenance and techniques, there is still a major risk present.

Bastinado: Impact play involving the soles of the feet.

BDSM: AKA Bondage, Discipline, Dominance, Submission, Sadism, Masochism. An umbrella term used to describe a sexual practice that involves the use of physical control, psychological

power, or pain. It typically includes the components of bondage and discipline, domination and submission, or sadism or masochism.

Bicurious: Similar to questioning, bicurious people are exploring whether or not they're attracted to people of the same gender as well as people of different genders.

Bigender: Someone who identifies with two distinct genders, such as man/woman or woman/androgynous. Bigender people don't necessarily identify with each gender 50% of the time, and unlike gender fluid people, they don't exist on a spectrum, either.

Bisexual: Sometimes shortened to "bi." A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender, or to those of another gender. People may experience this attraction in differing ways and degrees over their lifetime. Bisexual people need not have had specific sexual experiences to be bisexual; in fact, they need not have had any sexual experience at all to identify as bisexual.

Bit: A style of mouth gag that are often cylindrical, can be made of metal, silicone, leather or other materials.

Blood Play: Play that involves the risk of or the actual drawing of blood during play.

Bondage: Acts involving the physical restraint of a partner.

Bondage and Discipline: A type of BDSM practice that incorporates bondage (tying, binding, or restraining someone) and discipline (punishing a submissive partner when they break a rule).

Boundary: A personal, communicated limit. Boundaries can be hard (non-negotiable) or soft (things you might be scared to try, or are not particularly fond of).

Bottom: The person in a scene who follows the orders and receives the sensations.

Bottom Drop: A sub sometimes falls into a brief depression after an intense scene; they've made themselves vulnerable during the scene, and likely had large rushes of adrenaline and endorphins in their bodies during the scene, and may feel lonely when the scene ends. This can happen minutes (or even days) after a scene.

Brat: A submissive who is deliberately uncooperative, challenging, topping from the bottom, pretending to be young, for the purpose of eliciting attention and/or punishment from their Dom(me).

Breath Play: A form of play when one participant controls the breath of the other. This may include choking, asphyxiation, blood coking, waterboarding and/or use of a gas mask and tube or rebreather; as well as other forms of oxygen restriction. It is considered edgeplay and not allowed in many clubs or parties. A non-verbal safeword should be used with this form of play.

Bullwhip: A type of singletail, consisting of a woven or braided leather whip, usually longer than 4' with a short rigid handle.

Cane: A thin rod used for striking, commonly made of hardwood, bamboo or acrylic.

Cage: A (typically metal) container to restrain someone, or something in. A cage might be the size for a human to fit in, or designed to fit over genitals for use in chastity play.

CBT: Cock and ball torture, the act of inflicting pain and torture to a penis and testicles through many different techniques, including: slapping, kicking, punching, squeezing, smacking, with needles, impact, hot sauce, electricity, and more.

Chastity: A form of erotic sexual or orgasm denial, where a person is prevented access to (or stimulation of) their genitals, sometimes by the use of a chastity belt

Chemical Play: Using chemicals to produce sensation – such as tiger balm, menthol, rubbing alcohol, toothpaste, wintergreen oil, Tabasco sauce, ginger or peppermint.

Cis-Gendered: This word originates from the Latin-derived prefix cis, meaning “to this the near side.” CIS means naturally born or given gender, such as someone who identifies as male, who was born with male identified genitals, or a woman who was born with female identified genitals.

Collar: A symbol used to represent that a submissive or slave is owned. Can be an actual collar but can also be an anklet, bracelet, or anything the Dominant and submissive/slave decide upon.

Collared: A sub who has committed to being owned by one (or more) particular Master or Dom(me).

Compersion: A happy, giddy and/or erotic feeling that comes from seeing or hearing about your partners’ pleasure with someone else.

Consent: Agreeing to certain acts. Critical in a BDSM scene or relationship. Practitioners believe that consent is what separates BDSM from assault.

Consensual Non-consent (CNC): A type of play which involves engaging in behaviors that may include; role-playing, struggle play, non-consensual behaviors, or may involve negotiating sexual behaviors where one partner agrees to give up consent during certain behaviors or relationships.

Contract: An arrangement that outlines the rules and structures of a BDSM relationship. It may be written or oral and revoked by either party at any time.

Corporal Punishment: Punishment involving pain, often through impact, as a means to discipline. Sometimes used for behavioral modification and power dynamics play.

Crop: A thick flexible tool used for striking, sometimes made from bamboo, wood or acrylic.

Cruising: Asking many people at a party or event if they are interested in hooking up with them for pick-up play. This may be discouraged at some BDSM parties.

Demiromantic: People who do not experience romantic attraction until a strong emotional or sexual connection is formed with a partner.

Demisexual: People on the asexual spectrum who do experience some sexual attraction, but only in certain situations, such as; after they've formed a strong emotional or romantic connection with a partner.

D/s: D refers to the Dominant in a Dominant/submissive relationship. The Dominant is usually capitalized while the submissive/sub is kept lowercase, to signify the erotic power exchange in the relationship.

Dom / Top drop: The tops' equivalent of sub drop, it is an emotional condition caused by the drop of adrenaline after a BDSM play scene. It can manifest in a variety of emotional responses including anger, anxiety, loneliness or depression, and can occur minutes to days after play.

- Daddy Dom:** A Dom who assumes the role of being more nurturing/caring, and may something engage in age play with the submissive.

Dom(me): A Dominant.

Domestic: Often applied to a submissive who serves in the home, cleaning, cooking and running the household, this may or may not involve sexual activity.

Domina / Domme: A Dominant who identifies as or embraces a feminine gender role

Dominatrix: A femme-identifying dominant who can be a professional for pay, live the lifestyle, or otherwise engage in BDSM activities.

Dominance and submission (D/s): A term for the behaviors or rituals that a submissive person follows in a BDSM relationship. In D/s, one person usually has power over another.

Dominant: A person who has authority in a BDSM relationship or scene.

Drop: The physical or emotional exhaustion that takes place after a scene. Both tops and bottoms may experience a drop. Crying, feeling sad, and physical shaking or teeth chattering are all signs of a drop.

Dungeon: A location where BDSM play takes place (usually in a person's home or at a club).

Dungeon Monitor: A person (or group of people) who supervise BDSM activities at a club or play party, to make sure the acts being performed are safe and consensual.

Edging: Bringing someone close to the edge of having an orgasm and then sometimes denying the orgasm.

Edge Play: BDSM acts that are considered more intense or dangerous. Everyone's level on the spectrum of BDSM activities is different, but edge play can involve a chance of real physical or psychological harm, such as breath play, blood, knives, mindfuckery, interrogation, and even

rope.

Electro Kink: Play that involves electrically-charged objects such as violet wands, stun guns, cattle prods, etc.

Exhibitionism: Erotic arousal at the idea (or reality) of being seen naked or engaged in activities by consenting voyeurs.

Failsafe: A “just in case” arrangement that allows the bottom to escape from bondage in case of emergency. Could be physical and/or social.

Female to Male (FtM): A term used to refer to a transgender man, who was assigned female at birth, and has since transitioned to male. Also seen as “FTM”.

Fetish: An interest (or perhaps an obsession) with a specific experience, body part, or object that becomes one of sexual association.

Fetish Wear: Specialty clothing, often associated with kink and BDSM (usually leather attire or other role-playing costumes).

Figging: The act of placing a piece of peeled ginger, garlic, radish or other aromatic piece of root into the vagina or anus. This is a variant of chemical play. The piece of plant matter creates a warm, hot, or burning sensation that can feel pleasurable or painful.

Fire Cupping: A form of fire play that may be allowed at parties when other forms of fire play are not allowed. This form of play involves heating a special glass cup up with a flame and applying the cup to the skin to create a hot sensation and suction on the skin.

Fire Play: Play involving the use of flammable liquids, to create quick, fleeting contacts of flame on the skin.

Foot Fetish: Having an erotic attraction for feet. This can include worshiping the foot, kissing them, smelling, massaging, licking, sucking, getting stepped on, etc.

Forced Orgasm: An orgasm that is induced on a person (somewhat) against their will. Forced orgasm should be negotiated ahead of time.

Furry: One who assumes an animal character in play, sometimes with a costume or accessories.

Gag: Any device or object placed in the mouth to prevent a person from speaking or making loud noises, or sometimes, to hold the mouth open.

Gender Expression (GE): The external manifestations of gender, expressed through such things as names, pronouns, clothing, haircuts, behavior, voice, body characteristics, and more.

Gender-fluid: Someone for whom gender identity and presentation is a spectrum. A gender-fluid person doesn't confine themselves to one gender. Instead, they may fluctuate

between presenting as feminine, masculine, neither, or both.

Gender Identity (GI): One's own internal, deeply held sense of gender. Some people identify completely with the gender they were assigned at birth (usually male or female; referred to as “cis”), while others may identify with only a part of that gender, or not at all. Some people identify with another gender entirely. Unlike gender expression, gender identity is not visible to others.

Gender Non-Conforming: A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming. Many people have gender expressions that are not entirely conventional – that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender does not make someone gender non-conforming. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as gender non-conforming.

Gender Play: A type of BDSM play when an individual in a scene takes on the role of a different gender or plays of gender stereotypes.

Gender Questioning: A person who is questioning their current gender identity and/or exploring other identities and presentations.

Genitorture: The act of inflicting pain and torture to the genitals through many different techniques, including: slapping, kicking, punching, squeezing, smacking, with needles, impact, hot sauce, electricity, and more.

Glory Hole: A hole cut into a wall or partition in which the penis is inserted in order to receive oral sex or masturbation from a (often anonymous) person on the other side.

Golden Shower: Showering a partner with urine.

Grandmother Rule: Generally applies to vanilla spaces such as public areas in a hotel where a BDSM event is being held, or heading to a play party at someone's house; appearance and conduct should be such that if you happened to bump into your grandmother, she wouldn't be shocked.

Hard Limits: An activity or sexual act that is off-limits.

Hedonistic: Prioritizing the pursuit of pleasures.

Heteroflexible: A person who identifies as primarily heterosexual but may occasionally find someone of the same gender appealing.

Heterosexual: An adjective used to describe people whose enduring physical, romantic, and/or emotional attraction is to people of the opposite sex. Also known as “straight.”

High-Protocol: An event or play that involves well-defined, negotiated power dynamics, roles,

and responsibilities (often with D/s dynamics). For example, a high-protocol dinner might involve the use of service submissives with very strict rules as to their conduct and service.

Homoflexible: A person who identifies as primarily homosexual but can occasionally find the opposite sex appealing.

Horse (furniture): A piece of bondage furniture consisting of a plank supported by two legs on each end where a person may be bent or tied over and flogged or spanked.

Human Furniture (forniphilia): Play where the submissive(s) assume the role of furniture, such as a footstool, cabinet or table.

Humiliation: This involves a sub agreeing to demeaning and embarrassing situations, verbal insults, servitude, cross dressing, and other activities by their Dom(me).

Hypno Play: Where a Dom hypnotizes a sub in order to put them into an altered state of consciousness.

Impact Play: A type of BDSM play that involves striking the body. This can be done with whips, canes, paddles, a hand, flogger, riding crop, or other instruments.

Intergender: Someone who experiences their gender as in-between other genders, such as someone whose gender falls somewhere between being a man or a woman.

Interrogation Play: A play scene which includes cross-examination or torture.

Intersex: An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. Those variations are also sometimes referred to as Differences of Sex Development (DSD). Please avoid the outdated and derogatory term "hermaphrodite." While some people can have an intersex condition and also identify as transgender, the two are separate and should not be conflated.

Kink: Particular sexual (or non sexual) practices and play that gets a person off. BDSM is often referred to as kink.

Kink Shaming: Making fun or demeaning someone else's kink.

Knife/Blade Play: This involves using a blade to either psychologically induce an adrenaline rush as a form of sensation play, or actually cutting skin. Considered a form of edge play. This type of play may not be allowed at some venues and parties.

LGBTQIA2S+: Acronym for lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit individuals. Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. LGBT and/or GLBT are also often used.

Low-Protocol: Play or an event where D/s dynamics and roles are more loosely negotiated or enforced. A more casual event. For example, a low protocol event might have service submissives, but they may be allowed to speak to guests and Dominants.

Master: The person who has control over a slave in a consensual master-slave relationship.

Masochist: An individual who likes or becomes sexually gratified by their own pain or humiliation.

Mentor: A trusted guide or coach.

Male to Female (MtF): A term used to talk about transgender women, who were assigned male at birth and have since transitioned to female. Also seen as “MTF.”

Misgender: When someone uses the wrong pronoun or term to refer to a person, such as calling a transgender boy “her” or a transgender girl “him.” It is considered common courtesy to ask someone what their gender pronouns are. Everyone makes mistakes! If you misgender someone, apologize and correct yourself.

Mummification: Immobilizing the body by wrapping it up; usually with layers of bondage tape, food film or shrink wrap, and can be used as sensory deprivation technique.

Munch: An informal meeting or party, in a vanilla setting (often at a public place), where people interested in BDSM can mingle and socialize.

Mx.: Used instead of Mr., Mrs., or Ms. for someone who does not identify as either a man or a woman and/or identifies as nonbinary. Example: Mx. Smith.

Needle Play: This involves using needles/sharps on a partner, such as sticking a needle (temporarily) through a body part or erogenous zone. This type of play may not be allowed at some venues and parties.

Negotiation: Prior to the commencement of a scene, people talk outside their roles, limits, preferences, and can be a fun, fantasy-filled conversation. Some choose to draw up contracts.

Non-binary and/or Genderqueer: Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as non-binary and/or genderqueer. Non-binary is sometimes shortened to “enby” or “NB.”

Non-Verbal Safeword: An item that can be dropped or signaled to indicate to the top that the scene and play needs to be paused or stopped immediately. Popular non-verbal safewords include tennis balls, bells, foot positions (such as on toes), etc.

Objectification: The subject is dehumanized, treated as an animal, slave, furniture, toy, etc.

Omnisexual: Being strongly attracted to, or aroused by, all sexes.

Orgasm Denial: The dominant partner will bring the submissive close to the brink of orgasm and then back off, preventing or delaying the orgasm.

Owned: When a submissive or slave is the consensual partner of a Master or Owner, usually in a long-term relationship.

Pangender: A Non-binary gender identity, referring to people who experience all gender identities either simultaneously or over time.

Pain Slut: A submissive who craves pain.

Pansexual: A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to any person, regardless of gender identity.

Party Host: The organizer of a play party. This may or may not be the owner or manager of a venue. Party hosts organize performances and activities, and are a source of information and party etiquette.

Pegging: The practice of using a strap-on dildo for anal penetration.

Pet Play: A submissive is treated like a loved pet, (e.g., puppy or pony).

Play: A term used to describe erotic, sensual, sexual, and/or BDSM acts themselves.

Play Party: A social gathering where guests can engage in erotic, sexual, and/or BDSM activity.

Player: A person who has multiple relationships with multiple people. In the swingers community, it is a person who is a participant in the community, while in the BDSM community, it is someone who is currently participating in a scene at a play party.

Plushie: One who plays with stuffed/plush animals, which may or may not be a sexual act.

Polyamory (Poly)/Ethical Non-Monogamy (ENM): Describes people who have consensual relationships that involve multiple partners. Polyamorous people talk openly with their partners about the desire to have sexual and/or emotional relationships with multiple people, and often set ground rules for their relationships. Polyamorous people can be in relationships with monogamous people.

Polygender: Someone who has more than one gender and either experiences all of their genders at once or is moving between genders at any given time.

Polysexual: Having sex with multiple partners without commitment, often done in group parties or orgies.

Pony Play: A form of animal play where at least one person in a scene assumes the role of a horse or pony. Activities in this form of play may include but are not limited to: grooming, races, feeding carrots, dressage, parading, cart-pulling, breeding and riding.

Power Exchange: A situation where two or more people consensually and voluntarily agree to assume and/or yield authority over one another.

Predicament Bondage: A type of bondage where the intent is to place the bound person in an awkward, difficult, inconvenient or uncomfortable situation. Predicament bondage can be intellectual or physical, or a combination of the two, and can often involve a negotiated consequence if the bottom “fails” at the task, or a reward if they “win.”

Pro Dom(me): A professional top and dominant who dominates and provides service in exchange for pay. May or may not be sexual.

Protocol: Rule(s) that people practicing BDSM agree to follow. For example, a “High-Protocol” event might involve a dress code, defined roles and rules for submissives and dominants. A “low (or no) protocol” event might not have similarly well defined roles or a dress code.

Puppy: A sub who acts like a puppy or canine for the gratification of their desires and for the amusement of their Dominant or Top.

Queening: When a femme (the queen you must worship) sits on your face, another term for face-sitting, often used in D/s play.

Queening Bench: A piece of dungeon play equipment with an open bottom for oral sex to be performed.

Queer: An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual (e.g. queer person, queer woman). Typically, for those who only identify as queer, the terms “lesbian”, “gay”, and “bisexual” are perceived to be too limiting and/or fraught with cultural connotations which they may feel don't apply to them. Many people identify as both queer and another sexual orientation (e.g. queer and a lesbian).

RACK: Risk Aware Consensual Kink which are BDSM community guidelines on how to make sure everyone is aware of the dangers and potential risks of the play they consent to.

Rape: Sexual intercourse without the consent of all participants and chiefly by force or deception. This includes stealthing. Rape is a heinous crime.

Rape Play: Fantasy roleplay that is negotiated, involves safewords, and is generally considered a form of consensual non-consent play.

Role Play: When one or more people take on a different identity during a scene, to fulfill a desire or fantasy. (e.g., teacher-student, doctor-patient, or boss-employee).

Rope Bunny: A demo model or bottom in a rope scene.

Rope Play: Play involving a person being tied up with rope. It may involve restraint, being tied to objects, and/or full (or partial) suspension.

Sadism and Masochism: This subset of BDSM involves inflicting pain or humiliation for the purpose of pleasure or sexual gratification.

Sadist: A person who enjoys (or becomes sexually aroused by) inflicting pain or humiliation on

someone else.

Safe, Sane, and Consensual (SSC): This term describes what the BDSM community considers ethical behavior. This involves being aware of the type of risks involved in different kinds of play, taking precautions to avoid unintentional harm, and engaging in play when you are not in an altered state due to medications, or controlled substances which can inhibit the ability to negotiate and consent.

Safe Word: An agreed upon word or phrase that a bottom, sub, or slave can say during a scene to stop the activity or session immediately. Some common safe words are “red,” “red light,” “safeword,” “cacao,” “pineapple,” “banana,” or “mercy.” “Stop” is not a common safe word.

Safe Call: A prearranged call to let a friend know you are okay, especially in first meeting situations.

Sapiosexuality: The attraction or arousal by intelligence and conversation.

Scat Play: Play involving defecation.

Scene: A designated time frame where the BDSM activities or encounters occur. This can be structured with protocols and take place in a dungeon or club, or at someone’s house, a hotel, or other designated location.

Sensory Deprivation: Using various objects such as blindfolds, ear plugs, etc, to deprive the subject of one or more senses. May be used to enhance other senses such as touch; or to create insecurity, push limits or build trust.

Sensual Dom(me): A Dom(me) that is more sweet and nurturing.

Service-Oriented: A person who gains pleasure from performing services. May be sexual or nonsexual, BDSM related or not.

Service Top: A top who is focused more on giving the bottom what they desire, over the top’s own pleasure and interest.

Session: A date/meeting/play time otherwise known as a scene, but generally less structured.

Sex (gender): At birth, infants are commonly assigned a sex. This is usually based on the appearance of their external anatomy, and is often confused with gender. However, a person’s sex is actually a combination of bodily characteristics including chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics. As a result, there are many more sexes than just male and female, just like there are many more genders than just male and female, as well.

Sex (act): The physical practice of engaging in sexual or erotic activity. Can involve or be separate from kink and BDSM.

Sex Assigned at Birth: Also seen as (SAAB). Refers to the sex (usually male or female, but sometimes intersex) a doctor designated a person as, after examining their genitals.

Sex Magick: A sex act done as part of a ritual, can involve a non-sexual purpose.

Sexual Orientation/Sexuality: Describes a person's enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay, bisexual, or queer. For example, a person who transitions from male to female, and is attracted solely to men might identify as a straight woman.

Sex Reassignment Surgery: Sex reassignment surgery (SRS), also called gender confirmation surgery (GCS), refers to doctor-supervised surgical interventions, and is only one small part of transition. Avoid the phrase "sex change operation." Do not refer to someone as being "pre-op" or "post-op." Not all transgender people choose to, or can afford to, undergo medical surgeries.

Sexual Orientation (SO): The desire one has for emotional, romantic, and/or sexual relationships with others based on their gender expression, gender identity, and/or sex. Many people choose to label their sexual orientation, while others do not.

Shibari: A western name for Kinbaku, a type of bondage originating in Japan and characterized by extremely elaborate and intricate patterns of rope, often used to restrain the subject and to stimulate the subject by compressing the breasts or genitals, the aesthetics are considered to be very important.

Singletail: A whip that has a single lash. Generally requires skill and training to use properly.

Sissy: A male-identifying sub who uses feminization and dressing as a girl, to reach a different emotional or mental state.

Slave: A person who gives up control of one or more parts of their life to a master.

Soft Limits: An activity limit which is more flexible than a hard limit. It might be an act that a person hesitates to perform or is scared to engage in, but may be willing to try with a specific person after developing trust over time.

Sounding rods/sound: A rod, sometimes beaded, meant for insertion into the urinary passage. Used for expanding and stretching the urethra for medical purposes or for pleasure.

Spanking Bench: A piece of BDSM play furniture that a bottom lays on (or over), to put them in a prone position for spanking and impact play. Many benches have restraint points for rope, cuffs, etc.

Spotter: A person who monitors the safety of the submissive in a specific scene, most commonly used for complex bondage and suspension scenes.

St. Andrews Cross: A piece of BDSM play equipment in the shape of a large X, which

someone can be restrained to, with rope, cuffs, or other means, for the purposes of impact play.

Stealthing: When one member in a sexual encounter removes or does not use a prophylactic without the knowledge and consent of the the other parties. Stealthing is considered a form of rape.

Sub Drop: An emotional condition following intense BDSM play that may involve a variety of emotions from sadness and clinginess to anger, can happen immediately, hours, or even days after play, and can often be prevented by immediate aftercare from a session.

Sub(missive): Someone who submits to a dominant person in a BDSM relationship or scene. Submissive can be shortened to sub. The submissive sets their boundaries and everything is pre-negotiated with the use of safewords.

Subspace: An altered or dream, trance-like state which may be accompanied by feelings of security, safety and floating thoughts, which a submissive can feel while they are engaged in a BDSM scene.

Swinging: Non-monogamous recreational sex with the consent, knowledge and often reciprocal participation of one's partner. This often does not include a romantic relationship with the swinging partner and can be just one night, at a swinging party, event, or otherwise one-off act.

Switch: A person who may assume either the role of a top or bottom, dominant or submissive, in a BDSM scene.

Tease and Denial: Keeping another person aroused to keep them in a continual state of anticipatory tension or heightened sensitivity.

TENS Unit: A device that applies electrical currents, often used in the medical community to relieve pain by blocking impulses through the nerves. Stands for Transconductance Electrical Nerve Stimulation. Is considered to be a part of electrical play.

Top: A person who directs or performs the BDSM acts in a scene.

Topping From the Bottom: When a bottom tries to control a scene even though it was agreed that the top would be in charge.

Total Power Exchange (TPE): A relationship where a sub grants full and complete control, authority and decision making power to their Dom/Domme, the most extreme form of 24/7 D/s relationships.

Transgendered: Having a gender that does not match the genitalia one is born with.

Transsexual: A person who has strong desires to become the opposite of their birth sex, or was born into a gendered body that does not match who they are or identify as.

Transvestite: A person who behaves or dresses in a manner generally associated with the opposite sex – not necessarily an indication of their sexual partner preference.

24/7: A D/s relationship where the dominant partner controls nearly all aspects of a submissive partners' life, according to terms negotiated in advance and can involve a contract.

Unicorn: A bisexual femme who is willing to join a couple for an MFF threesome.

Vanilla: A term used by people in the kink community to label sexual behavior that doesn't involve kink. Being vanilla is not a bad thing!

Violet Wand: A device used for electrical play most commonly made of glass and filled with a gas that glows a brilliant color and causes a static electricity discharge that can be intense and used to stimulate others, often in a painful sense.

Voyeurism: A voyeur is someone who enjoys watching others have sex, undress, or perform an act (usually sexual). It is common for most folk who are beginning their kink journey to be voyeurs at parties and events to acclimate themselves to the environment.

Wartenberg Wheel: A small metal pinwheel lined with spikes, which can be run over a partner's erogenous zones for stimulation. Its intended medical purpose is to check for nerve damage and reflexes.

Watersports: Play that involves urination, also referred to as golden shower.

Wax Play: When hot wax is dripped onto someone for sensation and/or to create a desired visual decoration on a body.

Zentai: A socially popular subculture derivative from Japan – Zentai is a skintight stretchy full body suit often made from nylon or spandex, that covers everything. Zentai means different things to different people – for some it is anonymity, for others, it means liberation from judgment. Wearing the Zentai suit takes away or diminishes the senses at the same time it warps them, since touch, sight, smell, is hampered, emotions become heightened. Often worn for events, grinding parties, in dance, or cosplay, they heighten the fetish, kink and bondage experience.

Zipper: An arrangement of clothespins or spring clamps tied along a length of cord which is clipped onto the body and then yanked off.