Mobility Scooters Position Paper

Background

Electric mobility scooters (also known as 'gophers' or 'motorised mobility scooters') are becoming increasingly visible in the Australian context. Their presence has generated a great deal of media attention and community discussion, including recent attention from federal ministers and the ACCC.

Mobility scooters are increasingly seen as a transport option after cessation of driving by older Australians. Mobility scooters allow people to maintain ties with the community; contribute to independent living and play a part in psycho-social wellbeing. However there are significant risks associated with mobility scooter use with hundreds of older people hospitalised each year as a result of a mobility scooter related accident[1].

Overall there is a distinct lack of evidence regarding the risks and benefits of mobility scooter use among older people. This position paper outlines the best available evidence and puts forward some recommendations.

The Australian Injury Prevention Network recognises that:

- Mobility is a valuable commodity linked to health status and quality of life[2].
- As we age mobility options begin to decrease as a result of cessation of driving, physical limitations impacting on walking and cycling and limited public transport networks.
- Access to safe, sufficient and sustainable mobility is vital for older Australian's physical and psychosocial wellbeing.
- Older people have the right to independence and freedom from preventable injury.

The Australian Injury Prevention Network acknowledges that:

- Hundreds of older Australians are hospitalised each year as a result of a mobility scooter related accident[1].
- There were 62 identified fatalities involving mobility scooters Australia wide between the years 2000 and 2010; 14 cases are still under investigation.[1]
- Analysis of the injury severity related mobility scooter hospitalisations suggests a significant proportion of the injuries will have a serious effect on the patient in terms of persisting and long-term health problems[1].
- Limitations in available ICD-10-AM coding means that hospitalised mobility scooter incidents are likely to be significantly underestimated[3].
- There is a growing interest in the risks and benefits of mobility scooter use from researchers, practitioners, local councils, government and other agencies.

The Australian Injury Prevention Network recommends:

- Existing resource materials are utilised and promoted for older Australians to assist in the decision to purchase a mobility scooter (see Resources below).
- That an Australian design and safety standard is developed for mobility scooters in Australia.
- All prospective purchasers of mobility scooters have access to training and education about the purchase and safe use of mobility scooters.
- That government at all levels encourage and fund ongoing advice and training in safe mobility scooter use.
- That quality research into the risks and benefits of mobility scooter use is funded in order to provide an evidence base for policy decision making.

References

1. Gibson, K. et al (2011). Targeted study of injury data involving motorised mobility scooters. Monash University. http://www.productsafety.gov.au/content/index.phtml/itemId/985925
2. Webber SC, Porter MM & Menec VH 2010. Mobility in Older Adults: A Comprehensive Framework. The Gerontologist 50:443-50.
3. PHAA (Public Health Association of Australia) 40th Annual Conference. Adelaide, September 2010. Poster presentation: Identifying Injuries in Australia due to Mobility Scooters; Incidence, Severity and Common Characteristics.

Other useful references and resources:

- Australian Competition and Consumer Commission "Help cut mobility scooter accidents" (http://www.accc.gov.au/content/item.phtml?itemId=945577&nodeId=e277e63f2424dfc336f53659f9168696&fn=Help%20cut%20mobility%20scooter%20accidents.pdf)
- "Road Safety: Mobility Scooters" South Australian Department of Transport, Energy and Infrastructure (http://www.dtei.sa.gov.au/roadsafety/safe_road_users/mobility_scooters)