



Jennifer Frecker

The subject is that of a dead-end corridor in a health care occupancy. Note that the words "dead-end" are not used without being tagged to the third word, "corridor" except in two unrelated code provisions - one for dead-ended seating aisles in assembly occupancies and the other for dead-ends on exterior exit access balconies.

So, one needs a corridor before there can be a dead end issue. Once a space is made to comply with the health care occupancy suite provisions of NFPA 101 18/19.2.5, none of the area within the suite is subject to corridor-related provisions, including that for dead-end corridors. Designers typically label any spaces within a suite that might otherwise resemble a corridor as "circulation space".

Keep in mind the concept behind the dead-end corridor limitations. The Code authors are trying to prevent a case where an occupant, without familiarity with the space, travels mistakenly into the dead-ended corridor pocket so as to delay travel to the extent that such delay is detrimental to effective egress/relocation. The NFPA 101 health care occupancies requirements are extensive and rely heavily on staff action. A code-complying health care occupancy suite does not present dead-end corridor challenges to effective egress/relocation.

My answer is independent of Code edition. It simply relates my understanding of long-standing intent of the technical committee responsible for the health care occupancies provisions of NFPA 101.

If you have a follow-up question directly related to this inquiry, please reply to this email. If you have another question on either a separate topic or different document please return to the document information pages and submit your new question by clicking on the "Technical Questions" tab.

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Subject: Dead Ends and Health Care Suites

Question for NFPA: For health care occupancies, do the dead end corridor limitations apply within a suite complying with 18/19.2.5.7? Does the answer differ depending on the Edition of the code (2000 versus 2012)?