



Washington State Department of
Labor & Industries

Work-Related Immediate Inpatient Hospitalizations in Washington State

2025 Annual Report to the Legislature

August 2025

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Executive Summary

In 2019, the Washington State Legislature first provided funding to the Department of Labor & Industries' (L&I) Safety & Health Assessment & Research for Prevention (SHARP) program to develop a tracking system for work-related immediate inpatient hospitalizations and their likely causes. This is the sixth annual report updating the governor and legislature on the program's progress.

SHARP uses the work-related immediate inpatient hospitalization surveillance system to identify worker injuries and illnesses that result in inpatient hospital admission within one day of the incident. SHARP's unique method links hospital discharge data from the Washington State Department of Health's Comprehensive Hospital Abstract Reporting System (CHARS) with workers' compensation claim information from L&I.

Preliminary surveillance system data analysis found that 537 Washington workers suffered work-related immediate inpatient hospitalizations in calendar year 2024, the lowest number detected since tracking began in 2014.¹

Other key takeaways include:

- Construction industry workers again experienced the highest number and rate of hospitalizations, but both were lower in 2024 than in the previous year.
- Falls were the cause of over half of all worker hospitalizations.
- Older workers continue to experience higher hospitalization rates than younger workers.
- Workers at smaller employers have higher hospitalization rates than those at larger employers.
- One in five hospitalized workers requested to receive claim information in Spanish (20.7%).

In the past year, the surveillance system was also used to develop industry-focused injury prevention publications, with the goal of reducing work-related hospitalizations. Publications included hazard alerts regarding agriculture injuries involving machinery and work-related slip, trip, and fall risks among older women.

In addition, L&I published a data summary providing more detail about work-related immediate inpatient hospitalizations in 2023.

L&I's priorities for the coming year include: publishing a technical report further detailing work-related immediate inpatient hospitalizations for the combined five years from 2019 through 2023; continuing to analyze specific hospitalized injuries in the construction, agriculture, and manufacturing industries; and identifying high-risk worker groups. The goal of this work is to help decrease both the number and rate of work-related immediate inpatient hospitalizations by using information to educate and empower workers and employers.

¹ Based on date of hospital discharge.

Introduction

A work-related immediate inpatient hospitalization is defined as a workplace injury or illness that results in inpatient hospital admission within one day of the incident (hereinafter referred to as ‘hospitalizations’). Work-related injuries that require immediate hospitalization are severe and costly, and can cause permanent disability. These injuries are preventable.

The work-related immediate inpatient hospitalization surveillance system links CHARS hospital discharge data to Washington workers’ compensation State Fund and Self-Insured claim information to identify work-related injuries resulting in immediate hospital admission.² This unique method provides valuable insight into factors including worker demographics, industry, occupation, and injury type.

Preliminary information about worker hospitalizations that occurred in 2024 is included in this report.

Prevention activities for 2024–2025 focused on hospitalization hazards identified through the work-related immediate inpatient hospitalization surveillance system, including injuries caused by equipment or machinery in the agriculture industry.

2025 Progress

WORK-RELATED IMMEDIATE INPATIENT HOSPITALIZATIONS, 2024

In 2024, 537 Washington workers suffered work-related injuries or illnesses that required immediate hospitalization, a rate of 18.8 hospitalizations per 100,000 full-time equivalents (FTE) (Figure 1).^{3,4}

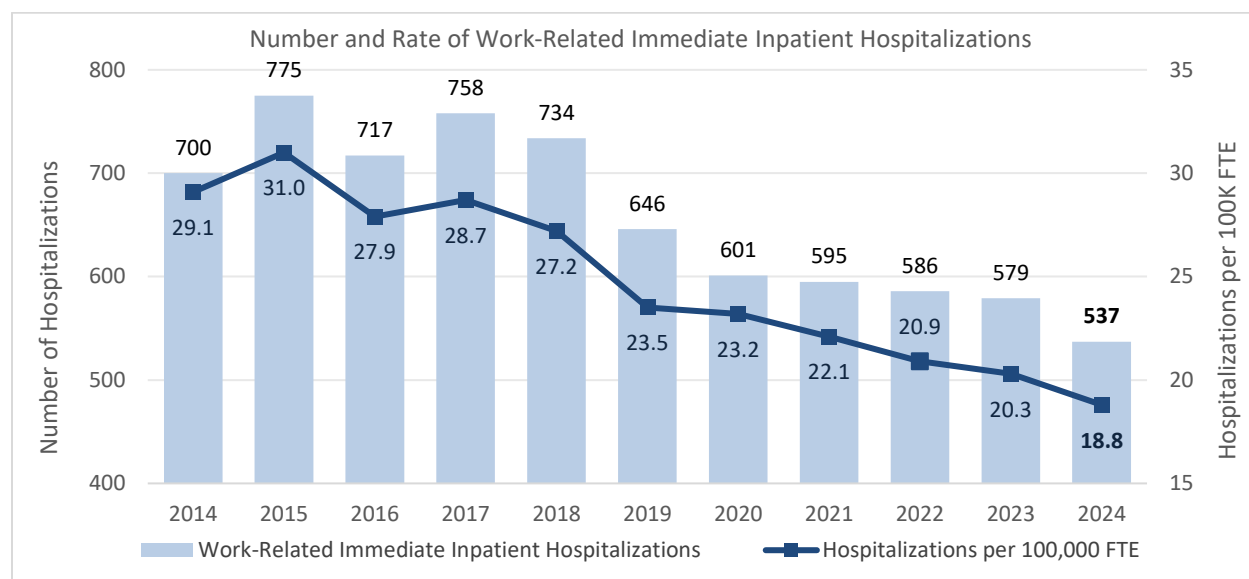
Overall, both the annual number and rate of hospitalizations continue to decline and were the lowest observed in the last decade.

² Washington employers are required to obtain workers’ compensation insurance through L&I’s State Fund unless they meet requirements to self-insure or are covered by an alternative system. Approximately 75% of Washington workers are covered through the State Fund. L&I administrative data collected for Self-Insured claims is limited, including hospital admission and discharge information.

³ The data in this report are preliminary and may be revised due to updated information.

⁴ One FTE is equal to 2,000 hours worked in one year. Hospitalization rates by year were calculated using payroll hours reported by employers to L&I.

Figure 1. Number and Rate of Work-Related Immediate Inpatient Hospitalizations, Washington State, 2014–2024.



Workers

In 2024, men accounted for approximately four out of five hospitalized workers (n=427, 79.5%), and experienced an overall rate of 23.6 hospitalizations per 100,000 workers. Among women, there were 110 hospitalizations and a rate of 6.5 per 100,000 workers (Figure 2).⁵

Workers age 55 and older accounted for nearly one-third of hospitalized men and half among women. Hospitalization rates were highest for workers in this age group for both men and women.

Figure 2. Work-Related Immediate Inpatient Hospitalizations by Age Group and Gender, 2024.

Age Group	Women		Men	
	Hospitalizations (%)	Rate/100K Workers	Hospitalizations (%)	Rate/100K Workers
24 and under	s	s	46 (10.8%)	24.4
25–54	49 (44.5%)	4.4	247 (57.8%)	20.4
55 and over	54 (49.1%)	13.5	134 (31.4%)	32.2
Total	110 (100%)	6.5	427 (100%)	23.6

s = Not shown due to small number of cases (<10).

Among men, the three industry sectors with the highest numbers of worker hospitalizations were Construction (n=112, 26.2%), Manufacturing (n=44, 10.3%), and Agriculture, Forestry, Fishing and Hunting (n=41, 9.6%).

⁵ Hospitalization rates by gender and age were calculated using Quarterly Workforce Indicators (QWI) data, from the Longitudinal Employer-Household Dynamics (LEHD) program at the United States Census Bureau. QWI methodology and reporting requirements differ somewhat from WC employment data. <https://lehd.ces.census.gov/>

Among women, the three industry sectors with the highest numbers of worker hospitalizations were Health Care and Social Assistance (n=21, 19.1%), Educational Services (n=15, 13.6%), and Retail Trade (n=12, 10.9%).

Industry

In 2024, workers in Washington’s construction industry sector (NAICS 23) again experienced the highest number and rate of hospitalizations (n=118, 62.7 hospitalizations per 100,000 FTE), accounting for more than one-fifth of hospitalizations overall (Figure 3).⁶ Both the number and rate of construction hospitalizations were lower than in 2023.

Within construction, the detailed industry with the highest number of hospitalizations was roofing contractors (NAICS 238160, n=17).

The three industry sectors with the next highest hospitalization case numbers were: Manufacturing, NAICS 31–33 (n=52); Agriculture, Forestry, Fishing and Hunting, NAICS 11 (n=46); and Retail Trade, NAICS 44–45 (n=43).

Together, these four industry sectors accounted for nearly half of all worker hospitalizations in 2024 (48.2%).

Figure 3. Work-Related Immediate Inpatient Hospitalizations by NAICS Industry Sector, 2024.

NAICS Industry Sector Code and Description*	Hospitalizations [‡] (%)	Rate per 100,000 FTE
23: Construction	118 (22.0%)	62.7
31-33: Manufacturing	52 (9.7%)	22.7
11: Agriculture, Forestry, Fishing and Hunting	46 (8.6%)	52.1
44-45: Retail Trade	43 (8.0%)	15.4
42: Wholesale Trade	41 (7.6%)	31.1
56: Administrative and Support and Waste Mgmt. and Remediation Services	36 (6.7%)	17.5
62: Health Care and Social Assistance	36 (6.7%)	8.4
48-49: Transportation and Warehousing	32 (6.0%)	32.6
61: Educational Services	23 (4.3%)	13.7
92: Public Administration	21 (3.9%)	13.2
72: Accommodation and Food Services	21 (3.9%)	11.3
81: Other Services (except Public Administration)	19 (3.5%)	18.6
53: Real Estate and Rental and Leasing	15 (2.8%)	23.4
54: Professional, Scientific, and Technical Services	15 (2.8%)	6.1

* Only industry sectors with 10 or more hospitalizations are listed.

‡ Excludes two claims that were not assigned to an employer account.

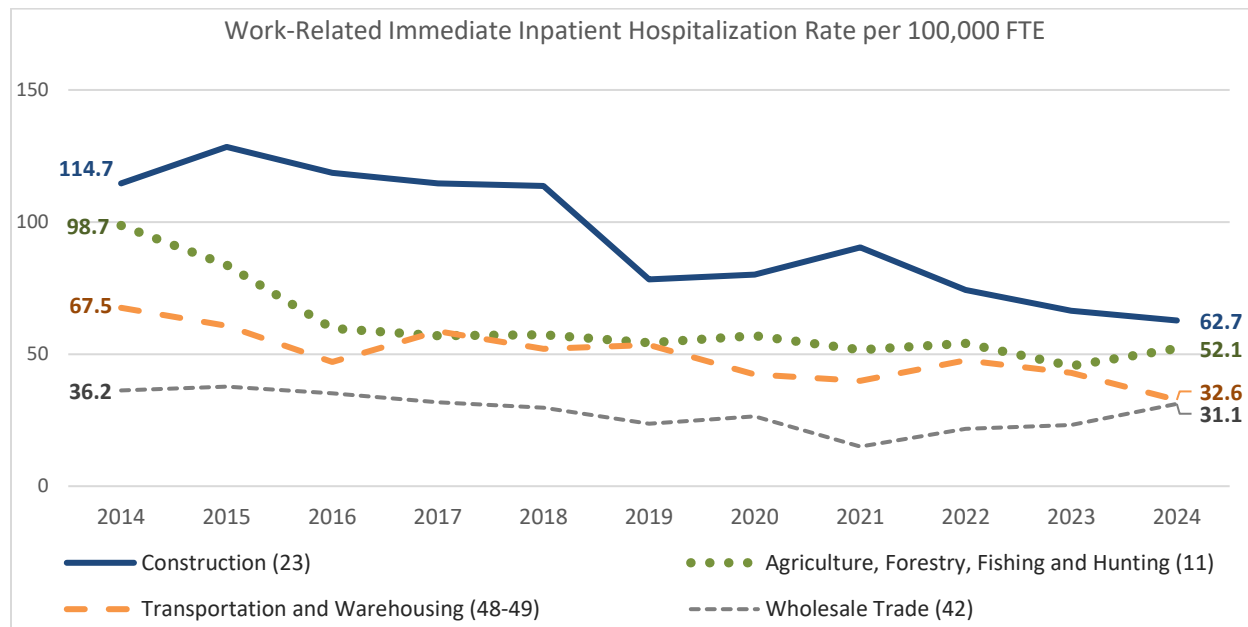
⁶ Industries designated using the North American Industry Classification System (NAICS) code assigned to the employer account. <https://www.census.gov/naics/>.

Following construction, the three industry sectors with the next highest worker hospitalization rates were Agriculture, Forestry, Fishing and Hunting (52.1 hospitalizations per 100,000 FTE), Transportation and Warehousing (32.6 hospitalizations per 100,000 FTE), and Wholesale Trade (31.1 hospitalizations per 100,000 FTE).

Hospitalization rates for all four industry sectors are lower than when tracking began in 2014. The three highest-rate industry sectors — Construction; Agriculture, Forestry, Fishing and Hunting; and Transportation and Warehousing — have all experienced overall worker hospitalization rate declines of over 40% from 2014 to 2024 (Figure 4).

Hospitalization rates in the Agriculture, Forestry, Fishing and Hunting and Wholesale Trade industry sectors were higher in 2024 compared to the previous year.

Figure 4. Declines in Rate of Work-Related Immediate Inpatient Hospitalizations in High-Risk Industries, Washington State, 2014–2024.



Injury Event

At the time of this report, approximately 70% of 2024 hospitalization claims have been coded with injury event type. Among coded claims, over half were due to falls (53.4%). Falls from elevation were again the leading cause of worker hospitalizations, followed by falls on the same level. The most frequent types of hospitalized falls from elevation were from ladders and roofs.

Employers

In 2024, 81.6% of hospitalization claims (n=438) for hospitalizations were among workers whose employers received workers' compensation coverage through L&I's Industrial Insurance State Fund, and 18.4% were among self-insured employers (n=99).

Workers employed by smaller employers again experienced higher hospitalization rates than those with larger employers. The smallest employers, those with 10 or fewer FTEs, had a hospitalization rate of 34.8 per 100,000 FTEs, over three-times that of the largest employers (Figure 5).

Figure 5. Work-Related Immediate Inpatient Hospitalizations by Employer Size, 2024.

Employer Size	Hospitalizations*	Percent	Rate per 100,000 FTE
Less than or equal to 10 FTE	132	24.6%	34.8
11–49 FTE	114	21.2%	24.3
50–249 FTE	120	22.3%	21.9
250–999 FTE	74	13.8%	16.7
1,000 or more FTE	96	17.9%	9.5

* One claim did not include employer size information.

PREVENTION PUBLICATIONS

Data from the Work-Related Immediate Inpatient Hospitalization Surveillance System identifies high-hazard industries, equipment, and tasks that frequently lead to worker hospitalization. SHARP uses this information to create industry-focused injury prevention alerts, including narrative-based Worker Hazard Alerts and Hospitalization Hazard Alerts, and other data-driven publications.

Worker Hazard Alerts and Hospitalization Hazard Alerts are developed by a Certified Safety Professional.⁷ The alerts give accounts of real-life, on-the-job injuries that required immediate hospitalization, list safety requirements, offer injury-prevention recommendations, and provide additional resources for workers and employers.

English is often not the preferred language of workers in high-hazard industries in Washington state. In 2024, 20.7% of hospitalized workers requested to receive information about their workers' compensation claim in Spanish. For this reason, industry-specific project prevention materials are also published in Spanish.

In the past year, SHARP developed the following prevention publications that are designed to be used interactively in safety training sessions or toolbox talks. Program materials are available at no cost on the L&I website and distributed to over 3,000 email subscribers.⁸

Agriculture Hospitalization Alerts

In the past year, SHARP published prevention materials focused on injury hazards posed by equipment or machinery in the agriculture industry.

⁷ Board of Certified Safety Professionals: <https://www.bcspp.org/CSP>

⁸ Work-Related Immediate Inpatient Hospitalization Prevention Resources: <https://lni.wa.gov/safety-health/safety-research/ongoing-projects/immediate-inpatient-hospitalizations#prevention-resources>

Dairy Worker's Legs Amputated in Subfloor Auger

The rotating augers often used to move material in the agriculture industry can cause severe injury if the proper guards and safety procedures are not in place. SHARP developed a Worker Hospitalization Alert about a dairy worker who suffered a life-altering injury after becoming entangled in a subfloor auger, resulting in the amputation of both legs.⁹

The narrative describes an incident involving the new dairy worker who had been with the employer for only about a week. She was in an open storage area transferring feed into the bucket of a loader operated by a co-worker.

The worker was unaware that there was a large subfloor auger beneath the pile of feed, part of an automated mixing system operated from a control room elsewhere on the property. The opening above the 12-foot auger was meant to be guarded by several steel plates. At some point, however, the plates had shifted and no longer covered the auger completely.

As she was filling the loader, the subfloor auger initiated a two-minute cycle, pulling feed and the worker's legs into the rotating blade. Her co-worker could not pull her out and had to run to the control room to shut down the auger. She suffered amputations to both of her legs — one below the knee and the other above.

SHARP found that several factors contributed to this incident and its severity: the auger was not properly guarded; there was a lack of training provided by the employer and a lack of procedures for working safely around subfloor augers; and there was no emergency shut-off switch for the auger.

Recommendations to prevent similar incidents included ensuring that guards are secured and that they fully cover the augers, and performing periodic inspections to check guards for movement or damage. Employers should plan for safety by training new workers about the locations of any subfloor augers, associated hazards, safe work procedures, and how to recognize if guards are damaged or out of place.

L&I also recommends that employers consider installing:

- signs to indicate areas with subfloor augers;
- alarms or warning systems to alert workers before a subfloor auger begins operation; and
- shut-off switches that are easily accessible near each area with a subfloor auger.

Workers Suffer Crushing Injuries in Hop Balers

Washington grows more hops than any other state in the country. After hops are cut and dried, they are typically compacted into large bales for transport. The powerful presses that form hop bales pose a significant injury hazard to workers if safety practices aren't followed.

⁹ Worker Hospitalization Alert: [Worker's Legs Amputated in Subfloor Auger](#)

SHARP developed a Hospitalization Hazard Alert about two incidents that occurred just weeks apart in which workers experienced severe crushing injuries while operating hop baling machines.¹⁰

The first case involves an injury that occurred while a three-person crew was baling hops during the night shift. Two workers were meant to operate the hop bale press while a third worker loaded a conveyor leading to the baling machine's hopper from a separate room.

On the night of the incident, the third worker left the loading room to help the others at the hop baler. As the machine was activated, one of the workers put his arm under the press to adjust the attached sack that would contain the compressed hop bale. He was caught in the moving parts and suffered a broken arm.

The second case recounts a similar incident that occurred only two weeks after the first. Another three-person night shift crew was performing the same baling. As before, the three crew members were working together when one of the workers attempted to adjust the bale sack as the machine was activated. His hand was crushed by the press, resulting in amputation, forever changing his life.

To prevent similar incidents, safety recommendations for employers included restricting access to the hop baler area to authorized workers and ensuring that all workers are clear of moving machine parts during operation. Spot checks should be performed to ensure that safe work practices are being observed, including during night shifts.

Employers should plan for safety by developing a job hazard analysis for baling operations and require pre-shift safety meetings to discuss hazards and how to address them. All safety training should be documented and provided in the language best understood by the workers.

L&I also recommends that employers contact their hop baler manufacturer and ask about installing additional guarding, interlocks, sensors, or other safety features to prevent crushing injuries.

Finally, the workers involved in both incidents were paid on a piece-rate basis, per bale. Workers paid piece-rate wages may try to work faster, which could lead to unsafe practices.

Other Resources

Hazard Alert: Older Women are at Higher Risk of Hospitalization from Slips, Trips, and Falls at Work

Slips, trips, and falls on the same level continue to be the leading cause of work-related injuries that result in immediate hospitalization for women in Washington, and the risk increases with age.

Among women, those age 55 and older account for over 75% of hospitalized slips, trips, and falls in the workplace. Older women often have risk factors that increase their chances of experiencing a fall at work and the likelihood that they will sustain an injury if they do.

¹⁰ Hospitalization Hazard: [Hop Baler Injuries](#)

In 2025, SHARP published a hazard alert describing these injuries, common causes, and prevention recommendations.¹¹

Case review revealed a number of contributing factors for hospitalized falls on the same level. Common slipping hazards included wet or slick floors, and environmental conditions such as icy parking lots and walkways. Some often-reported tripping hazards included boxes, mats, cords, and uneven walkways.

The three industry sectors in which these injuries occurred most frequently were Health Care and Social Assistance, Retail Sales, and Educational Services. Hospitals, nursing care facilities, grocery stores, and schools were some of the jobsites where workers experienced hospitalized slips, trips, and falls.

Many occupational same-level falls do not result in severe injury. However, when they do, the costs for the injured worker, their family, and the employer can be significant. These injuries can be prevented.

L&I recommends that employers make a slip/trip/fall risk assessment part of their regular workplace safety program, talk about fall prevention at safety meetings, and train staff to recognize and report fall hazards.

Specific, easy-to-apply prevention measures listed in the alert include:

- keep walkways clear of boxes, furniture, and other clutter;
- make sure rugs and mats lie flat;
- cover electrical cords;
- dry off wet floors right away, or use signage to alert workers;
- clean up oil or other spills immediately;
- de-ice sidewalks and parking lots;
- encourage appropriate footwear for environmental and work conditions; and
- consider mirrors for busy corners.

DATA SUMMARY: 2023 HOSPITALIZATIONS UPDATE

Occupational injury information is most useful for prevention when provided in a format that safety decisionmakers can readily use. Technical reports and peer-reviewed research remain important avenues for data dissemination; however, other formats may be more accessible for interested parties outside of research or institutional spaces.

In 2025, L&I published a one-page data summary detailing annual Work-Related Hospitalizations for 2023 by Industry and Incident Type, using the previously developed “SHARP Stat” format.¹² The

¹¹ Hazard Alert: [Older Women are at Higher Risk of Hospitalization from Slips, Trips, and Falls at Work](#)

¹² SHARP Stat: [Work-Related Immediate Inpatient Hospitalizations, 2023](#)

publication presented statistical information in straightforward graphs, along with brief explanatory text and references.

The primary chart was designed to make it easy to visualize the overall distribution of hospitalizations by industry and the types of injury incidents most common to each industry. A secondary chart showed that the downward trend in annual number of hospitalizations continued in 2023 to the fewest recorded since 2017.

Ongoing Priorities

In the coming years, L&I will continue to use data from the work-related immediate inpatient hospitalization surveillance system to identify hazards that put workers at risk for severe injuries. The goal remains to decrease both the number and rate of work-related immediate inpatient hospitalizations by using information to educate and empower workers and employers.

Ongoing, multiyear priorities for the work-related immediate inpatient hospitalization surveillance system include:

- **Analyzing specific industry hazards, including:**
 - Hospitalized injuries in manufacturing and agriculture — specifically those that occur when workers are caught in or compressed by equipment or objects, and identifying machinery or equipment frequently involved in worker injury.
 - Hospitalized falls from elevation in construction — to determine common causes of falls, including identifying fall-restraint system use, specifically for roofers and other exterior building construction contractors.
- **Analyzing hospitalization risk among specific worker groups, including** older workers and those in high-risk occupations.
- **Improving case ascertainment for out-of-state hospitalizations of Washington workers.** Initial evaluations suggest that a small portion of Washington workers' compensation State Fund claims for immediate inpatient hospitalizations are those for out-of-state hospitalizations and therefore ineligible for reporting in Washington State CHARS. SHARP will explore how best to modify the data collection system to incorporate these claims into the surveillance system.
- **Using surveillance system data to evaluate mandatory employer reporting.** Employers are required to report certain injuries, including those that require immediate in-person hospitalization, to the Division of Occupational Safety and Health (DOSH). SHARP will compare employer reports to DOSH with the surveillance system to evaluate the completeness of mandatory reporting of worker hospitalizations. From this comparison, SHARP will develop recommendations for DOSH to improve employer reporting of immediate inpatient hospitalizations and track enforcement actions with employers.

- **Enhancing prevention publication outreach and accessibility.** Educational materials developed as a result of this surveillance must be understandable and accessible. SHARP will seek input from experts and advocates to improve accessibility of prevention materials on an array of topics. In addition, SHARP will extend the surveillance system information by publishing program materials in select industry trade journals, through direct mailing, and at safety outreach events.

Conclusion

The work-related immediate inpatient hospitalization surveillance system is a valuable tool to identify industries, tasks, and worker populations at risk of severe occupational injuries. L&I continues to monitor and report on trends in work-related immediate hospitalizations to educate and empower employers and workers to reduce work-related injuries. SHARP's research continues to inform injury prevention priorities to *keep Washington safe and working*.

List of Publications

Published September 2024 through August 2025

Resources for Prevention

- Worker Hospitalization Alert: Dairy Auger Amputation: https://www.lni.wa.gov/safety-health/safety-research/files/2025/100_22_2025_DairyAugerAmputation.pdf
 - Spanish: https://www.lni.wa.gov/safety-health/safety-research/files/2025/100_22_2025SP_DairyAugerAmputation_Spanish.pdf
- Hospitalization Hazard: Hop Baler Injuries: https://lni.wa.gov/safety-health/safety-research/files/2025/100_24_2025_HopBalerInjuries.pdf
 - Spanish: https://lni.wa.gov/safety-health/safety-research/files/2025/100_24_2025_HopBalerInjuries_Spanish.pdf
- Hazard Alert: Older Women are at Higher Risk of Hospitalization from Slips, Trips, and Falls at Work: https://www.lni.wa.gov/safety-health/safety-research/files/2025/100_23_2025_HazardAlert_FallsAmongWomen.pdf

Data Summaries

- SHARP Stats—Work-Related Hospitalizations, 2023: https://www.lni.wa.gov/safety-health/safety-research/files/2025/76_55_2025_WorkRelatedHosp2023.pdf