ST PETER'S CHURCH, CHORLEY
HARPERS LANE, CHORLEY, LANCASHIRE PR6 0HP

The Chorley Parish Church of St Peter

in the Church of England Diocese of Blackburn

Lone Working Policy

Issue: 3.0
July 2026

Address: *St Peter's Church, Harpers Lane, Chorley, PR6 oHP*
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1. Introduction

The purpose of this policy is to provide clear guidance to clergy, staff, and volunteers at St Peter's Church, Chorley, when working alone on church premises or conducting church business elsewhere. This policy ensures compliance with UK health and safety regulations while safeguarding the wellbeing of all individuals involved in church activities.

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2. Scope

This policy applies to:

- Clergy
- Paid staff
- Voluntary workers
- Contractors
- Organisations or individuals hiring church premises

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3. Roles and Responsibilities

Responsibility	Assigned To
Overall policy implementation	St Peter's Parochial Church Council (PCC)
Day-to-day policy enforcement	Priest-in-Charge & Church Wardens

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4. Policy Statement

St Peter's Church is committed to minimising risks associated with lone working. While general guidelines are provided, individuals must:

- Conduct a personal risk assessment before lone working.
- Discuss potential hazards and control measures with their supervisor.
- Supervisors must ensure lone workers are competent and aware of safety procedures.

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5. Policy Guidance

This policy should be read alongside:

- St Peter's Health and Safety Policy
- St Peter's Lone Worker Risk Assessment

5.1 General Lone Working Guidelines

When working alone, observe the following:

1. Do not work at height.
2. Do not use gas appliances unless trained.
3. Carry a charged mobile phone with credit.
4. Inform someone of your location and expected departure time.
5. Ensure you are fit to work alone.
6. Disclose any medical conditions (e.g., diabetes, epilepsy) to a first aider.
7. Report all incidents to the Administrator for recording in the accident book (located in the Vestry).

5.2 Lone Working at the Church

Additional precautions:

1. Lock all doors to prevent unauthorised entry.
2. Know the location of first aid kits (church office, refectory, crèche, upstairs room).
3. Follow fire safety procedures (see Health & Safety Policy).
4. Ensure the building is empty before being left alone after an event.

5.3 Lone Working Outside the Church

Visiting Known Contacts (Low Risk)

- Inform colleagues of your destination and expected return time.
- Update your office diary with visit details.
- Notify someone if plans change.
- Keep a mobile phone accessible.

Visiting Unknown Contacts (Higher Risk)

- Avoid going alone if possible.
- If alone:
    - Keep your phone on during meetings.
    - Ensure dogs are removed from the room.
    - Sit near an exit for quick evacuation.
    - Familiarise yourself with escape routes.

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6. Emergency Contacts

In case of an intruder or threat, **call 999** and provide the church address:

St Peter's Church, Harpers Lane, Chorley, PR6 0HP

Key Holders:

Name	Role	Contact Number
Ron Hunter	**Church Warden**	**01257 271992**
Eric Crompton	**Church Warden**	**01257 794372**
Canon Neil Kelley	**Priest-in-Charge**	**07980 872203**
Fr Cornelius Asghar	**Curate in Charge**	**07592 838726**

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7. Review and Monitoring

This policy will be reviewed every 12 months (or sooner if legislation changes or church activities significantly alter). Updates must be approved by the PCC.

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9. Authorisation

Name	Position	Signature	Date
Canon Neil Kelley	Priest-in-Charge	*Fr Neil Kelley*	30.7.2026
Ronnie Hunter	Church Warden	*Ronnie Hunter*	30.7.2026
Eric Crompton	Church Warden		

Version History

Version History					
Version	**Date**	**Detail**	**Author**	**Approved**	**Date**
1.0	10/07/2024	New policy	Jenny Laidlaw	PCC	19.7.24
2.0	22/07/2025	Revised	Cornelius Asghar	PCC	31.7.25
3.0	21/07/2026	Revised	Cornelius Asghar	PCC	30.7.2026

Policy Endorsed by PCC – Next Review Due: 27th August 2027

10. Worker/Employee Agreement and Signature

I acknowledge that I have read and understood St Peter's Lone Working Policy and agree to comply with its guidelines.

Name: _____

Position: _____

Signature: _____

Date: _____

Emergency Contact Person (Name & Number):

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_____

Any Medical Conditions to Disclose (Optional):

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