Inquiry into e-mobility safety and use in Queensland

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Queensland Nurses & Midwives' Union

Submission to

State Development, Infrastructure and Works Committee

Inquiry into e-mobility safety and use in Queensland

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submission

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the *State Development, Infrastructure and Works Committee* (the Committee) for the opportunity to provide feedback on the *Inquiry into e-mobility safety and use in Queensland (the Inquiry).*

The QNMU is Queensland's largest and only registered union for nurses and midwives, representing over 77,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 326,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, mental health, general practice, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

The QNMU appreciates that e-mobility devices contribute to transport sustainability and other benefits for the community. Aligned with our goals of promoting community safety and the optimal functioning of the Queensland health system, we consider that local, Queensland and federal governments all have a role to play in implementing strategies that further prevent and reduce e-mobility related fatalities and other injuries.

The QNMU urges the Committee to consider contemporary e-mobility injury data to inform its recommendations. While this data is reasonably difficult to obtain (Pace et al., 2021), we understand that the Jamieson Trauma Institute (JTI), representing a collaboration of service partners that aim to advance trauma prevention and research (State of Queensland [Metro North Health], n.d.), plans to include in its submission an analysis of recent Queensland injuries data from participating Queensland public hospitals (Becerra Mellet, 2025).

The New South Wales (NSW) Parliament Legislative Council (Portfolio Committee No. 6 - Transport and the Arts, 2025) recently completed its *Inquiry into the use of e-scooters, e-bikes and related mobility options*, to which several key research stakeholders provided comprehensive submissions, including the Centre for Accident Research and Road Safety – Queensland (CARRS – Q, 2024). The Committee may also find these submissions and the NSW Parliamentary Inquiry Report valuable resources to inform this Inquiry's recommendations.

The QNMU provides responses to selected Inquiry terms of reference (TOR).

Response to selected Inquiry Terms of Reference

TOR1: Benefits of e-mobility (including both Personal Mobility Devices (PMDs), such as e-scooters and e-skateboards, as well as e-bikes) for Queensland;

The QNMU's social policy positions are guided by foundational principles which include sustainability, inclusion and equality. Specifically, the QNMU (2025) promotes sustainability for the preservation of the environment for future generations and equal opportunities for all workers, including facilitation of equitable access to cost effective commuter travel options.

The QNMU therefore acknowledges the benefits associated with the use of e-mobility devices (including both Personal Mobility Devices [PMDs], such as e-scooters and e-skateboards, and e-bikes). E-mobility devices primarily offer an effective solution for short-distance travel and bridging the gap between public transport and final destinations, particularly in urban or suburban areas which contributes to alleviating traffic congestion and reducing greenhouse gas emissions (Mehranfar & Jones, 2024).

E-mobility devices may also improve access to travel options for people living in areas that are not well served by public transport services and offer a more cost-effective option than private vehicles. As many QNMU members, particularly those based in metropolitan regions, have difficulty accessing cost effective car parking options near their workplace, the provision of accessible and affordable e-scooter and e-bike parking spaces by employers may be of benefit to some members.

Questions, however, have been raised about the extent to which e-mobility devices facilitate actual improvements in social and economic equity outcomes, with international studies finding that most users of shared e-scooter schemes are white males (CARRS-Q, 2024; Vallmuur et al., 2023).

There are also minor (limited) physical health benefits associated with e-scooter riding, particularly if this activity replaces sedentary behaviour such as driving a car (Wen et al., 2025). However, e-scooter use does not provide as many physical health benefits, compared with e-bicycle riding or walking (CARRS-Q, 2024).

TOR2: Safety issues associated with e-mobility use, including increasing crashes, injuries, fatalities, and community concerns;

While acknowledging the benefits, the QNMU, like several other professional and community stakeholders, is concerned about the rise in fatalities and other injuries associated with e-mobility device use in Queensland (Becerra Mellet, 2025). Research conducted by JTI indicates that e-scooter related emergency department (ED) visits have increased across Queensland over the past few years. For example, presentations to 30 Queensland EDs have increased to 150 per month, compared with 100 per month two years ago (Becerra Mellet, 2025). Growth in e-scooter related ED presentations is also consistent with global trends (Mehranfar & Jones, 2024).

The impact of injuries on children is particularly concerning. While e-scooters were initially designed for adult use, they are also used by children and adolescents, who may not have the road rules knowledge and developmental maturity to use the device safely (Clanfield &

Sharman, 2025). For example, a study examining e-scooter-related ED presentations for patients aged under 16 years at a Sunshine Coast hospital found that over a two-year period, 176 children aged 5–15 years presented with e-scooter related injuries, which accounted for 1% of total paediatric ED visits (Clanfield & Sharman, 2025). In this study 71% of patients were male and the median age was 14 years, with e-scooters accounting for 1 in 30 presentations for 14-15 year olds. Similarly, a study examining e-mobility device related ED presentations in three Brisbane hospitals found that males accounted for the majority of all related ED presentations and males were more commonly assigned a higher triage category than females (Vallmuur et al., 2023).

Illustrating the impact on health system resources, in the Sunshine Coast hospital study examining e-scooter related ED presentations by children imaging was required in 75% of cases, and 18% of patients underwent at least one computerised tomography scan (Clanfield & Sharman, 2025). Fractures were identified in 38% of presentations, with some cases involving multiple fractures that required surgical intervention. With respect to children's behaviours related to e-mobility scooter incidents, 42% of patients in this study self-reported that they did not wear helmets and at least 36% of incidents involved self-reported speeds exceeding 25 km/hr which is the maximum speed limit for e-scooters on Queensland roads (Clanfield & Sharman, 2025).

E-scooter riders have been found to be more likely than e-bike and bicycle riders to engage in risky behaviours, such as not wearing a helmet, riding over the speed limit and carrying passengers (Mehranfar & Jones, 2024). Inappropriate, risky rider behaviours, including alcoholic substance use, have been identified as contributing factors to injuries in adult e-scooter riders (Mehranfar & Jones, 2024; Royal Australasian College of Surgeons, 2022).

E-scooter injury patterns indicate differences compared with bicycle-related injuries (Mehranfar & Jones, 2024). As e-scooters have a relatively high centre of gravity, riders are more susceptible to impacts on their face and hands when falling, with the most typically injured regions being the upper and lower extremities. Given typically lower incidence of helmet wearing than bicycle riders, e-scooter riders are also at increased risk of head trauma (Mehranfar & Jones, 2024). Research has found that helmet use by e-scooter riders is associated with less severe injuries, shorter hospital stays and reduced medical care intensity (Vallmuur et al., 2023).

We therefore recommend that consideration is given to strategies that contribute to reducing the incidence and severity of e-scooter injuries. This could include the introduction of legislation that enhances the minimum protective equipment that needs to be worn by e-mobility device users, such as full-face helmets for e-scooter riders and encouraging greater use of seated e-scooters, which have demonstrated greater stability under braking (CARRS-Q, 2024). In addition, we recommend the Committee considers how road rules may be more effectively enforced by the relevant authorities, such as the Queensland Police Service and local governments.

In addition to risky rider behaviour, other contributing factors to e-scooter-related injuries include PMD design, inadequate infrastructure and unfavourable road conditions (Mehranfar & Jones, 2024). For example, the weight of PMDs can contribute to the severity of injuries. While newer generations of e-scooters incorporate safer design characteristics and carry

larger batteries, they have become heavier and may cause greater harm to pedestrians if there is a collision (Mehranfar & Jones, 2024).

The QNMU recognises that while separation is ideal for safety, it can be challenging to establish dedicated spaces e-mobility device users. We recommend that the Queensland government and local councils work together to identify how more space may be provided to separate PMDs from pedestrians while also facilitating protection from motorised vehicles.

> *TOR7: Communication and education about device requirements, rules, and consequences for unsafe use;*

Children and adolescents who do not yet have a drivers' license may be less cognisant than adults about the laws regarding PMD use. The Queensland government may consider providing more funding through the Queensland Government Community Road Safety Grants Scheme for the provision of training in PMD use throughout Queensland schools (State of Queensland, 2025). Completion of modules related to PMD road safety may also assist young people when preparing to obtain a drivers' licence.

The Queensland Government, in collaboration with the Brisbane City Council, launched a "No Go" rideables campaign in the Brisbane CBD in 2019 following the introduction of the e-scooter sharing scheme (Minister for Transport and Main Roads, 2019). This campaign educated e-scooter riders about the road safety rules, including to give way to pedestrians, wear a helmet and not ride on CBD roads, main roads or bike lanes (O'Keeffe & Callaghan, 2021). Queensland government may consider implementing similar education campaigns in collaboration with relevant local councils, if this campaign was considered effective.

The *Prevent Alcohol and Risk-Related Trauma in Youth* (P.A.R.T.Y.) program is an in-hospital injury prevention program run state-wide across several Queensland hospitals which educates young people about the injuries associated with driving when impacted by alcohol (State of Queensland (Department of Health), 2024). The QNMU recommends that consideration is also given to implementing a similar program for young people regarding the use of e-mobility devices. We further recommend evaluation of any programs that are implemented to improve our understanding about the initiatives that are most effective at facilitating behavioural change.

> *TOR8. Broad stakeholder perspectives, including from community members, road user groups, disability advocates, health and trauma experts, academia, the e-mobility industry, and all levels of government.*

As outlined in our introduction, access to contemporary e-mobility related injury data is reasonably difficult to obtain. We therefore recommend that the Queensland government work with the Australian government and other state and territory governments to develop a nationally consistent framework for recording e-mobility device related injuries and associated costs to better inform decision making (Royal Australasian College of Surgeons, 2022).

We also recommend that a portion of the funds received by local councils from e-mobility share schemes should be used to support e-mobility safety strategies, such as funding for the Queensland Police Service to enforce road rules.

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