



St Jude India ChildCare Centres

Occupancy Manual

JANUARY 2026

Introduction

Given the phenomenal need and utter demand for the services offered by St Judes, it is imperative that we manage the occupancy at our centres judiciously, with a lot of deep thought and process orientation. This will help the needy families and St Judes to make the best use of the resources available. By following the admissions and occupancy process we can ensure that:

None of the units remain unoccupied even for a day

The most-needy families who are the best fit for St Judes get admission

Returnees are continuously tracked so that they do not abandon treatment Returnees get utmost priority when they return for their follow-ups or maintenance.

List of Partner Hospitals

Mumbai:

1. Tata Memorial Hospital, Parel
2. ACTREC, Navi Mumbai
3. King Edward (VII) Memorial Hospital (KEM Hospital)
4. Lokmanya Tilak Municipal General Hospital (Sion Hospital)
5. Brihanmumbai Municipal Corporation CTC, PHO & BMT Centre (CTC, Borivali)
6. NH SRCC Children's Hospital (SRCC Hospital)
7. Bai Jerbai Wadia Hospital for Children (Wadia Hospital)
8. B.Y.L. Nair Charitable Hospital, (Nair Hospital)

Kolkata

1. Tata Medical Centre - (New Town -Rajarhat)
2. Saroj Gupta Cancer Centre & Research institute - Thakurpukur

Jaipur

1. Sawai Man Shing Hospital
2. JK Lon Hospital
3. Bhagwan Mahaveer Cancer Hospital & Research Centre
4. State Cancer Institute
5. Mahatma Gandhi Hospital
6. Apex Hospital

Delhi

1. AIIMS
2. Super specialty Pediatric hospital & Post Graduate Teaching Institute
3. Safdarjung Hospital

Hyderabad

1. MNJ Institute of Oncology and Regional Cancer Centre
2. Basavataarakam Indo American Hospital
3. Rainbow Children's Hospital
4. L.V Prasad Eye Institute
5. Nizam's Institute of Medical Sciences
6. Little Star Hospital

Guwahati

1. Dr. B Borooah Cancer Institute

Vellore

1. Christian Medical College and Hospital (CMC)

Chennai

2. Adyar Cancer Institute
3. Apollo
4. SRMC
5. ICH
6. Shankar Nethralaya

Varanasi

1. Homi Bhabha Cancer Hospital
2. Mahamana Pandit Madan Mohan Malviya Cancer Centre

Muzaffarpur

1. Homi Bhabha Cancer Hospital

Vizag

1. Homi Bhabha Cancer Hospital and Research Centre

Bangalore

1. N rayana Hrudayalaya Hospital.

Role of the Occupancy Team/Occupancy Officer

The role of Occupancy Personnel at every location is to visit hospitals and disseminate information about St. Judes to families whose children are undergoing cancer treatment. Interested families are interviewed, screened and provided accommodation upon fulfilling the St. Judes' admission criteria as stated below.

The Occupancy Personnel ensures that no unit remains vacant without good reason. This is in line with our vision of catering to needy pediatric cancer patients and utilizing unit sponsorships optimally and responsibly.

He/She should act as a bridge between the hospital & the centre, sharing all important and crucial information in a timely manner, and escalate any concerns proactively for prompt reconciliation of matters.

New Admissions

St Jude India ChildCare Centres came into being to serve the population of children who come to **the treatment centres in metro cities** for cancer treatment and find it difficult or impossible to afford safe, clean and low-cost or no-cost housing accommodation.

Referrals for Occupancy

As per our mandate, we seek out such families and provide them with free housing within close proximity to the hospitals. The occupancy team scouts for patients from:

Referrals through medical social workers and doctors

The General OPD Section and General Wards of the hospitals we are in liaison with.

Eligibility Criteria

We select those families who have **preferably** both parents/caregivers accompanying the child and who are:

- Outstation families
- Unable to afford housing and would live on the footpaths or in very poor conditions which would jeopardize the child's health and/or cause them to abandon treatment.
- Of such families and we give preference to girl children who are living on the street
- Children who have a good prognosis (indicated as "Curative" on **Doctor Referral form** (or the Cost Certificates **obtained from the Hospital and the recommended by the Doctor, wherever it is available**))

- Children whose files belong to General category
- The child should be in the age bracket of 0 to 15 years (subject to exception)
- Both parents should stay with the child during the course of the treatment **(subject to exception as per the doctor's feedback & St Judes internal discussion)**
- In special cases – single parent families and cases wherein the child-mother or father and immediate relative is going to stay with the child No consumption of Tobacco/ Paan or Alcohol. Must be ready to follow a vegetarian diet.
- Must be ready to follow the rules and regulations of St Judes.
- We do not take families out of turn. We strictly follow our waitlist order. In case there is external pressure being applied by the family, we evaluate the situation on a case-to- case basis.
- Single parents of with a child above 8 yrs can be accommodated.
- Always check first if any appropriate guardian is available to accompany the parent.
- Maternal/paternal grandmothers/maternal grandfather/elderly female relative can accompany the child's mother.
- Maternal/paternal grandfathers or paternal grandmother can accompany the child's father.
- Aadhar cards must be checked for verification.
- Need to ensure that the grandparents accompanying the single parent are physically able to help the parent in taking care of the child and managing hospital/centre work.
- Children above 15 years of age can be accommodated as per the doctor's request and approval from the CPO.

Format for Dr. Referral Form:

ST JUDE INDIA CHILD CARE CENTRES

Name of the Hospital - _____ Date of registration- _____

Name of Patient: - _____ Age & Gender: _____

File No: _____ Type of cancer & stage: _____

Prognosis (%) _____ Intent (curative): YES/NO _____

Doctor's comments -

Signature of the Doctor

Name of the Doctor

Date: _____

Exceptions:

As per our experience of various locations, and the requests of the hospitals/treating doctors, certain exceptions can be exercised at the discretion of the Chief Program Officer, Occupancy PL

List of Exceptions

Locations escalate any such request to the CPO, PL, and the Occupancy Team in **“Special Case Admission”** format with all documents and details. Final approval given by the CPO.

Special Case Admission Approval & Information Format

Need approval for a special case _____ (Hospital)

The child is suffering from _____ (Diagnosis)

The child is from _____ and is undergoing treatment at (Location).

Chemotherapy treatment/Similar is going on, the child is with his _____ (Caregivers)

Because _____

All documents have been checked and are correct.

(Other caretaker feedback) – Medical history if any

Details are below:

Child Name-

Age –

Gender-

File No & Regi Date-Native Place-

Current Accommodation-With the child

The Guardian's full details of given below:

Name- Age - Education - Occupation

Same as above.

The photo of the documents should be attached to the mail and details should be updated in MIS that the request was under the exceptions category.

Guidelines for the CPO to decide:

- The patient's file must belong to the general category
- The Treating Doctor of the child is to be mentioned
- Preferably should be a first-time case and should not have had treatment before this anywhere else.
- Type of Cancer
- There should be no metastasis (we should ensure that the disease has not spread from one organ to another non – adjacent organ or part)
- Find out the stage and degree of the disease
- How long will the treatment take?

Case when external pressure is applied by the family for out-of-turn admission

Guidelines for the CPO to decide:

- Discuss with the treating Doctor and ascertain the exact details of the case
- Preference is always given to new admissions who are waitlisted and wait for their turn.
- All aspects must be considered before coming to a conclusion on the case.

Foreign Nationals

St Jude's provides free accommodation in India to Non-Resident minors and their families travelling from the neighboring countries such as Bangladesh, Nepal, Sri Lanka, Bhutan and other countries for medical treatment on the basis of referrals made by specialty hospitals in India with whom St. Jude's have Memorandums of Understanding. The minors and their families are introduced to St. Jude's through referrals sourced from social workers at the treating hospitals or partner hospitals.

Registration with Foreigners Regional registration Office/ Foreigners Registration Office– (Referred FRRO):- All foreigners (except Nepal & Bhutan Citizens) visiting India any long term (more than 180 days) Visa which includes the Medical attendant Visa that would be issued to the parents and for the patients would be issued Medical Visa (Med-Visa) are required to register themselves with the FRRO/FRO concerned having Jurisdiction over the place where the foreigner intends to stay, within 14 days of arrival. St. Jude's staff has to request for a login account with the FRRO for registration where the foreigner is accommodated. Within 24 hours of arrival, the Form 'C' has to be filed online (<https://boi.gov.in/content/from-c>) with FRRO and the at the time of discharge, to be followed in the same way.

Every hospital admission and discharge to be done from the centre and again to be registered in FRRO once they come to the centre.

Documents Required for Admission at St. Jude's:

Valid Passport & Visa: Med Visa for the patients & Attendant Visa for Caregivers (the patients should have at 6 months -1 years (Validity of passport & Visa) along with others papers from the hospital.

Formalities with the hospital:

Form of recommendation to Stay with St. Jude's: To be Signed by treating doctors (form attached below)

For the Unit file: Along with identification and hospital documents, the Undertaking to be Signed by Caregivers (form attached below)

Receiving a Foreign National Patient at St. Jude's:

- Occupancy Team/CL/PL receives the referral from the hospital/social worker.
- All documents need to be thoroughly checked.
- The patient should fulfil the regular admission criteria and concerned PL should be informed.
- An email should be sent to the CPO and Occupancy Team by the CL/PL for any special cases.
- Once the child is admitted at the centre, details are updated in MIS accordingly as per the St. Jude's internal process.
- The patients & caregivers have to follow the guidelines laid by St. Jude's.

The Hospital Referral Letter Format

To,

St Jude India ChildCare Centres,

Sub: Recommendation to stay at St. Jude India ChildCare Centre

Dear Sir/Ma'am,

We would like to recommend that _____, a resident of _____ - _____ undergoing treatment at our hospital and his/her parents be provided accommodation at the premises maintained by St. Jude India Childcare Centre.

We acknowledge and accept that:

St. Jude shall not be responsible or liable under any circumstances for the medical condition or deterioration in health or death of the patient while staying in the premises of St. Jude India Childcare Centre.

We bear responsibility of complying with all formalities (including filing of Form C) with respect to FRRO and that St. Jude India Childcare Centre shall not be liable for any breach or default.

St. Jude India Childcare Centre shall not be responsible any fraud or inconsistencies in the documents produced by the patient and their families, to enter India and avail the medical treatment.

Thank you,

Name of the Doctor: _____

Signature: _____

Date: _____

Undertaking Form to be Signed by Parents



Undertaking

My child is undergoing treatment at..... , at location

My child's name is..... and his / her passport number valid from to..... and visa type (MED) no of entries Valid from to

Guardian 1:

I,, relation with patient holding passport number valid from to..... and visa type (MEDX / Tourist / Others) no of entries valid from..... to

Guardian 2:

I,, relation with patient holding passport number valid from to..... and visa type (MEDX / Tourist / Others) no of entries valid from..... to

We hereby give the following undertaking to St Jude:

We have been provided accommodation at St Jude India ChildCare Centres and aware of all the rules and regulations. We promise to abide by the same.

We will vacate the centre a week before the expiry if visa dtd.....In case of passport one month before the expiry dtd.....

We have in place all the requisite consents and visas and FRRO clearances to temporarily reside and all of these are valid and subsisting and will be valid and subsisting during the entire duration of our stay with St Jude India ChildCare Centres.

We acknowledge that St Jude has the right to cancel the admission beyond the staying time mentioned in this clause.

We will furnish the passport copies along with the Xerox copy self-attested to St Jude.

The undertaking will be governed by the laws of India and the courts of Kolkata, if Mumbai will have exclusive jurisdiction.

Name of the person giving the undertaking

.....
(Signature)

Short- Term Stay

- Families can be accommodated for a short-stay duration as per the Short-Term stay SOP (Short-term stay SOP is attached as Annexure).
- Each request from the hospital/treating doctor to be assessed on a case-to-case basis.
- Email for approval to be sent to the PL/CPO
- Families can be accommodated on a short-term basis after the final approval from the PL/CPO.

Admission Process

All families who need accommodation are asked to come and visit the centre. Members of the Occupancy Team and/or Senior Staff at the Centre meet each family. It is important for more than one staff member to be present at this meeting to ensure an objective observation and assessment of the family. The purpose of the visit is to be able to meet the entire family and evaluate their needs and ability to adjust to the Centre. At the time of this initial visit to the centre by the family we get further information from the family e.g.

Name of the Child

File Number and Registration Date at the hospital

Type of Cancer

Cost Certificate- wherever available

File Category – General / Private or NC

Father's and Mother's - occupation and income Any

other siblings - where do they currently stay

Where are they staying in currently in the city - free or paid accommodation

Phone number

Treated at any other hospital?

All these details are noted by the Occupancy team/Centre Staff and entered into the Waiting List maintained by them in MIS

Staff can see the patient's file and make an assessment of the treatment so far and the projected duration of stay. **Wherever files are not available, these details should be collected from the hospital.** Staff also explains our most important rules and the need for families to be able to abide by St. Jude's rules and regulations.

MIS Process for Waitlist & Admission

- Timely adding new patients to Occupancy Management System under New patient, when the 1st time approach been done to needy pediatric cancer patient families and briefed them about St. Jude.
- The mandatory details have to be added to new patient to add the profile to waitlist.
- The interaction needs to be added in MIS as and when the telephonic or face to face interactions have been done.
- Post the initial contact, meeting the family at least twice –
- To gauge their willingness to stay with us for the duration of the treatment and to comply with our rules and regulations.
- To check requisite documents such as medical file, Photo IDs such as Aadhar Card/Election ID, Child's Birth Certificate, parent's marriage certificate, residence etc.
- Getting the Due Diligence form filled by the doctors.
- Recheck and update the MIS-filled data with the physically available documents.
- Once occupancy team ensured the Occupancy criteria has been fulfilled, the family can be allocated to the respective centre through MIS with prior information to the centre team.
- Intimating the families about vacant units in due course and the same has to be updated in interactions.
- For special case admission the process needs to be followed.
- The waitlisted families need to be followed up and their waitlist status - On hold, Rejected, denied by family have to be changed timely.

Returnees

- When the child has completed the treatment at the hospital and is discharged from the centre, the Centre staff will note the child's future treatment date. This is captured in the MIS. This helps the occupancy team to coordinate with the parents when their date to come into the centre for future treatment is approaching.
- All returnees must be encouraged to contact the centre staff and Occupancy team (**wherever applicable**) directly on the land line or the mobile no (if the Occupancy Manager has shared it).
- The occupancy team/ centre staff follow up with the parents 5 days prior to the future date to understand whether the child will be there at the centre on time or will they be delayed. This helps them plan for the occupancy for the day.
- The staff should ensure that all the children who are coming back for follow-ups and who are on maintenance are accommodated.
- For Mumbai, the children who undergo their treatment at Wadia Hospital, Sion Hospital, KEM will be provided accommodation at the Parel Centres at most times.
- In some cases, a returnee child does not come to the centre to stay but stays at his/her relative's place. The occupancy team/ centre staff should be in touch with the parents to ensure whether the child has come for the treatment and what is the child's future treatment date so that we do not miss the follow up on the child. The occupancy team/ **centre staff** informs the Centre lead who then makes a note of these details in the MIS.
- In some cases, the follow up is done and the hospital and the family returns home on the same day. This is observed in locations where the families live close by and prefer to go home directly. Our staff should ensure the details are recorded in MIS along with the next Future visit date.
- Palliative children could also come back as returnees and can be accommodated in the centres, provided they are not symptomatic. If symptomatic we can accommodate them at a guesthouse close by borne by St Judes.

MIS Follow-Up

- Children's future visit dates have been updated at the time of releasing them from the centre.
- Fifteen days in advance the follow up children are being followed up to get the confirmation on their visiting status.
- The follow up data has been updated in OMS – Follow up.
- The IT team is also sending the reminder before fifteen days/eight days.
- During the follow up if the families have any challenges like financial issues, tickets confirmation challenges, etc., we need to guide/support such a family to avoid the abandoned treatment.
- On the confirmation of the visits the follow up children are being allocated one day in advance to the centres.
- While allocating the children the arrival information to be added in the remark.
- In case the children are visiting to the hospital, discharged on the same date and stayed at the centre for few hours. The Centre will assign and release the family on the same date.
- In case the same day discharged families do not use the centre facilities, such families' details have to be updated in the OMS – Follow up as a 'Visited to the Hospital' with the future visit date.
- Those children will come in emergency, The child needs to visit the hospital first, post checking the treatment notes occupancy will decide on allocating the family in the centre.
- The child's planned/unplanned visit and emergency follow up yes/no, this needs to be mentioned while allocating the family.

Feedback

- The purpose of the feedback to check the quality of our services and for improvement.
- Regular, self-discharged families' feedback have been taken by occupancy program associate.
- The feedback has to be done within fifteen days of the discharge.
- The feedback has been taken based on the questionnaire.
- The data has been updated in one drive.
- The data has been emailed CPO on a monthly basis.

Returnee Management

- The purpose of the returnee management is to be in touch with the families to avoid lost to contact/treatment abundant.
- Quarterly follow-up has been done with returnees by centre teams.
- The occupancy program lead shares the list on monthly basis.
- As per the Returnee Management Form - Family background and follow up have connected with SJFL format the feedback has been taken.
- The Forms have been uploaded to one drive.
- 3rd circle and SJFL Program leads to keep the track on the Data.
- Occupancy Program Lead has to email the data to CPO on monthly basis.

Grievance Facility

The Grievance facility has been provided to the families to improve our services for Pan India.

Transferees

Internal Transfers/Transfers within the Location:

- Transferees are those families who must be moved from one centre to another during their stay with us. This could be:
- On the request of the doctors towards better treatment possibilities
- Counsellors' recommendations
- As a matter of procedure at the end of every three months*.
- Transfer on compassionate grounds subject to the approval of the CL/PL.
- MIS status should be updated as transferee.

Transfers to Other Locations:

- Children may be transferred from one location to another as per the referral from the treating hospital/doctors.
- The local CL must send a detailed email to the CPO, Location PL, Occupancy Team along with the Doctor's Referral Letter
- All communication regarding this must be recorded in the MIS.
- Once the child reaches the new location, the MIS status should be updated as Transferee.

Discharges

Once the child's initial treatment is completed, the family is discharged from the centre as per the advice of the treating doctor.

The Centre staff/ Occupancy Team maintains a list of potential discharges.

Once the doctors confirm the discharge date, the family must immediately inform the Centre Lead/Occupancy team.

Under a regular discharge, the family should ideally vacate the centre within 48 hours or up to 7 days depending on the distance and availability of tickets.

The Family is discharged under the "Regular" category in MIS and the FTD is recorded.

Other Discharges:

Palliation

- When a child is declared palliative, the family is required to leave the centre within 48 hours or as per the advice of the treating doctor. This has to be assessed on a case-to-case basis.
- The follow up with Palliative team at the hospital should be done and medicines if required taken in advance.
- The 3 Palliative Kits are provided to the families: Ration, Hygiene & 3rd Circle.
- Centre Staff takes weekly follow-up with palliative children

Non- Compliance

- If a family fails to comply by the rules and regulations of St. Judes, they can be discharged under the Non-Compliance category.
- Centre Leads will share a detailed email regarding the offence/non-compliance to the CPO, PL and the Occupancy Manager.
- The family is finally discharged under Non-Compliance as per the final decision of the CL/PL and the CPO should be intimated in advance.
- The treating hospital/doctors/social worker must be informed on an email so an alternate accommodation can be arranged by them.

Self-Discharge

- If a family is unable to comply to the rules and regulations of St. Judes or want to leave the centre due to any personal reasons, they can take discharge under the Self- Discharge category.
- The family must be first counselled to see if there are any issues that can be resolved.
- If they still wish to leave, Centre Leads will share a detailed to the CPO, PL and the Occupancy Manager.
- The treating hospital/doctors must be informed on an email.
- The reason for self-discharge should be clearly updated in the MIS so that the family may be considered for future visits. For example, if a family takes self-discharge due to unavoidable caregiving reasons (such as the mother being pregnant), they may be allowed in future visits. However, if the family does not comply with the rules and regulations of SJICC, they should not be allowed for future visits.

Settled In City

A family can be discharged under the Settled in City category if they decide to take-up residence in the location and continue the treatment.

The reason for settled in City should be clearly updated in the MIS so that the family may be considered for future visits. For example, if a family takes self-discharge due to unavoidable caregiving reasons (such as the mother being pregnant), they may be allowed in future visits. However, if the family does not comply with the rules and regulations of SJICC, they should not be allowed for future visits.

If a Child Passes Away in the Hospital

- The Centre Lead/Centre Officer should visit the hospital to be with the family.
- The family's luggage is packed in the centre and dropped to the hospital.
- A copy of the death certificate should be collected
- Some monetary assistance can be provided to the family as per the situation and advice of the CPO.

Dedicated Helpline Numbers for New Admissions & Returnee Patients

1. Helpline Availability:

Dedicated helpline numbers are available at all St. Jude locations from Monday to Saturday, 10:00 AM to 6:00 PM. Families are encouraged to contact the location-specific helpline number for all accommodation-related queries.

2. Working Process:

- **New Admissions:**
At the time of waitlisting, families must be informed of the New Admission Helpline Number and advised to call for follow-up.
- **Returnee Patients:**
During discharge planning, families must be informed of the Returnee Helpline Number and instructed to call: Immediately after travel ticket booking, or At least 2–3 days prior to arrival.
Any travel cancellation or change must be communicated to the helpline immediately.

3. Centre Allocation & Reporting:

Centre allocation for both new admissions and returnee patients should be confirmed based on availability and recorded accurately in the system.

4. Location-wise Helpline numbers are available for the following:

Location	New Admission	Returnee
Bengaluru	7738456314	
Chennai	7718961219	
Delhi	7718836110	
Guwahati	7710942392	
Hyderabad	9004041524	
Jaipur	9004040943	
Kolkata	7718025144	
Mumbai	8828430507	9595738180
Navi Mumbai	7208807326	
Muzaffarpur	8433879056	
Varanasi	9004041034	
Vellore	7718978814	
Visakhapatnam (Vizag)	8433834229	

FAQs

Why do we insist on both parents accompanying the child?

Cancer treatment can be a stressful process and involves taking care of a lot of areas. On one hand it involves understanding the medical treatment, understanding the process at the hospital, procuring medicines, arranging funding etc. On the other hand, it involves keeping the child healthy by providing him/her nutritious food, keeping infections at bay, ensuring adequate sleep and keeping the child's morale

high at all times. All these roles cannot be played by a parent. Both the mother and father have to be completely invested and involved in the child's treatment and recovery. Hence, we require both parents to accompany the child.

What is our policy when during the course of the treatment the family wishes to go on short term leave to their home town?

We do not encourage families to leave St Judes and go to their hometown for a short-term leave. Even if the child is not undergoing active treatment at this point, we do not grant leave. The simple reason is that the St Judes environment is clean and infection free for the child whereas the place he/she would visit might not be as infection free. Typically, families want leave for a family function or bereavement. In such events, the attention of the family gets distracted from the child onto other things and the child does not get adequate care. If the child catches an infection, it takes a long time for the child to recover because he/she has a weak immune system. During such times, cancer treatment is also put on hold until the child recovers completely. Hence, for the well-being of the child it is advisable to stay at St Judes at all times during the treatment.

Even from an occupancy perspective, it is incorrect on our part to show a unit as being occupied if it lying vacant on account of the child being away on leave.

Having a robust Occupancy at all our centres Pan India is of paramount importance. It's imperative that all our units are utilized to its full capacity, and if not, we must take measures to do the same.

Going forward please ensure that if any family does take a break like this, we can hold onto their unit for a MAXIMUM of 3 nights. If they are likely to be away for more than that please discharge them and complete paper work/MIS update accordingly.

Look at having an option of " Left Luggage " at your centres where these families can keep their luggage if coming back in a MAXIMUM of a week. If the break exceeds a week they must take their luggage with them, as its too much of a responsibility to take in case they don't return or any other eventuality.

The staff must sit down the family and ask/explain to them the following: What is the reason for their leave request?

Why we do not allow the child to travel with specific reference to the fear of catching infections.

If they still want to travel, then the family will have to take discharge from St Judes and they will have to come in as a fresh admission upon their return.

Availability of unit for them will then be governed by the occupancy situation at that point and they might not get a unit to stay right away.

Discuss the possibility of just the father or mother traveling for few days (with proper written leave request) instead of the whole family traveling.

Despite all the above steps if the family still wants to take leave, then they can do so after taking discharge from St Judes.

In case of Mumbai, we can allow a maximum leave of 2-3 days for families living within Maharashtra.

This is an exception only and not a rule.

Sometimes we have noticed that the family gets a written approval from the Doctor to allow them to go to their home town. Under pressure from the parents, the Doctor might allow if the child is not undergoing active treatment. However, according to St Judes rules we do not encourage travel while the child is with us.

Hence, we must follow the above protocol without exceptions.

What do we do if the family has an emergency back home and one of the parents needs to travel to their home town?

This is an exception and not a rule. We must first understand from the family the exact reason for travel. If found convincing, we can allow either father or mother to take leave for few days while the child and the other parent stays at the centre. The parent should submit a letter to the Centre Manager before leaving, clearly stating the reason, no of days of leave, date of return etc.

What do we do when the child catches an infectious disease during their stay at St.Judes?

Ask the family to immediately report the infection at the hospital Thoroughly decontaminate the unit and all belongings

If infection is confirmed, ensure family does not visit the centre or interact with other families Arrange for the family's belongings (whatever is required) to be given to them from their unit Inform the Occupancy Team so that no new admissions or transfers are done from this centre for a period of 2 weeks For detailed procedure, please refer to the document "Handling Infections at the Centre - SOP" in One Drive.

What should we do if some external party uses their contacts or applies pressure to admit a child out of turn?

We have had few instances in the past when some families have used external pressure to gain entry into St Judes. The pressure could be from a local politician or some other stakeholder of St Judes. Such instances must be immediately brought to the attention of the Occupancy Team and CEO so that the right decision can be taken.

Do we take in a family if the mother is pregnant? What do we do if the pregnancy comes to light after the family has started staying with us?

We do not take in a family if the mother is pregnant at the time of admission. We need to explain to the family why we do not allow pregnant mothers to stay at the centre - giving the reasons about additional stress to the family, physical discomfort to the mother, the unborn child as well as the disruption to the patient's care. Over the years we have learnt that for cancer care both parents have to be able-bodied, active and participative in the care of the child.

Sometimes, families do hide the fact about the mother being pregnant to gain entry into St Judes. Hence, it is advisable that the family/mother be assessed by a female staff before taking them on. The female staff can ask the mother specific questions to ascertain if she is pregnant or not. One of the questions we ask is the LMP (Last Menstrual Period) of the mother which can give us an idea. Despite our best efforts, sometimes families do manage to hide the pregnancy from us or the mother might confirm pregnancy after coming to the centre. Keeping in mind the treatment of the child, we do not ask the family to leave. However, we cannot allow the mother to stay in the centre beyond the first trimester. The family has the following options:

Informing a relative to escort the mother back home where she can stay till delivery. This is acceptable if the father is able to take care of the patient's needs independently, especially if the child is over the age of 6 years (they can stay under rules of single parent families). If the child is below the age of 3 years, the family can have a relative come (within 10 days) while the child and father stay at the centre. The child's paternal grandmother is preferable to come and fill in for the mother.

If the doctor advises that the patient is at the stage of treatment that they can all go home and continue treatment at home, they can leave and return for follow-ups, accompanied by just the father if necessary (if he is able to manage the care of the patient). The centre will accommodate the family as a single parent and extend support for the duration of the short stay.

What should the centre staff do if they are not happy with the family who has been admitted into their centre?

Despite the best efforts of the Occupancy Team to accurately scrutinize and admit needy families with the right attitude, sometimes few difficult families also get admitted into St Judes. That is why we have a 3-week induction and observation period where the centre staff has to closely monitor the families and take action if the family is not the correct fit for St Judes.

The centre staff must strictly follow the induction process as stated in the Operations Manual and document their observations. In case of deviant behavior by families, centre staff must first counsel the families themselves, take the help of the counsellor or other senior staff from other centres. If none of the above works, Centre Manager can ask the family to leave as a last step. Centre Manager must recognize that when we ask a family to leave, it is ultimately the child who has to suffer during the course of the treatment. Hence, they must use their judgment before deciding against a family and also keep the Occupancy Team in the loop regarding the decision.