



Policy 1121

Subject PERSONS IN HOSPITAL ENVIRONMENTS	
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By Order of the Police Commissioner

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POLICY

It is the policy of the Baltimore Police Department (BPD) to ensure the safety and security of people who require medical attention while in BPD custody. When guarding and securing persons in a hospital environment, the below measures shall be taken to ensure arrestees are guarded with minimal risk and

inconvenience to all affected persons while providing maximum safety to the arrestee, clinical staff, the public, and BPD members. When an arrestee is in custody and requires medical attention, members have a duty to ensure their well-being. When an arrestee is admitted to the hospital or receives medical care at a healthcare facility, members must cooperate with clinical staff to ensure that the arrestee receives appropriate medical care. In addition to the guidelines in this policy, members shall follow the guidelines of each respective hospital when an arrestee is transported.

DEFINITIONS

Direct Hospital Admission — hospitalization without first receiving care in the hospital's emergency department. This is an alternative approach to hospital admission.

Hospital Admission — the act or process of a person being accepted into a hospital for inpatient care when they have a serious or life-threatening problem (e.g., heart attacks), or a less serious disorders that cannot be adequately treated in another place (e.g., at home or in an outpatient surgery center). A doctor, the primary care doctor, a specialist, or an emergency department doctor—determines whether people have a medical problem serious enough to warrant admission to the hospital beyond the initial emergency room admission

DIRECTIVES

Members

Hospital Demeanor

1. When inside hospital environments, members shall cooperate with clinical staff and treat them with courtesy.
2. Members shall stand or move to area(s) identified by clinical staff members to prevent interference with patient care.
3. If the patient is in BPD custody (i.e., under arrest or subject to investigative stop), members shall advise the clinical staff of the patient's custodial status.
4. If members need to interact with a patient who is not in BPD custody and related to the incident/case (e.g., witness or victim), the members shall coordinate with the clinical staff to facilitate. As a reminder, interactions with the patient must be voluntary on the part of the patient.

Charging

5. If issuing a criminal citation to a person in police custody who is transported to the hospital, members shall issue the citation at the hospital. Once the citation is issued, the arrestee shall be released from BPD custody.
6. If the arrestee is admitted to the hospital, members shall begin the bedside commitment procedures in accordance with Policy 1117, *Adult Booking Procedures*.

7. If a member is planning to charge an arrestee who is taken to the hospital for medical care, and a criminal citation is not an option, members shall apply for criminal charges from the Court Commissioner's Office and maintain custody of the arrestee.
 - 7.1. If a criminal summons is received, serve the criminal summons and release the arrestee from custody. Members shall not guard and secure patients who are no longer the subject of a custodial arrest. Any interactions with a hospital patient who is not in custody must be voluntary on the part of the patient.
 - 7.2. If an arrest warrant is obtained, maintain custody of the arrestee.

Transport to Hospital

8. When it is determined that an arrestee is to be taken to a hospital due to an injury, complaint of injury, or being medically rejected by the Central Booking and Intake Facility (CBIF), members shall:
 - 8.1. Immediately notify a supervisor and ensure the arrestee in need of medical care is transported to the nearest hospital and searched prior to transfer to the hospital (see Policy 1114, *Persons in Police Custody*).
 - 8.2. Consult with a supervisor to determine whether additional members are needed to provide security for the arrestee. Factors that shall be considered to determine whether additional members are needed to provide security for the arrestee include, but are not limited to:
 - 8.2.1. An escape attempt made by the arrestee,
 - 8.2.2. Statements by the arrestee of having family and/or acquaintances assist with a hospital escape,
 - 8.2.3. Known prior escapes,
 - 8.2.4. Expressions of self-harm or suicidal ideation,
 - 8.2.5. The arrestee's current and/or potential charges, especially if charges relate to violent crimes,
 - 8.2.6. Gang affiliations, etc.
9. If an ambulance is needed for transport, members shall physically secure the arrestee on the gurney with handcuffs *and* leg irons, except when injury or sickness precludes the use of approved metal restraining devices. Flex-cuffs may *only* be used when other restraining devices are not available or when requested by the clinical staff and after BPD supervisory approval is obtained.
 - 9.1. If a restraining device is requested to be removed by EMS staff, at least one form of restraint shall remain active (i.e., if not leg irons, then handcuffs; if the right arm is free, the left arm shall remain restrained, etc.), unless the EMS staff request removal of all restraints, as deemed clinically appropriate.

- 9.2. Members shall ride in the rear of the ambulance to maintain the security of the arrestee unless the member is transporting the arrestee to the hospital in a BPD vehicle.
- 9.3. If the receiving hospital requires two members to be present, a second member shall follow the ambulance. Police Officer Trainees shall not fulfill this requirement.

Arrival at Hospital

NOTE: Refer to Policy 824, *Body-Worn Camera*, for recordings made in hospitals.

10. Members shall ensure the arrestee enters the hospital via the emergency room entrance.
11. Upon arrival, members shall check in with the hospital security/public safety office and provide the following information, if known, to the hospital security/public safety staff:
 - 11.1. Arrestee's name,
 - 11.2. Any special security concerns known to the member, such as known gang membership, prior escapes, or escape attempts,
 - 11.3. Any physical or mental health concerns known to the member, and
 - 11.4. The supervisor's name, rank, and phone number.
12. Members may be provided with an orientation briefing or guidance by the hospital security/public safety staff. Members shall follow the orientation briefing or guidance, if provided.
13. Members shall ensure the arrestee does not have any property on their body, including but not limited to belts, shoelaces, wallets, money, and contraband (see Policy 1401, *Control of Property and Evidence*).
14. Members shall **always** accompany the arrestee and keep the arrestee within a direct line of sight. Each arrestee requires at least one member to guard them at all times.
15. Prior to placing the arrestee in a room, members shall thoroughly inspect the area to ensure there are no safety threats (e.g., scissors, other sharp objects, telephones with cords, etc.) or escape routes that the arrestee can utilize (e.g., windows, additional exit doors, etc.)
 - 15.1. If possible escape routes are identified, members shall notify a permanent-rank supervisor and request an additional unit to cover the identified additional escape route.
 - 15.2. If safety threats are identified, members shall request the clinical staff member(s) to remove them.
16. All arrestees shall be accompanied by members in full uniform or plainclothes members with their departmental identification and badge affixed on their outermost garment (see Policy 1005, *Non-Uniformed Policing Standards*).
 - 16.1. Under no circumstances shall arrestees freely move about on their own in an unsecured area, especially around civilians.

17. Members shall not fraternize with the arrestee.
18. Members shall always stay alert and not engage in activities that would distract them.
19. Members shall notify clinical staff if the arrestee expresses self-harm or suicidal ideation at any time.
20. Members shall comply with hospital rules and procedures. If there is a conflict, members shall immediately contact a supervisor, who will consult with the clinical staff.
21. Members shall check for clear radio communication with the dispatcher.
 - 21.1. If there is none, members shall obtain a hospital radio, ensure interoperability with the hospital security officers and note the presence of a hospital radio on the member's BWC. This applies to emergency treatment, admissions, and inpatient rooms.
22. Members shall ensure a single occupant room is assigned and relay the room number to the supervisor and dispatcher.
23. Members shall NOT enter psychiatric areas of the hospital except for the transfer of a person in custody, which includes an Emergency Petition (see Policy 713, *Petitions for Emergency Evaluation & Voluntary Admission*) or other exigent circumstances (e.g., assisting clinical staff in the event of an attack by the arrestee).
 - 23.1. If entering psychiatric areas of the hospital with a person, members shall:
 - 23.1.1. Ensure no weapons, batons, knives, firearms, ammunition, CEWs, or OC spray are brought into the areas and secure weapons in designated lockers before entering. Members shall have sufficient resources at the psychiatric areas of the hospital to maintain control of the person while securing the member's firearm.
 - 23.1.2. Immediately remove the handcuffs from the person and immediately transfer them to the hospital or security staff.

In-Hospital Monitoring

24. Unless otherwise advised by clinical staff due to specific hospital procedures and legal requirements (e.g., surgeries, CT scans, MRIs, X-rays, etc.), sedation, and/or severe injury, members shall secure the arrestee to the bed, stretcher, or wheelchair with the use of metal restraints while the arrestee is in a hospital room and while at the hospital in general. One arm and one leg shall be secured to a bed, stretcher, or wheelchair at all times.
25. Members shall thoroughly search the arrestee before and after all room changes and during hospital detail shift changes.
 - 25.1. Members are prohibited from involving hospital security officers in the search.
26. If the arrestee's food requires utensils, members shall ensure that only a spoon is permitted.
27. Members shall **always** accompany the arrestee when transported within the healthcare facility.

28. Members shall contact clinical staff if the arrestee requests anything such as water, food, clothes, linens, or magazines.
- 28.1. The use of physical restraints on pregnant, labor, delivery, and postpartum recovery is governed by the Healthy Births for Incarcerated Women Act, codified in Maryland Correctional Services Article § 9-601 (see Appendix B).
- 28.1.1. The use of flex-cuffs for normal restraint is **prohibited**.
29. Members shall not conceal restraints under sheets, towels, or anything else, unless specifically directed by clinical staff for medical purposes.
30. Members shall assist and attempt to protect clinical staff if arrestee becomes violent or disruptive.
- NOTE: Members are strongly discouraged from utilizing OC spray to gain compliance with the arrestee (see Policy 1118, *Oleoresin Capsicum Spray*).
31. If clinical staff request the removal of handcuffs and/or leg irons for examination, members shall, when possible, seek permission from a supervisor prior to removing restraints from the arrestee. However, members shall not delay necessary medical treatment to obtain approval.
32. Once the Arrestee is assigned a room, members shall request that the clinical staff bring a portable commode chair to the arrestee's room.
- 32.1. If the arrestee requires a restroom break, members shall:
- 32.1.1. Place the commode chair next to the arrestee's bed, stretcher, or wheelchair.
- 32.1.2. Un-cuff the arrestee's leg iron. Handcuffs shall remain on the arrestee and the bed, stretcher, or wheelchair.
- 32.1.3. When the restroom break is over, re-cuff the leg iron onto the arrestee.
33. If the room has a functioning telephone, members shall:
- 33.1. If possible, remove the telephone,
- 33.2. Refrain from making outgoing calls.
- 33.3. Only provide the telephone number to law enforcement personnel.
- 33.4. Answer all incoming calls and ensure the arrestee does not answer or converse on the telephone unless the arrestee is conversing with their attorney.
34. If a portable commode chair is unavailable, members may consult with clinical staff to determine the safest and most respectful course of action.
- 34.1. If the use of an actual bathroom is required, members shall not allow the Arrestee to enter or remain in the bathroom alone at any time during their restroom break.

35. If the member requires a restroom break, members shall request relief from another member regardless of how many members are assigned to guard the arrestee. (i.e., any member requiring a restroom break shall be replaced by another member.)
36. Members shall notify the dispatcher hourly of the status of hospital details.
37. Members shall remain at the post until relieved and are prohibited from having hospital security officers assume security duties for arrestees.
38. When relieved, members shall provide the relieving member with the following applicable information:
 - 38.1. The arrestee's known medical condition, any signs of distress, and any known accommodation(s) that have been made,
 - 38.2. The arrestee's current and/or potential charges, especially charges related to violent crimes,
 - 38.3. Prior knowledge of the arrestee's demonstrated propensity for violence,
 - 38.4. Any known history of escape attempts, no matter how recent or long ago, and/or history of self-harm and/or suicidal ideation or expression,
 - 38.5. Charges placed or to be placed against the arrestee,
 - 38.6. Who may or may not visit the arrestee,
 - 38.7. Any known gang affiliations or other potential security threats,
 - 38.8. The approximate amount of time the arrestee will be hospitalized,
 - 38.9. Where the arrestee will be transported when released; and
 - 38.10. The hospital radio information.

Fingerprinting

39. Members shall work with the hospital staff to determine if the arrestee has a medical condition that requires the use of personal protective equipment or a contagious medical condition that will not allow the Crime Scene Unit (CSU) to safely collect fingerprints when necessary.
 - 39.1. Members shall report this hospital determination to CSU as soon as practical.
 - 39.2. If the hospital confirms that the arrestee has a contagious medical condition or PPE is required for interactions, fingerprinting shall be delayed until the arrestee is medically cleared or released from the hospital.

Non-Custodial Patient Property

40. Members shall activate their body-worn camera (BWC) during the seizure of ANY patient property (see Policy 1109, *Warrantless Searches*) and:
 - 40.1. Complete Form 58, Hospital Patient Property Seizure, (see Appendix A) during the seizure of patient property, whether on the patient or with them, regardless of the patient's level of consciousness or capacity.
 - 40.2. Upon completion of Form 58 and the seizure of the property, members shall provide a copy of Form 58 to the patient and clinical staff.
 - 40.2.1. In cases where the patient is unconscious, members shall provide a copy of Form 58 to clinical staff AND leave a copy in a visible location in the patient's room.

Arrestee Visitation

41. Members shall inform the arrestee and their visitor(s) that:
 - 41.1. Photo identification is required;
 - 41.2. The visitors will be subject to a warrant check: and
 - 41.3. All articles in which contraband and/or weapons could be secretly hidden within the visitor's possession will be inspected.

NOTE: Members cannot use a person's refusal to provide photo identification to develop RAS.

42. Any arrestee visitation must comply with the hospital's visitor policy in addition to the requirements of this policy. Members shall obtain a copy of the hospital's visitor policy upon arrival at the hospital or when the arrestee is assigned to a room, whichever is more practical.
 - 42.1. Youth arrestees who are going through the Department of Juvenile Services (DJS) process are permitted visitors as they pertain to their custody within the DJS process (e.g., parents/caregivers/guardians, assigned DJS Case Managers, and Community Division Workers/GPS Workers for youth who have electronic monitoring). These provisions can be amended for serious medical conditions/treatment.
43. Arrestees are prohibited from contact or communication with anyone except identified clinical staff, health care decision makers, patient support personnel or the arrestee's attorney.
44. Arrestees with life-threatening conditions, as determined by the attending physician, may only be seen by clearly identified visitors and/or healthcare decision makers (e.g., next of kin, power of attorney), with the Shift Commander's authorization. Members shall record the name of the attending physician that determined the life-threatening status, and limit visitation to:
 - 44.1. Immediate family members, such as a spouse, parents/guardians, siblings, or grandparents;

- 44.2. Clergy or other religious officials, as requested or authorized by family;
 - 44.3. Legal representative; and
 - 44.4. Anyone deemed necessary and appropriate by the Shift Commander.
45. Upon the Shift Commander's authorization for visitors, members shall notify clinical staff and security officers of all approvals, and:
- 45.1. Only allow one visitor at a time, except for small children. More than one visitor may be allowed (e.g., small children accompanying an adult) upon the Shift Commander's authorization.
 - 45.2. Except in the case of a life-threatening injury to the arrestee (i.e., in which the attending physician believes it is likely that the arrestee may succumb to their injuries), all visits shall take place within the time constraints of the hospital's visiting policy and hours and with the Shift Commander's authorization.
 - 45.2.1. In the case of a life-threatening injury, and with the clinical staff's permission, the Shift Commander may authorize an off-hour visit, provided the conditions of 42.1 through 42.4 above are met.
 - 45.3. Ensure visits do not exceed 30 minutes, unless special circumstances exist subject to supervisory approval.
 - 45.4. Require photo identification and conduct a warrant check on each visitor.
 - 45.4.1. In the case of a visitor *failing* to provide photo identification (i.e., they do not have photo identification due to never obtaining a driver's license, state identification, etc.), members shall consult with the Shift Commander for permission to allow the visit.
 - 45.4.2. If a visitor *refuses* to furnish identification for a warrant check, deny the visit.
 - 45.5. Ask to inspect all articles in which contraband and/or weapons could be secretly hidden within the visitor's possession, such as a briefcase, a carrying case, or a handbag, and, if a visitor refuses inspection, deny the visit.
 - 45.6. Conduct a careful pat-down of the garments worn by all visitors, and, if the pat-down is refused, deny the visit. To avoid cross-gender encounters, members of the same gender as the visitor shall conduct the pat-down (see Policy 1109, *Warrantless Searches*).
 - 45.7. Do not leave the visitor and the arrestee alone during the visitation, unless the visitor is the arrestee's attorney.
 - 45.8. Record the name(s) of the visitor(s), date, and time of arrival of the visitor(s) on BWC.

Arrestee Discharge

46. When the arrestee is released from treatment, members shall:
 - 46.1. Obtain discharge instruction documents signed by the attending physician.
 - 46.2. Discharge instructions and any prescription(s) are the arrestee's personal property and shall be transported with the arrestee and given to the jail.
 - 46.3. Search the arrestee and ensure they are restrained.
 - 46.4. If used, return the hospital radio to the security office.
 - 46.5. Notify the nursing staff and hospital security before leaving the hospital.

Supervisors

47. Once a supervisor is notified that an arrestee will be transported to a hospital, prior to the arrestee's arrival, supervisors shall notify the hospital's security/public safety office and provide the arrestee's name, pending charges, the supervisor's contact information, and any special security and/or any physical and mental health concerns.
48. Once an arrestee has been transported to a hospital, supervisors shall:
 - 48.1. Conduct a risk assessment of the arrestee to determine how many officers will be assigned to guard the arrestee, consult with members, and assign other members as needed.
 - 48.2. Additional risk assessments may be necessary as the arrestee's behavior and condition change. Ensure clinical staff and relief supervisors are notified of the detail and when the risk level changes.
 - 48.3. Supervisors shall ensure radio communication with the dispatcher is clear.
 - 48.3.1. If there is a lack of clear communication, supervisors shall conduct an inspection to determine whether two members are needed.
 - 48.4. When two members are assigned, it is preferred that at least one member be of the same gender as the arrestee.
 - 48.5. Reassign members as needed and provide a subordinate with relief when requested.
 - 48.5.1. The preferred maximum time for a member's assigned hospital detail is four hours.
 - 48.6. Inspect the condition and status of the hospital detail at the start of each detail, continue to inspect every four hours, and record each inspection via Computer Aided Dispatch (CAD) or the dispatcher.

- 48.7. Ensure handcuffs and leg irons are secured on the arrestee and approve or deny the use of flex-cuffs when medical examination requirements conflict with metal restraints.
- 48.8. Ensure detailed officers make hourly calls to their dispatcher, and, if an hourly call is missed, contact the officers.
- 48.9. If hospital rules interfere with this policy, resolve the conflict with the consultation of clinical staff. The safety of the arrestee, clinical staff, and officers are paramount.

Shift Commanders

- 49. Upon notification of an arrestee's request for visitors or a request from a member of the public to visit the arrestee, Shift Commanders shall:
 - 49.1. Authorize visitation from the arrestee's legal counsel or identified clinical staff.
 - 49.2. Authorize visitation in accordance with the directives outlined in numbers 43 through 43.8.
 - 49.2.1. Obtain the name of the physician who determined the condition,
 - 49.2.2. Authorize visitation only after first consulting with the physician, and
 - 49.2.3. Ensure all hospital visits are handled in keeping with this policy and the applicable hospital policies, including their policy on patients in custody, visitors and support personnel.

Communications Section

- 50. Once an arrestee is transported to a hospital, dispatchers shall:
 - 50.1. Maintain an open line of communication with members on hospital details.
 - 50.2. Attempt to reach members who do not conduct hourly calls while on hospital details.
 - 50.3. If an hourly call is missed, dispatch another member to the hospital and notify the member's supervisor.
 - 50.4. Note in the call history the room number and the hourly call information.

REFERENCED POLICIES

Policy 713, Petitions For Emergency Evaluation & Voluntary Admission
Policy 824, Body-Worn Camera
Policy 1005, Non-Uniformed Policing Standards
Policy 1109, Warrantless Searches
Policy 1114, Persons in Police Custody
Policy 1117, Adult Booking Procedures
Policy 1118, Oleoresin Capsicum (OC) Spray
Policy 1401, Control of Property and Evidence

RESCISSION

Rescind PCM 24-09, Hospital Detainees, dated 01 July 2024

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDICIES

- A. Form 58 – BPD Hospital Patient Property Seizure
- B. Maryland Correctional Services Article § 9-601, Pregnant Incarcerated Individual

APPENDIX A: Form 58, BPD Hospital Patient Property Seizure

Form 58

June 2024

Baltimore Police Department – Hospital Patient Property Seizure

I. Incident/Case Information (Print Information):		
1. CC#:		2. Date/Time:
3. Hospital/Facility:		4. Address:
II. Responsible Officer Information:		
5. First Name:	6. Last Name:	7. Rank:
8. Seq #:	9. Assignment:	10. Phone #:
III. Person from whom Property Seized:		
11. First Name:	12. Last Name:	13. Phone #:
14. DOB:	15. Email:	16. ID or Soundex:
17. Address:		
IV. Individuals receiving a copy of this form:		
18. Click the box for all individuals receiving the form:		
<input type="checkbox"/> Person from whom property seized		<input type="checkbox"/> Hospital Staff - Name: _____
<input type="checkbox"/> Family Member - Name: _____		<input type="checkbox"/> Other - Name: _____
V. Property Seizure:		
The property documented in Form 58 is being seized pursuant to a criminal investigation. A BPD detective will follow-up with the property owner with information on how to inquire about or request return of seized property. Additionally, information on how to request return of seized property can be found on the back of this form.		
19. Description of Property Removed:		
Responsible Officer Signature:		Date:

Appendix A: Form 58, BPD Hospital Patient Property Seizure

Form 58

June 2024

IMPORTANT NOTICES:**How to request return of seized property:**

The Baltimore Police Department's Evidence Management Unit ("EMU") stores property seized or collected in connection with criminal investigations. If you are seeking the return of seized property, please contact the evidence management unit at 410-396-2048 or EvidenceSubmissions@baltimorepolice.org. If you believe that your property has been lost or destroyed, or believe that the list of seized property that you receive is incorrect, you may learn more about pursuing a claim or dispute by visiting the following website <https://law.baltimorecity.gov/>.

For more information, visit <https://www.baltimorepolice.org/claim-property>.

Victim Services Unit (VSU):

If you have any questions about the resources available to you as a victim, please email Victim Services Unit (VSU) at victimservices@baltimorepolice.org.

Complaints regarding BPD:

If you would like to file a complaint, complaints can be filed in the following ways:

- Online via the [Baltimore Police Department Public Portal](#)
- Email: Complaints@baltimorepolice.org
- [Unified Complaint Form](#)
- [Formulario de Quejas de la Policía](#)
- 24-Hour Toll-Free Hotline: [1-833-288-7245](tel:1-833-288-7245)
- Telephone: [410-396-2300](tel:410-396-2300)
- In-Person at any [district police station](#)
- U.S. Mail

If you do not wish to file a complaint at a police district, you may file a complaint in-person or by calling any of the following locations:

Public Integrity Bureau

2524 Kirk Ave
Baltimore, MD 21218
410-396-2300

Office of Equity and Civil Rights

7 E. Redwood St. (9th Floor)
Baltimore, MD 21202
410-396-3151
Email: PAB@baltimorecity.gov

APPENDIX B: Maryland Correctional Services Article § 9-601, Pregnant Incarcerated Individual

A physical restraint may not be used on an incarcerated individual while the incarcerated individual is in labor or during delivery, except as determined by the medical professional responsible for the care of the incarcerated individual.

(f)(1) Subject to paragraph (2) of this subsection, a physical restraint may not be used on an incarcerated individual known to be pregnant or in postpartum recovery.

(2) A physical restraint may be used on an incarcerated individual known to be pregnant or in postpartum recovery if:

- (i) the managing official of a correctional facility, the managing official's designee, or a local sheriff makes an individualized determination, which shall be recorded on the transport or medical record of the incarcerated individual, that a physical restraint is required to ensure the safety and security of the incarcerated individual, the staff of the correctional facility or medical facility, other incarcerated individuals, or the public according to policies and procedures adopted by the Department and the managing official of a local correctional facility or the managing official of the agency designated to transport incarcerated individuals; and
- (ii) the physical restraint is the least restrictive necessary and does not include waist or leg restraints.

(3) Notwithstanding paragraph (2) of this subsection, if a doctor, nurse, or other health professional treating an incarcerated individual known to be pregnant or in postpartum recovery requests that physical restraints not be used, the correctional officer or other law enforcement officer accompanying the incarcerated individual shall immediately remove all physical restraints.