New study highlights impact of e-scooter restrictions as AMA (WA) continues to push for stronger safety measures

A Royal Perth Hospital (RPH) study has found a significant reduction in e-scooter-related Emergency Department presentations following the City of Perth's decision to suspend its shared e-scooter scheme, reinforcing the need for stronger safety measures and evidence-based regulation of eRideables across Western Australia.

The study, reported by ABC News, found that 105 people presented to the RPH Emergency Department with e-scooter-related injuries in the 12 weeks before the ban, including eight cases classified as major trauma.

In the 12 weeks following the suspension of shared e-scooters, presentations fell to 39, with four major trauma cases recorded. Researchers concluded that the findings indicated a reduction in Emergency Department burden associated with the ban on rideshare e-scooters.

"These findings reinforce what doctors have been seeing first-hand: eRideable injuries are a preventable burden on our overstretched hospital Emergency Department doctors and allied health workers," AMA (WA) President Dr Kyle Hoath said.

While the researchers acknowledged limitations in the data, including the inability to distinguish between privately owned and hire devices in all cases, the findings provide some of the strongest local evidence to date that policy interventions can reduce serious injury and trauma associated with eRideables.

For the AMA (WA), the results reinforce concerns that have been consistently raised by doctors working in emergency medicine, trauma services, and across the broader health system.

Professor Dieter Weber, Head of Department of General Surgery at RPH, and an AMA (WA) member, told *Stateline* in June last year:

"Our patients are experiencing lifetime consequences or not even surviving from injuries sustained on an e-scooter... We're seeing the whole range of injuries from broken bones, significant internal organ injuries, brain injuries, spinal cord injuries; injuries that have not just immediate impact but lasting lifelong effects on patients."

The growing popularity of eRideables has created new transport options for Western Australians, but it has also led to a rise in preventable injuries, placing additional demand on hospitals and healthcare services. The AMA (WA) has repeatedly advocated for a balanced approach that recognises the benefits of eRideables while prioritising public safety and injury prevention.

In July 2025, the AMA (WA) lodged a comprehensive submission to the Parliamentary Inquiry into the safety, regulation and penalties associated with the use of eRideables in Western Australia. The submission highlighted growing concerns about serious injuries, fatalities, and the increasing burden being placed on the health system.

The AMA (WA) submission recommended a range of measures aimed at improving safety, including the following:

- Statewide guidance and stronger oversight of shared eRideable schemes;
- excluding eRideables from high pedestrian-use and other high-risk areas;
- enhanced compliance, enforcement and policing of unsafe riding behaviours;
- stronger controls on the importation of non-compliant devices;
- targeted public education campaigns promoting safe use;
- investment in infrastructure that safely accommodates eRideables;
- improved community consultation on regulatory decisions; and
- better collection and reporting of injury data to support policy development.

Many of these recommendations align closely with issues highlighted by the latest RPH study and ongoing public debate on eRideable safety.

The AMA (WA)'s submission drew attention to the substantial number of injuries already being seen across the State's health system.

Evidence provided to the inquiry showed that the State Major Trauma Unit at RPH admits approximately one patient every day with eRideable-related injuries serious enough to require admission.

Data from Perth Children's Hospital also recorded 453 e-scooter injury presentations between January 2022 and June 2025, including 134 hospital admissions. Many of these injuries involved fractures, head injuries, lacerations, and internal trauma.

The submission also noted that many additional injuries are likely treated in other hospitals, general practices and urgent care clinics, although these presentations are not systematically captured in existing data collection systems. ■