

**LAPORAN AKHIR  
PENGABDIAN MASYARAKAT SKEMA PPM MUHAMMADIYAH**



**PENINGKATAN KETERAMPILAN GURU TK ABA NGAGLIK SLEMAN  
DALAM PENANGANAN PERTAMA GAWAT DARURAT DI SEKOLAH**

Mega Octavia, apt., S.Farm., M.Sc. (0515108802)  
Dyani Primasari Sukamdi, apt., S.Farm., M.Sc (0501108702)  
Satriaji Amurwa Wijaya, A.Md.  
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Mir-a Kemila

**UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

Dibiayai Oleh Lembaga Pengabdian Masyarakat (LPM)  
Universitas Muhammadiyah Yogyakarta  
Tahun Anggaran 2023/2024



**UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

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**PROTEKSI ISI LAPORAN AKHIR PENGABDIAN**

Dilarang menyalin, menyimpan, memperbanyak sebagian atau seluruh isi laporan ini dalam bentuk apapun kecuali oleh pengabdian dan pengelola administrasi pengabdian.

**LAPORAN AKHIR PENGABDIAN**

## Informasi Data Usulan Pengabdian

### 1. IDENTITAS PENGABDIAN

#### A. JUDUL PENGABDIAN

Peningkatan Keterampilan Guru TK ABA Ngaglik Sleman Dalam Penanganan Pertama Gawat darurat di Sekolah

#### B. SKEMA, BIDANG, TEMA, DAN TOPIK PENGABDIAN

Skema Pengabdian	Bidang Fokus Pengabdian	Tema Pengabdian	Topik Pengabdian
PPM MUHAMMADIYAH	Kesehatan - Obat	Pengembangan dan penguatan sistem kelembagaan, kebijakan kesehatan, dan pemberdayaan	Penguatan pengetahuan dan pengembangan kebiasaan masyarakat dalam berperilaku sehat.

#### C. RUMPUN ILMU PENGABDIAN

Rumpun Ilmu 1	Rumpun Ilmu 2	Rumpun Ilmu 3
ILMU KESEHATAN	ILMU FARMASI	Farmakologi dan Farmasi Klinik

#### D. PENELITIAN

Judul Penelitian
Factors influencing medication adherence in patients with chronic diseases in government hospital in Yogyakarta: Structural Equation Models-Partial Least Square

#### E. PELAKSANAAN

Tahun Usulan	Tahun Pelaksanaan	Lama Pengabdian
2023	2024	1 Tahun

#### F. SUSTAINABLE DEVELOPMENT GOALS

Tujuan	Target	Indikator
3. Kesehatan yang Baik dan Kesejahteraan	Target 3.4.	Mengurangi hingga sepertiga angka kematian dini akibat penyakit tidak menular, melalui pencegahan dan pengobatan, serta meningkatkan kesehatan mental dan kesejahteraan

### 2. IDENTITAS PENGABDIAN

Nama	Peran	Tugas
Mega Octavia, apt., S.Farm., M.Sc.	Ketua Pengusul	
Dyani Primasari Sukamdi, apt., S.Farm., M.Sc	Anggota Pengabdian	- Membantu dalam koordinasi kerja tim mahasiswa di lapangan - Collecting data pengabdian

Nama	Peran	Tugas
Satriaji Amurwa Wijaya, A.Md.	Anggota Tendik	Menyiapkan sarana dan prasarana pengabdian Melakukan dokumentasi video dan foto
Rosemaladewi Septiyanna	Anggota Mahasiswa	1. Koordinir Tim Bantuan Obat Mahasiswa untuk melatih ibu-ibu guru TK ABA dalam penanganan gawat darurat 2. Collecting data responden

### 3. MITRA KERJASAMA PENGABDIAN (JIKA ADA)

Pelaksanaan pengabdian dapat melibatkan mitra kerjasama, yaitu mitra kerjasama dalam melaksanakan pengabdian, mitra sebagai calon pengguna hasil pengabdian, atau mitra investor

Nama Institusi Mitra	Pimpinan Cabang Aisyiyah Ngaglik Sleman
Nama Mitra	Nur Jazilah
Bidang Mitra	Bidang Teknik
Provinsi	Daerah Istimewa Yogyakarta
Kabupaten/Kota	Kab. Sleman
Kecamatan	Ngaglik
Alamat	Dayu RT 02/ RW 27, Sinduharjo, Ngaglik, Sleman
Link Google Maps	<a href="https://goo.gl/maps/7Uqqsffi5adhQasN6">https://goo.gl/maps/7Uqqsffi5adhQasN6</a>
Kordinat	-7.703098825958401, 110.42680688386919

### 4. MITRA KOLABORASI/KOLABORATOR

Pelaksanaan pengabdian dapat melibatkan mitra kolaborasi/kolaborator, yaitu kolaborasi kerjasama dalam melaksanakan pengabdian.

Nama	NIDN/NIDK	Instansi	Kepakaran	Dana
Mir-a Kemila	0505078801	Universitas Tidar	Farmasi Klinik	Rp. 500,000

### 5. LUARAN DAN TARGET CAPAIAN

#### Luaran Wajib

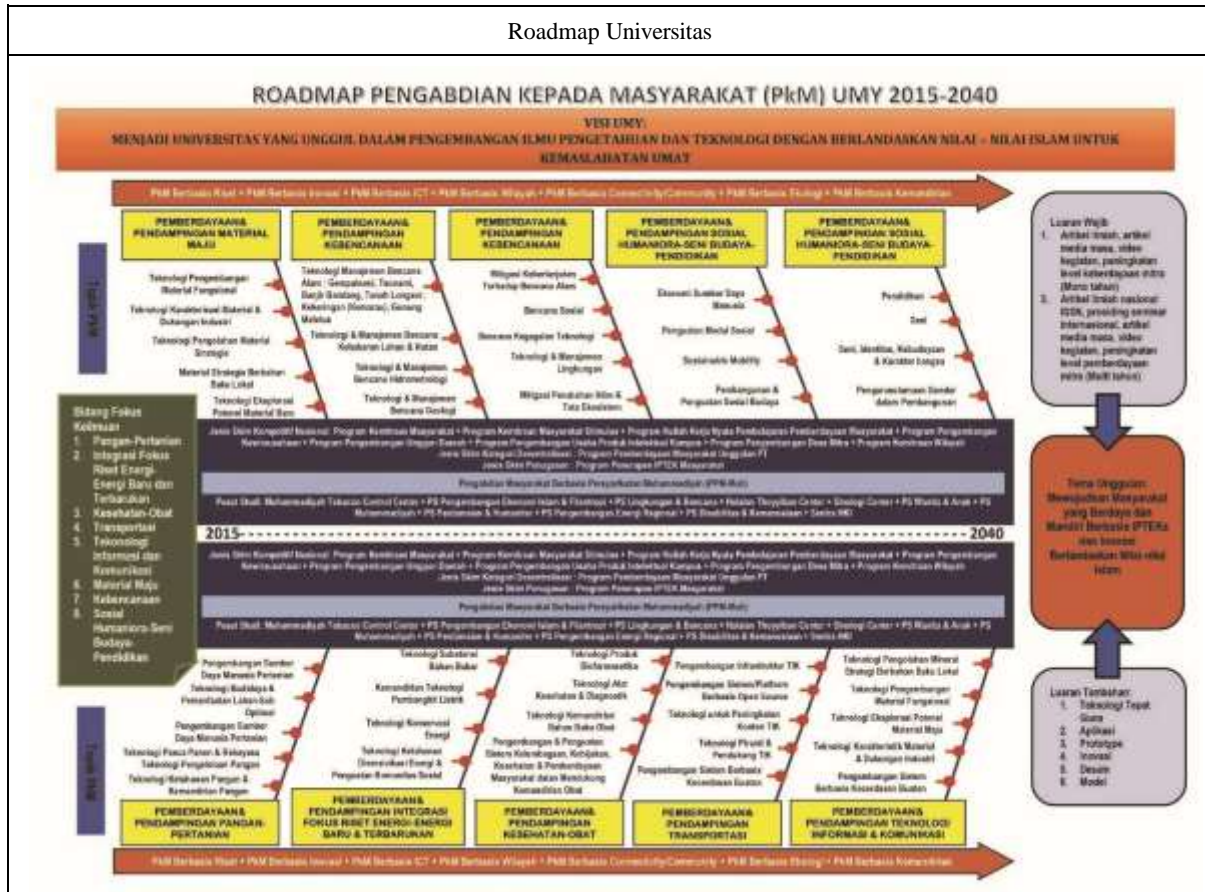
Tahun	Jenis Luaran
1	Artikel ilmiah yang dipublikasikan melalui Jurnal nasional/internasional ber ISSN atau prosiding ber ISBN dari seminar internasional
1	Publikasi Media Masa
1	Video Program Pengabdian

#### Luaran Tambahan

Tahun	Jenis Luaran
1	Peserta Di Forum Ilmiah

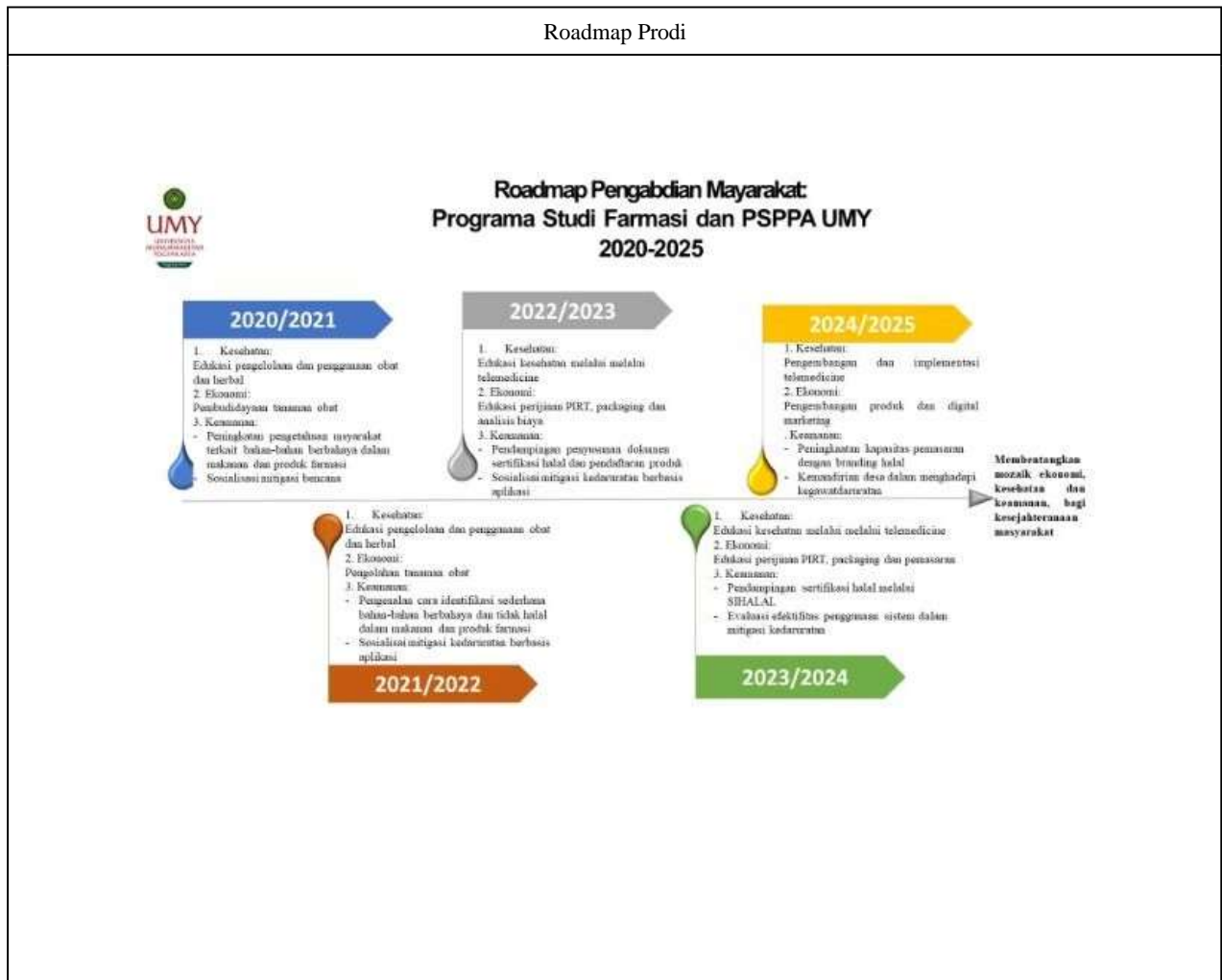
## 6. KLUSTER DAN ROADMAP

Kluster
Kesehatan Keluarga dan Masyarakat





## Roadmap Prodi



## Roadmap Personal



## 7. ANGGARAN

Rencana anggaran biaya pengabdian mengacu pada PMK yang berlaku dengan besaran minimum dan maksimum sebagaimana diatur pada buku Panduan Penelitian dan Pengabdian kepada Masyarakat.

Total Keseluruhan RAB Rp. 7,750,000

Total Keseluruhan Biaya Dari Institusi Lain Rp. 500,000

Tahun 1 Total Rp. 7,750,000

Jenis Pembelanjaan	Komponen	Item	Satuan	Vol.	Harga Satuan	Total
BAHAN	ATK (Kertas/Tinta/Alat Tulis dll)	ATK untuk penyiapan kuesioner	Paket	50	Rp. 5,000	Rp. 250,000
BAHAN	Hibah Alat/Barang	Hibah Alat Kesehatan	Unit	1	Rp. 750,000	Rp. 750,000
PENGUMPULAN DATA	Biaya Fotocopy	Biaya Fotokopi Rubrik Ujian praktek dan Kuesioner tingkat pengetahuan	Lembar	100	Rp. 3,000	Rp. 300,000
PENGUMPULAN DATA	Biaya Konsumsi Harian	Biaya konsumsi saat rapat dan pelaksanaan	OH	100	Rp. 25,000	Rp. 2,500,000
BAHAN	Bahan (Habis Pakai)	Notebook Untuk Peserta pelatihan	Unit	100	Rp. 15,000	Rp. 1,500,000
PENGUMPULAN DATA	Transportasi/BBM	Transportasi BBM saat survey dan pelaksanaan untuk panitia dan instruktur pelatih	OK(Kali)	10	Rp. 100,000	Rp. 1,000,000
ANALISIS DATA	Honorarium Narasumber	Honorarium Narasumber	OJ	2	Rp. 500,000	Rp. 1,000,000
ANALISIS DATA	Honorarium Pengolah Data	Honorarium Olah data	Per Penelitian	2	Rp. 225,000	Rp. 450,000

## 8. LEMBAR PENGESAHAN

### HALAMAN PENGESAHAN LAPORAN AKHIR PENGABDIAN MASYARAKAT SKEMA:

Judul : Peningkatan Keterampilan Guru TK ABA Ngaglik Sleman Dalam Penanganan Pertama Gawat darurat di Sekolah

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Nama : Rosemaladewi Septiyanna  
NIM : 20210350063  
Prodi : S1 Farmasi

Mitra : Pimpinan Cabang Aisyiyah Ngaglik Sleman  
Nama Mitra : Nur Jazilah  
Kepakaran : Bidang Teknik

Kolaborator : Mir-a Kemila  
NIK : 3404074507880004  
Institusi : Universitas Tidar

Biaya : Rp. 7,750,000  
Biaya Dari Institusi Lain : Rp. 500,000

Yogyakarta, 27 Juli 2024

Mengetahui,  
Kepala LPM,



Dr. Ir. Gator Supangkat, M.P., IPM  
NIK: 196210231991031003



# Enhancing Emergency First Aid Knowledge and Skills Among Teachers at Kindergarten ABA Ngaglik Sleman

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**Abstract.** Emergencies such as Injuries and food poisoning can happen anywhere, including in schools. Emergencies can occur in class, recess, or outside school. Healthcare and non-healthcare workers often respond to emergencies. Such situations may be handled by school teachers. Teachers and school staff are usually the closest people who can provide quick medical assistance in emergencies. Everyone must be emergency-ready in this scenario. These situations require proper management and trained personnel. Thus, first aid education is essential for emergency management training. This study targets the Ngaglik sub-district ABA Kindergarten Teachers Association. We split the intervention into two stages. Stage 1 taught participants how to handle injuries, animal bites, syncope, nosebleeds, poisoning, and open wounds. Stage 2 featured role play for injury, fainting, and open wound management by trained instructors. Participants took pre- and post-tests on Quizizz.com to assess their education. A significant improvement in average pre-test and post-test scores showed that 54 participants learned a lot about emergency management after this intervention. Pairwise t-tests confirmed this ( $p < 0.001$ ). Participants with good knowledge rose from 16.67% to 64.81%. After evaluation, Stage 2 simulations were suggested to be longer, and target partners wanted them to happen regularly.

## 1. Introduction

In 2018, the American Association of Poison Control Centers provided epidemiological data indicating that there was a single instance of poisoning occurring every 15 seconds in the United States. Medications and household cleaning chemicals were responsible for the majority of poisoning cases in the neighborhood. The largest prevalence of poisoning incidents was observed in children aged five and below. Conversely, in Indonesia, the primary reasons for poisoning in 2019 were animals (47.34%), beverages (13.19%), pharmaceuticals (9.92%), food (7.63%), and chemicals (7.01%) [1].

Schools function as a secondary residence for students, where they spend a substantial amount of time, thereby heightening their potential vulnerability to several risks. During this phase, children usually attend elementary school, where they start participating in intricate social and motor activities. As a result, children engage in a diverse range of activities both within and beyond the classroom.

Young pupils are distinguished by their perpetual inclination to be in motion as a result of their surplus of energy, which is frequently directed towards engaging in physical pursuits. Accidents, both significant and minor, frequently happen during playtime. These mishaps can encompass slipping, leading to dislocations, lacerations, bruising, food poisoning, choking, fainting, abrasions, fractures, and other injuries. Ganfure et al. (2018) found that playgrounds and the time when pupils are leaving school are common settings for crises [2].

School-aged children's high level of activity might result in accidents that necessitate immediate and suitable first aid. Teachers participating in school health programs have observed that students frequently have mishaps while playing, including cuts, strains, stumbles, fainting, and nosebleeds. In addition, if pupils are not collected quickly after school, teachers are required to oversee them while carrying out other responsibilities. During this period, children may persist in engaging in play and physical activity, posing a challenge for teachers to effectively supervise all of them. This scenario can lead to injuries that are occasionally not adequately managed with the appropriate first aid protocols.

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Initiating measures to avoid and immediately handle instances of poisoning and crises should commence inside the household. Possible interventions encompass educational initiatives and interactive simulations aimed at engaging the community. An essential element for the effectiveness of educational programs is the utilization of interactive techniques to augment community knowledge [3,4]. Questionnaires are a frequently used way for evaluating an individual's level of knowledge. By analyzing the responses, one can determine the extent of knowledge, which can range from inadequate to exceptional [5].

Simulation methods can enhance clinical performance in addition to education. A study conducted by Larew and Lessans (2016) as cited in Keperawatan, Karya, and Kediri (2023) demonstrates that the utilization of simulation techniques can improve students' abilities in problem-solving and decision-making. Moreover, a study conducted by Cordeau (2013) that also cited in Keperawatan, Karya, and Kediri (2023) emphasizes the crucial role of simulation approaches in enhancing students' cognitive, affective, and psychomotor abilities [6].

## 2. Methodology

The research was carried out in the Ngaglik sub-district, Sleman, Yogyakarta. The study focused on the Association of 'Aisyah Bustanul Athfal (ABA) Kindergarten Teachers, located at Jalan Damai 51 Sumberan, Sariharjo, Ngaglik, Sleman, Yogyakarta. Through conversations with the intended partner, it was discovered that an emergency response program had never been implemented for ABA Kindergarten instructors in the Ngaglik region.

Prior to conducting the program, the outreach team performed a survey with the target partner to ascertain the specific themes required by the branch administration of the ABA Kindergarten Teachers Association to improve community health and well-being. Common emergency situations in schools encompassed lacerations, epistaxis, and syncope. The target partner actively engaged in the outreach campaign by offering facilities and collaborating with ABA Kindergarten teachers in Ngaglik to ensure their participation as attendees. The implementation approaches are outlined as follows:

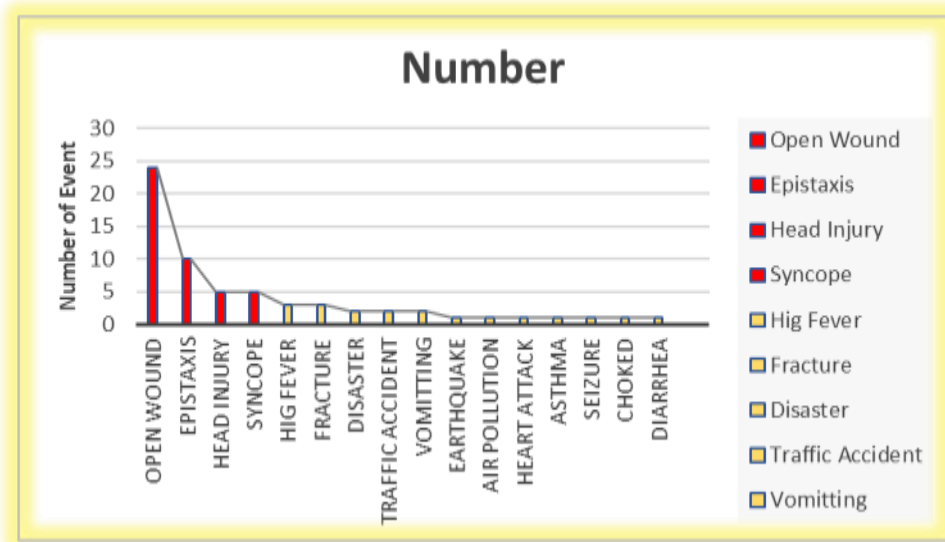
The activity was carried out in two phases. The initial phase focused on enhancing the target partner's understanding of emergency prevention and response through educational lectures utilizing PowerPoint presentations and Case-Based Learning, followed by discussions [7]. The presentation and discussion were scheduled for a duration of 60 minutes. The efficacy of the educational component was evaluated through the use of questions that gauged the participants' understanding of emergency response. These questionnaires were given twice: once as a pre-test before the lecture and once as a post-test immediately after the lecture. Each test was allotted a duration of 10 minutes. The post-test employed quizizz.com to enhance participant engagement more efficiently. The program's effectiveness was determined by examining the difference between pre-test and post-test scores. A substantial improvement in knowledge was indicated if the p-value was less than 0.05, as stated by Notoatmojo (2011) and Dahlan (2012). The findings from previous outreach efforts showed a substantial improvement in the understanding of 41 participants through emergency education, with a statistically significant p-value of 0.001 [5,8,9].

The objective of the second stage was to improve the participants' abilities by offering simulations with props using the technique of Role Play. The simulations encompassed the management of nosebleeds, injuries requiring bandages and splints, snake bites, fainting, and open wounds. The duration of each simulation was 30 minutes.

## 3. Result and Discussion

The research intervention took place in March 2024 and focused on the Branch Management of the ABA Kindergarten Teachers' Association in Ngaglik. A total of 54 individuals, including all teachers and the management of ABA Kindergarten, were in attendance. The aim of this intervention was to augment the participants' knowledge and proficiency in managing emergency circumstances that commonly arise in educational institutions. To enhance the participants' expertise, educational content was delivered through lectures with case-based learning facilitated by speakers, supplemented by interactive discussions and question-and-answer sessions. Trained instructors conducted simulations utilizing role-play strategies to improve the participants' skills.

Prior to providing instruction on emergency supplies, the research team performed a survey to document the recurring emergency situations that took place in schools. The bar chart below illustrates the typical emergency situations. The three most common occurrences were lacerations caused by falls, cuts, or burns, epistaxis, cranial traumas, and syncope. The community also dealt with high fever, fractures, accidents, natural disasters, poisoning-related vomiting, asthma, seizures, choking, and diarrhea.



**Fig 1.** Emergency incidents that frequently occur in the study target

This corresponds to the content that will be presented by the speakers, who will discuss several typical scenarios within the community. The research team restricted emergency education to six specific cases: fractures (injuries), syncope (fainting), food and medication poisoning, open wounds, nosebleeds, and animal bites. This study's intervention consists of two activities. The initial activity comprises a 60-minute lecture aimed at instructing participants on how to manage the six specified emergency scenarios. The lecture incorporates case-based learning, utilizing case examples to enhance understanding. In order to evaluate the effectiveness of the instruction provided to the intended partners, the study team distributed pre-test and post-test questionnaires, with a time limit of 10 minutes for each. The pre-test questionnaire was distributed to participants during the registration process and prior to the lecture using a worksheet, while the post-test was conducted after the lecture using quizz.com. The questionnaires comprised 10 multiple-choice questions (MCQs), with each 1-2 questions corresponding to an emergency handling scenario. The questionnaire material was derived from many journals and guidelines. We tested the validity and reliability of a questionnaire consisting of 10 questions with 40 respondents, surpassing our dedication target. The results of the validity test using the Pearson correlation show that the R Hitung 10 item has a higher value than the R Table (0,312), while the reliability test using Cronbach's alpha shows that all 10 items are reliable with a value greater than 0.60. The questionnaire given to participants is displayed in Table 1.

**Table 1.** Questionnaire to Assess Participants' Knowledge on Handling Emergency Incidents

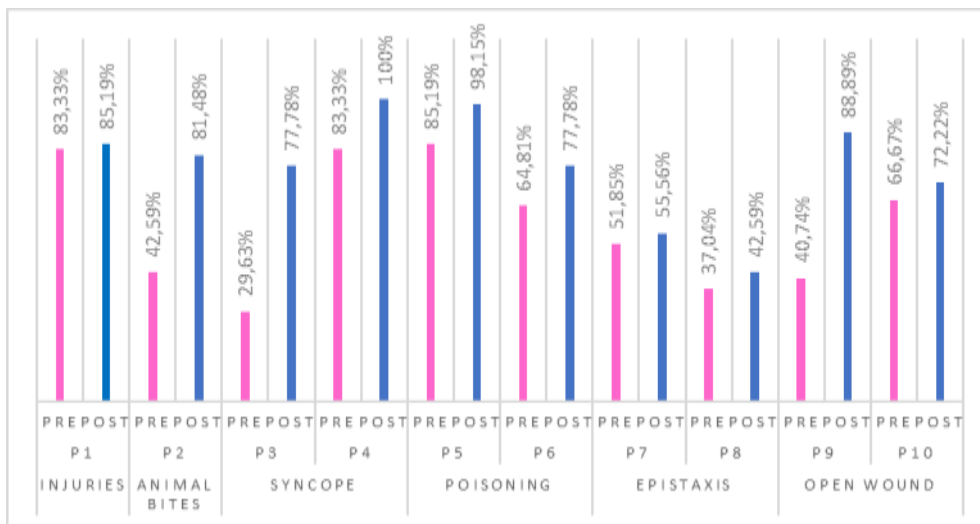
Emergency Incidents	Questionnaire
Injuries (Fractures)	Conditions requiring bandaging
Animal Bites	Conditions requiring splinting
Syncope (Fainting)	Emergency types handled by elevating the victim's legs above the body and head
Poisoning	Appropriate response when someone faints
Nosebleeds	First aid for someone vomiting due to food poisoning to prevent dehydration
Open Wounds	First aid for someone experiencing drug poisoning
Injuries (Fractures)	Proper handling of a nosebleed
Animal Bites	Duration of a child's nosebleed that necessitates medical facility care
Syncope (Fainting)	First aid for an open head wound that is bleeding
	First aid for minor burns

Data analysis was undertaken on the pre-test and post-test data of the 54 participants who received intervention in this study. Table 2 displays the findings of the data analysis. One emergency case related to nosebleeds did not exhibit substantial improvement. Specifically, two questions were asked regarding the management and duration of nosebleeds that necessitate medical facility treatment. This aligns with the findings of a study conducted by Notoadmojo [3], which revealed that healthcare staff showed a lack of accuracy in administering first aid for acute nosebleeds. Additionally, research conducted by Notoadmojo [4], which examined a sample of 530 teachers, indicated that a significant majority of them lacked the necessary knowledge and abilities to effectively manage nosebleeds.

Epistaxis, also known as nosebleeds, is a medical emergency in the field of Otorhinolaryngology. Approximately 60% of the population experiences nosebleeds, and of them, around 6% seek medical care. The management of nosebleeds involves three primary principles: cessation of bleeding, prevention of complications, and prevention of recurrence. To stop the bleeding, apply direct pressure to the nasal ala. This is the initial medical assistance carried out in this research endeavor. The procedure entails maintaining composure and refraining from panic, assuming an upright position in a chair, slightly tilting the head forward (semi-leaning), refraining from leaning back or tilting the head upwards to prevent blood from flowing into the throat and being swallowed, breathing through the mouth, and delicately closing the nostrils by pinching them with a tissue or clean cloth for approximately 10 minutes. It is important to avoid abruptly stopping the bleeding from a nosebleed, since it may start again. Take a short break after the nosebleed has ceased and refrain from picking, rubbing, or blowing the nose aggressively [10,1]

**Table 2.** ABA Kindergarten Teachers' Knowledge Level on Emergency Incident Handling Before and After Intervention

Emergency Incidents	Questionnaire	Pre Test		Post Test		Gap
		Number of correct answers	%	Number of correct answers	%	
Injuries	P1	45	83,33	46	85,19	+1
Animal Bites	P1	23	42,59	44	81,48	+21
Syncope	P1	16	29,63	42	77,78	+26
	P2	45	83,33	54	100,00	+9
Poisoning	P1	46	85,19	53	98,15	+7
	P2	35	64,81	42	77,78	+7
Epistaxis	P1	28	51,85	30	55,56	+2
	P2	20	37,04	23	42,59	+3
Open Wound	P1	22	40,74	48	88,89	+26
	P2	36	66,67	39	72,22	+3



**Fig 2.** Results of Pre-Test and Post-Test Knowledge Questionnaires from 54 Participants

The pre-test and post-test answers were categorized according to Arikunto's (2012) classification of knowledge levels [11]. The classification outcomes are displayed in Table 3. Following the provision of instruction to the participants, their knowledge level in treating emergency cases demonstrated improvement, as indicated by several parameters: a rise in the number of accurate questionnaire responses and an increase in the average score from 5.90 to 7.79. After the educational program, the participants' knowledge level significantly improved, reaching 64.81%, which is classified as good. Simultaneously, the proportion of participants with insufficient knowledge reduced from 44.44% to a mere 1.85%. Following analysis utilizing a paired t-test, the ABA Kindergarten instructors' understanding of emergency handling for the six cases demonstrated a statistically significant improvement, with a result of  $P < 0.001$ . This aligns with a study conducted by Octavia et al. (2023), which found that participants' knowledge increased from 11.5% to 50% after receiving the intervention [12].

The study did not continue with the calculation of effect size because the sample was limited to only 54 participants. The calculation may be less useful because the results may be very unstable or unreliable. The calculated effects of small samples tend to be more susceptible to fluctuations due to sample variability.

**Table 3.** Results of Participants' Knowledge Level

Knowledge Level Category	Pre-Test	Post-Test	P-Value
Good (76-100%)	16,67	64,81	<0,001
Fair (56-75%)	38,89	33,33	
Poor ( $\leq 55\%$ )	44,44	1,85	
Average	5,90	7,79	

Following the provision of education, the research team conducted simulations using Role Play with instructors to improve participants' proficiency in managing four emergency scenarios: applying bandages and splints for fractures, managing fainting episodes (syncope), handling nosebleeds, and managing open wounds.

Simulation techniques have the potential to enhance participants' clinical performance. A study conducted by Larew & Lessans (2016) that was cited in Karya and Kediri in 2023, demonstrated that simulation techniques can enhance students' problem-solving aptitude and decision-making proficiency. Furthermore, a study conducted by Cordeau (2013) cited in Karya and Kediri in 2023, highlighted the importance of simulation methods in improving students' cognitive, affective, and psychomotor abilities. Prior research by Sleeper & Thompson (2015) corroborates the idea that simulation approaches can enhance students' self-assurance in nursing [13].

In addition, using simulation methods in Focus Group Discussions (FGDs) with the target partners, specifically the PCPM Ngaglik cadres, showed an improvement in skills. The participants were divided into four groups, each consisting of 6-7 participants who received interventions. The skill assessment rubric indicated enhancement in their skills [12].

Due to extended discussion and Q&A sessions, the study faced time limitations. Consequently, the research team was unable to carry out catharsis, which involved verifying the participants' comprehension by requesting them to re-demonstrate the four handling techniques. This step was necessary to ensure that the participants could proficiently execute the handling skills. The program used in this dedication succeeded in empowering the capacity of the individual or group involved. For example, with increased skills, knowledge, or confidence, how to deal with students who are experiencing emergency events at school. This community service contributes to the sustainability of both health, social and economic aspects because if interventions are truly effective in schools they can minimize the risk of disability, improve the quality of life and economic impact as they do not require excessive health costs in the absence of an emergency.



**Fig 3 and 4.** Educational Activities on Emergency Management and Role Play



**Fig 5.** Presentation of Token of Appreciation from LPM UMY to the Head of the ABA Kindergarten Teachers' Association (Aisyiyah Bustanul Athfal) in Ngaglik

## 4. CONCLUSION

The results of this study indicate that participants' knowledge in managing emergencies, such as injuries, animal bites, fainting, poisoning, nosebleeds, and open wounds, improved as a result of the intervention. By employing simulation techniques such as Role Play, participants acquired valuable knowledge and understanding of the application of bandages, splints, fainting management, animal bite treatment, and open wound therapy.

Regarding the evaluation of the intervention procedure in this study, participants expressed a desire for the emergency management activities to be repeated for additional commonly encountered emergency situations in schools. In addition, they expressed a need for extended periods of time for simulation exercises to better improve their ability to handle emergency scenarios.

## 5. ACKNOWLEDGMENTS

We would like to extend our appreciation to the Community Service Institute of UMY for their generous financial assistance, which has facilitated the seamless progress of our community service research. In addition, we express our gratitude to our study collaborators, specifically the head of the ABA Kindergarten Teachers' Association (Aisyiyah Bustanul Athfal) in Ngaglik, for graciously accepting our UMY pharmacy faculty community service team as partners and providing the required facilities.

## 6. REFERENCE

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## LAMPIRAN-LAMPIRAN

### a. Surat Kesediaan Mitra



#### PIMPINAN CABANG 'AISYIYAH NGAGLIK KABUPATEN SLEMAN

Alamat : Jl. Palagan Tentara Pelajar Km 10 Rejodani Sariharjo Ngaglik Sleman DIY  
Telp : 085522926658 / 085842785081

#### SURAT PERNYATAAN KESEDIAAN MENJADI MITRA PELAKSANAAN PROGRAM PENGABDIAN PADA MASYARAKAT

Yang bertandatangan di bawah ini:

Nama : Nur Jazilah, S.T  
NBM : 1002123  
Pimpinan Mitra : Pimpinan Cabang 'Aisyiyah Ngaglik  
Alamat : Dayu RT 02/ RW 27, Sinduharjo, Ngaglik, Sleman

Menyatakan Bersedia untuk Bekerjasama dengan Pelaksana Kegiatan Program Pengabdian Masyarakat

Nama Ketua Tim Pengusul : Mega Octavia, apt., S.Farm., M.Sc.  
Program Studi : Farmasi  
Perguruan Tinggi : Universitas Muhammadiyah Yogyakarta  
Judul Pengabdian : Peningkatan Keterampilan Guru TK ABA Ngaglik Sleman

Dalam Penanganan Pertama Gawat darurat di Sekolah guna melaksanakan Program Pengabdian Masyarakat serta menerapkan dan/atau mengembangkan IPTEKS pada masyarakat. Bersama ini kami menyatakan dengan sebenarnya bahwa di antara pihak Mitra dan Pelaksana Kegiatan Program Pengabdian Masyarakat tidak terdapat ikatan kekeluargaan dan ikatan usaha dalam wujud apapun juga.

Demikian Pernyataan ini dibuat dengan penuh kesadaran dan tanggung jawab tanpa ada unsur pemaksaan dari pihak manapun dan dapat digunakan sepenuhnya.

Yogyakarta, 28 November 2023  
Yang menyatakan,

(Nur Jazilah, S.T)

b. Berita Acara Hibah Barang

**BERITA ACARA SERAH TERIMA HIBAH BARANG KEPADA  
MITRA PENGABDIAN KEPADA MASYARAKAT  
UNIVERSITAS MUHAMMADIYAH YOGYAKARTA**

Pada hari Jumat, tanggal 15, bulan Maret, tahun 2024, yang bertanda tangan di bawah ini:

1. Nama : apt. Mega Octavia, M.Sc.  
NIK/NIDN : 0515108802  
Jabatan : Dosen Prodi Farmasi  
Alamat : Jalan Sunan Giri, Jaban, Sinduharjo, Ngaglik, Sleman  
Selanjutnya disebut **Pihak Pertama** bertindak sebagai dan atas nama perwakilan Universitas Muhammadiyah Yogyakarta
2. Nama : Rukmiyati, S.Pd.I.  
No. KTP : 3404125012740003  
Jabatan : Ketua Pengurus Cabang Ikatan Guru 'Aisyah Bustamul Athfal Ngaglik  
Alamat : Jalan Damai 51 Sumberan, Sariharjo, Ngaglik, Sleman, DIY  
Selanjutnya disebut **Pihak Kedua** sebagai MITRA Pengabdian kepada Masyarakat Universitas Muhammadiyah Yogyakarta

**PIHAK PERTAMA** menyerahkan Hibah barang kepada **PIHAK KEDUA** dalam kegiatan pengabdian kepada masyarakat yang dibiayai Universitas Muhammadiyah Yogyakarta.

**PIHAK KEDUA** menerima hibah barang dari Universitas Muhammadiyah Yogyakarta dalam kegiatan pengabdian kepada masyarakat.

**PARA PIHAK** bersepakat untuk menandatangani berita acara ini sebagai kelengkapan serah terima barang yang dibubuhi materai cukup dan mempunyai kekuatan hukum yang sama.

Pihak Pertama



(apt. Mega Octavia, S.Farm., M.Sc.)  
NIDN 0515108802

Pihak Kedua



Rukmiyati, S.Pd.I.)  
No. KTP 3404125012740003



Lampiran Berita Acara Serah Terima Hibah Barang  
 Dari UPTD ..... Kepada .....  
 Tanggal 15 Maret 2024  
 Daftar Barang:

No	Barang		Persediaan			Keterangan
	Nama	Jenis, Tipe, Spek	Th	Jml	Harga	
1	Buket obat k. obat untuk kegiatan		1	5	Rp. 250.000	

Terbilang:  
 Pihak Pertama

*[Signature]*  
 (opt. Naga Ottonta, M.S)  
 NIK/ NIDN  
  
 (Rukmiyah, S.Pd.)  
 No. KTP

c. Peran Mitra

At this program, dedication partners, in particular the Bustanul Athfal Aisyiyah School Teacher's Association, played a role in providing a supportive place and audio system, as well as the Igaba Chief coordinating teachers in Ngaglik district to participate actively following the event.







d. Presensi Kehadiran





### DAFTAR PRESENSI

Hari, Tanggal : Jumat, 15 Maret 2024  
 Pukul : 08.00 WIB - Selesai  
 Tempat : Balai RW 23 Panggungsari, Ngaglik, Sleman  
 Agenda : Pengabdian kepada Masyarakat  
 Tema : Peningkatan Pengetahuan & Keterampilan Guru TK ABA Ngaglik Sleman dalam Penanganan Pertama Gawat Darurat di Sekolah

NO	NAMA	INSTANSI	NO. HP	TANDA TANGAN
1	Sri Lestari	TK ABA Taruna	085202765654	
2	Sri Nurcahyabinatan W	TK ABA MIMO	085290390910	
3	Estri wahyuni	TK ABA MINOMARTANI	082187349900	
4	Sugiyanti	TK ABA MIMO	085101471153	
5	Siti Nurcahyabinatan W	TK ABA TARUNA	080643410761	
6	Wiwik sumah	TK ABA TARUNA	08783936847	
7	Kvat Lestari	TK ABA TARUNA	88723522821	
8	Ishy Widayanti	TK ABA LOSARI	08175499876	
9	Diah Ayu Podana P.	TK ABA LOSARI	081219445543	
10	Rofhmi Tri A	TK ABA TARUNA	081227899220	
11	Anisa Dini	TK ABA TARUNA	08773858842	
12	Erna Permaswati	TK ABA TARUNA	087738474600	
13	Siti Endah R	TK ABA MIMO	08894208982	
14	Vivian Harsalida	TK ABA MINOMARTANI	082352520063	
15	Hanini	TK ABA TARUNA	08	
16	Purwanti A	TK ABA SUGO K		
17	Supratih	TK ABA SUGO K		
18	Endah Wahyuni	KD AISIRYAL TARUNA		
19	Ahri Nur Marlina	KD A Taruna	082039932102	

NO	NAMA	INSTANSI	NO. HP	TANDA TANGAN
20	Marzanah	TK ABA LOSARI		
21	Marmi Lestari	--		
22	Siti Nurmarayah	--		H.
23	Wagiyanti	TK ABA Sumbawa		
24	Latifah. M.	TK ABA Surya Kemana	08175462757	
25	Mhasyaturrahmah	TK ABA Brijuni Tamayuni		
26	Rita Kromoctuti	TK ABA GTA		R-
27	KADIKYATI	TK ABA Sumbawa		
28	SITI SACAMI	"		
29	Eka Pratiwi	--		
30	Nunung Rini. S	TK ABA Sumbawa		
31	Wijanti. P.	--		
32	Henti Septiani	TK ABA Rejotani		
33	Fri Harini	--		
34	Winarsih	--		X
35	Ari Setyaningsih	--		
36	Indi Maretha	--		
37	Risa.	--		
38	Made Maryani	--		
39	Syarifah A.L	TK ABA Surya Kemana		
40	Tri Adhiti	--		
41	Ihna Citiyani	TK ABA Siti Marayah		
42	Ernawati	--		
43	Annisa Nur AS	--		
44	Asti Murnidayati	--		

NO	NAMA	INSTANSI	NO. HP	TANDA TANGAN
45	Devi Ratna Sari	Tk ABA GTA	0882 1542 5877	
46	Rukmiyati	Tk ABA Sumberran	0823 4086 2855	
47	Yayuk Rosdiah	KB A Majorana	0278 3251 0568	
48	Wartini	KB A Rejodani	0813 2566 7100	
49	Nur Jazilah	KB A Rejodani	0856 4302 0339	
50	Enni PM	KB A Rejodani	0819 2994 0772	

51. Triyani                      KPA Piodani                      
52. Haryanti                    Majelis PAUD Dasmen                      0815 6888 860                      
53. Inayati                      PAUD Dasmen                      0252 2800 5887                      
54. Kuntaryati                      Tk ABA SA                      081 22 97 53 695                      

e. Surat Keterangan Selesai

**SURAT KETERANGAN**  
**PROGRAM PENGABDIAN PADA MASYARAKAT**

Yang bertanda tangan di bawah ini:

Nama : Rakmiyati, S.Pd.I.  
Pimpinan Mitra : Ketua Pengurus Cabang Ikatan Guru 'Aisyiah Bustanul  
Athfal Ngaglik  
Alamat : Jalan Damai 51 Sumberan, Saribarjo, Ngaglik, Sleman,  
DIY  
No. Whatsapp : 082322525757.

Menyatakan bahwa:

Nama Ketua Tim Pengusul : apt. Mega Octavia, M.Sc.  
Program Studi : Farmasi Fakultas Kedokteran dan Ilmu Kesehatan  
Perguruan Tinggi : Universitas Muhammadiyah Yogyakarta  
Judul Pengabdian : Peningkatan Pengetahuan dan Keterampilan Guru TK ABA  
Ngaglik dalam Peranginan Gawat Darurat di Sekolah.

Telah Selesai melaksanakan Program Pengabdian kepada Masyarakat dengan baik.

Demikian keterangan ini dibuat dan diberikan untuk dipergunakan seperlunya.

Yogyakarta, 15 Maret 2024

Menyatakan,  
  
(Rakmiyati, S.Pd.I.)